

A study to evaluate the effectiveness of self instructional module on knowledge regarding prevention of uterine prolapse among homemakers at selected urban area Thandalam

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ABSTRACT- A woman is the first and foremost a person and, when she bears a child, a mother. Many societies define woman through her fertility and her body is adapted for this by its shape and function. The nurse needs to be familiar with the anatomical features of the women's and to understand the processes of reproduction but must never forget the social significance of child bearing or that a woman's body is unique, personal and private. The objective of the study is to evaluate the effectiveness of self instructional module on knowledge regarding prevention of uterine prolapse among homemakers. Descriptive design was adopted for the study with evaluative approach and Pre experimental one group pre test post test design was used. Simple random sampling was used with sample of fifty home makers among urban area peoples in the age group 35-60 in Thandalam. The data was collected, organized and analyzed in term of descriptive statistics. The study results revealed that in the pretest, 5(10%) had adequate knowledge on prevention of uterine prolapse, 15(30%) had moderate knowledge on prevention of uterine prolapse and 30(60%) had inadequate prevention of uterine prolapse. In post test after the video teaching 10(20%) had adequate knowledge on prevention of uterine prolapse, 35(70%) had moderate knowledge on prevention of uterine prolapse and 5(10%) had inadequate prevention of uterine prolapse. There was association between the demographic variables and the knowledge regarding prevention of uterine prolapse among home makers. The finding of the present study will help nurse as administrator to organize the plan for various programs and to prepare different teaching module for effective health education on uterine prolapse.

KEYWORDS: Self Instructional Module, Prevention, Uterine Prolapse

INTRODUCTION

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 in proper alignment, the uterus and the adjacent structures are suspended in the proper position by the uterosacral, 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 structural overstretching of the muscles of the pelvic wall and ligaments structures.¹⁻³

According to WHO, "Reproductive health is a state of complete physical, mental, and social well-being and not merely absence of disease or infirmity in all matters related to the reproductive system and to its functions and processes." Based on the Alma Ata Declaration, much emphasis is given to health promotion and preventive healthcare.^{4,5} Encouraging people to adopt healthy lifestyle and appropriate coping strategies are the key aims of health promotion. Therefore, 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 well being and couples are able to have sexual relationship free of fear of pregnancy and of contracting disease.^{6,7}

According to WHO's 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%). This reveals that uterine prolapse is the second commonest reproductive health condition faced by women. The global prevalence of uterine prolapse is 2-20 %. According to Oxford Family Planning Association UK, the hospital admission for uterine prolapse is 20.4 %, surgery for prolapse is 16.2 %. The incidence of uterine prolapse in U.S.A is 11.4 %, Egypt 56 %, Italy 5.5 %, Iran 53.6 %, California 1.9 %, and Pakistan 19.1 % . A synthesis of six community-based studies of gynaecological morbidity in India reported prolapse in 1 to 7 % of women. In Northern India the incidence of uterine prolapse is 7.6 %, Eastern India 20 %. In Southern India, Karnataka the incidence of uterine prolapse is 3.4 %.⁹

Uterine prolapse is the most widespread reproductive health condition and is the neglected health issue. 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.⁹ Statistics reveals that 6, 00, 000 women are affected by the uterine prolapse out of which 2,00,000 require immediate treatment.⁸ So the investigator felt the need to educate women regarding uterine prolapse for early prevention. Education will help them to increase their knowledge. The objective of the study is to evaluate the effectiveness of self instructional module on knowledge regarding prevention of uterine prolapse among homemakers.

MATERIAL AND METHODS

Descriptive design was adopted for the study with evaluative approach and Pre experimental one group pre test post test design was used. Fifty home makers in urban area with the age group 35-60 in Thandalam who met the inclusion criteria were selected by using Simple random sampling. Data was collected using structured interview schedule to assess demographic profile and Structure self administered questionnaire will be used to assess the knowledge of home makers regarding prevention of uterine prolapse. The project has been approved by the ethics committee of the institution. Informed consent was obtained from the participants before initiating the study.

RESULT AND DISCUSSION

The present study shows that almost all 15(30%) were in the age group of 35-45 years.20(40%) were non illiterate ,49(98%) were home maker ,49(98%) were married, 17(36%) were age at first child spacing, 28(56%) were more than 3 children, 21(42%) were birth spacing of child(years).

The table 1 depicts that in the pretest, 5(10%) had adequate knowledge on prevention of uterine prolapse, 15(30%) had moderate knowledge on prevention of uterine prolapse and 30(60%) had inadequate prevention of uterine prolapse.

In post test after the video teaching 10(20%) had adequate knowledge on prevention of uterine prolapse, 35(70%) had moderate knowledge on prevention of uterine prolapse and 5(10%) had inadequate prevention of uterine prolapse.

Table 1: Frequency and percentage distribution of pretest and post test level of prevention of uterine prolapse among home makers. N=50

Test	Adequate (<6)		Moderate (7-13)		Inadequate (14-20)	
	No.	%	No.	%	No.	%
Pretest	5	10%	15	30%	30	60%
Post test	10	20%	35	70%	5	10%

Table 2: Comparison of pretest and post test level of prevention of uterine Prolapse among home makers. N=50

Test	Prevention of uterine prolapse		Mean difference	Paired 't' Test valve
	Mean	S.D		
Pre test	6.96	3.270	4.5	t=2.9469 P=0.001, S***
Post test	11.46	3.82	(9%)	

***P<0.001,S-Significant

The table 2 reveals the pretest mean score was 6.9_+3.27 and post test mean score was 11.22_+3.82. The mean difference score was 4.5 i.e.,(9%).The calculated paired 't' value of t = 2.9469 was found to be statistically highly significant at p<0.001 level. This clearly indicates that the video teaching among home makers was found to be effective the level of prevention uterine prolapse among in the post test.

CONCLUSION:

The finding of the present study will help nurse as administrator to organize the plan for various programs and to prepare different teaching module for effective health education on uterine prolapse.

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