

A True Experimental Study To Assess The Effectiveness Of Self Instructional Module (SIM) On Knowledge And Attitude Regarding UTI Among The Students Of B.Bsc (N)1st Year Of Government College Of Nursing Patiyaldhar, Gopeshwar Chamoli, Uttarakhand.

Megha, priyanka nijwala, priyanka rawat, renu, samiksha rawat, sonam, urmila, vishakha.

Government college of nursing patiyaldhar, gopeshwar, 246401, chamoli, uttarakhand

ABSTRACT

Urinary tract infections are a severe public health problem and are caused by a range of pathogens, but most commonly by *Escherichia Coli*, *Klebsiella pneumonia*, *Proteus mirabilis*, *Enterococcus faecalis* and *Staphylococcus saprophyticus*, ascend from the perineum into the bladder and overcome host innate immunity. An attempt has been made to conduct a pre-experimental study to assess the knowledge and attitude regarding UTI among students of B.BSc(N) 1st year Government College Of Nursing Patiyaldhar, Chamoli. The conceptual model used in this research was based on Jvan Steiner's IPO model. The study samples of 40 subjects were selected conveniently after meeting the inclusion and exclusion criteria. The self structured questionnaire and modified 5-point likert scale was used to assess the knowledge of samples regarding UTI, respectively. Findings of the study reveals that on one hand, where there was no significant association between the pre-test knowledge with the selected demographic variables strongly agrees the fact that no subjects were having any relation of their knowledge on UTI in terms of their age, gender, qualification of mother, family income and family background while on the other hand there comes a significant difference between the pre-test and post test level of knowledge when given a well prepare self instructional module. The result of the present study is stated as there is a significant difference between pre-test and post test knowledge of subject regarding UTI, the mean1 of knowledge score is 17.4 and mean2 of knowledge score is 21.6 and there is a significant difference between pre-test and post test attitude of subject regarding UTI where mean1 of attitude score is 5.375 and mean 2 of attitude score is 7.1. So the research hypothesis 1 is not significant and the research hypothesis 2 is significant.

KEY WORDS: Assess, effectiveness, knowledge, UTI, attitude, 1st year students.

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I. INTRODUCTION

Urinary tract infection is a term that is applied to a variety of clinical conditions ranging from the asymptomatic presence of bacteria in the urine to severe infection of the kidney with resultant sepsis. UTI is one of the more common medical problems. Urinary tract infection is a bacterial infection that affects any part of the urinary tract. When it affects the bladder, it is known as a cystitis (bladder infection). When it affects the upper urinary tract it is known as pyelonephritis (a kidney infection). UTI is 50 times more common in women, with about 5% per year developing symptoms. UTI is uncommon in man below 60 years of age, but the frequency is similar in men and women in older age groups.

A urinary tract infection is an infection involving the kidneys, ureters, bladder or urethra. These are the structures that urine passes through before being eliminated from the body. The most common cause of UTI *Escherichia Coli* which causes about 80 % of cases. The causative microbial pathogens invade the urinary tract tissues extending from the renal cortex to the urethral meatus.

The percentage of UTI is more common in women in the reproductive age group and post menopausal stage. Diabetes and prostate problem enhances UTI in elderly males. The pregnant women and newly married women in the age group 21 to 30 are more prone to UTI. Lifestyle changes, poor personal hygiene, nutritive problem, catheter use, unclean baby napkins and immune deficiency were identified to be the factor favoring the UTI problem.

About 40% women and 12% of men suffer with UTI infection at least one time in their lifetime. Urinary tract infection usually develops at the opening of urethra and then spread to the urinary tract. The common symptoms include- inflammation and irritation in the lining of urethra and bladder, burning sensation or pain while urinating, sensation of having to urinate urgently, cloudy bad smelling or bloody urine, lower abdomen pain and mild fever.

Urinary tract infection are the most common outpatient infection, with a lifetime incidence of 50-60% in adult women. The prevalence of UTI increase with age, and in women aged over 65 is approximately double the rate seen in the female population over all. Etiology in this age group varies by health status with factors such as catheterization affecting the likelihood of infection and the pathogens most likely to be responsible. In younger women increase sexual activity is a major risk factor for UTI.

The burden of recurrent UTI as both personal and societal aspects. The societal burden includes the clinical and economic burden of the illness and the personal burden includes social and psychological effects which have a negative impact on quality of life.

II. RESEARCH METHODOLOGY

Methodology means the systemic way to solve the research problem

Kothari (2004)

Methodology refers to way of obtaining, systemizing and analyzing data.

Polit and Beck

RESEARCH APPROACH

A description of the plan to investigate the phenomenon under study in structured (quantitative), unstructured (qualitative) or a combination of the two methods (quantitative-qualitative integrated approach).

Suresh K. Sharma

The research approach influence design and provides an opportunity to consider benefits and limitations of various approaches to the researcher.

Crewell

The research approach used in the present study was quantitative approach.

RESEARCH DESIGN

A research design is the procedures for collecting, analyzing, interpreting and reporting data in research studies.

Creswell & Plano Clark (2007)

A Research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure.

Kothari

Pre experimental one group pre test post test research design was used in this study.

POPULATION

Population is the aggregate of all ailments that shows some common set of characteristics and that comprise the universe for the purpose of research. The population parameters are typically numbers.

Chuck with chacrapani

In this study, the population is student of Government College of nursing Gopeshwar, Chamoli.

