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A study to assess the effectiveness of structured teaching programme on knowledge regarding dysfunctional uterine bleeding among women in selected rural area at Bilaspur C.G.

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Abstract

Pre experimental study done to assess effectiveness of structured teaching programme on knowledge regarding dysfunctional uterine bleeding among women.

Methods: The evaluative research approach was adopted for the study. Pre experiment –one group pretest-posttest design was used for the study. The present study was conducted in the selected rural area Bilaspur, C.G. The Size 60 women selected for the study using non-probability Purposive sampling technique. The self structured questionnaire was used to assess their knowledge of women regarding dysfunctional uterine bleeding.

Results: Distribution of Knowledge score of women regarding dysfunctional uterine bleeding show that mean post-test knowledge score 13.9 was greater than mean pre-test Knowledge score 11.71. The statistical z value was 4.03 and table value was 2.0. The calculated value was higher than the table value. It was found to be statistically significant at $p < 0.05$ level of significance. The z test analysis shows that there was a significant increase in the knowledge of women regarding dysfunctional uterine bleeding. There was significant association of knowledge score of women regarding dysfunctional uterine bleeding with demographic variables.

Conclusion: The study's overall findings showed that the structured teaching programme significantly improved women's knowledge level regarding dysfunctional uterine bleeding.

Keywords: Dysfunctional uterine bleeding, knowledge, Bilaspur

Introduction

Abnormal uterine bleeding is any bleeding that deviates from normal menstruations. It differs in terms of frequency of bleeding, duration, and the pattern of bleeding during menstrual cycle or menopause. It is a major gynecological problem for medical visits among women in the reproductive aged group ^[1].

Dysfunctional uterine bleeding (DUB) is irregular menstrual bleeding that is not caused by a serious condition such as disease or pregnancy complication. It is usually caused by changing hormones level which may affect ovulation. Dysfunctional uterine bleeding is the most common cause of abnormal vaginal bleeding in women reproductive years. It can have a substantial, financial and quality of life burden and affects women health both mentally and socially ^[2].

Women's health is one of the most highest priority. A healthy woman makes a happy family which builds up happy Nation. In India Dysfunctional uterine bleeding constitutes about 15 to 20% of all gynecological admissions in an institution out of these 24% are below 20 years, 43% are between 20 to 40 years and 33% are above 40 years. The DUB woman may have ovulatory and anovulatory bleeding because of intensive stress of professional working women, obesity and excessive exercises. This condition is getting more worse because of high prevalence of anaemia among Indian woman ^[3].

Abnormal uterine bleeding (AUB) is a frequent symptom in perimenopausal women. In 1996, the World Health Organization defined perimenopause as "the period immediately prior to menopause (when the endocrinological, biological and clinical features of menopause begin) and the first year after menopause"^[4].

Menopausal transition dysfunctional uterine bleeding often lacks distinctive early symptoms, leading to frequent misdiagnosis or oversight. If untreated, dysfunctional uterine bleeding can lead to complications such as anaemia, infection, and even the risk of malignant transformation into endometrial carcinoma^[5].

Dysfunctional uterine bleeding is a common deliberating condition. Menstrual cycle differs from women to women. They may get heavy or light spotting bleeding and shorter or longer cycles. It may affect with the day to day activities of the women. Even though not a life threatening condition, it cause disruption and discomfort for them. Majority of them do not seek medical aid because of ignorance and social stigma, resulting in complication. So as a health care provider we need to educate the women to seek the medical aid at proper time.

Statement of the study

A study to assess the effectiveness of structured teaching programme on knowledge regarding dysfunctional uterine bleeding among women in selected rural area at Bilaspur C.G

Objectives of the study

To assess the knowledge regarding dysfunctional uterine bleeding among women.

To assess the effectiveness of structured teaching programme regarding dysfunctional uterine bleeding

To findout the association between the knowledge on dysfunctional uterine bleeding among women with selected socio demographic variables.

Materials and Methods

The evaluative research approach was adopted for the study. Pre experiment –one group pretest-posttest design was used for the study. The present study was conducted in the selected rural area Bilaspur, C.G. The Size 60 women selected for the study using non-probability Purposive sampling technique who fulfill the inclusion criteria. After obtaining formal permission from village sarpanch, the total 60 women were selected for the study. The demographic data were collected from the women which include Age in years, Type of family, Educational status, Family income, Occupation, Number of children, Duration of periods, Interval of menstrual cycle, Previous source of knowledge. The self structured questionnaire was provided to the women to assess their knowledge regarding dysfunctional uterine bleeding. The self structured knowledge questionnaire contains 32 multiple choice questions which covers definition, causes, signs and symptoms, management, prevention. Scoring criteria was established poor knowledge (1-10) average knowledge (11-20) good knowledge (21-32). The tool was validated by seven subject experts. The reliability was tested by establishing the internal consistency application of split half method. The reliability was tested using Karl pearsons coefficient correlation formula and the reliability of the tool $r=0.75$ was

found to be statistically reliable for the study. Pilot study done to check the feasibility and practicability of the study. The data was collected from Sakri lokandi area, Bilaspur (C.G.) after selecting the sample an informed consent obtained and confidentiality assured. The self structured questionnaire regarding dysfunctional uterine bleeding is administered to 60 women. The pretest knowledge was assessed on day one and same day Structured teaching programme was conducted regarding dysfunctional uterine bleeding and on 7th day post test was conducted. The collected data was analyzed on the basis of the descriptive and inferential statistics.

