Effect of Self-Instructional Module on Women's Self-Care Practices regarding Dysfunctional Uterine Bleeding during Premenopause

Amira Morsy Youssif1, Sabah Abd El-Haleem2, Wafaa Gomaa Abdallah3

Abstract
This study aimed to evaluate the effect of self-instructional module on women's self-care practices regarding dysfunctional uterine bleeding during premenopause. Quasi-experimental study design regulated by a pre-test and a post-test was used. A purposive sample was used to recruit ninety-five women suffering from dysfunctional uterine bleeding in the study. Five tools of data collection were used: first tool was Structured Arabic Interviewing Questionnaire Sheet, second tool was Pictorial chart to calculate the abundance of lost blood; third tool was women self-care practices check list. Fourth tool was Likert scale; fifth tool was follow up card. The result of the study: This study revealed that there was highly significant improvement regarding most of studied women’s self-care practices regarding dysfunctional uterine bleeding before and after implementing the self-instructional module. Also, this study showed that there was highly statistically significant differences between the studied women’s total knowledge, total attitude and total self-care practice score regarding dysfunctional uterine bleeding before and post implementing self-instructional module. Moreover, there was significant correlation between total severity of dysfunctional uterine bleeding and total self-care practices of studied women regarding dysfunctional uterine bleeding before and during follow up of implementing the self-instructional module. Conclusion and recommendations: The present study concluded that the result of this study support the research hypothesis that was the self-instructional module will enhance women's self-care practices regarding dysfunctional uterine bleeding during premenopause. Accordingly, the following recommendation is proposed: develop and implement educational program in the gynecology outpatient unit for premenopausal women to improve their knowledge and self-care practices regarding Dysfunctional uterine bleeding.

Keywords: Dysfunctional uterine bleeding, Self-Instructional Module, Premenopausal Period.

Introduction
Premenopause is the transition period when the levels of reproductive hormones are becoming more variable and lower but the women still have periods whether they’re regular or irregular and are considered to be in the reproductive years. Premenopausal period ends when a woman has gone 12 months without having her period. At this stage many women have great hormonal changes that affect all body resulting in premenopausal symptoms that include (hot flashes, fatigue, breast tenderness, mood swings & heavy menstrual bleeding (Sifa Marie, 2021).

Dysfunctional uterine bleeding (DUB) is a state of abnormal uterine bleeding without any clinically detectable organic pelvic pathology and also consider one of the most common complaints in gynecological outpatient department. It commonly presents in premenopausal women. Where, symptoms of Dysfunctional uterine bleeding are Menorrhagia (excessive blood flow or longer duration, regular & cyclical period), Metrorrhagia (irregular or a cyclical period). Bleeding contains clots, spotting, pelvic pain and pelvic pressure these symptoms which are a serious problem affect women's medical, physical, social, psychological, economical and sexual life aspects (Schorge et al., 2020).

Dysfunctional Uterine bleeding it reflects a disruption in the normal cyclic pattern of ovulatory hormonal stimulation to the endometrial lining. The bleeding is
unpredictable in many ways. Premenopausal women who experience repetitive bleeding episodes might experience significant consequences. That will increase the risk for iron deficiency anemia. Bleeding can be severe enough to require hospitalization for fluid management and blood transfusion. Timely and appropriate management will prevent most of these problems. Women must use self-care strategies that alleviate these problems and prevent complication. This will be accomplished through nursing intervention. *(Emily Davis; Paul B, Sparzak.2022).*

Dysfunctional uterine bleeding is a medically difficult problem to diagnose and treat, which has led to the recent development of investigation and management guidelines. Whilst the amount and length of bleeding can be somewhat described and evaluated, women can have extremely different experiences based on their individual perceptions, symptoms and livelihoods factors such as normalization, perception of health and relationships with others can impact the way in which the severity of DUB is viewed. DUB can be complex and non-specific, and underlying causes can often be left undiagnosed *(Claire Henry, etal.2020 b)*

Self-Instructional Module is any kind of instruction that proceeds based on learner response. The content itself can be curriculum, corporate training, technical tutorials, or any other subject that does not require the immediate response of an instructor that aims to improve self care practices. Self care practice is a multidimensional, multifaceted process of purposeful engagement in strategies that promote healthy functioning and enhance well-being. Thus, these practices help the women to looking after their own health using the knowledge and information available to them to promote health and active management of illness when it occurs. Self-care practices are influenced by an individual's attitude and belief in his or her self-efficacy or confidence in performing tasks and overcoming barriers. Cultural beliefs and values may also influence self-care practice. *(Dick and Carey. 2020)*