Sample

Sample may be defined as representative unit of a target population, which is to be worked upon by researchers during their study. In other words, samples consists of a subset of units which comprised the population selected by the investigators or researchers to participate in their research project.

Suresh K. Sharma

A sample is a finite part of the statistical of the population whose property is studied to go in information about the whole.

Webster

Sample Size

A total of 40 students of b.bsc nursing first year Gopeshwar, Chamoli were the sample of study.

Sampling Technique

Sample technique may be defined as the method of way of sampling process that helps to draw a sample that represents the characteristics of the population from which the sample is drawn.

Sampling technique is the name of or other identification of the specific process by which the entities of the sample have been selected.

August

Convenient sampling technique will be used in this study.

Criteria for inclusion in the study:

The study covers the entire students of Basic B.Sc (N) 1ST year of Government College Of Nursing Gopeshwar, Chamoli.

Criteria for exclusion in the study:

- Students who will be not present at the time of data collection.
- Students who will be not willing to participate in the study.

DATA ANALYSIS

The data was coded and analysed as per the objectives of the study.

This chapter represent the organization of data and the collected data was interpreted by using the descriptive and inferential statistical methods.

Organization of data

The data was organized and tabulated as follow:

SECTION:A

Description of socio demographic variable of the subjects.

SECTION:B

Comparison between pre test and post test frequency and percentage distributions of students regarding level of knowledge.

SECTION:C

Comparison of pre test and post test level of knowledge score of the Basic B.sc nursing first year students regarding UTI with their socio demographic variable.

SECTION:D

Comparison of pre test and post test level of attitude score of the Basic B.sc nursing first year students regarding UTI with their socio demographic variable.

SECTION:E

Association of pre test knowledge score with selected socio demographic variable.

SECTION:F

Association of pre test attitude score with selected socio demographic variable.

Presentation of data

**SECTION A
FREQUENCY DISTRIBUTION TABLE OF SUBJECTS WITH THEIR SOCIO- DEMOGRPHIC VARIABLE.**

Table-4.1 N=40

Above table shows that 40 students of Basic B.Sc nursing 1st year from Government College Of Nursing,

Socio-demographic variables	Frequency	Percentage
AGE(YEARS)		
17-18	0	0
18-19	16	40%
19-20	18	45%
20above	06	15%
GENDER		
Male	06	15%
Female	34	85%
QUALIFICATION OF MOTHER		
No formal education		7.5%
Primary education		25%
Higher secondary education	03	45%
Graduation	10	22.5%
	18	
	09	
FAMILY INCOME		
Less than 10,000/month		
10,000 to 15,000/month	06	15%
15,000 to 20,000/month	08	20%
More than 20,000/month	08	20%
	18	45%
FAMILY BACKGROUND		
Medical	05	12.5%
Non medical	35	87.5%

Patiyalldhar Chamoli . according to their age grouped shows that 0 students belongs to aged 17-18 year,16(40%) belongs to age group of 18-19 year, 18(45%) students belongs to age group 19-20 and 6(15%) of them belongs to age group 20 above .

Regarding the gender of students, 6(15%) are male and 34(85%) are female.

Regarding the qualification of mother 3(7.5%) were having no formal education,10(25%) of them were having primary education , 18(45%) of them were having higher secondary education while 9(22.5%) of them had done graduation.

According to their family income shows that 6(15%) of them have income <10,000, 8(20%) of them have income 15,000-20,000 and 18(45%) of them have 20,000.

According to their family background 05(12.5%) belong to medical & 35(87.5%) belongs to non medical background.

FIG.4.1-THE FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLES ACCORDING TO THEIR AGE GROUPS.

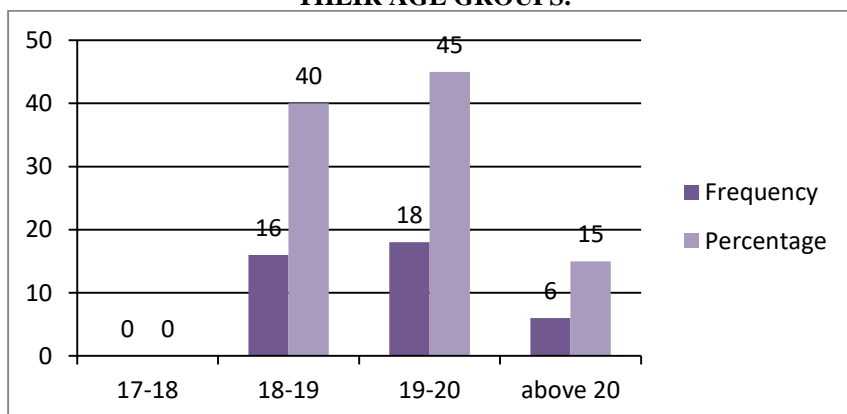


Fig.4.1 shows that frequency and percentage distribution of B.BSc(N)1st year students of Govt College Of Nursing Patiyaldhar ,Gopeshwar regarding knowledge on UTI according to their age groups. The figure shows that 0(0%) of them belongs to the age group of 17 -18, 16(40%) of them belongs to the age group of 18-19, 18(45%) of them belongs to the age group of 19-20 and 6(15%) of them belongs to age group of above 20.

