



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 8.4
IJAR 2023; 9(1): 205-208
www.allresearchjournal.com
Received: 01-11-2022
Accepted: 04-12-2022

Rakhi Devi

Assistant professor,
Himalayan Institute of nursing
Kala Amb District Ambala,
India

Yamini

B.Sc. Nursing 4th Year,
Himalayan Institute of
Nursing, Bihar, India

Riya Ranjit

B.Sc. Nursing 4th year,
Himalayan Institute of
Nursing, Bihar, India

Anchal

B.Sc. Nursing 4th Year,
Himalayan Institute of
Nursing, Bihar, India

Ashwani

B.Sc. Nursing 4th Year,
Himalayan Institute of
Nursing, Bihar, India

Muskan Rana

B.Sc. Nursing 4th Year,
Himalayan Institute of
Nursing, Bihar, India

Sonia Ghagga

B.Sc. Nursing 4th Year,
Himalayan Institute of
Nursing, Bihar, India

Jyoti

B.Sc. Nursing 4th Year,
Himalayan Institute of
Nursing, Bihar, India

Corresponding Author:

Rakhi Devi

Assistant professor,
Himalayan Institute of nursing
Kala Amb District Ambala,
India

A descriptive study to assess the knowledge of undergraduate girls regarding urinary tract infection residing in girl's hostel of HGPI, KALA AMB with a view to develop a pamphlet

Rakhi Devi, Yamini, Riya Ranjit, Anchal, Ashwani, Muskan Rana, Sonia Ghagga and Jyoti

Abstract

Urinary tract infection is one of the major problem in developing countries. It is very common in female especially in the adulthood girls. Mainly because of changes in the hormones and it is also associated with poor intake of water, infrequent voiding, poor menstrual hygiene and anatomical defect. The study aims to explore the knowledge regarding Urinary tract infection among undergraduate girls at selected hostel HGPI Kala Amb. A quantitative study by using descriptive design was used, a sample size of 60 undergraduate girls were selected by using convenient sampling technique, semi structured Knowledge questionnaire were used to assess the level of knowledge among undergraduate girls of HGPI Kala Amb. The study finding revealed that in the last part of analysis of present study, the result shows the association of level of knowledge of undergraduate girls with the socio-demographical variables. The data presented in table depicts that the findings suggested that computed chi-square value of general population of age 48.209, religion 24.500, education 59.422, marital status 29.400, family 1.067, residence 24.500, previous knowledge regarding uti 9.303, current health issue 21.302, history of UTI 15.939. Majority of the undergraduate girls were having good knowledge regarding UTI.

Keywords: Urinary tract infection, undergraduated girls of hostel Kala Amb, college HGPI

Introduction

Urinary tract infection is one of the major problem in developing countries. It is very common in female especially in the adulthood girls. Mainly because of changes in the hormones and it is also associated with poor intake of water, infrequent voiding, poor menstrual hygiene and anatomical defect. Urinary tract infection is a unique infection that can happen any way along the urinary tract. The urinary tract includes the: bladder, kidney, ureter and urethra. Urinary Tract Infection can be divided into upper track infection, which involve the kidney and lower track infection, bladder, urethra, and prostate. It is usually develops in the lower urinary tract (urethra and bladder) and it is not properly treated they ascend to the upper urinary tract (ureters and kidneys) they cause severe damage to the kidneys. Bacterial Urinary Tract Infection are most common causes of cystitis and pyelonephritis. The most common nonbacterial pathogens are Fungi and less commonly, mycobacteria, viruses and parasites. The bacteria that live in the vagina, genital, and anal areas may enter the urethra, travel to the bladder, and cause the infection.

Urinary tract infection are treated with a short course of antibiotic such as nitrofurantoin or trimethoprim. Resistance to many of the antibiotics used to treat this condition is increasing. In complicated cases a longer course or intervenous antibiotics may be needed. If symptoms do not improve in two or three days, further daignostic testing may be needed.

UTI is defined as the presence of 100000 or more colony forming units per ml of urine. This criteria has been questioned and bacterial count of 10 of more organism per ml particularly when accompanied by pyuria provide impressive evidence of urinary tract infection in symptomatic young women.

