

Determination the Outcomes of Instructional Program on Nurse/ Midwife Knowledge Concerning Genital warts in Al-Karhk Maternity Hospital At Baghdad City.

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Abstract

Objective:-To determine the outcomes of Instructional program on Nurse/ Midwife Knowledge Concerning Genital warts.

Methods:-Adescriptive analytic study was conducted on a purposive sample of (100) nurses and midwives who is working at Al-Karkh Maternity Hospital , data was collected from 2 February to 10 April 2017. Determination of validity and reliability through the pilot study of (10) of nurses and midwives. Descriptive and inferential statistic was used to analyze the data.

Results:-The finding of the study shows the highest percentage of study sample (19%) within age group (20-24) years ,(47%) was married, half of them are graduated from midwifery secondary school, (42%) have less than one years' experience and work in maternity ward, (81%) was heard about genital warts before and one third of them heard from another nurse, most of sample dose not participate in any educational course about genital warts, and half of them are treated with genital warts patients. The result of the study through pretest showed that the knowledge of nurse/ midwife is very weak information about genital warts. After the instructional program and through the posttest found a good progress of information. The study recommended monthly statistical report about genital warts , provide special cards to follow up the patients, with focusing on provide continuing education courses for nurse /midwife, with inclusion the disease as dangerous sexual transmitted diseases , and future studies to provide information for researchers.

Conclusion:-The study concludes that there is a significant lack of knowledge concerning genital warts among study sample. However the program had a great positive effect on the level of nurse/ midwife knowledge.

Keywords: Determination, outcomes, Instructional program, Nurse/ Midwife, Knowledge, Genital warts

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I. Introduction

Human papilloma virus (HPV) is the most common viral infection of the reproductive system. There are more than 100 strains of HPV; about 13 types of them (also called a high risk type) can cause cancer¹. It is basically transmitted through sexual activity and most people are infected with HPV after short period from the onset of sexual activity. There are 2 types of HPV responsible of 70% from precancerous cervical lesion and Ca. cervix it is type (16, 18). The 2nd most common cancer in women is Ca. cervix especially who lives in less developed countries, in 2012 there are around 445 000 new cases of ca. cervix (84% of the new cases all over the world). The number of dead women from cervical cancer in 2012 around 270 000 women; in low- and middle-income countries more than 85% of these deaths occurring. More than forty types of HPV was affect to the genital area^{1,2}.

Some strains of HPV are causing genital warts. It is one of the most common STDs³. Human papilloma virus type (11 or 6) was the responsible of 90% of genital warts, which are commonly found at the same time, or before finding the genital warts. Some types of HPV in visible genital warts usually as confection with type 6 or 11, this types are (16, 18, 31, 33, and 35)⁴. WHO (2016) stated that each year there are 32 million new cases of genital warts over the world, it is affect 1% of the sexually active peoples in U.S. and are commonly seen in primary health care . Around 500,000 to 1 million people infected with genital warts every year in USA^{5,6}. Genital warts are found in both men and women, from all sexually active people there are at least 50% will get infection of human papilloma virus, the virus that causes venereal warts, at any time during their lives. The genital warts are a little more spread to develop in women than the men⁷. Genital warts can found it in the anal region and genital area, the mouth also, or in (vulva, vagina, cervix, rectum, anus, penis, or scrotum), in flesh-

colored or gray growths. it affects the people between 17-33 years. They are passed during sex operation by skin-to-skin contact from infected person to others^{5,8}.

II. Methodology

Adescriptive analytic study was conducted on one hundred of nurses and midwives who is working at Al-KarkhMaternity Hospital and divided according to load and working shift of nurse/midwife into ten sub groups .The data were collected by questionnaire form,its pass through three phases 1-Pre-test phase to assess genital warts knowledge of nurse / midwife from 2^{ed} February to 23th February, data collected through questionnaire form, it took (20-30) minutes for filling it by herself. 2- Instructional program implementationphaseto cover and highlight the genital warts information through fulfillment ten lectures. Each group received the same lecture, which lasted two and a half hours. 3- Post-test phase done to evaluate the effect of the instructional program and its outcomes on nurse/ midwife after 2 weeks after the date of the first lecture which started on 14th March and ended on 10th April 2017. Determine validity and reliability of the questionnaire through of pilot study. The study instrument consistedof two parts:-

Part One: socio demographic data: It includes (age, marital status, levelof education, experience years, place of work, previous work place).

