



A comparative study to assess the knowledge and attitude regarding the common sexually transmitted diseases among married women at selected urban and rural areas of Palghar, Thane District ( Maharashtra) , with a view to develop health education pamphlet

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### Abstract:

**Introduction:** Worldwide the sexually transmitted diseases continue to be a major public health problem. The sexually transmitted diseases are exercising a very adverse effect on human population and most of these diseases are caused due to ignorance or carelessness. Hence a study was conducted to compare the knowledge and attitude regarding the common sexually transmitted diseases among married women at selected urban and rural areas of Palghar, Thane District ( Maharashtra), with a view to develop health education pamphlet. **Material and Methods:** A descriptive research approach was used to conduct the study. Samples selected by purposive sampling technique and samples size was 250 (125 from urban and 125 from rural). According to the objectives, a tool was prepared. The tool consisted of a structured questionnaire, teaching plan and teaching aids. The obtained data were analysed by using descriptive and inferential statistics like frequency, percentage, mean, standard deviation, unpaired “t” test and chi square. **Result:** The mean knowledge score of urban married women (12.03) was greater than the mean knowledge score of rural married women (6.30) and the mean attitude score of urban married women (70.64) was greater than the mean attitude score of rural married women (55.140. The mean calculated unpaired ‘t’ value of knowledge was 19.392(  $P < 0.001$ ) and attitude was 17.173 (  $P < 0.001$ ). **Conclusion:** The present study showed that the knowledge and attitude of urban married women regarding common sexually transmitted diseases were greater than that of rural married women.

**Key words:** Common sexually transmitted diseases, urban and rural married women, health education pamphlet.

### Introduction:

STDs are global health problems of great magnitude. Approximately more than 1 million new cases of sexually transmitted infection occurs daily in the world[1].The World Health Organization estimates that more than 448 million cases of curable, sexually transmitted infections occur annually throughout world in the adult aged 15-45 years[2]. The pattern of STDs differ from country to country and from region to region: especially in larger countries, like India where a large percentage of the population belongs to a sexually active age group, poverty, illiteracy and poor health. India is the 2<sup>nd</sup> in famous country in the world with over 1 billion inhabitants, where more than half around 2.4 million people are currently living with STDs [3].

Many sexually transmitted diseases are treatable but effective cure is lacking for HIV, HPV, curable STDs like Trichomoniasis may not show any severe symptoms. If not treated early, it increases women’s risk of getting other STDs[4]. Thus control of

sexually transmitted diseases has become a public health priority as no significant method of cure is found and only palliative or supportive treatment can be given to relieve the individual from painful symptoms.

### Objectives:

- 1) To assess the knowledge and attitude regarding the common sexually transmitted diseases among urban and rural married women.
- 2) To compare the knowledge and attitude of urban and rural married women regarding the common sexually transmitted diseases.
- 3) To find out association between knowledge and attitude regarding the common sexually transmitted diseases with their selected demographic variables.

### Statement of the Problem

A comparative study to assess the knowledge and attitude regarding the common sexually transmitted

and rural areas of Palghar, Thane District ( Maharashtra), with a view to develop health education pamphlet.

**Materials and Methods:**

The present study was carried out in rural and urban areas of Palghar, Thane District (Maharashtra).The samples selected were married women from urban and rural areas.

This study was carried out by using descriptive survey approach, during the period from January 2013 to may 2013.The research design is comparative survey design. The samples were selected by non – probability purposive sampling technique and samples size of 250 (125 from urban and 125 from rural) samples. According to the objectives, a tool was prepared. The tool consisted of a questionnaire, teaching plan and teaching aids. The tool was finalized after the validity and reliability test. The validity was established by giving the tool

nursing, obstetrics and gynaecology and experts from preventive and social medicine departments for checking relevancy and accuracy of the content. To test the reliability of the tool, the split-half method was used. The data collection was as follows, before planned teaching instruction was given to subject, interviewed each subjects and marked responses on questionnaire. Data was collected in relation to demographic data and on knowledge regarding selected aspects of sexually transmitted diseases teaching plan was imparted to the subjects. Data were collected by using structured knowledge questionnaire and Likert’s 5 point attitude scale. The obtained data were analysed by using descriptive and inferential statistics like frequency, percentage, mean, standard deviation, unpaired “t” test and chi square.

**Results:**

In the present study, total number of sample size was 250. Out of them 125 from urban and 125 from rural area of Palghar, Thane District Maharashtra.

