

# A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regrading Prevention of Uterine Prolapse Among Women in Selected Rural Area, Lucknow

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## Abstract

Effectiveness of Structured Teaching Programme on Knowledge Regrading Prevention of Uterine Prolapse Among Women.

**Material and methods:** The research was conducted using Quantitative research approach. The sample were collected using Purposive sampling technique and Pre-experimental research design (One group pre-test post-test design) was used in this study. A total 60 sample were selected to be a part of this study. The instrument used had 2 section in it. The first section consist of 10 Demographic variable questions to obtain baseline data of every individual participating in the study and the second section contain 18 structured questions of knowledge regarding prevention of uterine prolapse among women. Descriptive statics and inferential statistics were used to analyze the data. The researcher observed that majority of the women had less than average level of knowledge on prevention of uterine prolapse after given STP their level of knowledge increased. There was an enhancement of 8.1 in the mean total. In future, various measures should be taken to improve the knowledge and awareness on prevention of uterine prolapse.

**Results:** Findings related to Structured teaching program by comparing pre-test and post-test knowledge level of women. The researcher observed that per-test majority 83% of the women had less than average level of knowledge whereas 16% women had inadequate level of knowledge and 0% of them had a adequate level of knowledge regarding prevention of uterine prolapse. To evaluation of pre-test post-test to assess the effectiveness of STP was computed by using paired “t” test. The mean score increased from 30 to 42.42 which shows a marked difference of 12.42 and standard deviation also increased from 3.8 to 4.2 after the administration of STP. The paired “t” test value at -17.10 was significant at  $P < 0.05$  level. It indicated that there was effectiveness of STP on increasing level of knowledge on prevention of uterine prolapse.

**Conclusion:** From this study “A study to assess the effectiveness of structured teaching program on knowledge regarding prevention of uterine prolapse among women in selected rural area, Lucknow” identified that the women's had gained knowledge on uterine prolapse. The result of this study showed that there was an improvement in the level of knowledge among women's after the administration of my intervention through various AV Aids. Thus, the alternative hypothesis was accepted.

**Keywords:** Prevention of uterine prolapse, Women, Structured Teaching Programme, Knowledge, Effectiveness.

## I. INTRODUCTION

The muscles, ligaments and tissues in your pelvis are called your pelvic floor muscles. These muscles support your uterus, rectum, vagina, bladder and other pelvic organs. A prolapse occurs when your pelvic floor muscles are damaged or weakened to the point where they can no longer provide support. Uterine prolapse is a condition where your uterus to sag or drop down into your vagina. It can happen to anyone assigned female at birth (AFAB), but is most common after menopause and in women's who had more than one vaginal delivery. 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.

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%.

Care is essential, both in the prevention and detection of prolapse. The preventive measures of UP include adequate antenatal, intranatal and postnatal care (Kegal exercises, rest, early ambulation after delivery, personal hygiene, birth spacing, maintenance of balanced diet e.tc) and general measures such as avoid strenuous activities, avoid weight gain, quit smoking. The nurse can assist in preventing uterine prolapse by (a) encouraging pregnant to seek qualified obstetric care, (b) teaching patients after delivery to alternatively tense and relax their gluteal muscles and the muscles of the pelvic floor. Conservative management approaches such as giving lifestyle advice and delivering pelvic floor muscle training are often used in cases of mild prolapse. However, if UP disrupts the normal life then it might got benefit from treatment options which include using a supportive device (pessary) or surgery to repair the prolapse. An extensive information about preventive measures of UP during pregnancy and delivery should be the first step to reduce this significant social and public health problem or issue. Uterine Prolapse has not received sufficient attention despite its high prevalence. So, the reproductive health of a women has to be taken care at right time, thus the impending complications can be prevented. It is one's responsibility to maintain reproductive health by increasing knowledge on mothers regarding UP and its prevention by giving proper health education, especially during the beginning of motherhood. Therefore, the present study was conducted with an aim to evaluate the effectiveness of STP on knowledge regarding preventive measures of UP among mothers and to find out the association between knowledge of mothers regarding preventive measures of UP and selected demographic variables.

## NEED OF THE STUDY

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. The society must never forget the social significance of child bearing or that a women's body is unique, personal and private. 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.

