

Prevalence and Factors Affecting Women with Uterine Prolapse in Lekhnath, Kaski, Nepal

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ABSTRACT

Background: Uterine prolapse is the main public health problem of reproductive age women in Nepal. Uterine prolapse (UP), which affects about 10% of women of reproductive age in Nepal, is the most frequently reported cause of poor health in women of reproductive age and postmenopausal women. Currently, women's awareness of UP is unknown, and attempts to unravel the UP problem are inadequate.

Objectives: The objectives of this study was to determine prevalence of uterine prolapse, to explore factors affecting women with uterine prolapse and to find association between selected variables and prevalence of uterine prolapse.

Methods: A community based cross sectional study was conducted from 7th July, 2016 to 7th of August, 2016 among married women with at least one child in the Ritthevani, Ward No 2, Lekhnath. Participants were selected by purposive sampling techniques, and data were collected through structured interview schedule. Frequency, percentage, mean, SD and chi-square test was performed to identify factors associated with prevalence of uterine prolapse.

Results: The major findings were majority 35 (35%) of women were in the age group of 20 to 30 years, followed by 89 (89%) Hindu religion, 48 (48%) belonged to janajati and religious minority which included Newar, Magar, Gurung, Tamang and Muslims. Most of the women 35 (35%) were illiterate, 44 (44%) earn their living by working in agriculture, 57 (57%) respondents had ≥Rs1500 per month income in the family, 58 (58%) belonged to nuclear families, 76 (76%) of the respondents had knowledge about uterine prolapse and they got information mostly from 24 (24%) friends. The prevalence rate of women with uterine prolapse was found to be 13% whereas mean and standard deviation were 0.87 ±0.33. The findings of association between the prevalence of uterine prolapse with age at first child birth, abortion, sexual intercourse immediate after delivery and constipation were found to be significantly associated. Almost all respondents

Keywords

Prevalence, Uterine prolapse, Women.

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replied that uterine prolapse can be prevented by avoiding strenuous activities during antenatal and postnatal period followed by avoiding giving birth to too many babies, taking nutritious diet, deliver the baby in health institution by health personnel, avoiding long term coughing and chronic constipation.

Conclusion: Uterine prolapse was observed among women of Ritthevani ward no 2; among them most of them were age group between 20 - 30 year early married illiterate. The perceived service was taken by less number of eligible women. Women awareness towards the problem, limiting frequent pregnancies and provision of educational opportunities are recommended for the prevention of uterine prolapse.

INTRODUCTION

"The deepest experience of the creator is feminine for it is experience of receiving and bearing"

-Rainer Maria Rilke

Uterine prolapse is a condition in which the muscles and supporting ligaments holding the uterus in place gets too weak to keep the uterus in position. Risk factors with uterine prolapse are seen among women with improper delivery techniques, heavy work during and soon after pregnancy and heavy lifting. According to the United Nations Population Fund (UNFPA), the high number of affected women in Nepal is due to the lack of skilled birth-attendants, women carrying heavy loads during pregnancy, lack of contraceptives and giving birth to many children¹.

Uterus (or uterine) prolapse (UP) is a widespread chronic problem among women in Nepal, particularly in hilly areas. It is defined as falling of the womb, when the muscles of the pelvis are strained to a point where they can no longer support the positioning of the uterus. The uterus drops from its normal position in the pelvic cavity, descending into and eventually, in extreme stages, out of the vagina. It is a progressive condition that typically occurs in post menopausal women in most countries. However, it can also occur in younger age group and frequently does in Nepal. Some evidences suggest that there are extensive problems of uterus prolapse among women but these remain unexposed due to shyness and negligence to the health of women².

Many women with prolapse experience symptoms that impact daily activities, sexual function, and exercise. The presence of POP can have a detrimental impact on body image and sexuality.

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 UP is still a neglected and often overlooked problem. The Government has adopted several policies and taken measures to make RH services available to all Nepalese citizens through the primary health care system.

According to 'WHO' estimation, the reproductive ill health accounts for 33% of the total disease burden among the women globally³. The global prevalence of uterine prolapse is 2 - 20%. Internationally according to Oxford Family Planning Association UK, the hospital admission for uterine prolapse is 20.4%, surgery for prolapse is 16.2%⁴. The incidence of uterine prolapse in USA is 11.4%, Egypt 56%, Italy 5.5%, Iran 53.6%, California 1.9%, and Pakistan 19.1%. It is estimated that more than 60,000 women in Nepal are suffering from uterine prolapse out of which 18,600 are in need of surgical repair³.

