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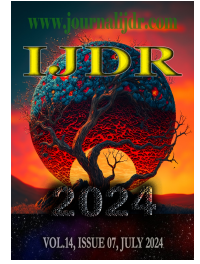
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RESEARCH ARTICLE

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A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON THE KNOWLEDGE REGARDING FIBROID UTERUS AMONG WOMEN BETWEEN 30-45 YEARS OF THE AGE IN SELECTED AREAS OF VIJAYAPUR DISTRICT

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ABSTRACT

Introduction: Women's health explores how women's health issues are created and shaped by the inter play of society, biology and personal behavior. Using the cutting-edge of science and the latest medical knowledge, Obesity increases the chances of developing fibroids. Aim: The aim of the study is to evaluate the effectiveness of structured teaching programme regarding fibroid uterus among women between 30-45 years of age.

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INTRODUCTION

"Look to your health: and if you have it praise the god and value it next to conscience; for health is a second blessing that we mortals are capable of blessing money cannot buy,"

IZAACK WALTON

Women's health explores how women's health issues are created and shaped by the interplay of society, biology and personal behavior. 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 as an benefit from understanding women's health. Today, women's health has become the front-page news. 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.¹

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

3. To find the association between the level of knowledge regarding fibroid uterus and selected socio-demographic variables.

Operational Definitions

1. **Evaluate:** Refers to the critical analysis and valuation or judgement of the status or quality of women at reproductive age about fibroid uterus.
2. **Effectiveness:** Refers to the significant gain in knowledge as determined by significant difference between pre test and post test scores.
3. **Structured Teaching Programme:** refers to systematically organized teaching Strategy of one hour duration on meaning, causes, signs, and symptoms. Diagnosis. And management of fibroid uterus.
4. **Knowledge:** It refers to responses of the women to knowledge items regarding fibroid uterus as achieved by knowledge score.
5. **Fibroid Uterus:** - In this study, it refers to muscular tumor inside the uterine cavity.
6. **Women:** In this study woman refers to married women aged between 30-45 years. And Fulfilling the Sampling criteria.

HYPOTHESIS

H₁- There is significant difference between pre test and post test knowledge scores regarding fibroid uterus among women between 30-45 years of age.

H₂- There is significant association between level of knowledge with selected Socio-demographic variables.

Assumptions

The assumptions of the study are

1. The Knowledge will be improved through Structured teaching programme on fibroid uterus among women
2. There is significant difference between pre test and post test score after structured teaching programme on fibroid uterus among women.

Conceptual Framework: The conceptual framework is in an analogous to the frame of house. Just as the foundation supports a house, as in the conceptual framework provides a rational prediction about relationship among the variables in the research study. Conceptual framework serves as guide to systematically identifying logical precisely defined relationship among variables. It provides a road map or context for examining to the problems and developing and testing hypothesis. The conceptual framework of this study is based on the general systems theory proposed by a biologist Ludwig Von Bertalanffy in 1968. According to him a system is a complex of elements in reaction. He defines the system as a whole which functions as a whole by virtue of its independent parts. His definition implies that the whole of the system is distinguishable from its environment and it has a part which has their interdependent functions. It also states that the functions of inter dependent parts is responsible for the functioning of the whole.

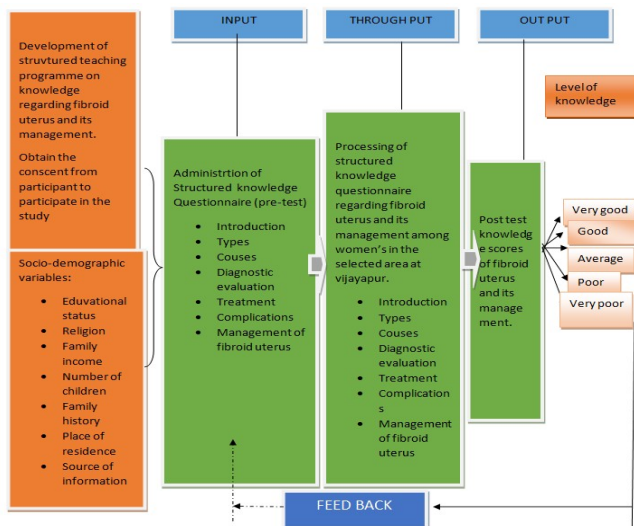
Elements of the system

Input and Output: It is assessing the knowledge regarding fibroid uterus disease and its prevention among women’s that may be man, money, resources and time. Where in output refers to the final outcome of the system. In the present study the input refers to women’s. The output refers to adequate knowledge gained by women’s.

Through put: It is the series of action by which the system converts its energy inform the environment into products the services that are usable by the system. The process can be modified in response to the feedback. In the present study the process refers to developing knowledge questionnaire, reliability, and pretest, on knowledge regarding general information definition of fibroid uterus, causes, risk factors, incidence, signs and symptoms, diagnostic evaluation, management of the fibroid uterus.

Feedback: The feedback components are needed to detect the system errors. It gives the desired action and stabilizes the system. It also regulates the input process and the output.

