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Effect of video assisted teaching module (VATM) on prevention of uterine prolapse among premenopausal women residing at urban regions, Maharashtra

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Abstract
Aim of the study: to find out the effect of video assisted teaching module (VATM) on prevention of uterine prolapse among premenopausal women residing at urban regions, Maharashtra. To assess the knowledge of premenopausal women on prevention of uterine prolapse before intervention 2. To assess the knowledge of premenopausal women on prevention of uterine prolapse after intervention 3. To find out the association between post-test knowledge scores on prevention of uterine prolapse and selected demographic variables.
Methodology: A pre-experimental with one pretest and post group design used for the study. It was conducted over 130 premenopausal women by purposive sampling technique.
Results: To collect data on demographic variables & self- administered questionnaire was used among premenopausal women group before and after an intervention. After a pre-test, video assisted teaching module was used to teach on prevention of uterine prolapse among 130 premenopausal women of experimental group. However, after one week, the post test was conducted among premenopausal women to assess the effect of video assisted teaching module on prevention of uterine prolapse. It was observed that the percentages of knowledge 7.6% of the women had good, 69.23 % of the women had average, 23.07 % had poor and none of them had excellent and very good. Hence, it was interpreted that the pre-test score of premenopausal women was more in average pre-test and post-test 7.6% of the women had excellent, 73.07% of the women had very good, 19.23 % had good and none of them had average and poor. Hence, it was interpreted that the post test score of premenopausal women was more very good, good and excellent. However, there is a significant difference between pretest and post-test knowledge scores interpreting Effectiveness of Video Assisted on Knowledge Regarding Prevention of Uterine Prolapse Among Premenopausal Women Residing at Urban Region, Maharashtra. Mean and standard deviation values are compared paired 't' is applied at 5% level of significance. The tabulated t-value for n=130-1 i.e. 129 degrees of freedom was 1.98. The calculated 't' value is 24.59 much higher than the tabulated value at 5% level of significance.
Conclusion: Findings of study revealed that VATM on prevention of uterine prolapse as a method of teaching was effective among premenopausal women residing at urban region, Maharashtra. Thus, it was concluded that video assisted teaching module on prevention of uterine prolapse among premenopausal women was found to be effective as a teaching strategy. So, researcher accepts research hypothesis H_1.#

Keywords: Video assisted teaching module, knowledge, prevention of uterine prolapse, premenopausal women

Introduction

Maternal health is emphasized in recent international commitments including the sustainable development goals (SDGs), which includes reducing the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. In 2015, the maternal mortality ratio (MMR) was estimated to be 216 globally. Uterine Prolapse (UP) is a condition in which a woman's supportive pelvic muscles, tissues and ligaments break away from the body's internal structure and the uterus, rectum, or bladder drops into or out of the vagina [1]. Uterine prolapse (UP), also know pelvic organ prolapse (POP) and genital prolapse, describes the descent of the uterus from its normal anatomical confines to positions within or outside the vaginal introitus. UP occurs secondary to weakened pelvic muscles that can no longer support the appropriate positioning of the pelvic organs and can be accompanied different prolapse symptoms like a feeling of heaviness and sexual, urinary, and bowel dysfunction. The worldwide prevalence of UP has been reported to be around 9%. However, in low and middle-income countries (LMICs), it is estimated to be nearly 20%, and estimates vary widely (3.4–56.4%). The prevalence based on symptoms is 3–6% and up to 50% when defined by vaginal checkups. The burden of UP in low-income countries is expected to be worse than that of developed countries, given the low level of awareness of women in developing countries [4].

Uterine prolapse can be prevented and treated depend on the severity of the condition, as well as the woman's general health, age and desire to have children There are different ways to treat uterine prolapse. First and second degree prolapse can be treated through the use of ring pessaries, which inserted into the vagina and so stretches the vaginal walls, often in combination with pelvic floor exercises. Third degree prolapse requires surgical interference. Uterine prolapse can be prevented by raising women awareness regarding the preventive measures such as, maintain healthy life style, taking adequate rest during postnatal period,

performing Kegel exercise, maintaining ideal body weight, avoid constipation, encourage antenatal care and stop smoking [6].

