

A Study to Evaluate the Effectiveness of Self Instructional Module (SIM) on Knowledge Regarding Uterine Prolapse among ASHA Workers in Selected Health Centres of Sri Muktsar Sahib, Punjab

Ms. Soma Rani

Assistant Professor, Obstetrics and Gynaecological Nursing, Bathinda, Punjab, India

ABSTRACT

Background-Uterine prolapse is the second commonest reproductive health condition faced by women. About 80% of the Indian women are residing in rural areas, where uterine prolapse is most common, which necessitates early detection and prevention. **Objectives:** To evaluate the effectiveness of self instructional module (SIM) on knowledge regarding uterine prolapse among ASHA worker. To find out the association between the posttest mean knowledge scores with the selected socio- demographic variables. **Materials and methods:** Quasi Experimental one group pre- test, post- test design with quantitative evaluative approach was adopted to selected 40 ASHA workers by using Non probability purposive sampling technique in selected health centres of Sri Muktsar Sahib, Punjab. The data was collected by self administered structured knowledge questionnaire before and after implication of self instructional module (SIM). **Result:** There was statistically significant ($p < 0.05$) increases in the posttest mean knowledge scores as compared to pretest knowledge scores and H_2 is rejected as there was no statistically significant association ($p < 0.05$) between the posttest mean knowledge scores with the selected socio demographic variables.

Conclusion- the study results showed that self instructional module (SIM) is an effective method the improve the knowledge regarding uterine prolapsed.

KEYWORDS: Effectiveness, Self-instructional module (SIM), Knowledge, Uterine prolapse, ASHA workers

INTRODUCTION

Reproductive health problems are the leading cause of ill health that exists throughout the Nation. Studies have shown that among the reproductive health problems faced by women, the most common problems are cystocele (56%), uterine prolapse (53.6%) and rectocele (40%).² This reveals that uterine prolapse is the second commonest reproductive health condition faced by women. The global prevalence of uterine prolapse is estimated to be 11-20 % in women above the age of 40 years.³

It is the leading cause of ill health that exists throughout the Nation, especially in the rural regions. Approximately 25% of women in rural areas are estimated to be suffering from uterine prolapse which is the leading cause of morbidity of women in remote areas. Overall the annual incidence of hospital

admission with prolapse was 20.4/10 000. According to Journal of Nurse Practitioners reveals that more than 300,000 women undergo surgery of pelvic floor prolapse every year in the U.S.⁸

Uterine prolapse can be prevented by adequate postnatal care which includes early postnatal ambulation, prevention of infection, pelvic floor exercises and provision of adequate rest for at least 3 months after delivery, taking help of other family members in domestic work, improvement of nutritional status, postnatal check up and adoption of family planning methods. ASHA as the health activist in the community creates awareness on health and its social determinants and mobilizes the community towards local health planning and increased

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utilization and accountability of the existing health services.

Research problem:

“A study to evaluate the effectiveness of self instructional module (SIM) on knowledge regarding uterine prolapse among ASHA workers in selected health centres of Sri Muktsar Sahib, Punjab.”

Aim of the study:

The aim of study is to improve the knowledge of ASHA workers regarding uterine prolapse.

Objectives:

1. To evaluate the effectiveness of self instructional module (SIM) on knowledge regarding uterine prolapse among ASHA worker.
2. To find out the association between the posttest mean knowledge scores with the selected socio-demographic variables.

MATERIALS AND METHODS

Research approach - quantitative evaluative approach was adopted for the study.

Research design -Pre experimental one group pre-test, post- test design was used in the present study.

ANALYSIS AND INTERPRETATION OF DATA

The collected data was organized and presented under the following headings:

Section -I Characteristics of Samples: Socio demographic variables.

Section II- Evaluate the effectiveness of self instructional module (SIM) on the knowledge regarding uterine prolapse.

Section III- Association of Posttest mean knowledge scores of ASHA workers regarding uterine prolapse with the selected socio demographic variables.

