

# To Assess the Effectiveness of Planned Teaching Module on Knowledge Regarding Endometriosis among Women's At H.S.K Hospital OBG Unit Navanagar, Bagalkot Karnataka

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**Abstract:-** Over the centuries. To assess the effectiveness of planned teaching module on knowledge regarding endometriosis among women's at HSK hospital OBG unit Navanagar Bagalkot.

### ➤ Method

The study is based on the following assumption. The sample for the present study includes(30).The women's who are visiting OBG OPD Unit at H.S.K Hospital will have some knowledge regarding conditions of endometriosis. The planned teaching module will enhance the knowledge regarding endometriosis is among women's attending OBG Unit HSK Hospital Navanagar Bagalkot.

### ➤ Results

Knowledge wise comparison of women's in pre-test reveals that the following results. In pre-test, out of 30 women's, highest percentage (66.66%)of women's had poor knowledge, 33.33% of women's had very poor knowledge, followed by lowest percentage (0%) women's are having excellent and good and average knowledge, women's having the poor knowledge regarding the endometriosis. However after planned teaching programme (PTP) (Post-test) highest percentage (50%) of women's had average knowledge followed by lowest percentage (3.33%) of women's having excellent knowledge, and (46.66%) women's had the good knowledge. And 0% women's had poor and very poor knowledge regarding the endometriosis.

### ➤ Interpretation

Finding showed that a significant association was found between knowledge and source of information [ $X^2 = (5.379)$  at]. Hence the  $H_2$  stated is accepted for source of information and rejected for other socio-demographic

variables. The overall findings reveal that the woman's gained more knowledge in area causes and risk factors of endometriosis than the other areas. The overall findings reveal that the post-test knowledge score (46.02 with SD  $\pm 14.63$ ) which was 79.53% of total score was more when compared to the pre-test knowledge score (22.08 with SD  $\pm 1.602$ ) which was 75.5% of total score. The effectiveness of PTP on endometriosis, mean knowledge score of 11.32 with SD  $\pm 13$  which was 36.67% of total score. Hence it indicates that the PTP was effective in enhancing the knowledge of women's.

### ➤ Conclusion

The planned teaching module was effective in increasing the knowledge of women's. Chi-square test used to find out the association between post-test knowledge scores of women's with their selected socio demographic variables by using contingency table. Finding showed that a significant association was found between knowledge and source of information  $X^2 = 5.37$  hence the  $H_2$  stated is accepted for source of information and rejected for other socio-demographic variables.

## I. INTRODUCTION

Common elements in the history include nulliparity and regular menstrual cycle with prolonged flow of 8 or more days. Onset of pain usually reduce flow by a few days and begins to resolve 12 days in to the menses. Symptoms also usually improve during pregnancy and after menopause ; they can recur postpartum or with postmenopausal hormone replacement therapy. A familial / genetic predisposition has been documented. A women with a first degree relative with endometriosis has a lifetime risk of the disease approximately 10 times of a women without an affected family member.

One estimate is that 10.8 million peoples are affected globally as of 2015. Other sources estimate about 6-10 % of women are affected . endometriosis is a most common in those in their thirties and forties ; however, it can begin in girls as early as 8 years old . it results in few deaths. Endometriosis was first determinate to be a separate condition in the 1920s. before that time endometriosis and adenomyosis were considered together. It is unclear who first described the disease.

Endometriosis is a gynecological disease characterized by the presence of endometrial glandular and stromal cells existing in the extra-uterine environment. These extra-uterine glands and stroma, called endometriotic lesions, can be found on the ovaries and on the surfaces of pelvic cavity organs . Endometriosis, although not malignant, occurs spontaneously in women and non-human primates that menstruate, causing pain and infertility.

## II. RESEARCH METHODOLOGY

It also describes the rationale for research approach, research design, setting of the study, population, sample, sampling technique, and sample size, method of data collection, development of tool, ethical consideration, validity, pilot study, reliability and plan for data analysis.

### ➤ *Research Approach*

A quantitative evaluative approach was used

### ➤ *Research Design*

The Research Design adopted for this study was pre experimental one group pre test-post test without control group design. A pre test was conducted on the women's by using structured closed ended knowledge questionnaire. Intervention was given in the form of Planned Teaching module on knowledge regarding endometriosis among women's and post test was conducted by using the same structured closed ended knowledge questionnaire, to assess the effectiveness of intervention.

