

Research Article

Effectiveness of Structured Teaching Programme on the Knowledge Regarding Fibroid Uterus among Women between 30-45 Years of the Age in Selected Areas of Tumkur District, Karnataka

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Abstract

Background: Women are suffering from so many forms of reproductive problems, among that; fibroid uterus is the most common problem for the present days. 'Fibroid' or 'leiomyomas' are not only the commonest benign tumors of the uterus but also is the common benign solid tumor among Female. These are innocent new growths which arise in the myometrium, and are composed of smooth muscle cells that also contain varying amount of fibrous tissue interspersed in the muscle tissue. The tumors are extremely common and are found in 10% of all gynecological patients.

Objectives: 1) To assess the knowledge on fibroid uterus among women between 30-45 years of age. 2) To evaluate the effectiveness of structured teaching programme on knowledge regarding fibroid uterus among women between 30-45 years of age by comparing pretest and posttest knowledge scores. 3) To find the association between the level of knowledge regarding fibroid uterus and selected socio-demographic variables.

Methodology: An evaluative study was conducted among 50 women between 30-45 years of age in selected areas of primary health Centre, Tumkur district. The research design used for the study was one group pretest posttest research design.

Results: In the pretest, level of knowledge of women between 30-45 years of age in selected areas of Ramagondanahalli primary health centre at Tumkur district before using structured teaching program, in that mean score of pretest is 12.98 and SD of pretest 2.15. Whereas in posttest mean score of posttest is 23.24 and SD of posttest 2.5. There was a significant gain in knowledge of women regarding fibroid uterus. The paired 't' test value 34.91 at $p < 0.001$ level of significance.

Conclusion: The study concluded that structured teaching program was more effective for the women to increase their level of knowledge regarding fibroid uterus.

Keywords: Effectiveness, structured teaching programme, knowledge, fibroid uterus, women.

Introduction

Women's health explores how women's health issues are created and shaped by the interplay of society, biology and personal behaviour. Using the cutting-edge of science and the latest medical knowledge, it offers the most up-to-date information on the women's health care issues. It provides an enriching learning experience to the every visitor it is designed not only for women, but for men and families benefit from understanding women's health. Today, women's health has become the front-page news. The birth of the gender-based health and the medicine has had a profound impact on the way Americans male and female health issues. It's time to take an in-depth look at the holistic approach that has emerged in the field of women's health and has transformed the way researchers conduct the health studies; the way doctors and patients relate to one another; and the way scientists undertake and interpret their research.

Health is presented not as just the absence of disease, but as an active optimization of each individual's potential. New knowledge about women's bodies and minds has changed our understanding of what affects

the health a blending of biology, culture and the choice we make. Its time to get organized around the four major factors that intersect again over a person's lifetime; risk, prevention, detection, and control. Women's lives have changed over the centuries. Historically, life was particularly difficult for most women. Aside from the numerous dangers and disease, women have become wives and mothers and often when they were just emerging from their own childhood. Many women have a multitude of pregnancies which may or may not have been wanted. In the past, childbirth itself was very risky and not infrequently led to the death of the mother. Most women in the past did not live long enough to be concerned about the menopause or of the old age.

In 1900, a women's life span was about 50 years. Now, in the new millennium, life expectancy for American women is 82 years of age, and continuing to rise. Not only are women living together, but they also have the possibility of enjoying a better quality of life throughout their span of years. But to do this, it is essential that women take charge of their own bodies and comprehend how they can maximize their health. It is also helpful that men understand and are supportive of the health concerns of the women. Gynecology is the primary branch of medical science concerned with the women's health. The word 'Gynecology' can be assessed by two words 'gyneco' meaning 'women' and 'logic,' meaning 'knowledge.' Taken together, it is nothing but 'women knowledge.'¹

Women's health is a unique specialty of the health care. The nurse needs to understand the physical, developmental, psychological and social-cultural influences on women's health and the use of the health care. Health assessment, maintenance, and promotion across the life span must address growth, development, sexuality, contraception, pre conception care, conception, prenatal care, effects of pregnancy on health aging, perimenopause, menopause, and disorders that affect women. Further, the effects of the disability on women's access to health care and the effect of disabilities and chronic illness on their health care and the effects of disabilities and chronic illness on their health status must also be considered. Because women use the health care system more often than men and make up majority of health care workers, addressing women's health is needed where the concern will improve the quality and access for all people.² Women are suffering from so many forms of reproductive problems, among that; fibroid uterus is the most common problem for the present days. 'Fibroid' or 'leiomyomas' are not only the commonest benign tumors of the uterus but also is the common benign solid tumor among Female. These are innocent new growths which arise in the myometrium, and are composed of smooth muscle cells that also contain varying amount of fibrous tissue interspersed in the muscle tissue. The tumors are extremely common and are found in 10% of all gynecological patients.