System Conceptual Frame Work Based on Ludwig Von Beralanffy’s



RESEARCH METHODOLOGY

This chapter deals with the method and the techniques adopted for the study. The methodology is the general pattern of organizing the procedure of gathering valid and reliable data for the problem under proper investigation. Research methodology includes the research approach, design, setting, the population, samples, criteria for sample, criteria for sample selection, method of sampling technique and description of tool, testing of the tool, pilot study, procedure for data collection, plan for data analysis.

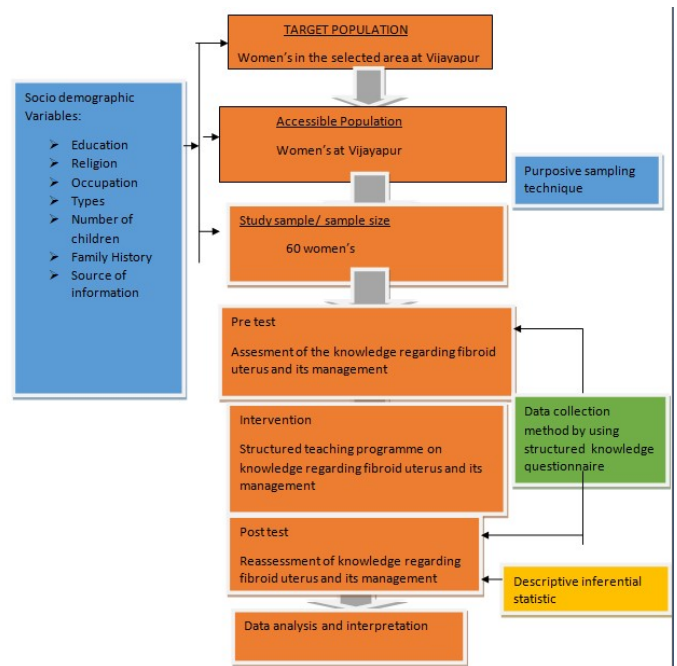
Research approach: Research approach indicates the basic procedure for conducting research. The choice of an appropriate approach depends on the purpose of the study. Structured teaching programme was used to assess the knowledge of the programme

- Develop a means of measuring the attainment of those objectives.
- Collecting data
- Interpret data in terms of objectives.

Based on the statement of the study and objectives, and a view to develop Evaluate approach research was considered an appropriate research approach for the present study.

Research Design: The research design is explicit blue print for research activities to be carried out. Research design helps the researcher to determine what data to collect and how to analysis it. It also suggests possible conclusions to be drawn from the data. The research design used in the study was pre experimental are group pre test and post test research design.

Diagrammatic representation of research design



PRE TEST	INTERVENTION	POST TEST
O1	X	O2

Variables under study: Variables is an attribute of a person or an object that varies that is taken on different values. Variables in this study are

- **Independent variables:** Structured teaching programme on fibroid uterus and its management
- **Dependent variables:** Knowledge of women’s regarding fibroid uterus.

Setting of the study: Settings are the more specific place where data collections will occur. The Present study was conducted at selected areas at Vijayapur.

Population: The term 'population' refers to "The aggregate or mass of subjects upon which researcher intended to generalize the findings." "The accessible population is the population of subjects which can be enumerated and studied." The 'Target population' is the total group of subjects about which the investigator is interested to make generalization. The population for this study was women's of selected areas at Vijayapur.

Sample: Sample consists of a subject of a population selected to participate in research study. Women's who met the inclusion criteria were selected as sample.

Sample size: The sample size consists of 60 women's in the selected areas at Vijayapur.

Sample technique: Sampling technique is the procedure, which the researcher adopts in selecting the samples for the study. Purposive sampling is used for the present study.

Criteria for the sample selection

Inclusion criteria: The study includes: The women's who are

- In the selected areas at Vijayapur.
- Co-operative and willing to participate in the study.
- Available during the time of data collection.
- Able to read and write the Kannada

Exclusion criteria: The Study excludes: The women's who are

- Not co-operative and willing to participate.
- Not available at the time of data collection.

Development and selection of tool: The tool is a vehicle that could obtain data pertinent to the study and at the same time adds to the body of general knowledge in the discipline. Selection and development of tool was done on the objectives of the study. After the review of related literatures the structured knowledge questionnaire was found appropriate. The developed tool was refined and validated by the subject experts. The tool used for this study was Self-administered knowledge Questionnaire.

Description of tool

Structured knowledge Questionnaire: Structured knowledge questionnaire is a questionnaire which consists of socio-demographic data and questions related to knowledge regarding Fibroid and its prevention.

Section A: Socio-demographic data

The first part of the tool consists of 7 items for obtaining information about the selected background factors such as educational status, religion, occupation, type of family, family income, number of children, and source of information of women's regarding fibroid uterus and its management.

Section B: Structured knowledge questionnaire

Structured knowledge questionnaire was prepared in the form of multiple choice questions. It consists of 30 items regarding the Fibroid uterus and its management.

