

**A STUDY TO ASSESS THE KNOWLEDGE REGARDING SLIP DISC DISORDER AMONG
HOUSEWIVES IN KOSI KALAN (RURAL) MATHURA IN VIEW TO DEVELOP
INFORMATION BOOKLET.**

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ABSTRACT

INTRODUCTION: This study aim to assess the knowledge regarding slip disc disorder among housewives in Kosi kalan (rural) Mathura. METHODS: A descriptive survey research design was conducted among 60 housewives in Kosi Kalan (rural) Mathura, Uttar Pradesh. Participants were selected through simple random sampling technique. Data were collected using a structured knowledge questionnaire consisting of socio-demographic variables. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used, while inferential statistics using the Chi-square test were applied to determine the association between social media addiction and selected demographic variables at a 0.05 level of significance. RESULTS: The study findings revealed that 48% of the housewives had a poor level of knowledge, 45% had average level of knowledge, and 06.66% had good level of knowledge. Mean \pm SD knowledge score test it was 9.76 ± 8.67 and Range of knowledge score it was 2-16. Chi-square analysis demonstrated statistically significant association between social media addiction and demographic variables such as age, gender, residence, socio-economic status, family income, and purpose of social media use. Therefore, the research hypothesis H1 was rejected. CONCLUSION: The study concluded that the housewives in Kosi kalan (rural) Mathura having few knowledge regarding slip disc disorder

Keywords: Slip disc disorder, Housewives, Information booklet

INTRODUCTION

Slip disc disorder is also known as herniated disc or disc prolapsed, is a common musculoskeletal condition that affects many individuals, including housewives. This condition occurs when a spinal disc's soft inner gel pushes through a tear in its tough outer layer causing pain, numbness, or weakness. The increasing prevalence of slip disc among housewives is a cause for concern, as it significantly impacts their daily lives and responsibilities. Housewives often engage in repetitive household activities that require bending, lifting, and prolonged standing, which can strain the spine. The repetitive nature of these tasks, such as lifting heavy laundry baskets, vacuuming, or even prolonged cooking, can exert undue pressure on spinal discs, increasing the risk of herniation.^[1]

Lumbar slipped disc (LSD) or lumbar herniated disk (LHD) is painful and debilitating lumbar disc disorder caused by wear and tear of the disc degeneration. It can occur at any age, but most common for women between the ages 20 and 50 years. The common symptom of LSD are the numbness and tingling, weakness in muscles and pain in spine radiating to the arms and legs. When the pain causes in the region of buttocks, thigh, calves and feet due to LSD, it is referred to as sciatica because the pain travel along the path of sciatic nerve which is the longest nerve in the body that runs from back of the pelvis through buttocks, down the both legs to the feet.^[2]

The primary diagnosis of LSD by physical examination with the observation of symptoms. After the physical examination in order to confirm the LSD various diagnostic methods are such as X-ray, to rule out the compressions between the vertebrae, formation of osteophytes, etc. MRI or CT images that can pinpoint the location of disc & the affected nerves.^[2]

At present the treatment of LSD include medication, physical therapies and finally surgery. Various types of medications are used to treat LSD such as some kind of NSAIDS like gabapentin & amitriptyline for relieving nerve pain, a drug with a combination of oxycodone and acetaminophen called narcotics which have side effects include nausea, sedation, confusion & constipation. Cortisone injection for reducing inflammation & pain, to minimize pain and swelling in and around spinal nerve roots, epidural injections commonly used & muscle relaxants to reduce muscle spasms but has side effects such as dizziness and sedation. A number of physical therapies are used to minimize herniated disc such as hot and cold fomentation treatment. Finally, if numbness persists or mobility become worsened even after medication & physical therapies. Surgical intervention is necessary because of persistent symptoms such as discectomy, laminotomy, artificial disc surgery to release the compression.^[2]

PROBLEM STATEMENT

“A study to assess the knowledge regarding slip disc disorder among housewives in Kosi kalan (rural) Mathura in view to develop information booklet”.

OBJECTIVES

1. To assess the knowledge of housewives regarding slip disc disorder in Kosi Kalan Mathura.
2. To find out the association between knowledge of housewives regarding slip disc disorder with selected demographic variables.

METHODOLOGY

A descriptive survey research design was conducted among 60 housewives in Kosi Kalan (rural) Mathura, Uttar Pradesh. Participants were selected through simple random sampling technique. Data were collected using a structured knowledge questionnaire consisting of socio-demographic variables. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used, while inferential statistics using the Chi-square test were applied to determine the association between social media addiction and selected demographic variables at a 0.05 level of significance.