Results and Discussion

Data analysis and interpretation

Table-1 shows that Distribution of demographic variables of women regarding dysfunctional uterine bleeding maximum of subjects belongs to 36-40 age in years 24(40%), type of family maximum subjects belong to nuclear family 36(60%), Educational status maximum subjects belongs to high school 34(56.67%), family income maximum subjects belongs to Less than rs.5000/- 20 (33.33%), Occupation maximum subjects belongs to House wife 34 (56.67%), Number of children maximum subject belongs to two children 28(46.67%), Duration of periods maximum subject belongs to 3-4 days 18(30%), Interval of menstrual cycle maximum subject belongs to 28 days 49(81.67%), Previous source of knowledge maximum subject belongs to No Previous source of knowledge 42(70%).

Table-2 Shows that Pre test Knowledge level of women regarding dysfunctional uterine bleeding 40(60%) had poor knowledge, 15(30%) had Average Knowledge, 5(10%) had Good Knowledge. In post test Knowledge level of women regarding dysfunctional uterine bleeding 0(0%) had poor knowledge, 20(30%) had average Knowledge, 40(70%) had Good Knowledge.

Table-3 Distribution of Knowledge score of women regarding dysfunctional uterine bleeding show that mean post test knowledge score 13.9 was greater than mean pre test Knowledge score 11.71. The Z test Analysis was used to find out the effectiveness of structured teaching program on knowledge regarding dysfunctional uterine bleeding. The statistical z value was 4.03 and table value was 2.0. The calculated value was higher than the table value. It was found to be statistically significant at $P<0.05$ level of significance. The z test analysis shows that there was a significant increase in the knowledge of women regarding dysfunctional uterine bleeding.

Table-4 Shows that there was significant association of knowledge score of women regarding dysfunctional uterine bleeding with demographic variables such as Type of family, Educational status, Family income, Occupation, Number of children, previous source of knowledge. There was no significant association of knowledge score with Age in years, Duration of periods, and Interval of menstrual cycle.

Table 1: Distribution of demographic variables of women regarding dysfunctional uterine n=60

S. No.	Demographic variables	Frequency	Percentage
1.	Age in years		
	30-35	3	5%
	36-40	24	40%
	41-45	22	36.67%
	46-50	11	18.33%
2.	Type of family		
	Nuclear family	36	60%
3.	Educational status		
	Illiterate	16	26.67%
	High school	34	56.67%
	Higher secondary	7	11.66%
	Graduate and above	3	5%
4.	Family income		
	Less than rs.5000/-	20	33.33%
	Rs.5001-10000/-	14	23.33%
	Rs. 10001-15000/-	16	26.67%
	More than 15000/-	10	16.67%
5.	Occupation		
	House wife	34	56.67%
	Labor worker	26	43.33%
	Business women	0	0%
	Govt. job	0	0%
6.	Number of children		
	No children	0	0%
	One	18	30%
	Two	28	46.67%
	Three and above	14	23.33%
7.	Duration of periods		
	1-2days	11	18.33%
	3-4days	18	30%
	5-6days	17	28.33%
	7 days and above	14	23.33%
8.	Interval of menstrual cycle		
	Less than 18 days	0	0%
	21 days	11	18.33%
	28 days	49	81.67%
	35days and more	0	0%
9.	Previous source of knowledge		
	Yes	18	30%
	No	42	70%

Table 2: Criteria wise analysis of pre test and post test knowledge score by frequency and Percentage n=60

Criteria	Pre-test knowledge score		Post-test knowledge score	
	Frequency	Percentage	Frequency	Percentage
Poor knowledge	40	60%	0	0%
Average knowledge	15	30%	20	30%
Good knowledge	5	10%	40	70%

Table 3: Analysis of pre test and post test knowledge score to find out the effectiveness of structured teaching program on knowledge regarding dysfunctional uterine bleeding-N=60

Knowledge score	Mean	SD	Df	Z test value	Table value	Inference
Pretest	11.71	2.89	59	4.03	2.0	$P < 0.05$ significant
Post test	13.9	1.02				

Table 4: chi square analysis to findout the association between knowledge score with selected socio demographic variables N=60

Socio demographic variable	Critical value	Chi square value	Df	Inference
Age in years	5.99	1.71	2	$p > 0.005$ not significant
Type of family	3.84	8.05	1	$p < 0.005$ significant
Educational status	7.82	16.79	3	$p < 0.005$ significant
Family income	7.82	19.48	3	$p < 0.005$ significant
Occupation	3.84	10.41	1	$p < 0.005$ significant
Number of children	5.99	7.4	2	$p < 0.005$ significant
Duration of periods	7.82	3.46	3	$p > 0.005$ not significant
Interval of menstrual cycle	3.84	1.16	1	$p > 0.005$ not significant
Previous source of knowledge	3.84	9.02	1	$p < 0.005$ significant

Conclusion

The study conclusion that mass awareness programmes are required for women residing in rural area regarding dysfunctional uterine bleeding. The study's overall findings showed that the structured teaching programme significantly improved women's knowledge score regarding dysfunctional uterine bleeding.

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