- Section 1:
First section includes 4 items related to introduction of the fibroid uterus. Each correct response has been scored with one mark and maximum total marks is 4.
- Section 2:

Second section includes 2 Items related to Definition of the fibroid uterus. Each correct Response has been scored with one mark and maximum total marks is 2.

- Section 3:
Third section includes 4 items related to Types of the fibroid uterus. Each correct. Response has been scored with one mark and maximum total marks is 4
- Section 4:
Fourth section includes 1 Items related to signs and symptoms of the fibroid uterus . Each correct responses has been scored with one mark maximum total marks is 1.
- Section 5:
Fifth section includes 2 Items related to Diagnostic evaluation of the fibroid uterus Each correct response has been scored with one mark maximum total marks is 2.
- Section 6:
Sixth section includes 1 Items related to medical management of the fibroid uterus each correct response has been scored with one mark maximum total marks is 1.
- Section 7:
Seventh section Includes 9 items related to surgical management of the fibroid uterus Each correct response has been scored with one mark maximum total marks is 9.
- Section 8:
Eighth section Includes 6 Items related to Complications of fibroid uterus each correct response has been scored with one mark maximum total marks is 6.
- Section 9:
Ninth section Includes 1 Items related to nursing management of the fibroid uterus each correct response has been scored with one mark maximum total marks is 1.s

Total score is 30.

For every right answer the score is -1

For every wrong answer the score is -0

The knowledge level has been arbitrarily divided into three categories based on the knowledge score.

Level of knowledge	Range of score	Percentage%
Very good	25-30	81-100%
Good	19-24	61-80%
Average	13-18	41-60%
Poor	7-12	21-40%
Very poor	0-6	0-20%
		Total=100%

Testing of Instruments

Contents Validity: 'Validity' refers to "the which an instrument measures what it is supposed to measure." Content validity refers to "The degree to which the items in an instrument adequately represent the universe of content". The prepared instruments along with the objectives, operational definitions, and criteria checklist for a view to develop structured teaching programme, scoring key, blue print, criteria checklist for validation were submitted 8 experts, which included 1 doctor's, 1 statistician, 1 psychologist and 5 nurse educators to establish content validity. There was 100 % agreement on all items, but suggestions were given to modify certain item and modifications were made in the tool. Translation of the tool was done from English to Kannada. After content validity of the tool was edited by English language expert and then translated in to kannada by kannada language expert without changing meaning of the tool. It was found to be valid and suitable for the women's.

Reliability of the tool: Reliability of an instrument's is the degree of consistency which measures. It refers to the attributes that is supposed to be measure. It refers to the extent to which the same results are obtained on repeated administration of the instrument. A pre-test was done to establish the reliability and to determine the language clarity and feasibility of the tool. Reliability of the tool was assessed by using split – half method, applying person's formula. In this study the

reliability(r) was found to be 1. Hence the tool was found to be highly reliable for the study.

Structured teaching programme: The script of structured teaching programme was designed and developed by the investigator with the help of review of literature and suggestion of guide and experts. Structured teaching programme was based on following aspects: introduction, definition, cause, types, risk factors, sign and symptoms, diagnostic evaluations, complications, treatment, management of the fibroid uterus.

Pilot Study: Pilot study is a small preliminary investigation of the same general character as major study. The permission to conduct pilot study was obtained from selected area at vijayapur. Data collection was done for one week. The pilot study was conducted on 5 subjects in selected area at Vijayapur, subjects were chosen based on criteria. The purpose of the pilot study was explained and informed consent obtained. On 1st day conduct test was done by using structured knowledge questionnaire followed by the distribution of questionnaire. Chi-square was used the analysis was done by using descriptive and inferential statistics. No significant was found by the investigator.

Data Collection Procedure: The data collection was carried after the permission was obtained from the director of health officer from PHC at Vijayapur. The investigator administered the tool to those who were willing to participate after introducing and explaining the purpose of the study. The interview was conducted in a one to one. The investigators established rapport followed by a self-introduction to the subjects, explained about the purpose of the interview and the nature of the study. The confidentiality was explained was explained to the subjects and after getting the individuals consent, the actual procedure was carried out the data was collected with one to one interview by asking each question to subjects in Kannada language duration of time 30 minutes.

Plan for data Analysis: Data analysis is a systemic organization and synthesis of research data and testing of research hypothesis using those data obtained is analysed in terms of objectives of the study using descriptive and inferential statistics. The plan of data analysis is as follows:

Descriptive Statistics

1. To analyse the demographic data by percentage and frequency distribution.
2. To compute mean, mode, standard deviation, of knowledge scores of women's regarding fibroid uterus and its management.

Inferential statistics

1. There will be no statistical association between the knowledge on perception and health care seeking behavior scores of women's regarding fibroid uterus and its prevention among women's with their selected socio-demographic variables at 0.05 level of significance.
2. Chi-square to working out the association with demographic variables and knowledge assessment.

Summary: This chapter has dealt with research approach, research design, variables, the setting of the study, the population, sample and sampling technique, the development and selection of tool, pilot study collection procedure and plan for data analysis.

RESULTS

"There is nothing exhilarating to be short t without result".
-Winston Churchill.