FIG.4.2- THE FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLES ACCORDING TO THEIR GENDER

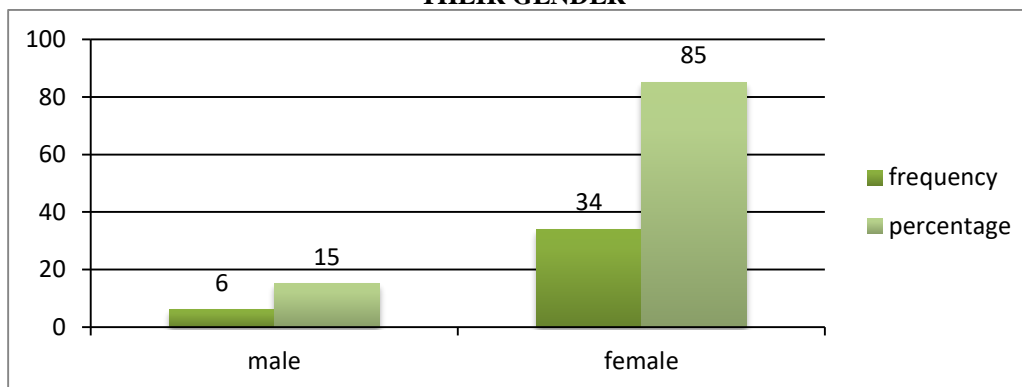


Fig4.2- shows that frequency and percentage distribution of B.BSc(N)1st year students of Govt College Of Nursing Patiyaldhar ,Gopeshwar regarding knowledge on UTI according to their gender.The figure shows that 6(15%) of them were male and 34(85%) of them were female.

FIG.4.3 THE FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLES ACCORDING TO THEIR QUALIFICATION OF MOTHER

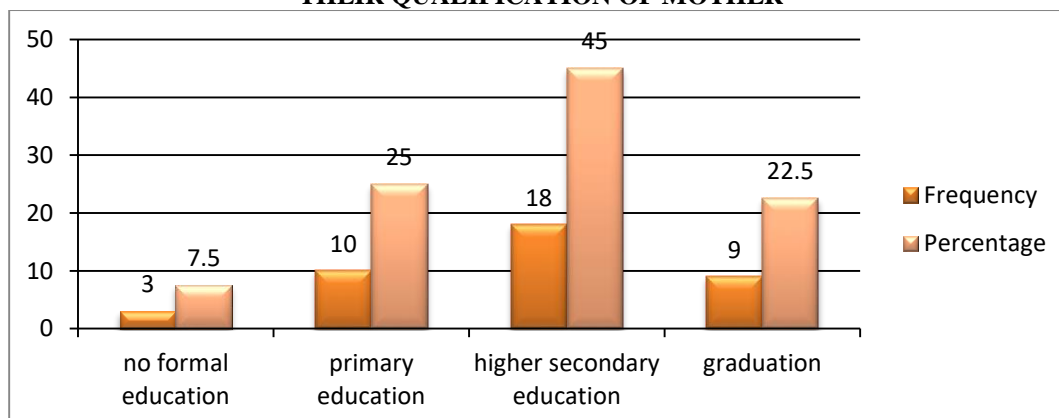


Fig.4.3 shows that frequency and percentage distribution of B.BSc(N)1st year students of Govt College Of Nursing Patiyaldhar ,Gopeshwar regarding knowledge on UTI according to their qualification of mother. The figure shows that 3(7.5%) were having no formal education, 10(25%) were having primary education, 18(45%) were having higher secondary education and 9(22.5%) were graduated

FIG.4.4- THE FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLE ACCORDING TO THEIR FAMILY INCOME.

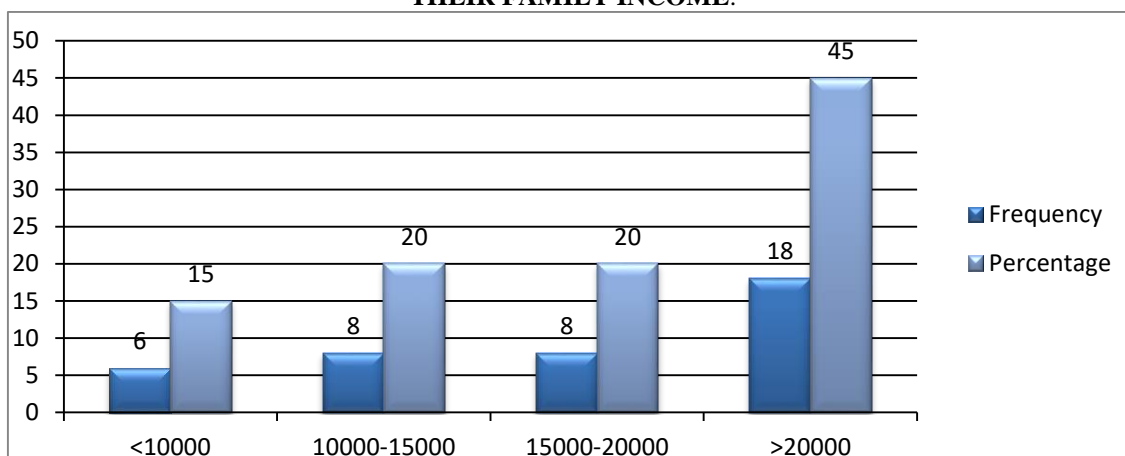


Fig.4.4 shows that frequency and percentage distribution of B.BSc(N)1st year students of Govt. College Of Nursing Patiyaldhar ,Gopeshwar regarding knowledge on UTI according to their family income. The figure shows that 6(15%) were having <10000, 8(20%) were having 10000-15000, 8(20%) were having 15000-20000 and 18(45%) were having >20000 family income.