Uterine Prolapse (UP) is the contributor to reproductive health problems that influence the women's quality of life. In the process of pregnancy and labour women are subjected to a lot of stress and strain, where in their pelvic floor muscles and the structure of perineum loses its tone and may result in Uterovaginal Prolapse. It is the most frequent cause of gynecological morbidity among women in India and major indication for hysterectomy. The preventive measures of UP include adequate antenatal, intranatal and postnatal care (Kegal exercises, rest, early ambulation after delivery, personal hygiene, birth spacing, maintenance of balanced diet etc.) and general measures such as avoid strenuous activities, avoid weight gain, quit smoking.

Uterine prolapse is an important but neglected public health problem that causes maternal morbidity and mortality in women of reproductive age in low- and middle-income countries. UP is the most common gynecological health problem contributing to maternal morbidity and mortality in women of reproductive age in developing countries. It leads to varying degrees of physical disability, including an inability to work, difficulties in walking or standing up, difficulties in urinating or defecating, painful intercourse, increased social stigma, and economic deprivation. UP can also affect women's mental health and can be fatal if left untreated. Due to stigma in low-income countries, women affected by UP often hide their condition, do not seek help, and live with the disease and its complications for long periods.

## PROBLEM STATEMENT

“A study to evaluate the effectiveness of structured teaching programme on knowledge regarding prevention of uterine prolapse among women in selected rural area, Lucknow”.

## AIM OF THE STUDY

To enhance the level of knowledge regarding management of uterine prolapse among women in selected rural area, Lucknow.

## OBJECTIVES

To assess the pre-test level of knowledge regarding prevention of uterine prolapse among women.

- To evaluate the effectiveness of structure teaching program on knowledge regarding prevention of uterine prolapse among women.
- To associate the Pre-test knowledge regarding prevention of uterine prolapse among women with selected demographic variables.

## II.

### OPERATIONAL DEFINITION

**Effectiveness:** In this study effectiveness refers to gain knowledge on uterine prolapse after administering structured teaching program among women.

**Structured teaching program:** It refers to systematic teaching materials used to provide information on knowledge regarding prevention of uterine prolapse with regards to introduction, definition, causes, and stages of uterine prolapse.

**Knowledge:** it refers to correct response from the women's to item on cognitive aspect of prevention of uterine prolapse and its expressed in term of gain in knowledge score.

**Women:** in this study women are referred to the married women and in age group of 25-50 years.

**Prevention of uterine prolapse:** It refers to avoidance of uterine prolapse. Uterine prolapse is falling or sliding of the uterus from its normal position in the pelvic cavity into the vaginal canal.

### III.

#### ASSUMPTION

#### IV. REVIEW OF LITERATURE

Review of literature is a key step in research process refers to the activities involved in searching for information on a topic and developing a comprehensive picture of the state of knowledge on that topic. This provides a background for understanding what has already been learned on a topic and illuminates the significant of new study. The review is divided into under following section:

**Section A: Review of Literature related to general information of uterine prolapse.**

**Section B: Review of Literature related to knowledge on prevention of uterine prolapse.**

**Section A: Review of Literature related to general information of uterine prolapse.**

**Abebe Sorsa Badacho, Mengistu Auro Lelu, Zegeye Gelan, Deginesh Dawit Woltamo (2022)** in this study the mean age of respondents was  $35.4 \pm 7.994$  years. The prevalence of symptomatic and anatomical uterine prolapse was 6.6% (28) and 5.9% (25), respectively. The prevalence of anatomical prolapse was used as a reference when determining associated factors. Age at first marriage, place of delivery, birth attendant-assisted delivery, and history of abortion were found significantly and independently associated with the prevalence of uterine prolapse.

**Dr. Shweta .M. Khandhar, Dr.Mona.D.Gandhi (2021)** conducted a descriptive case control study. Using a study proforma the required information was collected from the patients admitted with uterine prolapse (case) and from amongst the patient's attendees of Gynaecology ward (control). This study shows that uterine prolapse contributes to about 5.9% of the total gynecological patients admitted during the study period. The mean age of presentation with uterine prolapse was 50.1 years the mean number of deliveries was higher in case compared to the control with the mean of 4 deliveries. Out of 130 patients, only 13.9% of them had institutional delivery while the others had home delivery.

