

AWARENESS REGARDING UTERINE PROLAPSE AMONG REPRODUCTIVE AGE WOMEN ATTENDING GYNAE OPD AT A TEACHING HOSPITAL, BHARATPUR, NEPAL

Barsha Koirala*¹, Sabita Sharma², Ajita Sharma³, Kamala Uphadhaya⁴

^{1,2}Chitwan Medical College.

³Nardevi Ayurvedic Hospital.

⁴Shree medical and Technical College.

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*Corresponding Author

Sabita Sharma

Nepal.

ABSTRACT

Background: Uterine prolapse is a reproductive health problem, which is characterized by protrusion of the uterus partially or wholly into the vagina, which occurs when pelvic floor muscles and ligaments become weak and no longer can support the uterus. This study aimed to assess awareness regarding uterine prolapse among reproductive age women attending Gynaecology OPD at a Teaching Hospital, Bharatpur. **Methods:** A descriptive, cross sectional research design was conducted among 50 women of reproductive age of Gynaecology OPD of Chitwan Medical College Teaching Hospital. Samples were selected by using Non-probability convenience sampling methods. Data was collected by using Structured interview schedule. Obtained data were analyzed in IBM SPSS 20 software version by using descriptive statistics, chi square test and Fisher's exact test. **Results:** Findings revealed that that median age of the respondents was 29 years, 84% were Hindu, 66% were Brahmin and Chhetri, 98% were literate. Four fifth (80%) of the respondents had good level of awareness and slightly less than one fourth (20%) of respondents had fair level of awareness regarding uterine prolapse. There was no significant association between level of awareness and age, ethnicity, religion, level of educational, occupation, monthly family income, age at marriage, numbers of pregnancy, place of last delivery, numbers of children, age at first child birth, previous abortion, numbers of abortion and family diagnosis of uterine prolapse. **Conclusion:** In conclusion, majority of the respondents has good level of awareness regarding uterine prolapse. So, programs focusing on implementation of the awareness can be conducted for the women at different settings to utilize awareness and prevent from uterine prolapse.

KEYWORDS: Awareness, Reproductive age women, Uterine Prolapse.

INTRODUCTION

Uterine prolapse is the herniation of the uterus from its natural anatomical location into the vaginal canal, through the hymen, or through the introitus of the vagina. This is due to the weakening of its surrounding support structures. The uterus rests in the apical compartment of pelvic organs. The uterus and vagina are suspended from the sacrum and lateral pelvic sidewall via the uterosacral and cardinal ligament complexes. The weakening of these ligaments allows for the prolapse of the uterus into the vaginal vault. The uterine prolapse is not inherently life-threatening, it can lead to sexual dysfunction, poor body image, and lower quality of life due to associated bowel or bladder incontinence. Women with BMI more than 25, advancing age and Marfan syndrome and Ehler's Danlos syndrome are the risk factors for the developing Uterus prolapsed.^[1]

Therefore, approximately 50% of women in the US can be expected to have some degree of pelvic organ prolapse in advanced age. In less developed countries such as Nepal, greater than 1 million women out of approximately 15 million women have been found to have uterine prolapse, equating to approximately 7% of the Nepalese female population.^[2]

The most common complaint of female patients with uterine prolapse is the visualization or sensation of a bulge in the vaginal area, associated with vaginal pressure. Other symptoms include increased urinary urgency or frequency, the sensation of incomplete bladder emptying, and dyspareunia. The symptoms will come on gradually and may worsen over time as the prolapse progresses. The number and degree of symptoms have been shown to increase with worsening severity of prolapse. The specific symptoms the patients experience do not correlate well with the stage of

prolapse, and many patients are completely asymptomatic in the early stages of uterine prolapsed.^[3]

Treatment of uterine prolapse is largely dependent on the extent to which a patient is experiencing symptoms. Conservative treatments include pelvic floor muscle training and vaginal pessaries. Pelvic floor muscle training is typically taught to patients in association with a physiotherapist. Hysterectomy can be performed via a vaginal or transabdominal approach as a treatment for uterine prolapse. It has been found that vaginal approaches are less invasive and offer the opportunity to repair pelvic floor defects and Uterine prolapse is not in itself life-threatening. It can cause poor body image, low self-esteem, anxiety, depression, physical discomfort, bowel and bladder incontinence, and sexual limitations.^[4]

The global prevalence of Uterus prolapse ranges from 4 to 40% and the mean prevalence of Uterus Prolapse in low and middle income countries is 19.7% (range 3.4%-56.4%). In Nepal, Uterus prolapse prevalence varies in different ecological zones, from 20%- 37% in the Terai (Plain) area and 25% in the far west hills 8-27.4% in the central and eastern hill.^[5]

