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Knowledge on Uterine Prolapse among the Married Women in Banepa Municipality, Kavrepalanchowk

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ABSTRACT

Background

Uterine prolapse is a prevalent issue among women, particularly in low- and middle-income countries like Nepal, significantly impacting their quality of life. Despite its impact, there is a lack of comprehensive knowledge and awareness about this condition among the affected population, leading to delayed interventions and suboptimal healthcare-seeking behaviors. This study aimed to assess the knowledge about uterine prolapse among married women of reproductive age group in Banepa, Kavrepalanchowk.

Methods

A cross-sectional study was conducted in Banepa Municipality, Nepal, from July to September 2019 after obtaining ethical approval from the Chitwan Medical College Institutional Review Committee. Face-to-face interviews with a total of 251 married women of the reproductive age group were done using a semi-structured questionnaire. Descriptive statistics, Chi-square tests, and multivariate logistic regression models were performed.

Results

The study revealed that among all the respondents 86.3% had heard about uterine prolapse, with 42.5% demonstrating satisfactory knowledge. Religious affiliation, education, average monthly income of the family and prime source of knowledge on uterine prolapse were found to be significantly associated in bivariate logistic regression while taking them to the multivariate analysis education status (AOR=6.342, p=0.010) and religious affiliation (AOR=6.138, p=0.003) were found significantly influencing the knowledge level.

Conclusions

The study revealed significant knowledge gaps on uterine prolapse among married women in Banepa Municipality, Nepal, highlighting the imperative for targeted educational interventions. Socioeconomic factors and healthcare access influence awareness, emphasizing the need for culturally sensitive initiatives.

Keywords: knowledge; married women; Nepal; uterine prolapse.

INTRODUCTION

Uterine prolapse (UP), common in reproductive-aged women, occurs when the uterus descends into the vaginal canal due to weak pelvic muscles, often from vaginal childbirth. A critical issue in places like Nepal with limited awareness and healthcare access, it brings discomfort, urinary/bowel issues, affecting women's health, especially after multiple pregnancies or strenuous labor.[1–6] In Nepal, UP affects approximately 10% of women, reported as the leading cause of poor health for reproductive and postmenopausal women.[7,8] The prevalence varies, 20–37% in the Terai, 25% in the far west hills, to 27.4% in the central and eastern hills.[9] The MoHP prioritizes prevention and treatment, offering incentives and free healthcare services.[10] In hilly areas, UP is widespread, especially among women engaged in strenuous jobs, making them more vulnerable.[11] Knowledge about UP is crucial for prevention, neglect can lead to severe consequences,

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including mortality and reduced quality of life.[6] In this context, this study aims to assess the knowledge about uterine prolapse among married women of reproductive age group.

METHODS

A cross-sectional study was conducted in Banepa Municipality from July to September 2019, employing a community survey to assess knowledge regarding uterine prolapse. The unique socio-economic and cultural context of Banepa Municipality makes it an appropriate location for understanding uterine prolapse challenges. The study targeted married women aged 15-49 years, using a non-probability convenient sampling approach. To determine the sample size, parameters were set at p=0.375, q=0.625 based on the study by Shrestha et al.[12] with a 95% confidence interval and allowable error of 6%. Using the formula for an infinite population ($n=z^2pq/d^2$), a sample size of 251 was computed. Data collection involved face-to-face interviews with a semi-structured questionnaire. SPSS version 20 facilitated data processing and analysis. The study questionnaire was developed based on an extensive review of existing literature and was designed in four sections.[6,12–19] Section A focused on socio-demographic details, Section B on reproductive history, Section C on uterine prolapse and medical care access and Section D on the participants' knowledge concerning uterine prolapse. To assess the participants' knowledge level on uterine prolapse, a set of seventeen statements in section D of the questionnaire with binary options (yes and no) was employed. Each correct response was assigned a score of 1, while an incorrect response received a score of 0. The total possible score ranged from 0 to 17, with the mean of the possible maximum and minimum score set as the cutoff point at 8.5. A score above 8.5 indicated a satisfactory level of knowledge, whereas a score below that threshold was considered unsatisfactory. The study adhered to ethical protocols, obtaining clearances from the Institutional Review Committee Chitwan Medical College (Ref: CMC-IRC/075/076-134), and securing verbal informed consent from participants while ensuring confidentiality.

RESULTS

The study included 251 respondents, primarily within the prime working age (25-59) with a mean age of 36.6 ± 7.9 years. Predominantly Newar (68.53%) and Hindu (91.03%), respondents had diverse education levels and occupations, with homemakers being the largest group (46.61%). Nuclear families were more common (57.37%), and monthly income varied, with 48.61% having a low income. Marriage age ranged from child (36.65%) to adult marriages (63.35%), with a mean age of 19.75 ± 2.96 (Table 1).

