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AN EXPLORATORY STUDY TO ASSESS THE KNOWLEDGE REGARDING UTERINE PROLAPSE AND ITS PREVENTION AMONG STAFF NURSES IN CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, LUDHIANA, PUNJAB

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ABSTRACT

Pelvic organ prolapse is considered as one of the most common cause of reproductive health morbidity which influences the women quality of life. Uterine prolapse is very common condition that can occur in women of any age but it often affects postmenopausal women who've had one or more vaginal deliveries. Women don't seek medical help because of shame. The present study was conducted to assess the knowledge regarding uterine prolapse and its prevention among staff nurses in Christian Medical College and Hospital, Ludhiana, Punjab. The objectives of the study were to assess the level of knowledge regarding uterine prolapse and its prevention among Staff Nurses, to ascertain the relationship of knowledge regarding uterine prolapse and its prevention among staff nurses with selected variables such as age, marital status, number of children, professional qualification, working area, any symptoms of uterine prolapse and source of information and to prepare the pamphlet to enhance the knowledge regarding uterine prolapse and its prevention among staff nurses. Quantitative research approach and non-experimental exploratory research design was used in the study. Subjects were selected by purposive sampling technique and the sample size was 80 staff nurses. Data was collected by using structured multiple choice questionnaire. The data was analyzed by using descriptive and inferential statistics. Bar diagram was used to depict the findings. The result of the study shows that majority (72.5%) of staff nurses had good knowledge and only 26% staff nurses had average knowledge regarding uterine prolapse and its prevention. Among demographic characteristics, professional qualification and source of information had significant impact on the knowledge regarding uterine prolapse and its prevention among staff nurses.

INTRODUCTION

Uterine prolapse is the condition of the uterine collapsing, falling down, or downward displacement of uterus with relation to the vagina (Dutta, 2005). In North India the incidence of uterine prolapse is 7.6%, in East India 20%, in southern India i.e. Karnataka the incidence of uterine prolapse is 3.4%. 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 year of age. Approximately 50% of all parous women present with some degree of uterine prolapse whereas only 10 – 20% had symptoms of uterine prolapsed (Greeshna *et al.,* 2017).

Uterine prolapse is the main contributor to reproductive health problem that influences the women's quality of life. In the process of pregnancy and labor a woman are subjected to a lot of stress and strain in the pelvic floor muscle and the structure of perineum loses its tone that may result in uterovaginal prolapse. It is one of the most frequent causes of gynecological morbidity among women in India, so care is essential both in prevention and detection of uterine prolapse. The preventive measure of uterine prolapse included adequate Antenatal, Intranatal and postnatal care, personal hygiene, and general measures such as avoid strenuous activities, avoid weight gain and quit smoking (Godfery).

Review of Literature

Thirty studies were reviewed to identify for the information and prevalence, risk factors and social consequences of pelvic

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floor dysfunction affecting women in low income and low income countries. The mean prevalence for pelvic organ prolapse was 19.7%, urinary incontinence 28.7%, fecal incontinence was 6.9%. Risk factors increases with age and parity. Pelvic organ prolapse is also associated with poor nutrition and heavy work (Jeanne, 2011). A descriptive study was conducted to estimate the prevalence of self-reported uterine prolapse and treatment seeking behavior among 2990 married woman in Chandigarh, India. The study revealed that prevalence of self-reported uterine prolapse was 7.6%, 57.6% had not taken any treatment, 12.23% went to traditional birth attendant and only 21% consulted a doctor (Piya, 2003). A cross section of study was conducted to determine the effectiveness of pelvic floor exercise in preventing uterine prolapse among 682 elderly women in Thailand. The result revealed the prevalence of uterine prolapse was 10% and after 24 months of pelvic floor exercise, the rate of uterine prolapse decreased to 27.3% in experimental group (Barsoom, 2002).