### ➤ *Population*

The population of the present study comprises women's attending OBG unit at H.S.K Hospital and Research Centre, Navanagar, Bagalkot.

### ➤ *Target population*

The target population of the present study is women's attending OBG unit of various Hospitals of Bagalkot.

### ➤ *Accessible population*

The accessible population of the present study is the women's attending OBG unit at H.S.K Hospital and Research Centre, Navanagar, Bagalkot.

### ➤ *Sampling Technique*

Convenient sampling technique was used to select the hospitals and sample. In this study first researcher selected Bagalkot city, there are more than 20 hospitals in city. From that hospitals researcher has selected one hospital i.e H.S.K Hospital and Research Centre, Navanagar, Bagalkot.

### ➤ *Sample*

The sample size of the present study is 30 women's attending OBG unit at H.S.K Hospital and Research Centre, Navanagar, Bagalkot.

### ➤ *Method of Data Collection*

Data Collection is gathering of information relevant to the research problem. The tool was modified by considering the experts suggestions and results of pilot study. Data were collected by self administered structured knowledge closed ended questionnaire. Data was collected from 30 women's attending OBG unit at H.S.K. Hospital and Research Centre, Navanagar, Bagalkot.

### ➤ *Data Collection*

The main study was conducted on 30 women's attending H.S.K. Hospital and Research Centre, Bagalkot, The study was conducted from 11-02-2019 to 16-02-2019. After that data was collected by researcher herself in two phases as follows:

#### • *First phase*

A pre test was conducted among the specified group of 30 women's, by using self administered structured closed ended questionnaire. Planned Teaching Module on endometriosis.

#### • *Second phase*

A post test was conducted after one week of Planned Teaching Module using same self administered structured closed ended questionnaire to evaluate the effectiveness of Planned Teaching Module.

## III. RESULTS

This chapter deals with an analysis and interpretation of data collected from 30 women's attending OBG unit at H.S.K. Hospital and Research Centre, Navanagar, Bagalkot.

The data analysis is described as categorizing, ordering, manipulating and summarizing the data obtain answer to research questions. The purpose of analysis into reduces the data to an intelligible and interpretable form so that the relation of research problems can be studied. The data is analyzed on the basis of the objectives and hypothesis of the study.

**IV. ORGANISATION OF FINDINGS**

The collected information was organized and presented in 4 Parts as follows:

**Part-I:** Description of socio-demographic characteristics of sample.

**Part-II:** Assessment of Knowledge regarding endometriosis among women’s who are attending OBG unit at H.S.K. Hospital and Research Centre, Bagalkot.

**Part-III:** To evaluate the effectiveness of the Planned Teaching Programme on knowledge regarding endometriosis

among women’s who are attending OBG unit at H.S.K. Hospital and Research Centre, Bagalkot.

**Section I:** Comparison of knowledge level of women’s in pre-test and post-test.

**Section II:** Area wise effectiveness of PTP on knowledge of women’s regarding endometriosis.

**Section III:** Testing of Hypothesis.

**Part-IV:** Association between post test knowledge scores of women’s regarding endometriosis with selected socio-demographic variables.

