A STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATION BOOKLET REGARDING THE KNOWLEDGE OF SEXUALLY TRANSMITTED DISEASES AND ITS PREVENTION AMONG PROSTITUTES IN SELECTED AREAS OF KAWARDHA, CHHATTISGARH

Authors: Ms. Sutanuka Choudhar, Assistant Professor, Obstetrics & Gynecological, Nursing, Shankaracharya Swami Swaroopanand College of Nursing, Bhilai

Corresponding Author: Ms. Sutanuka Choudhar, Email: Sutanuka.jhumki@gmail.com

Abstract:

An evaluation approach is adopted and pre-experimental research design was used to accomplish the objectives of the study. Pilot study was conducted in Lohara at District Kawardha, Chhattisgarh, to ascertain the practicability, feasibility and reliability of the study on 10 female sex workers who were selected through non random purposive sampling. Data was collected through self structured interview schedule. A pre-test was conducted using interview techniques followed by administration of information booklet on Sexually transmitted diseases and its prevention. Then a post-test was conducted after 3 days.

The present study was limited to 60 female sex workers in selected areas of Kawardha, Chhattisgarh, who were available at the time of visit. A self structured interview schedule was used for assessment of knowledge regarding Sexually transmitted diseases and its prevention. The findings of the study can be summarized as follows: About 19 women belonged to the age group of 24-29, 26 were educated up to primary, 52 were married, 27 had more than two children, 55 belong to the income group of below Rs. 5,000, 60 lived in city areas, 60 were Hindu, and 25 were less than one year employed. In the area wise analysis, maximum increases in knowledge score were found to in the area of prevention of sexually transmitted diseases. In the pre-test knowledge score of the subjects, 42 ***(70%)*** *had good knowledge and 18* ***(30%)*** *had very good knowledge. The post-test knowledge score reveals that overall, 60* ***(100%)*** *had very good knowledge. Total mean and mean percentage of the pre-test was* ***27.56*** *and* ***62.63%*** *respectively and of the post-test was* ***40.88*** *and* ***92.90%*** *respectively. The 't' value to evaluate the effectiveness of the information booklet was found to be* ***31.26*** *which is highly significant at the table value of 0.05.*

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INTRODUCTION

Sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs) and venereal diseases (VD), significantly impact women's health and overall well-being today. The World Health Organization (WHO) has advocated for the use of the term sexually transmitted infection since 1999, considering it a more inclusive term than sexually transmitted diseases. An infection involves the colonization by a parasitic species, which may not necessarily result in adverse effects. On the other hand, a disease occurs when the infection leads to impaired or abnormal function, and in some cases, the condition may not manifest any signs or symptoms.

The term STIs has gained prominence due to an improved understanding of infections like HPV, which affects a substantial number of sexually active individuals but only causes disease in a minority. This shift in terminology reflects the nuanced nature of these conditions.Historically, the first well-documented European outbreak of what we now know as syphilis took place in 1494 among French troops besieging Naples during the Italian War of 1494–98. There is speculation that the disease may have originated from the Columbian Exchange. From Naples, it rapidly spread across Europe, resulting n the deaths of over five million people. Descriptions from that time, as conveyed by Jared Diamond, paint a grim picture of syphilis, with pustules covering the body, flesh falling from faces, and death occurring within a few months, making it more fatal than its current manifestation.

By 1546, syphilis had evolved into a form with symptoms more familiar to us today. Gonorrhea, on the other hand, has historical records dating back at least 700 years, with associations to a district in Paris known as "Le Clapiers," where prostitutes were prevalent during that period.

NEED FOR THE STUDY

This study is very important for those women’s who are working as a prostitute. It observed that now it’s very important for female sex workers to improve their life style and the level of knowledge about the self-awareness and care of their health. In our society people are having bad imagination and thinking about the prostitutes and un-acceptance and negligence is very common. But it’s our responsibility to take care of them and make aware them about their health and safe sex. Many of people think and agree that improvement in level of knowledge in safe sex is must in prostitutes but no one takes a single step for them.

It's our responsibility to do something and make them a part of society, because if we put the major points like safe sex, use of condoms before sex, regular health checkups and personal hygiene in the mind of prostitutes so major problem of STD is reduces and remove not only from our society, district or state but it remove from our country.

MATERIALS AND METHODS

A experimental approach was adopted for the study. The research design selected was pre-experimental research design. The study was conducted on 60 prostitutes in area of Kawardha was chosen by Non probability purposive sampling technique.

SAMPLE AND SAMPLING

Purposive sampling is a non-probability sampling technique in which the researcher selects participants for the study on the basis of personal judgment about which ones will be most representative or productive." A representative sampling was obtained from the entire population of all prostitutes in the reproductive age group in selected areas of Kawardha (C.G) using Non random purposive sampling.

TOOLS

Self structured interview schedule was prepared for assessing the pre-interventional knowledge of women and effectiveness of information booklet on sexually transmitted diseases and its prevention. Self-structured interview is regarded as the best method of collecting survey data because of the quality of information they yield and the refusal rate tends to be low. The self-structure interview schedule includes 2 sections i.e. Section A and Section B.

