



A STUDY TO EVALUATE THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELECTED SEXUALLY TRANSMITTED DISEASE [STD] OCCURANCE AND IT'S PREVENTION AMONG ADOLESCENT AGE GROUP AT SELECTED HIGHER SECONDARY SCHOOL OF AHMEDABAD CITY, GUJARAT.

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ABSTRACT

Background

Sexually transmitted disease (STD) are the infections which are mainly transmitted through sexual intercourse. Young individuals in the age group of 16 to 24 years are considered to be at more risk for STDs compared to older adults. Young individuals are more likely to practice unprotected sex and have multiple sexual partners. If the STDs are not treated adequately, it can lead to various complications. Most of the people may be aware about HIV/AIDS because of the awareness created by media and the government programs, however knowledge about STDs other than HIV/AIDS is low in the developing countries.

Objectives of the study

1. To assess the pre-test knowledge score regarding Sexually Transmitted Disease[STD] occurrence & it's prevention among adolescent age group at selected higher secondary school of Ahmedabad city, Gujarat.
2. To assess the post-test knowledge score regarding Sexually Transmitted Disease[STD] occurrence & it's prevention among adolescent age group at selected higher secondary school of Ahmedabad city, Gujarat.
3. To evaluate the effectiveness of planned teaching programme on knowledge regarding Sexually Transmitted Disease[STD] occurrence & it's prevention among adolescent age group at selected higher secondary school of Ahmedabad city, Gujarat.
4. To find out association between pre-test knowledge score regarding Sexually Transmitted Disease [STD] occurrence & it's prevention with selected demographic variable among adolescent age group at selected higher secondary school of Ahmedabad city, Gujarat.

Methodology

Quantitative research approach was used with Pre experimental (one group pre-test post-test) research design. The investigator used non probability convenience sampling technique for selecting 60 samples. The reliability of the tool was determined by using test-retest method of "Karl Person's formula" reliability of the structured knowledge questionnaire was found 0.857.

Result

The demographic variable major finding are, out of 60 samples, majority of the sample 53.3% belongs to age group 16-17 years, in that gender male & female both are 50% participated, 53.3% samples belongs to hindu religious, 66.7% sample comes to the urban area, 43.3% samples comes from the nuclear family, 95.0% sample heard about STD and 30.0% sample have to heard about STD in television.

The mean pre-test score was 10.52 and mean post-test score was 21.18 with the mean difference of 10.66. The table also represents that the standard deviation of pre-test score was 1.51 and standard deviation of post-test score was 1.56. It reveals that mean post-test knowledge score was significant higher than mean pre-test knowledge score. The calculated 't' value was 39.41 and the tabulated 't' value was 2.00 at 0.05 level of significance.

Association of the pre-test knowledge score was found significant with demographic variables such as Area of Residence.

Conclusion

The indicates that the planned teaching programme regarding Sexually Transmitted Disease [STD] occurrence & it's prevention was effective in increasing knowledge in selected higher secondary school of Ahmedabad city, Gujarat.

INDRODUCTION

Sexually transmitted diseases [STD] are diseases caused by pathogens and connected through sexual activity (intercourse, oral and anal sex). Some of the most common STDs result from bacterial (chlamydia, gonorrhoea and syphilis) and viral (HIV/AIDS, herpes, hepatitis B, human papillomavirus or HPV) exposure. In addition to bacterial and viral culprits, protozoa and fungi also cause STDs, including those that cause trichomonas vaginitis and jock itch Sexually transmitted infection [STI] according to some health care clinics are interchangeable with STDs; however, other believe that STIs are the precursor to STDs because they are caused by the same pathogens but are at a stage where no symptoms are present in the host.

The presenting condition or disease depends on the specific organism, route sign and symptoms of the disease. Risk factor that increase the transmission of STIs including having unprotected sexual contact with multiple partners, having history of STIs sexual assault, over use of alcohol, prostitution, having a sexual partner who has additional concurrent sexual contacts or prior history of STDs use of recreational drug and intravenous drug use.

HIV and syphilis are life threatening, hepatitis B, HPV and HIV predispose to malignancy, and gonorrhoea and chlamydia affect fertility. Chlamydia, gonorrhoea and syphilis can be cured using antibiotics, while HIV is treatable but not curable. Most Hepatitis B and HPV infections are cleared by the immune system within a few months. Chronic forms of Hepatitis B are however not well treatable and persistent HPV infections can cause cervical and other forms of cancer.