Background

Prolapse of the uterus are common in women. Knowledge of pelvic anatomy and prolapse is necessary for select a right form of treatment and achieving triumphant therapy. Follow-up is sufficient for prolapses that are a symptom or present minor symptoms. Rehabilitation of pelvic floor muscles potentially thoughtful in the prevention of prolapse. The maneuver of pessaries comes into interrogation largely in patients to that a surgical treatment is not connected. So, age of consent of the premenopausal women were need in the knowledge concerning preventive measures of uterine prolapse. It is felt that attending is a need for updating the knowledge of the multiparous women. Thus, this analysis may aid the multiparous women to prevent the uterine prolapse [9].

The global prevalence of uterine prolapse (UP) is between 2–20%. However, in low and middle- income countries (LMICs), the prevalence is estimated to be nearly 20%. At the global there were 13 million (95% UI: 11–16) incident cases of POP in 2019, with an age-standardized incidence rate of 316.19 per 100,000 population (95% UI: 259.84–381.84), which is 0.85% lower than in 1990 (95% UI: 304.93–455.87) [11].

In North India the incidence of uterine prolapse is 7.6%, in East India 20%, in southern India i.e. Karnataka the incidence of uterine prolapse is 3.4%. Globally world Health organization estimates that the reproductive ill health accounts for 33% of the total disease burden in women and also report the Global prevalence of uterine prolapse as 2 to 20% among women younger than 45 years of age. Approximately 50% of all parous women present with some degree of uterine prolapse whereas only 10 – 20% had symptoms of uterine prolapsed [13].

Need of the Study

Uterine Prolapse (UP) is the contributor to reproductive health problems that influence the women's quality of life. In the process of pregnancy and labour women are subjected to a lot of stress and strain, where in their pelvic floor muscles and the structure of perineum loses its tone and may result in Uterovaginal Prolapse. It is the most frequent cause of gynaecological morbidity among women in India and major indication for hysterectomy. The preventive measures of UP include adequate antenatal, intra-natal and postnatal care (Kegel exercises, rest, early ambulation after delivery, personal hygiene, birth spacing, maintenance of balanced diet etc.) and general measures such as avoid strenuous activities, avoid weight gain, quit smoking. Uterine prolapse is an important but neglected public health problem that causes maternal morbidity and mortality in women of reproductive age in low- and middle-income countries [18].

In India, uterine prolapse is one of the most prevalent gynaecological conditions due to its high prevalence rate. Incidence rates for uterine prolapse are 76% in northern India, 20% in eastern India, and 3.4% in southern India. A study was conducted among married women of reproductive age on the knowledge of uterine prolapse in Nepal in 2014 in which it revealed that out of 4,693 samples tested, more than 50% of the women had never heard of uterine prolapse and 37.5% had satisfactory knowledge. A journal was established on knowledge of prolapse and women's attitude toward pelvic organ prolapse in 2013, in the US. The research team concluded that from the total of 213 women surveyed, knowledge about uterine prolapse was low at 2.2 ± 1.1 (range, 0–5). According to the researchers, it was evident that such a study was necessary considering the high prevalence of uterine prolapse following menopause, and the fact that it is most likely to occur when a woman enters menopause, therefore the need for further research should be obvious. Uterine prolapse is caused by various factors, a large number which are preventable. The influencing factors associated with uterine prolapse are age, obesity, increased vaginal births, constipation, poor nutrition, smoking, asthma and heavy lifting which are preventable. The incidence of uterine prolapse is increasing now a days, the main reason being the lack of awareness about the risk factors, signs and symptoms, and preventive measures [23].

Uterine Prolapse has not received sufficient attention despite its high prevalence. So, the reproductive health of a women has to be taken care at right time, thus the impending complications can be prevented. It is one's responsibility to maintain reproductive health by increasing knowledge on mothers regarding UP and its prevention by giving proper health education, especially during the beginning of motherhood. Therefore, the present study was conducted with an aim to evaluate the effect of VATM on prevention of UP among premenopausal women and to find out the association between knowledge of premenopausal women regarding prevention of UP and selected demographic variables.

Problem statement

"Effect of Video Assisted Teaching Module (VATM) on prevention of uterine prolapse among premenopausal women residing at urban region, Maharashtra."

Objectives

Primary Objective: To find out effect of Video Assisted Teaching Module (VATM) on prevention of uterine prolapse among premenopausal women residing at urban region.

