

# Effectiveness of Structured Teaching Programs in Preventing Uterine Prolapse among Multipara Women in Rural Delhi

Neelam Lodhi<sup>1</sup>, R. G Mathur<sup>2</sup>, Anugrah Milton<sup>3</sup>

<sup>1</sup>Nursing Officer, A. I. I. M. S, New Delhi, India

Corresponding author Email: [lodhineelam1234\[at\]gmail.com](mailto:lodhineelam1234[at]gmail.com)

Mobile: 9968985400

<sup>2</sup>External Senior faculty, R A K College of Nursing, Lajpat Nagar, New Delhi

<sup>3</sup>Tutor, R A K College of Nursing, Lajpat Nagar, New Delhi

**Abstract:** ***Introduction:** This study evaluates the effectiveness of a structured teaching program in preventing uterine prolapse among multipara women in a selected rural community in Delhi. It quantitatively assesses changes in knowledge and practices post - intervention, highlighting significant improvements and the potential for widespread application. **Material and methods:** The Research approach adopted in the present study was quantitative and research design was pre - experimental. Purposive sampling technique was used to select the sample for the study. The sample size was 100 of multipara women. Data were collected using a structured knowledge questionnaire schedule through multiple questionnaire. Analysis of data was done using descriptive statistics as mean, standard deviation and inferential statistics as chi - square test. **Result:** This study significance lies in its potential to inform healthcare practices and policy making for addressing uterine prolapse, a prevalent issue in rural communities, through effective educational interventions. The mean post - test knowledge scores (14.96) and pre - test knowledge scores (11.23) of the multipara women regarding prevention of uterine prolapse, it is also evident that mean and median falls close to each other both in pre - test and post - test, hence the both distribution are normal. The SD of the post - test knowledge scores is 2.44 which is lower than the SD of pre - test knowledge scores 2.49 suggesting a more homogenous group after administration of structured teaching program and The mean post - test score was 23.59 which was higher than the mean pre - test score 21.49 as evident from 't' value of 8.176 at 0.05 level of significance. The practice of multipara women was found to be improved after the administration of structured teaching plan. There was positive relationship between post - test knowledge score and post - test practice scores of multipara women as evident from 'r' value 0.463, found statically significant at level of 0.05 level.*

**Keywords:** They include: Uterine prolapse, Risk factors, knowledge, practice, structured teaching plan

## 1. Introduction

Uterine prolapse (UP), a reproductive health problem, is characterized by the pushing of the uterus partially or wholly into the vagina, which occurs when pelvic floor muscles and ligaments become weak and no longer can support the uterus. Uterine prolapse is downward displacement of the uterus. Mostly women who have this condition never seek professional treatment. In women, there are a lot of forces working on the pelvic floor, holding, coughing, sneezing, and giving birth to infants may have the impact of extra downward strain. However, it is well known that nulliparous prolapse in India constitutes 1.5 - 2% of Uterine prolapse, while the incidence is even higher 5 - 8% for young women who have delivered one or two children, thus making it one of the highest rates in the world. This study is to assess knowledge of uterine prolapse among women.<sup>1</sup>

With the advent of the In the Inter - national Conference on Population and Development (ICPD) in Cairo in 1994, the world started looking at reproductive health (RH) and women's health, in a more holistic way. Its most significant achievement was the shift in orientation from fertility reduction and population policies to reproductive health and the socio - cultural factors that affect reproductive health. There was also an emphasis on reproductive rights, women's empowerment, gender, and equity. The magnitude of

reproductive morbidity has not been adequately defined. Findings further states that osteoporosis, uterine prolapse and other gynaecological complications contribute significantly to reproductive morbidity.<sup>2</sup>

Lifestyle modification and pelvic floor muscle exercise are needed in improve the degree of uterine prolapse and women's sexual function. Lifestyle refers to a pattern of individual practices and personal behavioral choices that are used to improve or reduce the health problem. Therefore, intervention to foster a healthy lifestyle is essential be adapted to tightening the pelvic floor muscles and relief the symptoms associated with the condition.<sup>3</sup>

Reproductive ill health is a major health problem and is least addressed by the public due to taboo and ignorance. Reproductive morbidity refers to the diseases that affect the reproductive system, although not necessarily because of reproduction. Reproductive morbidities are classified as obstetric/maternal morbidity (it covers morbidity related to pregnancy or aggravated by the pregnancy or its management but not from the accident or incidental causes), gynaecological morbidity (any diseases conditions or dysfunction of the reproductive system that is not related to pregnancy or abortion childbirth but may be related to behaviour) and contraceptive morbidity (it covers the

Volume 12 Issue 12, December 2023

[www.ijsr.net](http://www.ijsr.net)

Licensed Under Creative Commons Attribution CC BY

conditions that result from efforts to limit fertility, whether they are traditional or modern.4

**2. Objectives**

- 1) To assess the risk factors regarding Uterine prolapse among multipara women in a rural selected community
- 2) To assess and evaluate the knowledge & practice among multipara women before and after administration of the structured teaching plan on uterine prolapse and its prevention.
- 3) To determine the relationship between the knowledge and practice regarding uterine prolapse and its prevention among multipara women after administration of teaching plan.
- 4) To find out the association between post - test knowledge & practice among multipara women with selected variables i. e Age, occupation, education, & parity.

**3. Material & Method**

After obtaining administrative approval and ethical clearance from Rural Community, Delhi, a pre - experimental study was conducted from 18<sup>th</sup> January 2022 to 30 January 2022. The sample size was calculated and 100 multipara women were selected by purposive random sampling technique, after establishing reliability structured knowledge questionnaire and structured practice rating scale

were administered among multipara women in order to assess the knowledge and practice on prevention of uterine prolapse before and after the administration of STP. The structured interview schedule for data collection.