The women in Nepal have less knowledge about uterine prolapse and they seek care at hospital only during late stage thus, information campaigns, preventive care management and early treatment of genital prolapse should be initiated to reduce this significant public health problem. They have poor access to medical treatments and along with surgical treatment, preventive measure should be focused to raise awareness.^[6]

The participants have heard about uterine prolapse and 46% had adequate knowledge, while 54% of the participants had inadequate knowledge regarding uterine prolapse.^[7]

Uterine prolapse is one of the most frequently reported causes for poor health among women and major public health issue in Nepal. Women lack knowledge regarding its causes, symptoms and prevention. Research conducted on various places shows lacking in awareness regarding uterine prolapse. It is very important for them to get aware about its consequences and preventive factors to reduce its effect in future. This study was. This

study aimed to find out awareness regarding uterine prolapse among reproductive age women.

METHODS

A descriptive cross-sectional study design was adopted to find out the awareness regarding uterine prolapse among reproductive age women in Gynaecological OPD at teaching hospital. The study setting was conducted in Gynaecology Out-Patient Department (OPD) of Chitwan Medical College Teaching, Bharatpur. The data collected was done for 2 weeks from 13 December to 24 December, 2020 A.D.

Research ethical approval was obtained from Chitwan Medical College (CMC)- Institutional Review Committee (IRC), Bharatpur 10, Chitwan. Formal administrative permission for data collection were taken from hospital Director and Matron of Chitwan Medical College Teaching Hospital. The verbal informed consent was obtained from each respondents prior to data collection by explaining the purpose of the study. Respondent dignity was maintained by allowing them to terminate their participation at any time during the data collection period without any penalty and given assurance about the confidentiality of the data.

The sample size was 50. Each day data was collected from 4-5 respondents by using structured interview schedule through face to face interview method. Each respondent were interviewed for 25-30 minutes. A non-probability convenience sampling technique was used for this study

RESULTS

Out of 50 respondents, more than half (52%) were equal and more than 29 years. Regarding the religion most of all (84%) were Hindu, Concerning the education status almost all (98%) were literate and (49.0%) respondents had higher secondary education. Concerning on at the age at marriage 52 percent got married at the age of or above 21 years. All the respondents (100%) were married and regarding occupation 24 percent were service holder. Concerning about monthly family income more than half of the respondents (58%) had Rs. 40000 and above, very few (2%) had Rs. 10000- Rs 20000.

Table 1: Respondents' Socio-demographic Characteristics n= 50.

Variables	Frequency	Percentage
Age in years		
<29	24	48.0
≥29	26	52.0
<i>Median age = 29 IQR= Q₃-Q₁= 27-23 , min=21, max=47</i>		
Religion		
Hinduism	42	84.0
Other than hinduism*	8	16.0
Ethnicity		
Brahmin and Chhetri	33	66.0

Others **	17	34.0
Educational status		
Literate	49	98.0
Illiterate	1	2.0
Level of educational status (n=49)		
Basic Education	7	14.3
Higher secondary education	24	49.0
Bachelor and above	18	36.7
Age at marriage in years		
<21	24	48.0
≥21	26	52.0
<i>Median age = 21 IQR = $Q_3 - Q_1 = (22 - 19 = 3)$, min=17, max=26</i>		
Occupation		
Housemaker	11	22.0
Agriculture	11	22.0
Service	12	24.0
Labour	1	2.0
Business	10	20.0
Student	5	10.0
Monthly family income		
Rs. 10000- Rs. 20000	1	2.0
Rs. 21000- Rs.30000	3	6.0
Rs. 31000- Rs. 40000	17	34.0
More than Rs. 40000	29	58.0

Among 50 respondents the number of pregnancy less than half (46%) of the respondents had been pregnant twice. Likewise, more than half (54.5%) had two children and majority of respondents (90.9%) had institutional delivery. Regarding age at first child birth, the median age group of the respondents first childbirth 59.1 percent was below 22 years. In terms of previous abortion, majority of the respondents (80%) had no

abortion. In context of diagnosis of uterine prolapse almost all (98%) had not been diagnosed. Regarding family diagnosis of uterine prolapse majority (82%) were not diagnosed, few (18%) were only diagnosed among which majority (77.8%) family member were respondents grandmother. Regarding the source of information 64 percent heard about uterine prolapsed from health workers.

Table 2: Respondents' Obstetric Characteristic n=50.

