

Original Research Article

Study on Factors Contributing Uterine Prolapse among Women Attending Gynecology OPD in Kathmandu, Nepal

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ABSTRACT

Introduction: The empowerment of women has been recognized through many international, regional and national conferences, as a basic human right and reproductive sexual health and right are essential for the empowerment of women and to all quality of life issue concerning social, economic, political and cultural participation by women.

Methods: The study was conducted to assess factors contributing uterine prolapse respondents with uterine prolapse in Kathmandu, Nepal. A descriptive study was conducted in Kathmandu, Nepal purposely selected. 105 women who attended gynecology OPD in Tribhuvan University teaching hospital, during study period and those who were diagnosed as having uterine prolapse were selected on first come first services. A set of pre-structured schedule was used for data collection. Data was collected by face-to-face interview method. Following data collection, data were compiled and coded and analyzed using Statistical Package for Social Sciences (SPSS) version 17. Data were presented in table form and appropriate statistical test was used as per need.

Results: The results of the study shows that, maximum (85.7 %) respondents were not attended ANC and only 14.3per-cent attended ANC. Majority of the respondents (52.4%) were married at the age of 10-15 years and 32.4 per cent were married at the age of 15-18 years and Majority (73.3) had their first baby at the age of below 20 years. Majority of the respondents (87.6%) delivered at home with the help of mother in law/neighbor and traditional birth attendant. Majority (82.9%) respondents used to do heavy work during pregnancy and 95.2 per cent were doing heavy work in daily activities. 42.9 percentage resumed work after one week of delivery. Majority (40%) respondents had 3rd degree UP, 34.3 percentages had 2nd degree UP and 25.7 per cent had 1st degree UP. Majority (26.7%) had uterine prolapse for 2-6 years.

Conclusion: The finding shows significant factors for uterus prolapse were parity, Gravida and age at first baby, resume work after delivery, heavy work in daily activities.

Key words: Contributing factors, Uterine Prolapse.

INTRODUCTION

The empowerment of women has been recognized through many international, regional and national conferences, as a basic human right and reproductive sexual health and right are essential for the empowerment of women

and to all quality of life issue concerning social, economic, political and cultural participation by women. Studies show that among reproductive health problem faced by women the most common problems are cystocele 56%, uterine prolapse 53.6% and rectocele 40%. This reveals that uterine

prolapse is the complex and 2nd commonest problem faced by the women. Uterine prolapse is a reproductive health condition in which uterus protrudes or slips out from its normal position on the pelvic floor. Commonly women are keeping this condition secret because of the shame, as it is affecting a sensitive part. So it is considered as a “hidden tragedy for women”. According to ‘WHO’ estimation, the reproductive ill health accounts for 33% of the total disease burden in the woman globally. The global prevalence of uterine prolapse is 2-20 %. (Women’s Reproductive Right Program Nepal WHO. (Online) 2010 available from URL: <http://www.womenforwomen.org>)

Physical symptoms of uterine prolapse ranges from feeling something coming out from vagina, back ache, urinary and bowel problems, coital discomfort and pain, drying, cracking and bleeding of protruded tissue and difficulty to perform daily activities. Associated with the physical symptoms, women experience psychological and social problems, ultimately compromising the overall quality of life.

UP occurs when the uterus (womb) slips out of place and into the vaginal canal. The severity of UP is divided into three degrees:

- First degree (mild)-the cervix (the lower opening of the uterus into the vagina) protrudes into the lower third of the vagina
- Second degree (moderate)-the cervix protrudes past the vaginal opening
- Third degree (severe)-the entire uterus protrudes past the vaginal opening (D. C. Dutta, Textbook of obstetrics including Perinatology and Contraception, sixth edition, Chintamani das lane, Calcutta, New central Book Agency, 2004) When a patient is diagnosed with first stage prolapse, the patient should avoid lifting heavy weights while Kegels exercise and yoga could also help.

