A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON PREVENTION OF URINARY TRACT INFECTION AMONG SCHOOL GOING GIRL CHILDREN RESIDING AT SASARAM.

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*Abstract:*Introduction- UTIs are common infections that happen when bacteria, often from the skin or rectum, enter the urethra, and infect the urinary tract. The infections can affect several parts of the urinary tract, but the most common type is a bladder infection (cystitis). Some people are at higher risk of getting a UTI. UTIs are more common in females because their urethras are shorter and closer to the rectum. This makes it easier for bacteria to enter the urinary tract. Other factors that can increase the risk of UTIs: A previous UTI history, Sexual activity Changes in the bacteria that live inside the vagina, or vaginal flora. For example, menopause or the use of spermicides can cause these bacterial changes. Pregnancy Age (older adults and young children are more likely to get UTIs), Structural problems in the urinary tract, such as enlarged prostate Poor hygiene, for example, in children who are potty-training.

   Methodology- The current research design-pre-experimental with one group pretest posttest design, at the Narayan world school. The total sample size was consisting of 60 sample were selected by using of purposive non-randomized sampling technique. The data was collected through the face-to-face interview method by using of semi-structured questionnaire. The data analysis by the descriptive inferential statistics and paired 't" test, and chi-square test to determine the significant association between the pre-test knowledge score and selected demographics profiles of study participants.

Results- The current study revealed that the majority out of 60 study participants, during pre-test knowledge 32 (53.3%) had poor knowledge, 28 (46.7%) had moderate knowledge regarding prevention of urinary tract infection among school going girl children. After that the structured teaching program the post-test knowledge score, more than half of study participant, 43 (71.7%) had adequate knowledge and 17 (28.3%) had moderate knowledge score regarding prevention of urinary tract infection among school going girl children residing at Sasaram.

Discussion and conclusion- The study concluded that the structured teaching program was effective and enhancing knowledge of regarding prevention of urinary tract infection and that was more effective and beneficial for them.

Index Terms - UTI, urinary tract infection, girls, School, Children

I. INTRODUCTION

UTIs are common infections that happen when bacteria, often from the skin or rectum, enter the urethra, and infect the urinary tract. The infections can affect several parts of the urinary tract, but the most common type is a bladder infection (cystitis). Some people are at higher risk of getting a UTI. UTIs are more common in females because their urethras are shorter and closer to the rectum. This makes it easier for bacteria to enter the urinary tract. Other factors that can increase the risk of UTIs: A previous UTI history, Sexual activity Changes in the bacteria that live inside the vagina, or vaginal flora. For example, menopause or the use of spermicides can cause these bacterial changes. Pregnancy Age (older adults and young children are more likely to get UTIs), Structural problems in the urinary tract, such as enlarged prostate Poor hygiene, for example, in children who are potty-training. Symptoms of a bladder infection can include: Pain or burning while urinating, Frequent urination, Feeling the need to urinate despite having an empty bladder, Bloody urine, Pressure or cramping in the groin or lower abdomen, Symptoms of a kidney infection can include: Fever, Chills, Lower back pain or pain in the side of your back, Nausea or vomiting, younger children may not be able to tell you about UTI symptoms they are having. While fever is the most common sign of UTI in infants and toddlers, most children with fever do not have a UTI. If you have concerns that your child may have a UTI, talk to a healthcare professional. Treatment Your healthcare professional will determine if you have a UTI by: Asking about symptoms Doing a physical exam, Ordering urine tests, if needed Bacteria cause UTIs and antibiotics treat them.

II. RESEARCH METHODOLOGY

2.1Population and Sample The population of the study was girl children. The sample size was 60 girls. Sampling technique is non probability purposive technique.

2.2Data And Source Of Data
Pre-test: The investigator selected 60girl children from 7th to 9thstandard through purposive sampling technique. Good rapport was maintained with the girl children. After obtaining the permission from the Principal of Narayan world school, Sasaram Rohtas. The pretest was done for 60 samples with the help of structured questionnaire to assess the level of knowledge of adolescents regarding prevention of urinary tract infection which took 30 minutes. Structured teaching programme: Girl children of class 7th to 9thwere educated regarding prevention of sexually transmitted disease by using lecture method. Duration of session was around 30 minutes. Post test:The posttest was conducted on for 60 samples by using the structured questionnaire.

2.3 Sample Criteria
Girl child between the age 10-16 yr, who are willing to participate, who are available during data collection and who are studying in selected middle school.

