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EFFECTIVENESS OF HEALTH PROMOTIVE AND PREVENTIVE COUNSELLING ON KNOWLEDGE AND SELF- CARE PRACTICES REGARDING PREVENTION OF UTERINE PROLAPSE AMONG POST NATAL MOTHERS.

Nursing

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ABSTRACT

Background: Prolapse of uterus can be treatable and preventable disease. For hysterectomy prolapse of uterus is most common cause. The world wide prevalence of uterine prolapse is up to 2 to 20% in the women whose age is below 45 year and gave birth at least one child in her life. In India Prevalence rate of prolapse uterus is 15-20%. And more than 1 million of women suffer from genital prolapse and most of the women fall under the reproductive age group.

Aims: Effectiveness of health promotive and preventive counselling on knowledge and self- care practices regarding prevention of uterine prolapse among post natal mothers.

Methodology: Quantitative research approach was adopted total 60 participants were selected through purposive sampling technique. Data was collected by administering Socio- demographic Performa. A structured questionnaire was administered. The data was analyzed by using descriptive and inferential statistics.

Result: This study showed that the mean post test knowledge score (33.82±3.30) of the postnatal mother was higher than the mean pre-test knowledge score (22.68±3.92) and the mean difference was 11.14.Paired't' test was used to compare the mean pre-test and post test score knowledge score.

Description of practice score regarding prevention of uterine prolapse among postnatal mothers. Total score was 21. In practice1the lowest range score was 12 and the highest range score was 19. The mean score was 15.9±1.30. Mean percentage score for practice1 score was 79.5%.In practice 2 the lowest range score was 13 and the highest range score was 20. The mean score was 17.45± 1.7 and mean percentage score for practice score was 90%. and there was significant correlation r= 0.34 between post test knowledge score and practice score therefore researcher accept the research hypothesis and reject the null hypothesis.

Conclusion: The study concluded that the participants had not adequate knowledge regarding uterine prolapse and its prevention. By giving promoting and preventive counselling it shows that it was increase the knowledge of mothers.

KEYWORDS

Uterine prolapse, prevention, promotive and preventive counselling.

BACKGROUND:

Woman undergoes so many stressful and strain full changes throughout the life. Women are the only one who can conceive and give birth to the child. In that process of conceive and childbirth to a baby there are lot of stress and strain.[1]

The WHO estimated that the global burden which is related to reproductive health is approximately 33% which affect the women life physiologically as well as psychologically. In that Uterine prolapse is the most common gynaecological problem in India. There are numbers of National and an International study which showed that Second most major cause of morbidity in women is uterine prolapse.

In India Prevalence rate of prolapse uterus is 15-20%. And more than 1 million of women suffer from genital prolapse and most of the women fall under the reproductive age group.[2]

Uterine prolapse is displacement of the uterus from its exact position. It can be in the vagina or it can be outside of the vagina and result from weakness in normally supportive tissue.[3]

In the process of pregnancy and labour women's get more stress and strain, where the muscles of pelvic area loose their tone and may result to uterine prolapse.[4]

In that mode of deliveries play an important role.[5] WHO studies on family pattern and health is Columbia, Pakistan Philippians and Syria, indicated that the women under 45 year of age have 3 to 5 % to get uterine prolapse.[6] Uterine prolapse cause difficulty in walking, standing and lifting. symptoms of uterine prolapse include pressure on pelvic area, back pain, urinary and problem in defecation, pain during sexual intercourse, feeling of drying or cracking of intestinal tissue exposed to outside the vagina.[7]

Problem statement:

A study to assess the effectiveness of health promotive and preventive counselling on knowledge and self- care practices regarding prevention of uterine prolapse among post natal mothers at selected hospital of Dehradun, Uttrakhand.

OBJECTIVES:

Primary objectives

1. To determine the pre test level of knowledge regarding prevention of uterine prolapse among post natal mothers.
2. To evaluate the effectiveness of health promotion and preventive counselling on knowledge among post natal mothers regarding prevention of uterine prolapse.

Secondary objectives

3. To assess the effectiveness of health promotive and preventive counselling on self care practices among post natal mothers.
4. To find correlation between knowledge and practice score on prevention of uterine prolapse among post natal mothers.
5. To find association between the pre test knowledge score with their selected demographic variables.
6. To find association between the post test practice score with their selected demographic variables.

