

## A Descriptive Study Assessing Knowledge on Uterine Prolapse among Reproductive Age Group Women

Sweta Kumari<sup>1</sup>, Simpi Shilpa<sup>2</sup>, Seema Singh<sup>3</sup>

<sup>1</sup>Senior Resident, Department of Obstetrics and Gynaecology, Bhagwan Mahavir Institute of Medical Science, Pawapuri, Nalanda, Bihar, India

<sup>2</sup>Senior Resident, Department of Obstetrics and Gynaecology, Bhagwan Mahavir Institute of Medical Science, Pawapuri, Nalanda, Bihar, India

<sup>3</sup>Assistant professor and HOD, Department of Obstetrics and Gynaecology, Bhagwan Mahavir Institute of Medical Science, Pawapuri, Nalanda, Bihar, India

Received: 18-05-2023 Revised: 25-07-2023 / Accepted: 30-09-2023

Corresponding Author: Dr. Simpi Shilpa

Conflict of interest: Nil

### Abstract

**Aim:** The aim of the present study was to assess women's knowledge regarding uterine prolapse.

**Material & Methods:** A descriptive cross-sectional study design was adopted for the study to assess the knowledge on uterine prolapse among reproductive age group women. The study was conducted at department of obstetrics and Gynecology. The Study population was Reproductive age group (15-49 years) women attending Gynecological OPD in BMIMS.

**Results:** More than half of the respondents (55%) were age 15-30. Educational status among the most of respondents (53%) was higher secondary level and 60% of the participants were housewife. Majority of respondents (75%) belonged to nuclear family. Regarding income (50%) of the respondents had more than 30000. Most of the respondents (90%) were married. Majority of them (40%) had two children. 100% respondents had heard about uterine prolapse. Among them majority of respondents (65%) replied uterine prolapse as something falling out of vagina, (90%) replied uterine prolapse was not a communicable disease. Majority of respondents (80%) replied causes of uterine prolapse was carrying heavy loads, (65%) replied sign and symptoms of uterine prolapse was white vaginal discharge, (95%) replied uterine prolapse was preventable and out of (95%) majority of participants replied prevention of uterine prolapse was non lifting heavy loads during postnatal period. 100% respondents goes hospital for treatment of uterine prolapse and majority of respondents (52%) replied treatment of uterine prolapse was ring pessaries and surgery, (65%) replied complication of uterine prolapse was cancer.

**Conclusion:** There was significant association between educational status, family income, antenatal and postnatal visit. Uterine prolapsed related health awareness programs should be targeted in all women's of ethnic groups, age groups, and education status nationwide, including both urban and rural communities and Screening test program for uterine prolapsed can be organized by government.

**Keywords:** Knowledge Risk Factors Uterine Prolapse, Reproductive Age Group Women.

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.

### Introduction

Uterine prolapse is defined as the condition of the uterus collapsing, falling down, or downward displacement of the uterus with relation to the vagina. Anatomically, when in proper alignment, the uterus and the adjacent structures are suspended in the proper position by the uterosacral, round, broad, and cardinal ligaments. The musculature of the pelvic floor forms a sling-like structure that supports the uterus, vagina, urinary bladder, and rectum. Uterine prolapse is a result of pelvic floor relaxation or structural overstretching of the muscles of the pelvic wall and ligaments structures. [1] Uterine prolapse is a frequent disorder in routine gynecological practice. Prolonged periods of sitting

or lying down can strain the muscles and ligaments of the pelvic floor, causing them to weaken. The resulting weakness in these muscles can result in uterine prolapse, a condition in which the uterus descends into the vaginal canal. [2]

A global survey revealed that uterine prolapse has a prevalence rate of 2-20% among women between the ages of 41 and 50. [3] The prevalence based on symptoms is 3-6% and up to 50% when defined by vaginal checkups. However, in low and middle-income countries, it is estimated to be nearly 20%, and estimates vary widely (3.4-56.4%). [4]

