



ASSESS THE EFFECTIVENESS OF PLANNED TEACHING REGARDING KNOWLEDGE REGARDING FIBROID UTERUS AMONG WOMEN.

Ms. Zebanaz Sheikh

M.Sc. Nursing, Department of Obstetrics and gynaecology nursing, Smt. Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe), Wardha, Maharashtra, India.

Ms. Manjusha Mhakalkar*

HOD, Department of the, Obstetrics and gynaecology nursing, Smt. Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe) Wardha, Maharashtra, India.
*Corresponding Author

ABSTRACT

Background: About 20% to 80% of women develop fibroids by the age of 50. In 2013, it was estimated that 171 million women were affected, most of which was considered preventable (World Health Organization (WHO)).

Research approach: Interventional Evaluative approach. **Research design:** Pre experimental one group pre test post test design. **Setting of the Study:** This study was conducted in selected rural area. **Sample:** Women with age group of 30-50 years. **Sampling technique:** Samples will be selected by Non-probability convenience sampling technique. **Sample size:** 40 primigravida women. **Tool:** Structured knowledge questionnaire including demographic variables and planned teaching was used for the study. **Result** In the study, shows that, 7(23.3%) subjects belong to the age group of 31-35 years, 4(13.3%) belongs to the age group of 36-40 years, 11(36.6%) belongs to the age group of 41-45 years, 18(60%) most of the subject belongs to the age group of 46-50 years. Most of the subjects, 14(46.6%) had primary education, 11(36.6%) had higher secondary education, 3(10%) is graduate and 2(6.6%) is post graduated. Most of them, 11(36.6%) were housewife, 8(26.6%) was at private job, 3(10%) were at government job, 4(13.3%) was at business and 4(13.3%) were labour. With regards to age of menarche, 4(13.3%) had menarche at age of 10-11 years, 6(20%) had menarche at age of 12-13 years, most of the subject 13(43.3%) had menarche at age of 14-15 years and 7(23.3%) had menarche at age of 16-17 years. Most of subjects diet, 14(46.6%) was vegetarian, 15(16.3%) was taking non-vegetarian diet and 11(36.6%) was taking mixed diet.

Conclusion: There was significant increase in the knowledge scores of the study participants after giving planned teaching. This shows that, all women had positive effectiveness of planned teaching regarding fibroid uterus.

KEYWORDS : Knowledge , Effectiveness, Fibroid Uterus , Women.

INTRODUCTION: Many myths have their origin in the mystery that surrounds women, her hidden reproductive organ and her uniqueness in adding new members to society. Awareness about her physiological changes are necessary for women as she is vulnerable to physical and psychological stress. The individual age, physical, emotional status and environmental influences the regularity of her periods. Women's health care is generally focused on the pregnant adult women. However childhood, menarche, pregnancy, menopause and the postmenopausal years are defined by anatomic and physiologic parameters.¹ Fibroid is a non-cancerous (benign) tumors that grow from the muscle layers of the uterus (womb). They are also known as uterine fibroids, myomas, or fibromyomas. The singular of uterine fibroids is Uterine Fibroma. Fibroids are growths of smooth muscle and fibrous tissue. Fibroids can vary in size, from that of a bean to as large as a melon. Uterine fibroids, also known as uterine leiomyomas or fibroids, are benign smooth muscle tumors of the uterus. Most women have no symptoms while others may have painful or heavy periods. If large enough, they may push on the bladder causing a frequent need to urinate.

PROBLEM STATEMENT Assess the effectiveness of planned teaching regarding knowledge regarding fibroid uterus among women.

OBJECTIVES

1. To assess the existing knowledge regarding fibroid uterus among women.
2. To assess effectiveness of planned teaching regarding fibroid uterus among women.
3. To associate the knowledge score with selected demographic variables among women.

METHODOLOGY

Research approach- Evaluatory approach

Research design- Quasi experimental one group pretest-posttest design

Setting of study- Selected Rural Area

Sample- Women from age 31-50 years

Sample size- 30 Women's

Sampling techniques- Non-probability convenient sampling technique

Tool- Structured knowledge questionnaire including demographic variables will be used for the study.

Independent variable- Planned teaching programme regarding fibroid uterus among women.

Dependent variable- Knowledge of women regarding fibroid uterus.

SAMPLING CRITERIA

INCLUSION CRITERIA: 1. Women with the age group of 30-50 years. 2. Women who are present at the time of data collection. 3. Women who can speak and read Marathi.

EXCLUSION CRITERIA: 1. Women who are not willing to participate. 2. Women who are health care professional. 3. Women who is taking or already took treatment for fibroid uterus.

RESULT: In this study, this section deals with assessment of pre-test knowledge scores regarding fibroid uterus among subjects in selected rural area. The level of knowledge scores is assessed categorically as poor, average, good, very good and excellent.

Table 1: Pretest knowledge scores of subjects regarding fibroid uterus

n=30		
Level of knowledge	Score range	Frequency / percentage
Poor	1-4 (1-20%)	14(46.67%)
Average	5-8(21-40%)	15(50%)

Good	9-12(41-60%)	1(3.33%)
Very good	13-16(61-80%)	0(0%)
Excellent	17-20(81-100%)	0(0%)
Minimum score	2	
Maxi Maximum score	9	
Mean score	4.83±1.840	
Mean percentage	24.15	

Table 1 shows that in pretest 14(46.67%) of subjects are having poor level of knowledge score, 15(50%) were having average level of knowledge score, 1(3.33%) were having good knowledge regarding fibroid uterus. And the minimum score is 2, maximum score is 9, mean score is 4.83±1.840 and mean percentage is 24.15%.

