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"A Study To Evaluate The Effectiveness Of A Self Instructional Module On Knowledge Regarding Prevention Of Uterine Prolapse Among Women Aged Between 20 To 45 Years From Selected Urban Area Of Bangalore."

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ABSTRACT: Pelvic Organ Prolapse is one of the common Gynecological morbidities among women which compromise the quality of their lives. Pelvic Organ Prolapse is not the problem for old ladies only. In fact, it is estimated that Fifty percent of women of childbearing age will experience some level of Pelvic organ prolapse. **DESIGN:** One group pre-test post-test pre experimental design was selected for this study. **SUBJECTS:** The samples were 60 women aged between 20 to 45 years from selected urban area of Bangalore. **METHOD:** A purposive sampling technique was used to select the samples for the study. **DATA COLLECTION TOOL:** A self instructional module and structured knowledge questionnaire was used to collect the data from the subjects. **DATA ANALYSIS:** The obtained data was analysed using descriptive and inferential statistics and interpreted in terms of objectives and hypothesis of the study. The level of significance was set at 0.05 level. **RESULTS:** The result showed during pre-test that majority **(**73.3%) had inadequate knowledge and only few (26.7%) had moderate knowledge and none of them had adequate knowledge regarding uterine prolapse. A significant gain in the knowledge level ($t=26.98$, $p<0.05$, 59df) is found after the administration of SIM. Pre-test knowledge level of women regarding uterine prolapse was significantly associated with their age ($\chi 2=6.37$), family income/month ($\chi 2=10.97$) and number of children($\chi 2=7.90$) at 0.05 levels of significance.

Index Terms: uterine prolapse; self-instructional module; Prevention of uterine prolapse; women aged between 20 to 45 years; selected socio demographic variables; selected urban area; pre experimental study; one group pre-test and post-test design.

I.INTRODUCTION:

Women constitute more than half of the world's population and utilize a major share of healthcare resources. Despite playing a key role in family health decisions, women's health has traditionally been limited to pregnancy and gynecological issues. In developing countries, limited access to quality maternal care and repeated childbirth expose women to various reproductive health problems, among which uterine prolapse is a serious and life-affecting condition.

Uterine prolapse is a major reproductive health problem that occurs when the uterus descends from its normal position due to weakened pelvic floor muscles and ligaments. Its prevalence varies across regions, with global estimates ranging from 2% to 20% among women under 45 years of age. Studies in India report a significant burden, with uterine prolapse accounting for a considerable proportion of gynecological admissions. Factors such as age at marriage, parity, literacy, and early return to physical work after delivery increase the risk of uterine prolapse.

Symptoms of uterine prolapse include pelvic discomfort, urinary and bowel problems, and interference with daily activities, which worsen with physical strain. Management includes preventive measures, conservative methods, and surgery. However, studies show that women's knowledge regarding prolapse prevention is inadequate. Therefore, improving awareness and encouraging preventive and curative care through community-based reproductive health programs is essential to enhance women's quality of life.

LIST OF ABREVIATION USED

Abbreviation	Expansion
OPD	Outpatient department
POPQ System	Pelvic organ prolapsed quantification system
POP-SS	Pelvic organ prolapsed symptom score
%	Percentage
ROME	Range of motion exercise
SD	Standard Deviation
SIM	Self-Instructional Module
UP	Uterine prolapse

II.POPULATION & SAMPLE

Target population: women aged between 20 -45 years in selected urban area, Bangalore

Population: The population of the study includes women aged between 20-45 years from selected urban area in Bangalore which include urban area under Primary Health Center at Narayanpura in Bangalore.
SAMPLE AND SAMPLE SIZE: The study sample consisted of 60 women aged between 20- 45 years those who fulfil the inclusion criteria from selected urban area of Bangalore which include urban area under Primary Health Center at Narayanpura in Bangalore.