**Abdul Hakeem Jokhio, Raheela Mohsin Rizvi and Christine MacArthur (2020)** A cross-sectional study was conducted with a three stage random sampling strategy. Three health centers were selected and selected Lady Health Workers from each health center interviewed a random sample of women in their households. The interview used a structured questionnaire to collect symptom data. Female gynaecologist then conducted a clinical examination at the local health center on women who reported symptoms of prolapse to verify and grade pelvic organ prolapse using Baden-Walker classification system. Among the 5064 women interviewed (95.8% response rate), 521 women had clinically confirmed POP, a prevalence of 10.3% (95% CI 9–11%). Among women with POP 37.8% had grade III or IV prolapse. Women with four or more children had the highest proportion of pelvic organ prolapse (75%) followed by women aged 36–40 years (25%). Among women with POP, 60.8% reported their quality of life as greatly or moderately affected; 44.3% had it for more than 5 years; and 78.7% never consulted a doctor.

**Shobha parajuli and Isabel Lawot (2020)** A cross-sectional analytical research was conducted on a sample of 226 parous women aged between 20 to 59 years residing in Pokhara with probability, cluster sampling technique. Data was collected by the use of structured interview schedule. The study found

that the mean score of the participants was  $38.72 \pm 3.98$ . Among parous women, 58.40 percent had good level of awareness, 41.60 percent had fair level of awareness and none of them exhibited poor level of awareness on uterine prolapse. Only few (20.35%) of them had heard about kegel exercise. The result further showed that there is statistically significant association of level of awareness with ethnic group ( $p=.004$ ,  $OR=2.30$ ) and experience of uterine prolapse ( $p=.017$ ,  $OR= 2.37$ ).

**Silwal M, Gurung R , Shrestha N , Gurung A , Ojha S (2016)** A community based cross sectional study conducted participants were selected by purposive sampling techniques, and data were collected through structured interview schedule. The major findings were majority 35 (35%) of women were in the age group of 20 to 30 years, followed by 89 (89%) Hindu religion, 48 (48%) belonged to janajati and religious minority which included Newar, Magar, Gurung, Tamang and Muslims. Most of the women 35 (35%) were illiterate, 44 (44%) earn their living by working in agriculture, 57 (57%) respondents had  $\geq$ Rs1500 per month income in the family, 58 (58%) belonged to nuclear families, 76 (76%) of the respondents had knowledge about uterine prolapse and they got information mostly from 24 (24%) friends. The prevalence rate of women with uterine prolapse was found to be 13% whereas mean and standard deviation were  $0.87 \pm 0.33$ . The findings of association between the prevalence of uterine prolapse with age at first child birth, abortion, sexual intercourse immediate after delivery and constipation were found to be significantly associated.

#### **Section B: Review of Literature related to knowledge on prevention of uterine prolapse.**

**Malashree Hazarika, Anupama Dutta, Hemeswari Bhuyan (2022)** conducted a research study on self- structured questionnaire on prevention of uterine prolapse was administered among selected 60 working women through non-probability consecutive sampling technique. Self-instructional module 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.

**Badacho AS, Lelu MA, Gelan Z, Woltamo DD (2022)** conducted a community-based cross-sectional study in Loma Woreda, Dawro, southwest Ethiopia, in November and December 2019. 422 randomly selected women of reproductive age participated in the study. Face-to-face interviews with a pre-structured questionnaire collected data, and diagnoses were made clinically. Epi Data v3.2.1 and SPSS v24 were used for data entry, processing, and analysis. Binary logistic regression was used to determine associations between dependent and independent variables. Variables with P-values less than 0.25 in bivariate logistic regression were further examined using multivariate logistic regression to investigate associations between the dependent variable and independent variables.

**Neha and Dr. Geeta Parwanda (2021)** conducted a quasi-Experimental study 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. The study concluded that 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%).

**Barsha Koirala, Sabita Sharma, Ajita Sharma, Kamala Uphadhaya (2021)** conducted a descriptive, cross sectional research design was conducted among 50 women of reproductive age of Gynaecology OPD of Chitwan Medical College Teaching Hospital. Sample were selected by using Non- probability



convenience sampling methods. Data was collected by using structured interview schedule. Findings revealed that that median age of the respondents was 29 years, 84% were Hindu, 66% were Brahmin and Chhetri and 98% were literate. Four fifth (80%) of the respondents had good level of awareness and slightly less than one fourth (20%) of respondents had fair level of awareness regarding uterine prolapse. There was no significant association between level of awareness and age, ethnicity, religion, level of educational, occupation, monthly family income, age at marriage, numbers of pregnancy, place of last delivery, numbers of children, age at first child birth, previous abortion and numbers of abortion and family diagnosis of uterine prolapse.