This chapter presents the analysis and interpretation of data collected from 60 Post operative women in the selected areas, vijayapur

regarding post operative complication by using a structured knowledge questionnaire. Analysis is the process of organizing and synthesizing the data in such a way that research questions can be answered and hypotheses is tested. The purpose of the analysis is to reduce the data in an intelligible and interpretable form, so that the relation of research problem can be studied and tested. The purpose of the data analysis is to translate the information collected during the course of the study into interpretable form so that the research question could be answered. Data gathered were analyzed using descriptive and inferential statistics. The analysis of the data of the present study has been organized in relation to the objectives and hypotheses of the study.

Objectives

1. To assess the knowledge of women's in selected areas on knowledge regarding fibroid uterus.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding fibroid uterus.
3. To find out the association between knowledge scores of women's regarding fibroid uterus with their selected socio-demographic variables.

Presentation of the data

The data is presented under the following sections:

- 1) **SECTION I:** Description of socio- demographic characteristics of the sample.
- 2) **SECTION II:** Assessment of knowledge of women's regarding fibroid uterus and its management.
- 3) **SECTION III:** Assessment of effectiveness of Structure teaching programme on fibroid uterus and its prevention among women's in the selected area at vijayapur. which is further categorized in to 4 parts:

Part 1: Comparison of knowledge level of women's of women's in the pretest and post test.

Part 2: Area wise effectiveness of structured teaching programme 0 knowledge regarding fibroid uterus and its prevention among women's in the selected area at vijayapur.

Part 3: Testing hypothesis.

Part 4: Association between knowledge score of women's regarding fibroid uterus and its management.

SECTION I: Distribution of subject characteristics according to socio-demographic variables

This section describes the characteristics of women's in terms of , educational status, religion occupation, family income, number of children, family history of fibroid uterus, palce of residence and source of information.

- ❖ Maximum subjects i.e., 40 (66.6%) were studied up to primary. 9 (15%) were studied up to high school. 8 (13.33%) were studied up to puc and graduation. 3 (5%) were studied up to graduation and above.
- ❖ Maximum subjects i.e., 50(83.33%) were Hindu, 5(8.33%) were Muslim and 1(1.66%) were Christian, and 4(6.66%) were Others.
- ❖ Maximum subjects 55(91.66%) were house wives, 3(5%) were govt.job, 2(3.33%) were private job workers, 3(5%) were daily base workers.
- ❖ Maximum subjects 55(91.66%) were nuclear family, 5(8.33%) were joint family, 0(0%) were extended family.
- ❖ Maximum subjects i.e., 5(8.33%) were in the monthly family income of <4000/-, were in the income of 4001-5000, 32(53.33%) were in the income of 5001-10,000/- and 4(23.33%) Of them in the income of above 10,000/-
- ❖ Maximum subjects i.e, 2 (3.3%) were the number of children are not there, 5(8.33%) were in the number of children are 1,

14(23.33%) were in the number of children are 2 39(65%) were the number of children are more than 3 members.

- ❖ Maximum subjects i.e., 0 (0%) were as the place of residence at rural, 10(6.66) were as in the semi urban area, 50(83.33%) were as place of residence is urban
- ❖ Maximum subjects i.e., 20(33.33%) women's have information source of family and friends, 10(16.66%) were source of books and magazines, 5(8.33%) were in source of internet and 25(41.66%) informational source from health care providers,

Table 1. Frequency and percentage distribution of subjects according to socio-demographic variables

Sl.NO	Soocio-demographic variables	frequency	Percentage
1	Educational status:		
	a) Primary	40	66.6%
	b) High School	9	15%
	c) PUC and graduation	8	13.33%
	d) Post graduation	3	5%
2	Religion		
	a) Hindu	50	83.33%
	b) Muslim	5	8.33%
	c) Christian	1	1.66%
	d) Others	4	6.66%
3	Occupation		
	a) House wife	55	91.66%
	b) Govt job	3	3.5%
	c) Private job	2	3.33%
	d) Daily base worker's	3	3.5%
4	Type of Family		
	a) Nuclear family	55	81.66%
	b) Joint family	5	8.33%
	c) Extended family	0	-----
5	Family Income(Monthly)		
	a) Less than 4000/-	5	8.33%
	b) 4001/- - 5000/-	9	15%
	c) 5001/- - 10,000/-	32	53.33%
	d) Above 10,000/-	14	23.33%
6	Number of Children		
	a) 0	2	3.33%
	b) 1	5	8.33%
	c) 2	24	23.33%
	d) 3 and more than 3	39	65%
7	Source of information		
	a) Family and friends	20	33.33%
	b) Books and magazines	10	16.66%
	c) Internet	5	8.33%
	d) Health care providers	25	41.66%