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The mean pre-test score was 10.52 and mean post-test score was 21.18 with the mean difference of 10.66. The table also represents that the standard deviation of pre-test score was 1.51 and standard deviation of post-test score was 1.56. It reveals that mean post-test knowledge score was significant higher than mean pre-test knowledge score. The calculated 't' value was 39.41 and the tabulated 't' value was 2.00 at 0.05 level of significance.

Association of the pre-test knowledge score was found significant with demographic variables such as Area of Residence.

ANALYSIS AND INTERPRETATION OF THE DATA

Major findings of the study are presented under following sections and heading: The obtained data are organized and presented in the following sections:

- 4.1 Analysis and interpretation of the demographic variables of the samples.
- 4.2 Analysis and interpretation of data related to pre-test and post-test knowledge score of the samples.
- 4.3 Analysis and interpretation of data related to effectiveness of planned teaching program regarding Sexually Transmitted Disease [STD] occurrence & it's prevention among adolescent age group.
- 4.4 Analysis and interpretation of data related to association between pre-test knowledge score regarding Sexually Transmitted Disease [STD] occurrence & it's prevention with selected demographic variables of the sample.

4.1 ANALYSIS AND INTERPRETATION OF DEMOGRAPHIC VARIABLES OF THE SAMPLES**Table 4.1 Frequency and percentage wise distribution of samples based on demographic variables.****[n=60]**

Sr. No	Demographic variables	Variables	Frequency (f)	Percentage (%)
1	Age in years	16-17 years	32	53.3
		17-18 years	14	23.3
		18-19 years	14	23.3
2	Gender	Male	30	50.0
		Female	30	50.0
3	Religion	Hindu	32	53.3
		Muslim	18	30.0
		Christian	8	13.3
		Others	2	3.3
4	Area of residence	Urban	40	66.7
		Rural	20	33.3
5	Type of family	Joint family	24	40.0
		Nuclear family	26	43.3
		Extended family	10	16.7
6	Heard about STD	Yes	57	95.0
		No	3	5.0
7	Where you heard about STD	Newspaper	15	25.0
		Television	18	30.0
		Peer group	15	25.0
		Social media	9	15.0

Table 4.1: Shows the distribution of sample samples according to demographic variable of 60 sample.

Age: The majority of participants (53.3%) were between 16-17 years old, while 23.3% were in the 17-18 and 18-19 age groups, indicating a relatively even distribution among these age groups.

Gender: The sample was equally divided between males and females, with both genders representing 50% of the total sample.

Religion: The majority of participants identified as Hindu (53.3%), followed by Muslims (30.0%), Christians (13.3%), and a small proportion (3.3%) identifying with other religions.

Area of residence: Most participants resided in urban areas (66.7%), with 33.3% living in rural areas.

Type of family: The sample showed a slightly higher representation of nuclear families (43.3%), followed by joint families (40.0%) and extended families (16.7%).

Heard about STD: A large proportion (95.0%) of participants had heard about sexually transmitted diseases, while 5.0% had not.

Sources of information about STD: The most common sources of information were television (30.0%), followed by newspapers and peer groups (25.0% each), with social media being cited by 15.0% of participants.