**Rojina Bhurtel, Reena Mandal, Sirjana Shah (2019)** conduct descriptive cross-sectional study was carried out amongst 150 reproductive age group women attending gynecological OPD in Manmohan Memorial Teaching Hospital Soalteemode, Kathmandu, Nepal. The sample was selected by non-probability purposive sampling technique. Semi structured knowledge questionnaire was used to collect data using interview technique. The finding showed that 46% had adequate knowledge, while 54% of the respondents had inadequate knowledge about uterine prolapsed. There was significant association between ethnic group, educational status, family income, antenatal and postnatal visit whereas no significant association between age, occupation, type of family, marital status, age of marriage, number of children, age at first childbirth and place of delivery.

**Genesta Mary Gysel, P., Uma, R. and Sivaranjiny, K. (2019)** conducted the study samples were 100 multiparous women selected from two different villages for experimental and control group. Comparing the pre-test and 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.

## V. RESEARCH METHODOLOGY

The research methodology includes strategies to be used to collect and analyze the data to accomplish the research objectives. The methodology of research indicates the general pattern for organizing the procedure for gathering valid and reliable data for an investigation. It include research approach, research design, setting of the study, population, criteria for selection of sample, sample size, sampling technique and description of tool, scoring procedure, pilot study, data collection procedure, plan for data analysis and protection of human rights.

### RESEARCH APPROACH

A research approach is the broad-based procedure for collection of data. A Quantitative Research Approach was considered to be the most appropriate to collect data related to “A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of uterine prolapse among women in selected rural area, Lucknow.

### RESEARCH DESIGN

The research design used for the study was Pre-experimental (one group pre-test post-test) research design.

### VARIABLES

A quantity that can be assume any set of values called as variables.

**Independent variables:** structured teaching programme.

**Dependent variables:** Knowledge score of post-test.

**Demographic variables:** Age, Educational status, Religion, Occupation, Nature of work, Type of family, Family income per month in rupees, No. of children, Age in years at first delivery and Methods of delivery.

### **POPULATION**

Population denotes the entire group of samples who met the sampling criteria.

**Target population-** Women living in Amethia.

**Accessible population-** Womens those are present at the time of data collection.

### **SAMPLE**

Womens those are married and fulfilling the inclusion criteria.

### **SAMPLE SIZE**

The sample size was 60 and they were selected based on inclusion criteria .According to Morgan statistical calculation total sample size is 70.

### **SAMPLING TECHNIQUE**

The sample of the study is selection by Non-Probability Purposive sampling technique.

### **CRITERIA FOR SAMPLE COLLECTION**

The criteria used for selecting the sample were-

#### **Inclusion criteria**

- Married women those who were belonging to age group of 25-50 years and residing in selected rural area, Lucknow.
- Women who were willing to participate in the study.

#### **Exclusion criteria**

- Women those were not available at the time of sample collection.

### **DEVELOPMENT AND DESCRIPTION OF TOOL**

Based on the objectives and conceptual framework of the study, the tool developed was divided into the following two sections.

#### **PART1: Socio-demographic data**

This part includes items of obtaining personal information of women such as age, educational status, religions, occupation, nature of work, type of family, monthly family income in rupees, age in years at first delivery, number of children, and last mode of delivery.

#### **PART2: Structured knowledge questionnaire**

This part had 18 multiple choice questions related to prevention of uterine prolapse. Tool was categorized into 5 parts-

- Question related to introduction of uterine prolapse (3)
- Question related to etiology and risk factors of uterine prolapse (4)
- Question related to sign and symptoms (2)
- Question related to prevention and management of uterine prolapse (8)
- Question related to complication of uterine of uterine prolapse (1)

### **EVALUATION CRITERIA**

Questionnaire is one of the popular methods of conducting research. They provide a convenient way of gathering information from a target population. They are cost effective and easy to construct and

analyse. A questionnaire is planned self-reported form designed to elicit information through written or verbal responses of the subjects.