FIG.4.5 THE FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLE ACCORDING TO THEIR FAMILY BACKGROUND.

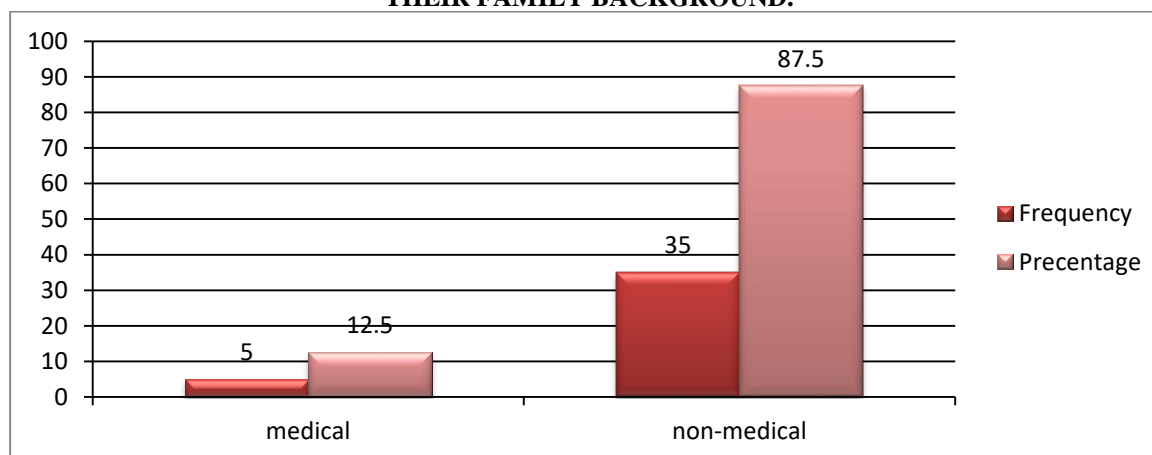


Fig.4.5 shows that frequency and percentage distribution of B.BSc(N)1st year students of Govt College Of Nursing Patiyaldhar ,Gopeshwar regarding knowledge on UTI according to their family background. The figure shows that 5(12.5%) belongs to medical and 35 (87.5%) belongs to non-medical background.

SECTION-B

Comparison of pre-test and post-test frequency and percentage distribution of subjects regarding level of knowledge.

TABLE 4.2

Pre-test			Post test		
Level of knowledge	Frequency	Percentage	Level of knowledge	Frequency	Percentage
Poor	32	80%	Poor	07	17.5%
Average	08	20%	Average	31	77.5%
Good	00	00	Good	02	5%

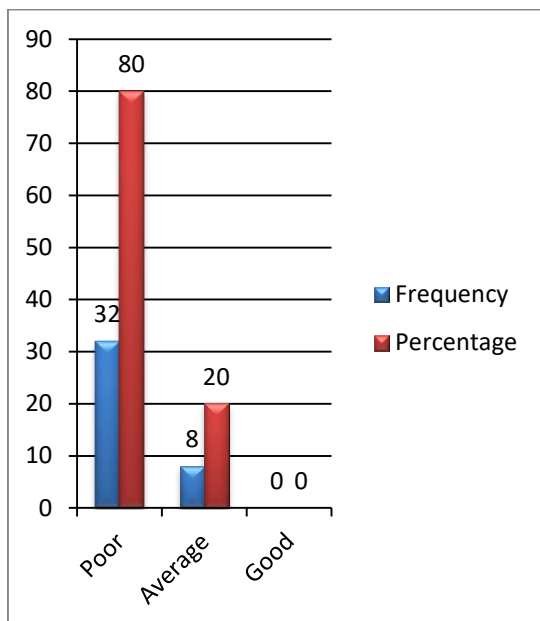


Fig.4.6

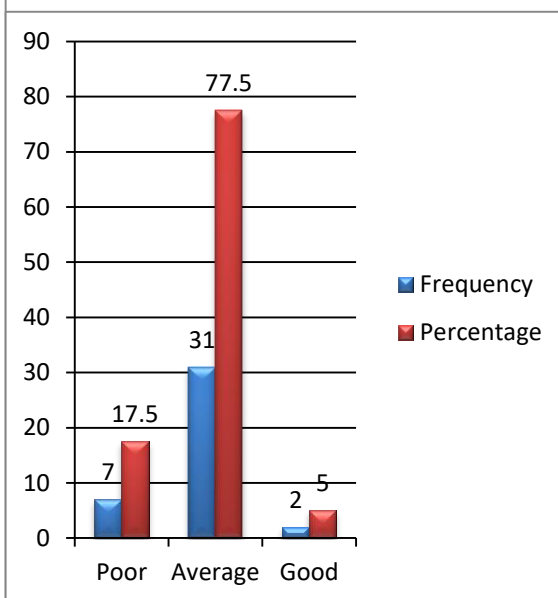


Fig.4.7

Fig .4.6 shows that the frequency and percentage distribution of subjects regarding knowledge on UTI in pre-test revealed that no subject were having good knowledge,8(20%) were having average knowledge and 32(80%) were having poor knowledge whereas in **fig.4.7** shows that frequency and percentage distribution of subjects regarding knowledge on UTI in post test revealed that 2(5%) were having good knowledge, 31(77.5%) were having average knowledge and 7(17.5%) were having poor knowledge.

Comparison of pre-test and post-test frequency and percentage distribution of subjects regarding level of attitude.