Need of the study

The Uterus forms the most significant part of female reproductive system. Uterine prolapse is caused by various factors, a large number of which are preventable. The influencing factors associated with uterine prolapse are age, obesity, increase and frequent vaginal birth, constipation, poor nutrition, smoking, asthma chronic cough and heavy lifting which are preventable. The incidence is increasing; the reason is lack of awareness about the risk factor, sign and symptom, preventive measure (Fathalla *et al.,* 1986).

Research statement

"An Exploratory Study to Assess the Knowledge Regarding Uterine Prolapse and its Prevention Among Staff Nurses in Christian Medical College and Hospital, Ludhiana, Punjab."

Objectives:

1. To assess the level of knowledge regarding uterine prolapse and its prevention among staff nurses.
2. To ascertain the relationship of knowledge regarding uterine prolapsed and its prevention among staff nurses with selected variables such as age, marital status, number of children, professional qualification, working area, any symptoms of uterine prolapse and source of information.
3. To prepare a pamphlet to enhance the knowledge regarding uterine prolapse and its prevention among staff nurses.

Assumption: Staff nurses do have some knowledge regarding uterine prolapse and its prevention.

MATERIALS AND METHODS

Research approach and Research design: For the present study Quantitative research approach and Non experimental exploratory research design were used to accomplish the stated objectives.

Independent Variables: Age, marital status, number of children, professional qualification, working area, any symptoms of uterine prolapse and source of information.

Dependent Variables: knowledge regarding uterine prolapse and its prevention among Staff Nurses.

Selection of the field for study: The staff nurses in Christian Medical College and Hospital, Ludhiana, Punjab.

Population: The staff nurses working in Christian medical College and Hospital.

Sample and Sample Technique: Purposive sampling technique was used to select the sample of 80 staff nurses working in Christian Medical College and Hospital, Ludhiana, Punjab.

Development of the Data Collection Tool: A structured questionnaire was developed to assess the knowledge regarding uterine prolapsed and its prevention among Staff nurse.

Description of Tool: The tool consisted of following 2 parts

Part – 1: Socio Demographic Characteristics

This part consist of 7 items for obtaining information of staff nurses i.e. age, marital status, number of children, professional qualification, working area, any symptoms of uterine prolapse and source of information.

Part – 2: Knowledge Questionnaire on Uterine Prolapse and its Prevention

This part consisted of 36 multiple choice questions. Each question had four options. Each correct answer carried 1 mark and wrong answer carried zero mark. The maximum score was 36 and minimum score was 0.

Criterion Measure: The criterion measure used in this study was based on knowledge score that refers to total obtain score on the item in the knowledge questionnaire on uterine prolapse and its prevention.

Level of knowledge	Score	Percentage (%)
Excellent	≥28	>75
Good	23 – 27	64 - 75
Average	18 - 22	50 - 61
Below average	<18	<50

Reliability of tool: The reliability of the tool was established by split half method and was further calculated by using Karl Pearson's coefficient of correlation and Spearman's Brown Prophecy formula. The reliability of the questionnaire was r'=0.86. Hence the tool was reliable.

Data collection procedure: The data collection for the study was carried out after formal permission from the Nursing Superintendent of Christian Medical College and Hospital, Ludhiana, Punjab. 80 staff nurses were approached and explained the purpose of gathering information. The researcher took verbal consent from the staff nurse.

Section I

Socio Demographic Characteristics of Sample

Table no. 1. According to age groups maximum (33.75%) were>36years followed by 25-28years (28.75%), followed by 33-36years (21.25%) and 29-32years (16.25%).

Table 1. Frequency and Percentage Distribution of Sample Characteristics

N = 80

Sample Characteristics	f	%
1. Age		
a) 25-28	23	28.75
b) 29-32	13	16.25
c) 33-36	17	21.25
d) >36	27	33.75
2. Marital status		
a) Married	57	71.25
b) Unmarried	23	28.75
3. Number of children		
a) No children	29	36.25
b) 1	16	20.00
c) 2	31	38.75
d) ≥3	04	5.000
4. Professional Qualification		
a) GNM	57	71
b) B.Sc. Nursing	15	18
c) Post BasicB.Sc.Nursing	08	10
5. Working Area		
a) Medical	24	30.00
b) Surgical	12	15.00
c) Critical	23	28.75
d) MCH	21	26.25
6. Any symptoms of uterine prolapse		
a) Yes	09	11.25
b) No	71	88.75
7. Source of information		
a) Mass media	09	11.25
b) Internet	20	25.00
c) Magazine	03	3.750
d) In-service education	48	60.00