Nursing role consider very important especially in early detection of cases, prompt guidance and referral ,also in motivating the women regarding self-awareness and self-care aspects which become the main issue of education such as life style modification ,complementary, alternative therapies such as herbal preparations, exercise programmers, relaxation techniques and safety ,get plenty of rest, keeping a record of periods, write down when period begins and ends and how much flow (that means counting the number of pads and tampons use) *(Maybin and Critchley, 2019).*

Also nurse play a crucial role in overcoming the three delays that prevent women from receiving appropriate health care services this delays as; lack of awareness and understanding of the disease amongst women, and lack of access to the best treatment for their condition *(Norton, 2020). Thus,* nurses play an essential role in increasing the women knowledge and awareness about the problem, teach them how to deal with symptoms, counseling about the changes of premenopausal period in preparation for safe entering in menopause all that will help in avoiding the serious complications as anemia which may lead to woman death and endometrial carcinoma *(Khafaga and Goldstein, 2019).*

*Therefore,* maternity nurses are the first line against Dysfunctional uterine bleeding this life threatening condition, they plays an essential role in assessment, detecting, treatment of dysfunctional uterine bleeding. Also they help premenopausal women to explain their problem, provide support and much information to the premenopausal woman about dysfunctional uterine bleeding *(Anupma and Raj, 2019).*

**Significant of the study:**

Dysfunctional uterine bleeding is one of the most common gynecologic complaints in contemporary gynecology. Current gynecological surveys report that 30% of all premenopausal women in Egypt perceive their menses to be excessive & abnormal. The World Health Organization recently reported that 18 million women aged 35-55 years perceive their menstrual bleeding to be sever. So studying dysfunctional uterine bleeding
during premenopausal period is mandatory (Cheong, Cameron and Critchley . 2020).

Also, DUB is a frequent clinical problem, accounting for 70 percent of all gynecologic visits by pre-and postmenopausal women. This make it a serious health condition because excessive bleeding episodes lead to severe anemia, infertility and Increased risk for endometrial cancer, resulting in time away from work and symptoms which may affect their ability to continue with their daily activities and quality of life (American College of Obstetricians and Gynecologists, 2020).

Although DUB can have serious medical consequences and significantly impacts daily life, the overall trend is that most women do not seek care for these symptoms. An internet survey conducted in Europe found that of 4506 pre-menopausal women, 27.2% experienced heavy menstrual bleeding (HMB), and 46% of these women had never sought medical consultation. In addition, approximately 39.9% had experienced anaemic symptoms. In a Japanese study of 19,254 surveyed women, only 20% of those experiencing menstural problem symptoms such as pain and heavy bleeding sought specialist consultation (Claire Henry, Alec Ekeroma, and Sara Filoche. 2020 a)

Abnormal uterine bleeding (AUB) accounts for two thirds of all hysterectomies AUB is responsible for as many as one-third of all outpatient gynecologic visits and this proportion rises to 69 % in a premenopausal (Amr Abd-Allah Rosedy Hassan ; Esmael Mohamed El-Garhy and Ashraf Hamdy Mohamed;2021). In Egypt, prevalence rates

\[
\text{n} = \frac{N \times p(1-p)}{N - 1 \times (d^2 + z^2) + p(1-p)}
\]

women don’t ask for medical treatment as they think that’s normal or shame of asking about this private issue. DUB is a disabling condition noticeably affects different aspects of women’s daily lives, social relation and sexual function. Therefore, there was a significant need to assess the effectiveness of self instructional module on enhancing women's self-care practices regarding DUB during premenopausal period .(Schorge et al., 2020).

**Aim of the Study**

This study aimed to evaluate the effect of self-instructional module on women's self-care practices regarding dysfunctional uterine bleeding during premenopause. Through fulfilling the following objectives:

1-Assess women's knowledge regarding dysfunctional uterine bleeding.
2- Assess women's attitude regarding dysfunctional uterine bleeding.
3- Assess women self care practices regarding dysfunctional uterine bleeding.
4- Design and implement self-instructional module for dysfunctional uterine bleeding women
5- Evaluate effect of self-instructional module on enhancing women's self-care practices regarding dysfunctional uterine bleeding during premenopausal period.

**Research Hypothesis:**
Implementing of self-instructional module will enhance women's self-care practices regarding dysfunctional uterine bleeding during premenopause.