TABLE 4.3

Pre-test			Post test		
Level of attitude	frequency	Percentage	Level of attitude	Frequency	Percentage
Negative attitude	38	95%	Negative attitude	23	57.5%
Positive attitude	2	5%	Positive attitude	17	42.5%

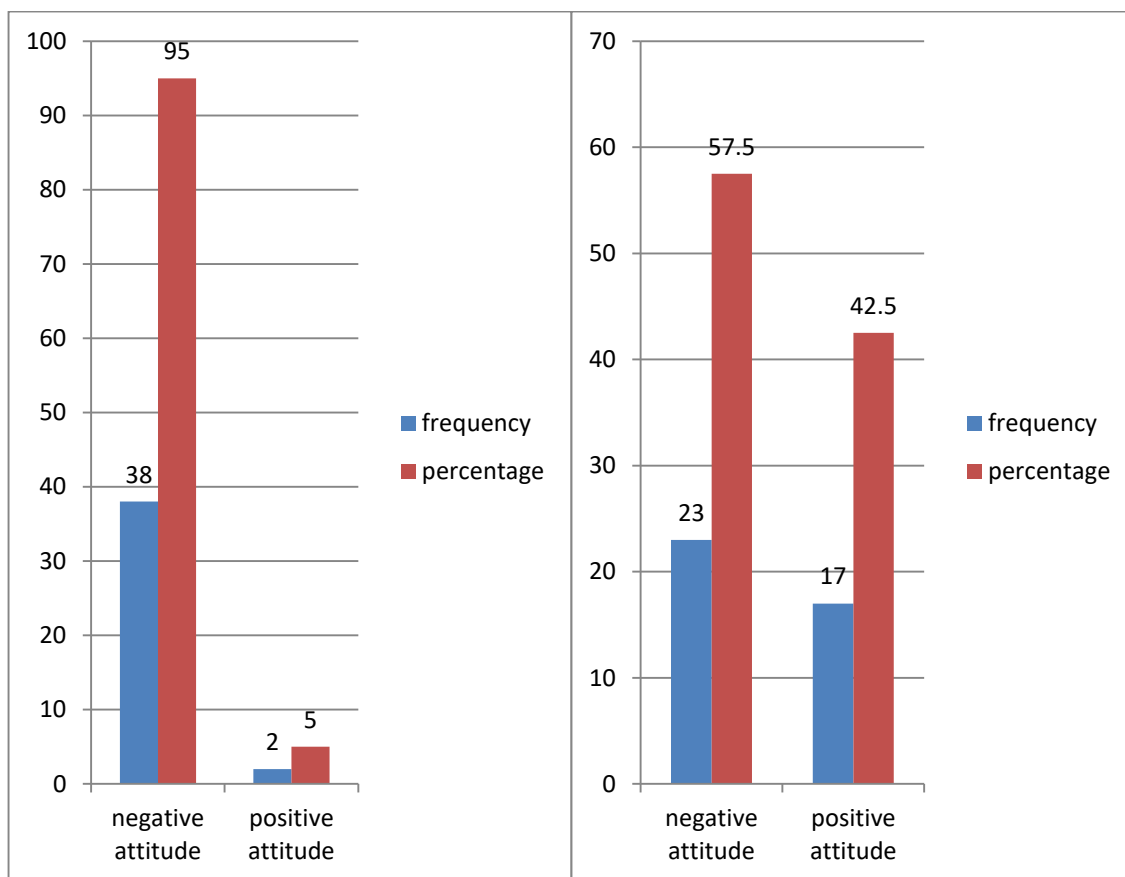


Fig.4.8

Fig.4.9

Fig.4.8 shows that the frequency and percentage distribution of subjects regarding attitude on UTI in pre-test revealed that 38(95%) were having negative attitude and 2(5%) were having positive attitude. In **fig.4.9** shows that frequency and percentage distribution of subjects regarding attitude on UTI in post test revealed that 23(57.5%) were having negative attitude and 17(42.5%) were having positive attitude.

SECTION-C

Comparison between pre-test and post test knowledge score.

TABLE 4.4 N=40

S.NO.	Pretest	Post test
1	15	24
2	19	15
3	16	18
4	16	23
5	17	26
6	14	20
7	17	23
8	19	24
9	17	21
10	19	21
11	17	22
12	11	19
13	15	23
14	23	22
15	18	19
16	17	21
17	21	25
18	13	20
19	18	20
20	17	21
21	20	23
22	20	24
23	15	20
24	22	23
25	18	18

26	19	19
27	15	20
28	18	22
29	20	26
30	19	24
31	24	21
32	16	22
33	19	22
34	17	25
35	15	13
36	15	25
37	13	23
38	14	21
39	15	22
40	22	24

The above table shows the significant difference between the pretest and post test level of knowledge with the help of paired t- test. After performing necessary calculation, it has become obvious that there is a significant difference between the pretest and post test level of knowledge score of the subject.

Comparison between pre-test and post test attitude score

TABLE 4.5

N=40

S.NO	Pre-test	Post test
1	7	3
2	5	5
3	8	8
4	6	9
5	6	7
6	5	7
7	4	9
8	5	7
9	9	9
10	7	9
11	6	3
12	6	9
13	8	7
14	6	7
15	6	7
16	2	6
17	8	5
18	4	5
19	3	8
20	3	2
21	2	6
22	6	7
23	5	9
24	3	7
25	6	7
26	5	4
27	7	7
28	7	8
29	8	8
30	2	6
31	5	10
32	7	7
33	4	8
34	7	6
35	7	10
36	3	9
37	9	9
38	4	10
39	6	6
40	3	9

The above table shows the significant difference between the pretest and post test level of attitude with the help of paired t- test. After performing necessary calculation, it has become obvious that there is a significant difference between the pretest and post test level of attitude score of the subject.

