

Research Paper

A Study to assess the Effectiveness of Structured Teaching Programme Regarding Prevention of HIV among Married Couples in Selected Primary Health Centre of Bangalore South, Karnataka

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ABSTRACT

Background: HIV is a condition caused by Human Immune Deficiency virus, this gradually destroys the Immune system, which make it harder for the body to fight opportunistic infections. It can spread through sexual contract, blood transfusion, and mother to child. Symptoms related to HIV are usually due to different infections in the body such as losing weight, prolonged fever, diarrhoea, fatigue, skin rashes. Information is the first step in prevention of HIV such as reduces the risk of generating fear making the married couples, making them easier to practice safer sexual behaviour to protect them against HIV. **Aim:** to find out the efficacy of Structured Teaching Programme regarding prevention of HIV among married couples. **Method:** Experimental approach was used for the research study, Quasi experimental pre-test -post-test design was adopted and data was collected through interview schedule by using simple random sampling technique and the tool was administered to 500 married couples after finding out the validity and reliability of the tool. **Results:** Collected data was analyzed under the research study objectives, pre intervention knowledge level was found to be 34.8%, post Intervention knowledge level was found to be 73.3% and 38.5% knowledge enhancement was found, **Conclusion:** Hence Structured Teaching Programme regarding prevention of HIV was found to be effective in terms of gain in knowledge among married couples and it is useful in adopting Universal precautions throughout the life on prevention of HIV.

Keywords: HIV, Married Couples, prevention, Structured Teaching Programme

There are many of the communicable diseases existing in the world since 1981, now HIV has become pandemic affecting virtually all people of the world, men and women those who

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are sexually active age group of 18 to 45 years. AIDS (acquired immunodeficiency syndrome) is sometimes called as slim disease, It is a fatal illness caused by a retrovirus known as the Human Immuno deficiency virus (HIV) which breaks down the body's immune system, leaving the victim vulnerable to life threatening opportunistic infection, neurological disorders or unusual malignancies among the special features of HIV infection. If once infected and not treated it is probable that a person will be infected for a lifelong.

The general tendency is to assume that persons contract AIDS as soon as persons are exposed to HIV. Many people wrongly assume that having sexual inter course just once with an infected person is enough to get person infected. HIV transmission rates are very low at a single instance of exposure. The probability of contracting the HIV by a single incidence of male, female peno-vaginal intercourse is 1 in 1000. The transmission rate is mostly depending upon the volume of body fluid transmitted and the density of HIV in the fluid. The virus is more concentrated in cervical, vaginal secretions, semen, and blood. It is comparatively lower in tears, saliva, sweat or other body fluids.

Globally there were estimated 33 million people infected with HIV in 2009 with 2.6 million new infections and 1.8 million HIV related deaths. Nearly an estimated 5 million people infected with HIV lived in Asia in 2009 and about 3, 80,000 were newly infected.

In India the estimated number of HIV infection as on 2009 is 2.2 million. The distribution of HIV infection and mode of transmission varies by state. Most HIV infections in India (86% of reported AIDS cases) are due to unprotected heterosexual contact.

HIV is more prevalent in African/American men than any other race or ethnicity. HIV statistics around the world represent a gloomy picture with about 2.6 million new cases of HIV diagnosed every year. Currently there are 33.3 million people living with HIV / AIDS all over the world and about 1.8 million people die with HIV/AIDS every year.

In India about 21,00,000 people are living with HIV (HIV and AIDS India, 2012 statistics). The adult HIV prevalence in India is 0.27%, as of 2011 there are still 2.1 million people living with HIV. Over all India's HIV epidemic is slowing down with 57% decline in new infections between 2000 and 2011 and 2.9% decline in AIDS related deaths between 2007 and 2011.

Karnataka is the eighth largest state in terms of population thrives in geographic, demographic and social diversity. The state with a total population of 5.27 crores stand 9th in the country according to the 2001 census. Karnataka is third "high prevalence state. 2.5 lakh peoples are living with HIV in Karnataka according to 2012 statistics in the country, the other states are Andhra Pradesh, Maharashtra, Manipur, Tamil Nadu.