Secondary Objectives

1. To assess the knowledge of premenopausal women on prevention of uterine prolapse before intervention
2. To assess the knowledge of premenopausal women on prevention of uterine prolapse after intervention
3. To find out the association between post-test knowledge scores on prevention of uterine prolapse and selected demographic variables.

Hypothesis

H0: There will be no significant difference between pre-test and post-test knowledge scores on prevention of uterine prolapse among premenopausal women

H1: There will be significant association between post-test knowledge scores on prevention of uterine prolapse among premenopausal women and demographic variables

a. Title

"Effect of Video Assisted Teaching Module (VATM) on prevention of uterine prolapse among premenopausal women residing at urban region, Maharashtra."

b. Objectives

Primary Objective: To find out effect of Video Assisted Teaching Module (VATM) on prevention of uterine prolapse among premenopausal women residing at urban region.

Secondary Objectives

1. To assess the knowledge of premenopausal women on prevention of uterine prolapse before intervention
2. To assess the knowledge of premenopausal women on prevention of uterine prolapse after intervention
3. To find out the association between post-test knowledge scores on prevention of uterine prolapse and selected demographic variables.

c. Operational Definition

- **Assess**

"In this study, refer to statistical measurement of knowledge by using structured interview schedule (SIS) on prevention of uterine prolapse before and after an intervention.

- **Effect**

"In this study, it is operationalized as a statistical difference between pre-test and post-test knowledge scores of premenopausal women as measured by VATM on prevention of uterine prolapse".

- **VATM on prevention of uterine prolapse**

"It refers to a systematically series of content used by investigator to teach among premenopausal women that includes information on uterine prolapse, causes and risk factors of uterine prolapse and preventive measures.

- **Knowledge**

"It refers to verbal response of premenopausal women to the knowledge items in VATM on prevention of uterine prolapse. Further the knowledge is operationalized as; very poor, poor, average, good, very good, excellent.

- **Premenopausal Women**

The months or years leading up to menopause (age group 45- 50year) in selected urban region.

- **Urban Regions**

It refers to the highly densely populated area selected by researcher where the sample are drawn for the purpose of researcher study.

d. Hypothesis

All the hypotheses will be tested at 0.05 (5%) level of significance.

H0: There will be no significant difference between pre-test and post-test knowledge scores on prevention of uterine prolapse among premenopausal women.

H1: There will be significant association between post-test knowledge scores on prevention of uterine prolapse among premenopausal women and demographic variables.

e. Delimitations

1. Limited only to 130 samples.
2. The study was limited to the women who has attend any educational survey related to premenopausal women.

f. Ethical Aspect

The study was approved by the Institutional Ethical Committee and the study will be conducted in accordance with the ethical guidelines prescribed by Central Ethics Committee on Human Research.

g. Review of Literature

The review of literature is done under following areas

1. Literature related to anatomy and physiology of uterus
2. Literature related to general information on uterine prolapse
3. Literature related to factors influencing uterine prolapse
4. Literature related to knowledge on prevention of uterine prolapse
5. Literature related to effect of VATM to prevent uterine prolapse as a method of teaching

h. Conceptual Framework

The conceptual framework used for the present study is based upon the concepts of J.W. Kenny's open system model include input, throughput, output and feedback. The System's theory is concerned with changes due to interrelation between various factors in a situation.

Methodology

- **Research approach:** Quantitative research approach
- **Research design:** A pre-experimental design with one group pre-test post-test design
- **Setting of the study:** The study is conducted in selected urban region.
- **Research variable:** The dependant variable is in the knowledge on Prevention of uterine prolapse and Independent Variable is VATM on prevention of uterine prolapse.
- **Demographic variables:** age (years), no. of children, education, occupation, per capita income, type of family, dietary pattern.
- **Population:** *Premenopausal women*
- **Target population:** Premenopausal women
- **Accessible population:** Premenopausal women at urban region

Sampling

- Sample size: 130 premenopausal women
- Sampling technique: purposive sampling technique

Sampling criteria

1. Inclusion criteria

The criteria that specify characteristics that a population does have.