At least one episode of urinary tract infection will occur in nearly 5-6% of girls. The common presenting complaints in Urinary Tract Infection may cause short terms of fever,

dysuria and lower abdomen pain. The infection is usually caused as a consequence of bacterial invasion of the urinary tract including the lower and the upper urinary tract. About 150 million people develop a urinary tract infection in a given year. They are more common in women than men. In women, they are the most common form of bacterial infection. UP to 10% of women have a urinary track infection in a given year, and half of women have at least one infection in their lifetime. They occur most frequently between the ages of 16 and 35 years. Reoccurrence of infection are common.

Need of study

Even in present year UTIs is never discussed openly and the silence of it in young girls is keeping them ignorant of this biological function. Proper advice and knowledge often lack among many girls on their psychological process and hygienic practices that should be followed. Many health concerns of women are related to normal changes or abnormalities of the UTIs and may result from women’s lack of understanding of infection. Educating women about the UTIs and changes overtime is an important aspect of maintain proper hygiene. Girls and women should be aware regarding the urinary tract infection and related disease condition that are urethritis, pyelonephritis, cystitis, dysuria, hematuria, pain in side abdomen and pelvic area, itching. Inadequate UTIs infection management is connected with severe problems that female faces in developing countries. A girl should follow hygienic practice during UTIs and if not doing so can result is getting repeated episode of infection that cause bladder cancer and long term complication. Poor hygiene may cause stigma and ill health. It can negatively affect of girl and women’s health. When women and girls cannot maintain hygiene they can cause urinary infection and symptoms related to infection that affect a women’s health her ability to engage in daily activities. About 150 million people suffer from UTIs each year globally which results in greater than 6 billion dollars in direct health care. Urinary tract infection are very common in the U.S. In fact, UTIs are the second most common type of infection in the body and are the reason for more than 8 million visits to the doctor each year. About 10 in 25 women and 3 in 25 men will have symptoms of UTI during lifetime.

Research Methodology

In this study quantitative research design and research approach was used and non-experimental descriptive study was considered as appropriate for the study information. Check list method was found to be appropriate for collected the data as the descriptive study aims to assess the knowledge regarding urinary tract infection of undergraduate girls residing in girls hostel HGPI Kala Amb. The research is a study in which a body of data has been collected, recorded and analyzed. It is a descriptive and non-descriptive research used to checklist, solve a problem or establish a cause and effect relationship. The sample consisted of 60 undergraduate girls. The sample selection approach used the non-probability design, the purposive sample was through to be the most appropriate for this study. A purposive sample is a group of individuals who are readily available for the participation in a study.

Result

The data presented in table 3 depicts that less than half (57%) of undergraduate girls were in the age group of 15-20 years, more than half (22%) of undergraduate girls in the age group of 21-25 years, more than (15%) of undergraduate girls were in the age group of 26-30 years, more than half (7%) of undergraduates girls were in the age group of 30-35 years. (47%) of undergraduate girls were Hindu, more than half (22%) of undergraduate girls were Muslim, more than half (17%) of undergraduate girls were Sikh, more than half (15%) of undergraduate girls were Christian. Undergraduate girls qualification (19%) were GNM, (20%) BSC nursing (17%) B. pharmacy, (14%) BALLB and (32%) other. (84%) of undergraduate girls are unmarried, (14%) are married, less than half (2%) of undergraduates girls are divorced and (2%) of widow. (44%) of undergraduates are belongs to nuclear family and (57%) joint family. (73%) of undergraduates girls were living in rural area, and less than half (12%) are in urban area, (15%) in semi urban area. More than half (57%) of undergraduates girls have previous knowledge, in (10%) of girls the source of information are knowledge from family member, (17%) were teachers, (17%) were friends, (14%) were mass media (newspaper, TV, books) and (44%) of girls are no previous knowledge regarding urinary tract infection. (22%) of girls having health issue and (77%) of girls no current health issue. Less then (35%) of girls having history of UTI and more (65%) are no history of UTI.