Section -I: Characteristics of Sample: Socio demographic variables

Table 2 Frequency and percentage distribution of Socio demographic variables of ASHA workers

N=40

SR. NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	Age		
	25- 30years	16	40.0%
	31-36years	15	37.5%
	37-42 year	06	15.0%
	>42 years	03	07.5%
2.	Religion		
	Sikh	35	87.5%
	Hindu	05	12.5%
	Christian	00	0%
	Muslim	00	0%
3.	Educational Status		
	Middle (8 th standard)	12	30.0%
	Matric	18	45.0%
	Secondary	09	22.5%
	Graduate and above	01	02.5%

4.	Type of family		
	Nuclear	29	72.5%
	Joint	06	15.0%
	Extended	05	12.5%
5.	Work experience		
	Less than 1year	04	10.0%
	1-3years	15	37.5%
	4-6 years	12	30.0%
	>6 years	09	22.5%

Table 2 shows the description of socio demographic variables as follows:

As per age (Figure 3) represents that majority 16(40%) were in the age group 25-30 years followed by 15(37.5%) in the age group of 31-36 years, 06 (15%) were belongs to 37-42 years whereas minority 3 (7.5%) were in the age group >42 years.

As per religion (figure 4) represent that majority 35 (87.5%) were belongs to Sikh religion while 5 (12.5%) were Hindus. None of them belongs to Muslim and Christian.

As per educational status (Figure 5) shows that majority of subjects 18(45%) were Matric followed by 12(30%) had Matric education, 09(22.5%) secondary, while least of them 1(2.5%) were educated up to graduate and above.

As per type of family (figure 6) shows that majority 29 (72.5%) were belongs to nuclear family while 06 (15%) were belongs to extended family while least 05 (12.5%) were belongs to extended family.

As per experience (Figure 7) represents that majority of subjects 15(37.5%) had experience between 1-3 years, followed by 12 (30%) have 4-6 years experience, >6 (22.5%) had 4-6 years experience, while least of them 4(10%) had less than 1 year work experience.

SECTION- II – It deals with 2nd objective of the study i.e. To evaluate the effectiveness of Self instructional module (SIM) on knowledge regarding uterine prolapse among ASHA worker.

Table 3 Frequency and Percentage distribution of ASHA workers according to Pretest and posttest knowledge scores regarding uterine prolapse.

N= 40

Levels of Knowledge	Pretest		Posttest	
	N	Percentage	N	Percentage
Excellent (>80%)	00	00%	31	77.5%
Good (61-80%)	13	32.5%	09	22.5%
Average (41-60%)	24	60%	00	00%
Below Average (21-40%)	03	7.5%	00	00%
Poor (<20%)	00	00%	00	00%

Table: 3 and figure 6 reveals that majority of subjects 24 (60%) had average knowledge in pretest and 31(77.5%) had excellent knowledge in posttest. Minority of subjects 03(7.5%) had below average knowledge in pretest and where as 09(22.5%) had good knowledge in posttest.