Likewise, when a patient is diagnosed with second-degree prolapse, a vaginal pessary ring can be used until a patient is ready for surgery. (Brunner and Siddhartha’s, Text Book of Medical-Surgical Nursing, Eighth Edition, Philadelphia, Pennsylvania, 1998) Females are discriminated from early childhood, and this discrimination continues into their adult reproductive years and beyond. Such discrimination complicates women’s right to make independent decisions regarding health or family planning, such as preventing unwanted pregnancies. Nepal is a patriarchal society and all institutions ranging from education to the legal system and even health services are strongly influenced by these norms and values. Generally, Nepalese women have three main responsibilities: reproduction and child bearing, household maintenance, and income earning. In rural areas, the women’s work burden is considered to be 12%–22% greater than the men’s, and these women must work hard in order to gain acceptance in their husbands’ homes. (Women's Reproductive Right Program Nepal WHO. (Online) 2010 available from URL: <http://www.womenforwomen.org>)

MATERIALS AND METHODS

This was a hospital based descriptive study. Kathmandu district (valley) was selected purposively for the study, which is Centre part of the Nepal and capital of Nepal. 105 women who attended gynecology OPD in Tribhuvan University teaching hospital Maharajgunj Kathmandu, during study period and those who were diagnosed as having uterine prolapse were selected on first come first services.

Sampling technique: The women who attended gynecology OPD during study period and those who were diagnosed as

having uterine prolapse were selected on first come first serve basis.

Inclusion Criteria: patient diagnosed as having uterine prolapsed.

Exclusion Criteria: Patients who did not gave consent for interview and patient having other complications.

Tools and techniques for data collection:

A set of pre-structured schedule was used for data collection.

Data was collected by face-to-face interview method

Period of Data collection:

Data were collected from December 30th 2012 to March 11th 2013

Analysis of data: Following data collection, data were compiled and coded and analyzed using Statistical Package for Social Sciences (SPSS) version 17. Data were presented in table form and χ^2 statistical test was used for association.

Ethical considerations: Before conducting research, approval was taken from concerned authority i.e. from administration of Hospital. Verbal Informed Consent was taken from each respondent before collecting the information. Confidentiality was taken into consideration regarding data obtained from cases medical records. The objectives and the purposes of the study were made clear to the member prior to interview.

RESULTS

Majority of the respondents(52.4%) were married at the age of 10-15 years,32.4per-cent were married at the age of 10-18 years,7.6per-cent were married at the age of <10 years and 7.6per-cent were married at the age of > 18 years. Maximum (85.7 %) respondents were not attended ANC and only 14.3per-cent attended ANC. Majority (73.3%) had their first baby at the age of below 20 years, 26.7per cent had first baby at the age of above 20 years. Majorities (87.6 %) were delivered at home and 12.4per-cent was institutional delivery. Majority (82.9%) respondents

were doing heavy work during pregnancy and only 17.1per cent were doing normal house hold work. Majority (80%) were doing heavy work in daily routine activities. Majority (40%) had third degree uterine Prolapse, 34.3per cent had second degree uterine Prolapse and 25.7per-cent had first degree uterine Prolapse. In this study, it was found that degree of uterine Prolapse and age at first baby is strongly associated each other. It was found that, Degree of Uterine Prolapse and heavy work is strongly associated each other.

Table I. Age at marriage of the respondents

Age (Years)	Frequency	Percentage
<10 years	8	7.6
10-15 years	55	52.4
15-18 years	34	32.4
>18	8	7.6
Total	105	100.0

Table II. Respondents who attended Ante natal clinic (ANC)

ANC	Frequency	Percentage
Yes	15	14.3
No	90	85.7
Total	105	100.0

Table III. Respondents age at their first baby

Age (years)	Frequency	Percentage
Above 20 yrs.	28	26.7
Below 20 yrs.	77	73.3
Total	105	100.0

Table IV. Place of delivery

Place of delivery	Frequency	Percentage
Institutional delivery	13	12.4
Home delivery	92	87.6
Total	105	100.0

Table V. Type of work during pregnancy

Type of work	Frequency	Percentage
Heavy work	87	82.9
Normal house work	18	17.1
Total	105	100.0

VI. Types of daily work activities N= 84

Daily activities	Frequency	Percentage
Carrying grass, wood, water from distance	80	95.2
Working in the field	4	4.8
Total	84	100

Table VII. Degree of Uterine Prolapse of the respondents

Degree	Frequency	Percentage
First degree	27	25.7
Second degree	36	34.3
Third degree	42	40.0
Total	105	100.0