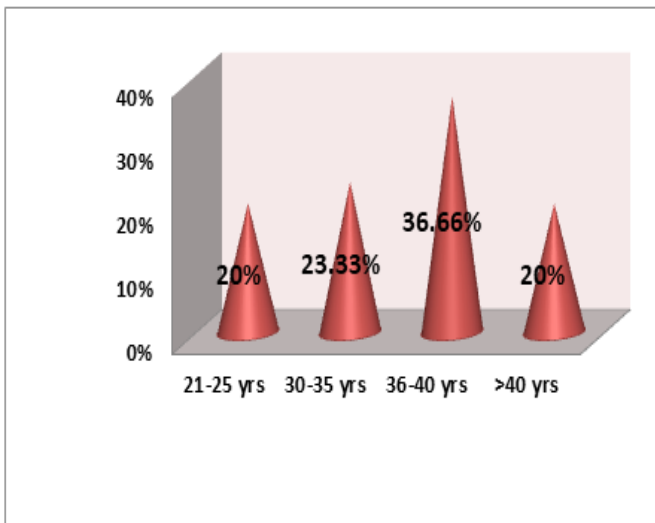


Fig 1:- Percentage Wise Distribution of Women’s According to Age

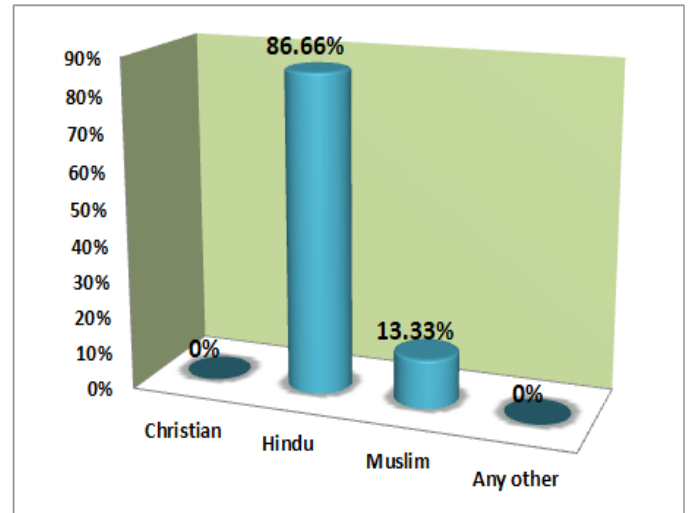


Fig 3:- Percentage Wise Distribution of Women’s According to Religion

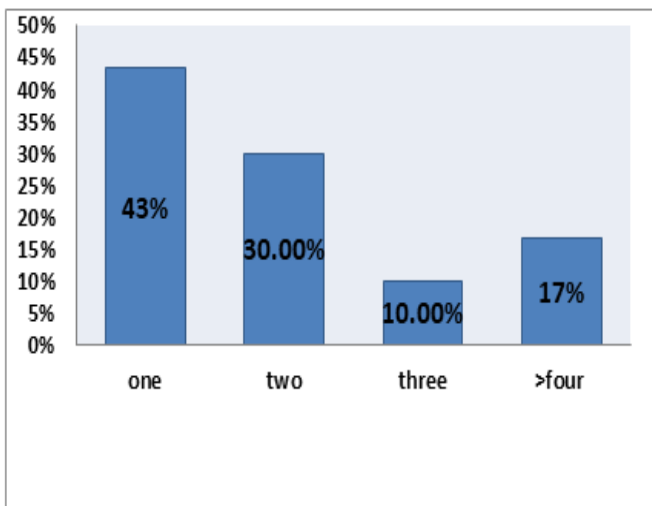


Fig 2:- Percentage Wise Distribution of Women’s According to Number of Childrens

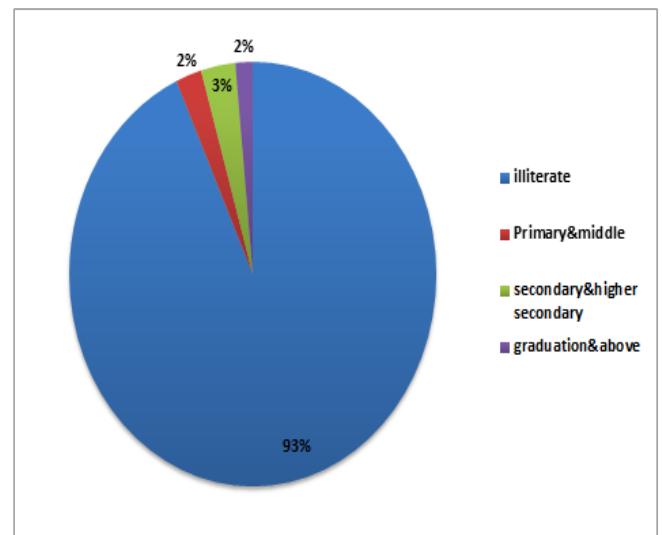


Fig 4:- Percentage Wise Distribution of Women’s According to Educational Status

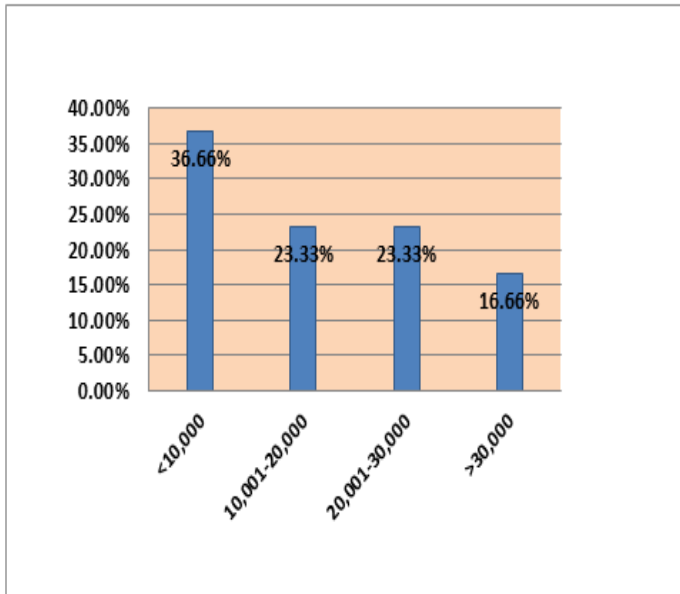


Fig 5:- Percentage Wise Distribution of Women's According to Family Monthly Income

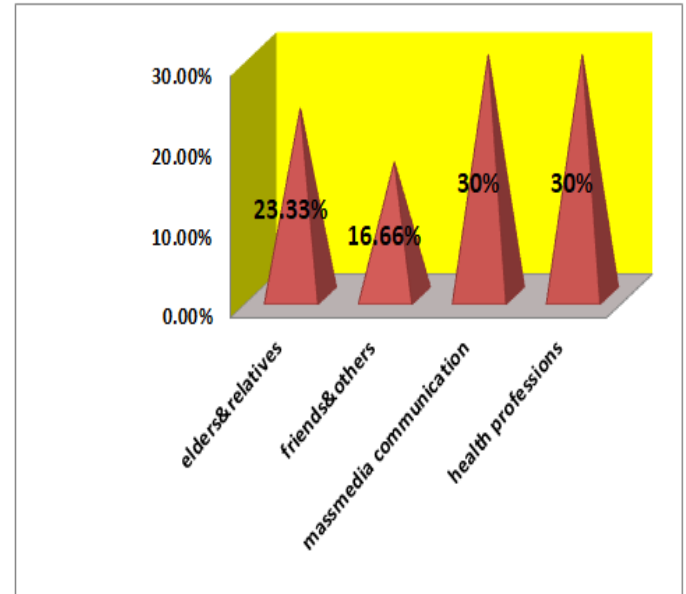


Fig 7:- Percentage Wise Distribution of Women's According to Source of Information

