



## Original Article

# Awareness regarding uterovaginal prolapse among Newar parous women

## Abstract:

**Introduction:** The global prevalence of uterovaginal prolapsed (UVP) is estimated to be 2-20% in women under age 45 year<sup>1</sup>. At present 600,000 women are affected by the disease, among them 200,000 require immediate treatment in Nepal<sup>2</sup>.

**Objective:** The objective of the present study was to assess the awareness regarding UVP among parous women.

**Methods:** A semi- structured interview schedule consisting of questions related demographic characteristics and awareness items related to UVP developed by reviewing literature. A total of 118 parous women who had given at least one child birth residing in Bhaktapur Municipality in Bhaktapur, Nepal, in April 2010 were included using a descriptive research design.

**Result:** Among total respondents 97 heard about UVP that more than half (55.1%) of the respondents were aware regarding the cause of UVP. Among the total respondents 58.5% were aware regarding the sign and symptoms of UVP. Most of the respondents (68.6%) were aware regarding preventive measures of UVP. Majority of the respondents (82.2%) were aware regarding the management of UVP and 55.9% were aware regarding the complication of UVP.

**Conclusion:** The study concludes that out of 118 respondents 39% of the respondents were aware regarding the uterovaginal prolapsed. There was statistically significance between the occupation and awareness regarding uterovaginal prolapsed whereas there was no statistical significance between awareness and variables like education and experience of the respondent. Awareness raising programs could be beneficial to the mothers is correcting in the deficient areas of awareness regarding UVP.

**Keywords:** Awareness, Parous women, Uterovaginal prolapsed (UVP)

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## Introduction

The global prevalence of UVP is estimated to be 2-20% in women under age 45 year.<sup>1</sup> In Nepal, reproductive ill health is a major health problem and is least articulated by the general public because of lack of knowledge and it is a cultural taboo. The Government of Nepal's (GON) strategy reflects the commitment to the ICPD. Although the Government and donors have recently given more attention to safe motherhood issues, many have raised concerns that UVP is still neglected and often overlooked. The Government has adopted several policies and taken measures to make RH services available to all Nepalese citizens through the primary health care system. Even though at present 6, 00,000 women are affected by the disease among them 200,000 require immediate treatment in Nepal (TUIOM, 2006). So, the UVP is one of the most common causes of gynecological morbidity in Nepal. UVP is one of the major health

problems of women in our country. UVP and its associated problems not only affect the women's health but also social and economic status of the women and their family. Among 2,268 women in Siraha and Saptari district of Nepal, 37% of women have uterine prolapsed.<sup>3</sup>

Another report from Nepal revealed that 40% of women with UVP are of reproductive age group having given to their first child<sup>4</sup>. In the period of 3 months study at the Dr. Imamura Memorial Hospital and research center, Bhaktapur, 96 women were diagnosed with UVP.<sup>10</sup> Parous women who have given birth are at high risk of having UVP as compared to nulliparous women. Lack of health education, low socioeconomic status and gender discrimination play direct role in developing this problem.<sup>5</sup> Thus this study is important to assess the pre-existing awareness of parous women regarding UVP.

## Result

**Table1: Socio-Demographic Characteristics of the Mothers (n=118)**

Variables	f	%
<b>Age group</b>		
<40 years	82	69.5
≥40 years	36	30.5
<b>Educational level</b>		
Illiterate	41	34.7
Literate	77	65.3
Can read and write	11	9.3
Primary level (1-8 class)	28	23.7
Secondary level (9-10 )	26	22.0
Higher level (10+2- PhD)	12	10.2
<b>Occupation</b>		
Housewife	75	63.6
Agriculture	18	15.3
Business	8	6.8
Service.	17	14.4
<b>Age of mothers at the time of first delivery</b>		
<20years	37	31.4
≥20years	81	68.6

Table 1 illustrates that more than half respondents (69.6 %) were under 40 years of age. All respondents were Newar having Hindu religion. 65.3% respondents are literate and among them 23.7 % had primary level education. Most of the respondents (63.6%) were house wife and second major occupation was agriculture with 15.3%. Most of the respondents (68.6%) had their first delivery above 20 years of age and 43.2% had second parity.

