A Quasi Experimental Study to Evaluate the Effectiveness of Booklet on Reproductive Tract Infection Among Non-Working Women Knowledge in Selected Rural Area at Bhilai, Chhattisgarh

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Abstract: The current study aimed to evaluate the effectiveness of booklet on reproductive tract infection among non-working women knowledge in selected rural area at Bhilai, Chhattisgarh". Quasi-experimental and the research design was one group pretest – posttest design is utilized to achieve the stated. **Objectives:** 1. To assess the knowledge of non-working women regarding Reproductive Tract Infection. 2. To evaluate the effect of reproductive tract infection booklets on knowledge of non-working women regarding reproductive tract infection. 3.To associate the pre interventional knowledge with selected socio demographic variables. **Hypothesis (H_1):** There is a significant change in knowledge of non-working women regarding reproductive tract infection. **(H_2):** There is a significant association between knowledge of women on Reproductive Tract Infection with selected demographic variables. **Projected Outcome:** In the present study quasi-experimental research design is used to achieve the stated objectives. The study was based on the modified conceptual framework: Bertanlanffys general system model. A quantitative research approach is used and pilot study was conducted to confirm the feasibility of the study. For main study Simple non probability convenience sampling technique was used on 60 samples of reproductive tract infection among non-working women knowledge in selected rural area at Bhilai, Chhattisgarh. The tool used for data collection consists of socio-demographic variables and booklet on knowledge according to questionnaire of reproductive tract infection booklet. The data was analyzed using descriptive and inferential statistics where the results shows the findings depicted that in the view of inferential statistics there is improvement in the knowledge significant at $P \leq 0.05$, highly significant at $P \leq 0.01$, very high significant at $P \leq 0.001$, women improved their knowledge from 14.80 to 23.82 after the administration of booklet.

Keywords: effectiveness, reproductive tract infection, reproductive tract infection booklet, prevention of reproductive tract infection.

1. Introduction

Women's health issues have attained higher international visibility and renewed political Commitment in recent decades.
While targeted policies and programs have enabled women to lead healthier lives, significant gender-based health disparities remain in many countries. With limited access to education or employment, high illiteracy rates and increasing poverty levels are making health improvements for women exceedingly difficult. Health-related challenges continue. Many of the modest gains in women's health realized in recent decades are now threatened or have been reversed due to war, economic instability and the HIV/AIDS pandemic. Basic health care, family planning and obstetric services are essential for women – yet they remain unavailable to millions. Gender-equitable approaches to health are needed to enable women's full participation in the planning and delivery of health services.

2. Methodology

The data analysis was done by descriptive and inferential statistics. The reliability was determined by spilt half method and reliability of the tool was found 0.75. The structured interview schedule was verified by the experts. It is the degree of consistency or dependability which an instrument measures the attributes. Reliability computed by split half technique and was calculated by using spearman –Brown prophecy formula and the reliability of the non-working women's reproductive problems assessment tool was r = 0.75 and for the check list tool was r = 0.81 so the tool was highly.

3. Result and Discussion

Organization of Data: The findings of the study were discussed under the following section.
SECTION-A:
Description of study was subject according to socio demographic variables in frequency & percentage.
According to the socio demographic variables the age group of the non-working women's assessed and tabulated in depicts

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that column diagram shows that maximum 56.7% of non-working women belong to 20-25 years and minimum 43.3% of non-working women belong to 26 – 28 years.

Related to religion depicts that the pie diagram shows that maximum 88% of non-working women belong to Hindu religion and minimum 12% of non-working women belong to Muslim religion.

Related to educational status depicts that pie diagram shows that maximum non-working women were 58% illiterate and minimum non-working women in selected rural area were 42% literate.

Related to type of family depicts that cylindrical diagram shows that maximum 70% of non-working women belongs to nuclear family & minimum 30 % of non-working women belong to joint family.

Related to socio economic status depicts that cylindrical diagram shows that maximum number's of non-working women belonged to low economic status that is 76.7% & minimum 23.3% were belong to middle class economic status.

Related to year of marriage depicts that column diagram shows the maximum 80.0% of non- working women have 1-2 year of marriage period and minimum 20.0 % of non-working women have 3- 10 year of marriage period.

SECTION-B:
I.   Data analysis related to pre-test knowledge level of non-working women's regarding reproductive tract infection and further prevention.
II. t-test evaluate the effectiveness of instructional module on knowledge related reproductive tract infection and further prevention

Related to overall knowledge of questionnaire non-working women, overall percentage of knowledge on reproductive tract infection Questionnaire. They are having only 49.3 percent of knowledge on reproductive tract infection.

According To 2nd Objectives: The findings are: * Significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001

Related to pre test level of knowledge, depict that shows the pre test minimum knowledge regarding reproductive tract infection about 25% of non-working women and maximum were 75% of women have average knowledge but adequate knowledge were 0%.

Related to post test percentage of knowledge, shows non-working women, overall posttest percentage of knowledge on reproductive tract infection. They are having 79.4 percent of knowledge on reproductive tract infection.