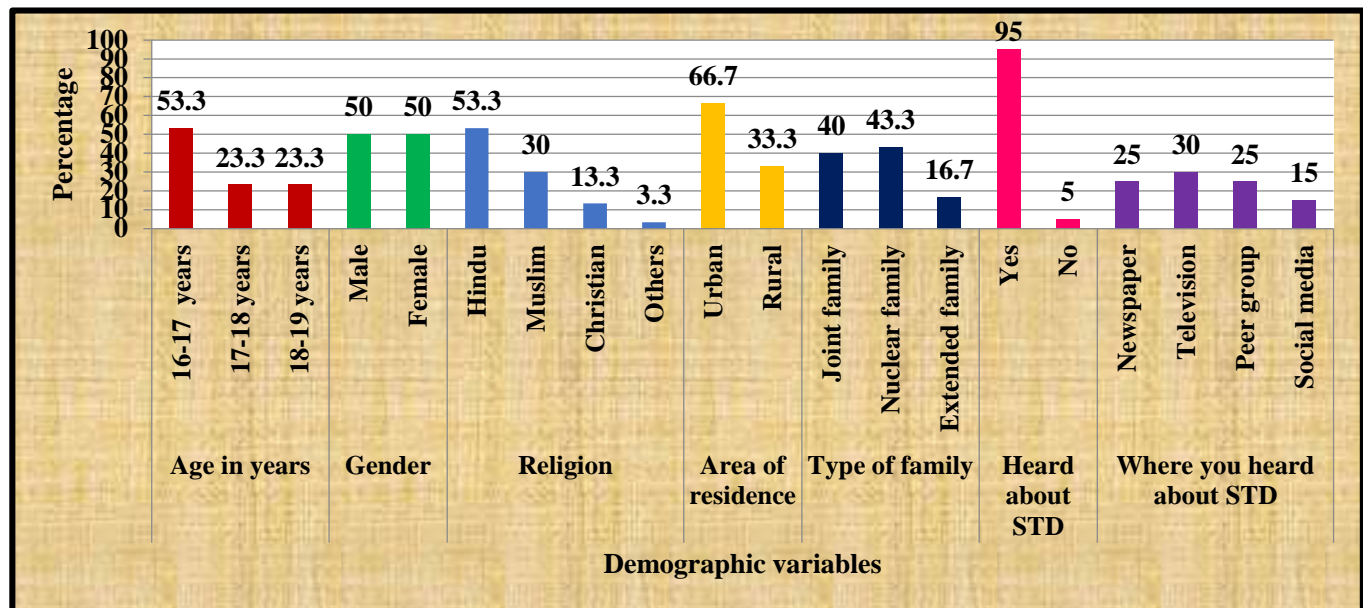


Figure: Bar Graph showing Percentage wise distribution of demographic variables of the samples.

4.2 ANALYSIS AND INTERPRETATION OF DATA RELATED TO PRE-TEST AND POST-TEST KNOWLEDGE SCORE OF THE SAMPLES

Table-4.2.1 Frequency and percentage distribution of pretest and post-test level of Knowledge regarding Sexually Transmitted Disease [STD] occurrence & it's prevention, among adolescent age group .

[n=60]

Level of knowledge	Score	Pre-test		Post-test	
		frequency	Percentage (%)	frequency	Percentage (%)
Poor Knowledge	0-10	37	61.7	0	0
Average knowledge	11-20	23	38.3	15	25
Good knowledge	21-30	0	0	45	75
Total		60	100%	60	100%

Table 4.2.1 Shows that in pretest knowledge score of out of 60 samples, majority, **37 (61.7%)** samples had poor knowledge level, **23 (38.3%)** samples had average knowledge level and none **0 (%)** of the sample had good knowledge level. After the intervention of Planned Teaching Programme, Whereas in post test, majority **45 (75%)** samples had good knowledge level, **15 (25%)** samples had average knowledge level and none **0(%)** of the samples had poor knowledge level. This shows the shifting of knowledge from poor to good in post test.

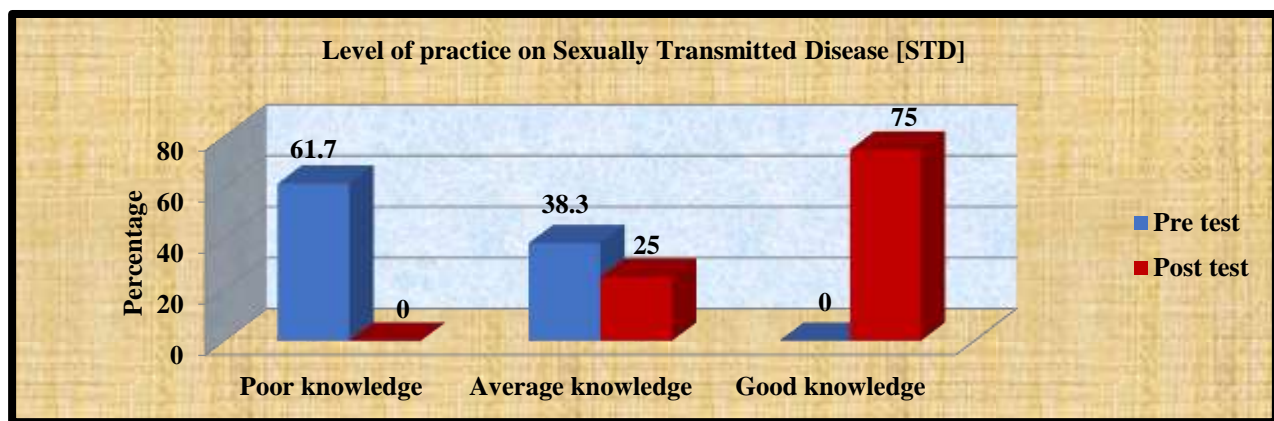


Figure : Bar graph showing the Percentage wise distribution of Sample according to the level of knowledge in Pre-test and Post-test on Sexually Transmitted Disease [STD].