RESULTS

Table 1: Socio-demographic variable of housewives

Demographic variables	Frequency	(%)
Age (in years)		
21-25yrs	12	20.00
26-30yrs	13	21.66
31-35yrs	15	25.00
36yrs above	20	33.33
Religion		
Hindu	33	55.00
Muslim	19	31.66
Christian	06	10.00
Others	02	03.33
Education		
No formal education	16	26.66
Primary education	12	20.00
Secondary education	20	33.33
Graduate and more	12	20.00
No. of child		
One	12	20.00

Two	25	41.66
Three and more	23	38.33
Residence		
Urban	18	30.00
Rural	42	70.00
Monthly family income		
Less than Rs. 10,000	10	16.66
Rs. 10,001 to 20,000	25	41.66
Rs. 20,001 to 30,000	10	16.66
More than Rs. 30,001	15	25.00

TABLE 2:

Overall knowledge score of housewives on different aspect of slip disc disorder.

Level of knowledge score	Percentage score	Knowledge score
Poor	0-9	29(48.33)
Average	10-14	27(45.00)
Good	15-20	04(06.66)
Mean±SD		9.76±8.67
Range		2-16

TABLE 3: Association of knowledge score with demographic variables.

S.No.	Demographic variables	Sample	Knowledge score	Chi-Square		df	Level of significance at 0.05
				Cal. v	Tab. v		
1.	Age in years	21-25yrs	12	10.37	12.59	6	NS
		26-30yrs	13				
		31-35yrs	15				
		>36yrs	20				
2.	Religion	Hindu	33	4.12	12.59	6	NS
		Muslim	19				
		Christian	06				
		Others	02				

3.	Educational status	No formal education	16	0.91	12.59	6	NS
		Primary education	12				
		Secondary education	20				
		Graduate & more	12				
4.	No. of child	One	12	3.02	9.488	4	NS
		Two	25				
		Three & more	23				
5.	Residence	Urban	18	22.82	5.99	2	S
		Rural	42				
6.	Monthly family income	Less than Rs. 10,000	10	3.14	12.59	6	NS
		Rs. 10,001-20,000	25				
		Rs. 20,001-30,000	10				
		More than 30,001	15				

NS= Non-significant S= Significant

RESULTS: The result of chi square test conducted to assess the association between knowledge of slip disc disorder among housewives and socio-demographic variables, based on sample size of 60 participants.

- ❖ The calculated chi square value for the association between age and level of knowledge on slip disc disorder was 10.37 with 6 degree of freedom. The tabulated chi square at level of significance 0.05 was 12.59. the result was not significant (NS), suggesting no significant association between age and level of knowledge of slip disc disorder.
- ❖ The calculated chi square value for the association between religion and level of knowledge on slip disc disorder was 4.12 with 6 degree of freedom. The tabulated chi square at level of significance 0.05 was 12.59. the result was not significant (NS), suggesting no significant association between religion and level of knowledge of slip disc disorder.

- ❖ The calculated chi square value for the association between educational status and level of knowledge on slip disc disorder was 0.91 with 6 degree of freedom. The tabulated chi square at level of significance 0.05 was 12.59. the result was not significant (NS), suggesting no significant association between educational status and level of knowledge of slip disc disorder.
- ❖ The calculated chi square value for the association between no. of child and level of knowledge on slip disc disorder was 3.02 with 4 degree of freedom. The tabulated chi square at level of significance 0.05 was 9.488. the result was not significant (NS), suggesting no significant association between no. of child and level of knowledge of slip disc disorder.
- ❖ The calculated chi square value for the association between residential area and level of knowledge on slip disc disorder was 22.82 with 2 degree of freedom. The tabulated chi square at level of significance 0.05 was 5.99. the result was significant, suggesting significant association between residential area and level of knowledge of slip disc disorder.
- ❖ The calculated chi square value for the association between monthly family income and level of knowledge on slip disc disorder was 3.14 with 6 degree of freedom. The tabulated chi square at level of significance 0.05 was 12.59. the result was not significant (NS), suggesting no significant association between monthly family income and level of knowledge of slip disc disorder.

DISCUSSION:

The current study taken an effort to assess the knowledge of housewives regarding slip disc disorder in the Kosi Kalan (rural) Mathura to achieve the objectives of the study. The study adopted 60 subjects those who fulfill the inclusion and exclusion criteria were selected by the probability- simple random sampling technique. The subjects were assessed using demographic data, structured interview schedule on knowledge of housewives regarding slip disc disorder.

The findings of the study show that the most of housewives had poor knowledge about slip disc its causes, symptoms, prevention and treatment. Many of them were not aware that daily household activities, such as lifting heavy objects or bending incorrectly, can increase the risk of developing this problem. Lack of knowledge about correct posture and safe methods of doing household work can lead to back problems among housewives. The study also emphasized the need fir proper health education programs in rural areas. Housewives should be guided about exercises, correct posture, and way to avoid back strain during their daily tasks. Health workers and nurses can play a important role in spreading awareness through community education sessions and demonstrations.

Based on the findings, an information booklet was developed to improve knowledge among housewives. This booklet provides simple information on the causes, prevention and management of slip disc disorder. Overall, the study highlights that increasing awareness through education can promote better

health and prevent spinal problems among rural housewives.

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