SECTION-D

Association of pretest level of knowledge with selected socio-demographic variables.

Table 4.6 **N=40**

S.N O.	DEMOGRAPHIC VARIABLES	Poor (<20)	Average (20-25)	Good (>25)	d f	Calculated value	Tabulated value	Inference
1	Age a) 17-18 b) 18-19 c) 19-20 d) 20 above	01 13 13 05	00 02 05 01	00 00 00 00	6	1.3803	12.59	Not significant
2	Gender a) Male b) Female	05 27	01 07	00 00	2	0.047	5.99	Not significant
3	Qualification of mother a) No formal qualification b) Primary education c) Higher secondary education d) Graduation	03 09 17 03	00 01 04 03	00 00 00 00	6	4.761	12.59	Not significant
4	Family income a) <10000 b) 10000-15000 c) 15000-20000 d) >20000	04 07 08 13	02 00 01 05	00 00 00 00	6	3.536	12.59	Not significant
5	Family background a) Medical b) Non-medical	05 26	00 09	00 00	2	11.646	5.99	Significant

Level of significance = 0.05(p<0.05)

Table 4.4 shows the association of knowledge to their age group is not significant at 5% level (p<0.05) because tabulated value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their gender is not significant at 5% level (p<0.05) because tabulated value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their qualification of mother is not significant at 5% level (p<0.05) because tabulated value is more than calculated value, so research hypothesis II is rejected.

Association of knowledge to their family income is not significant at 5% level (p<0.05) because tabulate value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their family background is significant at 5% level (p<0.05) because tabulated value is less than the calculated value, so research hypothesis II is accepted.

Association of pretest level of attitude with selected socio-demographic variables.

Table 4.7 N=40

S. N O	DEMOGRAPHIC VARIABLES	POSITIVE FREQUENCY	NEGATIVE FREQUENCY	df	Calculated value	Tabulated value	Inference
1	Age a) 17-18 b)18-19 c)19-20 d)20 above	00 03 01 02	01 13 16 04	03	1.652	7.815	Not significant
2	Gender a)Male b)Female	01 05	05 29	01	443.62	3.841	Significant
3	Qualification of mother a)No formal qualification b)Primary education c)Higher secondary education d)Graduation	00 02 03 01	03 08 15 08	03	3.728	7.815	Not significant
4	Family income a)<10000 b)10000-15000 c)15000-20000 d)>20000	02 02 01 01	04 05 08 17	03	5.124	7.815	Not significant
5	Family background a)Medical b)Non-medical	00 06	05 29	01	1.12	3.841	Not significant

Level of significance = 0.05(p<0.05)

Table 4.7 shows the association of attitude with their age group is not significant at 5% level (p<0.05) because tabulated value is more than the calculated value, so research hypothesis IV is rejected.

Association of attitude with their gender is not significant at 5% level (p<0.05) because tabulated value is less than the calculated value, so research hypothesis IV is accepted.

Association of attitude with their qualification of mother is not significant at 5% level (p<0.05) because tabulated value is more than calculated value, so research hypothesis IV is rejected.

Association of attitude with their family income is not significant at 5% level (p<0.05) because tabulate value is more than the calculated value, so research hypothesis IV is rejected.

Association of attitude with their family background is significant at 5% level (p<0.05) because tabulated value is more than the calculated value, so research hypothesis IV is rejected.

SECTION-E

Difference between pre test and post test knowledge of subject regarding UTI

Table4.8 N=40

Mean		Standard deviation (SD)		Paired t-test
Mean 1	17.4	SD1	2.86	
Mean2	21.6	SD2	2.93	