Methodology:

Quantitative research approach was taken for the study. Purposive sampling technique was used One group pre test post test only design. Research study was conducted in post natal ward of Himalayan Hospital of Dehradun Uttrakhand Dehradun. Population under study was post natal mothers who had normal vaginal delivery admitted in post natal ward of Himalayan hospital Dehradun Uttrakhand. Sample was 60 postnatal mothers who had normal vaginal delivery and admitted in post-natal ward of Himalayan hospital Dehradun uttrakhand.

RESULT:

Table 1: Frequency and percentage distribution of demographic profile of post natal mothers. **(N=60)**

S.No.	Socio Demographic profile	Frequency (f)	Percentage %
1.1	Age (in years)		

	a) 20 to 25	14	23.3
	b) 26 to30	**29**	**48.4**
	c) 31 to 35	17	28.3
1.2	**Educational status**		
	a) No formal education	1	1.6
	b) Primary	**28**	**46.7**
	c) Secondary	16	26.7
	d) Graduation or above	15	25.0
1.3	**Occupation**		
	a) House wife	52	**86.7**
	b) Private	8	13.3
	c) Government	0	0
	d) Self employed	0	0
1.4	**Monthly income**(in Rupees)		
	a) 10000-20000	25	**41.7**
	b) 21000-30000	21	35
	c) 31000-40000	14	23.3
1.5	**Dietary pattern**		
	a) Vegetarian	26	**43.3**
	b) Non-vegetarian	25	41.7
	c) Egg-etarian	9	15.0
1.6	**Family type**		
	a) Nuclear	**36**	**60**
	b) Joint	24	40
	c) Extended	0	0
1.7	**Area of Residence**		
	a) Rural	47	**78.3**
	b) Urban	9	15
	c) Semi urban	4	6.7
1.8	**Duration of Married life**		
	a) 9month-1year	15	25.0
	b) 2 year	12	20
	c) 3 year	10	16.7
	d) More than 3 year	**23**	**38.3**
1.9	**Parity**		
	a) Primigravida	**32**	**53.3**
	b) Multigravida	28	46.7
1.10	**Weight of new born** (Kg)		
	a) 2.1-3.0	**41**	**68.3**
	b) 3.1-3.8	19	31.7
1.11	**Complication during pregnancy**		
	Yes	26	43.3
	a) Pregnancy induced hypertension	6	
	b) Gestational diabetes	1	
	c) Hypothyroidism	7	
	d) Rh-incompatibility	1	
	e) Thrombocytopenia	3	
	f) Severe anemia	5	
	g) Pollyhydroamnios	3	
	No	**34**	**56.7**
1.12	**Family history of any pelvic organ prolapse**		
	Yes	8	13.3
	a) Mothers=8		
	No	52	86.7
1.13	**Previous knowledge regarding uterine prolapse**		
	a) Yes		
	Family members	25	41.7
	b) No	**35**	**58.3**

Table 2: Knowledge score regarding prevention of uterine prolapse among postnatal mothers.

Knowledge score	Total score	Range of score	Median	Mean±SD	Mean %
Pre-test	41	16-34	22	22.68± 3.925	55.31%

Table 2 represent the description of score of knowledge regarding prevention on uterine prolapse among postnatal mothers. lowest level of score 16 and the highest range of was 34. The mean score was 22.68+ 3.925. Mean percentage for knowledge score was 55.31.

Hence it shows that health promotive and preventive counselling on prevention of uterine prolapse was increase the knowledge of mothers.

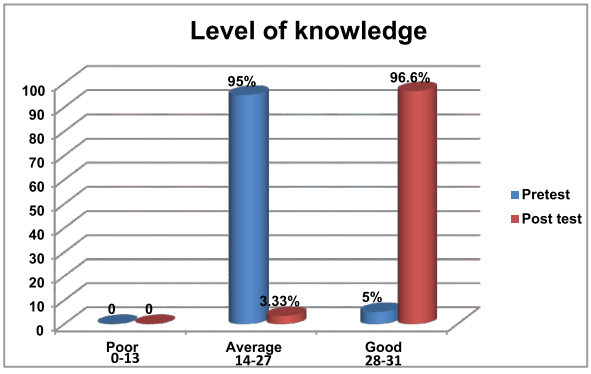

Figure 1: Division of knowledge score of postnatal mothers regarding prevention of uterine prolapse.