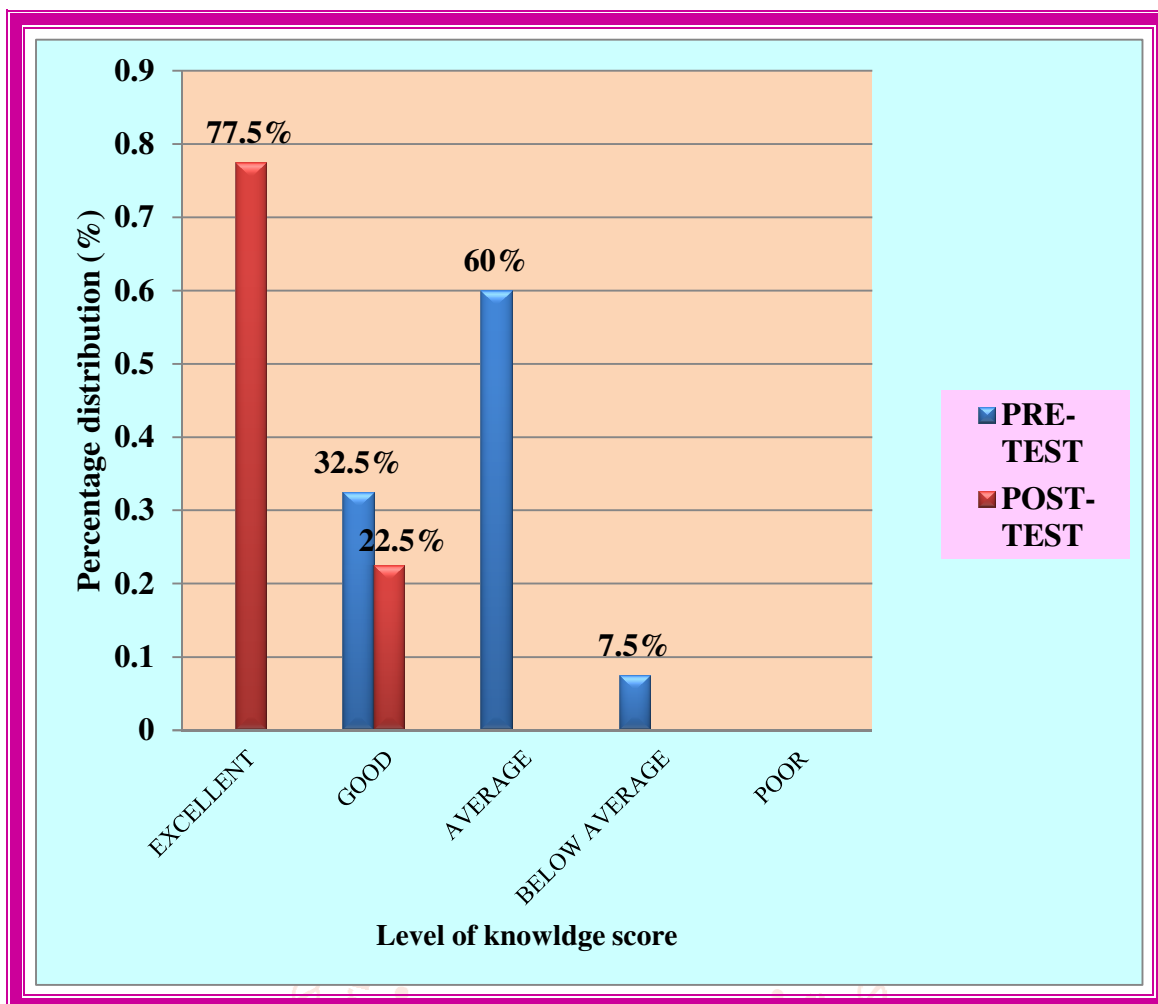


Figure 6– Percentage distribution of knowledge score regarding uterine prolapse among pretest and posttest group.

Table 4 Comparison of pretest and posttest mean knowledge scores and standard deviation regarding Uterine prolapse among ASHA workers

N=40

Subject	N	Mean	SD	t value	P value
Pretest	40	16.88	3.674	13.399 *	P<0.05
Posttest	40	25.98	2.057		

*Significant (p< 0.05)

Table 4 and figure 7 indicate the overall mean knowledge scores between pretest mean value \pm SD i.e. 16.88 ± 3.67 and posttest mean value \pm SD 25.98 ± 2.057 among 40 subjects each. Findings show that means knowledge score of posttest is more than pretest mean knowledge score. Hence, hypothesis H_1 is accepted.