**Subjects and Methods:**

**Research design:** Quasi experimental design was used using Pre / Post test.

**Setting:** The study was conducted at gynecological unit in outpatient department at maternity university hospital.

**Sample:** A purposive sample technique was used. It Included the women who attended to gynecological outpatient unit and diagnosed with dysfunctional uterine bleeding and consisting of (95) women were recruited on the study their number were estimated by using steven equation (Steven and Thompson, 2012).

While;

\[ p=0.5 \]

\[ N=\text{total population} \]

\[ Z= z \text{ value (1.96)} \]

\[ D= \text{ standard Error} \]
n= sample size

**Under the following inclusion criteria:**

- All women diagnosed with dysfunctional uterine bleeding.
- Their age ranged between 35-50 years
- Read &write women
- Had telephone number for contact.
- Free from any medical problems as (HTN, DM, and cardiac disease ….etc).

**Tools for data collection**

**Four tools of data collection were used.**

1. **Structured Arabic Interviewing Questionnaire Sheet:** that was developed by the research after reviewing the relevant literature and written in a simple Arabic language. It is divided into three parts:

Part 1: To assesses general characteristics of the study sample as (woman's name, age, residence, socio-economic status, marital status, level of education and occupation and income).

**Part II includes:**

- Menstrual history (present and past): such as; age of menarche, rhythm, duration, frequency.
- Obstetrical history: such as; parity, gravida, previous abortion.
- Gynecological history: this included data about gynecological diseases as, polycystic ovarian syndrome, prolapse, incontinence, infertility, uterine tumors, infection, dysfunctional uterine bleeding.
- Family planning history: (If family planning method used, and the duration, etc....).

**Part III:** Knowledge Questionnaire tool: designed by the researcher to assess the premenopausal woman's knowledge regarding dysfunctional uterine bleeding. As definition of dysfunctional uterine bleeding, causes ,risk factors, complication and management of dysfunctional uterine bleeding (medical and non medical)

**Scoring System of Level of Knowledge:** there are seven statements with total score (21) score with three responses: correct answer takes (3), incomplete correct answer takes (2), and incorrect answer takes (1). Women with poor knowledge will have less than 50 % (1- 10), women who have average knowledge take 50-75 % (11-15), the last group with good knowledge take more than 75 % (16-21).

**Tool II: Pictorial chart**

1. - It was used to assess the dysfunctional uterine bleeding amount. It adopted from. *(Jacobson, et al. (2018))*

**Scoring system:**

**Towels:** 1 point for each lightly stained towel, 5 points for each moderately soiled towel, 20 point if the towel is completely saturated with blood.

**Clots:** 1 point for small clots with size (½ inch) - 5 points for large clots which size is (1 inch).

**Flooding:** 5 points for any episode of flooding.

A pictorial chart score of more than 100 points, used as a diagnostic test for dysfunctional uterine bleeding. Score up to 75 points is normal menstrual cycle then more than 75 up to 100 points mean heavy menstrual bleeding. The total points of towels, clots and flooding times are summed for bleeding days to count the amount of bleeding which help in diagnosis of dysfunctional uterine bleeding.

**Tool III: Preimenopausal women self-care practices check list**

It was used to assess woman self-care practices regarding dysfunctional uterine bleeding. Adapted from *(Panagiotis Anagnostisa, et al (2020))* and modified by the researcher to fulfill the aim of the study . This check list contain (10) statements which total score is (30). Item responses are assigned values of Never=1, Sometimes=2, Always=3. woman with poor practice take up to14 points, moderate practice (15-22points) and good practice (23-30points).
Tool IV: Likert scale for attitude

1. This scale used to measure Attitudes of premenopausal woman regarding dysfunctional uterine bleeding. Adopted from (Vedashree Joshi, Garima Arora, Kaushik Ragubathy 2021). The Scoring system of attitude scale contain (14) statements which total score is (42). Item responses has three scales (Disagree=3, Uncertain=2 & Agree=1). The woman who has negative attitude (less than 60%) who takes (1-24 points) and women who has positive attitude (equal or more than 60%) who takes (25-42points).

