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# Effectiveness of Nurse Lead Counselling Programme on attitude in relation to Reproductive Tract Infection among women living in rural area of Tamilnadu, South India.

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Abstract

Reproductive age group women are more vulnerable to RTI/STD. it is consider to be major health ,economic and social issue and their compliance are significant contributor of morbidity and mortality among women. Hence the present study was carried out to assess the effectiveness of Nurse Lead Counselling Programme on attitude in relation to Reproductive Tract Infection among women living in rural area of Tamilnadu. A true experimental pretest posttest control group design was adopted; data was collected from 180 samples with the help of 4 point Likert scale designed by the researcher on RTI. After pretest the NLCP was implemented to research group then reinforcement was done in the consecutive 2nd month and 4th month then posttest was carried out at the end of 2dd month and 6th month. Results reveled that research group women attitude was better after NLCP and it was elicited by posttest 1 and posttest 2.For both the groups Handouts regarding RTI management was distributed.

Keywords: Nurse Lead Counselling Programme, Attitude, RTI, Women.

## INTRODUCTION

Indian women are predominantly silent and frequently unrecognized institution doing so much of work and showing boundless care towards their safety of the circle of relatives. The whole family may be affected whilst women experience sick, so women want precise attention and care of their fitness. Reproductive existence is considered very non-public, touchy and mystery in our society. Girls are regularly the victim of reproductive fitness issues that can be without problems detected and prevented.

STIs/RTI is among the top five disease categories in which adults in developing countries seek health care, and about one-third of STIs globally occur among people younger than 25 years of age (WHO 2014)[1].

The trouble of RTI related morbidity and mortality among women is due to lack of awareness due to the fact ladies themselves are reluctant to speak about the gynecological trouble with different and triumphing social stigma connect to an illness is extra for a woman than a person, consequently ladies are probable to cover their illness. A number of the opposite motives for refusing to visit the sanatorium are socioeconomic factors and worry of internal checkups (Jaya, 2000)(2).

WHO (2017)[3] specified that counseling approach offer primary prevention against STD/RTI. It can also improve a person's ability to recognize the symptoms and increase the likelihood of seeking health care. This counselling includes comprehensive sex education, safer sex and condom promotion.

Education & counseling should be sensitive to the broader context of people's lives in the community and explore critical linkages between perceptions and health- seeking behaviour. Critical concerns such as sexuality, sexual behaviour, and gender power relations should also be taken into consideration while planning, STDs/RTIs control programs (Agarwal et al 2009)[4].

Use of condoms is contemplated to be an effective means of inhibiting reproductive tract infections. Counseling women about condom use may increase the magnitude of a protected coital initiative. (Mary latka etal)[5] So, the investigator counseled married women on condom negotiation skill with their intimate partners in a safe sexual relationship

Analyzing the bibliographic of present systematic evaluate in this subject matter confirmed many research on intervention strategy for RTI has been finished in western nations. But in India, only a few studies have been performed. However, no published statistics were available on nurse lead counseling programme for RTI in Tamil Nadu to promote and enhance the health of married women in reproductive element. Loss of considerable literature instigated the investigator to soak up the prevailing take a look at to fill those present lacunae

Objectives

1. To assess the existing attitude level of women on RTI.

2. To determine the effectiveness of Nurse Lead Counselling programme on attitude in relation to reproductive tract infection among women living in rural area compared with the control group.

3. To associate the selected background factors with attitude among women in the research group and the control group.

Hypothesis

H1: There is a significant difference in the attitude between women who participated in the Nurse Lead Counselling programme than those who do not ($p<0.05$).

## METHODOLOGY

### 1. Research approach

Quantitative technique became adopted with a view to accomplish the primary goal of the take a look at to decide the effectiveness of nurse lead counselling programme on mind-set concerning reproductive tract infection among women in rural residing,

### 2. Research design

True experimental pre test posttest control group design.