OBJECTIVES

- To determine the prevalence of uterus prolapse among women
- To explore factors affecting women with uterine prolapse
- To find association between selected variables and affecting factors of uterine prolapse

RESULTS

1. Description of sample characteristics

Table 1: Frequency and percentage distribution of demographic characteristics (n=100)

Demographic characteristics	Frequency	Percentage
Age (Years)		
a. 20 - 30	35	35%
b. 30 - 40	21	21%
c. 40 - 50	18	18%
d. 50 - 60	18	18%
e. 60 - 70	5	5%
f. 70 - 80	3	3%
Religion		
a. Hindu	89	89%
b. Buddhist	8	8%
c. Christian	1	1%
d. Muslim	2	2%
Ethnicity		
a. Brahmin	22	22%
b. Chhetri	20	20%
c. Janajati/religious minority	48	48%
d. Dalit	10	10%
Educational status		
a. Illiterate	35	35%
b. Primary	19	19%
c. Secondary	25	25%
d. Higher secondary	10	10%
e. Bachelor and above	11	11%
Occupation		
a. Housewife	36	36%
b. Agriculture	44	44%
c. Business	14	14%
d. Service	4	4%
e. Others	2	2%
Income per month		
a. ≤5,000	15	15%
b. 5,000 – 10,000	10	10%
c. 10,001 – 15,000	18	18%
d. ≥15,001	57	57%
Type of family		
a. Nuclear	58	58%
b. Joint	42	42%
Knowledge about uterine prolapse		
a. Yes	76	76%
b. No	24	24%
Sources of information about uterine prolapse		
a. Media	14	14%
b. Health personnel	15	15%
c. Friends	24	24%
d. Family members	23	23%

Table 1 shows that, the majority of women, 35 (35%) were in the age group of 20 to 30 years, follows 89 (89%) Hindu religion, 48 (48%) belonged to janajati and religious minority which includes Newar, Magar, Gurung, Tamang and Muslims. Most of the women 35 (35%) were Illiterate, 44 (44%) earned their livelihood by agriculture, 57 (57%) respondents had ≥ Rs15,001 monthly income in the family, 58 (58%) belonged to nuclear families, 76 (76%) of the respondents had knowledge about uterine prolapse and they got information mostly from 24 (24%) friends.

2. Prevalence of uterine prolapse

This section describes the findings related to prevalence of uterine prolapse among women of reproductive age.

Fig 1: Prevalence of uterine prolapse (n=100)

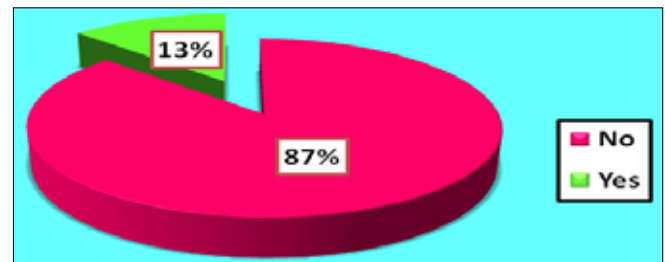


Fig 1 shows that among 100 respondents, 13% of the respondents were suffering from uterine prolapse whereas mean and standard deviation were 0.87 ± 0.33 .

Table 2: Factors affecting the uterine prolapse (n=100)

Associated factors	Frequency (f)	Percentage (%)
Age at marriage (Years)		
<20	58	58%
≥20	42	42%
Number of children		
One	25	25%
Two	39	39%
Three	15	15%
More than three	21	21%
Age at first child birth (Years)		
<20	41	41%
≥20	59	59%
Abortion		
Yes	11	11%
No	89	89%
Type of 1st delivery		
Normal	92	92%
Cesarean section	7	7%
Instrumental	1	1%
Physical workload during antenatal period		
Normal as prepregnancy	57	57%
More than prepregnancy	22	22%
Less than prepregnancy	21	21%
Rest and sleep during day time in postnatal period after 1st child		
≤2 hrs	14	14%
2- 4 hrs	41	41%
≥4 hrs	38	38%
No rest and sleep	7	7%
Sexual intercourse after delivery		
<42 days	11	11%
≥42 days	89	89%
Constipation		
Yes	30	30%
No	70	70%

The above Table 2 shows that, majority 58 (58%) of the women got married below 20 years of age, 39 (39%) had two children, 59 (59%) gave birth to first child ≥ 20 years. Out of 100, 11 (11%) had abortion, 92 (92%) women had normal vaginal delivery, 57 (57%) women worked normal as pre-pregnancy state in antenatal period. 41 (41%) women had taken rest and sleep between two to four hours in postnatal period during day time, 89 (89%) women had sexual intercourse ≥ 42 days and about 30 (30%) women had constipation.