#### Criterion measures:

Range	Percentage
0-4	0-34%
5-9	35-50%
10-14	51-80%
15-18	81-100%

#### DATA COLLECTION PROCEDURE

Written permission was taken from the concerned authority of selected village pradhan, prior to data collection. Face to face interview were conducted with each women. The interviewer greeted the responded and introduced herself. The interviewer then asked for the respondents name. The interviewer explained to the participant that participation in the study was on a voluntary basis and that the participant has right to withdraw from the study at any point without fear of receiving punishment. The participant was also assured of confidentiality and that no risk were anticipated as a result of participating in the study. After the interview, the researcher thanked the respondent for participating in the study.

#### DATA MANAGEMENT AND ANALYSIS

Questionnaire is one of the popular methods of conducting research. They provide a convenient way of gathering information from a target population. They are cost effective and easy to construct and analyse. A questionnaire is planned self-reported form designed to elicit information through written or verbal responses of the subjects, usually in a paper and pencil format.

#### ETICAL CONSIDERATION

Ethical and cultural considerations, Ethical approval was given from Era University ethical committee. The researcher also obtained permission from the village pradhan; selected village to conducted the study at the institution.

A written informed consent was obtained from each participant. The participants were informed that participation in the study was purely on voluntary basis and no risk were anticipated.

#### TESTING OF TOOLS

The content and tool validity were obtained from 5 experts from the field of obstetrical and gynecology department.

#### PILOT STUDY

The pilot study was conducted after taking permission from the concerned authorities of selected Village, Lucknow. A total sample of 7 women were selected according to inclusion and exclusion criteria by purposive sampling technique from the village setting who meet the inclusion criteria.

#### RELIABILITY

The reliability of tool was assessed using standardized tool was computed by split half method and applying Spearman's Brown prophecy formula and it was found to be  $r = 0.90$  which means tool was reliable.

#### VI. ANALYSIS AND INTERPRETATION OF DATA

Analysis and interpretation were done in accordance with the objectives laid down for the study. The



purpose of analysis is to reduce the data into an interpretable and meaningful form so that the result can be compared and significance can be identified.

According to the objectives, hypotheses of the study and opinion of the experts, it was planned to organize, tabulate, analyze and interpret the data by using both descriptive and inferential statistics. Mean, median, percentage, standard deviation and chi-square was used for descriptive statistics. Paired t- test and chi- square test was used for inferential statistics.

**PLAN OF ANALYSIS**

Analysis and interpretation of data was done according to the objectives using descriptive and inferential statistics. The level of significance chosen was at  $P < 0.05$ .

**ORGANIZATION OF ANALYZED DATA**

The collected information was organized and presented in 2 parts:

**Section I:** Sample characteristics of women.

**Section II:** Objectives wise analysis.

**Section-I:** Comparison of experimental group in terms of women profile. **Section-II A:** Evaluation of pre-interventional level of knowledge regarding prevention of uterine prolapse among women.

**Section-II B:** Evaluation of post-interventional level of knowledge regarding prevention of uterine prolapse among women.

**Section-III:** Evaluation of effectiveness of structured teaching programme on knowledge regarding prevention of uterine prolapse among women.

**Section-IV:** Association between pre-interventional levels of knowledge score regarding selected with selected demographic variables.

**SECTION-I**

**SAMPLE CHARACTERISTICS**

**TABLE-1 Frequency and Percentage Distribution of samples according to their selected socio demographic variables.**

N=60

Variables	Category	Frequency (f)	Percentage (%)
Age (in years)	25-32	7	11.7
	33-40	49	81.7
	41-50	4	6.7
Educational status	Primary education	41	68.3
	Secondary education	13	21.7
	Graduate and above	6	10.0
Religion	Hindu	57	95.0
	Muslim	3	5.0
	Any others	0	0.0
Occupation	Government employee	1	1.7
	Private employee	6	10.0
	House wife	53	88.3
Nature of work	Hard work	12	20.0

	Moderate work	45	75.0
	Light work	3	5.0
<b>Type of family</b>	Nuclear	11	18.3
	Joint	49	81.3
	Extended	0	0.0
<b>Monthly income in rupees</b>	1000-5000	11	18.3
	50001-10000	37	61.7
	>10000	12	20.0
<b>Age in years at first delivery</b>	15-19	6	10.0
	20-24	23	38.3
	>25	31	51.7
<b>Number in children</b>	1	0	0.0
	2	14	23.3
	>3	46	76.7
<b>Last mode of delivery</b>	Normal vaginal delivery	40	66.7
	Vaginal delivery with episiotomy	15	25.0
	Caesarean section	5	8.3