Part two: Nurse/midwife knowledge about Genital Warts: -which consist from

- Nurse, midwife previous knowledge of genital warts (3 items).

- Genital warts knowledge, which consist of (77 items) because the items of the program is long , so divided into eight subgroups to facilitate the statistical procedure.

Ethical Consideration:

Official written were obtain from the directorate of Al-KarkhHospital to collect data, verbal consent took from each nurse- midwife, and explain the research and objectives of the study with privacy ,voluntary, anonymous, respect and confidentiality of the information.

III Results

Figure (1)The Study sample Age groups

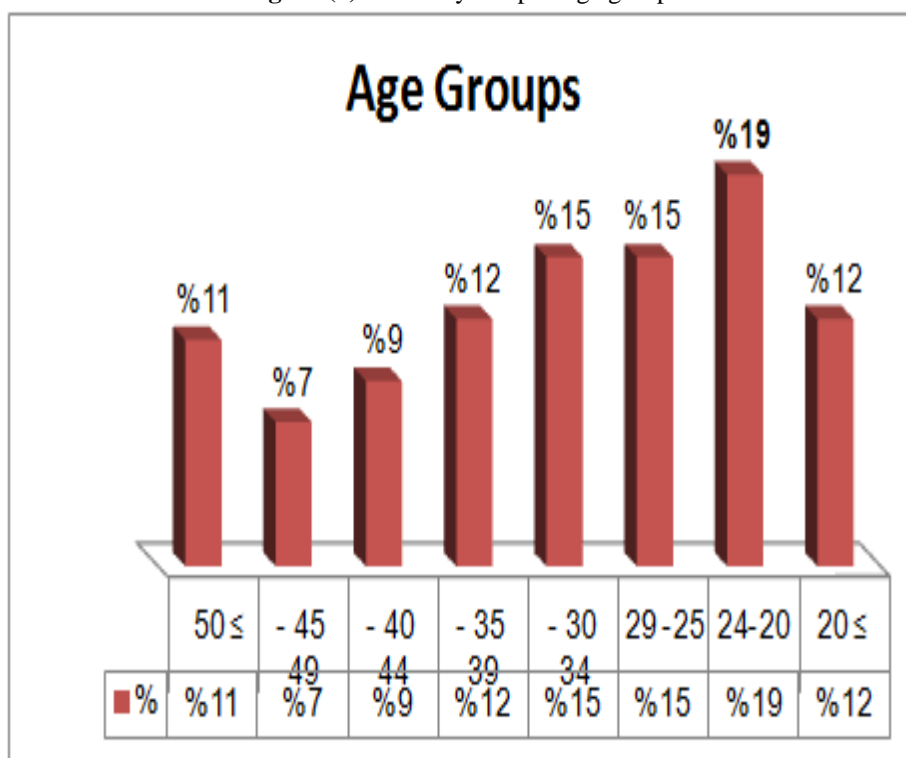


Figure (1) shows that the highest percentage (19 %) of the study sample their age was (20-24) years, while the lowest percentage (7 %) of them their age was (45-49) years.