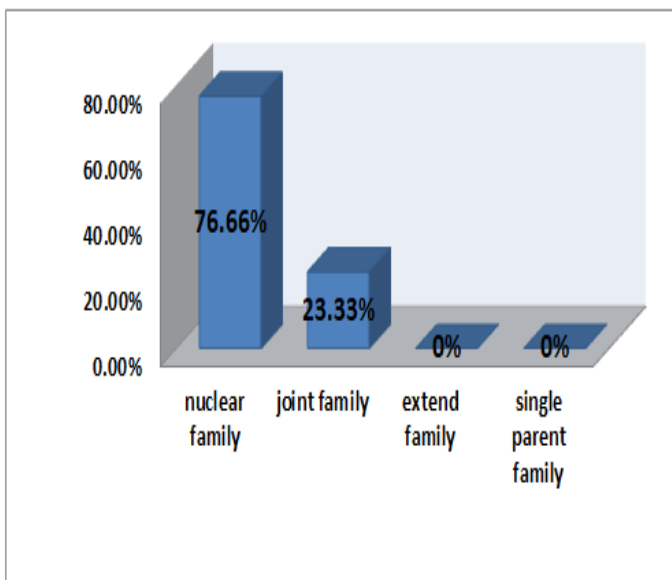


Fig 6:- Percentage Wise Distribution of Women's According to Type of Family

**Part-II: “A study to assess the planning teaching programme on knowledge regarding endometriosis among women's.**

Test	Level of knowledge	Number(f)	Percentage (%)
Pre test	Excellent	0	0%
	Good	0	0%
	Average	0	0%
	Poor	20	66.66%
	Very poor	10	33.33%

Table 1:- Percentage Wise Distribution of Women According to Levels of Knowledge in Pre-Test(N= 30)

Test	Levels of knowledge	Number (f)	Percentage (%)
Post test	Excellent	1	3.33%
	Good	14	46.66%
	Average	15	50%
	Poor	0	0%
	Very poor	0	0%

Table 2:- Percentage Wise Distribution of Women's According to Levels of Knowledge in Post-Test (N=30)

