A Study to Evaluate the Effectiveness of Structured Teaching Programme on Knowledge regarding Fibroid Uterus among Women at Gynaecology OPD, SVIMS, SPMC(W)H, Tirupati.

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I. Introduction

World Health Organization defines reproductive health as a state of complete, physical, mental, social well being not merely the state of disease or infirmity, reproductive health addresses the reproductive process, functions and system at all stages of life.1

Uterus, the part of the female reproductive system in female is an important organ for each girl in order to complete her lively womanhood in their lifespan. Many changes occur in this organ, uterus as age advances which are pathological in nature. Among them the uterine fibroid is one of the most common tumors of the reproductive system. Uterine fibroids are common and are a substantial cause of morbidity for women of reproductive age. Fibroids affect a women’s quality of life as well as her fertility and obstetrical outcomes. Fibroid are common benign tumor in women of child bearing age. Fibroids are made of muscle cell and other tissues grow in and around the wall of uterus, or womb.2

Uterine fibroids are the slow growing tumors made up of muscles and fibrous tissue attached to the wall of the uterus. Hence they are termed as uterine leiomyoma, myomas or fibromyoma. They appear and grow in women during their childbearing years. The tumor may vary in size from a pin head to the tip of a grape fruit. It may also grow as a single tumor or in clusters. Occasionally they can cause the uterus to grow to the size of a five month pregnancy.3

Fibroids are widely believed to increase risks of cesareans, preterm birth, malpresentation, and abruption placenta - increasing morbidity, mortality, and healthcare costs for mothers and infants.4,5,6 Most of the studies identifying these risks however, did not prospectively ascertain fibroid status (billing or diagnostic codes were often used) or were set among hospital-based populations (where women with larger, more symptomatic fibroids are more likely to be identified).

Despite, it fits in the range of 5% to 21% of other epidemiological prevalence data. The self-reported prevalence of uterine fibroids increased by age, reaching 14.1% in the age group of 40+ years. Some women in the twenties already received a diagnosis of uterine fibroids, though prevalence numbers are rather low (1.8%).7 The mean age at diagnosis is very similar across all countries and ranges between 33.5 and 36.1 years, which are somehow surprising, considering that the countries differ greatly in getting access to the health care system and in their health care provision.8,9

A study examined the incidence of uterine fibroids and factors that affect the women. The study is a prospective, ongoing cohort study of women in Karnataka done during the year 2004-2007. The sample for this study was limited to premenopausal women with intact uterine and no reported diagnosis of fibroids before 2004. The study found uterine fibroids in 2,279 women in 76,711 documented person-years (2.97 percent). Factors that affected the prevalence of uterine fibroids included age at first birth, years since last birth, and younger age at menarche. Women who were parous had an incidence risk ratio of 0.7 relative to nulliparous women. Who had a child less than 5 years of age were less likely to have uterine fibroids than those who had a child 5 to 9 years previously. Finally, women who were older at menarche were less likely to have uterine fibroids than women who experienced onset of menses at 12 to 13 years. The current use of progestin-only injectables as birth control was associated with a 40 percent reduction in risk. Studies reported high levels of satisfaction on the part of the women assessed, measured at various points in time and along varied scales. They reported a range from 87 percent to 97 percent satisfaction with outcomes.10,11

Treatment’s becomes more challenging, especially in young women who may desire fertility at a later stage, and in view of the fact that many women are starting their families in their mid-thirties when they have a 30% chance of having a fibroid(s). As per a study conducted in India in 2006, 60,000 hysterectomies performed annually in India due to fibroid uterus and myomectomy is performed less than 40,000 times. Over 25,000
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uterine artery embolisation have been performed in the country since 1996. The systematic evidence review updated the 2001 agency for healthcare research and quality: systematic review on the management of uterine fibroids. The research examined 107 research studies conducted on the topic between 2000 and 2006. The report says that there has been was fully little research comparing the risks and benefits of different treatment options and few pharmaceutical options for symptom relief have been studied for long-term effectiveness.