Uterine fibroids are benign uterine tumors of the smooth muscle origin. Fibroids frequently cause abnormal vaginal bleeding (eg, menorrhagia, metrorrhagia), pelvic pain and pressure, urinary and intestinal symptoms, and pregnancy complications. Diagnosis is done by the pelvic examination and ultrasonography. Treatment of the symptomatic patients depends on the patient's desire for fertility and a desire to keep her uterus and may include oral contraceptives, brief pre surgical gonadotropin-releasing hormone therapy to shrink fibroids, and more definite surgical procedures (eg, hysterectomy, myomectomy, endometrial ablation). 'Uterine fibroids' are the most common pelvic tumor, occurring in about 70% of women by age 30- 45 years. However, many fibroids are small and asymptomatic. About 25% of white and 50% of black women have symptomatic fibroids. Fibroids are more common among women who have a high body mass index. Potentially protective factors include the parturition and the cigarette smoking.

Most fibroids in the uterus are sub serous, followed by intramural, then sub mucosal. Occasionally, fibroids occur in the broad ligaments (intraligamentous), fallopian tubes, single monoclonal smooth muscle cell. Because they have estrogen receptors, and fibroids tend to enlarge during the reproductive years and regress after menopause.³

Large fibroids may outgrow their blood supply and degenerate. Degeneration is described as hyaline, myxomatous, calcific, cystic, fatty, red (usually only during pregnancy), or necrotic. Although patients are often concerned about cancer in fibroids, where sarcomatous change is extremely rare.⁴ Uterine fibroids are primarily composed of smooth muscles, although, there are a variable amount of fibrous connective tissues, especially in the older and larger tumors. The fibroid may remain asymptomatic for a certain period of time or may produce a wide range of symptoms such as menorrhagia, metrorrhagia, pain, pressure symptoms, and infertility. These problems may occur specially in an uncontrolled bleeding in a women may urgently need hysterectomy. The fibroid may mark serious pathology of the tube endometrium or ovaries, and some of which may be malignant. Fibroids should be distinguished from leiomyosarcoma. In general fibroids have

a slow growth rate but this cannot be generalized, as growth varies from patient to patient or from time-time in the same patient and degenerative changes as well as pregnancy may cause a very rapid growth of tumor mass.⁵

Women who have experienced a change in reproductive system and disorders require a holistic approach to meet their physical, emotional, and educational needs. Because the ability to reproduce may affect self-esteem, feeling of femininity, general health, both sensitivity and understanding from the care givers are essential in providing a medical and family history and undergoing a diagnostic tests are often required, where women to disclose Personal, informative information, which they may find embarrassing and Uncomfortable.⁶

Material and methods

Research approach: Evaluative Research Approach.

Research design: One group pretest, posttest design.

Research setting: selected areas of Ramagondanahalli primary health centre at Tumkur district.

Population

Target population: women between 30-45 years.

Sample and sampling technique

Sample: Women between 30-45 years of age.

Sampling technique: Simple random sampling technique.

Sample size: 50 women between 30-45 years of age.

Criteria for selection of the sample

Mainly there are two criteria's are used for the selection of sample

Inclusion criteria

- 1) Women who are able to read and write Kannada
- 2) Women who are willing to participate in the study.
- 3) Women between 30-45 years of age.
- 4) Women who belong to the selected areas of the study.

Exclusion criteria

- 1) Women who are not available at the time of data collection.

Development of the tool

Selection and development of the tool was done based on the objectives of the study. After the review of related literatures, the self-administered knowledge Questionnaire was prepared and found appropriate. The developed tool was refined and validated by the subject experts, and the guide.

Description of the data collection tool

The tool selected for the study was Self-administered knowledge questionnaire which comprised of two sections:

Section A: Demographic characteristics.

Section B: Self-administered knowledge questionnaire regarding fibroid uterus, which consist of 30 items, all the items were multiple choice questions, which had four alternative responses. A Score value of (1) was allotted to each correct response.

30 items are again divided in 7 different areas,

- | | |
|----------------------------------|-----------|
| ✓ Introduction, concept, meaning | -10 items |
| ✓ Incidence | -2 items |
| ✓ Location | -2 items |
| ✓ Causes | -1 item |
| ✓ Signs and symptoms | -5 items |
| ✓ Diagnosis | -1 item |
| ✓ Management and prevention | -9 items |

Development and Description of the planned educational intervention

Structured teaching programme was developed by reviewing related literature and considering the opinion of the experts. The main objectives that were considered while Preparing Structured teaching programme were: Literacy level of the sample, Method of teaching to be adopted, Simplicity of language, Relevancy of teaching. The Structured teaching program was planned for one session. It consisted following areas. Introduction, concept, and meaning of fibroid uterus, Incidence of the fibroid uterus, Location of the fibroid uterus, Causes of the fibroid uterus, Signs and symptoms of the fibroid uterus, Diagnosis of the fibroid uterus, Management and prevention of the fibroid uterus. For the present study the organization of the content of the lesson plan, the literature were reviewed from the books, journals, unpublished and published studies, electronic media and websites. Various experts' opinion and suggestions were also taken and considered for designing structured teaching program intervention.