0.089635

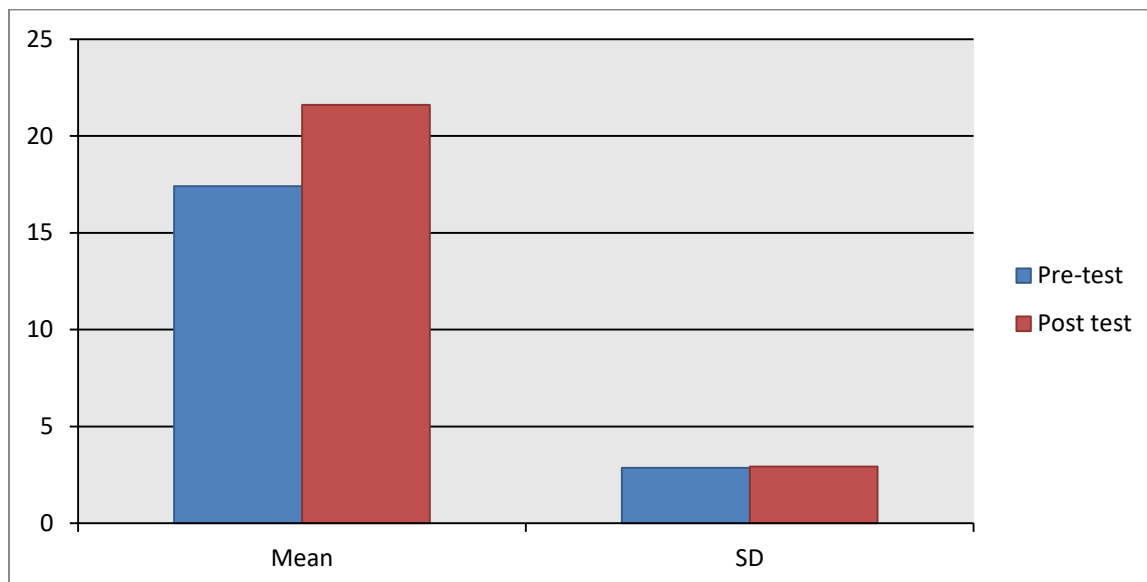


Fig .4.10

The above figure represent the difference between the pretest and post test level of knowledge of subjects regarding UTI where mean1 is mean of marks obtain by subject in pre-test which is 17.4 while mean2 is mean of marks obtained by subjects in post test which is 21.6, SD1 is the standard deviation of subjects of pre-test which is 2.86 while SD2 is the standard deviation of subject of post test which is 2.93.

Difference between pre test and post test attitude of subject regarding UTI

TABLE 4.9 N=40

Mean		Standard deviation (SD)		Paired t-test
Mean 1	5.375	SD1	2.140	
Mean2	7.1	SD2	2.140	

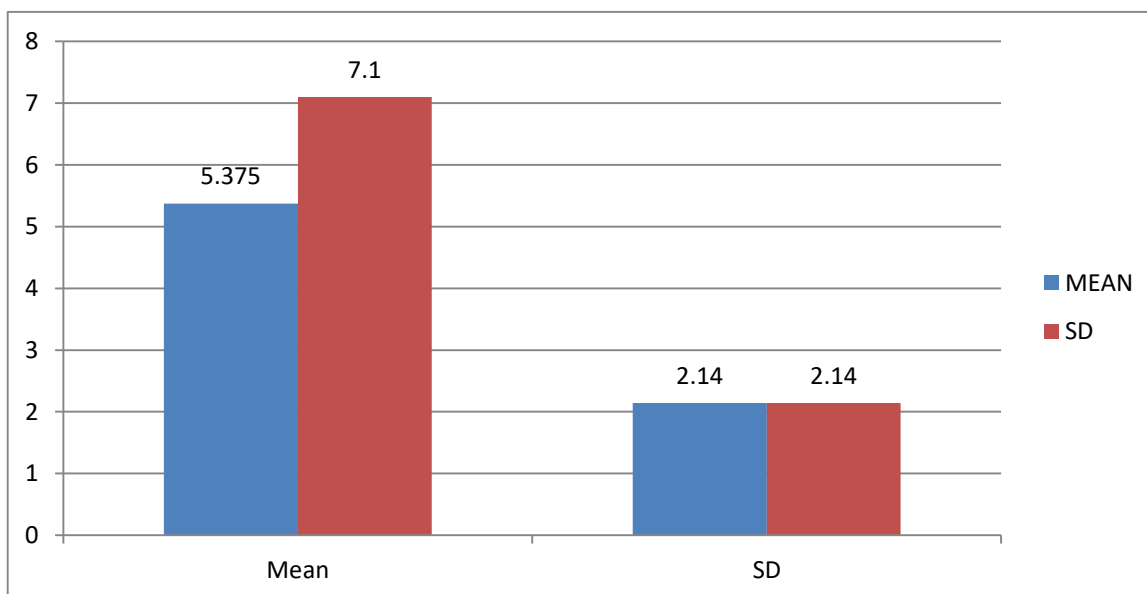


Fig.4.11

The above figure represent the difference between the pretest and post test level of attitude of subjects regarding UTI where mean1 is mean of marks obtain by subject in pre-test which is 5.375 while mean2 is mean of marks obtained by subjects in post test which is 7.1, SD1 is the standard deviation of subjects of pre-test which is 2.140 while SD2 is the standard deviation of subject of post test which is 2.140.

MODIFIED 5- POINT LIKERT SCALE (PRE-TEST)

Table 4.10 N=40

S.NO.	STATEMENT	STRONGLY AGREE		AGREE		UNCERTAIN		DISAGREE		STRONGLY DISAGREE	
		f	%	f	%	f	%	f	%	f	%
1	UTI can be fatal	09	22.5%	22	55%	06	15%	03	7.5%	00	0%
2	UTI can spread by using western toilet	12	30%	17	42.5%	07	17.5%	04	10%	00	0%
3	During UTI there is presence of burning sensation	18	45%	21	52.5%	01	2.5%	00	0%	00	0%
4	UTI is more common in women than men	28	70%	10	25%	01	2.5%	01	2.5%	00	0%
5	Soap can be used to wash genital/perineal area in UTI	00	0%	07	17.5%	07	17.5%	13	32.5%	13	32.5%
6	UTI can be cured without taking any medical treatment	00	0%	12	30%	10	25%	09	22.5%	09	22.5%
7	Can UTI spread through coitus and sexual intercourse	10	25%	23	57.5%	05	12.5%	02	5%	00	0%
8	UTI is more common in adolescent group	04	10%	25	62.5%	10	25%	01	2.5%	00	0%
9	Drinking enough water can help to prevent UTI	10	25%	24	60%	05	12.5%	01	2.5%	00	0%
10	UTI leads to acute renal failure	08	20%	10	25%	15	37.5%	06	15%	01	2.5%
11	Antibiotics are helpful in the treatment of UTI	12	30%	22	55%	05	12.5%	01	2.5%	00	0%
12	A person can eat spicy food during UTI	01	2.5%	03	7.5%	09	22.5%	19	47.5%	08	20%
13	Cranberry juice is often promoted or treat UTI	09	22.5%	18	45%	12	30%	01	2.5%	00	0%
14	Practice healthy hygiene habits prevent UTI	34	85%	06	15%	00	0%	00	0%	00	0%

Likert scale is a standard tool to assess the attitude regarding any specific concern area and it is one of the most popular tool among researchers, so as to find whether the attitude is positive or negative in relation to a particular problem.