Variables	Frequency	Percentage
Numbers of Pregnancy		
One	6	12.0
Two	23	46.0
Three or above	21	42.0
Numbers of live children (n=44)		
One	14	31.8
Two	24	54.5
Three or above	6	13.6
Place of last delivery (n=44)		
Home	4	9.1
Health institution	40	90.9
Age at first child birth (n=44)		
<22	18	40.9
≥22	26	59.1
<i>Median age = 22 ,IQR= $Q_3 - Q_1 = (23 - 20 = 3)$, min=18, max=28</i>		
Previous abortion		
Yes	10	20.0
No	40	80.0
Numbers of abortion (n=10)		
1	6	60.0
2	4	40.0
Diagnosed with Uterine Prolapse		

Yes	1	2.0
No	49	98.0
Family diagnosed with Uterine Prolapse		
Yes	9	18.0
No	41	82.0
Family member with Uterine Prolapse (n=9)		
Mother	2	22.2
Grandmother	7	77.8
Sources of information		
Health workers	32	64.0
Friends and relatives	7	14.0
Mass media	4	8.0
Family members	7	14.0

Table 3: Respondents' Awareness Regarding Uterine Prolapse: Meaning and Causative Factors n= 50.

Questions	Correct Response	
	Frequency	Percentage
Meaning		
Uterine prolapse is downward displacement of uterus	45	90.0
Causative Factors		
Multiple pregnancies	44	88.0
Delivered by untrained personnel	44	88.0
Carrying heavy loads during postpartum period	46	92.0
Lack of nutritious diet in post natal period	41	82.0
Having children at very young age (<18 yrs)	41	82.0
Chronic constipation, obesity, chronic cough	39	78.0
Short birth spacing of children (below 2 yrs)	48	96.0
Frequent and risky abortion	44	88.0
Weakness in pelvic muscles with advancing age	43	86.0
Prolong labor	38	76.0

Among 50 respondents, majority (90%) of the respondents knew the meaning of uterine prolapse. Almost all (96%) of the respondents were aware about short birth spacing of children (below 2 years) followed by 92% knew carrying heavy loads during postpartum period, 88% knew multiple pregnancies, delivery by untrained personnel, frequent and risky abortion as causative factor of uterine prolapse while only 76% knew prolong labour as causative factor of uterine prolapsed, almost all respondents (94%) knew difficulty in walking, standing, sitting followed by (92%) feeling of something coming out of vagina, backache and lower abdominal pain, (90%) painful sexual intercourse as

signs and symptoms of uterine prolapse whereas very few respondents (44%) were aware of pulling or heavy feeling in pelvis as a sign and symptoms of uterine prolapse., almost all (94%) of the respondents were aware about giving birth to child after age 20 years, medical attention should be sought as soon as problem is noticed followed by 92% adequate nutritional diet, rest during postnatal period, 90% keeping proper birth spacing between two children, avoiding multiple pregnancy as preventive measures of uterine prolapse while 3/4th (76%) of the respondents knew problem such as; constipation, chronic cough should be cure on time as preventive measures of uterine prolapse.

Table 4: Respondents' Awareness Regarding Preventive Measures of Uterine Prolapse n=50.

Variables	Correct Response	
	Frequency	Percentage
Meaning		
Uterine prolapse is downward displacement of uterus	45	90.0
Causative Factors		
Multiple pregnancies	44	88.0
Delivered by untrained personnel	44	88.0
Carrying heavy loads during postpartum period	46	92.0
Lack of nutritious diet in post natal period	41	82.0
Having children at very young age (<18 yrs)	41	82.0
Chronic constipation, obesity, chronic cough	39	78.0

Short birth spacing of children (below 2 yrs)	48	96.0
Frequent and risky abortion	44	88.0
Weakness in pelvic muscles with advancing age	43	86.0
Prolong labour	38	76.0

Sign and Symptoms		
Feeling of something coming out of vagina	46	92.0
Difficulty to void or urinary incontinence	42	84.0
Difficulty in walking, standing, sitting etc.	47	94.0
Increased vaginal discharge	40	80.0
Painful sexual intercourse	45	90.0
Backache and lower abdominal pain	46	92.0
Pulling or heavy feeling in pelvis	37	44.0

Preventive Measures		
Avoiding heavy loads during post partum period	43	86.0
Keeping proper birth spacing between two children	45	90.0
Having institutional delivery by SBA	44	88.0
Medical attention should be sought as soon as problem is noticed	47	94.0
Problem such as; constipation, chronic cough should be cure on time	38	76.0
Giving birth to child after age 20 years	47	94.0
Adequate nutritional diet, rest during postnatal period	46	92.0
Avoiding multiple pregnancy	45	90.0
Doing pelvic floor exercise	42	84.0

Among 50 respondents, 80% of the respondent had good awareness regarding uterine prolapse whereas 20% of the respondent had fair awareness regarding uterine prolapse.

There was no statistically significance between awareness regarding uterine prolapse and selected variables among reproductive age women.

Table 5: Respondents' Level of Awareness Regarding Uterine Prolapse n=50.

Level of awareness	Frequency	Percentage
Good (score \geq 75%)	40	80
Fair (score<75%)	10	20
Total	50	100

Table 6: Association between Respondents' Level of Awareness Regarding Uterine Prolapse and Socio-demographic Characteristics n=50.