According to one system of classification, three degrees of uterine descent is described 1<sup>st</sup> degree: When the uterus descent, but the cervix remains within the introitus. 2<sup>nd</sup> degree : Uterus descent to the extent that the cervix comes out of the vulva when the women strain or stands 3<sup>rd</sup> degree: It is also called as procidentia or general prolapse in which the entire uterus protrudes out of the vulva along with the whole of the vagina or at least with its whole anterior wall. [5] Uterine prolapse is a condition that develops when the pelvic floor muscles and ligaments supporting the uterus weaken and are unable to support it adequately. [6] It can cause the uterus to protrude from the vagina, or bulge outward, sometimes resulting in incontinence. The cause of uterine prolapse is likely to be multi factorial; attributable to a combination of risk factors, varying from patient to patient. Vaginal childbirth, young age at first childbirth, frequent childbirths, inadequate rest and nutrition in the intra natal and postnatal period, advancing age, and increasing body-mass index are the most consistent risk factors with vaginal childbirth being the one most frequently associated with prolapse. [7] Although women suffering from uterine prolapse experience many symptoms, but the most specific symptoms for the condition are the feeling of something bulging out of the vagina, sensation of heaviness in the pelvis, vaginal bleeding, increased vaginal discharge, dyspareunia low backache, urine incontinence, stress incontinence and constipation it is obvious that uterine prolapse not only results in physical pain, unbearable distress and extended infection but also has social implication which affects the women quality of life. Even though prolapse is not considered a life-threatening condition, but it affect the women physically, psychologically, sexually and lead to occupational and social limitations. [8] Awareness of women about knowledge, practices and attitudes for management of uterine prolapse and its effect on women's quality of life. It's very important and one of factors that can improve and maintain women's health condition.

So, this study was conducted to assess women's knowledge, practices and attitudes regarding uterine prolapse.

## Material & Methods

A descriptive cross-sectional study design was adopted for the study to assess the knowledge on uterine prolapse among reproductive age group women. The study was conducted at Bhagwan Mahavir Institute of Medical Science, Pawapuri, Nalanda, Bihar, India for 18 months. The Study population was Reproductive age group (15-49 years) women attending Gynecological OPD in BMIMS.

## Methodology

The sample size was 200. Before conducting the research, Formal permission was taken for the data collection from Bhagwan Mahavir Institute of Medical Science, Pawapuri, Nalanda, Bihar, India. The researcher explained the purpose of the study to the participants and written consent was taken before data collection. Validity of the tool was maintained by consulting with the subject expert, research guide or advisor before data collection. Reliability of the research instrument was done with 10% of the sample in Bhagwan Mahavir Institute of Medical Science, and modification of the instrument was applied as per the suggestion from pretest. Data was collected by using semi structured knowledge questionnaire through face to face interview schedule within allocated time and it took 10-15 minutes for each respondent.

The semi structured knowledge questionnaires were divided into two parts i.e., Socio demographic information of respondents and questions related to knowledge on uterine prolapse. Each question has 2 or 4 alternative responses. A score value of 1 is allocated to each correct response and 0 is allocated for wrong response. A total score ranges from 0- 18. The level of knowledge scores was categorized according to the value of mean score i.e., 50.5. We used  $\geq 50.5$  as adequate knowledge and  $<50.5$  as inadequate knowledge. Confidentiality was maintained.

## Statistical Analysis

The data were analyzed by using SPSS version 16 where descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (chi square test) was used.

## Results

**Table 1: Socio-demographic characteristics of respondents**

Variables	Frequency(n)	Percentage(%)
<b>Age</b>		
15-30	110	55
31-49	90	45
<b>Educational status</b>		
Illiterate	30	15
Primary	24	12
Secondary	40	20
Higher secondary	106	53
<b>Occupation</b>		
Housewife	120	60
Laborer	8	4
Business	40	20
Others	32	16
<b>Type of family</b>		
Nuclear	150	75
Joint	50	25
<b>Average family income</b>		
Below 10000	4	2
10001-20000	16	8
20001-30000	80	40
More than 30000	100	50
<b>Marital status</b>		
Married	180	90
Unmarried	20	10
<b>No of children (n=180)</b>		
None	36	20
One	60	33.34
Two	72	40
Three or more than three	12	6.66

More than half of the respondents (55%) were age 15-30. Educational status among the most of respondents (53%) was higher secondary level and 60% of the participants were housewife. Majority of respondents (75%) belonged to nuclear family. Regarding income (50%) of the respondents had more than 30000. Most of the respondents (90%) were married. Majority of them (40%) had two children.

**Table 2: Knowledge on uterine prolapse of respondents**

Variables	Frequency(n)	Percentage(%)
<b>Heard about uterine prolapsed</b>		
Yes	200	100
<b>Meaning uterine prolapse</b>		
Something falling out of vagina	130	65
Extra growth of tissue into the vagina	50	25
Swelling of vagina	6	3
Erosion of vagina	14	7
<b>Uterine prolapse a communicable disease</b>		
Yes	12	6
No	180	90
Do not know	8	4

100% respondents had heard about uterine prolapse. Among them majority of respondents (65%) replied uterine prolapse as something falling out of vagina, (90%) replied uterine prolapse was not a communicable disease.