In this present study modified 5-point likert scale is used to assess the knowledge regarding UTI among 1st year student of Basic B.Sc(N) of Govt. College Of Nursing Patiyaldhar, Gopeshwar Chamoli. It had 5 levels:- strongly agree, agree, uncertain, disagree and strongly disagree with each positive statement the subject are assigned a maximum of 5 marks on selecting strongly agree response, 4 marks on selecting agree response, 3 marks on selecting uncertain response, 2 marks on selecting disagree response and minimum 1 marks with each strongly disagree response.

MODIFIED 5- POINT LIKERT SCALE (Post-TEST)

Table 4.11 N=40

S.NO.	STATEMENT	STRONGLY AGREE		AGREE		UNCERTAIN		DISAGREE		STRONGLY DISAGREE	
		f	%	f	%	f	%	f	%	f	%
1	UTI can be fatal	11	27.5%	24	60%	02	5%	03	7.5%	00	0%
2	UTI can spread by using western toilet	11	27.5%	24	60%	04	10%	04	2.5%	00	0%
3	During UTI there is presence of burning sensation	30	75%	08	20%	02	5%	00	0%	00	0%
4	UTI is more common in women than men	32	80%	08	20%	00	0%	01	0%	00	0%
5	Soap can be used to wash genital/perineal area in UTI	00	0%	09	22.5%	08	20%	13	32.5%	10	25%

6	UTI can be cured without taking any medical treatment	03	7.5%	11	27.5%	09	22.5%	09	32.5%	04	10%
7	Can UTI spread through coitus and sexual intercourse	11	27.5%	24	60%	02	5%	02	7.5%	00	0%
8	UTI is more common in adolescent group	04	10%	18	45%	18	45%	01	0%	00	0%
9	Drinking enough water can help to prevent UTI	21	52.5%	17	42.5%	01	2.5%	01	2.5%	00	0%
10	UTI leads to acute renal failure	15	37.5%	21	52.5%	02	5%	06	5%	00	0%
11	Antibiotics are helpful in the treatment of UTI	19	47.5%	17	42.5%	04	10%	01	0%	00	0%
12	A person can eat spicy food during UTI	00	0%	01	2.5%	09	22.5%	19	55%	08	20%
13	Cranberry juice is often promoted or treat UTI	29	72.5%	09	22.5%	00	0%	01	5%	00	0%
14	Practice healthy hygiene habits prevent UTI	35	87%	05	12.5%	00	0%	00	0%	00	0%

III. DISCUSSION

A pre experimental study to assess the effectiveness structured teaching programme on knowledge regarding urinary tract infection (UTI) among the students of Basic B.Sc Nursing 1st year of Government College of Nursing Patiyaldhar Gopeshwar, Chamoli was conducted among 40 subjects. These subjects were selected by non- probability convenient sampling and data were collected by questionnaire and likert scale. The analysis and interpretation is presented in chapter 4.this chapter deals with the disscussion based on the finding analysis and interpretation of the study.

The frequency and percentage distribution of subjects regarding knowledge on UTI according to their age group depicts that 1(2.5%) of them belongs to age group of 17 to 18years, 15(37.5%) of them belongs to age group of 18 to 19years, 18(45%) of them belongs to 19 to 20 years and 6(15%) of them were of age group above 20.

The frequency and percentage distribution of subjects regarding knowledge on UTI according to their gender depicts that 6(15%) of them belongs to male and 34(85%) of them belongs to female.

The frequency and percentage distribution of subjects regarding knowledge on UTI according to their qualification of mother depicts that 3(7.5%) having no formal qualification, 10(25%) were having primary education, 21(52.5%) were having higher secondary education and 6(15%) were graduate.

The frequency and percentage distribution of subjects regarding knowledge on UTI according to their family income depicts that 6(15%) of them on <10000, 7(17.5%) of them between 10000-15000, 9(22.5%) of them between 15000-20000 and 18(45%) of them on income >20000.

The frequency and percentage distribution of subjects regarding knowledge on UTI according to their family background depicts that 5(12.5%) belongs to medical and 35(87.5%) were belongs to non-medical.

IV. CONCLUSION

The need of the study is to enhance the knowledge of B.Bsc (N) 1st year of Government College of Nursing Patiyaldhar Gopeshwar, Chamoli regarding UTI and in turn to reduce the chances of urinary tract infection and reproductive tract infection. The finding of our study can be concluded that most of the subjects were from the age group of 17 to 20 above years. Majorityof the subjects belongs to Basic B.sc nursing first year. In majority the mother qualification is higher secondary education and in majority the family income is > 20,000 and in majority the family background is non medical.

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ABBREVIATIONS

ABBREVIATION	MEANING
Fig.	Figure
No.	Number
S No.	Serial number
SD	Standard deviation
f	Frequency
d	Mean difference
df	Degree of freedom
N	Sample size
H	Hypothesis
UTI	Urinary tract infection
ANA	American nurse association