Figure (2) The Study sample social status

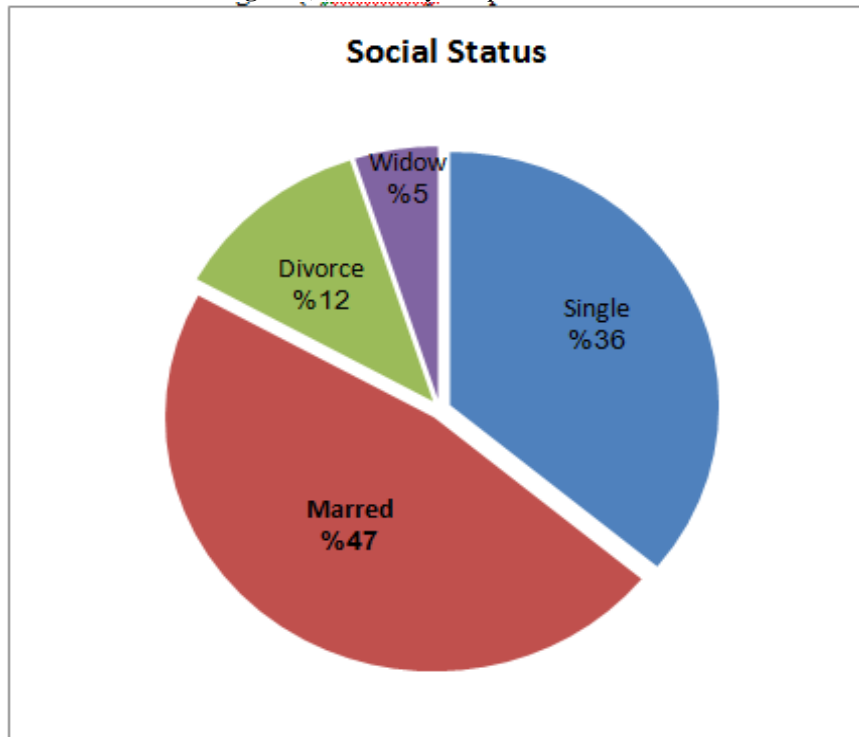


Figure (2) shows that the highest percentage (47 %) of the study sample are married, while the lowest percentage (5 %) of them are widow.

Figure (3) The Study sample Educational level

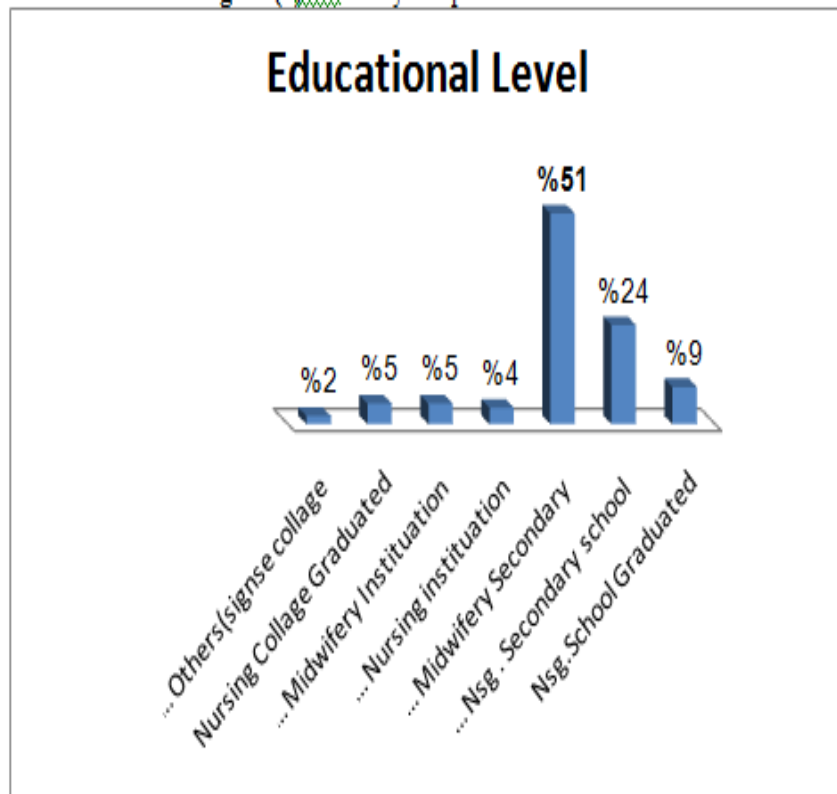


Figure (3) shows that the highest percentage (51 %) of study sample are midwifery secondary school graduated, while the lowest percentage (2 %) of them are science collage graduated.