**Table 3: Knowledge on uterine prolapse of respondents**

Variables	Frequency(n)	Percentage (%)
<b>Causes of uterine prolapse</b>		
Multiple pregnancies	144	72
Delivered by untrained personnel	44	22
Carrying heavy loads	160	80
Lack of nutritious diet in postnatal period	10	5
<b>Sign and symptoms of uterine prolapse</b>		
White vaginal discharge	130	65
Feeling of something coming out per vagina	88	44
Involuntary pass of urine during coughing, sneezing, laughing	32	16
Difficulty in walking	40	20
<b>Uterine prolapse preventable or not</b>		
Yes	190	95
No	10	5
<b>If yes then preventive measures of uterine prolapse</b>		
Non lifting heavy loads during postnatal period	160	80
Avoiding multiple pregnancy	140	70
Preventing perineal infections	30	15
<b>Women with uterine prolapse go for treatment</b>		
Hospital	200	100
<b>Choice for treatment of uterine prolapse</b>		
Medicine	90	45
Ayurvedic / herbal	4	2
Ring pessaries / surgery	104	52
No treatment	2	1
<b>Complication of uterine prolapsed</b>		
Infection	24	12
Piles	1	0.5
Cancer	130	65
Do not know	45	22.5

Majority of respondents (80%) replied causes of uterine prolapse was carrying heavy loads, (65%) replied sign and symptoms of uterine prolapse was white vaginal discharge, (95%) replied uterine prolapse was preventable and out of (95%) majority of participants replied prevention of uterine prolapse was non lifting heavy loads during postnatal period. 100% respondents goes hospital for treatment of uterine prolapse and majority of respondents (52%) replied treatment of uterine prolapse was ring pessaries and surgery, (65%) replied complication of uterine prolapse was cancer.

### Discussion

Uterine prolapsed is a condition in which the muscles and supporting ligaments holding the uterus in place gets too weak to keep the uterus in position.<sup>9</sup> Uterine prolapse is main contributor to reproductive health problems that influence women's quality of life. [10] The causes of uterine prolapse are inaccessibility to quality maternal health care (Skilled Birth Attendant and Emergency Obstetric Care), poverty, gender discrimination related to health (Reproductive health/maternal care), nutrition (life cycle), workload during postnatal period and domestic violence. In particular, no additional food during pregnancy and postnatal period, heavy work load during pregnancy and inadequate post natal care contribute to uterine

prolapse. Prolonged labor, birth of big babies, unsafe abortions, sexual intercourse immediately after delivery, hypertension and diabetes are supposed to be causal factors of uterine prolapse.<sup>9</sup> Other factors such as low levels of estrogen in post menopausal women, obesity, smoking and constipation also contribute to the development of uterine prolapsed. [11]

Uterine prolapse is one of the most common causes of reproductive morbidity which influence the women quality of life. Even though prolapse is not considered a life threatening condition, but it affect the women physically, psychologically, sexually and lead to occupational and social limitations, it also increase the risk of reproductive and urinary tract infection. [12] More than half of the respondents (55%) were age 15-30. Educational status among the most of respondents (53%) was higher secondary level and 60% of the participants were housewife. Majority of respondents (75%) belonged to nuclear family. Regarding income (50%) of the respondents had more than 30000. Most of the respondents (90%) were married. Majority of them (40%) had two children. 100% respondents had heard about uterine prolapse. Among them majority of respondents (65%) replied uterine prolapse as something falling out of vagina, (90%) replied uterine prolapse was not a communicable disease.

