



# “Effect of Health Teaching Program on Knowledge and Practice Regarding Prevention of Uterine Prolapse among High Risk Women at Selected Urban Area.”

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## Abstract

**Background of study:-**“A Study to assess the effect of health teaching program on knowledge and practice regarding prevention of uterine prolapse among highrisk women at selected urban area.was conducted in partial fulfillment of requirement of award degree in Master of Science in Nursing at Dr.D.Y.Patil college of Nursing,PimpriPune,Maharashtra affiliated to Dr.D.Y.Patil University Pimpri,Pune-18.**Purpose:-**Assess the effect of health teaching program on knowledge and practice regarding prevention of uterine prolapse among high-risk women at selected urban area.**Methodology:-** 60 mothers selected urban area at Phulenagar, Non probability purposive sampling technique was adopted.Samples consists In this study,the population consists of mothers who had delivered under between 30-50 years who had vaginal delivery and the highrisk women in selected urban area at PhuleNagar.In this study the researcher has adopted Pre-experimental design,one group pre-test and post-test design.**Principle Result:-**Reliability was done byTest-retest method and calculated by Pearson’s correlation coefficient formula.The reliability co-efficient was found (0.86%). Since “p-values”corresponding to all demographic variables were large(greater than 0.05), none of the demographic variables was found to have significant association with knowledge among high-risk women regarding prevention of uterine prolapse.Since all“p-value” corresponding to parity was small (lessthan0.05),demographic variable parity was found to have significant association with the practices among high-risk women regarding prevention of uterine prolapse. Inposttest,28.3%ofhigh-riskwomen had less practice(score1-4 and 71.7% of them had moderate practices (Score4-6) regarding prevention of uterine prolapsed.91.7% of high-risk women had poor knowledge(score0-5)8.3% had average knowledge(score6-10)regarding prevention of uterine prolapsed.**Major Conclusion:-**Post-test was conducted for the groups on 7<sup>th</sup>day.The tests used were calculation no frequency, percentage, mean,

standard deviation paired 't' test and ANOVA. The level of significance set for testing the hypothesis was 0.05. The "p-value" 0.000. So the analysis concluded study by accepting the  $H^1$  hypothesis. So  $H^1$  alternative hypothesis is accepted and there is significant effect of health teaching on knowledge on prevention of uterine prolapse among high risk women at selected urban area.

## INTRODUCTION

According to the recent Appreciate by WHO and UNICEF, nearly 5,95,000 women die each year worldwide from the complication related to pregnancy and childbirth. In India, every 5 minutes one woman die of complication related to pregnancy and childbirth, which adds upto total of 1,22,000 women per year.<sup>1</sup>

The uterus an organ of the female reproductive system. It is shaped like pear and about 7.6 cm long 4.5cm broad and 3.0 cm thick and is located inside the pelvis. The uterus, bladder and bowel are carry by stiff hammock of muscles slung between the tailbone and pubic bone. These muscles be familiar as the pubic floor muscle. If these tissues are weakened. The uterus can slip down into the vagina.<sup>2</sup>

The grall for women's health have changed from the treatment of problem to maintenance of wellness which promotes self care through education and support. The major objective is to empower each woman to give back the control over her body and its health by treating her as an informed and independent learner, to respect informed decision about how she predictable treated and to motivate the split of knowledge conformation woman to woman.<sup>4</sup> The characteristic occurring complication with pelvic support is uterine prolapse. The uterus can undergo minor displacement in ways to be specific considered to be normal variations with little or no clinical effects. Uterine prolapse constitute a severe uterine problem in which the uterus protrudes through the pelvic floor aperture or genitalia interruption. Uterine prolapse occurs most often in having multiple births women as a response to injuries to the muscle and fascia of the pelvis provoke during childbirth.<sup>3</sup>

Available information suggests that uterine prolapse is primarily a disease of the parous and often elderly post menopausal women. The true unresolved is uncertain due to the fact that a number of lady with uterine prolapse shall not available for guidance clue to the privacy attached to the affectation of the sexual or reproductive organs coupled with the stigmatization accorded associated clinical entities such as urinary and fecal incontinence. However, the existing data suggest that about 50% of parous women suffer some form of genital tract prolapse and only 10-20% of them seek medicare.<sup>3</sup>