III.THEORITICAL FRAMEWORK

A conceptual framework is a theoretical structure of assumptions, principles, and rules that holds together the ideas comprising a broad concept. It is an analytical tool with several variations and contexts. It is used to make conceptual distinctions and organize ideas. Strong conceptual frameworks capture something real and do this in a way that is easy to remember and apply.
The conceptual framework of the present study is based on General system theory, input process output model. This theory was developed by biologist Ludwig von Bertalanffy in1936. The linkage of research findings into a coherent structure that makes the body of accumulated knowledge more accessible when an appropriate conceptual frame work in incorporated.
According to system theory, a system is a group of elements that interact with one another in order to achieve the goal. The component interacts within that boundary and within the environment. All living systems are open, in that there is a continuous exchange of matter, energy and information.
In the present study women aged between 20 to 45 years are considered as an open system as they receive information from the environment. The system uses this input to maintain homeostasis.

Input:
In the present study, the input is the characteristics of the women like age, educational status, parity, type of family, religion, occupation, socio economic status, information received in the past regarding reproductive health and the source of information. These factors were taken into consideration on input for evaluating the effectiveness in bringing out change in the knowledge level of the women aged between 20 to 45 years.

Throughput: It is the action needed to accomplish the desired task. To achieve the desired task that is to evaluate the effectiveness of self-instructional module(SIM) on knowledge regarding prevention of uterine prolapse.

Output: Outputs vary widely depending on type and purpose of the system affecting the environment. In the present study, assessment of the effectiveness of SIM on knowledge regarding prevention of uterine prolapse.

Feedback: The process of communicating what is found in evaluation of the system. The feedback can be measured by output whether the knowledge is adequate or inadequate. If the knowledge gained was inadequate, then it refers that the systems input and throughput has to be re-evaluated which is not included in the study. Accordingly, the higher knowledge scores obtained by the women aged between 20 to 45 years in the posttest indicate that the SIM was effective in increasing the knowledge regarding prevention of uterine prolapse.

IV. RESEARCH METHODOLOGY

Methodology of research organizes all the component of the study is a way that is most likely to lead to valid answer to the sub-problems that have been posed.

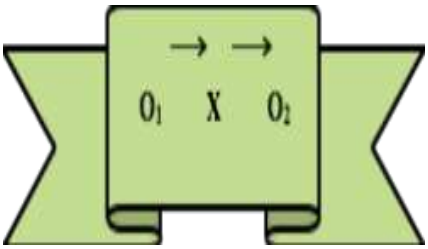
This chapter deals with the methodology adopted for the study. It includes research design, research approach, study setting and sampling technique, sampling criteria, content validity, and development of tool, pilot study, reliability, data collection procedure and plan for data analysis.

RESEARCH APPROACH

It helps the researcher to know what data to collect and how to analyze it. It also suggests the possible conclusions to be drawn from the data. In view of the nature of the problem selected for the present study and the objective to be accomplished, a quantitative and experimental approach was considered appropriate for the present study.

RESEARCH DESIGN

The research design is the overall plan or blue print, structure and strategy of investigations in answering the research question. It helps the researcher in the selection of subjects, variables and it thoroughly navigates the researcher in carrying out the research process. The research design used in the study was pre-experimental one group pre- test post- test design. One group pre-test post-test pre-experimental design judges the effects of the intervention by the difference between the pre-test and post-test scores without comparison with a control group.



O_1-Pre-test X-Intervention O_2 -Post-test

VARIABLES

In general variables are the qualities, properties or characteristics of persons, things or situation that change or vary. In others words it is the variables, which the researcher manipulates in the study.

DEMOGRAPHIC VARIABLES

The attribute variables or socio-demographic variables described in the study are age, educational status, parity, occupation, monthly income, type of family, religion, and information received in the past regarding reproductive health and source of information.

DEPENDENT VARIABLE

It the present study, knowledge of women aged between 20-45 years regarding prevention of uterine prolapse is the dependent variable. It is otherwise called as effect variable or a criterion measure

INDEPENDENT VARIABLE

In the present study administration of a self-instructional module containing information regarding prevention of uterine prolapse is the independent variable.