V. Fifth tool was follow up sheet

Used to follow up the studied women after implementing self – instructional module immediately, after one month and after two months. This done through telephone number and follow up visit in the outpatient unit

✓ Supportive Material in Form of Arabic Self Instructional Modules for Women's about Self Care Practices Regarding Dysfunctional Uterine Bleeding during Premenopausal Period (Appendix VI):

Arabic Self Instructional Modules was developed by the researcher in Arabic form for self care practices regarding dysfunctional uterine bleeding during premenopausal period that includes (concept of dysfunctional uterine bleeding, causes of dysfunctional uterine bleeding, complications, managements and women’s self care practices)

Ethical Considerations:

An official approval was obtained from Scientific Research Ethical committee in Faculty of Nursing, Ain Shams University before starting the study. Researchers introduced themselves to studied women who met the inclusion criteria and informed them about the purpose of this study in order to obtain their acceptance to share in this study. Researchers ensured that the study posed no risk or hazards on their health. Researchers ensured that women’s participation in the study is voluntary. The studied women who were willing to participate in the study and met the inclusion criteria were approached by researchers and asked for verbal consent to confirm their acceptance. Each participant had right to withdrawal from the study at any time and all data that obtained were considered confidential. Finally all data coded and secured by researcher and used for the purpose of the study.

Pilot Study

A pilot study was conducted three weeks on (10%) of total studied women The aim of pilot study was to evaluate study process, examine simplicity and clarity of language, test the feasibility and suitability of designed tools, estimate the time needed to complete the tools by each study subjects and identifying any obstacles and problems that may be faced during data collection. The pilot study were excluded from the sample and replaced by other women to maintain the same size of the studied women. The time for filling the questionnaire took around 15-20 minutes. Also it helped estimation of the time needed for data collection. No modification was done.

Fieldwork

The researcher attends the clinic 3 days / week from 9 am to 1pm. the data collection take four months started from beginning of September 2021 to end of November. The following phases of (baseline assessment, implementation, follow up and evaluation were assumed to achieve the purpose of this study.

Phase 1: (baseline assessment) At first the researcher attended the previous mentioned setting then reviewed registration book of the gynecological unit then all attended women fulfilling the study criteria were included in the study. at this phase, researcher explained to the women the aim of the study then the oral consent was obtained. Confidentiality of the information was ensured to gain their confidence and trust. First and third tool of data collection were filled by the women and took about 15 minutes and the Pictorial chart and likert scale for attitude was checked by researchers within about 40-45 minutes.

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Phase II: (Implementation):

It took six sessions 2 sessions for theory and 4 sessions for practice; the first session, was an orientation session about overview of dysfunctional uterine bleeding, including causes, risk factors, symptoms, consequences, and management. In the second session the self care module was provided to the women and explain its contents, purpose and its impact on women self care practices. the practical sessions. was concerned with life style modification as diet, hygiene , self care practices measures and use the recommended medications.where the researchers set a diet plan for each woman based on base line assessment and requirement needed. On this instruction session researchers used different method as example for certain type of food and drinks that should be used, Visual aid "illustrated pictures", and discussion. The women in the (study group) were split into fifteen subgroups. The total time for all sessions is about four hours and a half, with each session lasting about 25-45 minutes. Each subgroup’s sessions (5-6 women approximately per session) were repeated. The researcher used simple language to suit the women. Each group was notified of the next meeting's schedule after the meeting. The following sessions began with feedback from the previous session and goals for the next session, written in plan Arabic to represent the women's level of understanding. Women's issues are discussed at the end of each meeting to clear up any misunderstandings. To enhance women practices, the researchers use Discussion, demonstration, and re-demonstration among the teaching approaches employed.

Phase III (Follow up phase and evaluation phase): The researchers also communicated with women via telephone call for instruction and follow up them at follow up visit in outpatient clinic. Researchers follow up women immediately after implementing of self care module and after one month. Moreover, woman informed that she can made contact with research team through phone or WhatsApp if woman had any problem. The evaluation phase was done to evaluate the effect of self-instructional module on enhancing women's self-care practices regarding dysfunctional uterine bleeding during premenopausal period to investigate study hypothesis.

Administrative design:

An official written approval letter containing the title and clarifying the purpose of the study was obtained from the Dean of the Faculty Nursing, Ain Shams University; Directed to the director of outpatient clinic at Ain Shams University Maternity Hospital to obtain his approval for data collection after obtaining the approval from the director data were collected 3 days/ week.

Statistical design:

Data collected from the studied sample was revised, coded and entered using personal computer (PC). Computerized data entry and statistical analysis was fulfilled using the statistical package for social sciences, version 22 (SPSS). Quantitative data are expressed as mean± standard deviation (SD). Qualitative data are expressed as frequency and percentage. The following tests are done: Chi-square (x2 ) test of significance is used in order to compare proportions between qualitative variables. Spearman's correlation measures the strength and direction of association between two ranked variables. The confidence interval is set to 95% and the margin of error accepted is set to 5%.The results were considered statistically significant at P ≤ 0.05 and highly significant at P <0.01**.