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According to **Foundations for AIDS Research (2011)**, estimated more than 34 millions of people living with HIV worldwide after reporting the first case in India, Educating people about HIV/AIDS is a challenge in India, as there are a number of major languages and hundreds of different dialects.

Saggurtii N et al. (2012), Investigators discussed the reason for increasing HIV prevalence in Northern and eastern Indian states, identified the role of male out migration in the spread of human Immuno deficiency virus (HIV) Infection. The study reviewed currently married men and women were recruited from HIV testing and treatment center across, seven selected districts with high roles of male out migration in Eastern and Northern India in 2010, using case control study design. The study concluded male out migration is the most important risk factor influencing the spread of HIV infection in rural areas with high out- migration rates, there by emphasizing particularly for returned migrants and spouses of those migrants.

Walters K. (2011). The study reviewed social scenarios used to explain the positive correlation between HIV prevalence and previously married status among Indian women, infection from and then bereavement of an infected husband, after abandonment, husbands learn of their wives HIV status, economic instability after becoming previously married leading women to seek financial support through male partner. Social status of being previously married exposing women to sexual harassment and predation. Investigator analyzed the house hold residences pattern, family structure, standard of living and education. In view of the above and from the experience of the investigator in the community is of the opinion that knowledge on HIV prevention will bring about awareness among married couples and effect of Structured Teaching Programme regarding prevention of HIV among married couples in selected PHC Bangalore South, Karnataka. Will help in enhancing knowledge on safer sex method, stigma and discrimination and adopting condom consistency skills on practicing safer sexual behaviour on prevention of HIV

METHODS

Aim

- This study is aim to find out the efficacy of Structured Teaching Programme regarding prevention of HIV among married couples.

Design

The design was Experimental approach, Quasi experimental one group pre-test, post-test design was adapted for the present research study.

Participants

Participants were 500 of married men & women who are visiting the Primary Health Centre, Bidadi, Bangalore South, Karnataka, selected based on inclusive criteria are Married men and women between the age group of 18-45 years, Presently visiting the Primary Health

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Centre, Who gave consent for the study, Who can read & write Kannada. Sample selected based on purposive sampling method.

Data collection

Investigator personally visited each respondent introduced self to the married men and women and explained the purpose of the study. Confidentiality and anonymity was assured and obtained the willingness to participate in research study, and maintained confidentiality of information provided by them. A comfortable place that is multi-purpose hall was selected for implementing the structured teaching program. The data was collected from August 3rd 2009 to Feb 26th 2010. The total sample of the main study was 500 married men & women. The study was conducted after obtaining informal consent from the respondents. Data was collected in 20 sessions includes three phases. The first phase was pre intervention assessment among married couple, Second phase included intervention strategy and the Third phase was post intervention assessment. 4-5 respondents were selected per day, 25 respondents for each session through simple random sampling technique. Respondents were subjected to pretest, and post test was conducted after seven days of STP administration. It took approximately 06 months to complete the data collection. Like-wise the data was collected from 500 samples.

Ethical consideration

Ethical consideration for the present research study involved the assurance of confidentiality and anonymity for the participants. All the married couples were informed the purpose of the study and nature of their participation before obtaining consent to participate in the research study, they were assured that the information obtained from them is used only for this study.

Measures

The tools used collect base line information Section A: consists of 14 items on Socio demographic variables, and collect the knowledge related information, Section B: consists of 73 Knowledge items related to prevention of HIV among married men and women.

Validity and reliability

Content validity of the tool was established after consulting with ten experts from the Medical and Nursing profession. The reliability of the tool was computed by using split half method, the reliability of the tool was found to be 0.8103 and validity co-efficient was found to be 0.9002, hence the tool was feasible to use for the main research study. So that tool was found to be reliable & feasible.

Intervention

Structured Teaching Programme is a process by which researcher imparts knowledge on HIV Prevention among married men & women and with their continuous assistance to modify their behaviour towards taking precautionary measures on prevention of HIV.