The chances of Nepalese women suffering pregnancy complication are very high and consequently this risk increases as these women undergo multiple pregnancies during their reproductive age. Postnatal care and institutional deliveries are not common in Nepal. All these factors are directly playing role in the development of UVP<sup>6</sup>.

The status of women in Nepal is low and they are considered the least important members in many families, and thus they do not receive the care the need to prevent or treat genital prolapsed and prolonged labour, inappropriate care during delivery and inadequate rest in the postpartum period are common contributory factors to UVP. Pathological condition such as chronic cough is common factor in UVP. Therefore there is need to assess the awareness regarding UVP among parous women, their husband, family members and the community to prevent this disorder, and relieve such suffered women.

Thus the present study was done with the objectives of assessing the awareness regarding UVP among parous women and to find out the association between selected Socio-demographic variables such as education, occupation, experience and awareness level of parous women.

### Methodology:

Descriptive design was used in ward No.11 of Bhaktapur Municipality. Study population consisted of parous women residing in Bhaktapur Municipality and who had given at least one child birth. A semi- structured interview schedule consisting of questions related demographic characteristics and awareness items related to UVP developed by reviewing literature. The content validity of the instrument was established seeking opinion of gynecologist consultant and related nursing teachers. The instrument was then translated into Nepali language and opinion of language expert was obtained for comprehensibility and simplicity of language and for consistency of the content. The instrument was pre- tested on 10 similar women from ward no. 2 and 3 of the same Municipality.

Systematic random sampling technique was used for the study. Data was collected by interviewing the eligible mothers through house to house visit. None of the parous mother who were identified by house to house survey, refused to participate in the study.

The collected data were reviewed daily for completeness and accuracy. Edited data were entered into the Statistical Package for Social Science Software (SPSS) version 16.0 for statistical analysis using descriptive statistics.

Table 2: Mother's awareness about Causes of UVP (n=97)

Causes related responses	Correct Responses	
	f	%
Carrying heavy loads during postpartum period	70	72.2
Multiparity	62	63.9
Having child at very young age (18years)	59	60.8
Having children in less interval (<5 yrs between two children)	56	57.7
Constipation, obesity, chronic cough can also cause UVP in women	54	55.7
Loss of tone of vagina	52	53.6
Prolong labour	51	52.8
Giving birth to big baby	38	39.2
Physically weak	6	6.1
Others(infection, sexual contact, carelessness)	2	2

Table 2 reveals that most of the mothers were aware that carrying heavy loads during postpartum period can cause UVP (72.2%) followed by having child at very young age 63.9%, prolong labour 52.8% and giving birth to big baby 39.2%.

Table 3: Mother's Awareness About Signs and Symptoms of UVP

n= 97

Sign and symptoms related Response	Correct Responses	
	f	%
Foul discharge per vagina	66	68
Feeling of something coming out per vagina	63	64.9
Backache and lower abdomen pain.	63	64.9
Difficult to void or urinary incontinence	62	63.9
Difficulty in walking.	61	62.9
Feeling of pelvic heaviness.	55	56.7
Constipation.	48	49.5
Less desire for intercourse.	39	40.2

Most of the mothers were aware that foul discharge per vagina is sign of UVP followed by feeling of something coming out and backache and lower abdomen pain 64.9% and constipation 49.5%. that is shown in Table 3.

