"ASSESSMENT OF AWARENESS ON KNOWLEDGE REGARDING HYSTERECTOMY AMONG WOMEN ATTENDING MCH CENTER, TIRUPATI."

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ABSTRACT

    A STUDY TO ASSESS THE KNOWLEDGE REGARDING HYSTERECTOMY AMONG WOMEN ATTENDING MCH CENTER, AT TIRUPATI.

Objectives:

- ✝ To assess the level of knowledge among women regarding hysterectomy.
- ✝ To find out the association between knowledge scores of women regarding hysterectomy with their selected socio-demographic variables.

Methodology: The research approach used for the present study was Cross-Sectional Descriptive Research Design. The sample of the study were chosen by Non-Probability Convenient Sampling Technique, which includes 100 Women aged between 35-60 years who were attending MCH center at Tirupati. A structured questionnaire was used to collect the data which consists of 25 dichotomous questions.

Results: The study findings revealed that, 61% had moderate knowledge, 23% had adequate knowledge and 16% had inadequate knowledge and a significant association between age of women (x2= 38.311, P=0.001), marital status (x2=18.449, P=0.001), education of the women (x2 =26.400, P=0.001), occupation (x2= 21.019, P=0.002) living area (x2= 20.572, P=0.002), type of family (x2=13.798,P=0.008), family history of hysterectomy(x2=9.509,P=0.009), were significant at p <0.01 level. The relationship between family income of the women (x2=10.041, P=0.040), was significant at <0.05 level.

Conclusion:

The conclusion suggests that, majority of women had moderate knowledge on hysterectomy and hence women need to improve the knowledge regarding hysterectomy.

KEY WORDS: Knowledge, Hysterectomy.

INTRODUCTION:

Surgery is a major part in the field of gynecology. The uterus is the organ that cradles & nourishes the unborn baby in a woman. It also produces the monthly flow. Hysterectomy has been advocated in women for a variety of indications like uterine fibroids, cervical cancer, uterine prolapse, other infections like peritoneal sepsis.. The removal of the uterus is known as hysterectomy. A hysterectomy can save life, correct serious problems that interfere with the normal functions & improve the quality of life.

A hysterectomy is suggested for a number of conditions & diseases.

NEED FOR THE STUDY;

Compared to a higher frequency of hysterectomy (10 – 20%) in other countries, a lower rate (4 – 6%) has been reported from India. Higher tolerance threshold of Indian women and a low level of medicalization have been proposed as the reasons for this lower rate. However, this issue needs further in depth study since the literature on this aspect is scarce in India.

Health is the most valuable of all possessions, for with health one can attain anything else within reason. We should desire and acquire good health because when healthy we are at our maximum efficiency.

Keeping these views in mind the investigator would like to assess the knowledge of women regarding hysterectomy.

MATERIALS & METHODOLOGY

RESEARCH APPROACH

The research approach adopted was Descriptive research approach to achieve the objectives of the study, which were felt to be most appropriate in the field of education for its practicability in real life situations.

RESEARCH DESIGN

The research design selected for the present study was Cross-Sectional Descriptive Research Design.

SETTING OF THE STUDY

The study was conducted at MCH center, Tirupati. The setting was chosen on the basis of investigator feasibility in terms of availability of required sample and co-operation extended by the management and health personnel.

SAMPLE

Sample consists of Women aged between 35 to 65 years, who were attending MCH center, at the time of data collection, Tirupati.

SAMPLE SIZE

Sample size consists of 100 Women.

SAMPLING TECHNIQUE

As the selection of sample depends on availability of Women, non probability convenient sampling technique was adopted based on inclusion criteria

CRITERIA FOR SAMPLE SELECTION:

Inclusion criteria:-

- Age group between 35 years to 60 years.
- Who were willing to participate in the study.
- Who were available at the time of data collection.

Exclusion criteria:

- Women who were not willing to participate in the study
- Women who were suffering from another Gynecological health problems.

TOOL:

The tool was developed with the help of related literature from various textbooks, journals, websites, discussions and guidance from experts.

The tool consists of II sections.
Section-I:- Consists of questions related to demographic data.

It consists of variables such as age, religion, age of menarche, monthly income, occupation, area of residence, type of family, education. number of children, and source of information about hysterectomy.

Section-II:- Consists of questions to assess the knowledge on hysterectomy among Women. This section comprises 25 dichotomous questions prepared on following aspects.

- General information
- Indications
- Types of hysterectomy
- Management
- Complications
- Prevention.

CONTENT VALIDITY:

Content validity refers to which the items of an instrument adequately represents the universe of the content for the content of being measured. The tool was submitted to 10 experts. It includes 4 experts from department of Obstetrics & Gynecology and 6 experts from Nursing department, necessary modifications were made and the tool was translated into Telugu language and appropriateness obtained from Telugu Pundit, Thus, the tool put to the test in the pilot study.

RELIABILITY OF THE TOOL:

Reliability of the research instrument is defined as, the extent to which the instrument yields the same results in repeated measures; it is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity.