Results

Table (1) showed that 75% of the studied woman their age was ranged between 40and 50 years old with mean 42. 35±1. 66, regarding education 47.5% of them were primary education and 57. 8% of them were married, on the other hand 52. 5% have enough income & 67.4% of them were from rural areas.

Figure (1): showed that 65.7% of studied women their total knowledge were poor before intervention and become 2.8% after intervention and 3.5% during follow up

Figure (2): showed that only 10% of studied women have positive attitude before
intervention and become 94.2% after intervention and 90.1% during follow up

Table (2): revealed that there was highly significant improvement regarding most of studied sample’s self-care practices regarding dysfunctional uterine bleeding before, after and during follow up of the self instructional module, as 7.2% of the studied women ate food rich in iron before intervention and become 97.2% and 91.4% after intervention and during follow up respectively also 11.4% of the studied women have been Taking prescribed medication before intervention and become 95.7% and 91.4% after intervention and during follow up respectively.

Table (3): revealed that there was highly significant Correlation between total knowledge and total self-care practices of studied sample regarding dysfunctional uterine bleeding before, after and during follow up of the self instructional module.

Table (4): Shows that there was highly significant Correlation between total attitude and total self-care practices of studied sample regarding dysfunctional uterine bleeding before, after and during follow up of implementing the self instructional module.

Table (5): illustrated that there was significant Correlation between total Severity of dysfunctional uterine bleeding and total self-care practices of studied sample regarding dysfunctional uterine bleeding before, after and during follow up of implementing the self instructional module.

Table (1): Distribution of the studied woman regarding their general characteristics (N=95)

<table>
<thead>
<tr>
<th>General characteristics</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35:39 years</td>
<td>24</td>
<td>25.0</td>
</tr>
<tr>
<td>40:50 years</td>
<td>71</td>
<td>75.0</td>
</tr>
<tr>
<td>Mean±SD</td>
<td>.35±1.6642</td>
<td></td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>55</td>
<td>57.8</td>
</tr>
<tr>
<td>Divorced</td>
<td>7</td>
<td>7.4</td>
</tr>
<tr>
<td>Single</td>
<td>12</td>
<td>12.6</td>
</tr>
<tr>
<td>Widow</td>
<td>21</td>
<td>22.1</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary education</td>
<td>45</td>
<td>47.5</td>
</tr>
<tr>
<td>Secondary education</td>
<td>43</td>
<td>.245</td>
</tr>
<tr>
<td>University education</td>
<td>7</td>
<td>7.3</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>urban</td>
<td>31</td>
<td>63.2</td>
</tr>
<tr>
<td>rural</td>
<td>46</td>
<td>46.7</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Enough</td>
<td>45</td>
<td>47.5</td>
</tr>
<tr>
<td>Enough</td>
<td>50</td>
<td>52.5</td>
</tr>
</tbody>
</table>
Figure (1): Distribution of total knowledge scores of studied sample regarding dysfunctional uterine bleeding before, after and during follow up of implementing the self instructional module

![Total Knowledge](image)

Figure (2): Distribution of total attitude scores of studied sample regarding dysfunctional uterine bleeding before, after and during follow up of implementing the self instructional module

![Total attitude](image)

Table (2): Distribution of self care practices of studied women regarding dysfunctional uterine bleeding before, after and during follow up of implementing the self instructional module