Table: 3 Comparison of Pre test and post test level of knowledge (N=60)

S. No	Knowledge score of Post natal mothers	Total score	Range of score	Median	Mean±SD	Mean %
1.	Pre-test	41	16-34	22	22.68± 3.925	55.31%
2.	Post –test	41	22-39	34	33 .81± 3.906	82.46%

Table 3 shows that description of knowledge score regarding prevention of uterine prolapse among postnatal mothers. The mean score was 22.68+ 3.925. Mean percentage for knowledge score was 55.31. In Post test the lowest range of score was 22 and the highest range of score was 34. The mean score was 33 .81+ 3.906 and mean percentages for knowledge score was 82.46%.

Hence it shows that health promotive and preventive counselling on prevention of uterine prolapse was increase the knowledge of mothers.

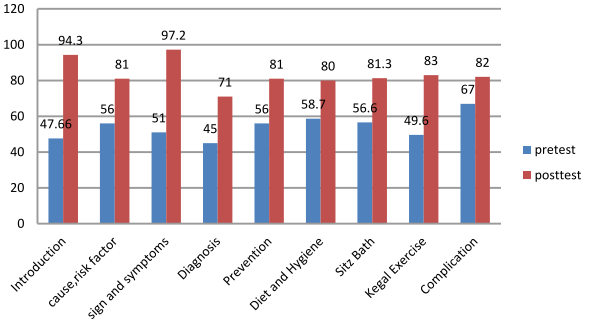

Figure 2: Area wise mean percentage of pre and post test knowledge score (N=60)

Table 4- Mean +SD Difference of knowledge score of postnatal mothers.

S.no	Knowledge score of post natal mothers	Mean± SD	Mean difference	't' value	p value
1.	Pretest score	22.68±3.92	11.14	15.86	0.0001
2.	Postest score	33.82±3.30			

(df_{59} = 2.00) at p< 0.05

Table 4. Paired't' test used to compare the mean pre-test and post test. The't' test calculated value is (15.86) was higher than tabulated value. Hence the score was extremely significant between the mean pretest and post test at p<0.05 level

Table 5: Practice score regarding prevention of uterine prolapse among postnatal mothers

(N=60)

Practice score	Total score	Range of score	Median	Mean±SD	Mean %
Practice 1	21	12-19	16	15.9±1.30	79.5%
Practice 2	21	13-20	18	17.45± 1.7	90%

Table 5 shows that description of practice score regarding prevention of uterine prolapse among postnatal mothers. Total score was 21. In practice1the lowest range score was 12 and the highest range score was 19. The mean score was15.9+1.30. Mean percentage score for practice1 score was 79.5%.In practice 2 the lowest range was 13 & highest range 20. 17.45+ 1.7 was mean score and mean percentage score for practice score was 90

Table no 6-Area wise Mean, SD and mean percentage only post test self care practice score **(N=60)**

S. No	Area (Practice)	Highest score	Mean +-SD Practice 1	Mean percentage	Mean +-SD Practice 2	Mean percentage	M.D.
1	**Perineal care**	5	4.06 +_0.77	81.2	4.52 +_0.6	90.4	0.46
2	**Rest**	2	1.75 +_0.43	87.5	1.77 +_0.4	87.5	0.02
3	**Sitz bath**	2	1.73 +_0.5	86.5	1.75 +_0.47	87.5	0.02
4	**Diet**	3	2.13 +_0.70	**71**	2.50 +_0.7	83.33	0.37
5	**Kegal exercise**	2	1.60+_0. 58	80	1.80+_0. 40	**90**	0.2
6	**Breast feeding**	3	2.30+_0. 64	**76.6**	2.57+_0. 53	**91.66**	0.27
7	**Early ambulation**	3	2.38+_0. 64	79.3	2.55+_0. 6	85	0.17

Table 6 shows that the post test self care practice regarding prevention of uterine prolapse among post-natal mothers, the lowest post test self care practice1 is on diet is (71%) and practice regarding breast feeding (76%) the highest practice score was in rest that was (87%) and on sitz bath in post test practice-2 that taken after 7 day of practice1 in that there was lowest practice is on early ambulation (85%) and highest practice was in breast feeding.