1. Premenopausal women between the age group of 35-50 years
2. Premenopausal women those who will give consent to participate in the study
3. Premenopausal women those who are available at the time of data collection

2. Exclusive criteria

- Women those who are not willing participate
- Women who had undergone hysterectomy

Description of Tools

1. Section I - Semi structured questionnaire on demographic variables
2. Section II – Self Structured Questionnaire on knowledge regarding prevention of uterine prolapse

Validity

For Content validity. The tool was given to 10 experts; including obstetrics and gynaecology experts, Medical surgical subject experts, Statistician and language experts. Out of this 8 were received. Valuable suggestions were given and necessary corrections were made. The experts include: 5 Obstetrics and Gynaecology Subject Experts, 1 Medical Surgical Specialist, 1 Language Expert, Statistician.

Reliability

In this study, Karl Pearson correlation coefficient formula was used for reliability. The reliability coefficient "r" of the knowledge questionnaire was 0.93, calculated by split half method which is more than 0.8 hence the questionnaire was found to be reliable.

Pilot study

Pilot study was conducted from 3/1/2025 to 10/1/2025 with the ten percent of the total samples that is 13. Pre-test was conducted on 3/1/2025 and VATM was conducted on knowledge regarding prevention of uterine prolapse. Post test was conducted on 10/1/2025 i.e. seven days after imparting knowledge. Knowledge was assessed by administering the questionnaire. VATM (video assisted teaching module) was given following the pretest. After giving the VATM (video assisted teaching module, on seventh day, the knowledge was reassessed by post-test on the same subjects. The collected data was coded, tabulated and analysed by using descriptive statistics (mean, mean percentage, standard deviation) correlation coefficient and to find out the association between the demographic variables and knowledge and practice scores. The data was represented in the form of tables and graphs. The data regarding knowledge of staff nurses was analysed statistically by using paired 't'-test. It was found to be significant at 0.05 level.

Data collection

After obtaining a formal permission, the investigator has fixed the date and time for data collection. According to tentative schedule, the investigator has visited the urban area and collected data from 10.03.2025 to 31.03.2025. The investigator introduced her and explained the purpose of the study and consent was obtained. The questionnaires were distributed to the samples. The questionnaires were completed in the presence of the investigator to avoid contamination and bias in the collection of data.

Results

Section A

Deals with Analysis of Data Demographic of Premenopausal Women at Selected City in Terms of Frequency and Percentag

Table 1: Percentage wise distribution of premenopausal women according to their selected demographic variables. n=130

Demographic variable	Frequency	Percentage
Age		
a. 35-37yrs	10	7.69%
b. 38-40yrs	50	38.46%
c. 41-43yrs	30	23.07%
d. 44	40	30.76%
No. of children		
a. One	15	11.53%
b. two	80	61.53%
c. three	30	23.07%
d. four and above	5	3.84%
Education		
a. no illiterate	0	0%
b. primary	10	7.69%
c. secondary	50	38.46%
d. higher	60	46.15%
e. graduate and above	10	7.69%
Occupation		
a. Home maker	40	30.76%
b. Government	20	15.38%
c. Private	60	46.15%
d. Others	10	7.69%
Per capita income		
a. Below 5000	0	0%
b. 5001-10000	10	7.69%
c. 10001-15000	60	46.15%
d. 150001 more	60	46.15%
Type of family		
a. Joint	40	30.76%
b. Nuclear	50	38.46%
c. Extended	40	30.76%
Dietary pattern		
a. Vegetarian	60	46.15%
b. Non-vegetarian	50	38.46%
c. Special diet	20	15.38%

Section B

In this section assessment of the pre-test the knowledge of premenopausal women on prevention of uterine prolapse before intervention.

Table 2: Pre-test frequency and percentage distribution of premenopausal women, n=130

Level	Frequency	Percentage
Excellent 25-30	0	0%
Very good 19-24	0	0%
Good 13-18	10	7.6%
Average 7-12	90	69.23%
Poor 0-6	30	23.07%
Minimum score	5	
Maximum score	15	

At the time of pre-test, 7.6% of the women had good, 69.23 %of the women had average, 23.07 % had poor and none of them had excellent and very good. Minimum score in pre-test was 5 and maximum score in pre-test was 15. Hence, it was interpreted that the pre-test score of premenopausal women was more in average.

Table 3: Post-test frequency and percentage distribution of premenopausal women, n=130

Level	Frequency	Percentage
Excellent 25-30	10	7.6%
Very good 19-24	95	73.07%
Good 13-18	25	19.23%
Average 7-12	0	0%
Poor 0-6	0	0%
Minimum score	17	
Maximum score	23	

At the time of post-test, 7.6% of the women had excellent, 73.07% of the women had very good, 19.23 % had good and none of them had average and poor. Hence, it was interpreted that the post test score of premenopausal women was more very good, good and excellent.

