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A study to assess the effectiveness of video teaching awareness programme on knowledge regarding adenomyosis among LSCS hospitalized mother in selected hospital

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Abstract

Aim: This study was conducted in order to assess the effectiveness of video teaching awareness programme on knowledge regarding adenomyosis among LSCS hospitalized mother in selected hospital.

Methods: quantitative probability research approach. True experimental research design and pretest-posttest control group design only was adopted in this study. For the purpose of this study 30 LSCS hospitalized mother are participated.

Results: The comparison between the mean of pretest and posttest for knowledge showed that the mean of difference was 16.37 the calculated "t" value was 29.56. It shows that the video teaching awareness programme was effective.

Keywords: Effectiveness, video teaching awareness programme, adenomyosis, LSCS, hospitalised mother

Introduction

Adenomyosis is a benign pathology defined as the presence of endometrial glands and stroma within the myometrium surrounded by hyperplastic and hypertrophic myometrium, which produces growth of the uterus. Adenomyosis is a common cause for heavy menstrual bleeding among patients with AUB. The exact prevalence of adenomyosis in the population is unknown. There are few studies illustrating racial influences of the prevalence of adenomyosis. Before the application of transvaginal ultrasonography in gynaecological practice the diagnosis used to be by histopathology. With the advent of MRI the diagnosis has been more accurate [1].

Endometriosis and adenomyosis are steroid hormones dependent conditions and, as the normal endometrium, their development is regulated by the levels of estrogen and progesterone [2]. Bleeding is one of the consequences of the response of the endometrial tissue to hormonal stimulation, and can lead to inflammation and scarring, and consequently to complications such as dysmenorrhea, infertility, chronic pelvic pain and dyspareunia [3]. Since the level of estrogen rapidly decreases around age 50, endometriosis and adenomyosis are considered to be a problem mainly before menopause [2]. However, there are reports on new cases identified beyond reproductive age since, for example, if iatrogenic or endogenous hormones are present, the disease can still be active [4].

The diagnostic criteria for adenomyosis using transvaginal ultrasonography can include the presence of one or more of the following findings: 1) a globular uterine configuration; 2) poor definition of the endometrial-myometrial interface; 3) sub-endometrial echogenic linear striations; 4) myometrial anterior-posterior asymmetry; 5) intramyometrial cysts and 6) a heterogeneous myometrial echo texture. Transvaginal ultrasonography is highly observer-dependent, but experienced investigators have reported satisfactory accuracy in clinically suspected cases [6].

Material and Methods

Quantitative probability research approach. True experimental research design.

Pretest-posttest control group design only. 30 LSCS hospitalized mothers. 15 LSCS hospitalized mothers was experimental group & 15 LSCS hospitalized mothers was control group. The investigator will plan to obtain the necessary permission from the concerned authorities for the study. The investigator will be introduced self and informed samples about the nature of the study so as to ensure better co-operation during the data collection. The investigator will approach the LSCS hospitalized mothers and prepared a sampling frame of those who meet the inclusion criteria and explain them the purposed of the study and how it will be beneficial for them. Investigator will enquired their willingness to participate in the study and will obtained written consent from them.

a. Inclusive criteria

- Those who are under went LSCS mothers.
- Those who are admitted in the hospitals.
- Mothers available during the time of data collection.

b. Exclusive criteria

- Hysterectomy mothers.
- Those who are not willing to give concern.

Specification of instruments and related measurement

In this study the investigator will use 2 data collection instrument.

Part A: Demographic data consists of 9 questions.

Part B: Knowledge item consists of 30 questions.

Specification of instruments: structured knowledge

questionnaires using as an instrument for this study.

Measurement of knowledge score of LSCS hospitalized mothers regarding adenomyosis.

Category of knowledge	Score in percentage
Inadequate	< 50%
Moderately adequate	50-75%
Adequate	> 75%

Results

Assessment of effectiveness of video teaching awareness programme on knowledge regarding adenomyosis among LSCS hospitalized mother in selected hospital.

Table 1: Distribution of knowledge regarding adenomyosis before intervention

Sr. no	Level of anxiety	Pre-test	
		Frequency (n)	Percentage (%)
1	Inadequate	26	86.66%
2	Moderately adequate	4	13.33%
3	Adequate	0	0%

Table 2: Frequency and percentage Distribution of knowledge regarding adenomyosis before intervention

Sr. No.	Level of anxiety	Post-test	
		Frequency (n)	Percentage (%)
1	Inadequate	0	0%
2	Moderately adequate	4	13.33%
3	Adequate	26	86.44%

Table 3: Mean, standard deviation, mean of differences in scores and 't' value for knowledge regarding adenomyosis

Sr. no	Test	Mean	Standard deviation	Mean of differences in score	't' value
1	Pre-test	69.8	11	16.37	29.56
2	Post-test	53.43	9.92		

$P < 0.05$ level *significant

The data presented in the table shows that the mean pre-test score was 69.8 with the standard deviation of 11.00, whereas in post-test it was 53.43 with the standard deviation of 9.92. The mean difference in pre-test and Post-test scores was 16.37. The calculated 't' value was 29.56 whereas the tabulated 't' value was 2.04, it shows that the calculated 't' value was much higher than the tabulated 't' value. It shows that the video teaching awareness programme was effective in significantly increase knowledge regarding adenomyosis among LSCS hospitalized postnatal mothers. Thus the null hypothesis (H_0) i.e. "There is no significant difference in Effectiveness of video teaching awareness programme was effective in significantly increase knowledge regarding adenomyosis among LSCS hospitalized postnatal mothers measured at $p < 0.05$ level of significance" is rejected and the research hypothesis (H_1), "There is a significant difference in knowledge regarding adenomyosis among LSCS hospitalized postnatal mothers. There is a significant difference knowledge regarding adenomyosis among LSCS hospitalized postnatal mothers after video teaching measured at $p < 0.05$ level of significance", is accepted.