Mean, median, mode, standard deviation and range of knowledge scores of urban and rural married women regarding the common sexually transmitted diseases.

$$n= 125+125=250$$

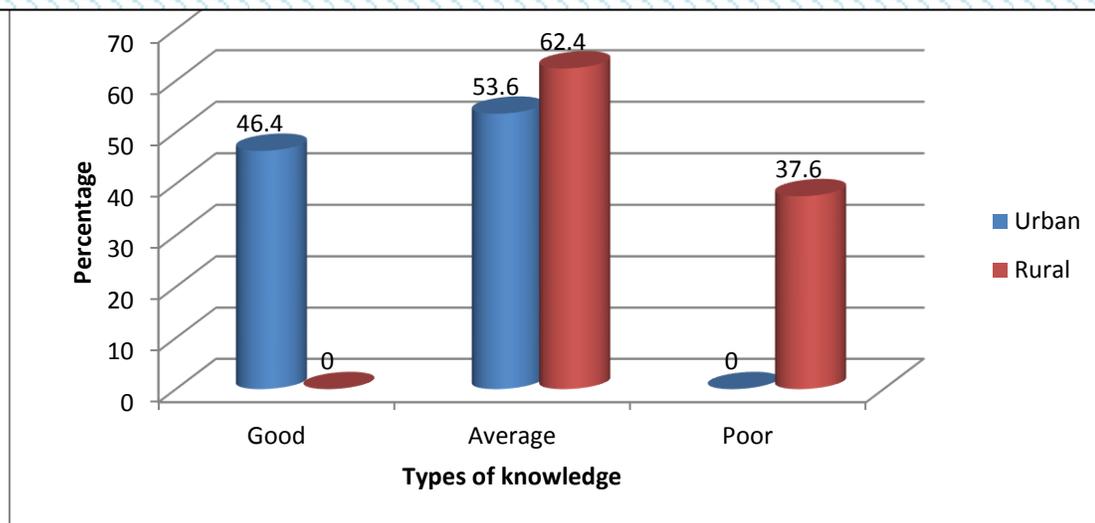
Area of analysis	Mean	Median	Mode	SD	Range
Knowledge (urban)	12.03	12	13	2.66	11
Knowledge (rural)	6.30	6	5	1.95	10

**Table No. 1: Mean, median, mode, standard deviation and range of knowledge scores of urban and rural married women**

Frequency and percentage distribution of knowledge scores of urban and rural married women regarding the common sexually transmitted diseases.

$$n= 125+125=250$$

Knowledge Scores	Urban		Rural	
	f	%	f	%
Good (Mean+SD)(≥13)	58	46.4	-	-
Average (Mean+SD)(6-12)	67	53.6	78	62.4
Poor (Mean- SD)(≤5)	0	-	47	37.6



**Graph No. 1- Distribution of knowledge scores of urban and rural married women**

Mean, median, mode, standard deviation and range of attitude scores of urban and rural married women regarding the common sexually transmitted diseases.

$$n = 125 + 125 = 250$$

Area of analysis	Mean	Median	Mode	SD	Range
Attitude (urban)	70.64	71	73	5.66	29
Attitude (rural)	55.14	56	55	8.35	35

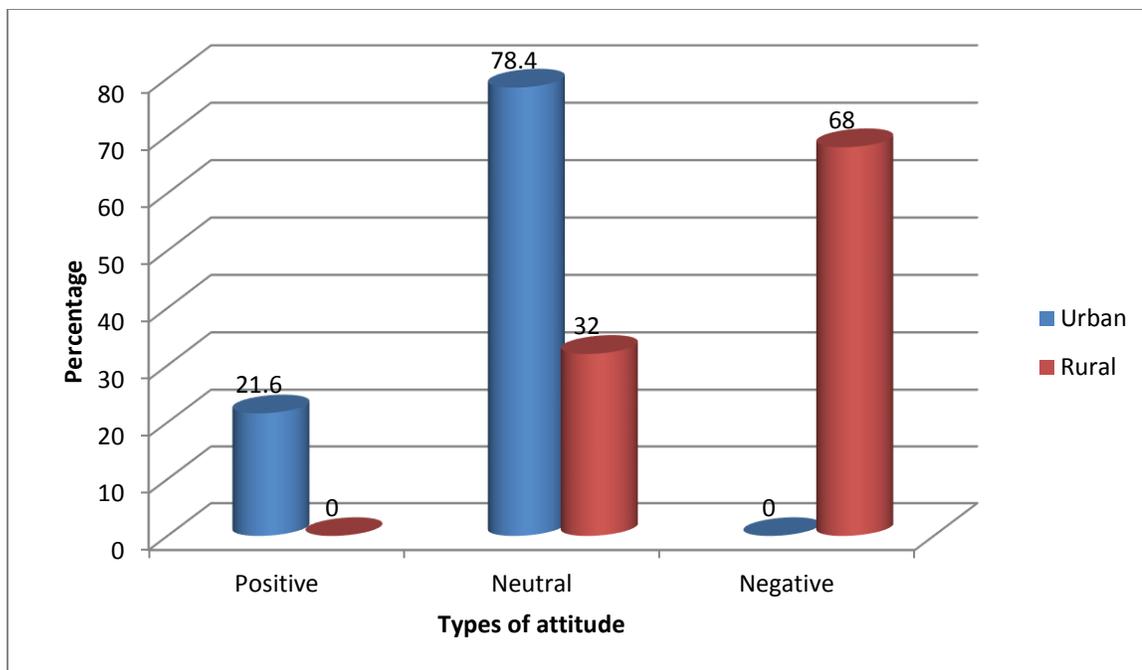
**Table No. 2: Mean, median, mode, standard deviation and range of attitude scores of urban and rural married women**