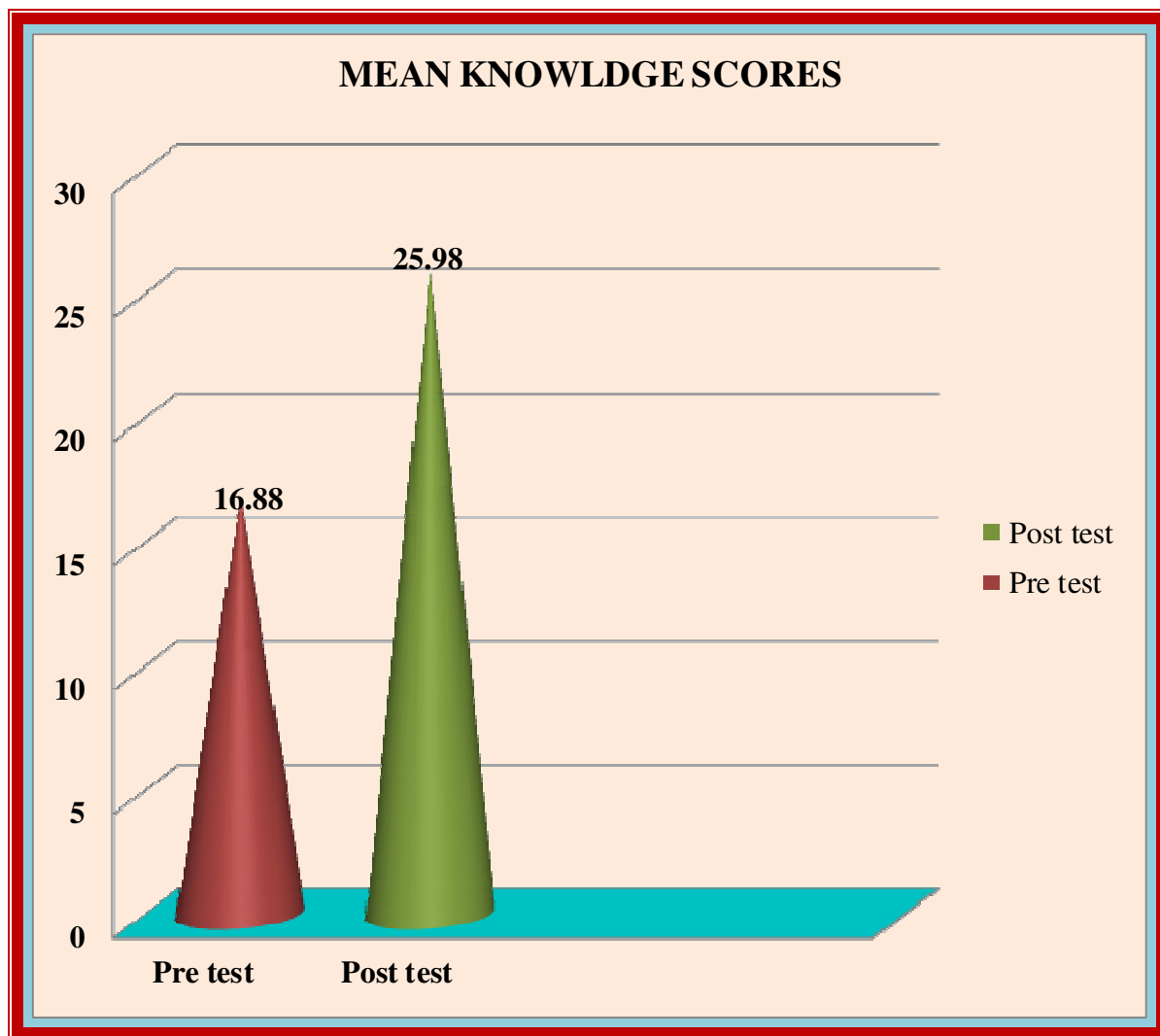


Figure 7- Comparison of pretest and posttest mean knowledge scores and standard deviation regarding Uterine prolapse among ASHA workers

Section- III: - It deals with 2nd Objective i.e To find out the association between the posttests mean knowledge scores with the selected socio- demographic variables

Table 5: Association of the posttest mean knowledge scores of ASHA workers regarding uterine prolapse with the selected socio demographic variables.