Variables	Level of Awareness		p Value
	Good No.(%)	Fair No.(%)	
Age in years			
<29	22(91.7)	2(8.3)	0.077 ^f
\geq 29	18(69.2)	8(30.8)	
Ethnicity			
Brahmin /Chhetri	28(84.8)	5(15.2)	0.277 ^f
Other(Janajati,Newar,Dalit,Muslim)	12(70.6)	5(29.4)	
Religion			
Hinduism	35(83.3)	7(16.7)	0.331 ^f
Non-Hinduism	5(62.5)	3(37.5)	
Level of education(n=49)			
Upto higher secondary	24(77.4)	7(22.6)	0.454 ^f
Bachelor and above	16(88.9)	2(11.1)	
Monthly family income			
\leq Rs. 30000	3(75)	1(25)	1.000 ^f
> Rs.30000	37(80.4)	9(19.6)	
Age at marriage in years			

<21	19(79.2))	5(20.8)	1.000 ^f
≥21	21(80.8)	5(19.2)	
Number of pregnancy			
<2	5(83.3)	1(16.7)	1.000 ^f
≥2	34(77.3)	10(22.7)	
Place of last delivery (n=44)			
Home	2(50)	2(50)	0.218 ^f
Health institution	32(80)	8(20)	
Numbers of live children (n=44)			
<2	10(71.4)	4(28.6)	0.701 ^f
≥2	24(80)	6(20)	
Age at first child birth in years (n=44)			
<22	14(77.8)	4(22.2)	1.000 ^f
≥22	20(76.9)	6(23.1)	
Previous abortion			
Yes	7(70)	3(30)	0.397 ^f
No	33(82.5)	7(17.5)	
Numbers of abortion (n=10)			
1	4(66.7)	2(33.3)	1.000 ^f
2	3(75.0)	1(25)	
Family diagnosed with Uterine Prolapse			
Yes	8(88.9)	1(11.1)	0.665 ^f
No	32(78)	9(22)	

^f=Fisher's Test

DISCUSSION

In present study, majority 80% of respondents has good level of awareness and few 20% has fair level of awareness. The findings are supported by the study conducted by Subedi et al., (2019) revealed that 65.5% were aware and 34.5% were unaware. It might be due to awareness programs held in different time period at the setting of the study. In consistence to this study, findings of study conducted by Parajuli & Lawot, (2020) in Pokhara revealed that 58.4% had good level of awareness, 41.60% had fair level of awareness. In contrast to present study, only 39% of the respondents were aware regarding uterovaginal prolapse conducted by Karki & Neraula, (2014). The study conducted by Singh, Lama & Maharjan, (2016) revealed that 53.5% had inadequate knowledge and 46.5% had adequate knowledge regarding uterine prolapse which is in contrast to this study. It might be due to insufficient awareness programs at community level.

Regarding preventive measures of uterine prolapse, 86% are aware about avoiding heavy loads during postpartum period, 90% are aware about medical attention should be sought as soon as the problem is noticed. This is supported by the study conducted by Karki & Neraula, (2015) revealed that 84.5% avoiding heavy loads during postpartum period, 83.5% were aware about medical attention should be sought as soon as the problem is noticed as preventive measures of uterine prolapse which might be due to high literacy rate.

In this study there is no significance association between the level of awareness and socio-demographic variables age, ethnicity, religion, level of education and monthly

family income. Similar finding in the study conducted by Subedi et al., (2019) shows no any significance association between level of awareness and age, ethnicity. In contrast to this age ($p=0.014$), education ($p=0.008$), ethnicity ($p=0.024$) were significantly associated in the study conducted by Marasine et al., (2020). Likewise, in the present study, there is no any significance association between the level of awareness and obstetric variables; age of marriage, number of pregnancy, place of last delivery, number of children, age at first child birth, previous abortion, number of abortion and family diagnosis with uterine prolapse. Similar finding in the study conducted by Bhurtel, Mandal & Shah, (2019) in Dolakha reveals that there was no significant association between knowledge and age of marriage, number of children and age at first childbirth. These differences may be due to variation in sample size and area where study was conducted.

CONCLUSION

Based on the finding of the study, the conclusion had been drawn. The finding of the study reveals that majority of the respondents has good level of awareness and few of the respondents has fair level of awareness regarding uterine prolapse. Similarly, there is no significant association between level of awareness and socio-demographic variables also, level of awareness and obstetric variables respectively. It can be concluded that, good awareness is present so concerned authority can focus more on practice for prevention of uterine prolapse through various programs involving target groups.

LIMITATION

As this study was conducted in Chitwan Medical College Teaching Hospital, which represents only the small part of the country, likewise study is age limited only among reproductive age women. So, the findings of the study cannot be generalized to other settings. Since the sample size of the study was limited to 50 samples due to restriction during Covid-19, it lacks external valid.

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