**Part-III: “A study to assess the planning teaching programme on knowledge regarding endometriosis among women’s .****Section I: comparison of knowledge level of women’s in pre-test and post-test.**

Level of knowledge	Pre-test		Post-test	
	No. of respondents	percentage	No. of respondents	percentage
Excellent	0	0%	1	3.33%
Good	0	0%	14	46.66%
Average	0	0%	15	50%
Poor	20	66.66%	0	0%
Very poor	10	33.33%	0	0%
<b>Total</b>	<b>30</b>	<b>100%</b>	<b>30</b>	<b>100%</b>

Table 3:- Percentage Wise Distribution of Study Subject According to Levels of Knowledge in Pre-Test and Post-Test(N=30)

**Section II: Area wise effectiveness of knowledge regarding endometriosis among women.**

Knowledge area	Max.score	Pre-test(O1)		Post-test (O2)		Effectiveness (O2-O1)	
		Mean $\pm$ SD	Mean %	Mean $\pm$ SD	Mean %	Mean $\pm$ SD	Mean %
<b>Socio-Demographic data:</b>	8	8.5 $\pm$ 0.071	85%	8.87 $\pm$ 1.55	88.7%	0.37 $\pm$ 1.47	46.2%
<b>General information on endometriosis</b>	7	7.57 $\pm$ 0.094	75.7%	2.28 $\pm$ 2.37	32.5%	5.29 $\pm$ 2.27	75.5%
<b>Causes and risk factors of endometriosis</b>	6	7.16 $\pm$ 0.231	71.6%	9.66 $\pm$ 2.73	96.6%	2.5 $\pm$ 2.49	41.6%
<b>Clinical manifestation of endometriosis</b>	7	7.71 $\pm$ 0.117	77.1%	8.71 $\pm$ 1.78	77.1%	1 $\pm$ 1.66	14.2%
<b>Diagnostic evaluation of endometriosis:</b>	4	7 $\pm$ 1	70%	8.25 $\pm$ 4.74	82.5%	1.25 $\pm$ 3.74	31.25%
<b>Prevention and management of endometriosis:</b>	8	7.37 $\pm$ 0.089	73.7%	8.25 $\pm$ 1.46	82.5%	0.91 $\pm$ 1.37	11.3%
<b>Total</b>	<b>40</b>	<b>22.08 <math>\pm</math> 1.602</b>	<b>75.5%</b>	<b>46.02 <math>\pm</math> 14.63</b>	<b>79.53%</b>	<b>11.32 <math>\pm</math> 13</b>	<b>36.67%</b>

Table 4:- Area Wise Mean, SD and Mean Percentage of the Knowledge Scores in Pre-Test and Post- Test

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 planned teaching programme.

Comparison of total mean percentage of the knowledge scores in pre-test and post-test reveals an increase of (36.67%) percentage in the mean knowledge scores of the women’s of after planned teaching programme.

Comparison of area wise mean and SD of the knowledge scores in the area of “general aspects of endometriosis” shows that the highest post-test mean of knowledge score in this area was (9.66 ) with SD  $\pm$  (2.73) which was (96.6% ) of total score whereas lowest pre-test mean knowledge score was (8.5) with SD  $\pm$  (0.071) Which was (85%) of total score (table 5.4) the effectiveness of PTP in this area was mean knowledge score of (0.37) with SD  $\pm$  (1.47) which was (46.2%) total score.

In the area of knowledge on “clinical features of endometriosis” results are shows that highest post-test mean knowledge score was 9.66 with SD ± 2.73 which was 96.6% of total score whereas lowest pre-test mean knowledge score was 7.16 with SD ± 0.231 which was 71.6% of total score. The effectiveness of PTP in this area was mean knowledge score of 2.5 with SD ± 2.49 with which was 41.6% of total score.

Comparison of area wise mean and SD of the knowledge scores in the area of endometriosis causes and risk factors shows that the highest post-test mean of knowledge score in this area was 2.28 with SD ± 2.37 which was 32.5% of total score whereas lowest pre-test mean knowledge score was 7.57 with SD 0.094 which was 75.7% of total score. The effectiveness of PTP in this area was mean knowledge score of 5.29 with SD ± 2.27 which was 75.5% of total score.

In the area on “prevention and management of endometriosis” shows that the highest post-test mean of knowledge score in this area was 8.25 with SD ±1.46 which was 82.5% of total score whereas lowest pre-test mean knowledge score was 7.37 with SD ± 0.089 which was 73.7% of total score. The effectiveness of PTP in this area was mean

knowledge score of 0.91 with SD ± 1.37 which was 11.3% of total score.