<table>
<thead>
<tr>
<th>Studied women’s Self Care Practices Regarding dysfunctional uterine bleeding</th>
<th>Before %</th>
<th>After %</th>
<th>Follow up %</th>
<th>T test</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use herbal remedy to reduce bleeding and pain</td>
<td>31.4</td>
<td>7.2</td>
<td>2.8</td>
<td>4.2</td>
<td>.000**</td>
</tr>
<tr>
<td>Follow up hemoglobin level</td>
<td>17.2</td>
<td>94.3</td>
<td>91.4</td>
<td>8.8</td>
<td>.000**</td>
</tr>
<tr>
<td>Increase fluid intake</td>
<td>78.6</td>
<td>98.6</td>
<td>94.3</td>
<td>8.5</td>
<td>.000**</td>
</tr>
<tr>
<td>Increase food rich in iron</td>
<td>7.2</td>
<td>97.2</td>
<td>91.4</td>
<td>9.7</td>
<td>.000**</td>
</tr>
<tr>
<td>Use paper tissue for drying</td>
<td>47.2</td>
<td>95.7</td>
<td>92.8</td>
<td>8.34</td>
<td>.044*</td>
</tr>
<tr>
<td>Take care of Personnel hygiene and wash perineum from front to back</td>
<td>58.6</td>
<td>97.2</td>
<td>90</td>
<td>5.25</td>
<td>.000**</td>
</tr>
<tr>
<td>Use cream to avoid irritation from sanitary bad</td>
<td>14.3</td>
<td>92.8</td>
<td>88.6</td>
<td>12.6</td>
<td>.034*</td>
</tr>
<tr>
<td>Avoid tea or coffee that decrease absorption of iron</td>
<td>18.6</td>
<td>88.6</td>
<td>81.4</td>
<td>16.1</td>
<td>.000**</td>
</tr>
<tr>
<td>Carry seat protector when travel</td>
<td>47.2</td>
<td>95.7</td>
<td>92.8</td>
<td>8.34</td>
<td>.044*</td>
</tr>
<tr>
<td>Taking prescribed medication</td>
<td>11.4</td>
<td>95.7</td>
<td>91.4</td>
<td>3.4</td>
<td>.001**</td>
</tr>
</tbody>
</table>

(*) statistically significant at P < 0.05  
(**) Highly statistically significant at P < 0.01
Table (3): Correlation between total knowledge and total self-care practices of studied sample regarding dysfunctional uterine bleeding before, after and during follow up of implementing the self instructional module

<table>
<thead>
<tr>
<th>Total Knowledge</th>
<th>Total Self Care Practices</th>
<th>Before</th>
<th>After</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>P</td>
</tr>
<tr>
<td>Before</td>
<td>0.457</td>
<td>&lt;0.001**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After</td>
<td>-0.356</td>
<td>&lt;0.001**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow up</td>
<td></td>
<td></td>
<td>0.287</td>
<td>0.024*</td>
</tr>
</tbody>
</table>

** HS= Statistically highly significant at p≤ 0.001  * S= Statistically significant at p≤ 0.05  NS= Statistically not significant at p> 0.05

Table (4): Correlation between total attitude and total self-care practices of studied sample regarding dysfunctional uterine bleeding before, after and during follow up of implementing the self instructional module

<table>
<thead>
<tr>
<th>Total Self Care Practices</th>
<th>Total Attitude</th>
<th>Before</th>
<th>After</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R</td>
<td>P</td>
<td>R</td>
<td>P</td>
</tr>
<tr>
<td>Before</td>
<td>0.341</td>
<td>&lt;0.001**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After</td>
<td>0.506</td>
<td>&lt;0.001**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow up</td>
<td></td>
<td></td>
<td>0.418</td>
<td>&lt;0.001**</td>
</tr>
</tbody>
</table>

HS= Statistically highly significant at p≤ 0.001  * S= Statistically significant at p≤ 0.05  NS= Statistically not significant at p> 0.05
Table (5): Correlation between total Severity of dysfunctional uterine bleeding and total self-care practices of studied sample regarding dysfunctional uterine bleeding before, after and during follow up of implementing the self instructional module

<table>
<thead>
<tr>
<th>Total Self Care Practices</th>
<th>Total Severity of dysfunctional uterine bleeding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
</tr>
<tr>
<td></td>
<td>After</td>
</tr>
<tr>
<td></td>
<td>Follow up</td>
</tr>
<tr>
<td></td>
<td>R</td>
</tr>
<tr>
<td>Before</td>
<td>0.344</td>
</tr>
<tr>
<td>After</td>
<td>0.276</td>
</tr>
<tr>
<td>Follow up</td>
<td></td>
</tr>
</tbody>
</table>

HS= Statistically highly significant at p≤ 0.001
NS= Statistically not significant at p> 0.05

* S= Statistically significant at p ≤ 0.05

Discussion

This study aimed to evaluate the effect of self-instructional module on women's self-care practices regarding dysfunctional uterine bleeding during premenopause. With the following research hypothesis: Implementing of self-instructional module will enhance women's self-care practices regarding dysfunctional uterine bleeding during premenopause.

Dysfunctional uterine bleeding is the diagnosis in 40–60% of women with excessive menstrual bleeding during later reproductive age. Women with DUB may experience pain, embarrassment and inconvenience that can have a significant impact on their lives. Dysfunctional uterine bleeding is a frequent clinical problem, accounting for 70 percent of all gynecologic visits by peri-and postmenopausal women. This makes it a serious health condition that result in hospitalization for intravenous fluids and blood transfusion (Schorge et al., 2020).