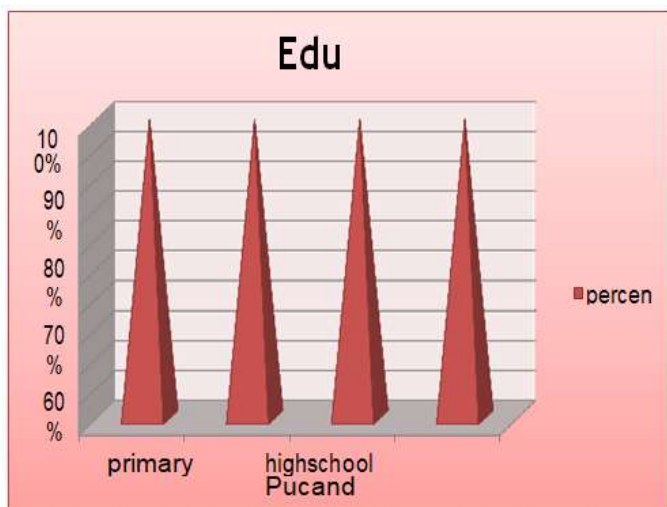


Fig. 5.1. Cone diagram depicting percentage wise distribution of women's according to educational status

Percentage wise distribution of the subjects according to educational status, 40 (66.66%) were in the primary education, 9(15%) were in the high school education, 8(13.33%) were in the PUC and graduation, and 3(5%) of them were in the post Graduate.

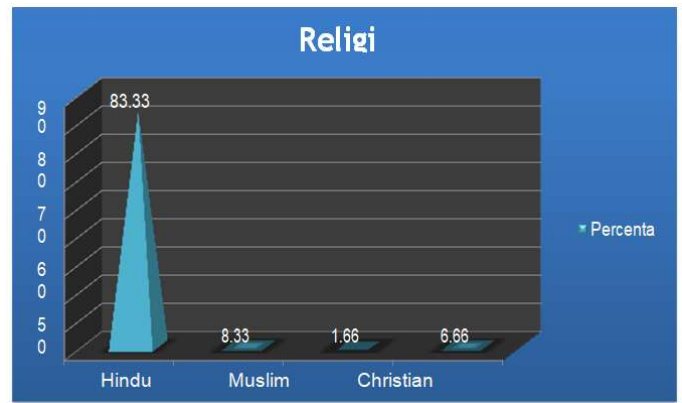


Fig. 5.2. Cone diagram depicting percentage wise distribution of Women's according to religion

Percentage wise distribution of the subjects according to religion 50(83.33%) were Hindu, 5(8.33%) were Muslim and 1(1.66%) were Christian and 4(6.66%) were others.

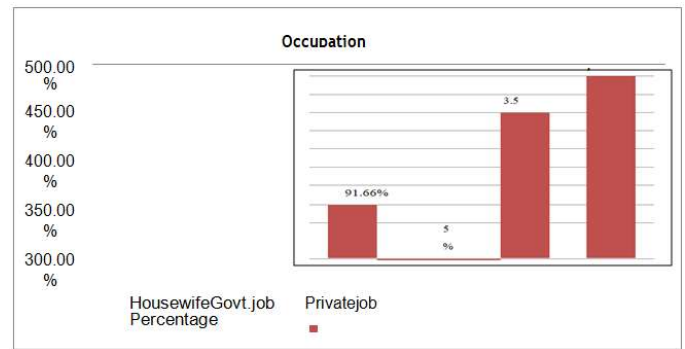


Fig 5.3. Bar diagram depicting percentage wise distribution of women's according to occupation

Percentage wise distribution of the subjects according to their occupation 55(91.66%) were house wifies, 3(5%) were govt.job, 2(3.33%) were private job workers.

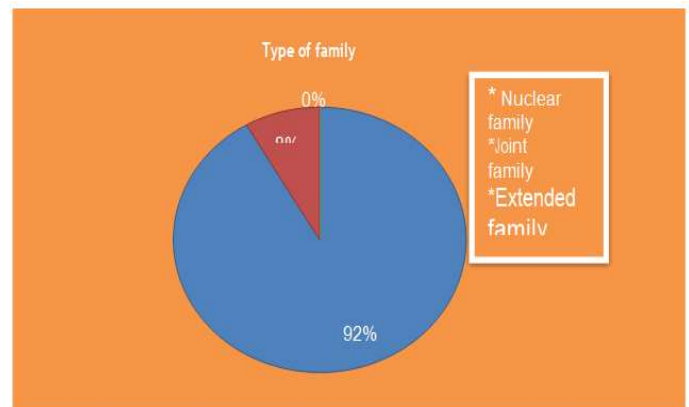


Fig. 5.4. Pie diagram depicting percentage wise distribution of women's according to type of family

Percentage wis distribution of the subjects according to type of family subjects 55(91.66%) were nuclear family, 5(8.33%) were joint family, 0(0%) were extended family.

Percentage wise distribution of the subjects according to their income of family 5 (8.33%) were in the monthly family income of <4000/-, were in the income of 4001-5000, 32(53.33%) were in the income of 5001-10,000/- and 4(23.33%) of them were in the income of above 10,000/-.

