Original Research Paper

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SELF INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING PREVENTION OF SEXUALLY TRANSMITTED INFECTION AMONG ADOLESCENTS

Ms. Payal Tanwar* M.Sc. Nursing final year, Obstetric & Gynecological Nursing, SAIMS College of Nursing Indore (M.P.). *Corresponding Author

Dr. Mansi Choudhary Associate professor, Obstetric & Gynecological Nursing, SAIMS College of Nursing Indore.

ABSTRACT Adolescence health also encompasses children's and young people's sexual and reproductive health because now a day's in adolescents the infection rates are continuously rising day by day so, that's why it is important to conduct a pre-experimental study on Prevention of Sexually Transmitted Infection among adolescents in selected school of Indore. The aim of the study is to assess the effectiveness of self instructional intervention. In this study 80 adolescents student was selected by using Non probability convenient sampling techniques. The data collected was analyzed by using descriptive and inferential statistics. The average (Mean ± Standard Deviation) knowledge scoring pre-test to measure the pre-existed knowledge about prevention of sexually transmitted infection found to be 6.50±1.19 points and the knowledge score at post-test stage found to be 15.13±1.55 points. The mean difference of 8.63 points in knowledge scoring between pre-test and post-test stages was statistically strongly significant ($p<0.001$) which clearly showed the effectiveness of self-instructional module on knowledge of adolescents regarding prevention of sexually transmitted infection. The positive mean difference of knowledge score shows that self- instructional module was effective.

KEYWORDS : Sexually transmitted infection, self-instructional module, adolescent school students

INTRODUCTION

Sexually Transmitted Infections (STIs) likewise called as Sexually Transmitted Diseases (STDs), are diseases that are regularly spread by sexual movement, particularly vaginal intercourse, anal sex and oral sex. Commonly STIs at first don't cause manifestations. This outcome in a more serious danger of giving the infection to other people. Indications and indications of illness may incorporate vaginal release, penile release, ulcers close by the privates, and pelvic agony. STIs can be communicated to a baby previously or during labour and may bring about helpless results for the infant. Some STIs may make issues with the capacity get pregnant.

In excess of 30 distinct viruses, bacteria, and parasites can be sent through sexual action. Bacterial STIs incorporate chlamydia, gonorrhoea, And syphilis. Viral STIs incorporate genital herpes, HIV/AIDS, and genital moles. Parasitic STIs incorporate Trichomoniais. While generally spread by sex, some STIs can be spread by non-sexual Contact with contributor tissue, blood, breastfeeding, or during labour. STI symptomatic tests are generally effectively accessible in the developed world, yet this is regularly not the situation in the developing world.

A hospital based prospective observational study conducted by Nisha Choudhary in Lucknow to assess the prevalence of RTI/ sexually transmitted infection its correlation with clinical features and associated risk factors in women of reproductive age group attending a tertiary care center in Lucknow. The current examination was directed on 318 ladies of the regenerative age gathering (18–45 years) going to the RTI/sexually transmitted disease facility at our middle; they were assessed for the predominance of following RTIs: Chlamydia, gonorrhoea, syphilis, bacterial vaginitis, Trichomoniais, and candidiasis; their connection with clinical highlights and related danger factors. The prevalence of reproductive tract infections in women attending our centre reported 9.7%. The prevalence of candidiasis was maximum (11.5%) followed by chlamydia (4.1%), syphilis (4.1%), bacterial vaginosis (1.73%), and trichomoniasis (0.57%). None of the women were found positive for gonorrhoea. The most common presentation was genital discharge (52.8%) followed by lower abdominal pain (45.2%). The factors found to be significantly associated with RTI were illiteracy ($P < 0.05$), unemployment ($P < 0.05$), history of RTI in patient ($P = 0.001$), and the presence of RTI in their partner ($P < 0.05$). The genital discharge was the most common presentation.

OBJECTIVE OF THE STUDY

1. To assess the pretest knowledge score regarding prevention of sexually transmitted infection among adolescents.
2. To assess the effectiveness of self-instructional module among adolescents student in selected school of Indore.
3. To find out association between pretest knowledge score regarding prevention of sexually transmitted infection with selected demographic variables.
4. To find out association between post test knowledge score regarding prevention of sexually transmitted infection with selected demographic variables.

HYPOTHESIS

RH_0- There will be no significant difference between pretest and posttest knowledge score regarding prevention of sexually transmitted infection among adolescent.

RH_1- There will be significant difference between mean pretest and the mean posttest knowledge score regarding prevention of sexually transmitted infection adolescent.

RH_2- There will be significant association between the mean pretest and post test score of knowledge regarding prevention of sexually transmitted infection among adolescents with their selected demographic variables.