Table 1. Sociodemographic characteristics of the study participants. (n=251)

Variables	Frequency (%)
Age of the respondent	
Early working age (15 - 24)	12 (4.78)
Prime working age (25 - 59)	239 (95.22)
(Mean ± SD=36.6 ± 7.9, Min=15, Max=49)	
Ethnicity of the respon dent	
Brahmin/Chhetri	49 (19.52)
Newar	172 (68.53)
Janajati	26 (10.26)
Other	4 (1.59)
Religion of the respondent	
Hindu	231 (91.03)
Buddhist	14 (5.58)
Others	6 (2.39)
Education status of the respondent	
Illiterate	29 (11.55)
Informal education	64 (25.50)
Primary level education	60 (23.90)
Secondary level education	78 (31.08)
Bachelor and above	20 (7.97)
Occupation of the respondent	
Homemaker	117 (46.61)
Agriculture	38 (15.14)
Business	68 (27.09)
Service	18 (7.17)
Wage labor	9 (3.59)
Others	1 (0.40)
Family type	
Nuclear family	144 (57.37)
Joint family	107 (42.63)
Average monthly income of the family	
Low income (≤ 15000)	122 (48.61)
Moderate to high income (>15000)	129 (51.39)
Age at marriage	
Child marriage (≤18)	92 (36.65)
Adult marriage (>18)	159 (63.35)
(Mean ± SD=19.75 ± 2.96, Min=12, Max=29)	

The reproductive characteristics of the total respondents are presented in th following table which reveals that menarche age among participants showed that 61.36% experienced early adolescence (14 and below), with a mean age of 14.10 ± 1.58 years (range: 10 to 20 years). The majority of respondents (92.83%) had been pregnant at some point, while 7.17% had not. For those who had been pregnant (n=233), 26.18% had their first childbirth during adolescence (19 and below), and 73.82% during adulthood (20 and above). The place of delivery for the last child (n=233) was primarily a health facility (70.39%), with 29.61% opting for a home birth. Regarding the type of delivery for the last child, 87.55% were normal deliveries, 1.20% instrumental, and 11.16% via cesarean section. In terms of the number of children among respondents (n=233), 25.75% had one child, while 74.25% had two or more. Among those with two or more children (n=173), 42.24% had an age gap of two years or less between their children, while 53.76% had a gap of more than two years (Table 2).

Table 2. Reproductive characteristics of the respondent. (n=251)

Variables	Frequency (%)
Menarche age	
Early adolescence (≤14)	154 (61.36)
Above early adolescence (≥15)	97 (38.66)
(Mean ± SD=14.10 ± 1.58, Min=10, Max=20)	
Ever been pregnant	
Yes	233 (92.83)
No	18 (7.17)
Age of the respondent at first childbirth (n=233)	
Adolescent childbirth (≤19)	61 (26.18)
Adult childbirth (≥20)	172 (73.82)
Place of delivery of last child (n=233)	
Health facility	164 (70.39)
Home	69 (29.61)
Type of delivery of last child (n=233)	
Normal delivery	204 (87.55)
Instrumental	3 (1.20)
Cesarean section	26 (11.16)
Number of children of the respondent (n=233)	
One	60 (25.75)
Two or more	173 (74.25)
Age gap between two children (n=173)	
≤ 2 years	80 (42.24)
>2 years	93 (53.76)

The study participants demonstrated varying awareness and experiences related to uterine prolapse. Of the respondents, 85.26% had heard about uterine prolapse, while 14.74% had not. Among those who had heard about it (n=214), a small percentage (2.34%) reported suffering from uterine prolapse, and all of them (100.00%) had sought treatment. The types of treatment included hysterectomy (60.00%) and the use of a pessary ring (40.00%). Within the same sample (n=214), a few respondents (3.74%) reported that someone in their family had experienced uterine prolapse. Regarding the first entry point for medical care, 20.72% sought help at government health facilities, 66.93% at private health facilities, and 12.35% from traditional healers. The prime sources of knowledge on uterine prolapse varied, with health professionals being a significant source (37.38%), followed closely by mass media (35.51%). Female community health volunteers played a role for 10.75% of respondents, while 16.36% relied on information from friends and relatives (Table 3).