Table 1

- According to Age among 60 samples of group, 7 (11.7%) were from 25-32 year age group, 49 (81.7%) were from 33-40year age group, 4 (6.7%) were from 41-50year age group.
- According to Education among 60 samples of group, 41(68.3%) were primary education, secondary and 13(21.7%) were Graduation & above, 6(10.0%).
- According to religion Hindu 57(95.0%), were Muslim 3(5.0%)
- According to occupation government employee 1(1.7%), private employee 6(10.0%), house wife 53(88.3%),
- According to nature of work among 60 sample of group, hard work 12(20.0%), moderate work 45(75.0%) light work 3 (5.0%)
- According to types of family nuclear 11(18.3%), joint 49(81.7%)
- According to the monthly family income in rupees 1000-5000 were 11(18.3%), 5001-10000 were 37(61.7%) grater then 10000 were 12(20.0%)
- According to age in year at 1<sup>st</sup> year 15-19 year were 6(10.0%), 20-24 year 23 (38.3%), grater then 25 years 31(51.7%).
- According to number of children 1 were 0%, 2 were 14(23.3%), more than 3 were 46(76.7%)
- According to last mode of delivery, normal vaginal delivery 40(66.7%), vaginal delivery with episiotomy 15(25.0%), caesarean section 5 (8.3%).

## SECTION-2

**OBJECTIVE -1: To assess the Pre-test level of knowledge regarding prevention of uterine prolapsed among women.**

**Table 2. This table showing Percentage and Mean percentage distribution of pre-test level of knowledge scores.**

**N=60**

Level of knowledge	Frequency	Percentage	Mean	SD
Inadequate (0-4)	10	16.7	6.57	1.589
Average (5-9)	50	50		
Adequate (10-14)	0	0		
Excellent (15-18)	0	0		

Maximum score=18

Minimum score=0

**Table 2** Depicts the pre- test frequency , percentage and distribution of knowledge regarding prevention of uterine prolapsed, 10 (16.7%) women’s were having inadequate knowledge , 50 (83.3%) women’s having average knowledge ,0 (0%) women’s were having adequate knowledge 0 (0%) women’s were having excellent knowledge. Hence, it was concluded that women’s were having average knowledge regarding prevention of uterine prolapse.

**Objective:1 To assess of post- test level of knowledge regarding prevention of uterine prolapse.**

**Table No: 3 table Showing Percentage and Mean percentage distribution of post -test level of knowledge Scores.**

**N=60**

Level of knowledge	Frequency	Percentage	Mean	SD
<b>Inadequate (0-4)</b>	<b>0</b>	<b>0</b>	<b>14.67</b>	<b>0.6</b>
<b>Average (5-9)</b>	<b>0</b>	<b>0</b>		
<b>Adequate (10-14)</b>	<b>25</b>	<b>41.7</b>		
<b>Excellent (15-18)</b>	<b>35</b>	<b>58.3</b>		

**Maximum score=18**

**minimum score=0**

Table 3 depicts the pre-test frequency , percentage and distribution of knowledge regarding prevention of uterine prolapsed, 0(0%) women’s were having inadequate knowledge , 0(0%) women’s having average knowledge , 25(41.7%) women’s were having adequate knowledge 35(58.3%) women’s were having excellent knowledge. Hence, it was concluded that women’s were having average knowledge regarding prevention of uterine prolapse.

**OBJECTIVE -2:** To evaluate the effectiveness of structured teaching program on knowledge regarding prevention of uterine prolapsed among women.

**Table: 4.** Table showing the Percentage distribution, Compression and Mean percentage distribution of pre- test & post-test knowledge of score.

N=60

Paired t test	Mean	SD	Paired t test	P Value	Table value at 0.05
Pre-test knowledge	6.57	1.598	38.172	<0.001	2.0
Post-test knowledge	14.67	0.629			

Maximum score=18

Minimum score=0

**Table 4:** The mean 14.67 of post-test score was more than the mean 6.57 of pre- test of women’s. There is total enhancement occur 8.100. The comparison of pre- test & post-test knowledge on prevention of uterine prolapsed among women’s & significance difference with t value 38.172 at p 0.05 significance level.

Hence, it was concluded that there was significance difference between pre-test and post –test level of knowledge regarding prevention of uterine prolapsed among women.

**OBJECTIVE -3:** Association between knowledge score regarding prevention of uterine prolapsed among women with selected demographic variables.