The next section deals with effectiveness of planned teaching regarding fibroid uterus. the level of knowledge during pretest and post test are compared to prove the effectiveness of planned teaching significance of difference at 5% level of significance is tested with paired 't' test and tabulated 't' value is compared with the calculated 't' value and also the calculated 'p' value was compared with acceptable 'p' value i.e, 0.05.

Table 2: level of knowledge scores of subjects regarding fibroid uterus in pretest and post test.

Level of knowledge	Score range	Pretest percentage (%)	Post test percentage (%)
Poor	1-4 (1-20%)	14(46.67%)	0(0%)
Average	5-8(21-40%)	15(50%)	1(3.33%)
Good	9-12(41-60%)	1(3.33%)	2(6.66%)
Very good	13-16(61-80%)	0(0%)	17(56.66%)
Excellent	17-20(81-100%)	0(0%)	10(33.33%)
Minimum score	8		
Maximum score	19		
Mean score	15.37±2.266		
Mean percentage	76.85		

Table 2 shows that, in pretest 14(46.67%) of subjects were having poor level of knowledge score, 15(50%) were having average level of knowledge score, 1(3.33%) were having good knowledge. Whereas, in post test 1(3.33%) of subjects were having average level knowledge score, 2(6.66%) were having good level knowledge score, 17(56.66%) were having very good level of knowledge score and 10(33.33%) were having excellent level of knowledge score regarding fibroid uterus. And the minimum score is 8, maximum score is 19, mean score 15.37±2.266 and the mean percentage is 76.85%.

DISCUSSION

A study conducted by DrElizabeth AStewartMD, Uterine leiomyomas (fibroids or myomas), benign tumours of the human uterus, are the single most common indication for hysterectomy. They are clinically apparent in up to 25% of women and cause significant morbidity, including prolonged or heavy menstrual bleeding, pelvic pressure or pain, and, in rare cases, reproductive dysfunction. Thus, both the economic cost and the effect on quality of life are substantial. Surgery has been the mainstay of fibroid treatment, and various minimally invasive procedures have been developed in addition to hysterectomy and abdominal myomectomy. Formation of new leiomyomas after these conservative therapies remains a substantial problem. Although medications that manipulate concentrations of steroid hormones are effective, side-effects limit long-term use. A better approach may be manipulation of the steroid-hormone environment with

specific hormone antagonists. There has been little evidence-based evaluation of therapy. New research into the basic biology of these neoplasms may add new treatment options for the future as the role of growth factors and genetic mutations in these tumours are better understood.²

Another study on Incidence, aetiology and epidemiology of uterine fibroids Author links open overlay panelStanleyOkoloMBBCH, PhD, FWACS, FRCOG(Medical Executive Director and Professor of Ob-Gyn), Uterine fibroids are the most common benign tumour of the female genital tract. However, their true prevalence is probably under-estimated, as the incidence at histology is more than double the clinical incidence. Recent longitudinal studies have estimated that the lifetime risk of fibroids in a woman over the age of 45 years is more than 60%, with incidence higher in blacks than in whites. The cause of fibroids remains unclear and their biology poorly understood. No single candidate gene has been detected for commonly occurring uterine fibroids. However, the occurrence of rare uterine fibroid syndromes, such as multiple cutaneous and uterine leiomyomatosis, has been traced to the gene that codes for the mitochondrial enzyme, fumarate hydratase. Cytogenetic abnormalities, particularly deletions of chromosome 7, which are found in up to 50% of fibroid specimens, seem to be secondary rather than primary events, and investigations into the role of tumour suppressor genes have yielded conflicting results. The key regulators of fibroid growth are ovarian steroids, both oestrogen and progesterone, growth factors and angiogenesis, and the process of apoptosis. Black race, heredity, nulliparity, obesity, polycystic ovary syndrome, diabetes and hypertension are associated with increased risk of fibroids, and there is emerging evidence that familial predisposition to fibroids is associated with a distinct pattern of clinical and molecular features compared with fibroids in families without this prevalence.³

RECOMMENDATIONS

Keeping in view the findings of the study, the following recommendations are made:

1. A similar study can be done on a larger sample for generalization of findings.
2. A study to assess attitudes and knowledge about osteoporosis risk fibroid uterus.
3. A study to evaluate the effectiveness of information booklet versus other methods of teaching on fibroid uterus among women.
4. A study to assess the effectiveness of Self Instructional Module regarding management of osteoporosis and associated quality of life among women.
5. A study to assess the prevalence of fibroid uterus and related complications in Women
6. A study to assess prevalence of fibroid uterus in ambulatory women.
7. A comparative study can be conducted on knowledge regarding fibroid uterus between urban and rural post menopausal women.

CONCLUSION

There was significant increase in the knowledge scores of the study participants after giving planned teaching. This shows that, all women had positive effectiveness of planned teaching regarding fibroid uterus.

REFERENCES:-

1. Bebak, Tenson. Maternity gynecology care. 5th ed. St. Louis: Mosby; 1993. P. 1257-1267.
2. Best Practice & Research Clinical Obstetrics & Gynaecology Volume 22, Issue 4, August 2008, Pages 571-588. <http://www.sciencedirect.com/science/article/pii/S152169340800062X>.
3. 15.The lancet, Volume 357, Issue 9252, 27 January 2001, Pages 293-298 <http://www.sciencedirect.com/science/article/pii/S0140673600036229>