Related to post test level of knowledge according to questionnaire, shows the non- working women level of knowledge on reproductive tract infection. In general none of women are having poor knowledge and 20.0% of them have average knowledge and 80.0 % of them have adequate knowledge after post test.

Related to comparison of before and after administration of booklet * significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001 Table no 9 shows the comparison of overall knowledge before and after the administration booklet. On an average, women improved their

knowledge from 14.80 to 23.82 after the administration of booklet.

Related to effectiveness of booklet depicts show that pre test percentage of knowledge were 49.3% & post test knowledge were 79.4% non-women have knowledge regarding reproductive tract infection. After the administration of booklet they may have increased their knowledge.

Related to comparison pre test & post test level of knowledge, the pretest and post-test level of knowledge on Reproductive tract infection. Before the administration of Booklet, 25.0% of women are having poor knowledge and 75.0% of them having average knowledge and none of them having adequate knowledge.

After the administration of Booklet, none of women are having poor knowledge and 20.0% of them having average knowledge and 80.0 of them having adequate knowledge. Improvement of Pretest and posttest level of knowledge was calculated using Stuart-Maxwell test/ Generalized McNamara's chi square test.

According To 3rd Objectives The findings are:

Related to shows the association between demographic variables and their pretest level of knowledge None of the demographic variables are significantly associated with their pre test level of knowledge. Association between demographic variables and their pretest level of knowledge was analyzed using Pearson chi-square test/Yates corrected chi square test. depicts shows that the post test association between level of knowledge has increased in the age group of 26 – 28 years maximum has adequate knowledge 92.3% & average knowledge about 7.7 %, where as in 20 – 25 age group of women has maximum 70.6% have adequate knowledge & 29.4% have average knowledge.

Depicts shows that maximum no. of literate women has adequate knowledge regarding Reproductive tract infection 92.0% & 8.0 % have average knowledge, whereas minimum no. of illiterate women has 71,4% adequate knowledge & 28.6 % women have average knowledge.

depicts shows that after post test maximum no. of women have increased their knowledge 3-10 year marriage experience women have 100 % knowledge regarding reproductive tract infection, those women have 1-2 year of marriage experience they have 75.0% adequate knowledge & 25.0% average knowledge regarding reproductive tract infection booklet.

Level of knowledge Age, education, years of marriage of women are significantly associated with their post test level of knowledge.

Elders, educated and more years of married life women gained more knowledge than others. Association between demographic variables and their pretest level of knowledge was analyzed using Pearson chi-square test/Yates corrected chi square test.

SECTION-C:

Association between selected socio demographic variable with pretest knowledge score of reproductive tract infection chi-square test & frequency * significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001 Table no 9 shows the comparison of overall knowledge before and

after the administration booklet. On an average, women improved their knowledge from 14.80 to 23.82 after the administration of booklet.

4. Conclusion

The section was organized under 3 sections They are related to socio demographic variables, comparison between pretest and post test by frequency and percentage, scores, mean score, mean score percentage, standard deviation (total), and evaluation of effectiveness of reproductive tract infection booklet by using 't' test. Descriptive and inferential statistics were used for data analysis. Findings indicated that the after giving reproductive tract infection booklet the non-working women were increased their knowledge regarding reproductive tract infection & further prevention.

References

[1] Abdellah, F.G. & Lavine, E. (1979). "Better Patient Care through Nursing Research" New York, the Macmillan Publishing co.

[2] African, (1994). "Medical research foundation, Female Adolescent Health & Sexuality" & Kenyan secondary schools & research report Nairobi.

[3] Agrawal, H. K. et.al, (1999). "A study on knowledge & practice to HIV/AIDS of female" in rural area in India. Ann tap Pediatric, 143-149.

[4] Aggleton. P. & Campbell, Working with young people towards an agenda for" Sexual health sex & relationship therapy", 15(3) 283-296, Dec. 2000.

[5] Ahuya A. & Tewari S, (1995). "A. Study on the knowledge of pubertal changes among adolescent girls" The journal of fairly welfare, 46-50.

[6] Alexender, L.L. (1992). "Sexually transmitted disease" perspective on this growing epidemic, Nurse, Practitioner, 32-39.

[7] Ampofo, A.A. & Francis, N, (1992). Gendered outcome the differential efforts of the socialization of ghana in female & male Adolescents on their Sexual of health.

[8] Boldwin, et.al, (1990). changing AIDS & Fertility Behavior, the Effectiveness of Sexual (womens reproductive tract infection education, 245-263.

[9] Behague D, (2001). "The Development of Women Identity Formation, Consequences for Sexuality & reproductive health".

[10] Bentlay, M.E. et.al, (1998). HIV testing & Counseling among Women attending Sexually transmitted disease clinic Pune, India.net search (14), 1869-77.

[11] Aneesa, et al. August (2007), Development of an Instructional Module for Mothers Regarding Prevention and First-aid of Accidents among Children below 3 Years. The Journal of nursing research, volume 2, Page No. 12-15.

[12] Anshad et al. (2002), Home Accident Prevention for Children. Ambulance Command Training School, Page No: 11-14.

[13] Baby Alive et al. 10th November (2001), Prevention of Accidents in Home. American Academy of Paediatrics, Page No. 9.

