

A Study to Assess the Prevalence of Uterine Prolapse and Evaluate the Effectiveness of Video Assisted Teaching on Preventive Measure of Uterine Prolapse in terms of Knowledge among Married Women in Selected Community Areas in Meerut District. (U.P.)

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Abstract

Background: Uterine prolapse is a health concern affecting millions of women worldwide. The global prevalence of genital prolapse is 2 to 20 % under age 45 years. Women in India usually hide these symptoms in shame leading to more complications. Early identification of risk factors and knowledge about preventive measures may help to prevent complications of the disease. ***Objective:*** i. To assess the prevalence of uterine prolapse among married women. ii. To develop and validate video-assisted teaching on preventive measures of uterine prolapse among married women. iii. To evaluate the effectiveness of video-assisted teaching in terms of knowledge among married women in the experimental group. iv. To compare the knowledge on preventive measure of uterine prolapse in experimental & control group among married women. v. To find out the association between post-test knowledge in the experimental group with their selected demographic variables among married women. ***Methods:*** A quasi-Experimental study was done on 100 married women from 21-52 years, 50 in both the control and experimental group selected by the Purposive sampling technique. Data was collected by using a prevalence checklist and structured knowledge questionnaire on preventive measures of uterine prolapse. Pre-test and post-test were taken for both experimental and control groups; video-assisted teaching was given only to the experimental group. ***Result:*** Maximum of the sample in the experimental group were age group of (29 -36) years, i.e., 17(34%) and control group were age group of (37 -44) years, i.e., 19(38%). 40% among the sample present with signs and symptoms of uterine prolapse under the following category: severe prevalence 7(17.5%), moderate 19(47.5%) and low prevalence 14(35%).

The mean difference between pre-test knowledge and post-test knowledge (7.70). The 't' value of (18.67) for df (49) was found to be statistically significant at 0.05 level.

Keywords- Uterine prolapse, Prevalence, Video assisted teaching

INTRODUCTION

Background

WHO defines it as the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes. Reproductive health is a part of general health and a feature of human development. A woman's ability to access reproductive health and rights is the cornerstone of her empowerment.

WHO (2012) reported that uterine prolapse is a health concern affecting millions of women worldwide. The global prevalence of genital prolapse is 2 to 20% under age 45 years. About 80% of the Indian women are residing in rural areas, and these problems are most commonly seen among them. It can be prevented by having increased knowledge on preventive measures like taking adequate rest during the puerperium, performing kegels exercise, maintain a healthy weight through diet, avoiding constipation and smoking.

Early identification of risk factors and knowledge about preventive measures may help to prevent complications of the disease. It is found that one in every five women visiting private clinics in Delhi, Punjab and Uttar Pradesh are suffering from uterine prolapsed in India. The incidence of uterine prolapse is 7.6% in Northern India, 20% in Eastern India, and 0.7% in Tamilnadu. It is estimated that about half of the parous women lose their pelvic floor support and this results in some degree of

prolapse, and among them only 10-20 % seek medical treatment for the problem.

Padubidri VG, Daftary SN (2016) reported that prolapse is a common complaint of elderly women in gynaecological practice. This happens mostly in postmenopausal and multiparous women.

Objectives

1. To assess the prevalence of uterine prolapse among married women.
2. To develop and validate video-assisted teaching on preventive measures of uterine prolapse among married women.
3. To evaluate the effectiveness of video-assisted teaching in terms of knowledge among married women in the experimental group.
4. To compare the knowledge on preventive measure of uterine prolapse in experimental & control group among married women.
5. To find out the association between post-test knowledge in the experimental group with their selected demographic variables among married women.

METHODOLOGY

Research Approach

A quantitative research approach was used for this study.

Research Design

Quasi-experimental research design (Pre-test Post-test control design)

Setting

The study was conducted in Community areas at Jani & Panchali in Meerut District.

Population

The population included in the study is the married women (multigravida) selected in rural & urban community areas of Meerut.

Sample Selection

All Multigravida mothers who were between 21-52 years and those are willing to participate in the study. Women who are available during the data collection were included in the study. Married women suffering from Gynae disorder and women who are not available at the time of data collection were excluded from the study.