Table 7- Mean Difference of post test practices of post natal mothers on prevention of uterine prolapse **(N=60)**

S. No.	Knowledge score of Postnatal mothers	Mean+- SD	M.D.	Tabulated value	p value
1.	Post test practice1	15.97±1.30	1.48	6.386	0.0001
2.	Post test practice 2	17.45±1.73			

Table7 Represents, practice 2 (17.45+1.73) of the postnatal mother was higher than the mean post-test practice 1 (15.97+ 1.30) and the 1.48. was MD Paired't' test was 6.386 was higher than tabulated value.hence the score was extremely significant between the practice 1 and practice 2 at P <0.005 level.

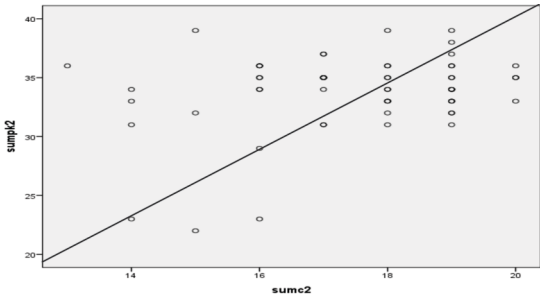

Figure 3: Scatter Diagram of correlation between Post-test knowledge score with practice score

Figure 3: This scatter diagram shows weak positive correlation r= 0.34 between Post test knowledge score and practice score.

Table 8-Association between post-test knowledge score with their selected demographic variable (N=60)

	Variable	Level of knowledge		χ2	P value
		Below median<22	At or above median>22		
1	**Mothers' age**			1.021	0.313
	a. 20to27 year	8	23		
	b. 28to35 year	11	18		
2	**Educational Status :**			2.17	0.140
	a. Primary or below	11	15		
	b.Secondary or above	8	25		
3	**Occupation**			1.43	0.23
	a. Homemaker	15	37		
	b. Employed	4	4		
4	**Income(Rupees)**			0.53	0.46
	a. 10000-25000	13	24		
	b. 25001-41000	6	17		
5	**Dietary pattern**			0.97	0.32
	a. Non vegetarian	10	16		
	b. Vegetarian	9	25		
6	**Family Type**			0.11	0.73
	a. Nuclear	12	24		
	b. Extended	7	17		

Table 8 shows that association of pre-test knowledge level with demographic variable. there is no significant connection found in pre-test knowledge level and baseline data. hence interpretation is that knowledge of postnatal mothers was not influenced by baseline variables.

Table 9-Association between post test practice score with their selected demographic variable

(N=60)

s. no	Variable	Level of knowledge		χ2	P value
		Below median<16	At or above median>16		
1	**Mother's age**			0.83	0.36
	a.20to27 years	12	19		
	a. 28to35 years	8	21		
2	**Educational Status:**			0.59	0.44
	a. Primary or below	7	19		
	b.Secondary or above	12	21		
3	**Occupation**			0.07	0.78
	a. Homemaker	17	35		
	b. Employed	3	5		
4	**Income(Rupees)**			0.14	0.70
	a. 10000-25000	13	24		
	b. 25001-41000	7	16		
5	**Dietary pattern**			2.17	0.14
	b. Non vegetarian	6	20		
	c. Vegetarian	14	20		
6	**Family Types**			2.81	0.09
	a.Nuclear	9	27		
	b.Extended	11	13		

Table 9 shows that association of practice with demographic variable. there is no association found within post-test practice score with baseline data. The interpretation is practice of postnatal mothers was not influenced by baseline variables.

DISCUSSION:

The study result was based on the objective and hypothesis with comparison of other study done in same area.

Level of knowledge of post natal mothers related to preventive measures of uterine prolapse

In pre-test not any mother had poor knowledge.95% mother had average knowledge.5% had Good knowledge regarding prevention of prolapse of uterus. Post test none of the mother had poor knowledge 3.33% mother had average knowledge. And 96.6% mother had Good knowledge.

