# Impact of Individual Structured Teaching Programme Regarding Knowledge on Preventive Measures of Uterine Prolapse Among Multiparous Women in Selected Hospital at Bidar District

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## I. BACKGROUNDOFTHE STUDY

Uterine prolapse is the leading cause of ill health that exists throughout the entire nation especially in rural regions. While studying the situation globally, World Health Organization estimates that the reproductive ill health accounts for 33% of the total disease burden in women globally. The main aim of the present study was to assess the Effectiveness of Structured teaching programme on Prevention of Uterine prolapse among Multiparous women residing in selected villages at Bidar. The study samples were 100 multi parous women selected from two different villages for experimental and control group. Comparing the pre-test & post-test scores of knowledges, attitude and practice between experimental and control group, the structured teaching programme on prevention of uterine prolapsed provided by the investigator proved to be highly effective in the improvement of knowledge, attitude and practice among multi parous women in experimental group. The STP was effective and it is also suggested that the programme should be continued in order to uplift the overall health and practices of mothers. Hence, it will help to reduce the incidence of Uterine prolapsed and enhance the quality of life in future

Statement of the problem
"Impact of Individual structured Teaching Programme on preventive measures of uterine Prolapse among Multiparous women in selected Hospital at Bidar District."
Objectives of the study

1. To assess the pre test level of knowledge and practice on prevention of uterine prolapsed among multi parous women in experimental and control group.
2. To assess the post-test level of knowledge and practice on prevention of uterine prolapse among multiparous women in experimental and control group.
3. To compare the outcome of structured teaching programme on prevention of uterine prolapse among multiparous women between experimental and control group in pre and post-test.
4. To determine the correlation between the prê test level of knowledge and practice on prevention of uterine prolapsed among multiparous women.
5. To associate the pre test level of knowledge and practice on prevention of uterine prolapse among multiparous women with their selected demographic variables in experimental and control group.

## II. METHOD

A quantitative, quasi experimental non randomized control group design was used in this study to assess the effectiveness of structured teaching programme on prevention of uterine prolapsed among multiparous women residing at selected villages in Bidar district of Primary Health Centre. After obtaining the informed consent, data was collected from 100 multiparous women, 50 in experimental group and 50 in control group using Convenience sampling technique.

Results

Regarding demographic variables of multiparous women shows that the majority 27(54%) multiparous women in experimental group and 32(64%) women in control group were in the age group of 35-40 years, this shows that the majority of the pre menopausal women are at risk of developing uterine prolapse. Considering age at marriage majority 24 (48%) of multiparous women in experimental group and in 29 (58%) of them in control group had marriage at 15-20years. This result reveal that early maritalage will increase the number of parity which may contribute touterine prolapsed in laterages, mode of delivery all the multi parous women 100 (100%) have given birth through spontaneous vaginal delivery. this study result shows that the pressure induced during spontaneous delivery may weaken the supportive ligament so futer in muscles that may contribute to uterine prolapse. Hence multiparity is the major risk factor for occurrence of uterine eprolapse. Educational status shows majority 15(30%) multiparous women had primary school education in both experimental and control group. Hence there is lack of awareness on prevention of uterine prolapsed due to in adequate education. Family income, in experimental group majority 41(82%) multiparous women and in control group majority 44(88%) were having the income of less than Rs.6000. This result reveal that the majority of multiparous women's belongs to low socio economic background By comparing the paired "t"- test value of knowledge, experimental group is t=26.077,t=124, t=40 and the p<0.001and it is highly significant when comparing the paired t-test value of knowledge in control group is t=194, t=141.5,t=112.5and the p=0.185, p-0.101, p-0.171 respectively. Hence the structured teaching programme on prevention of uterine prolapse is very effective

## III. INTERPRETATION AND CONCLUSION

The findings of the study support the Impact of STP regarding Knowledge and prevention of Uterine prolapse among multiparous women's.

KEYWORDS

Uterine prolapse, multiparous women's, STP, Knowledge, prevention

Introduction:

Health for all is a slogan which gives importance to the health care. Women are the back bone of the family. Family health is interrelated with the health of the women. Health for all will remain a dream unless women are made aware of their responsibilities towards their own health.

The uterus is god's gift to each and every woman because it is very special organ (which gives next generation) than other organs. Pregnancy is a unique experience of every woman's life. The thought of a growing fetus in the mother's womb, indeed is a natural way of expressing the attributes of motherhood.