Table 1: Frequency and percentage on urinary tract infection

Srno.	Level of knowledge	Frequency (f)	Percentage (p)	Mean	Standard deviation
1.	Poor	6		12.2%	4.19
2.	Average	22	36.6%		
3.	Good	31	51.6%		
4.	Excellent	1	1.6%		

N=60

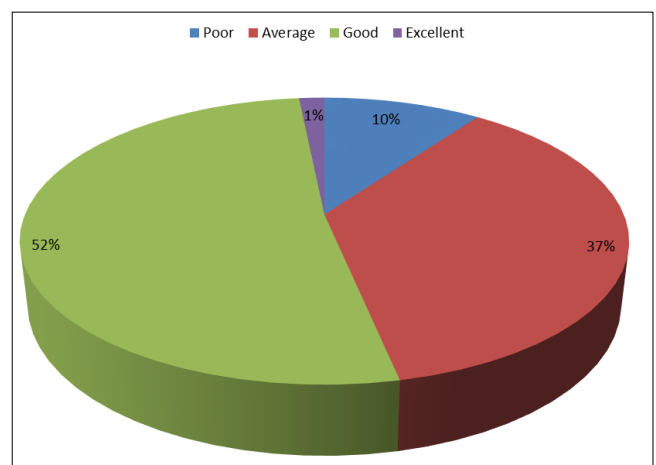


Fig 1: Level of Knowledge

The table depict that the majority of 10% girls had poor knowledge about UTI, 37% had average knowledge, 52% had good knowledge and 1% had excellent. The mean value is 12.2% and standard deviation value is 4.19%.

Discussion

This chapter includes the discussion of the findings of the study interpreted from statistical analysis, and where been

organised and presented under the following section. Frequency and percentage distribution of sample characterized according to their socio-demographic variables. Frequency, percentage, mean and standard deviation of structured knowledge questionnaire on urinary tract infection. Association of level of knowledge of undergraduate girls with the socio-demographic variables. Girls can prevent urinary tract infection by maintaining their intimate hygiene like Wipe front to back your genitals organ after using the bathroom to decrease the risk of E.coli bacteria, Drink plenty of fluids to stay hydrated throughout the day and to flushes bacteria out of your urinary tract. More than half (57%) of undergraduates girls have previous knowledge, in (10%) of girls the source of information are knowledge from family member, (17%) were teachers, (17%) were friends, (14%) were mass media (newspaper, TV, books) and (44%) of girls have no previous knowledge regarding urinary tract infection. (22%) of girls having health issue and (77%) of girls have no current health issue. Less than (35%) of girls having history of UTI and more (65%) are no history of UTI.

Conclusion

Majority of the Undergraduate girls were having good knowledge regarding urinary tract infection. From the finding of the present study it can be concluded that though high risk hostel girls are aware of the etiology and symptoms of urinary tract infection. Earlier Diagnosis of uncomplicated UTI by symptoms can be controlled by antibiotics without further complications awareness should be created among population specially for females to maintain personal and environmental hygiene to prevent faecal contamination of urinary tract thus reducing the infection rate and promoting health.