MATERIAL AND METHODOLGY-

Qualitative evaluative research approach is used. Pre experimental one group pre-test post-test research design was used. With Non probability convenient sampling techniques. The populations consisting of 80 adolescents school students which were selected according to inclusive and exclusive criteria and who were present at the time of the study. They were given a self-instructional module to given their response to assess the knowledge regarding prevention of sexually transmitted infection. Self-structured knowledge Questionnaire was consisting of 2 parts. Demographic variables age, gender, education status, area of living, previous knowledge about prevention of sexually transmitted infection, (Self-structured knowledge Questionnaire) it includes 20 multiple choice questions

RESULT

- According to the age group majority of participants (59, 73.8%) belonged to 14-17 years of age followed by age group (21, 26.3%) adolescents school students were belonged to 18-19 years.
- Majority of sample (43, 53.7 %) were female and (37, 46.3 %) of samples are male.
- Majority of students (42, 52.5%) of population of adolescents studying in secondary class and rest of students (38, 47.5%) adolescents was higher secondary.
- Majority of students (53, 66.3%) belonged to urban area and rests of student (27, 33.8%) are belonged to rural area.
- Majority of participants (59, 73.7%)of students have previous knowledge and (21,26.3%) have no knowledge regarding prevention of sexually transmitted infection.
- Most of the participants (25, 31.3%) of acquired previous knowledge from newspaper as compared to (22, 27.5%) acquired

knowledge from television. Further this was reported that the source of previous knowledge of (12, 15.0%) receive knowledge from magazines.

Table No. 01 Frequency and percentage distribution of selected adolescents students (N=80)

Characteristics of sample	Frequency (N)	Percentage (%)
Age of adolescents school students		
10-13years	0	0.0
14-17years	59	73.8
18-19 years	21	26.3
Gender of adolescents school students		
Male	37	46.3%
Female	43	53.7%
Education status of adolescents school students		
Middle Class	O	0.0
Secondary	42	52.5
Higher Secondary	38	47.5
Area of living of adolescents of school students		
Urban	53	66.3
Rural	27	33.8
Previous knowledge of adolescents of school students		
Yes	21	26.3
No	59	73.7
Source of previous knowledge of adolescents of school students		
None	**21**	26.3
Newspaper	25	31.3
Magazines	12	15.0
Television	22	27.5
Total	**80**	**100%**

Comparison between pre-test and post-test knowledge score regarding on prevention of sexually transmitted infection among adolescents school students (N=80)

Figure 0I- shows that the majority of student (60, 75%) (6-10) have average knowledge about prevention of sexually transmitted infection before administration of self instructional module. Further (20, 25%) have poor (0-5) knowledge. After administration of self instructional the major part (47, 58.8%) population have good (11-15) knowledge about prevention of sexually transmitted infection. Further, that (33, 41.3%) adolescents school student acquired excellent (16-20) knowledge level.

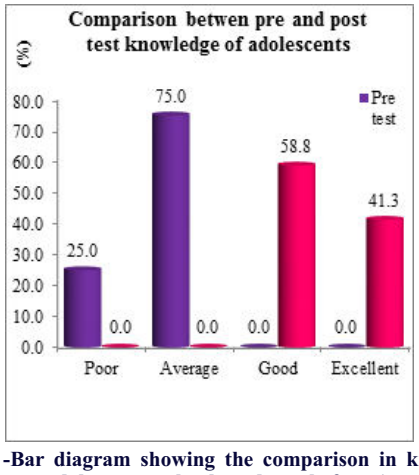

Figure I -Bar diagram showing the comparison in knowledge levels among adolescents school students before (pre-test) and after administration (post-test) of self instructional module.

The result of the study is the average (Mean ± Standard Deviation) knowledge scoring in pre-test to measure the pre-existed knowledge about prevention of sexually transmitted infection found to be (6.50±1.19) points. There was a change noticed in knowledge score at post-test stage after administration of self instructional module on knowledge the post test knowledge score found to be (15.13±1.55) points.

Association of knowledge of prevention of sexually transmitted infection among adolescents school students with selected demographic variables. In pre-test all the demographic variables i.e. age, gender, education status, area of living, previous knowledge, about prevention of sexually transmitted infection was statistically non-significant at ($p>0.05$) and after administration of self instructional module the demographic variable post-test i.e. age($p<0.03$), education qualification ($p<0.05$), area of living ($p<0.05$), previous knowledge about prevention of sexually transmitted infection were found to be statistically at ($p<0.02$) and gender ($p>0.05$) was found to be non-significant.

CONCLUSION-

With the scope of the study, we conclude that the coverage of the prevention of sexually transmitted infection knowledge practice was very low. These findings revealed that if the adolescents school student had adequate and proper knowledge about prevention of sexually transmitted infection than they may able to take care of self and have knowledge in any condition. Based on the findings of the study the main purpose was to evaluate the effect of self instructional module about prevention of sexually transmitted infection among adolescents school student in increasing the knowledge regarding causative factors, risk factors, sign & symptoms, preventive management, immunization, and medical management etc.

LIMITATION

- This study is limited to the samples studying in the school in Indore M.P.
- The sample size is limited to only 80.
- The data collection period is limited to 4 weeks.
- The study is limited to the adolescents students those who have under the age group of 10-19 years and studying in the Parakh public higher secondary school in Indore M.P.
- The study limited to those who are studying in school.

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