

**Awareness on Uterine Prolapse among Parous Women in Pokhara, Kaski**Shobha Parajuli,<sup>1</sup> Isabel Lawot<sup>2</sup><sup>1</sup>School of Health and Allied Sciences, Pokhara University, Kaski, Nepal.<sup>2</sup>Pokhara Nursing Campus, Tribhuvan University, Kaski, Nepal.**ABSTRACT**

**Introduction:** Uterine prolapse (UP) is a common reproductive morbidity in Nepal. The greater number of women of all ages is suffering from the problem but they exist in silence as it is greatly associated with social stigma, isolation, discrimination and violence. The condition might be due to lack of awareness on uterine prolapse. Therefore, the objective of this study was to assess the awareness regarding uterine prolapse among parous women in Pokhara, Kaski.

**Methods:** A cross-sectional analytical research was conducted on a sample of 226 parous women aged between 20 to 59 years residing in Pokhara with probability, cluster sampling technique. Data was collected from June 26 to July 23, 2017 by the use of structured interview schedule. Data was entered into Epi-Data and further analyzed by using SPSS. Both descriptive and inferential statistics were used for data analysis at 5% level of significance.

**Results:** The study found that the mean score of the participants was  $38.72 \pm 3.98$ . Among parous women, 58.40 percent had good level of awareness, 41.60 percent had fair level of awareness and none of them exhibited poor level of awareness on uterine prolapse. Only few (20.35%) of them had heard about kegel exercise. The result further showed that there is statistically significant association of level of awareness with ethnic group ( $p=.004$ , OR=2.30) and experience of uterine prolapse ( $p=.017$ , OR= 2.37).

**Conclusion:** It is concluded that just above fifty percent of the parous women had good level of awareness on uterine prolapse and most of them had not even heard about kegel exercise. Therefore, it is necessary to plan and implement the awareness raising programs continuously as it is the major area of concern among parous women.

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**Keywords :** *Awareness, Uterine prolapse, Parous women.*

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**INTRODUCTION**

Uterine prolapse (UP) is a most common and serious health problem among gynecological morbidities among women of all ages. It is one of the debilitating conditions of women in rural Nepal. It is a progressive and chronic public health concern that occurs when the muscles of the pelvis no longer support the uterus and it drops from its normal position in the pelvic cavity, descending into and eventually, in extreme stages, out of the vagina.<sup>1</sup> Traditional beliefs, cultural practices and gender discrimination cause high prevalence of UP among Nepalese women.<sup>2</sup>

The magnitude of the uterine prolapse seems very high in global context, especially in developing nations like Nepal. Various studies revealed inadequate knowledge and awareness on UP among women of reproductive age that might be the main reason of such problem. According to WHO, the global prevalence of uterine prolapse is 2 – 20% in women under age 45 years.<sup>2</sup> The prevalence in other countries like: 17, 8.5, and 27 percent in Australia/United States (U.S), France and Turkey respectively.<sup>3</sup>

In Nepal, various studies reported 10 to 40 percent of women are suffering from uterine prolapse. It is common all over the nation but the prevalence seemed highest (67.19%) in hilly regions and rural areas of Nepal.<sup>4</sup> Unlike the firm belief that UP is more common in hilly region, the prevalence seemed higher in the Terai districts, 44.5, 27.6, and 17.7 percent in Rautahat, Saptari and Dadeldhura respectively.<sup>5</sup>

In developed nations, UP is commonly occurs in the postmenopausal or old age group related to the causes other than childbirth, but in Nepal it is found in younger women.<sup>5</sup> It is largely a hidden problem of women as it is greatly associated with social stigma and isolation.<sup>6</sup> Patriarchal society, gender discrimination and cultural traditions of Nepal are the crucial factors for people to discontinue uterine prolapse risk behaviors. Though women are aware of risk factors, prevention, and treatment, powerlessness in decision making is causing difficulty to change