Regarding general characteristics of the studied women the present study represented that three quarter of affected women are aged 40-50 years with mean age 42.35±1.66, regarding education less than half of them were have primary education and more than half of them were married, and have enough income on the other hand more than two third of them were from rural areas. The present study result is similar to Munro, et al., (2019) who conducted a descriptive cross sectional study titled premenopausal women distressing from dysfunctional uterine bleeding & the impact on women quality of life and reported that most of studied women aged between 45 to 50 (x=46.5, SD ± 2.83) years old, married (n=220, 73.3%), went to intermediate education (n=140, 46.7%), living in rural area (n=244, 81.3%). This agreement could be due to dysfunctional uterine Bleeding is more common in this age group because of hormonal changes. Also this results agree with Urge Gerema,( 2022) who studied Abnormal uterine bleeding and associated factors among reproductive age women in Jimma town, Oromia Region, Southwest Ethiopia found that a total of 660 participants were involved in this study .The mean ages of the respondents were 32 (±7) years. Two-thirds of the participants (69.4%) had married and regarding educational status of the respondents, around (25.8%) can read and write followed by primary school (23.3%)

Concerning level of education the present study finding showed that less than half of studied women had primary education. This study is disagreement with Ghada (2020) who conducted a cross sectional study titled “Assessment quality of life among premenopausal women suffering from dysfunctional uterine bleeding” who found
that nearly half of studied women had secondary education. Also this finding is contradicted with Noura, M., (2020) who conducted a study about “abnormal uterine bleeding and its impact on women life” the study is conducted in obstetrics and gynecology department at Zagazig university hospital on pre and post menopausal women. The study revealed that most of postmenopausal women were illiterate and half of premenopausal women had just basic education. In the researcher point of view this could be due to the difference in population or setting of the study. Also, most of them were from rural area where they weren’t appreciating female education.

Regarding the income of the current studied women more than half of them had enough income. This study finding is contradicted with Anupma & Raj (2020) who conducted study on 100 gynecology women diagnosed with dysfunctional uterine bleeding this study titled l (A study of causes, investigation and management of structural causes of dysfunctional uterine bleeding among pre-menopausal age, who found that out of the total 100 cases, (67%) were from low socio-economic class while 33% had satisfactory income).

Concerning the studied women total knowledge regarding DUB, this study found that more than two fifth of studied women had low knowledge about DUB.

This study finding was in the same line with Mitra & Patil, (2020) who conducted study titled by, dysfunctional uterine bleeding and associated factors among premenopausal women in Jimma town, Oromia Region, Southwest Ethiopia who found that the majority of the respondents (79.3%) have poor knowledge regarding DUB. In my opinion this might be due to the lack of information, toward self-care practices and lack of health education programs regarding dysfunctional uterine bleeding, or embarrassment of women to discuss this issue.

On the other hand the present study finding is contradicted with Pennant, et al., (2020) who studied “Knowledge, Attitude and behavior of women toward dysfunctional uterine bleeding and its impact on quality of life and found that majority of women (93.8%) in the study were aware about dysfunctional uterine bleeding.

Also this disagree with Vedashree Joshi, GarimaArora , Kaushik R agubathy (2021) who studied evaluation of knowledge ,attitude ,and behavior of women towards abnormal menstrual bleeding and its impact on quality of life of women in trbal region of the central india found that 81% has knowledge about abnormal uterine bleeding This difference could be due to difference of the study setting and respondents’ high level of education. Also, majority of the respondents in this study had good knowledge about dysfunctional uterine bleeding through getting information by use of the internet. I think this discrepancy between results may also due to this age group not have the accessibility to the internet easily.

Concerning distribution of total attitude scores of studied women regarding dysfunctional uterine bleeding: the current study finding showed that only one tenth of studied women have positive attitude before intervention majority of them become have positive attitude regarding DUB after intervention and during follow up. This study finding is matched with Binti etal.,(2017)who conducted a study in title Knowledge, attitude and behavior of women towards abnormal menstrual bleeding and its impact on quality of life and found that abnormal bleeding affect women negatively as it has an impact on productivity with 79.5% of women as heavy bleeding affected their performance at work . Also significantly affected their relationships, social life also this agree with (Sultan Qaboos,2022) who studied. The relationship between menstrual patterns and menstrual attitude dimensions among women of reproductive age and found that negative beliefs about heavy menstruation may have a significantly negative effect on women and girls.