Table 4: Mother's Awareness About Preventive Measures of UVP  
n= 97

Preventives measure related Response	Correct Responses	
	f	%
Avoiding heavy loads during, postpartum period.	82	84.5
Medical attention should be sought as soon as problem is notice.	81	83.5
Nutritional diet, regular exercise and hygiene should be maintained in antenatal period.	79	81.4
Delivery should be done by trained health personnel.	77	79.4
Problem such as constipation, chronic cough should be cure on time.	72	74.2
Food rich in fiber and intake plenty of water.	70	72.2
Keeping tight pessary in vagina.	55	56.7
Regular exercise of pelvic floor.	47	48.5
Others (traditional healers)	2	2.1

Table 4 shows result regarding preventive measures of UVP most mother were aware that avoiding heavy loads during, postpartum period can prevent UVP(84.5%), by maintaining nutritional diet, regular exercise in ANC period (81.4%) and conducting delivery by trained health personnel 79.4%.

Table 5: Mother's Awareness Related Management and Complication of UVP  
n= 97

Management and Complication related response	Correct Responses	
	f	%
Health seeking behaviors (Hospital).	97	100
Drugs alone cannot cure the UVP	61	62.9
Cystocele.	62	63.9
Hemorrhoids.	57	58.8
Secondary infection.	54	55.1
Rectocele	35	36.1
Cervical cancer	8	8.2

All parous mothers were asked about management and complication of UVP that is presented in table 5. All mothers were aware that must go in hospital after UVP (100%), more than fifty percent that drug alone cannot cure UVP(62.9%) and 63.9% mothers told cystocele is the complication of UVP.

**Table 6: Association between Socio demographic Variables and Awareness of UVP n = 118**

Socio-demographic factors	Awareness		P-value	Odd Ratio (CI, 95%)
	Aware	Unaware		
<b>Educational level</b>				
Illiterate	12( 29.2)	29(70.7)	0.114	0.52
literate	34 (44.1)	43(55.8)		
<b>Experience gained</b>				
Experienced	10(52.6)	9(47.3)	0.183	1.940
Inexperienced	36(36.3)	63(63.63)		
<b>Occupation</b>				
Agriculture	3 (16.6)	15(83.3)	0.035	0.26
Other occupation	43 (43)	57(57)		

Note- The number inside the bracket indicate percentage.

experience of respondents ( $p=0.183$ ) (OR=1.94) had not significant association with awareness of UVP, but regarding occupation of the mothers ( $p=0.035$ ) (OR=0.26), had significant association with awareness of UVP (Table 6).

## Discussion

In this study, the majority of the respondents were <40 years (69.6%), were literate (65.3%), all respondents were Newar, and Hindu religion. Major occupation of the mothers was house work (63.6%) and 15.3% were engaged in agriculture. Mean age of the respondent at the time of first delivery was 20years, whereas the mean parity of the respondents was second.

In regards to knowledge related to UVP this study showed that the causes of UVP by carrying heavy loads during postnatal periods (72.2%), by multiparity (63.9%), having child at very young age (60.8%), having children at less interval (<5yrs) (57.7%), other condition like constipation, obesity and chronic cough (55.7%), by loss of the tone of vagina (53.6%), by prolong labour (52.8 %) and by giving birth to large baby (39.2%). This finding is supported by the findings of study of center for agro-ecology and development, Nepal on UVP, done on western Nepal. It state that UVP is because of child bearing at an early age (43%), carrying heavy loads during pregnancy (43%),

working immediately after child birth (37%), lack of care during postnatal period (32%), pressure on lower abdomen during child birth (28%), multiple birth (9%)<sup>3</sup>.

In present study majority of the respondents (68%) replied that foul vaginal discharge is the sign and symptom of UVP. In the same way, 64.9% said feeling of something coming out per vagina and backache/abdominal pain, 63.9% replied difficult to void or urinary incontinence, 62.9% said difficult to walk, 56.7% replied feeling of pelvic heaviness. However more than half of the respondents was unaware of the sign and symptoms of UVP such as constipation and less desire for intercourse. These finding are supported by the findings of Bonetti, Erpelding and Pathak which reported of association of difficulty urinating, abdominal pain, backache, painful intercourse, burning micturition, foul vaginal discharge, difficulty in walking, sitting with the sign and symptoms of UVP<sup>7</sup>.