## BACKGROUND OF THE STUDY

The prevalence of prolapse as determined by clinical examination on the basic of eight community based studies in different parts of India found a prevalence rate between 1% to 27%.<sup>6</sup> WHO studies on family formation pattern and health in Columbia, Pakistan, Philippines and Syria indicate that uterine prolapse affects 3-5% of women under 45 years of age. The prevalence of prolapse as determined by clinical examination on the basic of eight community based studies in different parts of India found a prevalence rate between 1% to 27%.<sup>6</sup>

A research administer on women's experience of unborn genitalia stenosis, it showed suchlike roughly 40% of women reported to suffering from uterine prolapse behind them very first delivery (10 women) or second delivery (3 women), 11 after their third delivery, 9 women after their fourth to sixth deliveries and 2 after their ninth delivery. Despite estimates that 20% of women on gynecological waiting lists are awaiting surgery for prolapse and 13% of hysterectomies are undertaken because of prolapse.<sup>7</sup>

The cautious expand in life expectancy in developed countries above the over and done with century has produced an enlarge demand on the fitness care system for practitioners conversant accompanied by disorders of the elderly population. In this article, the authors discuss the clinical presentation etiology, evaluation, and management of uterine prolapse (UP).<sup>8</sup>

### NEED FOR THE STUDY

Over India, the occurrence of prolapse is high expected to lack of awareness and women experience more than one child Births. Even as per the study done in southern India, 440 women under the age of 35 exist evaluated for gynaecological morbidity, and prolapse were noted in 3.4% of women. In a study done in northern India, of 2,990 married women surveyed for prolapse, cases of prolapse were found among 7.6%. The mean age of women suffering from prolapse in India.<sup>9</sup>

Each most recurrent symptom happen something coming gone away per vaginum (in 97.57%) followed by the disturbances in micturition found in 93.62% women. 80.85% women had third degree prolapse and cystocele was here in 95.74% women. Untimely recognition of risk factors and appreciation about preventive measures will help up to prevent difficulty of the disease. So, the researchers found it is relevant to improve the knowledge regarding prevention of uterine prolapse among women by on condition that health instruction.<sup>10</sup>

According to WHO in 2000 estimates, reproductive ill health accounts for 33% of total diseases burden in women globally. The global prevalence of uterine prolapse is estimated to be 2-20% in women under the age of 40 in Nepal. A recent sweep in studies have boosted information at length women's reproductive health. In hostility of widespread reports of problems uncommonly uterine prolapse.<sup>11</sup>

A woman accompanied prolapse may complain of a lump in the vagina or a fondness of "something is coming down", back-ache along with a bearing down sensation, abdominal pain, vaginal pour, disturbances of micturition, frequency and dysuria, stress incontinence, difficulty in defecation, profuse periods, irregular bleeding and bleeding due to the protruding prolapse becoming ulcerated. In case of third degree prolapse, the external swelling may cause inconvenience to the woman while walking and carrying out her daily activities. Commonly women are keeping these conditions secret because of the shame, as it is affecting a sensitive part. So allurements are contemplated as a "disguised reverse with the aim of women".<sup>12</sup>

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Prolapse of the uterus are common in women. Knowledge of pelvic anatomy and prolapse is necessary for selecting a right form of treatment and achieving triumphant therapy. Follow-up is sufficient for prolapses that are a symptom or present minor symptoms. Rehabilitation of pelvic floor muscles potentially thoughtful in the prevention of prolapse. The manoeuvre of pessaries comes into interrogation largely in patients to that a surgical treatment is not connected. So age of consent of the premenopausal women were need in the knowledge concerning preventive measures of uterine prolapse. It is felt that attending is a need for updating the knowledge of the multiparous women. Thus this analysis may aid the multiparous women to prevent the uterine prolapse.<sup>15</sup>