3. Association between prevalence of uterine prolapse with associated factors

This section analyzes the association between prevalence of uterine prolapse with associated factors such as age, religion, ethnicity, educational status, occupation, income per month, types of family, age at marriage, age at first child birth, birth interval, birth assistant, type of delivery, number of children, abortion, constipation, workload during pregnancy, rest and sleep during day time in postnatal period, sexual intercourse after delivery etc. The association was observed by cross tabulation, Chi Square test and ANOVA test. Specific findings were as follows.

Table 3: Association between prevalence of uterine prolapse with associated factors (n=100)

Factors associated with uterine prolapse	Pearson Chi-square χ^2	df	P value
Age at first child birth			
<20	7.971	1	0.005
≥ 20			
Abortion			
Yes	38.984	1	0.000
No			
Sexual intercourse after delivery			
<42 days	18.862	1	0.000
≥ 42 days			
Constipation			
Yes	10.951	1	0.001
No			

The above Table 3 illustrates the effect of age at first child birth on uterine prolapse. The χ^2 value is 7.971 ($p = 0.05$) which showed that there was significant association between prevalence of uterine prolapse and age at first child birth. The effect of abortion on uterine prolapse showed that there was significant association between prevalence of uterine prolapse and abortion with χ^2 value is 38.984 ($p < 0.05$). The effect of sexual intercourse on uterine prolapse showed that there was significant

association between prevalence of uterine prolapse and sexual intercourse after delivery with χ^2 value is 18.862 ($p < 0.05$). The effect of constipation on uterine prolapse showed that there was significant association between prevalence of uterine prolapse and constipation with $\chi^2 = 10.951$ ($p < 0.05$).

Table 4: Uterine prolapse by birth assistant (n=100)

Birth assistant	Source of variation	Sum of Squares	df	Mean Square	F	Sig.
First child delivery	Between groups	.861	1	.861	1.580	.212
	Within groups	53.379	98	.545		
	Total	54.240	99			
Second child delivery	Between groups	.544	1	.544	.782	.380
	Within groups	48.733	70	.696		
	Total	49.278	71			
Third child delivery	Between groups	1.261	1	1.261	1.502	.229
	Within groups	26.857	32	.839		
	Total	28.118	33			
Fourth and more then four children delivery	Between groups	7.606	1	7.606	12.509	.002
	Within groups	10.944	18	.608		
	Total	18.550	19			

There was significant association between prevalence of uterine prolapse with birth assistant in fourth and more then four children delivery with the onset of uterine prolapse whereas there was no association between other groups like birth assistant in first, second and third delivery (Table 4).

4. Health services related findings

This section presents the treatment seeking practices of respondents suffering from uterine prolapse and their perceived satisfaction towards the services received for its treatment.

Table 5: Respondents by treatment status and services centers for treatment of UP (n=100)

Treatment Received Status	Frequency	Percentage
Yes	6	46.15%
No	7	53.84%
Total	13	100%
Services centers for treatment of uterine prolapse		
Hospital	4	66.66%
Private clinics	2	33.33%
Total	6	100%

The treatment practices of respondents suffering from uterine prolapse are depicted in Table 5. Out of 13 cases, six (46.15%) women received services of uterine prolapse and four (66.66%) women received services from hospitals while only two (33.33%) received from

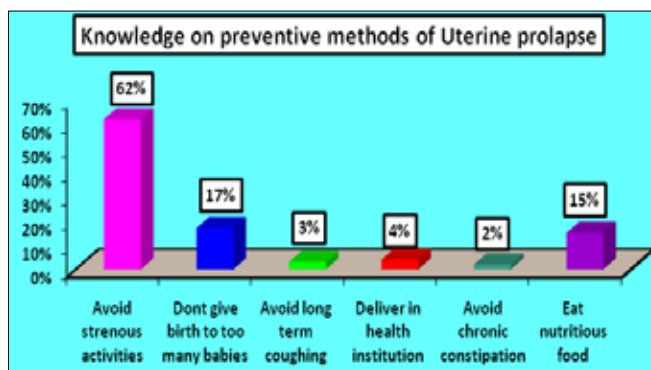
private clinics showing the culture of silence and poor accessibility of service.