Table 3. Uterine prolapse and medical care access related variables. (n=251)

Variables	Frequency (%)
Heard about uterine prolapse	
Yes	214 (85.26)
No	37 (14.74)
Suffered from uterine prolapse (n=214)	
Yes	5 (2.34)
No	246 (97.66)
Treated uterine prolapse (n=5)	
Yes	5 (100.00)
No	0 (0.00)
Type of treatment done (n=5)	
Hysterectomy	3 (60.00)
Pessary ring	2 (40.00)
Suffered from uterine prolapse in the family (n=214)	
Yes	8 (3.74)
No	243 (96.26)
First entry point for medical care treatment	
Government health facility	52 (20.72)
Private health facility	168 (66.93)
Traditional healers	31 (12.35)
The prime source of knowledge on uterine prolapse (n=214)	
Health professionals	80 (37.38)
Mass media	76 (35.51)
Female community health volunteers	23 (10.75)
Friends and relative	35 (16.36)

Table 4 demonstrates the outcome variables of the study "level of knowledge on uterine prolapse". Among the respondents who had heard about uterine prolapse (n=214), 42.5% had a satisfactory level of knowledge, while 57.5% demonstrated a less satisfactory level.

Table 4. Participants' level of knowledge on uterine prolapse. (n=214)

Variables	Frequency (%)
Satisfactory	91 (42.52)
Less satisfactory	123 (57.48)

Table 6 outlines the factors significantly associated with the level of knowledge on uterine prolapse, as determined by bivariate and multivariate analyses. In the bivariate analysis, variables of religious group, education status, average family income, and the source of knowledge on uterine prolapse were found to be significantly associated. Following adjustments in the multivariate analysis, being from the Hindu religious group, having an illiterate educational status, and obtaining knowledge from health professionals were positively associated with a higher level of

Table 5. Frequency and percentage of correct responses to uterine prolapse knowledge statements. (n=214)

Statement	Frequency (%)
Frequent childbearing can increase the chance of uterine prolapse.	132 (61.68)
Carrying heavy loads can increase the chance of uterine prolapse.	194 (90.65)
Women giving birth at an early and too late age have the chance of getting the problem of uterine prolapse.	105 (49.07)
Delivery conducted by a trained person can decrease the chance of uterine prolapse.	85 (39.72)
Nutritional deficiency during pregnancy and the postnatal period can increase the chance of uterine prolapse.	74 (34.58)
Frequent and risky abortions can increase the chance of uterine prolapse.	54 (25.23)
Vaginal examination by doctors is necessary for the diagnosis of uterine prolapse.	155 (72.43)
Doctors cannot identify the problem of uterine prolapse by blood testing.	200 (93.46)
Difficulty in walking is a symptom of uterine prolapse.	94 (43.93)
Experiencing lower abdominal pain means that you are suffering from uterine prolapse.	123 (57.48)
One of the symptoms of uterine prolapse is feeling if something coming down.	113 (52.80)
Feeling of pain during sexual activity mean that you are suffering from uterine prolapse.	30 (14.02)
Difficulty in controlling urine and taking preventive measures for UP is a symptom of uterine prolapse.	33 (15.42)
Vaginal bleeding or increased vaginal discharge is a symptom of uterine prolapse.	41 (19.16)
The treatment of the symptoms of uterine prolapse can be done by using a ring pessary.	107 (50.00)
Regular exercise can control/stop the uterine prolapse from becoming worse.	41 (19.16)
The best treatment for uterine prolapse is surgery or vaginal hysterectomy.	100 (46.73)

Table 6. Factors associated with "level of knowledge regarding uterine prolapse" in bivariate and multivariate analysis.

Variables	Bivariate analysis			Multivariate analysis		
	p-value	COR	95% CI	p-value	AOR	95 %CI
Religious group						
Non-Hindu	0.015	3.585	1.216 – 10.572	0.003	6.138	1.839 – 20.480
Hindu						
Education status						
Literate	0.009	4.704	1.335 – 16.577	0.01	6.342	1.570 – 25.618
Illiterate						
Average monthly income of the family						
Moderate to high income (>15000)	0.044	1.76	1.013 – 3.059	0.297	1.378	0.754 – 2.518
Low income (≤15000)						
Prime source of knowledge on uterine prolapse						
Others	0.001	0.374	0.211 – 0.661	0	0.33	0.179 – 0.608
Health professionals						

understanding regarding uterine prolapse. However, no significant association was observed between the average monthly income of the family and the level of knowledge in multivariate analysis.