Women tolerate coming from uterus prolapse are contemplated immoral and looked downwards against by husbands, families and society, in which segregate them from social undertaking. Husbands threaten to take another wife when they do not get sexual satisfaction. It may cause various problems for the women and even lead to breakdown of the family. Such trouble has been reported by a number of women suffering from uterine prolapse. Potency and pummel is associated with enforced sexual intercourse likewise ensue announce. Uterine prolapse has been shown to seriously compromise the quality of life of affected women, with reaching consequences not only for their physical health, but also for their sexual life and their ability to work and earn for their livelihood.<sup>16</sup>

A study was conducted to find out causes and experiences of uterine prolapse among 37 women in Tamilnadu, India. The results revealed that 32 subjects were diagnosed with uterine prolapse and commonly perceived causes were age, number of 6 delivery, lack of family support, strenuous manual work following parturition, hesitancy to mention the problem to the doctor, extortionate, and laceration to the pelvic floor. The study concluded that a community-based organisations concerned with the health of women can provide health education as well as support to the affected women and their families, and help them obtain necessary treatment.<sup>17</sup>

## VARIABLES OF THE STUDY

**DEPENDENT VARIABLE:** Knowledge and practice regarding preventive measures of uterine prolapse among high risk women.

**INDEPENDENT VARIABLE:** Health teaching programed on preventive measures of uterine prolapse.

**ATTRIBUTING VARIABLE:** Demographic variables such as age in years, marital status, age at marriage, parity, number of children, occupation, type of work, dietary pattern.

## RESEARCH HYPOTHESIS

H<sub>1</sub>: There will be a remarkable difference between pretest and post-test level of knowledge, and practice on prevention of uterine prolapse among high risk women before and after the directing of health teaching programmed in experimental group.

## ASSUMPTIONS

The study assumes that:

- Knowledge is the base for practice.
- The multiparous women may have inadequate knowledge on prevention of uterine prolapse.
- The Health teaching program will improve the level of knowledge, and practice on prevention of uterine prolapse among high risk women.

## Research Methodology

### Research approach:

An evaluative research approach for this study in order to accomplish the objectives. Evaluative research approach was adopted for the study effect of health teaching program on knowledge and practice regarding prevention of uterine prolapse among high risk women at selected urban area.

### Research design

Pre-experimental design, one group pre-test and post-test design.

### Setting

The present study was conducted in selected community of Phule Nagar urban area.

### Population

In this study, the population consists of mothers who had delivered under between 30 -50 years who had vaginal delivery and the high risk women in selected urban area at Phule Nagar.

### Sample

In the present study, the samples consist of 60 mothers of selected urban area at Phule Nagar.

### Sampling technique

Non probability purposive sampling technique

### Sample size

The sample size for this study was 60 mothers of selected urban area at Phule Nagar.

### Sampling criteria

#### Inclusion criteria:

1. The high risk women between the age group of 30 to 50 years.
2. Women who have had two or more vaginal deliveries.
3. The women who are willing to participate.
4. Women who do strainous /heavy lifting work.
5. The women who are available at the time of data collection.

#### Exclusive criteria:

1. Had undergone operative deliveries
2. Have undergone hysterectomy

## DESCRIPTION OF THE TOOL

The Structured Questionnaire consists of three sections:



## **SECTION-A: DEMOGRAPHIC VARIABLES**

This section consist of 8 question which seek information regarding Demographic data such as age in years , marital status , age at marriage ,parity ,number of children ,occupation ,type of work , dietary pattern

## **SECTION-B: LEVEL OF KNOWLEDGE**

Structured interview schedule on prevention of uterine prolapse prepared to assess the knowledge of preventive measures of uterine prolapse.

It consist 15 items on following areas

- Anatomy
- Sign and symptoms
- Causes
- Diagnostic test
- Prevention
- Health education

There are a total of 15 questions in the Questionnaire, Item number 1-2 related to meaning,Item number 3, 4 related to sign and symptoms , Item number 5 related to causes, Item number 6 related to diagnostic test , Item number 7, 12 related to prevention , Item number 13-15related to health education .