Section C

Evaluate the Effectiveness of Video Assisted on Knowledge Regarding Prevention of Uterine Prolapse Among Premenopausal Women

Table 4: The effectiveness of video assisted on knowledge regarding prevention of uterine prolapse, n=130

Tests	Mean	SD	't'-value	Table value	df.	p-value	Significance
Pre-Test	7	2.7	24.59	1.98	129	0.05	Highly Significant
Post - Test	16	3.57					

This table shows that there is a significant difference between pre-test and post-test knowledge scores interpreting effectiveness of video assisted teaching module on knowledge regarding prevention of uterine prolapse among premenopausal women in selected urban region. Mean and standard deviation values are compared paired 't' is applied at 5% level of significance. The tabulated t-value for n=130-1 i.e. 129 degrees of freedom was 1.98. The calculated 't' value is 24.59 much higher than the tabulated value at 5% level of significance for all the areas of knowledge score. Hence H1 is accepted

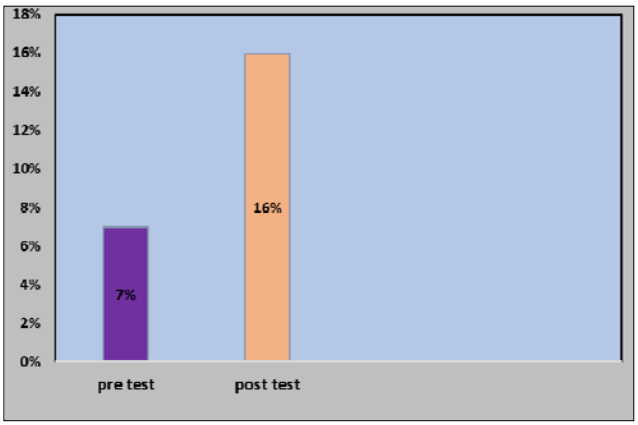

Fig 4.4: Diagram showing significance difference between pre-test and post-test knowledge score among premenopausal women in selected urban region

Section D

To Find Out Post-Test the Association of Premenopausal Women with Selected Demographic Variable.

Table 5.1: To associate post-test level of knowledge regarding prevention of uterine prolapse among premenopausal women with age

Age	No. Of Women	Excellent	Very Good	Good	χ2
a. 35-37yrs	10	0	8	2	14.67
b. 38-40yrs	50	8	32	10	
c. 41-43yrs	30	1	22	7	
d. 44	40	1	33	6	

This table show Analysis of variance chi square was computed to find out the significant association between the post-test knowledge score from the age the finding of value shows that there is significant association mean table value is χ2was 12.59 (df=6) which is higher than calculation value 14.67. therefore, it is interpreted that the research hypothesis is accepted for the age group.

Table 4.5.2: To associate post-test level of knowledge regarding prevention of uterine prolapse among premenopausal women with no. of children.

No of Children	No. Of Women	Excellent	Very Good	Good	χ2
One	15	1	10	4	4.14
two	80	9	56	15	
three	30	0	26	4	
four and above	5	0	3	2	

This table show Analysis of variance chi square was computed to find out the significant association between the post-test knowledge score from no. of children The finding of value shows that there is no significant association mean table value is **χ2**was 12.59(df=6) which is lesser than calculation value 4.14. therefore, it is interpreted that the research hypothesis is not accepted for the no. of children.

Table 5.3: To post-test level of knowledge regarding prevention of uterine prolapse among premenopausal women with education

Education	Nos. Of Women	Excellent	Very Good	Good	χ2
no illiterate	0	0	0	0	21.7
primary	10	2	4	4	
secondary	50	4	35	10	
higher	60	2	49	9	
graduate and above	10	2	6	2	

This table show Analysis of variance chi square was computed to find out the significant association between the post-test knowledge score from the age The finding of value shows that there is significant association mean table value is **χ2**was 12.59(df=6) which is higher than calculation value 21.7. therefore, it is interpreted that the research hypothesis is accepted for the education.