The overall findings reveal that the woman’s gained more knowledge in area causes and risk factors of endometriosis than the other areas. The overall findings reveal that the post-test knowledge score (46.02 with SD ±14.63) which was 79.53% of total score was more when compared to the pre-test knowledge score (22.08 with SD ± 1.602) which was 75.5% of total score. The effectiveness of PTP on endometriosis, mean knowledge score of 11.32 with SD ± 13 which was 36.67% of total score. Hence it indicates that the PTP was effective in enhancing the knowledge of women’s.

**Section III: Testing of hypothesis:** To evaluate the effectiveness of planned teaching programme module, a research hypothesis was formulated.

**H<sub>1</sub>:** There is a significant difference between pre-test and post-test knowledge scores of women’s regarding endometriosis. Paired ‘t’ test was used to find out the difference between the pre-test knowledge and post-test knowledge scores of women’s regarding endometriosis.

Test	Mean	Mean difference	SD difference	Paired t-value	Table value
Pre-test (O <sub>1</sub> )	22.08	23.94	13.02	1.96	47.196
Post-test (O <sub>2</sub> )	46.02				

Table 5:- Significant Difference between the Pre-Test Knowledge and Post-Test Knowledge Scores of Women’s

As the calculated ‘t’ value (1.96) was much higher than the table ‘t’ value (47.196 ) for degree of freedom level of significance.

**The hypothesis:H<sub>1</sub>:** there is a significance difference between pre-test and post-test knowledge scores of women’s regarding endometriosis.

Findings revealing the presence of significance difference between pre-test and post-test knowledge scores, hence the planned teaching programme proved to be effective.

**Part IV: Testing of hypothesis:** To assess the effectiveness of planned teaching programme, a research hypothesis was formulated.

**H<sub>1</sub>:-** There is significant difference between the pre-test knowledge and post-test knowledge scores of women’s regarding endometriosis at the level of significance. Paired ‘t’ test was used to find out the significance of the differences between the pre-test knowledge and post-test knowledge scores of women’s regarding the endometriosis.

Test	mean	Std. error	Mean Diff	SD Diff	Paired t-value	Table value
Pre-test (X <sub>1</sub> )	10.16	0.161	15.23	0.882	1.96	47.196
Post-test (X <sub>2</sub> )	25.4					

Table 6:- Significance Difference Between the Pre-Test Knowledge and Post-Test Knowledge Scores of Women’s.

As calculated ‘t’ value (47.196) was much higher than table ‘t’ value (1.96) the hypothesis: **H<sub>1</sub>** – there will be significant difference between the pre-test knowledge and post-test knowledge scores of women’s regarding

endometriosis and level of significance is accepted. Finding’s revealing the presence of significant difference between pre-test and post-test knowledge scores; hence the planned teaching programme is proved to be effective.

**Part-IV: Association between post- test knowledge scores of women’s regarding endometriosis with selected socio-demographic variables.**

SL. NO	SOCIO-DEMOGRAPHIC VARIABLES	DF	CHI-SQUARE-VALUE	TABLE VALUE	ASSOCIATION
1	Age	2	0.138	5.99	Nothing significant
2	Number of children’s	1	1.369	3.84	Nothing significant
3	Religion	2	1.691	5.99	Nothing significant
4	Education	2	0.649	5.99	Nothing significant
5	Family income	2	0.181	5.99	Nothing significant
6	Type of family	2	0.021	5.99	Nothing significant
7	Sources of information	2	1.33	5.99	Nothing significant

Table 7

Chi-square test used to find out the association between post-test knowledge scores of women’s with their selected socio demographic variables by using contingency table. Finding showed that a significant association was found between knowledge and source of information [ $X^2= (5.379)$  at]. Hence the  $H_2$  stated is accepted for source of information and rejected for other socio-demographic variables.

**SUMMARY**

This chapter deal with the analysis and interpretation of the finding of the study. The data gathered were summarized in the master sheet and both descriptive and inferential statistics were used for analysis.

We assess the knowledge regarding the endometriosis among women’s attending OBG unit at HSK hospital Navanagar Bagalkot”. And find out the effectiveness of Planned Teaching Programme on knowledge regarding the endometriosis among women’s, and determined the association between post-test knowledge scores on endometriosis among women’s with their selected socio-demographic variables.

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