SAMPLING TECHNIQUE

Non-probability purposive sampling technique was used to select the samples for the study

Inclusion criteria

The study includes women who are;
· Married
· Aged between 20-45 years.
· From selected urban area of Bangalore.
· Able to communicate in English, Hindi or Kannada
· Available at the time of data collection.

Exclusive criteria

The study excludes women who;
· Are not willing to participate in the study
· Had undergone hysterectomy.

V.RESULT & DISCUSSION

SELECTION AND DEVELOPMENT OF RESEARCH TOOL

To meet the objectives of the study a self-instructional module and a structured knowledge questionnaire was prepared and administered to assess the knowledge of women aged between 20-45 years regarding prevention of uterine prolapse. The tool used for the study comprised of a demographic Performa and a structured knowledge questionnaire. Self-instructional module also was prepared which contains information regarding various aspects of prevention of uterine prolapse.

ORGANIZATION OF STUDY FINDINGS :

Section-1: Socio- demographical profile of the samples.
Section-2: Pre-test knowledge scores of women aged between 20-45 years regarding prevention of uterine prolapse.
Section-3: Post-test knowledge scores of women aged between 20-45 years regarding prevention of uterine prolapse.
Section-4: Effectiveness of self-instructional module by comparing the mean pre test and post-test scores

Section-5: Association between mean pre-test knowledge score and selected socio-demographic variables of the women aged between 20-45 years.

The tool used to collect data from the samples comprises of two parts.

Section A- **Socio demographic data:** It included 8 items to collect information regarding the socio demographic aspects of the respondents regarding their age, parity, education, occupation, religion, socio-economic status, type of family, and source of information received on reproductive health and source of information.

Section B- **Structure knowledge questionnaire :**This part consisted of 31 multiple choice questions on the knowledge regarding prevention of uterine prolapse. There are five subsections of this part:

Section-A: General information regarding Uterus.

Section-B: Basic concepts about uterine prolapse.

Section-C: Causes of uterine prolapse.

Section-D: Signs and symptoms of uterine prolapse.

Section-E: Preventive measures of uterine prolapse.

Organization of the content of SIM. :

· General information regarding uterus.
· Definition, Prevalence and Degrees of uterine prolapse.
· Risk factors, Causes and Clinical manifestation of uterine prolapse.
· Diagnosis and Complications of uterine prolapse.
· Prevention and Treatment of uterine prolapse.

TABLE – 1

Frequency and Percentage Distribution of Respondents according to Age group and educational status

Characteristics	Category	Respondents	
		Number (N)	Percent (%)
Age (years)	20-27	24	40.0
	28-37	22	36.7
	38-45	14	23.3
Educational status	Primary	6	10.0
	High school	9	15.0
	Higher secondary	10	16.7
	Graduation	35	58.3
Total		60	100

TABLE- 2

Frequency and Percentage Distribution of Respondents according to occupational status

N=60

Characteristics	Category	Respondents	
		Number	Percent (%)
Occupational status	Unemployed	14	23.3
	Government	7	11.7
	Private	17	28.3
	Daily wages	6	10.0
	Self employed	16	26.7
Total		60	100.0

TABLE – 3

Frequency and Percentage Distribution of Respondents according to Religion & Family income/month

Characteristics	Category	Respondents	
		Number	Percent (%)
Religion	Hindu	18	30.0
	Muslim	17	28.3
	Christian	16	26.7
	Others	9	15.0
Family income/month	< Rs. 3000	11	18.3
	Rs. 3,001-5,000	12	20.0
	Rs. 5,001-8,000	8	13.3
	Rs. 8,001 & above	29	48.4
Total		60	100.0

TABLE – 4

Frequency and Percentage Distribution of Respondents according to Type of family and Number of children