## **SECTION C: RATING SCALE TO ASSESS THE PRACTICES REGARDING PREVENTION OF UTERINE PROLAPSE**

### **SCORING**

There were four options given for the Questionnaires and out of that only one answer was correct while others were wrong. The scoring for correct answers was '1' and for the wrong answer was '0', The scores range from a minimum of zero to maximum score of 15 The level of knowledge have been classified as very poor (0-5), Poor (6-10), Average (11-15), Good, And for rating scale the right step was given wrong step scoring 1" and for the The scores range from a minimum of zero to maximum of 10. The level of practice has beenclassifie less practices (1-4), Poor (5-7), moderate (8-10). Good practices.

### **RELIABILITY OF THE TOOL**

In this study the reliability for questionnaire was done using test –retest method .Pearson's correlation coefficients were found to be 0.82 for section B and 0.88 for section C. Which is reliable.It was done in Nehru Nagar Pimpri Chinchwad area..Hence the tool is reliable and the investigator can proceed to pilot study.

## PLAN FOR DATA ANALYSIS:

Analysis is the systematic organization and synthesis of research data and the testing of research hypothesis using that data<sup>56</sup>

The statistical analysis was made on the basis of objectives and hypothesis. The data have analysis live planned to include descriptive and inferential statistics. The following plans were selected to developed with the aim of data analysis on the basis of the opinion of experts.

- For the analysis of demographic data frequencies and percentage was calculated.
- The significance was calculated by using mean man, standard deviation and calculated 't' value.
- ANOVA test was hard to find the co-relation with every item and the finding was documented in tables, graphs and diagrams.

### Tools and Techniques

In this study **Section A** - Demographic variables.

**Section B**- Questionnaire for assessing the level of knowledge of preventive measures of uterine prolapse.

**Section C**- Rating scale to assess the practices regarding prevention of uterine prolapsed.

**Results: Analysis and Interpretation of Data Under the following headings the analysis of data is organized and presented.**

**Section I:** Description of samples (High risk women) based on their personal characteristics in terms of frequency and percentages.

**Section II:** Analysis of data related to knowledge, and practice on prevention of uterine prolapsed among high-risk women.

**Section III:** Analysis of data related to Effect of Health Teaching on knowledge and practices among high-risk women prevention of uterine prolapse.

**Section IV:** Analysis of data related to association of knowledge and practice with selected demographic variables.

**Section I:-Description of samples (High risk women) based on their personal characteristics.**

**Table 1:** Description of samples (High risk women) based on their personal characteristics in terms of frequency and percentages.