DISCUSSION

This was a descriptive cross-sectional community-based study representing the glance of the hilly districts of the region. The study aimed to assess the knowledge regarding uterine prolapse and factors associated with it among the married women of the reproductive age group in Banepa municipality. The findings from this study reflect the sociodemographic characteristics, reproductive health profile, and knowledge levels regarding uterine prolapse among women in the study site. The high prevalence of uterine prolapse in Nepal has been previously documented by various studies suggesting the urgency for increased awareness and preventive measures. Additionally, the prevalence of child marriage in the study population (36.7%) emphasizes the need for improved reproductive health education and initiatives to discourage early marriages, thereby reducing the risk of uterine prolapse.[4,9] Our study found that 86.3% (n=214) of participants had heard about uterine prolapse, aligning with similar studies by Singh DR et al (84.32%),[17] Shrestha B et al in Jhaukhel and Duwakot (93%),[6] and Bhurtel R et al (100%)[18]. In contrast, Shrestha B et al, in different districts of Nepal, reported that over 50% had not heard about uterine prolapse, possibly attributed to variations in the study site, large sample size (4693), and time of the study.[12] Out of the 214 participants aware of uterine prolapse, only 42.5% had satisfactory knowledge, resembling findings from Singh DR et al (46.5%),[17] Shrestha B et al in Jhaukhel and Duwakot (55%),[6] and Bhurtel R et al (46%).[18] However, Shrestha B et al's study in different districts indicated a lower satisfactory knowledge level (37.5%).[12] The educational status and average monthly income of participants' families in our study were significantly associated with knowledge levels (p=0.009 and 0.044, respectively), contrary to Bhurtel R et al's findings (p=0.001 and 0.024, respectively, Fisher's exact test).[18] Regarding the participants' knowledge on uterine prolapse, the findings from this study suggest substantial gaps in understanding certain aspects of the condition, such as the symptoms, preventive measures, and appropriate treatment options. These findings are consistent with previous research highlighting the need for comprehensive education programs focusing on the risk factors, symptoms, and management of uterine prolapse, particularly in rural communities.[5,12,15] The study's results revealed that factors such as occupation, family income, and the initial point of medical care significantly influenced the awareness of uterine prolapse among the participants. This echoes findings from previous studies that underscore the influence of sociodemographic factors on awareness and understanding of reproductive health issues, highlighting the importance of tailored awareness campaigns targeting specific occupational and socioeconomic groups.[6,14,17] The association between knowledge levels and factors such as religious groups, education status, and the source of information further emphasizes the need for culturally sensitive and easily accessible educational initiatives for different communities. This aligns with the findings of previous studies that have highlighted the role of educational interventions and health professionals in enhancing awareness and knowledge levels among women.[16,19,20] The study by Marwa Rashad and the team [20] identified that several factors like educational level (Chi-square 23.792, $p < 0.001$), family income (Chi-square 22.458, $p < 0.001$) are significantly associated with the level of knowledge on pelvic organ prolapse which is consistent with the findings of our study which also revealed that the respondent's level of knowledge on uterine prolapse is significantly associated with the educational level of the respondent, average monthly income of the respondent's family including other variables. The present study, while shedding light on the current knowledge gaps and sociodemographic factors influencing awareness, underlines the necessity for comprehensive public health strategies focusing on improving awareness, preventive measures, and access to appropriate healthcare services for uterine prolapse in Nepal. Future interventions should prioritize

community-based educational programs, targeted specifically towards at-risk groups, and collaborate with healthcare professionals and local stakeholders to ensure effective dissemination of information and services.[21] These efforts could lead to increased awareness, timely interventions, and improved health outcomes for women affected by uterine prolapse in Nepal. The study followed meticulous data collection methods, ethical considerations, and a comprehensive approach that facilitated a thorough understanding of the factors related to uterine prolapse. However, the study's limitations include potential generalizability issues due to its specific geographic focus, nonprobability sampling technique, possible recall, and social desirability biases in the data, the cross-sectional design's limitations in establishing causality, and the possibility of sampling constraints impacting the representation of the broader population.

CONCLUSIONS

This study highlights the prevalence of knowledge on uterine prolapse among married women of reproductive age in Banepa Municipality, Nepal. The findings underscore the significant gaps in knowledge and awareness of uterine prolapse, highlighting the need for targeted educational interventions and community-based awareness programs. Factors such as occupation, family income, and initial medical care access were found to influence the participants' awareness of uterine prolapse. Additionally, sociodemographic factors, including religious group, education status, and the source of information, significantly impacted the level of knowledge regarding uterine prolapse. These findings emphasize the necessity for culturally sensitive educational initiatives and collaborative efforts between healthcare professionals and local stakeholders to improve awareness, preventive measures, and access to appropriate healthcare services. Enhanced public health strategies addressing these gaps can contribute to improved health outcomes and quality of life for women affected by uterine prolapse in Nepal.

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