**4. Result**

This study significance lies in its potential to inform healthcare practices and policy making for addressing uterine prolapse, a prevalent issue in rural communities, through effective educational interventions. This study shows that there was no significant association between post - test knowledge scores and selected variables i. e Age, occupation, education, & parity.

The mean post - test knowledge scores (14.96) is higher than the pre - test knowledge scores (11.23) with a mean difference 3.73. the obtained mean difference is found to be statically significant as evident from ‘t’ value of 16.107 at 0.05 level of significance. Therefore the obtained mean difference is true difference and not by chance. &the mean pre - test (21.49) & post - test practice scores (23.59). the obtained mean difference is found to be statistically significant as evident from ‘t’ value of 8.176.10

There is correlation “r” (0.463) between post - test knowledge score and post - test practice score of multipara women and found statistically significant at 0.05 level of significance.

**Table 1.1:** Mean, Median and Standard deviation of the Pre - test and Post - test Knowledge Scores of the Multipara Women with Uterine Prolapse, N=100

“t” Table value is 1.984 for, d f (99), at 0.05 level of significance (99)

		Knowledge Score					
Group		Mean	Median	SD	Mean Difference	SD Difference	“t”
	Pretest	11.23	11	2.49			
	Post Test	14.96	15	2.44	3.37	0.05	

**Table 1.2:** Mean, mean difference, standard deviation difference and of the pre - test and post - test practice scores on prevention of uterine prolapse among multipara women. ‘t’ value of pre - test and post - test practice scores of the multipara women, N=100

S. No	Test	Mean	Mean Difference	SD Difference	‘t’ value
1	Pretest	21.49	2.1	0.12	8.176*
2	Post - Test	23.59			

“t” TABLE value is 1.984 for df (99), at 0.05 level of significance (99)

**Table 1.3:** Karl Pearson Co - Efficient of Correlation between Post - Test Knowledge Scores and Post - Test Practice Scores of Multipara Women

Test	Mean	SD	Correlation (“r” Value)
Post Test Knowledge	14.96	2.44	
Post Test Practice	21.49	2.06	

Knowledge Score Criteria	Pre - Test		Post - Test	
	Frequency	%	Frequency	%
Poor (0 - 7)	8	8%	0	0%
Average. (8 - 14)	83	83%	35	35%
Good (15 - 20)	9	9%	65	65%

**5. Conclusion**

This study shows that there was no significant association between post - test knowledge scores and selected variables i. e Age, occupation, education, & parity. The mean post - test knowledge scores (14.96) is higher than the pre - test knowledge scores (11.23) with a mean difference 3.73. the obtained mean difference is found to be statically significant as evident from ‘t’ value of 16.107 at 0.05 level of significance. Therefore the obtained mean difference is true difference and not by chance.

There is a correlation (0.463) between post - test knowledge score and post - test practice score of multipara women and found statistically significant at 0.05 level of significance.

**References**

[1] Bijalwan RP, Bhagavatula M, Semwal VD, Rawat P, Anand V. Morbidity of uterine prolapsed among the women in the chakrata block of Dehradun District. Indian J Community Health 2015; 27: 103 - 9.

- [2] Hoff, I., (2016): Pelvic floor function and pelvic organ prolapse. *Obstetrics Gynaecological Journal*; 2 (115): 1 - 28.
- [3] Shrestha B, Devkota B, Khadka BB, Choulagai B, Pahari DP, Onta S, Petzold M, Krettek A. Knowledge on uterine prolapse among married women of reproductive age in Nepal. *Int J Women's Health* 2014; 6: 771.
- [4] Coyne KS, Kvasz M, Ireland AM, et al. Urinary incontinence and its relationship to mental health and health - related quality of life in men and women in Sweden, the United Kingdom, and the United States. *European Urology* 2012; 61: 88–95.
- [5] Margareta N, Ann L, Othon L. The impact of female urinary incontinence and urgency on quality of life and partner relationship. *Neurourology and Urodynamics* 2009; 28: 976–981.
- [6] Mendes A, Hoga L, Gonçalves B, et al. Adult women's experiences of urinary incontinence: A systematic review of qualitative evidence. *JBIR Database of Systematic Reviews and Implementation Reports* 2017; 15: 1350–1408.
- [7] D. C Dutta. A text book of Gynaecology.3rd Edition; jaypee brothers medical, publishers (P) LTD, 2005: p192 - 201.
- [8] Eva C. Samuelsson, F. T. Arne Victor, GostaTibblin, and Kurt F. Svardsudd. Signs of genital prolapse in a Swedish population of women 20 to 59 years of age and possible related factors. *American Journal of Obstetrics and Gynecology* Volume 180, Issue 2, February 1999, Pages 299 - 305 (published online, 2005)
- [9] Radl, C., Rajwar, R., &Aro, A. (2012). Uterine prolapse prevention in Eastern Nepal: the perspectives of prolapse
- [10] Basavanthappa BT; The textbook of gynecology and obstetrics in nursing.3rd ed., New Delhi, Jaypee Brothers Medical Publishers 2007: p.728 - 730.
- [11] Ramadan Hassan SG, Moustafa MF, Mohamed HA, El - Malek A, Samier A. Effect of Kegel Exercise on Improving Manifestations of Uterine Prolapse among Pre - menopausal Women. *Minia Scientific Nursing Journal*.2020 Dec 30; 8 (1): 75 -