Majority of the respondents (84.5%) responded that UVP can be prevented by avoiding heavy loads during postpartum periods followed by 83.5% said medical attention should be sought as soon as problem is noticed, 81.4% replied that nutritional diet, regular exercise and hygiene should be maintained in the antenatal period and 79.4% replied delivery should be done by trained health personnel. In same way 74.2% said problem such as constipation, obesity and chronic cough should be cured in time followed by 72.2% of the respondents said food rich in fibre diet and intake of plenty of water can prevent UVP, 56.7% of respondent were aware about keeping tight pessary in vagina and more than 50% were not aware that regular exercise of pelvic organ can prevent UVP. This finding co-relates with the study conducted in western Nepal on UVP. It state that 39 % said having rest during postpartum period, not doing heavy work during pregnancy and postpartum period (36%), marrying at appropriate age (31%), having nutritious food, care during antenatal and postpartum period (22%) and delivery should be done by TBA (16% ) can prevent UVP<sup>3</sup>.

All respondent who had heard about UVP said that women should go hospital for treatment when she suffers from UVP. And 62.9% replied that drugs alone cannot cure the UVP.

Most of the respondents (63.9%) responded that cystocele is the complication of UVP, 58.8% said hemorrhoids, 55.1% said secondary infection and 36.1% said rectocele as complication of UVP. This finding is supported by the Smeltzer S.C et.al<sup>9</sup> which has stated that infection, hemorrhoids are the complication associated with the UVP.

The study reveals that 29.2% of illiterate and 44.1% of literate respondents were aware regarding UVP, which illustrate that literate are more aware than illiterate. Statistically not significant association as p- value is 0.114 which is greater than 0.05, but in the study done in Kathmandu showed that women who were illiterate, almost all had UVP<sup>3</sup>.

The study reveals that among the respondent who are engaged in agriculture 16.6% and among other occupation 43% were aware regarding UVP, which showed that women of agricultural occupation are unaware regarding UVP. Statistically there is significant association as p-value is 0.03 which is less than 0.05. This is correlated with the study of Ravindran,<sup>8</sup> which showed that almost all the women who had UVP were working in agriculture.

In this study 52.6% from experienced and 36.3 % from inexperienced were aware regarding UVP so, this study might be useful for new planning or intervention to increase the awareness on UVP especially among the inexperienced women in future.

### Conclusion

UVP is a significant problem among women in Nepal although it is preventable. So assessing the awareness of parous women regarding UVP, could be the effective measure to prevent UVP.

Based on the findings, it is concluded that the parous Newar mothers residing in Bhaktapur municipality out of 118 respondents only 39% were aware regarding the UVP, which signifies that majority of the respondent were unaware regarding the UVP.

UVP is the leading cause of morbidity among the women. Attention need to be paid more in the intensive planning of educational programme on deficient areas of awareness of parous for preventing UVP.

### Limitations of the Study

The result of the study does not represent the whole population because it is a small scale community based study limited to the parous women residing in Bhaktapur Municipality of Nepal during the short period of data collection. The sample size also was not estimated by calculating formula. Hence the results may not be generalized. This study was not designed randomly; hence this might possibly affect the results. Interview schedule was used to find out awareness of parous women about UVP that is very sensitive issues so under or over reporting can be occurred

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### Ethical Consideration:

Verbal and Written permission was obtained from institutional review committee of Kathmandu University Dhulikhel teaching Hospital before data collection. Verbal consent was taken from each respondents before interviewing them and were given due respect for acceptance or rejection of the interview. The confidentiality was ensured before the interview and obtained information was used only for the necessary research purpose.

Fund: Self.

Conflict of interest– Nil

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