Also study conducted by Sita KA et al showed that 55.1% of the respondents were aware regarding the cause of utero-vaginal prolapsed 58.5% of respondents were aware regarding the sign and symptoms of utero-vaginal prolapsed. [13] In addition, a qualitative study in India also showed that most women do not know the symptoms and risks factors of uterus prolapse. [14] Majority of respondents (80%) replied causes of uterine prolapse was carrying heavy loads, (65%) replied sign and symptoms of uterine prolapse was white vaginal discharge, (95%) replied uterine prolapse was preventable and out of (95%) majority of participants replied prevention of uterine prolapse was non lifting heavy loads during postnatal period. 100% respondents goes hospital for treatment of uterine prolapse and majority of respondents (52%) replied treatment of uterine prolapse was ring pessaries and surgery, (65%) replied complication of uterine prolapse was cancer. There are several factors that may contribute to the weakening of the pelvic muscles and lead to uterine prolapse such as, mismanagement or improper care during childbirth, especially among multi para women more than three times, delivery of macrosomic fetus, obesity, chronic constipation and chronic coughing. All of these factors place added tension on the pelvic muscles, and may contribute to development of uterine prolapse. Although women suffering from uterine prolapse experience many symptoms, but the most specific symptoms for the condition are the feeling of something bulging out of the vagina, sensation of heaviness in the pelvis, vaginal bleeding, increased vaginal discharge, dyspareunia low backache, urine incontinence, stress incontinence and constipation it is obvious that uterine prolapse not only results in physical pain, unbearable distress and extended infection but also has social implication which affects the women quality of life. Pelvic organ prolapse is considered as one of the most common cause of reproductive health morbidity which influence the women quality of life.

### Conclusion

There was significant association between educational status, family income, antenatal and postnatal visit. Uterine prolapsed related health awareness programs should be targeted in all women's of ethnic groups, age groups, and education status nationwide, including both urban and rural communities and Screening test program for uterine prolapsed can be organized by government.

### References

1. Dutta D.C. Textbook of obstetrics and gynecology. 4th ed .Calcutta: New Central Book Agency (p) ltd; 2005,190-210.

2. Eid Abd El-Hamid N, Ahmed Hassan Omran A, Ibrahim AE, Amin Ali Gafar H. Assessment of Womens Knowledge, Practices and Attitudes regarding Uterine Prolapse. Journal of Nursing Science Benha University. 2023 Jan 1;4(1):191-203.
3. Kuncharapu I, Majeroni BA, Johnson DW. Pelvic organ prolapse [Internet]. American Family Physician. 2010 [cited 2023Mar16].
4. Badacho, A. S., Lelu, M. A., and Gelan, Z., (2020). Uterine prolapse and associated factors among reproductive age women in Dawro zone, southwest Ethiopia: a community based cross sectional study.
5. Wakamatsu M. (2020). What to do about pelvic organ prolapse, Updated: July 2, 2020 Published: May, 2014. [https://www.health.harvard.edu/women's\\_health/what-to-do-about-pelvic-organ-prolapse](https://www.health.harvard.edu/women's_health/what-to-do-about-pelvic-organ-prolapse).
6. Doshani A, Teo REC, Mayne CJ, Tincello DG. Uterine prolapse. BMJ [Internet]. 2007 [cited 2023 Mar 4];335(7624):819–23.
7. Bhagyamma, A., Swarna,S., M.Sc (N), M.Phi, And Ph.D.,( 2021). Knowledge on risk factors and preventive aspects of uterine prolapse among women in selected areas at tirupati".an international journal of creative research thoughts ,9( 2 ) , 533:544
8. Gomathi K, Mazumder S, Soniya M, Jenifer S. A study to assess the knowledge on uterine prolapse among reproductive age group women's in Kudamoakkam. Int J Midwifery Nurs Pract. 2020;3(2):11-3.
9. Thapa B, Rana G, Gurung S. Contributing factors of utero-vaginal prolapse among women attending in Bharatpur hospital. Journal of Chitwan Medical College. 2014;4 (3):38-42.
10. Shrestha B, Onta S, Choulagai B, Poudyal A, Pahari DP, Uprety A, et al. Women's experiences and health care-seeking practices in relation to uterine prolapse in a hill district of Nepal. BMC women's health. 2014;14(1): 20.
11. Akmel M, Segni H. Pelvic organ prolapse in Jimma University specialized hospital, Southwest Ethiopia. Ethiopian journal of health sciences. 2012;22(2).
12. Bhurtel R, Mandal R, Shah S. Knowledge on uterine prolapse among reproductive age group women in Nepal. International Journal of Health Science and Research. 2019;9(11):224 9-9571.
13. Sita KA, Neraula. Awareness regarding uterovaginal prolapse among newar parous women. Int J Nursing Research Practice. 2014; 1(1):15-9.
14. Ragini KS, Chauhan. Socio-cultural aspects of reproductive morbidities among rural women in districts of Maharashtra, India. Journal Family Welfare. 2009;55(2):27-33.