Discussion

The findings of the study were discussed with reference to the objectives stated in chapter I and with the findings of the other sections. The present study was undertaken as, "Effectiveness of video teaching awareness programme on knowledge regarding adenomyosis among LSCS

hospitalized postnatal mothers.

Demographic variables of the present study shows, 9(30%) subjects were of the age group of 18 – 21 years, 15(50%) of 22- 25 years, 6(20%) of 26- 29 years of the age group. According to age 9(30%) Samples were in group of 18-21, 15(50%) were in age group of 22-25, 6(20%) were in group of 26-29. 19(63.33%) sample were in 36-37 weeks, 10 (33.33%) were in 37-38 weeks and 1(3.33%) were in 38-39 weeks of gestation. 1(3.33%) subjects had taken primary education, 4(13.33%) completed secondary education, 12(40%) completed higher secondary education and 13 (43.33%) were educated up to graduation. 22(73.33%) subjects were house wives, 43(26.66%) working women by occupation. 5(16.66%) subject were lived in urban area, 21(70%) subject were lived in rural area and 4(13.33%) were lived in semi urban area.

The mean pre-test score was 69.8 with the standard deviation of 11.00, whereas in Post-test it was 53.43 with the standard deviation of 9.92. The mean difference in pre-test and post test scores was 16.37. The calculated 't' value was 29.56 whereas the tabulate d't' value was 2.04, it shows that the calculated 't' value was much higher than the tabulated 't' value.

Margit Dueholm (2017) [10] uterine adenomyosis and infertility, review of reproductive outcome after *in vitro* fertilization and surgery. This review includes an analysis of the clinical studies evaluating reproductive outcome and adenomyosis, and a review of studies on reproductive

outcome and surgical treatment options for adenomyosis. Strict diagnostic criteria and classification of disease are needed for an image diagnosis of adenomyosis. Studies of *in vitro* fertilization/intracytoplasmic sperm injection (IVF/ICSI) populations and women with surgically treated deep endometriosis have suggested that adenomyosis has a negative impact on reproductive outcome, although there are substantial variations between studies. Few data are available on the relation between the extent of disease and impact on reproductive outcome, but a correlation appears to exist. Case series seem to confirm a positive effect of gonadotropin-releasing hormone analog treatment and surgery on reproductive outcome, but there are no controlled trials. Evidence is impaired by the poor quality of many studies, a lack of strict image diagnosis, and the absence of a classification of the extent of disease. Selection of the optimal evidence-based treatment options for adenomyosis in the fertility clinic is difficult because of a lack of evidence regarding the relation between fertility and the degree and composition of adenomyosis. Adenomyosis may reduce implantation so severely that surgical or other treatment options should be recommended, but the benefit of these treatment options needs to be verified. Referral of women with adenomyosis and recurrent miscarriage and repeated failure of assisted reproductive technology to centers with a special interest in adenomyosis research and treatment may be critical.

Conclusion

In conclusion, video teaching awareness programme on knowledge regarding adenomyosis among LSCS hospitalized postnatal mothers was effective.

Reference

1. Liu Z, Doan QV, Blumenthal P, Dubois RW. A Systematic Review Evaluating Health-Related Quality of Life, Work Impairment, and Health-Care Costs and Utilization in Abnormal Uterine Bleeding. *Value Health*. 2007;10(3):183-94.
2. Parente Barbosa C, Bentes De Souza AM, Bianco B, Christofolini DM. The effect of hormones on endometriosis development. *Minerva Ginecol*. 2011;63:375-86. pmid:21747346
3. Leibson CL, Good AE, Hass SL, Ransom J, Yawn BP, O'Fallon WM, *et al*. Incidence and characterization of diagnosed endometriosis in a geographically defined population. *Fertil Steril*. 2004;82:314-21. pmid:15302277
4. Acién P, Velasco I. Endometriosis: a disease that remains enigmatic. *ISRN Obstet Gynecol*. 2013;2013:242149. pmid:23956867
5. Dueholm M. Transvaginal ultrasound for diagnosis of adenomyosis: A review. *Best Pract Res Clin Obstet Gynaecol*. 2006;20:569-82. [PubMed]
6. Kjerulff KH, Erickson BA, Langenberg PW. Chronic gynecological conditions reported by US women: findings from the national health interview survey, 1984 to 1992. *Am J Public Health*. 1996;86:19.
7. Barnard K, Frayne SM, Skinner KM, Sullivan LM. Health status among women with menstrual symptoms. *J Womens Health (Larchmt)*. 2003;12:911-9.
8. Schickedanz A, Kalro B, *et al*. Bleeding problems in midlife. *Glob. Libr. women's med*. 2008. DOI: 10.3843/GLOWM.10297.

9. Singh S, Best C, Dunn S, Leyland N, Wolfman WL. Clinical Practice – Gynaecology Committee, *et al*. Abnormal Uterine Bleeding in Pre-Menopausal Women. *J Obstetrics and Gynecology Can*. 2013;35(5):473-9.
10. Margit Dueholm, Uterine Adenomyosis and infertility, review of reproductive outcome after *in vitro* fertilization and surgery. 2017. <https://doi.org/10.1111/aogs.13158>
11. T Shanti, Gajanand Wale. A true experimental study to assess the effectiveness of high fowlers position on maternal outcome among first stage of primi normal vaginal delivery mothers at selected hospitals. *Global Journal for Research Analysis*. 2021/7, 10(7).