N=40

S. No.	Socio-Demographic variables	Samples	Level of knowledge Score					Chi square	df
			Poor	Below average	Average	Good	Excellent		
Age									
1	a)25- 30years	16	00	00	00	01	15	5.376 NS	3
	b)31- 36 years	15	00	00	00	04	11		
	c)37-42 year	06	00	00	00	03	03		
	d)>42 years	03	00	00	00	01	02		
Religion									
2	a)Sikh	35	00	00	00	08	27	0.138 NS	1
	b)Hindu	05	00	00	00	01	04		
	c)Christian	00	00	00	00	00	00		
	d)Muslim	00	00	00	00	00	00		
Educational status									
3	a)Middle (8 th standard)	12	00	00	00	03	09	1.618 NS	3
	b)Matric	18	00	00	00	05	13		
	c)Secondary	09	00	00	00	01	08		
	d)Graduate and above	01	00	00	00	00	01		

4	Type of family								0.335	2
	a) Nuclear	29	00	00	00	08	21			
	b) Joint	06	00	00	00	01	05			
	c) Extended	05	00	00	00	01	04	NS		
5	Work experience								5.387	3
	a) < 1 year	04	00	00	00	01	03			
	b) 1-3 years	15	00	00	00	01	14			
	c) 4- 6 years	12	00	00	00	03	09			
	d) >6 years	09	00	00	00	04	05	NS		

S-significant (<0.05)

NS- Non Significant

Table 5 depicts that there was no statistically significant relationship ($p < 0.05$) of the knowledge scores of subjects with their selected socio demographic variables. Hence hypothesis H_2 is rejected.

CONCLUSION

The study has concluded that baseline knowledge of ASHA workers had inadequate regarding uterine prolapse. In pretest it was found that most of them are not aware about the uterine prolapse. After self instructional module (SIM) the concept regarding uterine prolapse was very much clear to them as indicated by significant increase in posttest mean knowledge scores.

It can be concluded that there was no significant association between knowledge and demographic variables such as age, religion, educational status, work experience and type of family.

Nursing Implications

The implications of the study have several implications which are discussed in these areas.

Nursing Research

- The findings of the present study can be utilised by nurse researchers to contribute to the profession and to accumulate new knowledge regarding uterine prolapse and its prevention
- Based on this knowledge, nurse researchers can undertake similar studies among ASHA workers residing in other rural and urban areas.

Nursing Education

- Nursing education plays an important role in preparing nurses for the wellbeing of the people at various areas. Nurses should have thorough knowledge about the prevailing illness and all the three levels of preventive care.
- Students should be given chance to conduct such kind of surveys and educational activity during their posting time in community.

Nursing Administration

- Nursing administration plays a pivotal role in the supervision and management of nursing profession.

- Administration should provide information through the T.V by putting it at the focus point of hospital
- Plan a various in-service training programmes to the staff.
- Nursing Administration need to take initiative in developing Workshop, community based programme for providing education to the women during hospital visit.

RECOMMENDATIONS

Based on the findings of the study the following recommendations have been put forward for the further research:

- A comparative study can be conducted to assess the knowledge of urban and rural women regarding uterine prolapse and its prevention.
- A planned teaching program me can be developed with regard to prevention of uterine prolapse.
- A follow-up study can be conducted to evaluate the effectiveness of self instructional module.
- A similar type of study may be conducted on large sample to evaluate the effectiveness of self instructional module (SIM) on knowledge regarding Uterine Prolapse.
- A studies related to evaluate the effectiveness of structured teaching programme (STP), Video Assisted teaching (VAT) and Information education communication (IEC) regarding uterine prolapse can be conducted.

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