Table 4.2.2 Mean, Mean %, Median, Mode and Standard Deviation (SD) of pre test and post test knowledge score regarding Sexually Transmitted Disease [STD] occurrence & it's prevention among adolescent age group

[n=60]

Knowledge score	Mean	Mean%	SD	% of knowledge gain
Pre-test	10.52	35.06	1.51	10.66
Post-test	21.18	70.6	1.56	(35.53%)

Table 4.2.2. shows the mean pre test knowledge score is 10.52 ± 1.51 with mean percentage 35.06%. Whereas the mean posttest knowledge score was 21.18 ± 1.56 with mean percentage 70.6%. Total percentage of knowledge gain was 35.53%. This difference in the mean score is discussed in the next section using inferential statistics.

Table 4.2.2 Area wise Mean, Mean Percentage and Percentage Gain of Pre-test and Post-test knowledge score using Structured Knowledge Questionnaire regarding Sexually Transmitted Disease [STD] occurrence & it's prevention.

(n=60)

Areas	Max score	Pre test			Post test			Mean difference	% of knowledge gain
		Mean	Mean%	SD	Mean	Mean%	SD		
Introduction of STD	2	0.9	45.00	0.66	1.68	84.00	0.50	0.78	39
Introduction of bacterial STD	4	1.28	32.00	0.80	2.63	65.75	0.82	1.35	33.75
Introduction of Viral STD	5	1.87	37.40	0.89	3.63	72.60	0.80	1.76	35.2
Symptoms & Diagnostic test for Bacterial & Viral STD	7	2.32	33.14	0.89	4.77	68.14	0.77	2.45	35
Treatment for Bacterial & Viral STD	5	1.7	34.00	0.87	3.57	71.40	0.77	1.87	37.4
Prevention of Bacterial & Viral STD	5	1.92	38.40	0.99	3.30	66.00	0.62	1.38	27.6
Hygiene for Perinum	2	0.58	29.00	0.65	1.60	80.00	0.53	1.02	51
TOTAL	30	10.57	257.94	1.45	21.18	567.29	4.81	10.61	258.95

Table 4.2.2 presents an area-wise comparison of pre-test and post-test knowledge scores related to sexually transmitted diseases (STDs). The results indicate a significant improvement in knowledge across all assessed areas.

In the Introduction of STD section, the mean score increased from 0.9 (45.00%) in the pre-test to 1.68 (84.00%) in the post-test, reflecting a knowledge gain of 39%.

Similarly, knowledge about Bacterial STDs improved from 1.28 (32.00%) to 2.63 (65.75%), with a gain of 33.75%, while introduction of Viral STDs increased from 1.87 (37.40%) to 3.63 (72.60%), with a gain of 35.2%.

For Symptoms & Diagnostic Tests for Bacterial & Viral STDs, the pre-test mean score was **2.32 (33.14%)**, which increased to **4.77 (68.14%)**, showing a knowledge gain of **35%**.

The Treatment of Bacterial & Viral STDs section also demonstrated a significant improvement, with scores rising from **1.7 (34.00%)** to **3.57 (71.40%)**, accounting for a gain of **37.4%**.

Knowledge regarding Prevention of Bacterial & Viral STDs increased from **1.92 (38.40%)** to **3.30 (66.00%)**, although it had the lowest knowledge gain of **27.6%**.

However, the highest improvement was observed in Hygiene for Perineum, where the mean score increased from **0.58 (29.00%)** to **1.60 (80.00%)**, reflecting a knowledge gain of **51%**.

Overall, the findings indicate that the intervention was effective in enhancing awareness about STDs. The highest improvement was seen in hygiene-related knowledge, whereas preventive measures showed the least gain. These results highlight the importance of targeted education programs to improve understanding and awareness of STDs among individuals.