References

1. Anthony P. Buonanno, urinary tract infection June 20; c2001.
2. John E, Bennete MD, in Mandell, Douglas, and benefits principle and practice of infectious diseases; c2020.
3. Goddard J, Turner AN, Stewart LH. Urinary Tract Infection. In: Colledge, N.R., Walter, B.R., Ralston, S.H.: Davidson's Principles and Practice of Medicine, 21st edition, Edinburgh, Churchill Livingstone; c2010.
4. Das A, Banerjee T. Prevalence of urinary tract infections and susceptibility pattern of uropathogens in girls of Reproductive Group from north India. J Advances in Medicine. 2015;4(1-2):5-9.
5. Raju SB, Tiwari SC. Urinary tract infection: A suitable approach. J Indian Academy of Clinical Medicine, 2001.
6. Manjunath GN, Prakash R, Annam V, Shetty K. Changing trend in the spectrum of antimicrobial drug resistance pattern of uropathogens isolated from hospitals and community patients with urinary tract infections in Tumkur and Bangalore. Int. J Biol. Med, 2011.
7. Ahmed MA, Shukla GS, Bajaj HK. Incidence of urinary tract infections and determination of their susceptibility to antibiotics among women. International J of Cell Science and Biotech, 2016.
8. Foxman B. Epidemiology of urinary tract infection, incidence, morbidity and economic cost, Am. J Med, 2002.
9. Yagoob MM. Urinary Tract Infection. In: Kumar, P., Clark, M. C. Kumar and Clark Clinical Medicine; c2009.
10. Ronald A. The etiology of urinary tract infections, traditional and emerging pathogens; c2003.
11. Biswas R, Rabbani R, Ahmed SH, Sarker MAS, Zafrin N, Rahman M. Antibiotic sensitivity pattern of urinary tract infection at tertiary care hospital. Bangladeshi, 2014.
12. Farrel DJ, Morissey I, De Rubies D, Robbins M, Flemingham DA. UK multicenter study of the antimicrobial susceptibility of bacterial pathogens causing urinary tract infection. Journal of Infection, 2003.
13. Foxman B. The epidemiology of urinary tract infection, Nature Review Urology; c2010.
14. Johnson IR, Stam WE. Urinary tract infection in women: Diagnosis and Treatment. Ann. Intern. Med; c1980.
15. Foxman B. Recurring urinary tract infection: incidence and risk factors. Am. J Public Health. 1990;80:331-333.
16. Khouri D, Swierzewski S. Urinary tract infection overview; c2015. <http://www.healthcommunities.com/urinary-tract-infection/overview-of-uti>.
17. Marques LPJ, Flores JT, Junior O, Rodrigues G, Mourao C, Moreira RM. Epidemiological and clinical aspects of urinary tract infection in community-dwelling elderly women. Braz. J Infect. Dis. 2012;16(5):436-441. Available at: <http://dx.doi.org/10.1016/j.bjid.2012.06.025>
18. Nabbugodi WT, Wanyoike G, Mugo NW. Prevalence of urinary tract infection, microbiological etiology and antibiotic sensitivity pattern among antenatal women presenting with low abdominal pains at Kenyatta-National Hospital; c2015.
19. Chee WT, Maciej PC. Urinary tract infection in adults. Singapore Med. J. 2016, 57(9).
20. Bhowmick BK, Rashid H. Prevalence and antibiotic susceptibility of *E. coli* isolated from UTI in Bangladesh. Pakistan J of Bio Science, 2004.
21. Aswan SM, Chandra Shiker UK, Shivashankara KN, Pruthi BC. Clinical profile of urinary tract infection in diabetics and non diabetics. Australasian Med. J., 2014;7(1):29-34.
22. William JD, Thomlinson JL, Colo JG, Cope B. Asymptomatic urinary infection in gynecological outpatients. B. M. J. 1969, 1:29.
23. Farooqui R, Alam M, Kurshid M. Urinary tract infection. J Pakistani Med. Assoc, 1989.
24. Anuli SJ, Clement IM, Basseye A. A review of the prevalence and predisposing factors responsible for urinary tract infection among adults, Pelagio Research Library. European J Experimental Biology, 2016;6(4):7-11.
25. Brusca AJ, Cunha B. Urinary tract infection in males, Medscape, Sept. 19, 2017. available at: emedicine.staging.medscape.com/article/231574.
26. Hooton TM, Bradley SF, Cardenas DD, Colgan R, Geerlings S, Rice J, et al. Diagnosis, prevention and treatment of catheter associated urinary tract infection in adults. Clinical Infectious Disease. 2010, 50(5).
27. <https://www.ncbi.nlm.nih.gov/books/NBK218856/>
28. <https://www.karger.com/Article/Fulltext/45628>.

29. <https://dictionary.com/browse/urinary-tract-infection.com>
30. <https://www.ncbi.nlm.nih.gov/pmc/uti/PWwaC33345>
31. <https://www.ncbi.slideshare.net/urinarytractinfection/india>
32. <https://www.verywellhealth.com/topics/medicene-andurinarytractinfection>
33. <https://www.sciencedirect.com/topics/uti>.
34. Bhuvensh shukla klal, descriptive study of causative organisms and antimicrobial pattern of samples received for culture, from a tertiary care setting.