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the situation. The heavy workload of the women “triple burden” (household duties, farming and cattle work, and reproductive and parenting role) is a major factor for uterine prolapse among women.<sup>7</sup>

The social status of women in Nepal is very low and they do not receive the appropriate care. The women performing hard physical activities like heavy work/carrying heavy loads, especially during and immediately after child birth have greater risk for arising such problem. Similarly, the advanced age, low education and economic status, teenage pregnancy, multiparity, home delivery conducted by unskilled personnel, prolonged labour, inadequate birth spacing, lack of nutritious diet especially during pregnancy and postnatal period and chronic smoking and coughing are the major risk factors for uterine prolapse.<sup>8</sup>

Although the problem is preventable and not considered as a life threatening condition, it can affect in all dimensions of health, decreasing the total quality of life of women.<sup>9</sup> So, it is necessary to assess the level of awareness regarding UP among women and plan awareness raising programs accordingly, which can prevent the occurrence of such problem.

## METHODS

A cross sectional analytical study was conducted in Lekhnath of Kaski district which consists of total 7 wards ( 26, 27, 29, 30, 31, 32 and 33) of Pokhara Metropolitan City. The study was conducted among 226 parous women of age group 20 to 59 years except health workers. Probability, cluster sampling technique was adopted for the study. More than 50% i.e. 4 out of 7 wards (ward no. 26, 29, 31 and 32) were selected using Probability Proportionate Sampling (PPS) assuming each ward as a cluster and finally Random walk method used in KPC 30 was used to reach the household.<sup>10</sup> Structured interview schedule was used for the data collection. Validity of the instrument was maintained by incorporating expert's opinion and through extensive literature review. The reliability was maintained by pretesting of nepali version instrument among 10% of the sample size in similar setting i.e. ward no 33 which was excluded from the study and minor modifications on tool were made as well. Data were collected after getting approval from concerned authority. Confidentiality was maintained throughout the study. The data were primarily collected after obtaining informed consent.

Data was entered into Epi-Data and transferred in to SPSS-version 16 for further analysis. Both descriptive statistics (frequency, percentage, range, mean, standard deviation) and inferential statistics (Chi-square test and Odds Ratio) were used. Data were presented on table.

## RESULTS

Table 1: Socio- demographic Characteristics of the Respondents n=226

Variables	Frequency	Percentage
Age Group		
20-29 years	60	26.5
30-39 years	88	38.9
40-49 years	46	20.4
50-59 years	32	14.2
Mean age =36.78, Maximum=59, Minimum=20 Ethnicity		
Brahmin	132	58.40
Janajatis	35	15.50
Dalit	33	14.60
Chhetri	26	11.50
Educational Status		
Illiterate	42	18.59
Primary level	61	26.99
Secondary level	26	11.50
SLC + above	97	42.92
Occupation		
Home maker Business	76	33.63
	69	30.53
	41	18.14
Service Agriculture	40	17.70
Type of Family		
Nuclear	146	64.60
Joint	80	35.40

Table 1 shows that 38.9 percent of the respondents were age group 30-39 years and 58.40 percent were Brahmin. Majority (81.41%) of them were literate. Home maker was the major occupation (33.63%) and 64.60 percent were residing in nuclear family.

Table 2: Background Characteristics n= 226

Variables	Frequency	Percentage
Parity		
Multiparous	173	76.55
Primiparous	53	23.45
Place of Last Delivery		
Health Institution	126	55.80
Home	100	44.20
Source of Information on UP*		
Mass media	109	48.23
Friends/Relatives	77	34.10
FCHVs	30	13.30
Health workers	27	11.94
Experience of UP		
No	180	79.65

Yes	46	20.35	Feeling of pulling or heaviness in the pelvis	157	69.46
Type of Experience (n= 46)			Late Signs and Symptoms*		
Experience from care of family member/relatives	37	80.40	Uterus always protruding outside the vagina	226	100
Self experience	9	19.60	Difficult in physical activities like walking, standing, sitting, lifting, passing urine and stool etc.	226	100
*Multiple responses			Ulcer on the cervix due to friction with cloth or thigh.	226	100

Table 2 illustrates that 20.35 percent respondents had experience on UP (according to their verbal autopsy).