To establish the reliability of the tool, Cronbach's alpha reliability method was used. The reliability of the instrument was established by administering the tool to 10 Women, who were not included in the pilot study, who fulfilled the inclusion criteria. The tool was found to be reliable with the reliability score of 'r value 0.854.

PROCEDURE FOR DATA COLLECTION:

As mentioned earlier, formal permission was obtained. It was decided to take 100 samples with a minimum of 10-15 samples per day. After explaining about the study, and taking written consent from participants the investigator made the Women to sit comfortably and the questionnaire was administered and asked them to tick the correct answer in the brackets given. For those who could not read and write the questionnaire, the investigator filled up the questionnaire as per the Women response. The data collection took 20-30 minutes for completion from each participant. After the completion of questionnaire an information booklet was given to all participants. The same procedure was followed for all 100 samples.

The investigator thanked the participant for their willing and cooperation extended and willingness to participate in the study.

PLANS FOR DATA ANALYSIS:

It was planned to analyze the data by using Descriptive and Inferential statistics.

- Descriptive statistics like frequency, percentage were used to assess demographic variables.
- Item analysist to assess the consistency of the knowledge on various aspects of hysterectomy among Women.
- Chi - square test were used to analyse the association between the demographic variables and level of knowledge on hysterectomy among Women.

RESULTS;

Percentage distribution of demographic variables

Out of 100 women, majority 45% were in the age group of 51-60 years and only12% were at the age group of more than 60 years. With regard to marital status majority 76% were married and only 11% were widows. With regard to education of the women majority 35% had no formal education, and only 11% of women had graduation & above of education. Pertaining to occupation majority of 59% were homemaker, and only 10% were government employee. With regard to residence 53% were from urban areas and only 8% were from urban slum. With regard to monthly income majority of 57% were having more than 20,000 Rs and only 19% were having less than 15,000 Rs. Regarding number of children majority 53% had having three children and only 2% had single child. Regarding type of delivery, majority 78% had normal vaginal delivery and only 2% had forceps delivery. Regarding use of contraceptive 65% had no history of contraceptive use, 35% had history of used of contraceptive. Regarding having family history of hysterectomy, 70% had no history of hysterectomy, and 30% had history of hysterectomy. Regarding source of information majority of 55% had from family and friends, and 3% had from health personnel.

Table -1 Percentage distribution of level of knowledge on hysterectomy among women.

(N=100)

S.no	Level of knowledge	Percentage%
1	Inadequate	16.00
2	Moderate	61.00
3	Adequate	23.00
4	Total	100.00

Majority of the women 61% had moderate knowledge, 23% had adequate knowledge and only 16% had inadequate knowledge

Association between selected demographic variables with level of knowledge on hysterectomy **among women.**

A significant relationship between age of women (x2= 38.311, P=0.001), marital status (x2=18.449,

P=0.001), education of the women (x2 =26.400, P=0.001), occupation (x2= 21.019, P=0.002) living area

(x2= 20.572, P=0.002), type of family (x2=13.798,P=0.008), family history of

hysterectomy(x2=9.509,P=0.009), was significant at p <0.01 level. Significant relationship between family income of the women (x2=10.041, P=0.040), was significant at <0.05 level.

CONCLUSION

The study findings revealed that, majority of women had moderate knowledge on hysterectomy, significant association with the age of women, marital status, education, occupation, living area, type of family, family history of hysterectomy was significant at p<0.01 level and hence it is concluded that, women need to improve the knowledge regarding hysterectomy.

IMPLICATIONS

The implications drawn from the present study were vital concern to health care team, including

nursing education, nursing administration and nursing research.

Nursing Education

- Nursing students and nursing personnel should be encouraged to teach the women regarding the importance of the knowledge on risk factors, indications, diagnostic findings, pre& post operative management of hysterectomy.
- Effective teaching material & audio-visual aids should be used to communicate and to express the content clearly.
- Establish planned teaching programs which could be used as illustrative informational models for student nurses, nursing personnel, patients and caregivers.

Nursing Administration

- The nursing administrator should have a health education cell with a group of adequate trained nurses for developing health education material for teaching women on hysterectomy.

- The nursing administrator should conduct teaching program and create awareness among the general public regarding the hysterectomy.
- The nursing administrator should take initiative to conduct effective in-service education programs and continuing nursing education program on newer trends in the development of health teaching on hysterectomy.

Nursing Research

- Nursing research should be done on practicing newer methods of teaching focusing on interest, quality and cost effectiveness.
- Health education is a process which affects and changes the health practice of people in their knowledge and attitudes related to hysterectomy. The new knowledge obtained through the study would enhance evidence based nursing practice. The emphasis on research and clinical studies is needed to improve the quality of nursing care.

Recommendations

- A quasi-experimental study can be conducted on effectiveness of planned teaching program regarding pre&post operative management of hysterectomy among women.
- A comparative study can be conducted to assess the knowledge regarding lifestyle changes and prevention of complications of hysterectomy among women.
- Experimental study can be conducted to assess the effectiveness of selected strategies in improving the self care management of women Undergoing abdominal hysterectomy.

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