Similar study conducted by Durga, Hemawathy (2013) Result show that the pre test level of Knowledge Highest percentage 83.3% of women were have Inadequate knowledge,13.3 of women of women have moderate knowledge. and 3.3 have adequate knowledge. In post test value .High percentage 76.7% have adequate knowledge 23.3% mother have adequate knowledge and none of them have inadequate knowledge.

Result supported by **RoshedM,Fadel E. (2019)** conducted a study on women knowledge regarding pelvic organ prolapse study represent that most of the participants (80%) have inadequate knowledge .Result were further supported by **Raj D, Lama S, Maharajan S.(2016)** have inadequate knowledge have inadequate show that out of total respondents 46.5% have adequate knowledge related to factor affecting of uterine prolapse.53.3% of women Have inadequate knowledge of uterine prolapse .In the current findings show that

knowledge level of mother was 22.68± 3.925And mean post test knowledge of the mother was 33.81 ±3.906.

Suman T.B. (2014) conducted a study findings show that the pre test knowledge of the mother 12.95 ± 5.079 and post test level of the knowledge was 27.175 ±2.396.

Evaluate the effectiveness of health promotion and preventive counselling on knowledge among post natal mothers regarding prevention of uterine prolapse.

The present study show that post test knowledge of the mother (33.82± 3.30) was higher than the pre test knowledge score (22.68± 3.92) and "t" test calculated value was higher (15.86) than tabulated value.The research findings were by Greeshma et al (2017) that show the mean post test knowledge score (19.75) was significant at p<0.0 01. higher than the mean pre-test score(11.85)

To find association between the pretest knowledge score with their selected demographic variables.

Present study show that there is not significant association between pre test knowledge score and socio demographic variables. and result show that knowledge of post natal mothers was not influence by socio demographic variables.

Vanamalaet. ,al (2006) finding of the study show that There is a connection between the level of knowledge of the postnatal mother who had vaginal delivery and demographic variables. like religion ,learning ,income willingness for family planning method and source of information .And no significant association between Age, occupation, place of residence, parity, nature of delivery.

The current study emphasized on improves knowledge and practice of post natal mothers about prevention of uterine prolapse. This study has implication in nursing performance, nursing research, nursing education and nursing administration.

CONCLUSION

Based on result of the research, most of mothers had poor knowledge and after giving intervention to the mother it was increased .the outcome research report conclude that promotive and preventive counselling was successful to enhance information and improve practice of postpartum mothers on postpartum mothers.

Limitations:

The limitation of present study

Researcher has to relay on verbal response of postnatal mother regarding knowledge and practice.

Recommendation

1. A observational study may be completed on practice of mothers about postpartum care.
2. An exploratory research report can be completed in community area.
3. Research report can be done between interventional and non-interventional group.

REFERENCES

1. Divya , Hemawathy, Sarathy S.A. study to assess the knowledge regarding Utero vaginal prolapse and effectiveness of educational intervention package on Utero-vaginal prolapse and its prevention among women in shree Balaji Medical college and hospital.chennai journel of Nursing andhealth science 2015 4 (1) 59-61
2. Bijalwan RP, Bhagavatula M , Semwal VD, Rawat P, Anand V. Morbidity of Uterine Prolapsed among the Women in the Chakrata Block of Dehradun District. Indian J Comm Health. 2015; 27, 1: 103-109.
3. Basseler K. Schuessler , B. Obstrected defecation caused by a cystourethrocele and mobile posterior vaginal wall .A case report urogynecological volume 12 349-351 (2001).
4. Nathan G, Greesma, Vaghese L. et.al. effectiveness of structure teaching programme on Knowledge Regarding preventive measures of Uterine prolapse among mothers 2017 december volume 1st.
5. K. Parvathvartheni and A.Vanisha (2018) clinical epidemiology study on uterine prolapse .International journel of reproduction ,contraception , obstetrics and Gynecology volume 8 page no 79.
6. Dutta D.C. Textbook of Gynecology 11th edition .India New central Book agency 2005 .197-198, 198-199.
7. Genynisman-Tan ,Julia and Kenton ,Kimborley (2017) surgical updates in the treatment of pelvic organ prolapse .Rambam maimonidas medical journel.