1. Framing the general objectives of structured teaching program on prevention of HIV.

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2. Framing the specific objectives on Structured Teaching programme
3. Preparation of contents based on needs of the respondents, incorporated the contents outline through collecting information by review of related literature and preparation Lesson plan.
4. Prepared and collected Audio Visual materials, like Charts, Postures, Flip charts, Flash cards, Samples of condoms and Drug samples
5. Method of instruction was lecture cum discussion through Kannada language.
6. Validation of Structured Teaching Program. Content Validity was done by ten Medical and Nursing experts.

Data analysis

1. Computation of collected data in master sheet
2. Calculation of frequencies and percentage for the analysis of Socio-demographic characteristics of respondents.
3. Mean and standard deviation for assessing knowledge scores among married couples
4. Comparison of pre-test and post-test scores for evaluation of the effectiveness of Structured Teaching Programme by using 't' test.
5. Chi-Square test will be used to find the association between socio-demographic variables with pre and post test knowledge scores.
6. Karl Pearson co-efficient test will be used to check the co-relation between pretest and post test scores.
7. Analyzed data will be presented in the form of tables and graphs.

RESULTS

Sample demographic characteristics

1. The age of samples 40.6% (203) of respondents were in the age group of 30-35 years, 24.6% (123) were in the age group of 24-29 years. 21.6% (108) were in the age group of 36 – 40 years and least 13.2% (66) were in the age group of 41-45 years.
2. Out of 500 respondents 59.2% (296) were males and remaining 40.8% (204) were female,
3. 40.4% (202) were under the category of primary education 35.4% (177) studied high school, 11.4% (57) studied PUC, 6.6% (33) were illiterates and remaining 6.2% (31) were graduates,
4. 34.2% (171) were self employed, 27.2% (136) were house wives, 22.2% (111) were coolies, 13.6 % (68) were working in private companies and 2.8% (14) were employed in government sector,
5. 38.2% (191) were under the married life of 6-10 year, 27% (135) were under the married life of 1-5 years, 23.2% (116) were under the married life of 11-15 years and remaining 11.6% (58) were under the married life of 16-20 years,
6. 42.4% (212) were belongs to Hindu religion, 37% (185) were Muslims, and remaining 20.6% (103) were Christians.

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7. 48.2% (241) belong to Nuclear family, 38.6% (193) were in joint family and remaining 13.2% (66) belong to extended family.
8. 44.8% (224) had monthly income of Rs 4000-6000, 22.8% (114) had monthly income above 6000 rupees, 22.6% (113) had 2000-4000 rupees and remaining 9.8% (49) had monthly income of below 2000 rupees.,
9. 67.2% (336) of respondents were not having the habit of smoking, alcohol and pan chewing, 14.6% (73) had the habit of smoking, 10% (50) had the habit of taking alcohol and remaining 8.2% (41) had the habit of pan chewing,
10. 53.2% (266) were not adopted family planning methods, 28.8% (144) underwent permanent family planning method and remaining 10.8% (54) were using condoms as family planning methods, remaining 7.2% (36) were using oral contraceptives
11. 56% (280) were residing with their family members without being away from home, 32.2% (161), were away from home less than one month, 6.4% (32) were away from home for 1-3 months and remaining 5.4% (27) were away from house for 3-6 months.,
12. 46.8% (234) were spending their leisure time by watching Television , 39% (195) were spending time chitchatting with their friends, 9.4% (47) were spending time by reading books, and remaining 4.8% (24) were spending time by playing games.
13. 60.6% (303) were getting health information through electronic media, 29.8% (149) were getting information through print media and remaining 9.6% (48) were getting information through health personnel.