Also this is on the same line with Claire Henry,et.al (2020 b)who study Beyond the numbers—understanding women’s experiences of accessing care for abnormal uterine bleeding (AUB): a qualitative study, mentioned that all women with AUB had a
significant and traumatic impact on their quality of life including their relationships and their work or education. Women reported negative experiences with their general practitioner. Timely access was further compounded by feelings of embarrassment and that AUB was a taboo subject.

Regarding to the self-care practices of studied women regarding dysfunctional uterine bleeding this study revealed that there was highly significant improvement regarding most of studied women’s self-care practices regarding dysfunctional uterine bleeding before ,after and during follow up of the self instructional module, as only less than one tenth of the studied women ate food rich in iron before intervention and almost of them become ate food rich in iron after intervention and during follow up also slightly more than one tenth of the studied women have been Taking prescribed medication before intervention and become majority of them after intervention and during follow up Taking prescribed medication.

This agreed with Igbokwe and John-Akinola(2021) who studied knowledge of menstrual disorders and health seeking behavior among female undergraduate students of university of Ibadan, nigeria found that Less than one third (28.3%) of the respondents who had experienced menstrual disorder sought for help from various sources, however, less than half (40.8%) adopted nonmedical home remedies. Less than half (40.8%) also reported pain relief medications as a form of treatment this came in the same line with Aqifeen Nisar (2022) who studied Awareness about menstrual hygiene and found that Hygienic practices during menstruation were not satisfactory .While this result disagree with (Rupali Gupta1 etal ,2021) who studied knowledge, attitude, and practice of menstrual hygiene in women aged 13–45 years attending Hind Institute of Medical Sciences, Sitapur. It seems to me that this difference may be due to the difference between study subject or setting.

Regarding to the correlation between total knowledge and total self-care practices of studied women regarding dysfunctional uterine bleeding this study revealed that there was highly significant correlation between total knowledge and total self-care practices of studied sample regarding dysfunctional uterine bleeding before, after implementing the self instructional module.

This study finding was agreement with SisiSu, Xin Yang, and Qing Su (2020) who study Prevalence and knowledge of heavy menstrual bleeding among gynecology outpatients by scanning on 1152 women stated that 63.2% of the women knew nothing about with heavy menstrual bleeding, while 34.5% of them had limited knowledge.Also 42.0% believed that consistent profuse menstruation without any other disease requires no medical treatment, from my perspective this agreement could be due to knowledge dealt with imparting women into practices ; so we find a very high correlation between total knowledge and total self-care practices after implementing self instructional module. Regarding correlation between total attitude and total self-care practices of studied sample regarding dysfunctional uterine bleeding. The current study found that there was highly significant Correlation between total attitude and total self-care practices of studied sample regarding dysfunctional uterine bleeding after and implementing the self instructional module. This study finding was congruent with Kadir & Sabin (2020) who conducted a cross sectional study titled “effectiveness of self instructional module on coping strategies of women with dysfunctional uterine bleeding during premenopausal period” who found that (80%) of studied women had positive attitude about self-care practices regarding dysfunctional uterine bleeding after implementing self instructional module (p<0.05). in my view this agreement due to the fact that as the age increases, the women experience and awareness are also increased that reflects on their attitude. Also may be due to increased uses of mass media that help them to get information about DUB.

Concerning the relation between total severities of dysfunctional uterine bleeding of studied woman and total self care practice
about dysfunctional uterine bleeding the current study found that highly statistical significance between them. This study was agreement with Kaur, Sharma, Goraya., (2020) who studied “Assessment of knowledge, attitude and practices towards premenopausal women “who found that there was high positive relation between women knowledge and severity of pre menopausal bleeding (p≤ 0.07).

Conclusion:
The present study concluded that the result of this study support the research hypothesis that the self-instructional module may enhance women's self-care practices regarding dysfunctional uterine bleeding during premenopausal period. As there was highly statistically significant differences in studied women’s total knowledge, total attitude and total self care practice score regarding dysfunctional uterine bleeding before, post and follow up of intervention.

Recommendations:
Based on the results of this study, it was suggested that

Develop and implement educational program in the gynecology outpatient units for premenopausal women to improve their knowledge and self care practices regarding Dysfunctional uterine bleeding.

Further studies are needed in this field:

- Assess women coping mechanism regarding Dysfunctional uterine bleeding and its impact on their quality of life.
- investigate barriers to seeking consultation for abnormal uterine bleeding

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