Table 3: Awareness on Meaning and Risk Factors of UP n= 226

Responses	Frequency	Percentage
Meaning		
Downward displacement of uterus	226	100
Risk Factors *		
Heavy weight lifting/ work especially in immediate postnatal period	226	100
Lack of nutritious diet in postnatal period	222	98.23
Multiparity	221	97.78
Early marriage and early child birth	213	94.24
Home delivery conducted by unskilled personnel	212	93.80
Short birth spacing	206	91.15
Normal or complicated vaginal delivery	195	86.28
Smoking/ Chronic cough/ /Chronic constipation.	169	74.77
Weakness in the pelvic muscles with advancing age.	145	64.15
Prolonged labour	135	59.73

\* Multiple responses

Table 4: Awareness on Signs and Symptoms of UP n=226

Responses	Frequency	Percentage
Early Signs and Symptoms*		
Feeling of something coming out per vagina during coughing/ heavy lifting.	226	100
Difficult in physical activities like walking, standing, sitting, lifting etc.	225	99.55
Backache/ lower abdomen pain.	223	98.67
Difficult to void or urinary incontinence	182	80.53
Increase vaginal discharge.	162	71.68
Painful sexual intercourse	159	70.35

\* Multiple responses

Table 5: Awareness on Treatment and Consequences of UP n=226

Responses	Frequency	Percentage
Perceived Treatment Seeking Behavior		
Go to hospital	224	99.1
Self inside replacement	2	0.9
Treatment Options*		
Operation	213	94.24
Ring pessary	174	76.99
Kegel exercise	28	12.38
Consequences*		
Difficulty in performing physical activities such as passing urine and stool, sitting, walking, lifting etc.	226	100
Ulcer on the cervix due to friction with cloth or thigh.	226	100
Cancer of the uterus.	226	100
Disharmonious relationship between wife and husband	223	98.67
Low self esteem.	220	97.34
Urinary tract infection.	150	66.37
Social isolation/stigma.	46	20.35

\* Multiple responses

Table 6: Awareness on Preventive Measures of UP n=226

Responses	Frequency	Percentage
Appropriate Age for First Child Birth		
< 20 years	2	0.9
20-25 years	186	82.3
26- 30 years	38	16.8
Appropriate Birth Interval between Two Children		
2-3 years	61	27.0
4-5 years	117	51.8
>5 years	48	21.2
Appropriate Place for Delivery		
Health institution	226	100
Rest After Child Birth		
At least 6 weeks	224	99.10
4 weeks	1	0.45

2 weeks	1	0.45
Other Preventive Measures *		
Avoid heavy lifting/work in immediate postnatal period	226	100
Delivery conducted by trained health personnel	226	100
Limit the number of children.	226	100
Provide adequate nutritious diet in postnatal period	225	99.55
Avoid early pushing in labour.	222	98.23
Prevention and treatment of chronic cough/ constipation	198	87.61
Stop smoking.	184	81.41

\* Multiple responses

Table 7: Awareness on Kegel Exercise n=46

Responses	Frequency	Percentage
Meaning		
Contract and release of pelvic floor muscle	29	63.0
Contract and release of uterine muscle	16	34.8
No any idea	1	2.2
Advantages*		
Strengthen the pelvic floor muscles	46	100
Prevent from pelvic organ prolapse (POP)	43	93.47
Improve initial stage of POP	42	91.30
Improve urinary incontinence	36	78.26
Prevent from worsening the condition of POP	35	76.08

Appropriate Time for Starting Kegel Exercise

From reproductive age	24	52.1
After delivery	21	45.7
From old age	1	2.2

\* Multiple responses

Table 7 illustrates that only 20.35 percent had heard about kegel exercise and 45.7 percent of women still viewed it should be start only after delivery.