Table 6: Nature and feeling of treatment received (n=100)

Treatment	Frequency	Percentage
Ring pessary	1	16.66%
Medicine intake on advice of health workers	3	50%
Operation	2	33.33%
Total	6	100%

The above table 6 shows that those who received the services for uterine prolapse, most of them three (50%) women were treated by intake of medications on advice of health workers followed by two (33.33%) women had undergone operation. From the respondents who have received health services, 100% of the women's health status was improved after the treatment and were satisfied with the services they received against uterine prolapse.

Fig 2: Knowledge on preventive methods for uterus prolapse among women (n=100)



*Multiple responses

The above figure 2 shows that the idea of respondents for the prevention of uterine prolapse. Almost all respondents replied that uterine prolapse can be prevented by avoiding strenuous activities during antenatal and postnatal period followed by avoiding giving birth to too many babies, taking nutritious diet, deliver the baby in health institution by health personnel, avoid long term coughing, avoid chronic constipation respectively.

DISCUSSION

The main objective of the study is to find out the prevalence and associated factors of uterine prolapse among women in Rithepani, ward no 2, Lekhnath.

The major findings of this study reveal that majority of women, 35 (35%) were in the age group of 20 to 30 years,

follows 89 (89%) Hindu religion, 48 (48%) belonged to janajati and religious minority which includes Newar, Magar, Gurung, Tamang and Muslims. Most of the women 35 (35%) were Illiterate, 44 (44%) earn their living by working in agriculture, 57(57%) respondents had ≥ Rs15,001 monthly income in the family, 58 (58%) belonged to nuclear families, 76 (76%) of the respondents had knowledge about uterine prolapse and they got information mostly from 24 (24%) friends. Similar study was conducted by B. Thapa, G. Rana and S Gurung in Chitwan, Nepal in 2014, the finding of this study reveals that the majority of the women were illiterate and they were involved in agriculture⁷.

In this present study the prevalence rate of women with uterine prolapse found to be 13% whereas mean and standard deviation were 0.87 ±0.33. Similar study was conducted by Tamrakar A⁶ in Pokhara in 2010 where the prevalence rate of uterine prolapse was 11.7%.

In this study the findings of association between the prevalence of uterine prolapse with age at first child birth, abortion, sexual intercourse immediate after delivery and constipation are found to be significantly associated.

CONCLUSIONS

This study was conducted in Lekhnath, to findout the prevalence rate of the uterine prolapse and its associated factors among women in 2016.

The major findings were majority of women, 35 (35%) were in the age group of 20 to 30 years, followed 89 (89%) Hindu religion, 48 (48%) belonged to janajati and religious minority which includes Newar, Magar, Gurung, Tamang and Muslims. Most of the women 35 (35%) were Illiterate, 44 (44%) earn their living by working in agriculture, 57 (57%) respondents had Rs ≥15,001 monthly income in the family, 58 (58%) belonged to nuclear families, 76 (76%) of the respondents had knowledge about uterine prolapse and they got information mostly from 24 (24%) friends.

The prevalence rate of women with uterine prolapse found to be 13% whereas mean and standard deviation were 0.87 ±0.33.

The findings of association between the prevalence of uterine prolapse with age at first child birth, abortion, sexual intercourse immediate after delivery and constipation are found to be significantly associated.

Among six women with uterine prolapse, majority of the four (66.66%) women received services from hospitals while two (33.33%) received from private clinics, three

(50%) were treated by intake of medications on advice of health workers followed by two (33.33%) women had undergone operation. From the respondents who have received health services, 100% of the women's health status was improved after the treatment and were satisfied with the services they received against uterine prolapse.

About the prevention of uterine prolapse, almost all respondents replied that uterine prolapse can be prevented by avoiding strenuous activities during antenatal and postnatal period followed by avoiding giving birth to too many babies, taking nutritious diet, deliver the baby in health institution by health personnel, avoid long term coughing, Avoid chronic constipation respectively.

Based on research finding researchers concluded that women awareness towards the problem, limiting frequent pregnancies and provision of educational opportunities are recommended for the prevention of uterine prolapse.

Acknowledgement

We would like to express our sincere gratitude whole heartedly to Ms. Rakshaya Bhattarai co-ordinator, Tol Bikash Sanstha, Ward no 2, Ritthevani for her support, and valuable help throughout the data collection.

We would like to acknowledge Ms. Radha Kafle, Female Community Health Volunteer Ward no 2, Ritthevani, for providing us support, help throughout data collection.

We express our heartfelt thanks to all the participants who actively participated in the study for extending their co-operation without which it would have been impossible to conduct the study.

We express our thanks to all our BSc Nursing first year, first batch students for their help throughout the data collection.

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