### 3. Research Setting

A observe became achieved in decided on villages under selected primary health Centre, Kancheepuram District, Tamil Nadu it made up of 15 villages. Out of which 2 villages have been randomly decided on for this examine, (1 for research group and 1 for the control institution). The total populace of this region become 26,004 in that general female population turned into 9,493.Out of 2 villages overall of 254 married girls with RTI had been recognized. Kundrathur is 10 kms faraway from Chennai metropolis. Health care facility rendered by way of Kundrathur upgraded PHC, and few non-public practitioners. Maximum of the women have been house spouse and a few of them have been working in Export Corporation and each day wages

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### 4. Population

The goal population of this have a look at protected simplest married women among the age group of 18-45 years, residing within the decided on location. Due to the fact felony age for marriage is eighteen years, generally after forty five years girls turn out to be with premenopausal symptom. 18 -45 years is taken into consideration to be sexually energetic so that they should be benefited from the counselling related to RTI.

The accessible populace for this look at covered the married girls with whom the designed standards have been showed and handy to the investigator. The reachable populace for this have a look at was all of the married ladies with RTI and who fulfilled the inclusion criteria.

**5. Samples**

Married women with RTI symptoms and between the age group of 18- 45 years (who fulfill the inclusion criteria).

**6. Sample size**

180 married women with RTI symptoms, in each group 90 married women.

**7.Sample selection Criteria**

**Inclusion criteria**

- Permanently living married women in decided villages underneath selected PHC(Primary Health center).
- Married Women with RTI symptoms for 3 months inside the age institution

18 - 45 years. Folks that understand and in a position to talk Tamil language.

- Married women who were inclined to take part in the study.

**Exclusion criteria**

- Women having any neurological and psychiatric illness
- Currently pregnant or amenorrhea.
- Women tormented by gynecological problems (uterine prolapsed, cervical cancer).
- Married women with recognized case of RTI on treatment.
- Women with listening and visual impairment.

**8. Sampling technique**

Phase 1: 2 villages were decided on randomly out of 15 villages by lottery method; 1 village was randomly allotted to research group and 1 to control group. A survey was done in all the selected villages to screen the married women with RTI symptoms.

Phase 2: Women who fulfill the inclusion criteria were selected. From each village 90 samples were selected by simple random technique, 90 in the research group and 90 in the control group.

**9.Data collection instrument**

**Section A –Background factors** includes such as age, marital status, education, occupation, family income, type of family, previous knowledge.

**Section B - Attitude scale on RTI**

It consists of totally 15 statements of that 4,5,7, 8,10,13 and 14 were positively stated and scored as 5 -1, and 8 statements 1,2,3,6,9,11,12 and 15 were negatively stated and reverse scoring was used. The total score was 75.The 5 point scale with following 5 ratings

5- Strongly agree, 4- Agree,3- Neutral, 2- Disagree, 1-Strongly disagree

- **Interpretation of Attitude scale-(Total score =75)**

1-38 - Unfavorable attitude

39-57 - Neutral attitude

58-75 - favorable attitude

**10.Description of the intervention:**

**NLCP:** it refers to the direct face to face conversation between the researcher and the individual women. It was carried out in 3 sessions. The Communication comprises of self-introduction, evaluation of existing RTI symptoms, risk factors and barriers to seeking treatment. Then they were prompted to set the goals. During the intervention phase, participants were encouraged for regular treatment with a partner and counseled on condom negotiation skills for safer sex practice. This lasted for 30-45 minutes in their home. Reinforcement was given in the $2^{nd}$ and $4^{th}$ month.

**11.Human rights:**

- Permission was obtained from the Director of Medical services (DMS) and DDHS (Deputy Director of health services) Kancheepuram prior to the data collection.
- Ethical committee clearance was obtained from the institutional ethical committee.
- Content validity was acquired from numerous specialists in the field of Nursing, Medicine and psychology and statistics.
- Individual consent was obtained from the study participants.
- The investigator was a qualified counsellor.

**12.Data collection procedure**

- After identifying the married women with RTI symptom, a total of 180 women who fullfilled the inclusion criteria were selected randomly, out of which 90 women to study group and 90 women to control group were allotted by simple random . From each village 90 women were selected.
- Pretest was conducted for women in the study group and the control group.

- NLCP was given to the study group. 3 sessions of individual counseling was given in their residence. They were ensured about confidentiality.
- Reinforcement was given to the study group at the end of the 2nd month and 6th month. Routine treatment was followed by the control group

## 13.Data analysis

Descriptive statistics frequency percentage, mean, SD was used. Inferential Statistics like Chi square, Pared t test, Student t test and RM ANOVA.