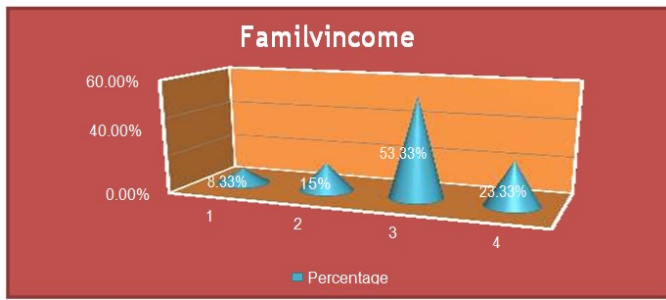


Fig. 5.5. Cone diagram depicting percentage wise distribution of women's according to family income

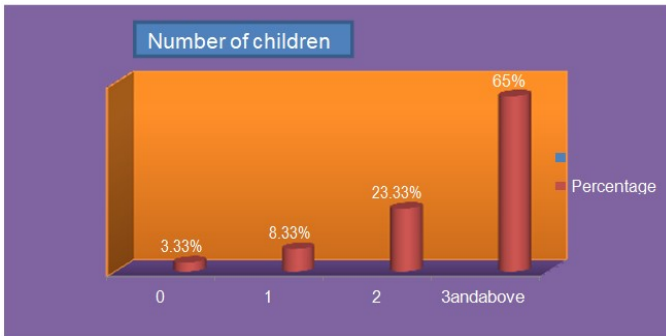


Fig 5.6. Cylinder diagram depicting percentage wise distribution of mothers according to Number of children

Percentage wise distribution of the subjects according to their number of children. 2 (3.3%) were the number of children are not there, 5(8.33%) were in the number of children are 1, 14(23.33%) were in the number of children are 2 and 39(65%) were the number of children are more than 3 members.

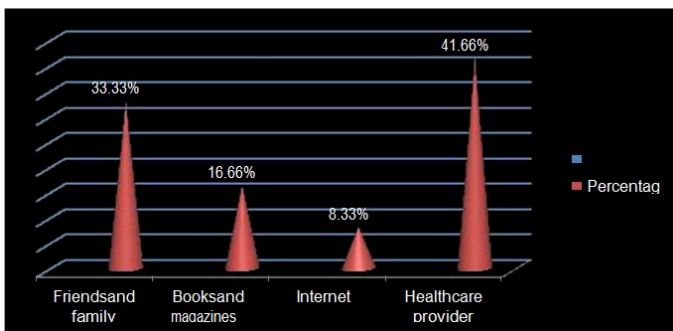


Fig. 5.7. Cone diagram depicting percentage wise distribution of mothers according to source of information.

Percentage wise distribution of the subjects according to their source of information 20(33.33%) mothers have information source of family and friends, 10(16.66%) were source of books and magazines, 5(8.33%) were in source of internet and 25(41.66%) informational source from health care providers.

Section II: Assessment of knowledge of the women's regarding fibroid uterus and its prevention.

Table 5.1. Percentage wise distribution of subjects according to level knowledge in pretest

Test	Level of knowledge	Range of score	no. Members	Percentage %
Pre test	Very good	(25-30)	-----	0%
	Good	(19-24)	1	1.66%
	Average	(23-18)	3	5%
	Poor	(7-12)	33	33.55%
	very poor	(0-6)	23	38.3%
			60	Total= 100%

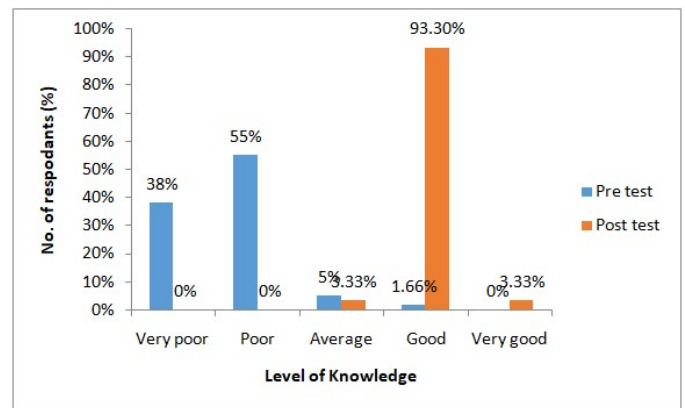


Fig. 5.7. Column diagram depicting percentage wise distribution of regarding level of knowledge in pre test and post test

Percentage wise distribution of subjects in pre test reveals that out of 60 subjects, the highest percentage 23(38.33%) of women's have very poor knowledge, 33(33.55%) of women's have poor knowledge and 3(5%) of women's have average knowledge and 1(1.66%) good knowledge, and no one had got very good. Hence it reveals that majority of the women's have very poor knowledge Fibroid uterus.

Section III: Assessment of effectiveness of Structured teaching programme on fibroid uterus and its prevention among mothers in the selected areas, in vijayapur. This is further categorized in to 4 parts:
Part 1 : Comparison of knowledge level of women in the pretest and post test.

Percentage wise distribution of subjects in post test reveals that out of 60 subjects, the highest percentage 0(0%) of women's have very poor knowledge, 0(0%) of women's have poor knowledge and 2(3.33%) of mothers have average knowledge and 56(93.33%) good knowledge, and 2(3.33%) very good. Hence it reveals that majority of the women's get good knowledge regarding Fibroid uterus.