Objectives of the study
- To Assess the knowledge regarding fibroid uterus among women
- To evaluate effectiveness of structured teaching programme on fibroid uterus among women.
- To find out association between pretest and post test knowledge scores with demographic variables among women attending Gynecological OPD, SIMS, SPMC(W)H, Tirupati.

Research Hypothesis:
H1 - There will be significant differences between pre-test and post test level of knowledge regarding fibroid uterus among women.
H2 - There will be significant association between post test knowledge scores and demographic variables among women at Gynecological OPD, SPMC (W) H, Tirupati.

II. Material And Methods
A descriptive design was selected for the study on a total sample of 50 women with age group of 30 -50 years, selected by convenient sampling technique. Study was conducted at Gynaecology OPD, SVIMS, SPMC(W)H, for a period of 4 weeks. Data were collected by using structured questionnaire on knowledge regarding fibroid uterus among women through one group pre-test, post test method.

<table>
<thead>
<tr>
<th>Pre-Knowledge regarding fibroid uterus among women</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate</td>
<td>20</td>
<td>40.0</td>
<td>1.78</td>
<td>0.737</td>
</tr>
<tr>
<td>Moderate</td>
<td>21</td>
<td>42.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td>9</td>
<td>18.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 Distribution of post test scores on the knowledge of the fibroid uterus among women attending Gynaecology OPD

<table>
<thead>
<tr>
<th>Post-knowledge regarding fibroid uterus among women</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate</td>
<td>12</td>
<td>24.0</td>
<td>1.98</td>
<td>0.714</td>
</tr>
<tr>
<td>Moderate</td>
<td>13</td>
<td>26.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td>25</td>
<td>50.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4 Paired t-test value between pre and post knowledge on fibroid uterus among women.

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test knowledge</td>
<td>18.90</td>
<td>2.206</td>
<td>3.376</td>
<td>0.001</td>
</tr>
<tr>
<td>Post test knowledge</td>
<td>20.26</td>
<td>2.164</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant at 0.01 level

Table 5 Association Pre- test knowledge and demographic variables on fibroid uterus among women.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Demographic Variables</th>
<th>Chi square</th>
<th>P value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td>9.290*</td>
<td>0.009</td>
<td>*</td>
</tr>
<tr>
<td>2</td>
<td>Marital Status</td>
<td>4.649</td>
<td>0.098</td>
<td>@</td>
</tr>
<tr>
<td>3</td>
<td>Religion</td>
<td>4.522</td>
<td>0.340</td>
<td>@</td>
</tr>
<tr>
<td>4</td>
<td>Education Qualification</td>
<td>12.532*</td>
<td>0.051</td>
<td>*</td>
</tr>
<tr>
<td>5</td>
<td>Occupational Status</td>
<td>12.368*</td>
<td>0.015</td>
<td>*</td>
</tr>
<tr>
<td>6</td>
<td>Living Area</td>
<td>2.510</td>
<td>0.643</td>
<td>@</td>
</tr>
<tr>
<td>7</td>
<td>Type of Family</td>
<td>14.128**</td>
<td>0.006</td>
<td>**</td>
</tr>
<tr>
<td>8</td>
<td>Family Income</td>
<td>14.666*</td>
<td>0.023</td>
<td>*</td>
</tr>
<tr>
<td>9</td>
<td>Age at Menarche</td>
<td>15.253</td>
<td>0.018</td>
<td>@</td>
</tr>
<tr>
<td>10</td>
<td>Age at Marriage</td>
<td>15.401</td>
<td>0.017</td>
<td>@</td>
</tr>
<tr>
<td>11</td>
<td>Parity</td>
<td>27.445</td>
<td>0.000</td>
<td>@</td>
</tr>
<tr>
<td>12</td>
<td>No. of Children’s</td>
<td>3.211</td>
<td>0.523</td>
<td>@</td>
</tr>
<tr>
<td>13</td>
<td>Fibroid uterus</td>
<td>2.593</td>
<td>0.274</td>
<td>@</td>
</tr>
<tr>
<td>14</td>
<td>Source of information</td>
<td>14.34*</td>
<td>0.026</td>
<td>*</td>
</tr>
</tbody>
</table>