**Results and Discussion**

**Table.1 : Distribution of background factors of women in research and control group.**

**N=174**

| Background factors | | Group | | | | Chi square & p value |
|---|---|---|---|---|---|---|
| | | Research (n=86) | | Control(n=88) | | |
| | | n | % | n | % | |
| **Age** | 18 -26 years | 36 | 41.9 | 36 | 40.9 | $\chi 2=0.34$ p=0.84 NS |
| | 27 -35 years | 27 | 31.4 | 31 | 35.2 | |
| | 36 -45 years | 23 | 26.7 | 21 | 23.9 | |
| **Marital status** | Married | 63 | 73.3 | 74 | 84.1 | $\chi 2=3.66$ p=0.16 NS |
| | Widowed | 13 | 15.1 | 6 | 6.8 | |
| | Divorced/separated | 10 | 11.6 | 8 | 9.1 | |
| **Education** | No formal education | 6 | 7.0 | 4 | 4.5 | $\chi 2=7.04$ p=0.21 NS |
| | Primary | 16 | 18.6 | 8 | 9.1 | |
| | Middle | 16 | 18.6 | 25 | 28.4 | |
| | High school | 14 | 16.3 | 21 | 23.9 | |
| | Higher secondary | 24 | 27.9 | 19 | 21.6 | |
| | Graduate or post graduate | 10 | 11.6 | 11 | 12.5 | |
| **Occupation** | Unemployed/housewife | 40 | 46.5 | 48 | 54.5 | $\chi 2=2.71$ p=0.60 NS |
| | Unskilled worker | 13 | 15.1 | 11 | 12.5 | |
| | Skilled worker | 16 | 18.6 | 13 | 14.8 | |
| | Clerical/shop owner/farmer | 10 | 11.6 | 6 | 6.8 | |
| | Professional | 7 | 8.1 | 10 | 11.4 | |
| **Family income** | Rs.1601 - 4809 | 5 | 5.8 | 7 | 8.0 | $\chi 2=6.17$ p=0.29 NS |
| | Rs. 4810 - 8009 | 24 | 27.9 | 28 | 31.8 | |
| | Rs.8010 - 12019 | 20 | 23.3 | 30 | 34.1 | |
| | Rs.12020 - 16019 | 25 | 29.1 | 14 | 15.9 | |
| | Rs.16020 - 32049 | 9 | 10.5 | 7 | 8.0 | |
| | > Rs.32050 | 3 | 3.5 | 2 | 2.3 | |
| **Type of family** | Nuclear family | 46 | 53.5 | 52 | 59.1 | $\chi 2=0.57$ p=0.75 NS |
| | Joint family | 37 | 43.0 | 33 | 37.5 | |
| | Extended | 3 | 3.5 | 3 | 3.4 | |
| **Previous knowledge** | Yes | 7 | 8.1 | 8 | 9.1 | $\chi 2=0.05$ p=0.82 NS |
| | No | 79 | 91.9 | 80 | 90.9 | |

**Table:2: Level of comparison on attitude in relation to RTI among women in the research group and the control group during pretest, posttest N=174**

| level of Attitude | | Research (n=86) | | Control (n=88) | | Chi-square & P value |
|---|---|---|---|---|---|---|
| | | n | % | n | % | |
| Pretest | Unfavorable attitude | 59 | 68.6 | 63 | 71.6 | $\chi 2=1.73$ p=0.19 (NS) |
| | Neutral attitude | 27 | 31.4 | 25 | 28.4 | |
| | Favorable attitude | 0 | 0.0 | 0 | 0.0 | |
| Posttest1 | Unfavorable attitude | 13 | 15.1 | 59 | 67.0 | **$\chi 2=82.65$ p=0.001*** ** |
| | Neutral attitude | 21 | 24.4 | 29 | 33.0 | |
| | Favorable attitude | 52 | 60.5 | 0 | 0.0 | |
| Posttest2 | Unfavorable attitude | 0 | 0.0 | 55 | 62.5 | **$\chi 2=109.49$ p=0.001*** ** |
| | Neutral attitude | 21 | 24.4 | 33 | 37.5 | |
| | Favorable attitude | 65 | 68.6 | 0 | 0.0 | |

**NS-Not significant, *** very high significant at p<0.001**

Table 2. explicited the comparison of level of attitude between married women in the research and control group during pretest. 59(68.6%) in the study and 63(71.6%) in the control group had a negative attitude. In both the groups, none of them had a positive attitude. The groups had no significant difference as shown by the Chi square value of 1.73 with p=0.19. Hence homogenecity within the group was maintained.