Part 2: Area wise effectiveness of Structured teaching programme on knowledge regarding Fibroid uterus and its management.

Area wise comparison of mean and standard deviation of the knowledge scores of the pre test and post test reveals an increase in the mean knowledge score of the women's after STP. Comparison of area wise mean and standard deviation of the knowledge scores in the area of knowledge regarding introduction and definition shows that the pre test mean knowledge score was (3) with SD (±1.33) with mean percentage (42.6%) of total score where as the post test mean of knowledge score in the area was (5.1) with SD (±0.9) with mean percentage (71.42%) of total score. In the area wise knowledge regarding types shows that the pre test mean knowledge score was (0.95) with SD (±1.1) with mean percentage (25%) of total score where as the post test mean of knowledge score in this area was (2.6) with SD (±0.83) with mean percentage (75%)of total score. In the area wise knowledge regarding incidence shows that the pre test mean knowledge score was (0.9) with SD (±0.9) with mean percentage (20%) of total score where as the post test mean of knowledge score in this area was (3.3) with SD (±0.95) with mean percentage (60%)of total score. In the area wise knowledge regarding causes and risk factors shows that the pre test mean knowledge score was (0.6) with SD (±0.75) with mean percentage (25%) of total score where as the post test mean of knowledge score in this area was (2.5) with SD (±0.86) with mean percentage (75%)of total score. In the area wise knowledge regarding types shows that the pre test mean knowledge score was (0.2) with SD (±0.43) with mean percentage (0%) of total score where as the post test mean of knowledge score in this area was (0.7) with SD (±0.43) with mean percentage (100%)of total score. In the area wise knowledge regarding diagnostic evaluation shows that the pre test mean knowledge score was (0.3) with SD (±0.53) with mean percentage (0%) of total score where as the post test mean of knowledge score in this area was (1.2) with SD (±0.6) with mean percentage (50%)of total score.

Table

Level of knowledge	Range of scores	Pre test O ₁		Post test	
		number of respondent	Percentage	number of respondent	Percentage
Very poor	0-6	23	38%	-----	0%
Poor	7-12	33	55%	-----	0%
Average	13-18	3	5%	2	3.33%
Good	19-24	1	1.66%	56	93.3%
Very good	25-30	-----	0%	2	3.33%
Total		60	100%	60	100%

Table 3. Area wise mean, standard deviation, and mean percentage of knowledge scores in pre test and post test

knowledge Area	Max score	Pre-Test (o ₁)		Post-Test(o ₂)		Effectiveness	
		Mean ± SD	Mean %	Mean ± SD	Mean %	Mean ± SD	Mean %
Knowledge regarding introduction and definition on fibroid uterus	7	3±1.33	42.8%	5±0.9	71.42 %	2±0.43	28.62%
Knowledge regarding incidence types of fibroid uterus	4	0.9±1.33	25%	2.6±0.83	75%	1.7±0.27	50%
Knowledge regarding incidence of fibroid uterus	5	0.9±0.9	20%	3.3±0.95	60%	2.4±0.05	40%
Knowledge regarding causes and risk factors of fibroid uterus	4	0.61±0.75	25%	2.5±0.86	75%	1.9±0.11	50%
Knowledge regarding signs and symptoms of types of fibroid uterus	1	0.2±0.43	-----	0.7±0.43	100%	0.5±0	100%
Knowledge regarding diagnostic evaluation of fibroid uterus	2	0.3±0.53	-----	1.2±0.6	50%	0.9±0.08	50%
Knowledge regarding treatment of fibroid uterus	3	0.8±0.8	33.3%	2.9±0.78	100%	2.1±0.02	66.7%
Knowledge regarding complication of fibroid uterus	1	0.21±0.42	-----	0.8±0.38	100%	0.6±0.04	100%
Knowledge regarding management of fibroid uterus disorder	3	0.7±0.83	33.33%	2.5±0.67	100%	0.6±0.16	66.7 %
Total	30	7.6±7.09	179.43%	21.6±6.41	671.42%	13.92±1.16	523.4%

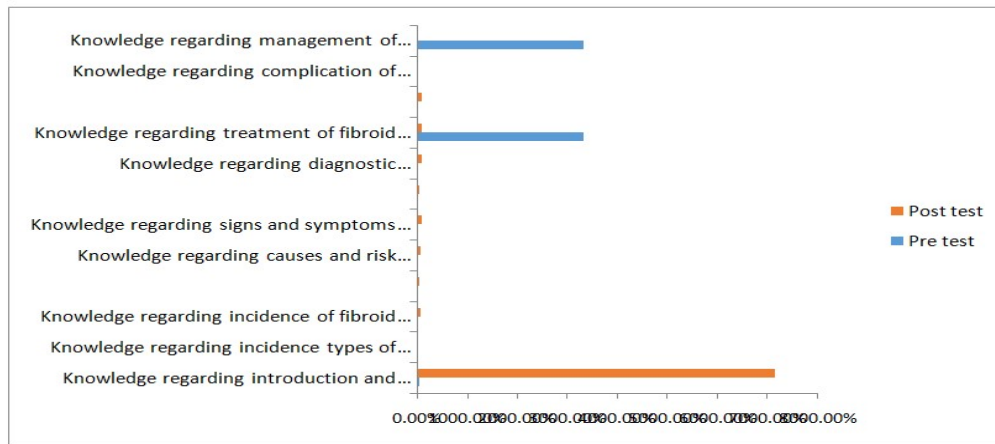


Fig 5.8. Column diagram depicting percentage wise distribution of the study subjects according women’s knowledge in pre test and post test

