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RESEARCH ARTICLE

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON PREVENTION OF UTERINE PROLAPSE AMONG MULTIPAROUS WOMEN RESIDING AT SELECTED VILLAGES IN KIRUMAMBAKKAM PRIMARY HEALTH CENTRE, PUDUCHERRY

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ABSTRACT

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 Kirumambakkam Primary Health Centre, Puducherry. The study samples were 100 multiparous women selected from two different villages for experimental and control group. Comparing the pre-test & post-test scores of knowledge, attitude and practice between experimental and control group, the structured teaching programme on prevention of uterine prolapse provided by the investigator proved to be highly effective in the improvement of knowledge, attitude and practice among multiparous 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 prolapse and enhance the quality of life in future.

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INTRODUCTION

The term womanhood merely means the state of being a woman having passed the menarche. Having reached womanhood no woman feels complete without becoming a mother. According to the world census there are 1873 million women, among these over 500000 die every year because of complications of pregnancy and childbirth. To bear a child the womb plays a vital role and this organ is what we call anatomically the uterus. The uterus forms the significant part of female reproductive system. Uterine prolapse is a condition in which a woman's uterus sags or slips out of its normal position. It occurs when pelvic floor muscles and ligaments stretch and weakens, providing inadequate support for the uterus. The uterus then descends into the vaginal canal. It often affects post-menopausal woman, who have had one or more vaginal deliveries. Damage to supportive tissues during pregnancy and child birth, effects of gravity, loss of estrogen, and repeated straining over the years; all can weaken pelvic floor and lead to uterine prolapse.

Need for the study: In India, the incidence of prolapse is high due to lack of awareness and women having multiple child Births 8. 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 among 7.6%.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 prolapse 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 per vaginum (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 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.

Statement of the problem: A study to assess the effectiveness of structured teaching programme on prevention of uterine prolapse among multiparous women residing at selected villages in Kirumambakkam Primary health centre, Puducherry.

Objectives

- To assess the pretest level of knowledge, attitude and practice on prevention of uterine prolapse among multiparous women in experimental and control group.
- To assess the post-test level of knowledge, attitude and practice on prevention of uterine prolapse among multiparous women in experimental and control group.
- 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.
- To determine the correlation between the pretest level of knowledge, attitude and practice on prevention of uterine prolapse among multiparous women.
- To associate the pretest level of knowledge, attitude and practice on prevention of uterine prolapse among multiparous women with their selected demographic variables in experimental and control group.

Operational definitions

Assess: In this study it refers to evaluate the level of Knowledge, Attitude and practice of the multiparous women on prevention of uterine prolapse by using structured questionnaire.

Effectiveness: It refers to significant improvement in the post-test score of knowledge, attitude and practice of the multiparous women on prevention of uterine prolapse after exposed to structured teaching programme.

Structured teaching programme: It refers to systematic planned teaching programme, designed for multiparous women to understand logically the risk factors of uterine prolapse such as multiparity, post menopausal, obesity, lifting heavy weight, constipation and its prevention which was prepared by the investigators in their vernacular language.

Knowledge: It refers to the level of understanding of the multiparous women regarding the prevention of uterine prolapse by administration of structured teaching programme and it is measured by using a structured knowledge questionnaire.

Attitude: In this study it refers to outlook of multiparous women on prevention of uterine prolapse and it is measured by using five point likert scale.

Practice: It refers to activities of multiparous women including dietary pattern, physical activity, body weight, smoking, bowel pattern which may be the contributing factors for developing uterine prolapse which can be measured by using check list.

Prevention: Keeping away the subjects from developing uterine prolapse by enhancing the level of knowledge as a basis to develop good practice and attitude of multiparous women through administering health teaching.

Uterine prolapsed: The cervix and the uterus may descend under pressure through the vaginal canal and be seen at the introitus, which should be medically confirmed.

Multiparous women: A woman who had two or more pregnancies resulting in viable fetus who underwent vaginal delivery between the age of 35 to 50 years.

Hypotheses

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

Assumptions

- Knowledge is the base for practice.
- The multiparous women may have inadequate knowledge on prevention of uterine prolapse.
- The structured teaching programme will increase the level of knowledge, attitude and practice on prevention of uterine prolapse among multiparous women.