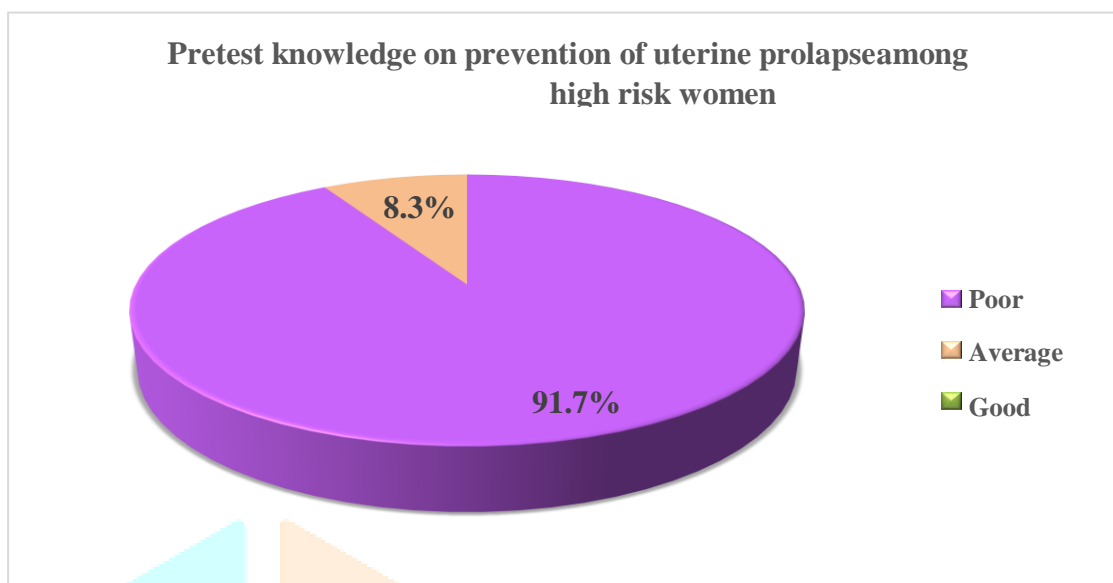
**N=60**

| Sr No | Demographic variable | Frequency | Percentage |
|-------|----------------------|-----------|------------|
| 1.    | Age                  |           |            |
|       | 30-40 years          | 27        | 45.0%      |
|       | 41-51 years          | 14        | 23.3%      |
|       | > 51 years           | 19        | 31.7%      |
| 2.    | Marital Status       |           |            |
|       | Married              | 48        | 80.0%      |
|       | Widow                | 12        | 20.0%      |
| 3.    | Age at marriage      |           |            |
|       | 18-22 years          | 37        | 61.7%      |
|       | 23-27 years          | 23        | 38.3%      |
| 4.    | Parity               |           |            |
|       | Primipara            | 3         | 5.0%       |
|       | Multipara            | 27        | 45.0%      |
|       | Nullipara            | 30        | 50.0%      |
| 5.    | Number of children   |           |            |
|       | One                  | 2         | 3.3%       |
|       | Two                  | 26        | 43.3%      |
|       | Three                | 23        | 38.3%      |
|       | None                 | 9         | 15.0%      |
| 6.    | Occupation           |           |            |
|       | Service /business    | 7         | 11.7%      |
|       | Strenuous worker     | 17        | 28.3%      |
|       | Housewife            | 36        | 60.0%      |
| 7.    | Type of work         |           |            |
|       | Sedentary            | 7         | 11.7%      |
|       | Moderate             | 34        | 56.7%      |
|       | Heavy Worker         | 19        | 31.7%      |
| 8.    | Type of diet         |           |            |
|       | Vegetarian           | 15        | 25.0%      |
|       | Non vegetarian       | 37        | 61.7%      |
|       | Mixed                | 8         | 13.3%      |



**Section II:- Figure-1 Analysis of data related to knowledge, and practice on prevention of uterine prolapse among high-risk women.**

**N=60**



**Pie graph shown analysis data of pre-test knowledge on prevention of uterine prolapse among high risk women**

**Table 2: Level of Practices on prevention of uterine prolapse among high-risk women.**

**N=60**

| Practices Scoring    | Pretest   |              |
|----------------------|-----------|--------------|
|                      | Frequency | Percentage % |
| Less (Score 0-3)     | 41        | 68.3%        |
| Moderate (Score 4-6) | 19        | 31.7%        |
| Good (Score 7-10)    | 0         | 0.0%         |

Table No 2: shows that in pre-test ,68.3% of the high-risk women had less practices (score 0-3)and 31.7% of them had moderate practices (score 4-6) regarding prevention.

**Section III**

**Analysis of data related to effect of health teaching on knowledge and practices among high-risk women prevention of uterine prolapse.**