Table (1)The Study Sample Occupation

Nurse/ Midwife occupational Information	*F	** %
Experience year as group		
< 1 year	42	42 %
< 5 years	28	28 %
< 10 years	9	9 %
< 15 years	10	10 %
< 20 years	3	3 %
< 25 years	2	2 %
< 30 years	3	3 %
≥ 30 years	3	3 %
$X^- = 5.97 \pm 7.98$		
Current work place		
Word	41	41%
Theater	11	11%
Delivery room	23	23%
Premature unit	12	12%
Out patient	5	5%
Family planning	1	1%
Sterilization unit	4	4%
Health promotion	3	3%
Previous work place		
Surgical word	1	1%
Medical word	1	1%
Emergency unit	1	1%
Pediatric word	3	3%
In the same hospital	90	90%
delivery room	2	2%
surgical theater	2	2%
Total	100	100 %

*F = Frequency, ** % = percentage

Table (1) shows that the highest percentage (42%) of study sample had experience less than one year , while the lowest percentage (2%) of them are less than (25)years. Regarding the current work place the highest percentage (41%) of the study sample are working in the word, while the lowest percentage (1%) of them are working in family planning department. Regarding the previous work place most (90%) of study sample are working in the same hospital (Al-Karhk), while the lowest percentage of them (1%) worked previously in (surgical word, medical word, and emergency unit) respectively in other hospital.

Table (2)The Study sample Genital Warts Knowledge

Variables	F	%
Have you ever hear about genital warts		
Yes	81	81%
No	19	19%
If answer is yes, what is the source of information		
Nurse	31	31%
Doctor	26	26%
Family member	3	3%
Friend	4	4%
Book	6	6%
Internet	2	2%
Relatives	2	2%
Patient	7	7%
Educational course participation about genital warts		
Yes	4	4%
No	96	96%
Previous contact with genital warts patient		
Yes	54	54 %
No	46	46 %

Table (2) shows that (81%) of the study sample hear about genital warts previously, while (19%) did not hear before. Regarding the source of information the highest percentage (31%) of study sample were hearing about genital warts from other nurses, while the lowest percentage(2%) of them they hear from relatives and internet respectively.

Regarding educational course participation about genital warts most (96%) of study sample did not participate in any course about genital warts, while (4%) of them were participate in educational course before.

Regarding previous contact with genital warts patient half (54%) of the study sample was contact with patient with genital warts, while (46%) did not contact with genital warts patient.

Table (3)The Outcome of Instructional Program Regarding Genital Warts on Nurse/ Midwife

Sub group	Pretest Mean	Posttest Mean	P. value
1	56.75	94.75	.008
2	60.72	88.63	.000
3	68.91	95.16	.000
4	59.07	95.84	.000
5	76.66	96.50	.019
6	58.60	89.80	.000
7	90.14	98.14	.000
8	61.64	93.50	.000
Total	65.32	93.70	.000

Table (3) shows that the mean of pretest for total and subgroups is lower compare with total and subgroups of posttest mean, these data are consistent with research hypothesis that the average of posttest is higher than the average of pretest and since probability (P. value) for statistic is (<0.05) is significant result, it conclude that the program was effectively improving the nurse – midwife information.