MATERIALS AND METHODS

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 prolapse among multiparous women residing at selected villages in Kirumambakkam Primary Health Centre, Puducherry. 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. The Multiparous women were selected on the first day with proper oral concern obtained from the samples for research purpose by explaining the need of research in a view of gaining trust. Collection of demographic variables and pre-test was done to assess the level of Knowledge, attitude and Practice on prevention of Uterine prolapse through interview schedule using structured questionnaire, attitude scale, Practice check list respectively. Following which a Structured Teaching Programme was given to the subjects regarding prevention of Uterine prolapse. The multiparous women were given opportunity to clarify the doubts after the teaching. On the fifteenth day, the post test was done by using the same structured Knowledge questionnaire, Attitude scale, Practice check list through interview schedule respectively.

Criteria for sample selection

Inclusion criteria

- The multiparous women between the age group of 35 to 50 years
- The multiparous women who underwent vaginal delivery
- The women who are willing to participate
- The women who are available at the time of data collection.

Exclusion criteria for sampling

- The women with any degree of uterine prolapse.
- The women who have given birth through caesarian section
- The women who underwent hysterectomy.
- The women who are not willing to participate.

The table 4.3.1 reveals that the paired "t"- test value of knowledge in experimental group is t=26.077 and the p<0.001, Hence it is highly significant when compared to the paired t-test value in control group t=194 and the p-0.185.

Major findings of the study

- The table 1 reveals the frequency and percentage distribution of 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 35-40years, 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 15-20 years. This result reveal that early marital age will increase the number of parity which may contribute to uterine prolapse in later ages.
- Regarding to mode of delivery all the multiparous 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 ligaments of uterine muscles that may contribute to uterine prolapse. Hence multiparity is the major risk factor for occurance of uterine prolapse
- 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 prolapse due to inadequate education.

Table 1. 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
	40-45years	10	20	8	16
	45-50years	3	16	10	20
2.	**Marital status**				
	Married	48	96	46	92
	Divorced/separated	0	0	1	2
	Widow	2	4	3	6
3.	**Age at marriage**				
	15-20years	24	48	29	58
	20-25years	23	46	4	34
	25-30years	3	6	17	8
4.	**Parity**				
	Primipara	0	0	0	0
	Multipara	50	100	50	100
5.	**Mode of delivery**				
	Vaginal delivery	50	100	50	100
	Caesarean section	0	0	0	0
6.	**Occupation**				
	Professional	0	0	0	0
	Semi professional	0	0	1	2
	Clerical or shop owner of farmer	10	20	3	6
	Skilled worker	1	2	0	0
	Semi skilled worker	0	0	1	2
	Unskilled worker	3	6	2	4
	Unemployed	36	72	43	86
7.	**Type of work**				
	Sedentary	10	20	4	8
	Moderate	32	64	31	62
	Heavy worker	8	16	15	30
8.	**Dietary pattern**				
	Vegetarian	1	2	0	0
	Non-vegetarian	49	98	50	100
9.	**Specify dietary practices**				
	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**				
	Underweight	5	10	5	10
	Normal weight	20	40	17	34
	Overweight	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 incontinence	0	0	0	0
12.	**Bowel pattern**				
	Normal	48	96	46	92
	Constipation	2	4	4	8

Table 2. Pretest and post-test level of knowledge on prevention of uterine prolapse among multiparous women in experimental and control groups n=100

Sl. No.	Level of knowledge	Experimental group				Control group			
		Pre test		Post test		Pre-test		Post-test	
		N	%	N	%	N	%	N	%
1	Inadequate	37	74	0	0	44	88	29	58
2	Moderately adequate	13	26	2	4	6	12	20	40
3	Adequate	-	-	48	96	-	-	1	2

Table 3. Pretest and post-test level of attitude on prevention of uterine prolapse among multiparous women in experimental and control groups n=100

Sl. No.	Level of attitude	Experimental group				Control group			
		Pre test		Post test		Pre test		Post test	
		N	%	N	%	N	%	N	%
1	Favorable	46	92	48	96	49	98	50	100
2	Moderately favorable	4	8	2	4	1	2	0	0
3	Unfavourable	0	0	0	0	0	0	0	0

Table 4. 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			
		Pre test		Post test		Pre test		Post test	
		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

Table 5. Comparison of pretest and post-test level of knowledge on revention of uterine prolapse among multiparous women in both experimental and control groupsn=100