**Table 3:** Effect of health teaching on knowledge among high-risk women prevention of Uterine prolapse.

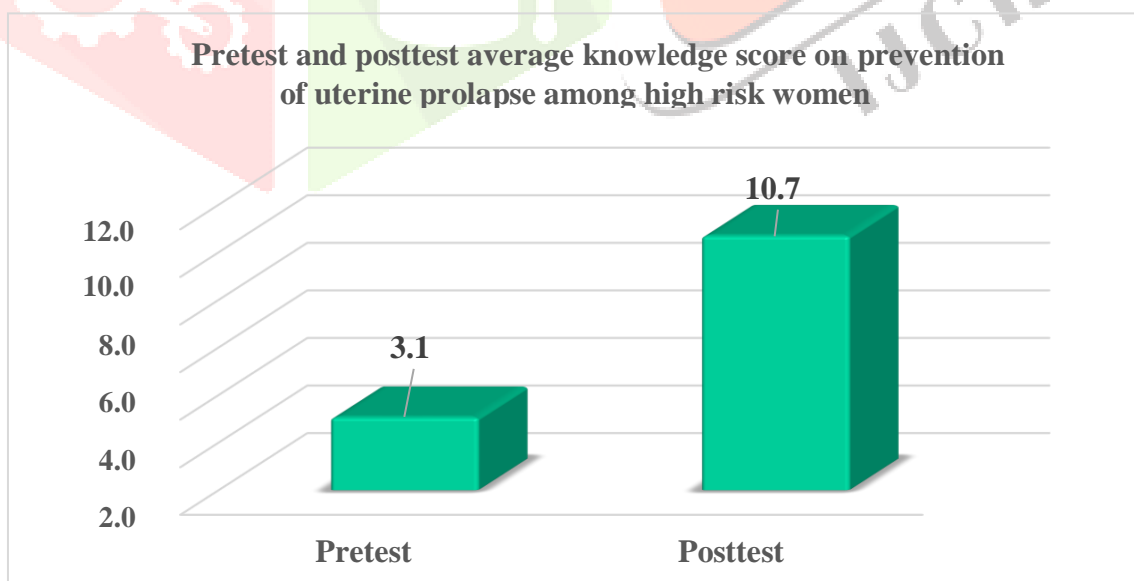
N=60

| Knowledge            | Pre-test  |              | Post-test |              |
|----------------------|-----------|--------------|-----------|--------------|
|                      | Frequency | Percentage % | Frequency | Percentage % |
| Poor (Score 0-5)     | 55        | 91.7%        | 0         | 0.0%         |
| Average (Score 6-10) | 5         | 8.3%         | 27        | 45.0%        |
| Good (Score 11-15)   | 0         | 0.0%         | 33        | 55.0%        |

Table No 3 shows that in pre-test, 91.7% of the high-risk women had poor knowledge (Score 0-5) and 8.3% of them had average knowledge (score 6-10) regarding prevention of uterine prolapse. In post-test, 45% of the high-risk women had average knowledge (Score 6-10) and 55% of them had good knowledge (score 11-15) regarding prevention of uterine prolapse. This indicates that the knowledge among high-risk women improved remarkably after health teaching.

**Figure -2 :** Paired t-test for the effect of Health teaching on knowledge among high-risk women prevention of uterine prolapse.

N=60



**Figure -2 :** shows that the Researcher applied paired t-test for the effect of Health Teaching on knowledge regarding prevention of uterine prolapse. Average knowledge score in pre-test was which increased to 10.7 in post-test. T-value for this test was 21.9 with 59 degrees of freedom. Corresponding p-value take place in small (less than 0.05), this null hypothesis be rejected. It is evident that the knowledge among high-risk mothers improved significantly after health teaching.

**Table 4: Effect of Health teaching on practices among high-risk women prevention of uterine prolapse.**

N=60

| Practice             | Pre-test  |              | Post-test |              |
|----------------------|-----------|--------------|-----------|--------------|
|                      | Frequency | Percentage % | Frequency | Percentage % |
| Less (Score 0-3)     | 41        | 68.3%        | 0         | 0.0%         |
| Moderate (Score 4-6) | 19        | 31.7%        | 17        | 28.3%        |
| Good (Score 7-10)    | 0         | 0.0%         | 43        | 71.7%        |

Table No 4 shows that in pre-test, 68.3% of the high-risk women had less practice (score 0-3) and 31.7% of them had moderate practices (Score 4-6) regarding prevention of uterine prolapse. In posttest, 28.3% of the high-risk women had less practice (score 1-4) and 71.7% of them had moderate practices (Score 4-6) regarding prevention of uterine prolapse. This indicates that the knowledge among high-risk women improved remarkably after health teaching.