Comparison of attitude level in relation to RTI between married women in the research and control group during posttest1 ($\chi 2$ = 82.65) and posttest2 ($\chi 2$= 109.49)revealed a highly significant difference at p=<0.001 existed between the groups. This revealed that there was a favorable change in attitude among the research group married women at the end of 6 months.

**Table 3: Comparison of pretest, posttest score of attitude in relation to RTI among women between the research group and the control group.**
**N=174**

| Length of research | group | | | | Mean Difference | Independent t-test & p value |
|---|---|---|---|---|---|---|
| | Research (n=86) | | Control(n=88) | | | |
| | Mean | SD | Mean | SD | | |
| **Pretest** | 34.15 | 11.10 | 33.69 | 3.34 | 0.46 | t=1.38<br>p=0.17 NS |
| **Post test1** | 50.71 | 14.93 | 35.17 | 4.60 | 15.53 | t=9.32<br>p=0.001*** |
| **Post test2** | 60.66 | 8.26 | 35.67 | 4.78 | 24.99 | t=24.49<br>p=0.001*** |

NS-Not significant ***P<0.001 highly significant

Table 3 showed the pretest mean attitude score was 34.15 ± 11.10 in the research group and it was 33.69 ± 3.34 in the control group. The mean difference attitude score between the research and the control group was 0.46 with t' test value was 1.38, which was statistically not significant. In posttest 1 the mean attitude score was 50.71 ± 14.93 in the research group and the mean score was 35.17 ± 4.60 in the control group. The mean difference was 15.53 with t' value 9.32, which was highly significant at p<0.001 level.

Posttest 2 showed a highly statistically notable variance (t= 24.49) among the groups at p<0.001 level. In posttest1 and posttest2 attitude score showed significant improvement among women in the research group.

**Table:4: The association of selected background factors with posttest1 attitude gain score among women in the research group. n=86**