Female body is one of the nature's most wonderful and complex creations. A woman's journey in life is punctuated by many milestones such as childhood, puberty, motherhood. The word woman is usually reserved for an adult girl or female child who

has been traditionally limited for her activities and opportunities, many religious doctrines stipulate certain rules for women.

During the 20th century, women have gained access to careers beyond the traditional homemaker and ability to pursue higher education. A woman has a significant impact on health, as a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in

many societies, they are disadvantaged by discrimination rooted in socio cultural factors. For example, women and girls face increased vulnerability to many diseases. It is a complex condition that is often kept secret because of the shame of affecting a sensitive part of the women's body. Many women fear condemnation from their community and families and they continue to remain silent on this matter. Statistics reveals that 6, 00, 000 women are affected by the uterine prolapsed out of which 2, 00,000 require immediate treatment.

Uterine prolapse is defined as the condition of the uterus collapsing, falling down, or downward displacement of the uterus with relation to the vagina. Anatomically, when improper alignment, the uterus and the adjacent structures are suspended in the proper position by the utero sacral, round, broad, and cardinal ligaments. The musculature of the pelvic floor forms a sling-like structure that supports the uterus, vagina, urinary bladder, and rectum. Uterine

prolapse is a result of pelvic floor relaxation or structure lover stretching of the muscles of the pelvic wall and ligaments structures.

Reproductive health implies that the people have the ability to reproduce and regulate their pregnancy and child birth safely, the outcome of pregnancies is successful in terms of maternal and infant survival and wellbeing and couples are able to have sexual relationship free of fear of pregnancy and of contracting disease. According to estimation reproductive health accounts for 33 % of the total disease burden in women globally. Reproductive health problems are the leading cause of ill health that exists throughout the nation. Studies have shown that among the reproductive health problems faced by women, the most common problems are cystocele (56%), uterine prolapse (53.6%) and rectocele (40%) The uro genital diaphragm and the perineal body provide support to the lower• part of the vagina.

In India, the incidence of prolapsed is high due to lack of awareness and women having multiple child Births. As per the study done in southern India, 440 women under the age of 35 were evaluated for gynecological morbidity, and prolapse were noted in 3.4% of women. In a study done in northern India, of 2,990 married women surveyed for prolapse , cases of prolapse were found among7.6%.The mean age of women suffering from prolapse in India was 52.2 years in a study whereas the mean age at which they developed the symptom of something coming out per vaginum was found to be 36.32 years.72.34% women were postmenopausal. Multiparity is major risk factor for prolapsed which is proved by 97.88% women in this study being multiparous. Although obesity was not that major determinant in this study as 59.57% had normal BMI.

The most common symptom was something coming out pervaginum (in 97.57%) followed by the disturbances in micturition found in 93.62% women. 80.85% women had third degree prolapse and cystocele was present in 95.74% women. Early identification of risk factors and knowledge about preventive e measures may help to prevent complications of the disease. So, the researchers found it is relevant to improve the knowledge regarding prevention of uterine prolapse among women by providing health education.

Pelvic organ prolapse which includes rectocele, cystocele and prolapse uterus is associated with more than 3,00,000 surgeries in India annually, up to 11 percent of women have surgery for pelvic organ prolapse (or) related condition at the age of 70 yrs. The prevalence of pelvic organ prolapses tarries considerably in different population, from 30 percent to 93 percent

If women with mild prolapse uterus, any discomfort (or) interruption of life style might be benefited from surgery to repair the prolapse (or) may select to use a special supportive device (pessary) which will be inserted into the vagina.

The women with advanced age group (55 Years and above) is the common indication for hysterectomy. The discomfort of the prolapse uterus depends upon the degree of prolapse. For example, back pain, retention of urine, dyspareanuia, white discharge, constipation.

Based on literature review and community field experience the investigator found that people have inadequate knowledge and majority were unaware of practice on uterine prolapse, so it insisted the investigator to assess the knowledge of preventive measures uterine Prolapse among selected Bidar.

## IV. MATERIALS AND METHODS

Statement of the Problem

"IMPACT OF INDIVIDUAL STRUCTURED TEACHING PROGRAMME ON PREVENTIVE MEASURES OF UTERINE PROLAPSE AMONG MULTIPAROUS WOMEN IN SELECTED HOSPITAL AT BIDAR DISTRICT."

Objectives of the Study

1. To assess the pretest level of knowledge, and practice on prevention of uterine prolapse among multiparous women in experimental and control group.
2. To assess the post-test level of knowledge, and practice on prevention of uterine prolapse among multi parous women in experimental and control group.
3. To compare the outcome of structured teaching programme on prevention of uterine prolapse among multiparous women between experimental and control group in pre and post-test.
4. To determine the correlation between the

pretest level of knowledge, and practice on prevention of uterine prolapsed among multiparous women.