Intervention effect

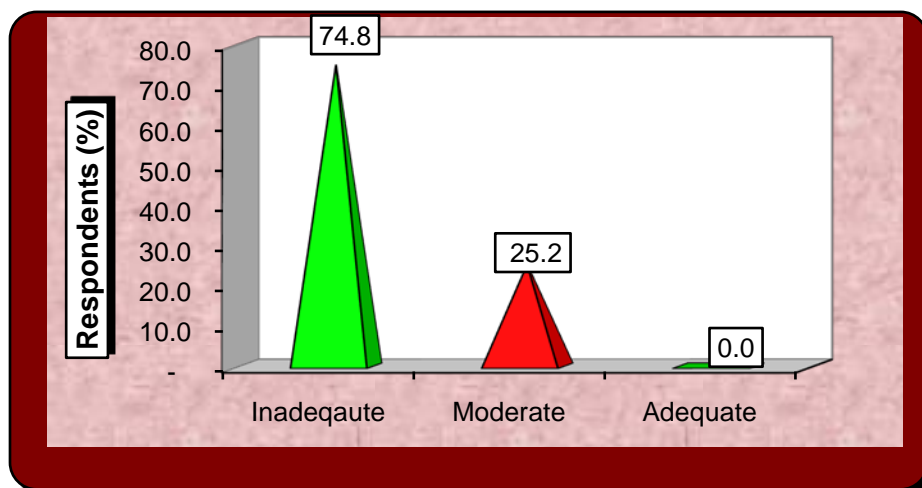
Respondents on Pre-test Knowledge level on Prevention of HIV

N=500

Knowledge level	Category	Respondents	
		Number	Percent
Inadequate	≤ 50 % Score	374	74.8
Moderate	51-75 % Score	126	25.2
Adequate	> 75 % Score	0	0.0

Table 1 and figure 1 reveals that, 74.8% (374) had inadequate knowledge (<_ 50%), 25.2% (126) had moderate knowledge (51-75%) and none had adequate knowledge (>_75%).

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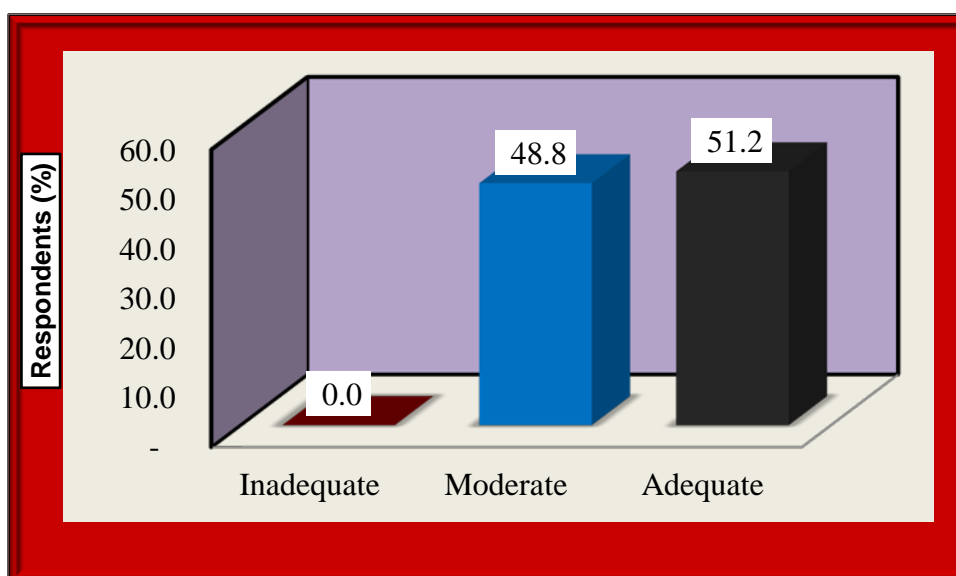


On post-test knowledge level on prevention of HIV

N=500

Knowledge Level	Category	Respondents	
		Number	Percent
Inadequate	≤ 50 % Score	0	0.0
Moderate	51-75 % Score	244	48.8
Adequate	> 75 % Score	256	51.2
Total		500	100.0

Table 2 and figure 2 reveals that 48.8% (244) had moderate knowledge (51-75%), 51.2% (256) had adequate knowledge (>75%) and none of the respondents had inadequate knowledge (<_ 50%) in the post-test.



