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A STUDY TO ASSESS THE KNOWLEDGE PRACTICE OF SELF CARE AMONG WOMEN UNDERGONE HYSTERECTOMY IN SELECTED HOSPITALS AT COIMBATORE

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ABSTRACT

Hysterectomy is the removal of the uterus and it is the commonest major surgical procedure after caesarean section performed in gynecology. This study aimed to examine women's knowledge and self-care practices post hysterectomy surgery. For this study Descriptive research design was used. Study was conducted among 150 women undergoing hysterectomy at a hospital in Coimbatore. The sample was selected by purposive sampling. Data was collected by Structured Self-reported knowledge questionnaire and structured practice check list questionnaire. The result shows that in knowledge level regarding self-care, 21(14%) are have good knowledge, 38(25.33) are have average knowledge, 91(60.67) are have poor knowledge about postoperative self-care. In Practice level regarding self-care, 20(13.33%) are have good practice, 15(10%) are have average practice, 115(76.67%) are have poor practice about postoperative self-care. There is no correlation (r=0.1725) between the knowledge and practice of self-care among women undergone hysterectomy. There is significant between the level of knowledge and selected demographic variables. Most women lacked sufficient knowledge and practiced unsatisfactory self-care after hysterectomy.

KEYWORDS

Hysterectomy, Self-care, Knowledge and Practice.

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INTRODUCTION

A Hysterectomy is a surgical operation in which the uterus, or womb, of a woman is removed. It's a typical treatment for a number of ailments affecting the reproductive system in women. Hysterectomy is an important surgical method for Gynecological patients. They are approximately 5 million annual hysterectomy cases worldwide. Hysterectomy has a

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wide range of indications and various surgical approaches, but each surgical method has its own advantages and disadvantages. Surgical risks and post-operative complications should underestimated. Hysterectomy rates in India are 23, 10, 263 [twenty-three lakhs ten thousand two hundred and sixty-three] per year. Hysterectomy rates in the USA are 5, 19,000 [five hundred ninety thousand] per year. Nurses play a significant role for women undergoing hysterectomy. Their intervention begins before women's hospitalization with preoperative consultation, intra and postoperative care to minimize the incidence of the postoperative complications after hysterectomy and reduce women's stay in hospitals. Their role continues after discharge to ensure women's satisfaction.

STATEMENT OF THE PROBLEM

A study to assess the knowledge and practice of self-care among women undergone hysterectomy in selected hospitals at Coimbatore.

Objectives of the study

To assess the knowledge of self-care among women undergone hysterectomy.

To identify the self-reported practices of self-care among women underground hysterectomy.

To associate knowledge and practice of self-care among women undergone hysterectomy.

To provide self-instruction modules regarding post self-care of hysterectomy.

Hypothesis

H1: There is a significant difference in the knowledge and practice of self-care among women who have undergone hysterectomy in different selected hospitals at Coimbatore.

H2: There is a significant association between the level of knowledge about self- care and demographic variables among women who have undergone hysterectomy.

MATERIAL AND METHODS

A descriptive quasi experimental research design was used. 150 hysterectomy women's were selected by purposive sampling method. The level of knowledge assessed by using structure questionnaire and check list used to assess practice

of self-care. Followed by data collection self-instruction modules regarding post self-care of hysterectomy was given.

RESULTS AND DISCUSSION

Table No.1 shows that among 150 postoperative women with hysterectomy, in knowledge level regarding self-care, majority belongs to 91 (60.67) are have poor knowledge, least belongs to 21(14%) are have good knowledge, and 38(25.33) are have average knowledge, about postoperative self-care.

Table No.2 shows that among 150 postoperative women with hysterectomy, in Practice level regarding self-care, majority belongs to 115 (76.67%) are have poor practice, least belongs to 20(13.33%) are have good practice, 15(10%) are have average practice, about postoperative self-care.

Table No.3 shows that association between knowledge score regarding hysterectomy self-care with their demographic variables. It shows that, there was significant between the level of knowledge and selected demographic variables such as age, education, occupation, type of living, marital status, number of parity, mode of delivery, menstrual history.

Discussion

The main aim of the study is to assess the knowledge and practice of self-care among hysterectomy women. The study was conducted among 150 samples. The level of knowledge and practice was assessed by structured questionnaires and check list. The response was analyzed through mean, standard deviation, and chi square. The results were arranged based on objectives of the study.

