

A Study to Assess the Effect of Self Instructional Module on Prevention of Uterine Prolapse among Working Women in Selected Govt. Offices of Kamrup (M) District, Assam

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Abstract: ***Introduction:** Uterine prolapse is a common female complain at least half of all women goes through it. Fear, misconception, shyness and lack of knowledge regarding the diseases and treatment are the issues that emerged the need of research study on uterine prolapse. The aim of the study is to assess the knowledge and effect of SIM on prevention of uterine prolapse of working women. **Methods:** A quantitative evaluative research approach and pre-experimental one group pre-test post-test design was used in this study. A self-structured questionnaire on prevention of uterine prolapse was administered among selected 60 working women through non-probability consecutive sampling technique. **Results:** The mean post-test knowledge scores (14.52) of working women after administration of SIM on prevention of uterine prolapse was significantly higher than their mean pre-test knowledge score (8.60) with 't' calculated value (t_{59}) 13.26, (p-value <0.001). There was a significant association between pre-test level of knowledge among working women with place of delivery. **Conclusion:** SIM was found to be very effective method in creating awareness on prevention of uterine prolapse as the subjects gained knowledge after implementing of the SIM.*

Keywords: Uterine prolapse, Working women, Self instructional module (SIM)

1. Introduction

Women's Health is one of the WHO's highest priority. The society must never forget the social significance of child bearing or that a women's body is unique, personal and private^[1] Uterine prolapse means the uterus has descended from its normal position in the pelvis farther down into the vagina^[2]. The uterus can slip down into the vagina and results in uterine prolapse^[3] The incidence of uterine prolapse is often more in postmenopausal women because of loss in its tone and elasticity and mostly who have had repeated childbirth^[4]. Increasing age and parity, and a family history of prolapse, are the main risk factors for prolapse, although factors such as obesity, heavy lifting after childbirth, and constipation can also have a role.^[5]

Women without any children may also have these problems which include the following such as obesity and chronic pulmonary disease and local conditions such as ascites and uterine or ovarian tumor are others causes for these problems. Chronic coughing, constipation, genetic predisposition and estrogen deprivation after menopause can also contribute to prolapse^[6]. Many factors inhibit women from obtaining the treatment such as fear, misconception, and lack of knowledge regarding the diseases and treatment^[7]. Effective antenatal care, supervised hospital deliveries, limiting of family size and efficient use of contraception and mandatory Kegel's exercises after childbirth should be applied in reducing this disease so that our women can have better quality of life^[8].

Uterine prolapse is a common problem which can occur as the women ages. Globally World Health organization estimates that the reproductive ill health accounts for 33% of the total disease burden in women and also report the Global prevalence of uterine prolapse as 2 to 20% among women younger than 45 years of age. Approximately 50% of all parous women present with some degree of uterine prolapse whereas only 10 – 20% had symptoms of uterine prolapse^[9]. Many studies have revealed that in India the prevalence rate is 15-20%, in Northern India it is 7.6%, Eastern India 20%. In South India, Tamil Nadu, the incidence of uterine prolapse is 0.7% and in Karnataka the incidence of uterine prolapse is 3.4%.^[10] It is seen that women suffering from pelvic organ prolapse had lack of knowledge about uterine prolapse and measures taken to prevent it. Public awareness on reduction in family size, support for institutional-based delivery by trained personnel, and adequate rest and exercises in early postnatal period is required to minimize the occurrence of uterine prolapse^[11]. Therefore, the researcher felt that there is a need for updating the knowledge through an educational approach to the working women by providing self-instructional module on prevention of uterine prolapse.

1.1 Objectives of the study

- To assess the pre-test knowledge on prevention of Uterine Prolapse among working women.
- To assess the post-test knowledge on prevention of Uterine Prolapse among working women.

- To evaluate the knowledge on effect of Self-Instructional Module on prevention of Uterine Prolapse among working women.
- To find out the association between the pre-test knowledge on prevention of uterine prolapse among working women and selected demographic variables i.e, age, religion, education, marital status, monthly family income, mode of delivery, number of children, place of delivery and source of information.

2. Review of Literature

In this study, review of literature is divided under three headings:

- Review of literature related to uterine prolapse
- Review of literature related to prevention of uterine prolapse
- Review of literature related to effectiveness of Self Instructional Module

3. Methodology

A Quantitative evaluative research approach and a pre-experimental one group pre-test and post-test design was used to assess the effect of Self Instructional Module on prevention of uterine prolapse among working women. Non-probability consecutive sampling technique was used to select the sample. The data was collected from 60 working women employed in state government offices of Kamrup (M) district, Assam, and who were present at the time of data collection by using self administered structured questionnaire consisting 9 questions on demographic data and 20 questions of knowledge on prevention of uterine prolapse as a pre-test on Day 1. Self instructional module were distributed on the same day. On day seven a post-test was conducted to assess the gain in knowledge by using the same pre-test questionnaires. The participants were given 20 minutes to respond. The data collection was done in selected 5 state government offices of kamrup metro, Assam in the month of march 2020. Ethical considerations were taken from Institutional Ethical committee of Regional College of Nursing, Guwahati, Director's of selected government offices of kamrup metro, Assam, written consent were taken from the participants and the subjects were ensured of the confidentiality of the data obtained.

3.1 Variables

Independent Variable: Self- instructional module

Dependent variable: Knowledge of working women on prevention of uterine prolapse.

Demographic Variable: Age, religion, education, marital status, monthly family income, mode of delivery, number of children, place of delivery, source of information regarding uterine prolapse.

3.2 Criteria for sample selection

Inclusion Criteria

- Working women who are present at work during the time of data collection
- Women who are willing to give consent.