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Effectiveness of STP on knowledge of respondents on prevention of HIV

N=500

Aspects	Max. Score	Respondents Knowledge				Paired 't' Test
		Mean	SD	Mean(%)	SD (%)	
Pre test	73	25.39	7.7	34.8	10.6	92.57**
Post test	73	53.52	6.3	73.3	8.6	
Enhancement	73	28.13	6.8	38.5	9.3	

** Significant at 1% level

t (o.o1,499 df)=2. 58

Table 3 reveals that mean knowledge 34.8% and SD 10.6 was found in pre test, 73.3% mean and SD 8.6 % was found in post test and 38.5% (SD 9.3%) knowledge enhancement was found after the post test .The findings show that calculated t test value 92.57** is greater than the table value (2.58) showing significant difference (p<0.01) between pre and post test scores .It can be concluded that study was found to be effective after the implementation of Structured Teaching Program.

DISCUSSION

Creating awareness on HIV prevention among married couples is a basic concept is to be considered as safety practice as important as Health Education in Rural community. Various investigations have pointed out the importance of Intervention or teaching strategies to help married couples improve their knowledge in various aspects on HIV Prevention like meaning, causes, sources, transmission, incubation period, signs and symptoms and prevention. There by enhances to lead their quality life. The findings of the present study has been proved, the Structured Teaching Strategy was effective in enhancing knowledge and follows precautionary measures to adopt safe sex practices among married couples. Findings of the study is supported by the findings of following studies **Perez-Jimeneg D.Serano-Gareia.I. et al (2007)**, conducted a study on role of male partners related to safe sex method such as male condom towards prevention of HIV. Investigators discussed that intervention with women have not been as effective as desired, they suggested HIV epidemic has put in the fore front the need to consider non traditional approaches to promote behavior change. The present study supported with similar findings of the study conducted by **ChiaoC.MishraV.Ksobiech.K et al (2011)**. The study was on spousal communication about HIV prevention in Kenya. The Central Focus was on how the position of the women relative to their male partners influences spousal communication about HIV Prevention. The study was analyzed, higher level of education of the female partner and education positively associated with HIV Prevention. Investigators suggested that HIV Prevention programmes promote female empowerment and encourage male participation in sexual health discussion. The similar study supported the present study conducted by **FnewChirwa E, Malata A, et al (2011)**. The study was on prevention, awareness and practices among married couples in Malawi. The study result concludes that awareness level on HIV prevention is high but low adoption of prevention methods due to incompatibility with socio cultural beliefs of the people. Investigators, suggested that there is need to target couples as unit of intervention in the adoption of HIV preventive methods by rural communities. The present study findings

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supported by the study conducted by **Moses AE, Chama C. et al (2009)** the study was on knowledge assessment, attitude and practices of pregnant women towards prevention of mother to child transmission of HIV. Structured Questionnaire was used to obtain data from 172 women, the survey revealed that the prevention programme is needed to fight against stigma and discrimination. The present study findings supported by other study conducted by **Jones D, Bagga L. et al (2012)**. The study was on to reduce sexual behaviour among high risk couple in North India. The study was concluded group intervention to discuss sensitive issues such as sexual risk behaviours among both men and women. Strategies need to improve are condom use and communication without increasing intimate partner violence in high risk couples.

This study has proved preliminary evidence in community health nurses can be effectively implement the complementary educative programs to rural population in promoting their healthy practice and prevention of dreadful diseases.

Limitation

Though the study results are encouraging, there are a few limitations. The study not had control group, sample size is small, so results can't be generalized,

CONCLUSION

The present research study focused on effectiveness of Structured Teaching Program on HIV prevention among married men and women in selected Primary Health centre, Bangalore south, Karnataka. There was significant difference found in between pre and post intervention knowledge scores among study subjects. The study concluded that after implementation of Structured Teaching Programme, it was found to be effective in terms gain in knowledge among married men and women. So the study was found to be informative while adopting safer sex method. Hence the study was found to be significant in enhancing knowledge on HIV prevention.

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Conflict of Interests: The author declared no conflict of interests.

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