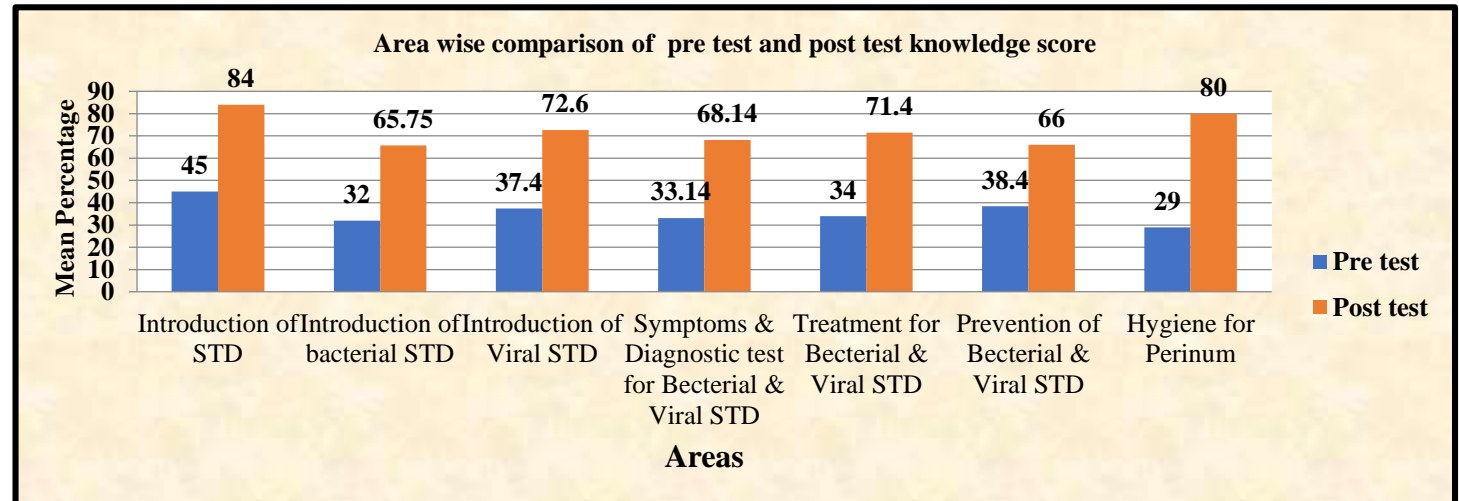


Figure: Bar graph showing Area wise comparison of mean pre test and mean post test knowledge score of Adolescent age group.

4.3 ANALYSIS AND INTERPRETATION OF DATA RELATED EFFECTIVENESS OF PLANNED TEACHING PROGRAM REGARDING SEXUALLY TRANSMITTED DISEASE [STD] OCCURRENCE & IT'S PREVENTION AMONG ADOLESCENT AGE GROUP

Table 4.3.1 Effectiveness of planned teaching program on knowledge regarding Current Sexually Transmitted Disease [STD] occurrence & it's prevention among adolescent age group

Knowledge score	Mean	Mean difference	SE	SD	DF	Calculate d 't' test value	Table 't' value	S/NS
Pre test	10.52	10.66 (35.53%)	0.270	1.51	59	39.410	2.000	S
Post test	21.18			1.56				

Table 4.3.1. Shows the comparison of pre-test and post-test knowledge scores of adolescent age group. The pre-test mean score was **10.52**, while the post-test mean score was **21.18**. The mean difference between pre and post-test was **10.66**, representing a **35.53%** increase. The standard deviation (SD) for the pre-test was **1.51**, and for the post-test, it's **1.56**.

The paired 't' test value was **39.410** which is greater than the tables value of **2.000** with a p-value less than **0.05**, indicating a statistically significant improvement from pre to post-test. The degrees of freedom (df) for the analysis were **59**.

This suggests a substantial increase in knowledge levels after the intervention of Planned Teaching Programme. Hence, the research hypothesis **H₀** was rejected and **H₁** is accepted. This indicates that the planned teaching program was effective in increasing the knowledge of adolescent age group regarding Sexually Transmitted Disease [STD] occurrence & it's prevention.

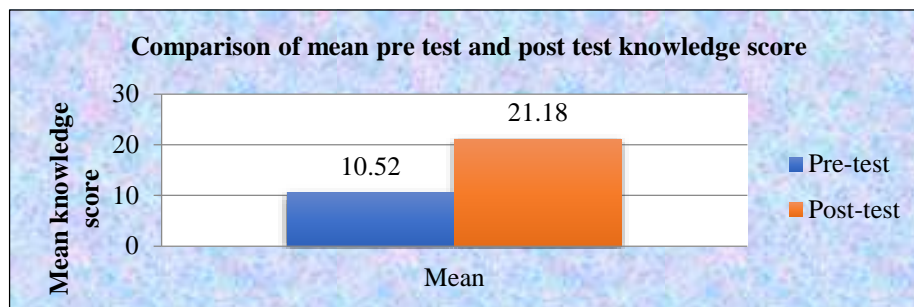


Figure: Bar graph showing Comparison of mean of pre rest and post test knowledge score of Adolescent age geoupANALYSIS AND INTERPRETATION OF DATA RELATED TO ASSOCIATION BETWEEN PRE-TEST KNOWLEDGE SCORE WITH SELECTED DEMOGRAPHIC VARIABLES OF THE SAMPLES.