Frequency and percentage distribution of attitude scores of urban and rural married women regarding the common sexually transmitted diseases.

$$n = 125 + 125 = 250$$

Attitude Scores	urban		Rural	
	f	%	f	%
Positive (Mean+SD)(≥75)	27	21.6	-	-
Neutral (Mean+SD)(6-1253-74)	98	78.4	85	68.0
Negative (Mean- SD)(≤52)	0	-	40	32.0

**Table No. 3: Frequency and percentage distribution of attitude scores of urban and rural married women**



**Graph No. 2- Distribution of attitude scores of urban and rural married women**

Comparison of knowledge and attitude regarding the common sexually transmitted diseases among urban and rural married women by using unpaired t test

n=250

Variables	t- value	p- value	df
Knowledge	19.392*	p< 0.001	248
Attitude	17.173*	p< 0.001	248

**Table No. 4: Comparison of knowledge and attitude regarding the common sexually transmitted diseases**

\*Significant

Table No. 4 revealed that the mean calculated unpaired ‘t’ value of knowledge was 19.392 (p < 0.001). Hence H1 is accepted. This indicates that there is significant difference between knowledge and attitude of urban and rural married women regarding the common sexually transmitted diseases.

## Discussion

As an aid to the reader this chapter deals with the overview of the present study and summarizes the study findings comparing with the previous studies.

The aim of this study has been to compare the knowledge and attitude of married women regarding the common sexually transmitted diseases residing in selected urban and rural areas of Palghar, Thane District ( Maharashtra), with a view to develop health education pamphlet.

The present study focused on comparison of knowledge and attitude among married women regarding common sexually transmitted diseases residing at selected urban and rural areas of Palghar, Thane District (Maharashtra). The findings of the study are discussed under the following headings:

1. Findings related to sample characteristics.
2. Findings related to comparison of knowledge and attitude regarding the common sexually transmitted among urban and rural married women
3. Findings related to knowledge on the common sexually transmitted diseases.
4. Findings related to attitude on the common sexually transmitted diseases.
5. Findings related to association of knowledge with selected demographic variables.
6. Findings related to association of attitude with selected demographic variables.

### Findings related to sample characteristics

In the present study, samples of 250 married women residing in urban and rural were taken. Findings showed that the majority of women 54% belonged to age group of 18-28 years. Similar findings were seen in a study conducted by Shamima Y. Anindhya M[12]. The results showed that majority 68.6% were between the age group of 20-30 years.

The majority of married women 38.4% completed primary education, 22% completed secondary education graduation and above. Similar findings were seen in a study conducted by Castillion R[13]. The results showed that maximum number of women 63 (31.5%) completed pre- university education, 27 ( 13.5%) completed their graduation and minimum of 7 (3.5%) had completed their post-graduation.

The majority of married women 50% were Hindu, 44% were Muslim, 6% were Christian. Similar findings were seen in a study conducted by Castillion R[13]. The results showed that majority of the women 177 (88.5%) belonged to Hindu religion. 11 (5.5%) belonged to Muslim, 9 (4.5%) belongs to Christian and minimum number of women 3(1.5%) belonged to any other religion.

The majority of married women 78.4% were previously exposed to information about STDs. 24.8% were not previously exposed to information about STDs.

The majority of married women 37.43% had got information from mass media. 27.27% had got information by books/ journal. 19.25% had got information from health personnel. Similar findings were seen in study conducted by S. Chhabra. S. Mishra[14]. The results showed that majority of women 57% had got information from television. 90% from radio,13% from newspaper and 14% from medical personnel.

### Findings related to comparison of knowledge and attitude regarding common sexually transmitted diseases among urban and rural married women

Data analysis on level of knowledge revealed that among urban 53.6% of married women had average knowledge, 46.4% had good knowledge whereas in rural 62.4% of married women had average knowledge and 37.6% had poor knowledge.