Sample Size

The sample size included in the study was 100 (50 in the experimental group & 50 in the control group) from community areas at Meerut.

Sampling Techniques

The non-probability purposive sampling technique was used for collecting the sample, which are fulfilling the inclusion criteria.

Data Collection Tool

Based on the objectives of the study, the tools used to collect the data are a structured knowledge interview schedule to assess the knowledge and a modified standardized checklist to assess the prevalence of uterine prolapse.

Data Analysis

Analysis and interpretation of data collection from multigravida women (50 in the experimental group

& 50 in the control group). The findings revealed that in the multigravida, women were having a prevalence of uterine prolapse. Both descriptive and inferential statistics were used for analyzing the data. Bar-graph, pie-chart, tables were used to depict and assess the knowledge regarding uterine prolapse. It was found that the video-assisted teaching regarding preventive measures of uterine prolapse was effective in increasing knowledge.

RESULTS

Demographic characteristics among married women of experimental group and control group

In the experimental group were age group of (29-36) years, i.e., 17 (34%), and control group were age group of (37-44) years, i.e., 19(38%). The BMI maximum of the sample in the experimental group was normal weight and overweight 23(46%), and the control group was normal weight, i.e., 31(62%). In experimental group and control group were Hindu, i.e., 42(84%) and 38(76%). Educational status in the experimental group and control group were primary 23(46%) and 22(44%), respectively.

And occupations in the experimental group and control group were housewives, i.e., 43 (86%) and 47(94%), respectively. No. of children in the experimental group and control group were having three, i.e., 20 (40%) and 28(56%). See [table-1]

Table 1: Frequency and percentages distribution of socio demographic characteristics in Experimental and Control group regarding preventive measure of uterine prolapse among married women N=100

S. No.	Socio-demographic Variables	Experimental Group (n=50)		Control Group (n=50)	
		F	%	F	%
1.	Age (In Years)				
	21-28	06	12	11	22.0

	29-36	17	34	10	20.0
	37-44	14	28	19	38.0
	45-52	13	26	10	20.0
2.	Body Mass Index Classification				
	Under weight	02	04.0	00	00.0
	Normal Range	23	46.0	31	62.0
	Pre Obese	23	46.0	19	38.0
	Obese (Class-I)	02	04.0	00	00.0
3..	Religion				
	Hindu	42	84	38	76.0
	Muslim	08	16	12	24.0
4.	Education Status				
	No formal education	16	32	18	36.0
	Primary	23	46	22	44.0
	Secondary	10	20	09	18.0
	Above higher secondary	01	02	01	02.0
5.	Occupation Status				
	House wife	43	86	47	94.0
	Self employed	04	08	01	02.0
	Pvt./Govt Employee	03	06	02	04.0
6.	No.of Children				
	2	15	30	15	30.0
	3	20	40	28	56.0
	4	11	22	07	14.0
	>4	04	08	00	00.0

Mode of delivery in experimental group and control group had a normal delivery in the first delivery, i.e., 49(98%) and 50(100%), second delivery, i.e., 43(86%) and 41(82%) in experimental group and control group were having a normal delivery, the third part, i.e., 43(86%) and 41(82%) in experimental group and control group were having a normal delivery. Place of delivery

in experimental group 42(84%) and control group 40(80%) had a delivery at home. The majority of the sample in the experimental group and control group was non-smoker, i.e., 44 (88%) and 46(92%), respectively. The majority of the sample in the experimental group and control group had no previous medical & surgical illness, i.e., 43(86%) and 46(92%), respectively. See [Table- 2]

Table 2: Frequency and percentages distribution of clinical profile in experimental and control group N=100