Table 4.4.1. Association between pre test knowledge score and selected demographic variables of samples

Sr. No	Demographic variables	Poor	Average	(f)	χ^2 value	Table value	df	Remarks
1.	Age in years				0.171	5.991	2	NS
	16-17 years	20	12	32				
	17-18 years	8	6	14				
	18-19 years	9	5	14				
2.	Gender				0.071	3.841	1	NS
	Male	19	11	30				
	Female	18	12	30				
3.	Religion				1.539	7.815	3	NS
	Hindu	20	12	32				
	Muslim	10	8	18				
	Christian	5	3	8				
	Others	2	0	2				
4.	Area of residence				6.910	3.814	1	S
	Urban	20	20	40				
	Rural	17	3	20				
5.	Type of family				0.407	5.991	2	NS
	Joint family	14	10	24				
	Nuclear family	16	10	26				
	Extended family	7	3	10				
6.	Heard about STD				1.072	3.814	1	NS
	Yes	36	21	57				
	No	1	2	3				
7.	Where you heard about STD				3.280	7.815	3	NS
	Newspaper	9	6	15				
	Television	11	7	18				
	Peer group	8	7	15				
	Social media	8	1	9				

S: Significant, NS: Non significant at 0.05 level of significance

Table 4.4.1 shows the association of the pre- test knowledge scores of the sample with demographic demographic variable such as Age in years, Gender, Religion, Area of residence, Type of family, heard about STD, where you heard about family.

Regarding Age in years with the Pre-test knowledge scores the calculated value of chi-square **0.171** and it was less than table value **5.991** of chi square at **2** degree of freedom and **0.05** significant. Hence, age in years had not significant association with the pre-test knowledge score of the sample.

Regarding Gender with the Pre-test knowledge scores the calculated value of chi-square is **0.071** and it was less than table value **3.815** of chi square at **1** degree of freedom and **0.05** significant. Hence, age in years had not significant association with the pre-test knowledge score of the sample.

Regarding Religion with the Pre-test knowledge scores the calculated value of chi-square **1.539** and it was less than table value **7.815** of chi square at **3** degree of freedom and **0.05** significant. Hence, age in years had not significant association with the pre-test knowledge score of the sample.

Regarding area of residence with the Pre-test knowledge scores, the calculated value of chi-square **was 6.910** and it was less than table value **3.814** of chi square at **1** degree of freedom and **0.05** significant. Hence, age in years had significant association with the pre-test knowledge score of the sample.

Regarding types of family with the Pre-test knowledge scores the calculated value of chi-square **0.407** and it was less than table value **5.991** of chi square at **2** degree of freedom and **0.05** significant. Hence, age in years had not significant association with the pre-test knowledge score of the sample.

Regarding heard about STD with the Pre-test knowledge scores the calculated value of chi-square **1.072** and it was less than table value **3.841** of chi square at **1** degree of freedom and **0.05** significant. Hence, age in years had not significant association with the pre-test knowledge score of the sample.

Regarding where you heard about STD with the Pre-test knowledge scores the calculated value of chi-square **3.280** and it was less than table value **7.815** of chi square at **3** degree of freedom and **0.05** significant. Hence, age in years had not significant association with the pre-test knowledge score of the sample.

CONCLUSION

The following conclusion could be drawn from present study findings.

Analysis and interpretation of data collected from 60 samples, before and after administration of a planned teaching programme in terms of knowledge regarding Sexually Transmitted Disease [std] occurrence and it's prevention among adolescent age group at selected higher secondary school of Ahmedabad city. Descriptive and inferential statistical method were used to analyze the data. The mean post-test knowledge score was higher than the mean pre-test knowledge score. The significance of the difference between pre-test and post-test knowledge score was statistically tested using 't' test and it was found significant.

Hence, it was proved that the planned teaching programme was effective in increasing knowledge regarding Sexually Transmitted Disease [std] occurrence and it's prevention among adolescent age group at selected higher secondary school of Ahmedabad city.

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