| Background factors | | n | Attitude gain score | | | | | | One-way ANOVA F-test/t-test |
|---|---|---|---|---|---|---|---|---|---|
| | | | Pretest | | Posttest | | Attitude gain=pre-post | | |
| | | | Mean | SD | Mean | SD | Mean | SD | |
| Age | 18 -26 years | 36 | 36.11 | 11.54 | 59.25 | 8.43 | 23.14 | 5.89 | **F=3.86 p=0.02*** |
| | 27 -35 years | 27 | 34.19 | 11.39 | 60.11 | 7.82 | 25.93 | 5.06 | |
| | 36 -45 years | 23 | 33.22 | 9.98 | 60.65 | 8.66 | 27.43 | 7.20 | |
| Marital | Married | 63 | 34.44 | 11.15 | 60.70 | 8.04 | 26.25 | 5.74 | F=0.06 p=0.94 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| status | Widowed | 13 | 33.54 | 12.53 | 58.69 | 8.96 | 25.15 | 5.10 | NS |
| | Divorced/separated | 10 | 33.10 | 9.83 | 58.60 | 9.24 | 25.50 | 8.95 | |
| Education | No formal education | 6 | 35.17 | 12.43 | 55.84 | 7.63 | 20.67 | 6.89 | **F=2.84 p=0.02*** |
| | Primary | 16 | 32.06 | 9.84 | 53.94 | 8.56 | 21.88 | 7.29 | |
| | Middle | 16 | 34.19 | 10.74 | 58.38 | 7.80 | 24.19 | 4.82 | |
| | High school | 14 | 36.00 | 12.12 | 61.07 | 9.54 | 25.07 | 7.16 | |
| | Higher secondary | 24 | 33.54 | 11.30 | 60.38 | 7.96 | 26.84 | 5.50 | |
| | Graduate or post graduate | 10 | 35.70 | 12.98 | 63 | 8.72 | 27.30 | 4.58 | |
| Occupation | Unemployed/house wife | 40 | 33.98 | 10.92 | 60.23 | 7.79 | 26.25 | 6.28 | F=0.70 p=0.62 NS |
| | Unskilled worker | 13 | 34.69 | 11.41 | 59.46 | 8.62 | 24.77 | 6.38 | |
| | Skilled worker | 16 | 32.19 | 11.64 | 59.06 | 8.79 | 26.88 | 7.02 | |
| | Clerical/shop owner/farmer | 10 | 34.40 | 9.12 | 60.70 | 8.94 | 26.30 | 3.68 | |
| | Professional | 7 | 38.29 | 14.69 | 62.71 | 9.96 | 24.43 | 5.00 | |
| Family income | Rs.1601 - 4809 | 5 | 50.60 | 1.67 | 69.80 | 3.90 | 19.20 | 2.86 | **F=2.57 p=0.03*** |
| | Rs. 4810 - 8009 | 24 | 33.63 | 10.17 | 59.71 | 8.82 | 26.08 | 7.93 | |
| | Rs.8010 - 12019 | 20 | 34.05 | 11.57 | 60.35 | 8.37 | 26.30 | 5.31 | |
| | Rs.12020 - 16019 | 25 | 31.24 | 9.77 | 58.24 | 7.44 | 27.00 | 4.61 | |
| | Rs.16020 - 32049 | 9 | 32.00 | 11.60 | 59.33 | 7.84 | 27.33 | 5.22 | |
| | > Rs.32050 | 3 | 42.33 | 13.43 | 64.66 | 9.29 | 22.33 | 4.16 | |
| Type of family | Nuclear family | 46 | 33.22 | 10.93 | 59.93 | 7.81 | 26.72 | 5.64 | F=0.89 p=0.41 NS |
| | Joint family | 37 | 34.54 | 11.18 | 59.57 | 8.64 | 25.03 | 5.54 | |
| | Extended | 3 | 43.67 | 11.93 | 70.67 | 3.79 | 27.00 | 15.72 | |
| Previous knowledge | Yes | 7 | 36.00 | 8.00 | 56.50 | 8.36 | 20.50 | 4.59 | t=0.56 p=0.57 NS |
| | No | 79 | 34.01 | 11.33 | 60.43 | 8.24 | 26.41 | 5.94 | |

Table 4. showed the association between attitude gain score and background factors. Elder women, more educated women, women with high income were having better attitude gain score than other sampls.

## Discussion

The current research revealed that in the pretest attitude mean score was 34.15 ± 11.10 in the research group and it was 33.69 ± 3.34 in the control group. No statistical difference existed between the groups in the prê test. Posttest 1 the mean attitude score was 50.71 ± 14.93 in the research group and the mean score was 35.17 ± 4.60 in the control group, the mean difference was 15.53 with 't' value 9.32, which was highly significant at $p<0.001$ level.

Posttest 2 showed a highly statistically significant difference (t= 24.49, mean difference =24.99) between the groups at $p<0.001$ level. Posttest1 and posttest 2 attitude score showed statistical significant improvement among women in the research group.

The study findings were consistent with the study conducted by Jamileh et al (2014)[6] on knowledge and attitude on genital tract infection. Results revealed that knowledge and favourable attitude,

increased significantly. It was found that an episode of genital tract infection was decreased after the planned teaching program. It was complemented by the UNISCO, that education and teaching are important factors in changing attitude and people's idea upon reproductive health (Fonck et al ,2001)[7] . Above result was similar to the findings of study done by Suja and Aruna (2015)[8]

Hence the researchable hypothesis, **H1 "There is a significant difference in the attitude between women who participated in the Nurse Lead Counselling programme than those who do not" was accepted.**

## LIMITATIONS

**1.** The investigator could not control the extraneous variables such as clients going for other alternative therapies and complimentary therapies.

**2.** Despite of adequate privacy and confidentiality was ensured it was a challenging task for the researcher to elicit the data, since the problem was sensitive women were apprehensive to reveal their problems.

## RECOMMENDATIONS

1. Recommended to conduct a qualitative study to explore the experience of the women with RTI in relation to various dimensions.

2. Studies can be replicated in other settings with large samples.

3. Longitudinal studies for a period of 4-5 years can be conducted.

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