IV. Discussion

The results of the study have indicated that the highest percentage (19 %) of the study sample are within age group (20-24) years old with mean age (33.04 ± 11.24) years as shown in figure (4.1).Among (268) midwifery students who participated in a study conducted by ⁹ to determine the knowledge about HPV and its vaccines, the highest percentage (64.2%) of midwifery student are at age group (20 – 24) years⁹.Regarding social status and educational level the highest percentage is (47%) of the study sample are married, as shown in figure (4.2), and the majority (91%) of the study sample are graduated from midwifery secondary school , as shown in figure (4.3),this results agree with¹⁰who conducted a study on (137) nurses and concluded that nursing school was a majority source of information for many nurses who had duration of work experience is about 20 years, and in adequacy of the information giving in nursing school and small percentage of the nurses had been to seminars or continuing education session.¹¹Concluded that the vaccine is preventable and benefits way to replace the fears from HPV infection for both health provider and patients. The best evidence in the prevention of HPV infection and treatment and it is complication is increase the awareness about HPV and this is one of the nursing roles, the role of nurse as health care policy advocate and educator is important for increase awareness and making the changes needed complication .

The study results have indicated that the highest percentage (42%) of the study sample within experience years are less than 1 year, as shown in table (4.1), and (41%) of the study sample are worked in Word, as shown in table (4.1), and the majority (90%) of the study sample are worked in the same hospital and didn't work in other hospitals before. The study results agree with ¹²who stated that there is a comparable levels of knowledge concerning of HPV between health care providers of different gender,age, and years of experience as indicate in some studies.The study result show that (81%) of the study sample was heard about the genital warts before, this result agree with ¹³ who conducted a study on (380) female nurses and stated that (131)nurse (36.7%) of thestudy sample was knows the HPV infection , and how can cause abnormal result of Pap test, the study result shows that one third (31%) of study sample take this information from another nurse, the bulkpercentage (96%) of them did not participate in any educational course about genital warts before, and (54%) of them were in touch with genital warts patient before ¹³ .

The outcome of instructional program are highly significant (<0.05) that mean the program was effectively improving nurse/ midwife knowledge and all nurses/ midwives achieved better score in respect to issues of instructional program after implementing the program than before. In the cervical cancer prevention program there is a midwife role in it, therefore the level of knowledge of the midwife is particularly important.¹⁴ Health care professionals are usually an initial front line with patients and most time they are responsible for record the medical and sexual history and the screening function and often responsible for the contacting test results to patient and scheduling follow up appointments¹².

Since the highest percentage of study sample were graduated from midwifery secondary school and with experience less than one year , this explain the knowledge weakness of nurse/ midwife regarding genital warts in pretest, this result concede with a study conducted by ¹³ , who conclude that there are lack of knowledge of (380) female nurses about the relationship between cervical cancer and HPV vaccine , and the way of prevention of this cancer, while this knowledge is higher in countries with an existing nationwide educational program of HPV, the results of this program was promote alertness and increased knowledge and

understanding of HPV infection and associated disease to the health provider and other people¹³, nurses are ideally suited to address the (HPV) genital warts information by providing education to patient and families¹⁵.

This study refer to shortage of nurses knowledge about cervical cancer and the relationship with HPV vaccine and its prevention. Considering with this fact that nurses are educated previously during graduation courses and their low level of knowledge about HPV infection and vaccine¹³.

V Recommendations

Ministry of Health needs to :-

- 1- Inclusion genital warts among sexual transmitted diseases list.
- 2- Conduct monthly and annual statistical record of cases from hospitals, this will help to develop a plan or strategy to control the disease and providing researchers with statistical data .
- 3- Provide special card to the genital warts patient to review and follow up with reliable information for early detection of cervical cancer.
- 4- Continuous education program for nurse/ midwife as they are one of the most sources of public to get information about disease with most current information.
- 5- Focusing of curriculum for nursing and midwifery schools to highlight the diseases and its severity.
- 6- Further studies with listing genital warts within Ministry of Health research list.
- 7- Need easy access to best practice guidelines for nurses and midwives in how to deal with the disease.
- 8- Cooperation with the Ministry of Education to conduct lectures to secondary school of both gender student to increase awareness about the disease.
- 9- Create nurses unit in primary health center and maternity hospitals for counseling about genital warts .

VI. Conclusion

The study conclude that there is a significant lack of knowledge concerning genital warts among study sample. The results indicated that through pre and posttest, there is significant progress on the answers and that the program had a positive impact on the level of study sample knowledge.

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