Level of knowledge		Pre test				Post test		Mean Difference	t- value	p- value
	Mean	Median		Standard deviation	Mean	Median	Standard deviation			
Experimental group	9.84	8.95		2.53	22.44	9.55	2.11	2.60	26.077	<0.001**
Control group	9.46	9.50		2.94	9.90	10.00	2.82	0.44	194	0.185

•significant at the level of p<0.05

- As per the 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 and this may be the reason that they are not paying attention towards basic health care needs.
- With respect to specific dietary pattern in experimental group majority 46(92%) multiparous women and in control group majority 45 (90%) of them were consuming more oily and spicy foods.
- This study findings shows that consuming excess oily and spicy food in diet may leads to obesity and constipation which in turn increase the intra-abdominal pressure that may be one of the contributing factor for developing uterine prolapse in upcoming years.
- By comparing the paired "t"- test value of knowledge, attitude and practice in 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, attitude and practice 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.
- By correlating the knowledge, attitude and practice, the findings shows that there is no correlation.
- In association among 16 demographic variables age at marriage, dietary pattern, specific dietary practices are statistically associated with level of knowledge.

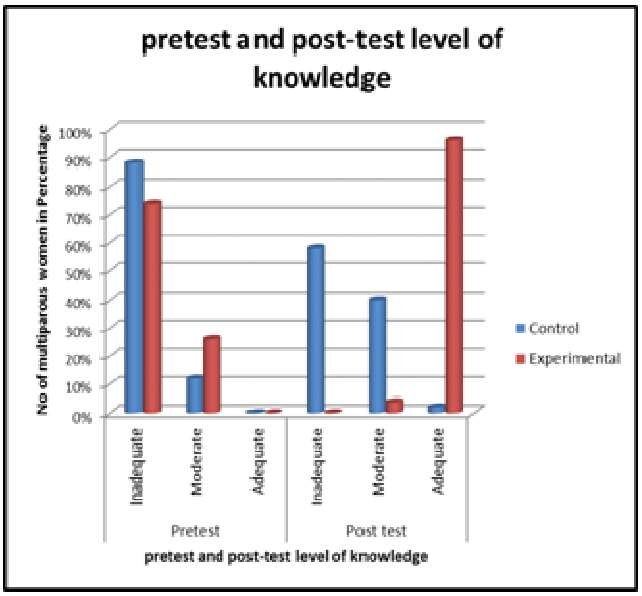

Fig. 1. Level of knowledge in pre and post-test on prevention of uterine prolapse among multiparous women in experimental and control groups

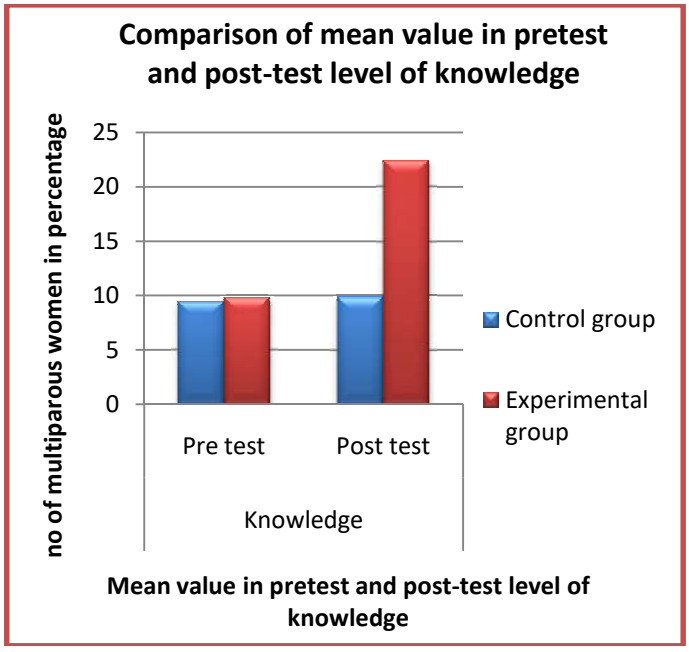

Fig. 14. Level of knowledge in and post- test on prevention of uterine prolapse among multiparous women in both experimental and control groups

Recommendations

- Similar type of study can be conducted among first degree and second degree uterine prolapse patients in hospital setting.
- Similar study can be conducted among primiparous women in a view of promoting primordial prevention for the occurrence uterine prolapse.

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