**Table 5: Paired t-test for the effect of Health teaching on practices among high-risk women prevention of uterine prolapse.**

N=60

|           | Mean | SD  | T    | DF | p-value |
|-----------|------|-----|------|----|---------|
| Pre-test  | 3.0  | 1.0 | 22.2 | 59 | 0.000   |
| Post-test | 7.3  | 1.3 |      |    |         |

Table No 5 shows that Researcher applied paired t-test for the effect of Health Teaching on practices regarding prevention of uterine prolapse. Average practice score in pre-test was 3 which increased to 7.3 in posttest. T-value for this test was 22.2 with 59 degrees of freedom. Corresponding p-value take place in small (less than 0.05), this null hypothesis be rejected. It is evident that the practices among high-risk mothers improved significantly after health teaching.

**Section IV** Analysis of data related to association of knowledge and practice with selected demographic variables.

Association of knowledge and practices with selected demographic variables was assessed using Fisher's exact test. Among this study summary of Fisher's exact test is tabulated below:

**Table 6: Fisher's exact test for the association between knowledge with selected demographic variables**

**N=60**

| Sr No | Demographic variable |                   | Knowledge |      | p-value |
|-------|----------------------|-------------------|-----------|------|---------|
|       |                      |                   | Average   | Poor |         |
| 1.    | Age                  | 30-40 years       | 1         | 26   | 0.424   |
|       |                      | 41-51 years       | 1         | 13   |         |
|       |                      | > 51 years        | 3         | 16   |         |
| 2.    | Marital Status       | Married           | 5         | 43   | 0.573   |
|       |                      | Widow             | 0         | 12   |         |
| 3.    | Age at marriage      | 18-22 years       | 5         | 32   | 0.146   |
|       |                      | 23-27 years       | 0         | 23   |         |
| 4.    | Parity               | Primipara         | 0         | 3    | 0.506   |
|       |                      | Multipara         | 1         | 26   |         |
|       |                      | Nullipara         | 4         | 26   |         |
| 5.    | Number of children   | One               | 0         | 2    | 0.865   |
|       |                      | Two               | 3         | 23   |         |
|       |                      | Three             | 2         | 21   |         |
|       |                      | None              | 0         | 9    |         |
| 6.    | Occupation           | Service /business | 0         | 7    | 1.000   |
|       |                      | Strenuous worker  | 1         | 16   |         |
|       |                      | Housewife         | 4         | 32   |         |
| 7.    | Type of work         | Sedentary         | 0         | 7    | 0.383   |
|       |                      | Moderate          | 2         | 32   |         |
|       |                      | Heavy Worker      | 3         | 16   |         |
| 8.    | Type of diet         | Vegetarian        | 1         | 14   | 1.000   |
|       |                      | Non vegetarian    | 4         | 33   |         |
|       |                      | Mixed             | 0         | 8    |         |

Table No 6 shows that since p-values corresponding to all the demographic variables were large (greater than 0.05), none of the demographic variables was found to have significant association with the knowledge among high-risk women regarding prevention of uterine prolapse.

**Table 7: Fisher's exact test for the association between practices with selected demographic variables**

N=60

| Sr No | Demographic variable |                   | Practices |      | p-value |
|-------|----------------------|-------------------|-----------|------|---------|
|       |                      |                   | Average   | Poor |         |
| 1.    | Age                  | 30-40 years       | 5         | 22   | 0.128   |
|       |                      | 41-51 years       | 6         | 8    |         |
|       |                      | > 51 years        | 8         | 11   |         |
| 2.    | Marital Status       | Married           | 16        | 32   | 0.735   |
|       |                      | Widow             | 3         | 9    |         |
| 3.    | Age at marriage      | 18-22 years       | 12        | 25   | 0.769   |
|       |                      | 23-27 years       | 7         | 16   |         |
| 4.    | Parity               | Primipara         | 0         | 3    | 0.001   |
|       |                      | Multipara         | 7         | 20   |         |
|       |                      | Nullipara         | 12        | 18   |         |
| 5.    | Number of children   | One               | 0         | 2    | 0.749   |
|       |                      | Two               | 10        | 16   |         |
|       |                      | Three             | 7         | 16   |         |
|       |                      | None              | 2         | 7    |         |
| 6.    | Occupation           | Service /business | 2         | 5    | 0.921   |
|       |                      | Strenuous worker  | 6         | 11   |         |
|       |                      | Housewife         | 11        | 25   |         |
| 7.    | Type of work         | Sedentary         | 0         | 7    | 0.123   |
|       |                      | Moderate          | 11        | 23   |         |
|       |                      | Heavy Worker      | 8         | 11   |         |
| 8.    | Type of diet         | Vegetarian        | 3         | 12   | 0.485   |
|       |                      | Non vegetarian    | 14        | 23   |         |
|       |                      | Mixed             | 2         | 6    |         |