**Table 5** Depicts shows the Association between knowledge score regarding prevention of uterine prolapse among women with selected demographic variables.

ASSOCIATION OF PRETEST KNOWLEDGE SCORES OF SELECTED SOCIO-DEMOGRAPHIC VARIABLES.										
Variables	Opts	EXCELLENT	VERY GOOD	GOOD	POOR	Chi Test	P Value	df	Table Value	Result
Age (In Years)	25-32 Years	0	0	7	0	2.694	0.26	2	5.99146	Not Significant
	33-40 Years	0	0	39	10					
	41-50 Years	0	0	4	0					
Educational Status	Primary education	0	0	34	7	1.959	0.3756	2	5.99146	Not Significant

	Secondary education	0	0	12	1					
	Graduate and above	0	0	4	2					
Religion	Hindu	0	0	47	10	.632	0.4268	1	3.84146	Not Significant
	Muslim	0	0	3	0					
	Any other	0	0	0	0					
Occupation	Government Employee	0	0	1	0	.204	0.9031	2	5.99146	Not Significant
	Private Employee	0	0	5	1					
	House wife	0	0	44	9					
Nature Of Work	Hard work	0	0	11	1	1.240	0.5379	2	5.99146	Not Significant
	Moderate work	0	0	37	8					
	Light work	0	0	2	1					
Type Of Family	Nuclear	0	0	8	3	1.091	0.2963	1	3.84146	Not Significant
	Joint	0	0	42	7					
	Extended	0	0	0	0					
Monthly Family Income In Rupees	1000-5000 Rs	0	0	8	3	1.156	0.5611	2	5.99146	Not Significant
	5001-10,000 Rs	0	0	32	5					
	>10,000 Rs	0	0	10	2					
Age In Years At First Delivery	15-19 Years	0	0	6	0	2.986	0.2247	2	5.99146	Not Significant
	20-24 Years	0	0	17	6					
	> 25 Years	0	0	27	4					
Number Children In	One	0	0	0	0	.298	0.5851	1	3.84146	Not Significant
	Two	0	0	11	3					



	More than three	0	0	39	7					
Last Mode Of Delivery	Normal vaginal delivery	0	0	32	8	1.440	0.4868	2	5.99146	Not Significant
	Vaginal delivery with episiotomy	0	0	14	1					
	Caesarean section	0	0	4	1					

**Table 5:** Showing Association of Scores and Demographic Variables. This table Shows that the association between the level of score and socio demographic variable. Based on the objectives used to Chi-square test used to associate the level of knowledge and selected demographic variables. There is no significance association between the level of scores and other demographic variables, the calculated chi-square values were less than the table value at the 0.05 level of significance.

**VII. DISCUSSION SUMMARY AND CONCLUSION**

**Major findings:** In this present study on assessing the level of knowledge it was found that majority 83% of the women were having less than average knowledge level whereas 16% women had inadequate knowledge and 0% of them had adequate knowledge.

There is no significance association between level of knowledge score and other demographic variables like age, education, religion, occupation, nature of work, type of family, monthly family income, age in year at first delivery, number of children, last mode of delivery were not significant at 0.05 level, the computes chi square valve were more than the table value at the 0.05 level of significance.

**DISCUSSION**

The purpose of study was to “A study to assess effectiveness of structured teaching programme on knowledge regarding prevention of uterine prolapse among women in selected rural area, Lucknow.”

The sample were selected by non-probability purposive sampling technique. The data was collected from 60 women.

**Objective-1: To assess the pre-test level of knowledge regarding prevention of uterine prolapse among women.**

In pre-test majority 83% of the women were having less than average knowledge level whereas 16% women had inadequate knowledge and 0% of them had adequate knowledge.

In post-test, 41% of women had adequate knowledge, 58% of women had excellent knowledge whereas 0% of them had inadequate knowledge regarding prevention of uterine prolapse.

A quantitative study using evaluative approach using questionnaire on prevention of uterine prolapse. Pre experiental one group pre-test & post-test design was used. Non-probability purposive sampling techniques was used to select 60 samples from the Amethia salempur, Lucknow.

**Objective-2: To evaluate the effectiveness of structure teaching program on knowledge regarding prevention of uterine prolapse among women.**

The evaluation of pre-test and post-test to assess the effectiveness of STP was computed by using paired “t” test. The mean score increased from 30 to 42.42 which showed a marked difference of 12.42 and Standard deviation also increased from 3.8 to 4.2 after the administration of structured teaching programme. The paired “t” test value at -17.10 was significant at  $P < 0.05$  level. It indicates that there was effectiveness of structured teaching programme on increasing level of knowledge on prevention of uterine prolapse.