Table 8: Level of Awareness on UP

Level of Awareness	Frequency	Percentage (%)
Good level (Scored $\geq 75\%$ )	132	58.40
Fair level (Scored 50 % - < 75%)	94	41.60
Poor level (Scored <50%)	0	0
Total	226	100.00

Mean score  $\pm$  SD= 38.72  $\pm$  3.98, Range = 28-50

Note: Cut off score was set as per previous study.<sup>11</sup>

Table 8 displays that 58.40 percent of the participants had good level of awareness and 41.60 percent had fair level of awareness on uterine prolapse. None of them had exhibited poor level of awareness. The score of the respondents was ranged from 28-50, with mean score of 38.72  $\pm$  3.98.

Table 9: Association of Level of Awareness on UP with Selected Variables n=226

Variables	Level of Awareness		$\chi^2$	p - value	OR (95% CI)
	Good Number (%)	Fair Number (%)			
Age Group					
20-39 years	86 (58.10)	62 (41.90)	.016	.900	.96 (.55-1.68)
40-59 years	46 (59.00)	32 (41.00)			
Ethnic Group					
Advantaged	102 (64.60)	56 (35.40)	8.175	.004*	2.30 (1.29-4.11)
Disadvantaged	30 (44.10)	38 (55.90)			
Education Status					
Literate	110 (59.80)	74 (40.20)	.771	.380	1.35 (.68-2.65)
Illiterate	22 (52.40)	20 (47.60)			
Occupation					
Employed	69 (62.70)	41 (37.30)	1.647	.199	1.416 (.83-2.41)
Unemployed	63 (54.30)	53 (45.70)			
Type of Family					
Nuclear	83 (56.80)	63 (43.20)	.412	.521	.83 (.47-1.45)
Joint	41 (51.25)	39 (48.75)			
Parity					

Multiparous	103 (59.50)	70 (40.50)	.388	.533	1.21 (.65-2.26)
Primiparous	29 (54.70)	24 (45.30)			
Place of last Delivery					
Health Institution	77 (61.10)	49 (38.90)	.857	.355	1.28 (.75-2.19)
Home	55 (55.00)	45 (45.00)			
Experience of UP					
Yes	34 (73.90)	12 (26.10)	5.716	.017*	2.37 (1.15-4.87)
No	98 (54.40)	82 (45.60)			

\*p- value significant <0.05

Table 9 presents that there was statistically significant association of level of awareness on UP with ethnic group ( $p=.004$ ,  $OR=2.30$ ) and experience of UP ( $p = .017$ ,  $OR= 2.37$ ). Advantaged group women are 2.3 times more likely to have good level of awareness as compared to disadvantaged group. Similarly, the women having experience of UP are 2.37 times more likely to have good level of awareness than those who do not have experience of UP. The significant association was not found with other variables of the respondents ( $p - value = >0.05$ ).

## DISCUSSION

The present study illustrated that all of the respondents were aware about the meaning and most of them were aware on risk factors, signs and symptoms, treatment, consequences and prevention of uterine prolapse except kegel exercise. Almost similar findings was reported by the study conducted in Bhaktapur and Teaching Hospital, Kathmandu.<sup>12,13</sup> In this study only few (20.35%) of the respondents had heard about kegel exercise which has a vital role in prevention and treatment of UP. Such result might be due to lack of information about kegel exercise in health institution. Similar finding was reported in previous studies conducted in Nepal where only 24% and 3% were aware about kegel exercise.<sup>11,13</sup>

The present study depicted that more than half (58.40%) of the respondents had good level of awareness on UP which is nearly in line with the findings of the study conducted in USA among community- dwelling women that reported 51.9% adequate knowledge on UP.<sup>14</sup> But in contrast, various studies reported extremely poor knowledge; only 39%, 37.5%, and 5% in different areas of Nepal and 3.3% in India had adequate knowledge on UP.<sup>11,13,15,16</sup>