Table number 7 shows that since all p-value corresponding to parity was small (less than 0.05), the demographic variable parity was found to have significant association with the practices among high-risk women regarding prevention of uterine prolapse.

### Discussion

The findings of the study have been discussed with reference to the objectives and hypothesis stated in chapter I, and with the findings of the other studies. The pre-test of high-risk women in the experimental groups on knowledge, and practice on prevention of uterine prolapse among high-risk women.

Effect of health teaching on knowledge among high-risk women prevention of uterine prolapse. In pre-test, 91.7% of the high-risk women had poor knowledge (Score 0-5) and 8.3% of them had average knowledge (score 6-10) regarding prevention of uterine prolapse. In posttest, 45% of the high-risk women had average knowledge (Score 6-10) and 55% of them had good knowledge (score 11-15) regarding

prevention of uterine prolapse. This indicates that the knowledge among high-risk women improved remarkably after health teaching. Paired t-test for the effect of Health Teaching on knowledge among high-risk women prevention of uterine prolapse.

Paired t-test for the effect of Health Teaching on practices among high-risk women prevention of uterine prolapse. Researcher applied paired t-test for the effect of Health Teaching on practices regarding prevention of uterine prolapse. Average practice score in pretest was 3 which increased to 7.3 in posttest. T-value for this test was 22.2 with 59 degrees of freedom. Corresponding p-value take place small (less than 0.05), this null hypothesis be rejected. It is evident that the practices among high-risk mothers improved significantly after health teaching.

Association of knowledge and practices with selected demographic variables was assessed using fisher's exact test for the association between knowledge with selected demographic variables. Since, the p-values corresponding to all the demographic variables were large (greater than 0.05), none of the demographic variables was found to have significant association with the knowledge among high-risk women regarding prevention of uterine prolapse. Since, all p-value corresponding to parity was small (less than 0.05), the demographic variable parity was found to have significant association with the practices among high-risk women regarding prevention of uterine prolapse. From all the above findings, it can be considered that most of the high risk women attending uterine prolapse had poor or average knowledge and practice of uterine prolapse. After administration of the health teaching, knowledge and practice of majority of patient attending selected uterine prolapse considerably increased to a higher score in post-test, whereas in the pre-test scores remained approximately low.

### **Conclusion**

The conclusion drawn from the training of the study are follows: The, 't' test which was done to find the effect of health teaching program on knowledge and practice regarding prevention of uterine prolapse among high risk women at the selected urban area, related to uterine prolapse, revealed that there is highly significant gain in knowledge and practice of high risk women attending selected uterine prolapse in the post-test who had been supplemented with the health teaching related to uterine prolapse. The correlation finding was done to end the relationship of increase in knowledge and practice level with selected demographic variables, by using one-way ANOVA test and calculating the 'p' value.

### **Limitations**

- A structured interview schedule was used for data collection which restricts the amount of information that can be obtained from the respondent.
- The sampling size is limited to 60
- Data collection period was limited.



## Recommendations

1. A similar study can be done on a larger sample. study can be conducted to assess the knowledge and attitudes related to prevention of uterine prolapse.
2. A comparative study can be done between different categories of professionals.
3. A study may be conducted to evaluate the effectiveness of booklet related to prevention of uterine prolapse.
4. A study can be done on association between various demographic variables, which were significant, on larger samples.

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