A quantitative research approach with pre-experimental one group pre-test and post-test design was used for the study. The setting of the study was Gynaecology OPD at AIMS, Kochi. By using non-probability convenience sampling technique, 40 antenatal mothers were selected. A semistructured questionnaire was used to assess the demographic data and knowledge regarding preventive measures of the UP in mothers. The STP was provided to the participants after pre-test. The post-test was done on the 14th day after pre-test. The sample characteristics were described using frequency, percentage. Chi-square test was used to find out the association between knowledge of mothers regarding preventive measures of UP and selected demographic variables. The mean pre-test knowledge score was  $11.85 \pm 4.36$  and the mean post-test knowledge score was  $19.75 \pm 2.98$ . There was a statistically significant improvement in the level of knowledge regarding preventive measures of UP among the mothers ( $t$ -value=16.01,  $P < 0.05$ ) and significant association was found between Pre-test level of knowledge and age of mothers ( $\chi^2 = 6.30$ ,  $P = 0.043$ ).

**Objective- 3: To associate the Pre-test knowledge regarding prevention of uterine prolapse among women with selected demographic variables.**

In pre-test there was no association with the other demographic variables.

The researcher calculated the value of Chi-square in order to find out the association between the level of pre-test knowledge score with their demographic variables among nursing students at  $P < 0.05$  level of significance.

The post-test there was significant association with level of knowledge on prevention of uterine prolapse among women with regard to previous knowledge whereas no other demographic variables of the post-test showed association. The researcher calculated the value of chi-square in order to find out the association between the levels of post-test knowledge core with their demographic variables.

**CONCLUSION**

From this study “A study to assess the effectiveness of structured teaching program on knowledge regarding prevention of uterine prolapse among women in selected rural area, Lucknow” identified that the women's had gained knowledge on uterine prolapse.

The result of this study showed that there was an improvement in the level of knowledge among women's after the administration of my intervention through various AV Aids. Thus, the alternative hypothesis was accepted.

**LIMITATION**

The study was limited to:

- 60 married women.

- Those who were present at the time of data collection.

## **NURSING IMPLICATIONS**

### **NURSING PRACTICE**

Health education is an important aspect of nursing practice. For effective health education the women should gain complete knowledge about the preventive measures of uterine prolapse. Thus the educative role of nurse could be implemented in the Nursing practice.

### **NURSING EDUCATION**

The present study emphasizes on the enhancement of the knowledge regarding preventive measures of uterine prolapse. The nurses must have adequate knowledge and skill regarding preventive methods of uterine prolapse for providing education. The nurses should take active participation in health education programme.

### **NURSING ADMINISTRATION**

Nursing administration should take interest in motivating the Nursing personnel especially the nurses to improve their knowledge and professional knowledge and skills by attending the health conferences, workshops, seminars and training programs on prevention of uterine prolapse.

### **NURSING RESEARCH**

The survey provides baseline data for conducting other research studies. The findings of the study are helpful for nursing professionals, researchers and investigators to conduct further studies to find out the effectiveness of various methods of providing education on improving knowledge and skill training regarding prevention of uterine prolapse. Thus the researcher can and must narrow down the present research topic into more précised and clear form.

## **RECOMMENDATION**

- A study can be replicated on a large sample of women for wider generalization of findings.
- A similar study can be conducted to explore the experience of women on prevention of uterine prolapse.
- A similar study can be conducted to explore the level of attitude, self-efficacy and therapeutic communication of women on uterine prolapse.
- A study can be conducted to assess the perceptions of women on the uterine prolapse.

## **SUMMARY**

The study conducted to evaluate the effectiveness of structure teaching programme on knowledge regarding the prevention of uterine prolapse among women in selected rural area, Lucknow. The research was conducted using Quantitative research approach. The sample were collected using Purposive sampling technique and Pre-experimental research design (One group pre-test post-test design) was used in this study. A total 60 sample were selected to be a part of this study. The major finding states that on assessing the level of knowledge it was found that 41% of women had adequate knowledge, 58% of women had excellent knowledge whereas 0% of them had inadequate knowledge regarding prevention of uterine prolapse.

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