Characteristics	Category	Respondents	
		Number	Percent (%)
Type of family	Nuclear	31	51.7
	Joint	23	38.3
	Extended	6	10.0
Number of children	None	11	18.3
	One	17	28.3
	Two	22	36.7
	Three	10	16.7
Total		60	100.0

TABLE – 5

Frequency and Percentage Distribution of Respondents according to information on reproductive health and source of information

N=60

Characteristics	Category	Respondents	
		Number(N)	Percent (%)
Received information on Reproductive health	Yes	53	88.3
	No	7	11.7
Source of information	Mass media	35	58.3
	Relatives/Friends	3	5.0
	Health professionals	8	13.3
	Others	7	11.7
	No	7	11.7
Total		60	100.0

TABLE – 6

Classification of Respondents Based on Overall Pre-Test Knowledge Level regarding prevention of uterine prolapse.

N=60

Knowledge Level	Category	Respondents	
		Number(N)	Percent (%)
Inadequate	≤ 50 % Score	44	73.3
Moderate	51-75 % Score	16	26.7
Adequate	> 75 % Score	0	0.0
Total		60	100.0

TABLE -7

Classification of Respondents based on overall Post-test Knowledge Scores regarding prevention of uterine prolapse.

N=60

Knowledge Level	Category	Respondents	
		Number(N)	Percent (%)
Inadequate	≤ 50 % Score	0	0.0
Moderate	51-75 % Score	17	28.3
Adequate	> 75 % Score	43	71.7
Total		60	100.0

TABLE -8

Aspect wise Pre-test Mean Knowledge scores of Respondents regarding prevention of uterine prolapse

N=60

No.	Knowledge Aspects	Statements	Max. Score	Respondents Knowledge			
				Mean	SD	Mean (%)	SD (%)
I	General information of uterus	3	3	1.82	0.6	60.6	19.7
II	Basic concept on Uterine prolapse	3	3	1.08	0.8	30.1	25.3
III	Causes of Uterine prolapse	7	7	2.18	1.0	31.2	14.6
IV	Signs and symptoms of Uterine prolapse	3	3	0.82	0.8	27.2	25.5
V	Preventive measures of Uterine prolapse	15	15	5.35	2.4	35.7	15.8
	Combined	31	31	11.25	3.5	36.3	11.3

TABLE - 9

Aspect Wise Post-Test Mean Knowledge Scores of Respondents regarding prevention of uterine prolapse

N=60

No.	Knowledge Aspects	Statements	Max. Score	Respondents Knowledge			
				Mean	SD	Mean (%)	SD (%)
I	General information of uterus	3	3	2.85	0.4	95.0	11.9
II	Basic concept on Uterine prolapse	3	3	2.60	0.7	86.7	22.9
III	Causes of Uterine prolapse	7	7	5.40	1.4	77.1	19.7
IV	Signs and symptoms of Uterine prolapse	3	3	2.17	0.7	72.2	22.9
V	Preventive measures of Uterine prolapse	15	15	11.42	1.7	76.1	11.2
	Combined	31	31	24.43	2.5	78.8	8.2

TABLE – 10

Comparison of overall pre-test and post-test mean knowledge scores regarding prevention of uterine prolapse among women aged between 20-45 years.

N=60

Aspects	Max. Score	Respondents Knowledge				Paired 't' Test
		Mean	SD	Mean (%)	SD (%)	
Pre test	31	11.25	3.5	36.3	11.3	26.98*
Post test	31	24.43	2.5	78.8	8.2	
Enhancement	31	13.18	3.8	42.5	12.2	

* Significant at 5% level, t (0.05,59 df) =1.96

TABLE – 11

Aspect wise Pre-test and Post-test Knowledge Scores on Prevention of uterine prolapse N=60