According to marital status 71.25% were married and 28.75% were unmarried. According to number of children maximum had 2 children (38.75%), followed by those who has no children (36.25%), followed by (20%) 1 children and least had ≥3 children (5%). According to professional qualification maximum staff nurses did GNM (71%) followed by B.Sc. nursing (18%) and least (10%) has done post basic B.Sc. Nursing. According to working area maximum (30%) staff nurses were working in medical unit followed by critical unit (28%), followed by MCH (26.25%) and least (15%) were working in Surgical unit. According to symptoms of uterine prolapse maximum (88.75%) had no symptoms and least (11.25%) had symptoms. According to source of information maximum (60%) staff nurses got information from in-service education followed (25%) by internet, followed by (11.25%) mass media and least (3.75%) by magazine. Hence it can be concluded that maximum staff nurses were in the age group of >36 years, were married and had 2 children, did GNM, working in medical area, had no symptoms of uterine prolapse and main source of information was in-service education.

Section II Objective 1: To assess the level of knowledge regarding uterine prolapse and its prevention among staff nurses.

Table 2. Frequency and percentage distribution of staff nurses according to level of knowledge regarding uterine prolapse and its prevention

N=80

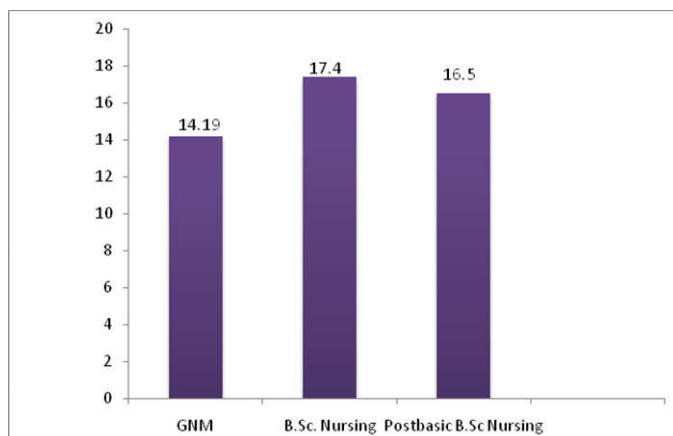| Level of Knowledge	Staff Nurses		
	Score	f	%
Excellent	>28	1	1.25
Good	23-27	58	72.5
Average	18-22	21	26
Below Average	<17	0	0

Maximum score = 36; Minimum score = 0

Table 2 depicts that majority (72.5%) of the staff nurses had good knowledge, followed by average (26%) and least (1.25%) had excellent knowledge regarding uterine prolapse and its prevention among staff nurses.

Table 3. Knowledge score of staff nurses according to area of knowledge regarding uterine prolapse and its prevention
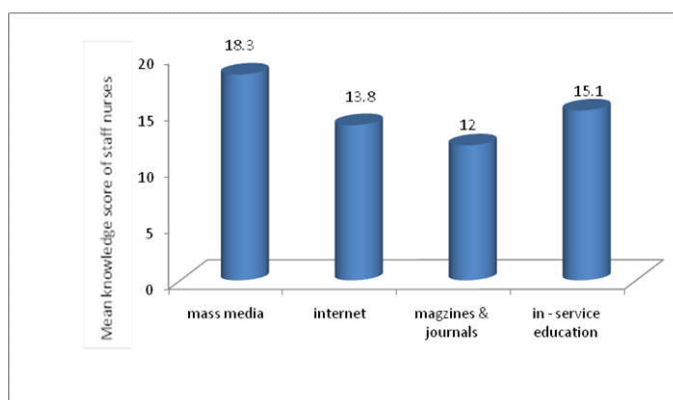
Knowledge item	Maximum score	Knowledge score		Mean percentage
		Mean	SD	
Introduction	4	1.18	1.167	29.37%
Risk of Uterine Prolapse	14	6.56	2.321	54.69%
Symptom of Uterine prolapse	9	3.21	1.805	45.89%
Treatment	2	0.91	0.455	45.62%
Prevention	7	3.16	1.277	63.25%
TOTAL	36	15.02	4.197	60.1%