5. To associate the pretest level of knowledge, and practice on prevention of uterine prolapse among multiparous women with their selected demographic variables in experimental and control group

Hypothesis:

H1: There will be a significant difference between pretest and post-test level of Knowledge, on prevention of uterine prolapsed among multiparous women before and after the administration of structured teaching programme in experimental group

Variables: Variables are qualities, properties or characteristics of persons, things or situation that change or vary[66].

Independent Variable: The variable that is believed to cause or influence the dependent variable[66].In this study the independent variable is STP.

Dependent Variable: The outcome variable of interest, the variable that is hypothesized to depend on or be caused by another variable, the independentvariable[66].

In this study the dependent variable is knowledge regarding uterine Prolapse.

Research Setting: is the physical location and conditions in which data collection takes place in a study[65].

The study was conducted in selected Bidar.

Population: A population is the entire aggregation of cases that meet a designated set of criteria[65].

In the present study population consists of 100 residents of at Bidar.

Sample and Sampling Technique

A sample consists of a subset of the units or subjects that compose the population.

The sample selected for the study was 100 residents of Bidar, who met the inclusion criteria.

Non-Probability sampling in which convenient sampling is used. In this sampling technique subjects are selected because of their convenient accessibility and proximity to the researcher. Subjects are chosen because they are easy to recruit[65].

The selection of sampling units from the population was convenient sampling technique was adopted for this study.

Sampling Criteria: Samples were selected with the following predetermined set of criteria

Inclusion Criteria

Subjects

- Residents of urban Urban are included in the study.
- Urban Urban people who are willing to participate in the study.
- Residents who are above 35 to 50 years of age.

Exclusion Criteria:

Subjects:

- Residents who are not there in the area at the time of study.
- Residents below 35 to 50 years of age.
- Residents who are deaf and dumb.

Data Collection Instrument:

Structured knowledge questionnaire and practice check list about Uterine Prolapse and its Preventive measures was used to assess the knowledge of Bidar.

Development of Tool: In any research investigation, the instrument utilized should be a vehicle that would best elicit data for drawing conclusions pertinent to the study and at the same time add to the body of knowledge in the discipline.

Present study was planned to evaluate Effectiveness of Structured Teaching Programme on Knowledge Uterine Prolapse and its Preventive measures among urban residents. So structured knowledge questionnaire was developed as tool after utilizing sources like reviewing the literature on relevant topics and consultation with subject experts from OBG Nursing and Regional Research Institute

## V. DATA COLLECTION PROCESS

The data required for the study was collected from 35 to 50-12-2022 to 35 to 50-1 2022 The study was conducted in selected urban Urban at Bidar.

A formal letter was sent to District health officer Bidar and a written permission was obtained to conduct the study. The investigator selected 100 samples through convenient sampling. In order to obtain a free and true response the subjects were explained about the purpose and usefulness of the study and assurance about the confidentiality of their responses were provided. The subject's knowledge and practice regarding Preventive measures of

Uterine Prolapse was assessed on the 1stday. Same day the ISTP was administered. On the 7thday a post-test was carried out for the same set of urban Urban residents. The investigator contacted each person in their workplace personally and administered the data collection tool individually. The respondents were co- operative and the data was thus collected and compiled for data analysis