Section A comprises of 8 items on socio-demographic profile that include: -Age (in year), Education, Marital status, Number of children, Family income per month, Area of living, Religion, how long in this occupation?

Section B comprises of multiple-choice questions to assess the knowledge of the women regarding various aspects of sexually transmitted diseases and its prevention. It included a total of 44 knowledge items. The aspects that were includes were as follows: - 1) Knowledge regarding meaning of sexually transmitted diseases. 2) Knowledge regarding causes and mode of transmission of sexually transmitted diseases.

3) Knowledge regarding sign and symptoms of sexually transmitted diseases. 4) Knowledge regarding complication, and diagnosis of sexually transmitted diseases.

5) Knowledge regarding treatment of sexually transmitted diseases. 6) Knowledge regarding prevention of sexually transmitted diseases.

Table 1: Characteristics of Subjects(n=60)

AGE (IN YEARS)	FREQUENCY (f)	PERCENTAGE (%)
18-23	14	23.33
24-29	19	31.67
30-35	16	26.67
above 35	11	18.33
TOTAL	60	100
EDUCATION	FREQUENCY (f)	PERCENTAGE (%)
ILLITRATE	10	16.67
PRIMARY	26	43.33
MIDDLE	14	23.33
HIGHER SECONDARY	10	16.67
POST GRADUATE	0	0
TOTAL	60	100
MARITAL STATUS	FREQUENCY (f)	PERCENTAGE (%)
MARRIED	52	86.67
UNMARRIED	8	13.33
TOTAL	60	100
NO. OF CHILDREN	FREQUENCY (f)	PERCENTAGE (%)
NONE	13	21.67
ONE	8	13.33
TWO	12	20
MORE THAN 2	27	45
TOTAL	60	100
MONTHLY INCOME	FREQUENCY (f)	PERCENTAGE (%)
<5,000/-	55	91.67
5,001-10,000/-	5	8.33
10,001-20,000/-	0	0
> 20,000/-	0	0
TOTAL	60	100
LIVING AREAS	FREQUENCY (f)	PERCENTAGE (%)
CITY	60	100
VILLAGE	0	0
SLUM	0	0
TOTAL	60	100
RELIGION	FREQUENCY (f)	PERCENTAGE (%)
HINDU	60	100
MUSLIM	0	0

CHRISTIAN	0	0
OTHER	0	0
TOTAL	60	100
HOW LONG IN THIS OCCUPATION	FREQUENCY (f)	PERCENTAGE (%)
< 1 YEAR	25	41.67
1-2 YEARS	20	33.33
3-4 YEARS	10	16.67
> 4 YEARS	5	8.33
TOTAL	60	100

According to the **Age of Women** Table-1(Fig. 4.1) depicts that the highest number of women 19 (31.67%) belong to the age group of 24-29 years, 16 (26.67%) were in the age group of 30-35 years, 14 (23.33%) were in the age group of 18-23 years, and 11 (18.33%) belong to the age group of above 35 years. According to **Education status** Table-2 (Fig. 4.2)depicts that most of the women 26 (43.33%) were educated up to primary school, 14 (23.33%) were educated up to middle school, 10 (16.67%) were educated up to higher secondary, 10 (16.67%) were illiterate, and as low as 0 (0%) were post graduate. Related to **Marital status** Table-3 (Fig. 4.3) shows that maximum proportion of the study sample i.e.52 (86.67%) were married and as low as 8 (13.33%) women were unmarried. Related to the **Number of Children** Table-4 (Fig. 4.4) shows that maximum number of women 27 (45%) had more than two children, 13 (21.67%) had no children, 12 (20%) had two children, and 8 (13.33%) had one children. According to **Family Income** Table-5 (Fig. 4.5) shows that maximum number of women 55 (91.67%) have family income less than Rs.5,000 and 5 (8.33%) have income between Rs. 5,000-10,000. Regarding **Area of Residence** Table-6 (Fig. 4.6) depicts that largest number of women 60 (100%) resided in city areas. Related to **Religion** Table-7 (Fig. 4.7) shows that all of the women 60 (100%) were from the Hindu community. According to **Duration of Occupation**Table-8 (Fig. 4.8) shows the maximum number of women's 25 (41.67%) were less than 1 year employed, 20 (33.33%) were 1-2 years employed, 10 (16.67%) were 3-4 years employed, and 5 (8.33%) were more than 4 years employed.