Table 5.4: To associate post-test level of knowledge regarding prevention of uterine prolapse among premenopausal women with occupation

Occupation	Nos of women	Excellent	Very good	good	χ2
Home maker	40	4	32	4	45.2
Government	20	2	17	1	
Private	60	4	44	12	
Others	10	0	2	8	

This table show Analysis of variance chi square was computed to find out the significant association between the post-test knowledge score from the occupation. The finding of value shows that there is significant association mean table value is $\chi 2$ was 12.59 (df = 6) which is higher than calculation value 45.2. therefore, the research hypothesis is accepted for the occupation.

Table 5.5: To associate post-test level of knowledge regarding prevention of uterine prolapse among premenopausal women with per capita income.

Per Capita Income	Nos Of Women	Excellent	Very Good	Good	$\chi 2$
Below 5000	0	0	0	0	8.8
5001-10000	10	0	8	2	
10001-15000	60	3	47	10	
150001 more	60	7	40	13	

This table show Analysis of variance chi square was computed to find out the significant association between the post-test knowledge score from the per capita income. The finding of value shows that there is no significant association mean table value is $\chi 2$was 9.99(df = 4) which is lower than calculation value is 8.8 therefore, the research hypothesis is not accepted for the per capita income.

Table 5.6: To associate post-test level of knowledge regarding prevention of uterine prolapse among premenopausal women with type of family

Type of Family	Nos Of Women	Excellent	Very Good	Good	$\chi 2$
Joint	40	5	20	15	14
Nuclear	50	3	45	2	
Extended	40	2	30	8	

This table show Analysis of variance chi square was computed to find out the significant association between the post-test knowledge score from the type of family. The finding of value shows that there is significant association mean table value is $\chi 2$ was 9.94 (df = 4) which is higher than calculation value is 14. Therefore, the research hypothesis is accepted for the type of family.

Table 5.7: To associate post-test level of knowledge regarding prevention of uterine prolapse among premenopausal women with dietary pattern

Dietary Pattern	No of Women	Excellent	Very Good	Good	$\chi 2$
Vegetarian	60	5	35	20	9.1
Non-vegetarian	50	3	45	2	
Special diet	20	2	15	3	

This table show Analysis of variance chi square was computed to find out the significant association between the post-test knowledge score from the dietary pattern. The finding of value shows that there is no significant association mean table value is $\chi 2$was 9.99 (df = 4) which is lower than calculation value is 9.1. therefore, the research hypothesis is not accepted for the dietary pattern.

Discussion

The present study was aimed to "To find out effect of Video Assisted Teaching Module (VATM) on prevention of uterine prolapse among premenopausal women residing at urban region, Maharashtra."

In this study, the findings revealed that, Pre-test, 7.6% of the women had good, 69.23 % of the women had average, 23.07 % had poor and none of them had excellent and very good. Hence, it was interpreted that the pre-test score of premenopausal women was more in average. Post-test, 7.6% of the women had excellent, 73.07% of the women had very good, 19.23 % had good and none of them had average and poor. Hence, it was interpreted that the post test score of premenopausal women was more very good, good and excellent. Hence it is statistically interpreted that the VATM on overall and area wise knowledge score regarding prevention of uterine prolapse among premenopausal women was effective. Thus, the H_1 is accepted.

There is a significant difference between pre-test and post-test knowledge scores interpreting effectiveness of Video Assisted Teaching Module (VATM) on knowledge regarding prevention of uterine prolapse among premenopausal women in selected urban region, Maharashtra. Mean and standard deviation values are compared paired 't' is applied at 5% level of significance. It is interpreted that the tabulated t-value for n=130-1 i.e. 129 degrees of freedom was 1.98. The calculated 't' value is 24.59 much higher than the tabulated value at 5% level of significance for all the areas of knowledge score. Hence the findings of the study show that VATM on prevention of uterine prolapse were effective and statistically significant.

Conclusion

After the detailed analysis, this study leads to the following conclusion:

Based on the findings, the result of the study shows that, the total post-test mean knowledge of the premenopausal women was higher than that pre-test score. Therefore, it is concluded that the video assisted teaching module was very effectual and informative. There is marked improvement in the knowledge premenopausal women after implementation of video assisted teaching module. Hence it is proved that the video assisted teaching module on prevention of uterine prolapse was very effective in terms of increasing the knowledge and changing the attitude of premenopausal women.

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