The first objective is to assess the knowledge of self-care among women undergone hysterectomy among 150 postoperative hysterectomy women, 21(14%) are had good knowledge, 38(25.33) are had average knowledge, 91(60.67) are had poor knowledge about postoperative self-care.

The second objective is to identify the self-reported practices of self-care among women undergone hysterectomy among 150 post-operative women with hysterectomy, in Practice level regarding self-care 20(13.33%) had good practice, 15(10%) had average

practice, 115(76.67%) had poor practice about postoperative self-care.

The third objective is to find out the association knowledge and practice of self-care among women undergone hysterectomy with their selected demographic variables such as ,age, educational status, living area, number of parity, menstrual history, mode of delivery had highly significant association with level of knowledge and practice. (p<0.05) level.

The Figure No.1 shows that among 150 postoperative women with hysterectomy, in knowledge level regarding self-care, 21(14%) are have good knowledge, 38(25.33) are have average knowledge, 91(60.67) are have poor knowledge about postoperative self-care.

The Figure No.2 shows that among 150 postoperative women with hysterectomy, in Practice level regarding self-care, 20(13.33%) are have good practice, 15(10%) are have average practice, 115(76.67%) are have poor practice about postoperative self-care.

Table No.1: Distribution of knowledge regarding hysterectomy self-care among 150 women N=150

S.No	Knowledge level	Frequency (F)	Percentage (%)
1	Poor (1-7)	91	60.67
2	Average (8-15)	38	25.33
3	Good (16-25)	21	14

Table No.2: Distribution of practice regarding hysterectomy self-care among 150 women N=150

S.No	Practice level	Frequency (F)	Percentage (%)
1	Poor (1-3)	115	76.67
2	Average (4-6)	15	10
3	Good (7-8)	20	13.33

Table No.3: Frequency distribution of knowledge regarding self-care among hysterectomy women and their selected demographic variables N=150

S.No	Demographic variables	Level of Knowledge						2
		Poor		Average		Good		2 X
		F	%	F	%	F	%	Λ
			Ag	ge				
1	30-40	1	1.1	2	5.26	15	71.4	df.49.488
2	31-40	40	43.96	30	78.95	4	19.1	
3	41=50	50	54.94	6	15.79	2	9.5	
			Educa	ation				
4	Illiterate	18	19.8	0	0	0	0	df.612.592
5	Primary education	41	45.1	1	2.6	0	0	
6	Secondary education	31	34.1	22	57.9	1	47.6	
7	Graduate	1	1.0	15	39.5	20	95.24	
Occupation								
8	Housewife	90	98.9	3.5	92.11	1	4.76	df.2 5.991
9	Working	1	1.1	3	7.89	20	95.24	

Type of living								
10	Urban	0	98.9	35	92.11	1	4.76	df.2 5.991
11	Rural	91	1.1	3	7.89	20	95.24	
			Marital	status				
12	Married	91	100	37	97.37	10	47.62	df.2 5.991
13	Unmarried	0	0	1	2.63	11	52.38	
			Number	of parity				
14	1	1	1.27	15	39.5	16	76.19	df.49.488
15	2-3	67	84.81	21	55.3	4	19.05	
16	>3	11	13.92	2	5.2	1	4.76	
Mode of delivery								
17	Normal delivery	40	44.94	4	14.29	4	19.05	df.2 5.991
18	LSCS	49	55.06	24	85.7	17	80.95	

P<0.05 level



Figure No.1: Knowledge level distribution regarding hysterectomy self-care

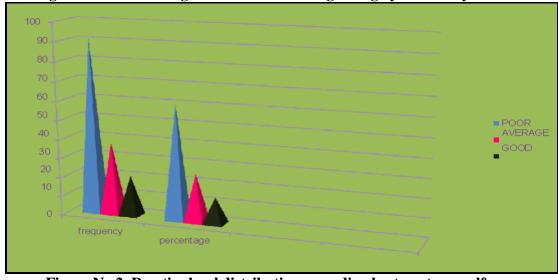


Figure No.2: Practice level distribution regarding hysterectomy self-care

CONCLUSION

The main conclusion drawn from this study was that most of Women's have limited knowledge and poor practices and the study conclude that there is a need for preparing the Booklet (fulfill the objective four) and Health education regarding hysterectomy self-care programmers can be conducted in hospital among women undergoing hysterectomy on the basis of the self-care guide.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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