Exclusion criteria:

- Working women who are unmarried.
- Women who had undergone hysterectomy

4. Analysis and Interpretation

The analysis of the data are analyzed and interpreted under 5 sections

Section I: Socio-demographic performa is described by frequency and percentage

Demographic distribution indicate majority of the working women i.e., 40% were in the age group 29-38 years; 83.3% were Hindu; 48.3% were graduate; 91.7 % were married; 45% were earning a monthly family income of 39,033-78,062 rupees; 66.7% had done normal delivery; 38.3% of working women have 2 and 3 or more number of children; 61.7% had institutional delivery and 63.3 % had no source of information on uterine prolapse.

Section- II: Pre-test knowledge scores of the working women on prevention of uterine prolapsed in terms of frequency and percentage.

Majority of the working women i.e., 37 (62%) had moderately adequate knowledge, 12 (20%) had inadequate knowledge and only 11 (18%) had adequate knowledge on uterine prolapse in pre-test

Section-III: Post-test knowledge scores of the working women on prevention of uterine prolapse in terms of frequency and percentage.

Majority of the working women i.e, 39 (65%) had moderately adequate knowledge, 12 (20%) had inadequate knowledge and 9 (15%) had adequate knowledge in post-test.

Section-IV: Analysis on effect of self-instructional module on prevention of uterine prolapsed by paired 't' test and area wise distribution.

Table 1.1: Frequency and percentage distribution of pre-test and post-test knowledge level of working women, n=60

Category	Pre-test aggregate knowledge		Post-test knowledge as per pre-test categorization	
	n	percentage	n	percentage
Adequate (>13)	11	18	45	75
Moderate (5- 12)	37	62	15	25
Inadequate (<5)	12	12	0	0
Total	60	100	0	100

The data represented in table 1.1 shows the result of increasing post-test knowledge compared to pre-test which shows the effectiveness of self-instructional module on uterine prolapse.

Table 1.2: Mean and standard deviation to determine the effectiveness of SIM by paired 't' test, n=60

Knowledge score	Mean	Standard deviation	Mean Difference	t value	df	p value	Remark
Pre-test (K ₁)	8.60	4.03	5.92	13.26	59	<.001**	"S"
Post-test (K ₂)	14.52	2.97					

**S Highly significant at p<0.001

The data presented in table 1.2 shows that the mean post test value is higher than the mean pre-test and that the difference between the pre-test and post-test score is 5.92. In order to find whether the difference is statistically significant 't' value is computed. The 't' value (t_{59}) = -13.26 shows that the

tabulated t-value (df=59) and $p < 0.01$ is less than the calculated t-value. This shows that the working women gained knowledge through the Self instructional module on prevention of uterine prolapse.

Table 1.3: Area wise distribution of pre-test and post-test level of knowledge of the working women and gain score, n=60

S. no	Areas of knowledge	Scale	Pre Test Mean Score	Post Test Mean Score	Actual Gain	Possible Gain Score	Modified Gain Score
1	Meaning of Uterus	6	2.72	4.65	1.93	3.28	1.35
2	Causes of Uterine Prolapse	4	1.68	3.00	1.32	2.32	1.00
3	Symptoms of Uterine Prolapse	2	.78	1.32	0.53	1.22	0.68
4	Prevention of Uterine Prolapse	8	5.58	3.33	-2.25	2.42	4.67
	Total	20	8.60	14.52	5.92	11.40	5.48

The data presented in table 1.3 shows that the mean of the pre-test knowledge is lower than the mean of post-test knowledge in different areas of the study except in the last area where post-test knowledge score is lower than the pre-test knowledge score. Therefore the actual gain of knowledge is 5.92, modified gain of knowledge is 11.40 and possible gain of knowledge is 5.48 on prevention of uterine prolapse

Section-V: Association of the pre test knowledge of working women with the selected demographic variables.

There was no significant association with the selected demographic variables i.e, age, religion, education, marital status, monthly family income, mode of delivery, number of children and source of delivery. But there is a significant association with one demographic variable i.e; place of delivery with the pre-test knowledge of working women on prevention of uterine prolapse. **Place of delivery:** The calculated chi-square (χ^2) value for pre-test knowledge on prevention of uterine prolapse was calculated as (2df)= 7.62 which was less than the tabulated value (5.99) at 0.05 level of significance, and the p-value was .022 which was statistically significant.

5. Conclusion

The aim of the present study was to evaluate the effect of Self Instructional Module on prevention of uterine prolapse among working women in selected government offices of kamrup(metro), Assam. The study findings depict that in pre-test, mean knowledge scores was 8.60 (62 %) while in post-test, mean knowledge score was 14.52 (65 %) It also revealed that The mean post-test knowledge scores 14.52 (65 %) was higher than the mean pre-test knowledge score 8.60 (62%). Self Instructional Module was significantly effective in enhancing knowledge among the working women in selected state government offices of Kamrup (metro), Assam, (t_{59}) = -13.26, $p < .001$. The self instructional module was found to be very effective method in terms of creating awareness on prevention of uterine prolapse. It was found that there was significant association between place of delivery and working women with the pre-test knowledge scores at 0.05 level of significance. No association between pre-test knowledge scores and demographic variables like age, religion, education, marital status, monthly family income, mode of delivery, number of children and source of information.

6. Recommendations

- The sample type of study can be conducted on large sample for generalization.
- A formal continuing educational programme must be conducted in the community, particularly in rural areas to promote reproductive health and women well-being, an initiative must be taken by government regarding this purpose.
- The study can be conducted among menopausal women or perimenopausal women and among heavy workload female workers for its prevention, or among the women who are suffering from uterine prolapse.
- The study can also be done among rural or slum areas for better imparting knowledge on prevention of uterine prolapse.
- A comparative study can be conducted to find out knowledge regarding prevention of uterine prolapse among women of rural and urban area.

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