S. No.	Clinical Variable	Experimental Group (n=50)		Control Group (n=50)	
		f	%	F	%
1.	Mode of Delivery				
	a) First				
	Normal delivery	49	98	50	100
	Operation	01	02		
	b) Second				
	Normal delivery	43	86	41	082
	Operation	07	14	09	018
	c) Third				
	Not applied	15	30	15	030
	Normal delivery	30	60	27	054
	Operation	05	10	08	016
	d) Fourth				
	Not applied	36	72	43	086
	Normal delivery	14	28	06	012
	Operation			01	002
2.	Place of Delivery				
	a) First				
	Health centre	01	02	04	008
	Home delivery	42	84	40	080
	Hospital delivery	07	14	06	012
	b) Second				
	Health centre	03	06	05	010
	Home delivery	35	70	30	060
	Hospital delivery	12	24	15	030
	c) Third				
	Not applied	17	34	15	030
	Health centre	06	12	03	006
	Home delivery	21	42	17	034
	Hospital delivery	06	12	15	030
	d) Fourth				
	Not applied	37	74	44	088
	Health centre	01	02	02	004

	Home delivery	12	24	02	004
	Hospital delivery	-	-	02	004
3.	Personal Habit				
	No smoker	44	88	46	092
	Smoking/Tobacco user	06	12	04	008
4.	Previous Medical & Surgical Illness				
	Yes	07	14	04	008
	No	43	86	46	092

Findings related to assess the prevalence of uterine prolapse

In this study prevalence of uterine prolapse an assessed by a modified checklist of uterine prolapse among married women, i.e., 60% were not having a prevalence of uterine prolapse, whereas 40% among married women were having a prevalence of uterine prolapse. See [table-3]

Table 3: Frequency and percentage distribution of prevalence of uterine prolapsed among sample

Prevalence rate	Positive sign/symptoms of uterine prolapse	
	f	%
	40	40

40% among the sample present with sign and symptoms of uterine prolapse under the following category: severe prevalence 7(17.5%), moderate 19(47.5%) and low prevalence 14(35%)

Findings related to knowledge scores of married women in the experimental group before and administration

The mean pre-test knowledge score of the experimental group in married women was (3.98) and the standard deviation (2.48) against the maximum score (24). The range of obtained score was between (7-15) indicating there was a knowledge deficit exists regarding preventive

measures of uterine prolapse as compared post knowledge score after video-assisted teaching programme.

The mean post-test knowledge score of the experimental group in married women was (11.68) and the standard deviation (2.93) against the maximum score (24). The range of obtained score was between (11-22), indicating there was knowledge gain regarding preventive measures of uterine prolapse.

The mean difference between pre-test knowledge and post-test knowledge (7.70). The 't' value of (18.67) for df (49) was found to be statistically significant at 0.05 level.

As there threefold gain in the post-knowledge score as compared to pre-knowledge. Hence video-assisted teaching on preventive measures of uterine prolapse was effective in enhancing the knowledge score of married women in the experimental group for the same. See [table -4]

Table 4: Mean and standard deviation of pretest and posttest knowledge score of experimental group

N=50

Knowledge Score of Experimental Group	Mean	Standard Deviation
Pre-test	3.9	2.48
Post-test	11.68	2.93

Finding related to compare the knowledge score of married women in the experimental group and control group

Mean post-test knowledge score of married women in the experimental group (11.68) and mean post-test knowledge score of the control group (5.68). The mean difference between the post-test knowledge score of both the group was found to be (6.00). The 't' value of (9.15) for the df (98) was found to be statically significant at a 0.05 level of significance. Thus it was inferred from the findings that video-assisted teaching on preventive measures of uterine prolapse was effective in enhancing the knowledge score of married women in the experimental group. See [table-5]

Table 5: Compare mean, mean difference, standard deviation and 't' value of post exp. cest and post control Test on level of knowledge regarding preventive measure of uterine prolapse among married women. N=100

Group	Mean	SD	Mean difference	t-value	Df
Post Experimental group	11.68	2.93	6.00	9.158	98
Post Control group	05.68	3.59			

- df- 98 , $p < 0.05$ level of significant, table value (1.98) , 't'= 9.158,

Finding related to the association of post-test knowledge scores of the experimental group with socio-demographic variables of married women.

In this study, there is an association of post-test knowledge score selected socio-demographic variables of married women, i.e., Age, Body Mass Index, Educational status, No. of children. See [table-6].