The findings on attitude score showed that among urban 78.4% of married women had neutral attitude and 21.6% had positive attitude. Where as in rural 68% of rural married women had neutral attitude and 37.6% had negative attitudes

Similar findings seen in study conducted by S. Chhabra. S. Mishra[14]. The result showed that 13% of urban and 28.1% of rural women had no knowledge et all about STDs with the knowledge in around 73.5% misconceptions were in 21.5%

### Findings related to knowledge on common sexually transmitted diseases.

Data analysis on level of knowledge revealed that majority of married women i.e. 53.6% from urban and 62.4% from rural had average knowledge. 46.4% from urban had good knowledge whereas 37.6% had poor knowledge. Similar findings were seen in study conducted by Castillion R[13]. The findings of the study revealed that the knowledge scores of majority

of women 131 (65%) had average, 35 (17.5%) of women had poor knowledge and minimum of them 34 (17.5%) had good knowledge.

#### **Findings related to attitude on common sexually transmitted diseases.**

The findings on attitude score showed that majority 78.4% of urban and 68% of rural married women had neutral attitude. 37.6% of rural married women had negative attitude and minimum 21.6% of urban had positive attitude. Similar findings were seen in study conducted by Castillion R[13]. The findings of the study revealed that majority of women 141 (70.5%) had neutral attitude, 31(15.5%) of women had negative attitude whereas minimum of the women 28(14%) had positive attitude.

#### **Findings on association of knowledge with selected demographic variables.**

Statistical analysis using chi-square to find association between knowledge of urban and rural married women regarding the common sexually transmitted diseases with selected demographic variables revealed that demographic variables age, source of information were independent of each other. The other demographic variables education ( $X^2=198.97$ ), occupation ( $X^2=32.46$ ) religion and previous exposure to information about STD ( $\chi^2 = 133.53$ ) showed an association with knowledge score at 0.05 level of significance. Similar findings were seen in study conducted by Kaur S[15]. The findings of the study revealed that a statistically significant association was found between awareness level of women with their educational status occupation but a statistically insignificant educational was observed with age and religion.

#### **Findings on association of attitude with selected demographic variables.**

Statistical analysis using chi-square to find association between attitude of urban and rural married women regarding the common sexually transmitted diseases with selected demographic variables revealed that demographic variables age, educational status, occupational status and previous exposure to information about STDs were independent of each other. The other demographic variables religion ( $X^2= 25.136$ ) and source of information ( $X^2= 29.65$ ) showed an association with attitude scores at 0.05 level of significance. Contradictory findings were seen in study conducted by Castillion R[13]. The findings of the study revealed that the demographic variables age, religion, occupation, diet, marital status were independent of each other. The other demographic variables education ( $X^2= 26.70$ ) and income ( $X^2= 14.33$ )

showed an association with attitude scores at 0.05 level of significance.

#### **Conclusion**

There are numerous sexually transmitted diseases and the consequences of leaving them untreated can be very serious. Education regarding the sexually transmitted diseases can make women aware of causes, signs and symptoms, treatment and prevention of sexually transmitted diseases and helps to change their attitude regarding the sexually transmitted diseases and its cure.

The findings of the study showed that among urban 67 (53.6%) married women had average knowledge, 58 (46.4%) had good knowledge whereas; in rural 78(62.4%) married women had average knowledge and 47(37.6%) had poor knowledge. Among urban 98(78.4%) married women had neutral attitude and 27 (21.6%) had positive attitude. Whereas; in rural 85(68%) married women had neutral attitude and 40 (32%) had negative attitude. Thus it was found to be important to develop health education pamphlet regarding the common sexually transmitted diseases to increase their knowledge and boost their attitude up.

The sample characteristics of the urban married women with regard to source of health information show that 14.01% of the married women got the health information from health personnel. Among rural married women 18.75% got health information from health personnel. So this emphasizes need to disseminate more information on sexually transmitted diseases so as to help them to prevent the sexually transmitted diseases and thereby improving the quality of life.

#### **Recommendations**

1. A similar study can be carried out on large and wider sample would be more prominent.
2. A similar study can be undertaken in different settings.
3. A comparative study may be conducted between men.
4. Information booklet may be more informative than the health education pamphlet.
5. Enhance literacy of women helps to improve reproductive health.
6. Similar study can be conducted on female health workers so as to improve preventive and promotive health services.

**Acknowledgement:**

Author acknowledge the immense help from the urban and rural mothers and the scholars whose articles are cited and included in references of this manuscript. The author are also grateful to authors/editors/publishers of all those articles, journals and books from where the literature for this article has been reviewed and discussed.

**Source of funding:** Nil

**Conflicts of interest:** Nil

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