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The majority was 42.0% had moderate knowledge and inadequate knowledge was 40.0% and 18.0%
had adequate knowledge on fibroid uterus among women. Knowledge of woman among fibroid uterus mean
score were 1.78 with the standard deviation of 0.714. This indicates that majority of women had moderate
knowledge on fibroid uterus among women in pre test scores. The majority (50.0%) had adequate knowledge,
(26.0%) had moderate and (24.0%) had inadequate knowledge on fibroid uterus among women. Knowledge of
woman among fibroid uterus mean score were 1.78 with the standard deviation of 0.714. This indicates that
majority of women had adequate knowledge on fibroid uterus among women in post test scores. In Paired t Test
Pre test mean score was 18.90 and standard deviation was 2.206 and post test knowledge mean score 20.260,
and standard deviation was 2.164. The t-value was 3.376 significant at 0.01 level. Association between Pre- test
knowledge and demographic variables on fibroid uterus among women shows that there was significant association among age ($\chi^2=9.290$, $P=0.009$), Education qualification ($\chi^2=12.532$, $P=0.051$), Occupational status ($\chi^2=12.368$, $P=0.051$), Type of family ($\chi^2=14.128$, $P=0.006$), Family income $\chi^2 = 14.666, P= 0.023$, Source of information ($\chi^2 = 14.34, P= 0.026$).

Association between Post -test knowledge and demographic variables on fibroid uterus among women Shows
that there was significant association among age ($\chi^2=10.341, P= 0.056$), Religion ($\chi^2=13.664, P= 0.008$),
Education qualification ($\chi^2=14.691, P=0.022$), Occupational status ($\chi^2=17.210, P= 0.036$), Type of Family
($\chi^2=10.282, P= 0.036$), Family income ($\chi^2 =19.626, P=0.003$), Age at marriage ($\chi^2=16.853, P=0.009$), Parity ($\chi^2=17.869, P=0.001$), No.of childrens ($\chi^2=12.235, P=0.054$) Source of information ($\chi^2 = 15.908, P= 0.014$).

IV. Conclusion

The findings of the study imply that teaching programme would contribute to increase the knowledge on fibroid
uterus, which will provide adequate knowledge on fibroid uterus among women.

Implications

In order to improve knowledge on fibroid uterus among women, health education is a strong weapon in
developing the knowledge on fibroid uterus among women. The findings of the study have implications in
various areas of nursing profession i.e nursing services, nursing education, nursing administration and nursing
research.

Nursing Practice

The results of the study would help to enlighten their knowledge and care on fibroid uterus among women. The expanded role of professional nurse emphasizes the activities which promote health on fibroid uterus.

Nursing Education

An essential part of nursing service. Nurses can be instrumental in improving knowledge on fibroid uterus
among women. Nurses have to realize their responsibility in health education in improving knowledge on
fibroid uterus among women. Nurses can take active part in conducting mass media awareness programmes on
fibroid uterus among women.

In nursing education curriculum nurses are concerned with the prevention and promotion aspects.

- The nursing students should emphasize on health information by using different teaching methods.

Nursing Administration

- The study reveals that there is a need for extensive research to find out modification after teaching programme.
Various methods may be used to strengthen the knowledge of women with age group of 30-50 years on fibroid uterus.

There is great need for nursing research in the area of women with age group of 35-49 years on fibroid uterus.

**Nursing Research**

- The findings of the study serve as basis for the professional and the student Nurses to conduct further studies on Knowledge regarding fibroid uterus.
- The study will motivate the beginning researchers to conduct same study with different variables on large scale.

**Recommendations**

- On the basis of findings, the following recommendations have been made for further study. The study can be replicated on larger samples; thereby findings can be generalized for a large group.
- Similar study could be conducted to develop health education pamphlets on complications of fibroid uterus. A comparative study can be conducted between demographic variables and knowledge regarding fibroid uterus women. Health educational programme can be conducted to improve the knowledge and care on fibroid uterus among women.

**References**


[3]. https://www.emedicinehealth.com/uterinefibroids/articleem.htm#what are uterine fibroids.