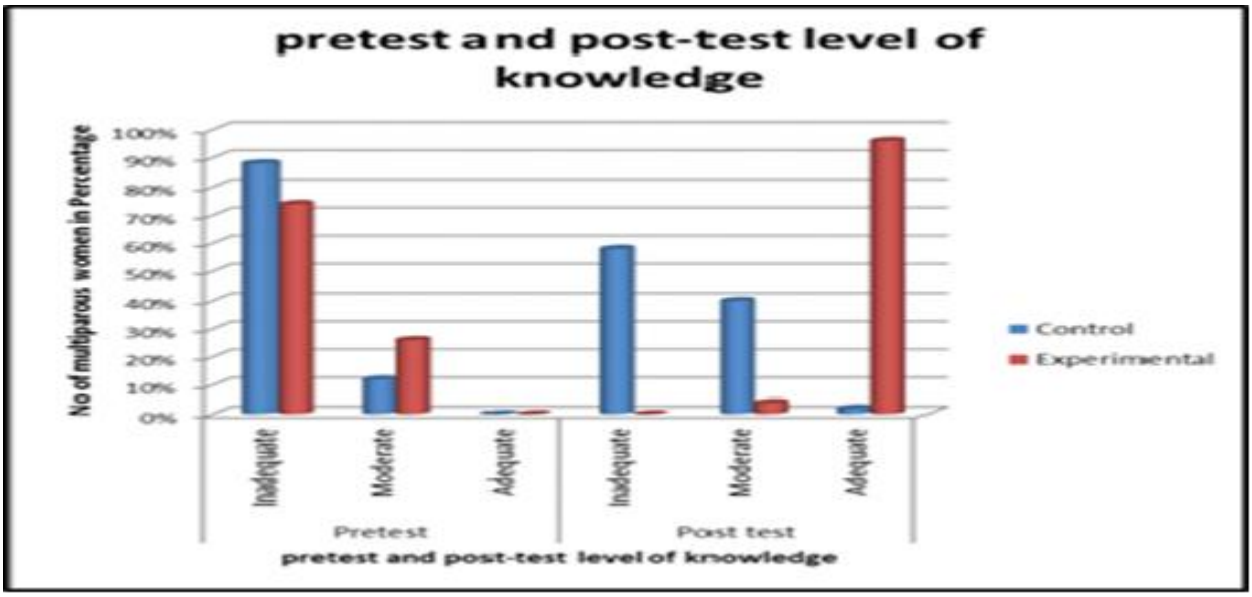
## VI. RESULTS

Frequency and percentage distribution of multiparous women according to their selected demographic variables in both experimental and control groups n=100

| Sl/No | Demographic variables | Experimental group N=50 | | Control group n=50 | |
|---|---|---|---|---|---|
| | | N | Percentage | N | Percentage |
| 1 | Age in years | | | | |
| | 35 – 40 years | 27 | 54 | 32 | 64 |
| | 40- 45 Years | 10 | 20 | 8 | 16 |
| | 45- 50 Years | 3 | 16 | 10 | 20 |
| 2 | Marital status | | | | |
| | Married | 40 | 96 | 46 | 92 |
| | Divorced/separated | 0 | 0 | 1 | 2 |
| | Window | 2 | 4 | 3 | 6 |
| 3 | Age at marriage | | | | |
| | 15- 20 years | 24 | 48 | 29 | 58 |
| | 20-25 years | 23 | 46 | 4 | 34 |
| | 25- 30 years | 3 | 6 | 17 | 8 |
| 4 | Parity | | | | |
| | Primpria | 0 | 0 | 0 | 0 |
| | Multipara | 50 | 100 | 50 | 100 |
| 5 | Mode of delivery | | | | |
| | Vaginal delivery | 50 | 100 | 50 | 100 |
| | Cesarean section | 0 | 0 | 0 | 0 |
| 6 | Occupation | | | | |
| | Professional | 0 | 0 | 0 | 0 |
| | Semi profession | 0 | 0 | 1 | 2 |
| | Clerical shop owner | 10 | 20 | 3 | 6 |
| | Skilled worker | 1 | 2 | 0 | 0 |
| | Semi skilled worker | 0 | 0 | 1 | 2 |
| | Unskilled | 3 | 6 | 2 | 4 |
| | Unemployed | 36 | 72 | 43 | 86 |
| 7 | Types of work | | | | |
| | sadeatery | 10 | 20 | 4 | 8 |
| | Moderate | 32 | 64 | 31 | 62 |
| | Heavy worker | 8 | 16 | 15 | 30 |
| 8 | Diet pattern | | | | |
| | Vegetarian | 1 | 2 | 0 | 0 |
| | Non vegetarian | 49 | 98 | 50 | 100 |
| 9 | Specific dietary pattern | | | | |
| | Fiber rich diet | 1 | 2 | 2 | 4 |

| | | | | | |
|---|---|---|---|---|---|
| | High carbohydrate diet | 3 | 6 | 2 | 4 |
| | Diet with prescribed restriction | 0 | 0 | 1 | 2 |
| | More oily and spicy food | 46 | 92 | 45 | 90 |
| 10 | Body mass index | | | | |
| | Under weight | 5 | 10 | 5 | 10 |
| | Normal weight | 20 | 40 | 17 | 34 |
| | Over weight | 21 | 42 | 15 | 30 |
| | Class I obesity | 4 | 8 | 8 | 16 |
| | Class II obesity | 0 | 0 | 4 | 8 |
| | Class III obesity | 0 | 0 | 1 | 2 |
| 11 | Bladder Pattern | | | | |
| | Normal | 50 | 100 | 50 | 100 |
| | Urinary incontiance | 0 | 0 | 0 | 0 |
| 12 | Bowel pattern | | | | |
| | Normal | 48 | 96 | 46 | 92 |
| | Constipation | 2 | 4 | 4 | 8 |