Table 2: Characteristics of area

AREA	TEST	MEAN	MEAN SCORE PERCENTAGE	STANDARD DEVIATION
MEANING	PRE-TEST	7.91	65.91%	1.25
	POST-TEST	11.88	99%	0.32
	PRE-TEST	3.61	72.2%	0.86

MODE OF TRANSMISSION	POST-TEST	4.95	99%	0.21
CAUSES	PRE-TEST	2.78	55.6%	0.98
	POST-TEST	4.9	98%	0.3
COMPLICATION	PRE-TEST	3.31	55.16%	1.00
	POST-TEST	5.91	98.5%	0.27
INVESTIGATION	PRE-TEST	2.83	56.6%	1.12
	POST-TEST	4.85	97%	0.34
TREATMENT	PRE-TEST	0.95	47.5%	0.49
	POST-TEST	2	100%	0
PREVENTION	PRE-TEST	6.5	72.22%	1.27
	POST-TEST	9	100%	0

TABLE-2 Shows that the score of knowledge of **pre-test** regarding meaning of sexually transmitted diseases (Mean-7.91, standard deviation-1.25), mode of transmission (Mean-3.61, standard deviation-0.86), causes (Mean-2.78, standard deviation-0.98), complication (Mean-3.31, standard deviation-1.00), investigation (Mean-2.83, standard deviation-1.12), treatment (Mean-0.95, standard deviation-0.49),and regarding prevention of sexually transmitted diseases (Mean-6.5, standard deviation-1.27).

The score of knowledge of **post-test** regarding meaning of sexually transmitted diseases (Mean-11.88, standard deviation-0.32), mode of transmission (Mean-4.95, standard deviation-0.21), causes (Mean-4.9, standard deviation-0.3), complication (Mean-5.91, standard deviation-0.27), investigation (Mean-4.85, standard deviation-0.34), treatment (Mean-2, standard deviation-0), and Knowledge of post-test regarding prevention of sexually transmitted diseases (Mean-9, standard deviation-0).

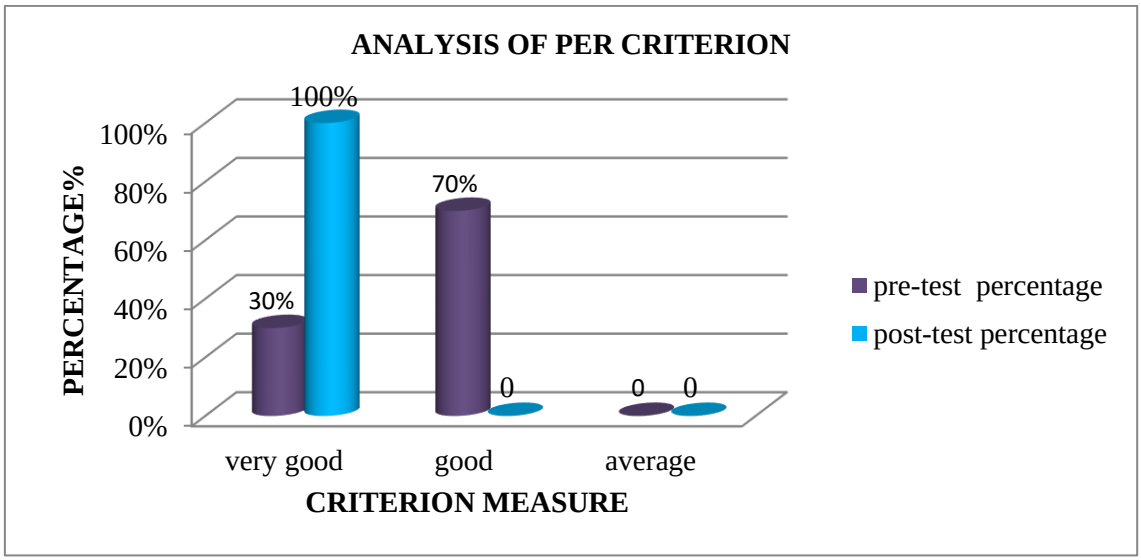

Fig. 2:- Cylindrical diagram showing the analysis of overall knowledge regarding sexually transmitted diseases and its prevention as per criterion

TABLE-2 depicts that in the pre-test knowledge score of the subjects, 42 (70%) had good knowledge and 18 (30%) had very good knowledge. The overall post-test knowledge score reveals that 60(100%) had very good knowledge.

DISCUSSION

Analysis of overall knowledge score as per criterion of women regarding sexually transmitted diseases and its prevention was done and depicted in **Fig 2** The findings depict that majority of women 42 (70%) had good knowledge regarding sexually transmitted diseases and its prevention and few 18 (30%) had very good knowledge. This score was improved after the administration of information booklet regarding sexually transmitted diseases and its prevention. Overall women 60 (100%) had very good knowledge regarding sexually transmitted diseases and its prevention.

CONCLUSION

On the basis of the findings of the study, the following conclusions were drawn:-

- The findings of the study are **42 (70%)** had good knowledge and **18 (30%)** had very good knowledge.

- The present study reveals that women had highest mean score percentage **(72.22%)** regarding the prevention of sexually transmitted diseases and lowest mean score percentage **(47.5%)** regarding treatment of sexually transmitted diseases.
- There is significant association between pre-test knowledge and number of children. There is no significant association between the pre-test knowledge and age, educational status, marital status, monthly income, living area, religion and duration of occupation.

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