Maximum score = 36; Minimum score = 0

Table 3 depicts that mean; mean percentage and knowledge score of staff nurses regarding uterine prolapse and its prevention according to the area knowledge. The mean percentage knowledge scorewas highest (63.25%) in prevention and least (29.37%) knowledge scorewas in the area of introduction.

Fig.1. Mean Knowledge Score of Staff Nurses Regarding Uterine Prolapse and Its Prevention According To Professional Qualification

Fig.2. Mean Knowledge Score of Staff Nurses Regarding Uterine Prolapse and Its Prevention According to Source of Information

MAJOR FINDINGS

Major findings according to sample characteristics: It is concluded that maximum staff nurses were in age group of >36 years and were married, had 2 children did GNM, working in medical area, had no symptoms of uterine prolapse. The main source of information was in-service education.

Major findings according to selected variables

- Majority (33.75%) of the staff nurses were from age groups were >36years and least (16.25%) were in age group of 29-32years.
- Majority (71.25%)of the staff nurses were married and least (28.75%) were unmarried.
- Majority (38.75%) of the staff nurses had 2 children and least (5%) had ≥3 children.
- Majority (71%) of the staff nurses did GNM and least (10%) were post basic B.Sc. Nursing.
- Majority (30%) of the staff nurses was working in medical unit and least (15%) were working in surgical unit.
- Majority (88.75%) of the staff nurses had no symptoms and least (11.25%) had symptoms.
- Majority (60%) of the staff nurses got information from in-service education and least (3.75%) got information from magazine.

Findings related to knowledge of uterine prolapse and its prevention among staff nurses with selected variables.

- Mean knowledge score was highest (15.23) among staff nurses who were in the age group of 29 – 32 years and least (14.70) in the age group of 32 - 36 years. Age had no impact on knowledge of staff nurses regarding uterine prolapse and its prevention.
- Mean knowledge score was highest (15.22) among staff nurses who were married and least (14.52) in staff nurses who were unmarried. Marital status had no impact on knowledge of staff nurses regarding uterine prolapse and its prevention.
- Mean knowledge score was highest (15.5) among staff nurses who were having ≥3 children and least (14.8) among staff nurses who were having 2 children. Number of children had no impact on knowledge of staff nurses regarding uterine prolapse and its prevention.
- Mean knowledge score was highest (17.4) among B.Sc. nursing staff nurses and least (14.19) among GNM staff nurses. Professional qualification had significant impact on knowledge of staff nurses regarding uterine prolapse and its prevention.
- Mean knowledge score was highest (15.6) among staff nurses working in medical unit and least (14.52) among staff nurses working in maternal and child health unit. Working area had impact on knowledge of staff nurses regarding uterine prolapse and its prevention.
- Mean knowledge score was highest (15.08) among staff nurses who had no symptoms of uterine prolapse and least (14.55) among staff nurses who had symptoms of uterine prolapse. Any symptoms of uterine prolapse had no impact on knowledge of staff nurses regarding uterine prolapse and its prevention.
- Mean knowledge score was highest (18.3) among staff nurses using mass media and least (12) among staff nurses using magazine. Source of information had impact on knowledge of staff nurses regarding uterine prolapse and its prevention.

Conclusion

It is concluded that maximum staff nurses were in age group of >36 years and were married, had 2 children, GNM, working in medical area, had no symptoms of uterine prolapse. The main source of information was in-service education. Majority (72.5%) of staff nurses had good knowledge and only 26% had average knowledge. There was significant relationship of source of information and working area of staff nurses with knowledge regarding uterine prolapse and its prevention.

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