Comparison of pretest and post-test level of knowledge on prevention of uterine prolapse among multiparous women in both experimental and control groups




Pretest and post-test level of practice on prevention of uterine prolapse among multiparous women in both experimental and control groups n=100

| Sl. No. | Level of practice | Experimental group | | | | Control group | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Pretest | | Posttest | | Pretest | | Posttest | |
| | | N | % | N | % | N | % | N | % |
| 1 | Poor | 4 | 8 | 0 | 0 | 6 | 12 | 4 | 8 |
| 2 | Good | 33 | 66 | 14 | 28 | 36 | 72 | 41 | 82 |
| 3 | Satisfied | 13 | 26 | 36 | 72 | 8 | 16 | 5 | 10 |

NS = not significant S=significant

Table: Reveals that there were no associations between pre tests and post tests
knowledge scores with any of the selected demographic variables such as age, type of work, priority, Age at marriage, marital status, occupation, dietary pattern, specific dietary, BMI, bladder pattern, bowel pattern at 5% level of significant.

## VII. NURSING IMPLICATIONS

The nursing implications of the study could be discussed under nursing practice, nursing education, nursing research and administration.

1. Nursing Practice:

The most important role of the nurse is to provide awareness to the public regarding preventive measures of uterine prolapse. The nurse plays an important role in disease prevention and health promotion. Several implications can be drawn from the present study for nursing practice. The health personnel have added responsibility in educating the public regarding disease prevention and help in maintenance of health by modification of life styles.

Health education conducted by the health personnel in the hospital and community helps in wider coverage of public in preventive measures of uterine prolapse. If nursing personnel provide the necessary information regarding uterine prolapse and its prevention by using structured teaching programme, they are the correct persons to educate the women, there by the women can understand and they can educate their family members, from family members to the neighbors, from them to the community. Nurses can motivate the public in preventive measures of the disease.

2. Nursing Education:

The nursing curriculum should emphasize on imparting health information to community using different teaching methods. Nursing students should be educated on health promotion, disease prevention and early detection of the disease. The structured teaching programme can be used as an illustrative informational mode to the students as well as clients and their family members and the community. Every student should be encouraged in providing information to the clients and the community for which they have to be prepared properly.

3. Nursing Administration:

Nursing administrator should take an initiative in creating policies and plans in providing education to the people. In–service education to be provided to the nursing personnel at various levels to make them aware of uterine prolapse and its preventive measures by nursing administrators. Knowledge regarding preventive measures of uterine prolapse should be updated by utilizing various communication facilities. Health education programme should be included as a part of job–description of various categories of health personnel. The nurse as an administrator also should plan the out– reach activities in collaboration with the other agencies in imparting the knowledge to the community.

4. Nursing Research:

Since Utereine prolapseis the re-emerging disease of global concern, more resources should be allocated to do research on uterine prolapse and its preventives measures. There is a great need of nursing research in the areas of client education. Health related studies need to concentrate on behaviour modifications of people by developing unique teaching programmes. Research on newer methods of teaching, focusing on people's interest, community participation and cost–effectiveness are needed.

## VIII. LIMITATIONS

1. Study was confined to specific geographical area which imposes limits on

Generalization.

2. The findings could be generalized only to those populations which fulfilled the criteria in the study.
3. The study was limited to a small sample, which impose limits in generalization.
4. No control group was used in the research study which imposes threats to internal

validity.

## IX. SUGGESTIONS

- Nurses should organize programmes to educate other health workers on prevention of dengue fever.
- A planned teaching programme can be conducted on prevention of Uterine Prolapsed.

- Every sub centre can formulate a policy for practice of prevention of Utereine prolapse based upon the standard policies.
- A brief guideline regarding prevention of Utereine prolapsed can be given to every newly appointed employee in the orientation programme.

## X. RECOMMENDATIONS

Based on the study findings, the following recommendations were made for further study.

- A similar study can be conducted among the general population.
- Comparative study may be conducted to find out the similarities and differences in knowledge and practices between urban and rural residents.
- Experimental study can be conducted with structured learning programme on knowledge and practice.
- Mass and individual health education in regional languages to enlighten the women can be organized at all the level of health facilities.
- At community level, during house visits, informational booklet on prevention of Utereine prolapsed may be more useful in educating women, there by encourage them to educate other members of the community.

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