No.	Knowledge Aspects	Respondents Knowledge (%)						Paired 't' Test
		Pre test		Post test		Enhancement		
		Mean	SD	Mean	SD	Mean	SD	
I	General information of uterus	60.6	19.7	95.0	11.9	34.4	24.3	10.97*
II	Basic concept on Uterine prolapse	30.1	25.3	86.7	22.9	50.6	29.5	13.29*
III	Causes of Uterine prolapse	31.2	14.6	77.1	19.7	46.0	22.9	15.56*
IV	Signs and symptoms of Uterine prolapse	27.2	25.5	72.2	22.9	45.0	27.1	12.86*
V	Preventive measures of Uterine prolapse	35.7	15.8	76.1	11.2	40.4	15.5	20.19*
	Combined	36.3	11.3	78.8	8.2	42.5	12.2	26.98*

*** Significant at 5% level, t (0.05,59df) = 1.96**

TABLE – 12

Association between Demographic variables and Pre-test Knowledge level on prevention of uterine prolapse.

Demographic Variables	Category	Sample	Knowledge Level				X^2 Value	P Value
			Inadequate		Moderate			
			N	%	N	%		
Age group (years)	20-27	24	21	87.5	3	12.5	6.37*	P<0.05
	28-37	22	16	72.7	6	27.3		
	38-45	14	7	50.0	7	50.0		
Educational status	Primary	6	4	66.7	2	33.3	3.71 NS	P>0.05
	High school	9	8	88.9	1	11.1		
	Higher secondary	10	9	90.0	1	10.0		
	Graduation	35	23	65.7	12	34.3		
Occupational status	Unemployed	14	14	100.0	0	0.0	9.7 NS	P<0.05
	Government	7	3	42.9	4	57.1		
	Private	17	12	70.6	5	29.4		
	Daily wages	6	6	66.7	2	33.3		
	Self employed	16	11	68.8	5	31.2		

Religion	Hindu	18	14	77.8	4	22.2	3.37 NS	P>0.05
	Muslim	17	14	82.4	3	17.6		
	Christian	16	9	56.3	7	43.7		
	Others	9	7	77.8	2	22.2		
Family income/month	< Rs. 3,000	11	11	100.0	0	0.0	10.97*	P<0.05
	Rs. 3,001-5000	12	11	91.7	1	8.3		
	Rs. 5,001-8,000	8	6	75.0	2	25.0		
	> Rs. 8,001	29	16	55.2	13	44.8		
Type of family	Nuclear	31	22	71.0	9	29.0	0.40 NS	P>0.05
	Joint	23	17	73.9	6	26.1		
	Extended	6	5	83.3	1	16.7		
Number of children	None	11	11	100.0	0	0.0	7.90*	P<0.05
	One	17	14	82.4	3	17.6		
	Two	22	13	59.1	9	40.9		
	Three	10	6	60.0	4	40.0		
Received information on Reproductive health	Yes	53	37	69.8	16	30.2	2.88 NS	P>0.05
	No	7	7	100.0	0	0.0		
Source of information	Mass media	35	23	65.7	12	34.3	5.70 NS	P>0.05
	Relatives/ Friends	3	3	100.0	0	0.0		
	Health professionals	8	5	62.5	3	37.5		
	Others	7	6	85.7	1	14.3		
	No	7	7	100.0	0	0.0		
Combined		60	44	73.3	16	26.7		

* Significant at 5% level, NS: Non-significant

DATA ANALYSIS: The data obtained were analyzed using both descriptive and inferential statistics on the basis of the objective and hypothesis of the study. The effectiveness of SIM was measured by comparing the mean pre-test and post-test knowledge score by using 't' test. The level of significance was kept at ≤0.05 level.Association of socio demographic variables with pre-test knowledge score was found using chi square test.

RECOMMENDATION:

a. A similar study can be undertaken with a larger number of samples to generalize the findings.
b. A similar study can be undertaken with control group design and randomization.
c. A comparative study can be done to find out a difference in knowledge between nulliparous women and multiparous women.
d. A comparative study can be done to find out the difference in knowledge of women between urban area and rural area.

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