[14] Basavanthappa B.T. (2007) "Nursing Research" jaypee publication, kundli, 2nd edition, Page No.-60-66.

[15] Beivens T.M. et al. May (2006), Prevention of Home Accidents. The knowledge and practice of mother regarding prevention of burn between 9 months 9 years, Page No. 312-318.

[16] Black M Joyce et al. (2005) "Medical Surgical Nursing", 7th edition, Volume-I, Philadelphia, Page No. 461-503.

[17] Brunner & Suddarth's (2008) "Textbook of Medical Surgical Nursing", Lippincott Williams & Wilkins, volume I, 11th edition, Page No. 212-245.

[18] David Carter, R.C.G., Rusell and henry A. Pitt, et al. "Atles general surgery" 3rd edition, published by K. M. Vargher company Rajasthan, Page No. 44-95.

[19] Donna D et.al, "Textbook of Medical Surgical Nursing", Philadelphia, Volume I, 2nd edition, Page No. 1250-1275.

[20] Dr. Ulhas Patel et al. December (2008), Prevention of Accidents among Toddlers. Nightingale, Nursing Times, Volume-4, Page No. 31-32

[21] Gulani K.K. et al, "Community Health nursing", published by Neelam Kumar, Kumar publishing house Delhi, 2nd edition, Page No.-237-244

[22] Hockenberry J, Wongs et al. (2009). Essentials of Pediatric Nursing), Elsevier Publishers, Eighth Edition, Page No. 705-706.

[23] Jaiwanti P. Dhaulta, "A community health nursing manual", published by tnai trained nurses association of India, 9th edition, Page No. 167.

[24] Jann M.M, Hasernain F. H et al. (2005), Infant and Child Safety Practices of Parents, Saudi Medical Journal, Page No. 142-146.

[25] Kamalan S et al., "Essential in Community Health Nursing",1st edition, published by Jaypee brothers medical publisher (p) ltd, Page No. 407.

[26] Lewis S.M et.al, (2004), "Medical Surgical Nursing", Mosby's publisher's, USA, 6th edition, Page No. 912-944; 927-933.

[27] Lippincott, "The Lippincott manual of nursing practice" published by-lippincott Williams and Wilkins, 7th edition page no. 357-366, 570.

[28] Machida Laviekova. Levels of Information of Parents of Preschool Children about Prevention of Accidents and Intoxication. Journal of health science management and public health, University of South Bohermia, Faculty of health and social studies: 5-7.

[29] Mannivannam C et al., "Text book of community health nursing", published by emess medical publisher, 2nd volume, Page No. 176-178.

[30] Marcia Anrew, Doris Weinstock, Patricia A et al. Witing, "mastering medical surgical nursing", published by springhouse, page no. 191, 1921, 130, 539-541, 31-43.

[31] Neelam Kumari, "Essential community health nursing", 2011 edition, published by choice book & printers pvt ltd. Publishing page no. 105-110.

[32] Oztric M C. et al. October (1998), Prevention of Home Accidents. To assess the effects of safety education on taking precaution and reducing the frequency of home accidents, Page No. 812-820.

[33] Park. K, "preventive and social medicine of community health nursing", published by Shanot, 5th edition, Page No. 639-646.

[34] Philpps, Manahansand, Marek, Neighors, et al. "Medical Surgical Nursing" health and illness perspectives, published by Mosby.inc. 7th edition, Page No. 212-220.

[35] Polit and Hangler P et al. Nursing Research Principles and methods, Philadelphia Lippinc, Page No. 69-71.

[36] R.C.G., Russell, Norman S. Willioms and Christopher J.K. Bulstode, Bailey and lovely, "Sort Practice of Surgery" 23rd edition", published by international student edition, page no. 83-85, 536, 569-571, 1164, 1184.

[37] Rihar Role. (1992), Prevention of Accidents in Children. To assess the knowledge of mothers about dangers and safety precaution, Page No. 636-641.

[38] Sharma S.K et al. "Nursing Research & Statistics", Elsevier publication, Dayanand medical college and hospital, Ludhiana, Punjab, India.

[39] Snowdon A. et al. August (1977), Prevention of Accidents in under-5 Children. Parent's knowledge and use of vehicle safety system for children Page No. 71-82.

[40] Sridhar Rao B, "community health nursing", 1st edition, published by Aitbs, Kumar publisher medical publisher page no. 88.

[41] Sunder Lal, "text book of community medicine preventive and social medicine", published by Satish Kumar Jain and produced by Varun Jain for CBS publishers and distributors pvt. Ltd. 5th edition, Page no. 276-280.

[42] Sunita Patney, "Text book of community health nursing",1st edition, published by Sh. Pandey publisher, Delhi, Page no. 415.

[43] Suzanee C.S, Brenda G.B et al. (2005) "Textbook of Medical Surgical Nursing", Lippincott publication, St. Louis, 10th edition, Page No. 819-820, 842-845.

[44] Thein et al. (2004). Home Safety. The Royal Society for Prevention of Accidents, Page No. 10-28.

[45] Thein M.M. et al. Department of Community Occupational and Family Medicine, 2005:12-13.