Table 6: Chi-square values showing an association between post-test knowledge score of the experimental group with selected demographic variables of married women.

S. No.	Socio-demographic Variables	Level of knowledge in post Experimental Group			X ² Value	X ² table value	df	S/NS
		Good	Average	Below average				
1.	Age (in years)							
	21-28	3	3	0				
	29-36	3	14	0	38.8	12.59	6	S
	37-44	2	11	1				
	45-52	4	5	4				
2.	BMI Classification							
	Under weight	1	1	0				
	Normal Range	5	15	2	46.9	12.59	6	S
	Overweight	5	16	3				
	Obese	1	1	0				
3.	Religion							
	Hindu	11	27	4	2.85	5.99	2	NS
	Muslim	1	6	1				

4.	Education Status							
	No formal education	2	11	3	41.26	12.59	6	S
	Primary	6	15	2				
	Secondary	4	6	0				
	Above higher secondary	0	1	0				
5.	Occupation Status							
	House wife	10	28	5	3.35	9.49	4	NS
	Self employed	2	2	0				
	Pvt./Govt. employee	0	3	0				
6.	No. of Children							
	2	4	11	0				
	3	4	13	3	28.16	12.59	6	S
	4	4	5	2				
	>4	0	4	0				

Discussion: -On the basis of the objectives was framed as follows:

Objective 1: To assess the prevalence of uterine prolapse among married women.

The finding of the present study revealed that the prevalence of uterine prolapse was 40% among married women. These findings were to some extent similar to the study of **Puri R (2011)**, which revealed that the prevalence of uterine prolapse was 22.6%. The risk factors for uterine prolapse (p value<0.05) were illiteracy, multiparity, poverty, home delivery, less rest time period after delivery and smoking. The present study also indicated that risk factors for uterine prolapse had formal education, place of delivery were at home and multiparity.

Objective 2: To evaluate the effectiveness of video-assisted teaching in terms of knowledge among married women in the experimental group.

The findings of the present study revealed that the mean pre-test knowledge score was 3.98, and the mean post-test knowledge score was 11.68. The

finding supported by **Greeshma G Nathan (2017)**, which revealed that the mean pre-test knowledge score was 11.85 and the mean post-test knowledge score was 19.75. There was a statistically significant improvement in the level of knowledge regarding preventive measures on uterine prolapse. In the present study, video-assisted teaching has improved the post-test knowledge score on preventive measures of uterine prolapse.

Objective 3: To find out the association between post-test knowledge in the experimental group with their selected demographic variables among married women.

The finding of the present study shows that there was a significant association was found between age (<0.00001), BMI (<0.00001), education status and no. of children. This finding supported **Rao Krishna Bhamini, Nayak R Shubha (2015)**, which revealed that knowledge was significantly associated with age ($p<0.001$), occupation of the women ($p=<0.001$), occupation of the women

($p < 0.001$). In the present study, knowledge was significant.

CONCLUSION

Based on the findings of this research, the prevalence of uterine prolapse among married women was common in Northern India. There was a knowledge deficit in married women regarding preventive measures of uterine prolapse. The video-assisted teaching was found to be effective in increasing the knowledge among married women in the experimental group regarding preventive measures of uterine prolapse. There was a significant association between the post-test knowledge score of married women with a selected demographic variable type of community areas.

Recommendations: This study can be replicated in large samples so that findings can be generalized.

A comparative study can be done to see the difference in the effect of video-assisted teaching regarding preventive measures of uterine prolapse in community areas.

A study to assess the knowledge and barriers of health-seeking behavior on uterine prolapse among married women. An interventional study can be conducted to evaluate the effect of pelvic floor exercises among married women.

Ethical Consideration: Ethical clearance was obtained from the university (Subharti University) ethical committee concerned with particular setting. All the subjects were informed about the purpose of the study and the freedom to participate and withdraw participate any time during the study without causing personal harm or loss, and the subjects were assured about the confidentiality of

their response. Written voluntary consent was obtained from samples before collecting the data. Informed consent is taken from the correspondents & the concerned authorities from the medical officer-in-charge of the community Health Center.

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