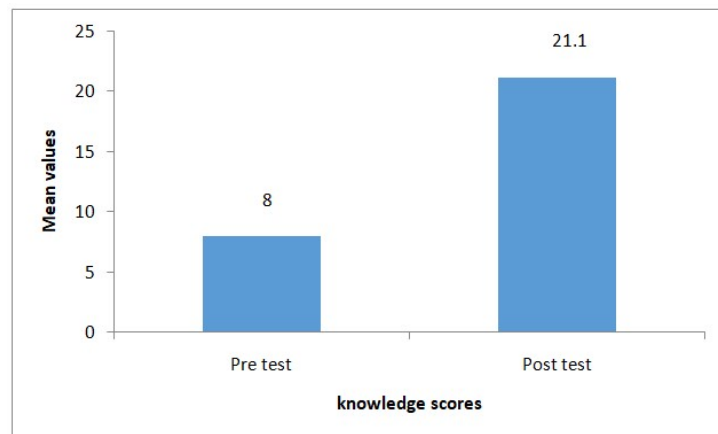


Fig. 5.9. Column diagram depicting percentage wise distribution of the mean value regarding knowledge scores

In the area wise knowledge regarding treatment shows that the pre test mean knowledge score was (0.8) with SD (± 0.8) with mean percentage (33.3%) of total score where as the post test mean of knowledge score in this area was (2.9) with SD (± 0.78) with mean percentage (100%) of total score. In the area wise knowledge regarding complications shows that the pre test mean knowledge score was (0.2) with SD (± 0.42) with mean percentage (0%) of total score

where as the post test mean of knowledge score in this area was (0.8) with SD (± 0.38) with mean percentage (100%) of total score. In the area wise knowledge regarding prevention shows that the pre test mean knowledge score was (0.7) with SD (± 0.83) with mean percentage (33.33%) of total score where as the post test mean of knowledge score in this area was (2.5) with SD (± 0.67) with mean percentage (100%) of total score. In overall findings reveals that the

post test knowledge scores was more than (7.6±21.6) when compared to pre test knowledge score (7.09±6.41). Hence it indicates that the STP was effective in enhancing the knowledge of womens.

Part 3: Testing Hypothesis

To evaluate the effectiveness of structured teaching programme, research hypothesis is formulated

H₁: There will be significant difference between the pre –test knowledge and post-test knowledge scores of women’s regarding Fibroid uterus and its prevention.

Table 5.4. Significant difference between the pre –test knowledge and post-test knowledge scores of women’s

Test	Mean	Mean difference	SD Error	Paired „t” Value	Table Value
Pre test (O ₁)	8	3.1	1.4	71.87	1.96
Post test (O ₂)	21.1				

As the calculated „t” value 71.87 was much higher than table value (1.96) the hypothesis : H₁. there will be significant difference between pre test knowledge and post test knowledge scores of women’s regarding Fibroid uterus is accepted. Findings revealing the presence of significant difference between pre test and post test knowledge scores. Hence the structured teaching programme is effective in imparting knowledge among women’s. Thus accepting alternate hypothesis (H₁) and rejecting Null hypothesis.

Part 4: Association between knowledge score of women’s regarding Fibroid uterus.

Chi square test was used to find the association between the socio-demographic variables and knowledge of subjects regarding fibroid uterus ant its management. No significant association was found between the knowledge of Fibroid uterus and their socio-demographic variables: religion, Significant association was found between the knowledge of fibroid uterus and its prevention and their socio-demographic variables: educational status, occupation, type of family, family income, number of children, family history, place of residence, sources of information.

Summary

This chapter dealt with the analysis and interpretation of the findings of the study. The data gathered were summarized in the master sheet and both descriptive and inferential statistics were used for analysis. In overall findings reveals that the post test knowledge scores was more than (21.6±6.41) when compared to pre test knowledge score (7.6±7.09). Hence it indicates that the STP was effective in enhancing the knowledge of women’s with accepting the alternate hypothesis (H₁) and rejecting Null hypothesis.

Limitations of the Study

- The study is limited to women’s.
- The study is limited to only women’s in the selected area at Vijayapur.
- Only a single domain that is knowledge is considered in the present study.
- The sample for the study was limited to 60 women’s only.

Recommendations

On the basis of the findings of the study, following recommendations have been made:

- A similar study can be replicated on a large sample for better generalization.
- A study on the attitude and practices of women’s fibroid uterus and its management may be helpful for developing for specific strategies of education.
- An experimental study can be undertaken with a control group for effective comparison of the result.
- Regular health educational programs should be conducted by health professional related to mothers regarding fibroid uterus and its management.

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