In this study, mass media was the common (48.23%) source of information and only least (11.94%) of the women received information from health workers which is consistent with the various studies.<sup>8,11,15</sup>

This study revealed significant association between the awareness level and ethnic group ( $p=.004$ ) which is parallel to the

large scale study conducted in 25 districts of Nepal.<sup>15</sup> Similarly, this study found significant association between the awareness level and experience of UP ( $p=.017$ ) but the association was not observed in the study conducted in Bhaktapur among Newar parous women.<sup>12</sup>

## CONCLUSION

The study concluded that just above fifty percent of the parous women had good level of awareness on uterine prolapse and only few of them had heard about kegel exercise which has important role in prevention as well as treatment of UP. Therefore, it is necessary to plan and implement the awareness raising programs continuously as it is the major area of concern among parous women.

## REFERENCES

1. Dutta D.C. Text Book of Gynecology. India: 2016.
2. Center for Agro-Ecology and Development. The Women's Reproductive Rights Program in Nepal, Progress Report. 2006.
3. Acharya S, Acharya S. Contributing Factors of Utero-vaginal Prolapse among Nepali Parous Women. International Journal of Nursing Research and Practice. 2016; 3(2).
4. Ministry of Health and Population. Annual Report 2013/2014.
5. Subedi M. Uterine Prolapse, Mobile Camp Approach in Nepal. Dhaulagiri Journal of Sociology and Anthropology. 2010; 4.
6. Bahrapour T. The Hidden Medical Problem. The Washington Post. January 6, 2016.
7. Radl CM, Rajwar R, Aro AR. Uterine Prolapse Prevention in Eastern Nepal: The Perspectives of Women and Health Care Professionals. International Journal of Women's Health. 2012; 4.
8. Tamrakar A. Prevalence of Uterine Prolapse and Its Associated Factors in Kaski District of Nepal. Journal of Health and Allied Science. 2012; 1.

9. Shrestha B, Onta S, Choulagai B, Paudel R, Petzold M, Krettek A. Uterine Prolapse and Its Impact on Quality of Life in Jhaukhel–Duwakot Health Demographic Surveillance Site, Global Health Action. 2015.
10. UNICEF. Choosing the Sample, Multiple –Indicator Survey Handbook. 2005; 4.1-4.29. Retrived from: <http://mics.unicef.org>.
11. Elsayed FM, Ahmed MH, Gaheen MA. Knowledge and Practices of Women Regarding Risk Factors of Uterine Prolapse. *Journal of Nursing and Health Science*. 2016; 5(6).
12. Karki S, Neraula A. Awareness Regarding Utero-vaginal Prolapse among Newar Parous Women. *International Journal of Nursing Research and Practice*. 2014; 1(1).
13. Pandey N. Awareness of Married Women Regarding Prevention of Utero-vaginal Prolapse in Teaching Hospital, Kathmandu. *Nursing Journal of Nepal*. 2015; 2(2).
14. Mandimika CL, Murk W, Muhlhauser MA, Lake A, Wedderburn T, Collier CH, et al. Knowledge of Pelvic Floor Disorders in a Population of Community-dwelling Women. *American Journal of Obstetrics and Gynecology*. 2014; 210(2).
15. Shrestha B, Devkota B, Khadka DB, Choulagai B, Pahari DP, Onta S, et al. Knowledge on Uterine Prolapse among Married Women of Reproductive Age in Nepal. *International Journal of Women's Health*. 2014; 6.
16. Divya, Hemavathy, Sathiyalatha S. Knowledge Regarding Utero -vaginal Prolapse among Women in Sree Balaji Medical College and Hospital, Chennai. *Journal of Nursing and Health Science*. 2015; 4(1).
17. Acharya S, Acharya S. Contributing Factors of Utero-vaginal Prolapse among Nepali Parous Women. *International Journal of Nursing Research and Practice*. 2016;3(2).