Results

Findings related to socio-demographic variables of subjects

Majority of the women 25(50%) were in the age group of 30-35 years and followed by 15(30%) women between the age group of 35-40 years, and least 10(20%) women were between the age group of 40-45 years. Among the women majority 43(86%) were Hindus, 4(8%) were from Christian, remaining 3(6%) were from Muslim, No one was found from other religion category.

Most of the women 42(84%) were from nuclear family, remaining 8(16%) were from the joint family. It also indicate that majority of women were from nuclear family. Among the women majority 34(68%) had 4-5 days of menstrual flow and remaining 16(32%) had 2-3 days of menstrual flow. 45(90%) of the women had regular menstrual cycle and remaining 5(10%) had irregular menstrual cycle. The majority 44(88%) of women were married and remaining 6(12%) were widow, No one was found from unmarried. 10(20%) women had primary school education, 11(22%) Women had middle school, the majority of women 20(40%) had high school, 9(18%) had P.U.C and above education. Out of 50 women, 9(18%) women had monthly income between Rs. 1001-2000, 29(58%) women had monthly income between Rs. 2001-3000, 12(24%) women had monthly income between Rs. 3001-4000, No one was found from the income of Rs. 4001 and above. 3(6%) of women had knowledge on the fibroid uterus, 47(94%) women were did not have any previous knowledge.

Analysis and interpretation of knowledge of women regarding fibroid uterus

Table 1. Area wise analysis of the present study of pre-test and post-test.

Area	Max possible score		Mean		SD		SEM		Mean Difference	t value	Result
	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test			
Introduction, Concept and meaning	34	44	22.1	39.5	12.06	2.27	3.8	0.72	11.58	4.75	HS P=0.001
Incidence	23	40	21.5	39.5	2.12	0.71	1.5	0.5	2.83	9	NS P=0.07
Location	32	40	23.5	39.5	12.02	0.71	8.5	0.5	12.73	1.78	NS P=0.326
Causes	21	39	21	39	--	--	--	--	--	--	--
Signs and symptoms	24	40	19.2	38	5.76	2.44	5.76	2.58	5.22	8.06	HS P=0.001
Diagnosis	35	40	35	40	--	--	--	--	--	--	--
Management and prevention	27	40	20.56	37.11	5.2	1.62	1.73	0.54	5.61	8.85	HS P<0.001

The above table gives maximum possible score, Mean, SD, SEM, mean difference, t-value and the result of the pre and posttest of the present study. With respect to the incidence and location collected data were not significant. i.e. not significant at 0.05 level. With respect to the introduction, the concept and the meaning, the signs and the symptoms and the management and prevention collected data was significant. i.e. significant at 0.05 level. The significance cannot be carried out for the causes and diagnosis.

Table 2. Range, mean, mean percentage, and standard deviation of pretest and posttest knowledge score of women regarding fibroid uterus (n =50).

Knowledge	Range	Mean	Mean %	SD
Pre-test	9-19	12.98	25.96	2.15
Post-test	18-25	23.24	46.48	2.5

The data presented in the table 2 reveals that the women knowledge score was higher in the post-test (range 18-25) than that in the pre-test (range 9-19). It is also evident that the Mean post-test knowledge score (23.24) was higher than that of the pre-test (12.98).

Table 3. Mean difference between pre-test and post-test knowledge score of the women regarding fibroid uterus.

Knowledge							
Pre-test		Post-test					
Mean Score of Pre-test = 12.98		Mean Score of Post-test = 23.24					
S.D of Pre-test = 2.15		S.D of Post -test = 2.5					
Parameter	Mean	SD	SEM	Range	Mean%	t-value	Result
Pre-test	12.98	2.15	0.30	9-19	25.96	34.91	H.S P<0.001
Post-test	23.24	2.5	0.35	18-25	46.48		
Improvement	10.26	0.35					

The table shows, mean score has increased in the posttest. The mean in the posttest has 23.24 and the mean in the pretest has 12.98. Similarly the variation was also increased in posttest when compared to pretest. SD in the posttest is 2.5 and in the Pretest SD was 2.15. The mean is improved by 10.26 and variation was increased by 0.35. The calculated value of 't' has 34.91 which is highly significant at 0.05 level. It indicates that the structured teaching programme is effective.

Testing of hypothesis

Mean difference in knowledge level of the study respondents regarding Fibroid uterus among women was 10.26 with standard deviation of 0.35 and t-value was 34.91 which is highly significant at 0.001 level. Hence structured teaching programme was effective in increasing the knowledge.

Analysis and interpretation of data to find out an association between pretest knowledge scores of subjects with their selected socio-demographic variables

There was no association between socio-demographic variables and knowledge level. Hence H_{01} and H_{02} is accepted.

Recommendations

- The study can be repeated on larger scale sample to validate and for better generalization of the findings.
- The study can be conducted in different settings.
- Observational study can be done to assess the knowledge and practice.
- A comparative study can be undertaken between rural and urban community.
- An experimental study can be conducted with control group.

Declarations

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