2.4Conceptual framework

Good research generally integrates research finding into an orderly, coherent system. Such integration typically involves linking new research and existing knowledge by performing a thorough review of the prior research on a topic and by identifying an appropriate conceptual framework. When conducting research, a theoretical framework serves as a guide (or) map to systematically identify a logical, precisely defined relationship between variables. INPUT- According to this theory, "input" refers to energy, matter and information from the environment. All system must receive varying type and amount of information from the environment. The system uses the input to maintain its homeostasis. In the present study, input includes: Demographic variables: age, family, religion, income, weight, education of parents. This will be included in the assessment stage of nursing process. The level of knowledge of school going girl children is assessed through pre test by using structured knowledge questionnaire regarding prevention of urinary tract infection. THROUGHPUT- According to this theory, "throughput" refers to process by which the system process and releases an output. In the present study, the throughput considering for processing the input are: Formulating nursing diagnosis, expected outcome and plan of care among school going girl children before and after administration of structured teaching program. Conducting structured teaching program on prevention of urinary tract infection. Post test by using same structured knowledge questionnaire .OUTPUT- It is the energy, material or information that is transferred to the environment. In this, it refers to the information received in terms of gain in knowledge obtained through the processing of post-test knowledge scores as evaluation. FEEDBACK-

According to system theory, "Feedback" refers to output that is returned to the system that allow it to monitor itself overtime in an attempt to move closer to a steady state known as equilibrium or homeostasis. Feedback may be positive, negative or neutral.For the present study, the feedback is related to the effectiveness of structured teaching program and that will be obtained by post-test. In this study the post-test knowledge score was significantly higher than pre-test. This shows positive feedback to the system, hence expected outcome of the study.

III. Descriptive Statistics

Table 01 - Showing that the study participants as per demographic profiles

Socio-demographic variables		Frequency	Percentage
1. Age			
A.	10-12 yrs.	1	6.25%
B.	12-14 yrs.	32	53.33%
C.	14-16 yrs.	27	45%
D.	Above 16 yrs.	0	0%
2. Types of family			
A.	Nuclear	17	28.33%
B.	Joint	35	58.33%
C.	Extended	2	3.33%
D.	Single parent	5	8.33%
3. Religion			
A.	Hindus	46	76.66%
B.	Muslims	7	11.66%
C.	Sikhs	5	8.3%
D.	Christians	2	3.33%
4. Income			
A.	Below 1 lac	26	43.33%
B.	Between 1 to 2 lacs	19	31.66%
C.	Between 2 to 4 lacs	7	11.6%
D.	Above 4 lacs	8	13.33%
5. Education of mother			
A.	Illiterate	6	10%
B.	Below matriculation	7	11.66%
C.	Intermediate	10	16.66%
D.	Graduate or higher education	37	61.66%
6. Education of father			
A.	Illiterate	7	11.66%
B.	Below matriculation	7	11.66%
C.	Intermediate	7	11.66%

D.	Graduate or higher education	39	65%
7. Occupation of father			
A.	Farmer	10	16.66%
B.	Businessman	18	30%
C.	Government job	18	30%
D.	Others	14	23.33%
8. Occupation of mother			
A.	Housewife	38	63.33%
B.	Health worker	5	8.33%
C.	Government job	12	20%
D.	Others	5	8.33%
9. Area			
A.	Urban	26	43.33%
B.	Rural	14	23.33%
C.	Semi urban	18	30%
D.	None of these	2	3.33%
10. Toilet			
A.	Individual	32	53.33%
B.	Common	20	33.33%
C.	Public	5	8.33%
D.	Open field	3	5%

Table 02: Distribution of pre-test knowledge score and post-test knowledge score

Knowledge score	Pre-test		Post-test	
	F	%	F	%
Inadequate	32	53.3%	0	0%
Moderate	28	46.7%	17	28.3%
Adequate	0	0%	43	71.7%

Table 03: - showing the distribution of mean and standard deviation value of study participants as per pre-test knowledge score and post-test knowledge score.

Knowledge		Minimum Marks	Maximum Marks	Mean	Std. Deviation	Paired t test	p-value
PRE-TEST	60	2	14	7.23	3.316	11.47	0.0001
POST-TEST	60	12	21	18.70	2.011		

IV. RESULTS AND DISCUSSION

To assess the pre-test knowledge and post-test knowledge of prevention of urinary tract infection among school going girl children residing at Sasaram.

The study revealed that out of 60 study participants highly majority of 53.33% girl children had inadequate knowledge, 46.7% girl children had moderate knowledge and 0% had adequate knowledge during pre-test score. After the STP differently changed the girl children's knowledge, whereas the post-test knowledge score majority of 71.7% had adequate knowledge,28.3% had moderate knowledge regarding prevention of UTI.

To compare the pre-test knowledge score and post-test knowledge score of prevention of urinary tract infection.

The study revealed that the mean post-test knowledge score of (18.7 ± 2.011) was higher than the mean pre-test knowledge score (7.23 ± 3.316). It can infer that the structured teaching program was proved significantly highly effective in improving the knowledge of girl children regarding prevention of UTI.

To find out the effect of association between knowledge score with selected demographic variables.

The study revealed that the chi square test was used to see the association between the demographic variables with the pre-test knowledge. For all the demographic variables the chi square value association with knowledge was more than 0.05. That means, the knowledge regarding prevention of UTI among school going girl children is independent of these demographic variables. Concludes that, there was no significant association of these demographic variables with the knowledge.

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