Association between different variables

1. Degree of Uterine Prolapse: Age at first baby. χ^2 was used to find the association.

2. Degree of Uterine Prolapse: Heavy work, χ^2 was used to find the association

Table VIII. Association between Degree of Uterine Prolapse and age at first baby

Age at first baby	Degree of uterine Prolapse			Total
	First degree	Second degree	Third degree	
Above 20 years	7.2	9.6	11.2	28.0
Below 20 years	19.8	26.4	30.8	77.0
Total	27.0	36.0	42.0	105.0
$\chi^2=5.061$ df=2 Significant				

Table IX: Association between degree of Uterine Prolapse and heavy work

Heavy work	Degree of Uterine Prolapse			Total
	First Degree	Second Degree	Third Degree	
Yes	16	29	39	84
No	11	7	3	21
Total	27	36	42	105
$\chi^2=11.605$,df= 2 Significant				

DISCUSSION

Uterine Prolapse is a major public health problem in rural Nepal. It is a medical and social problem, deeply rooted with poor health services and socio-cultural beliefs. Commonly women are keeping this condition secret because of the shame, as it is affecting a sensitive part. So it is considered as a “hidden tragedy for women”. According to ‘WHO’ estimation, the reproductive ill health accounts for 33% of the total disease burden in the woman globally. The global prevalence of uterine Prolapse is 2-20%.

In this study entitle “Factors affecting Uterine Prolapse among women attending gynecology OPD, Tribhuvan University, Teaching hospital, Kathmandu, Nepal ” was conducted with the objective, Factors contributing Uterine Prolapse among respondents. Majority of the respondent’s (81.0%) occupation was agriculture. Most women carry out tasks both inside and outside their homes. They were actively involved in agricultural activities. This is because Nepal’s economy is agricultural-based; these agricultural activities were the source of income and livelihood of the respondents and their families. These women perform double amount of work irrespective of the

climate and their physical condition. In this study majority of the respondents (52.4%) were married at the age of 10-15 years, 32.4 per cent were married at the age 15-18 years, 7.6 per cent were married at the age > 18 years and also 7.6 per cent were married at the age of less than 10 years. In Nepal legal age of marriage is 18 years. A Nepali girl is expected to do more work from an earlier age, and is less likely to be sent to school than her brothers. Also she is married early. After marriage she is sent to live with her husband’s family where she is expected to do the heavy physical work. Decisions related to her personal well-being, health, food intake or other activities are taken by her husband or mother-in-law. A similar study done by Radl CM, Rajwar R, Arja AR. Uterine prolapse prevention in Eastern Nepal: the perspectives of women and health care professionals. *Int J Women Health* (2012Jul) stated that, gender discrimination, and cultural traditions such as early marriage and pregnancy make it difficult for people to discontinue uterine Prolapse risk behaviors. All these situations put them at high risk of developing Uterine Prolapse (UP) In majority (43.8%) of cases delivery was conducted by mother in law/neighbor, 40 per cent delivery were conducted by traditional birth attendant (TBA), 12.4 per cent delivery were conducted by the nurse, 1.9 per cent delivery was conducted by the doctor and 1.9 per cent by herself. Majority (59%) respondents were 4-6 Gravida, 8.6 per cent were 7-9 Gravida and 32.4 per cent were 1-3 Gravida. A similar study done by Kumari S, Walia I, Singh A. Self-reported uterine prolapse in a resettlement colony of north India. *Midwif Women’s Health J* (2000 Jul) reported that, the prevalence of prolapse was significantly higher in women with higher parity. In this study, majority of (82.9%) respondents use to do heavy work (carrying grass, wood, water from distance) during pregnancy and only 17.1

per cent were did normal household work (cooking, washing and cleaning).Majority (96.2%) respondents were doing heavy work in their daily activities. majority (95.2%) were doing heavy work in daily activities, carrying grass, water, wood from distance and 4.8 per cent were doing work in the field as a farmer.

CONCLUSION

The results of the study shows that, Majority of the respondents (52.4%) were married at the age of 10-15 years and 32.4 per cent were married at the age of 15-18 years and Majority (73.3) had their first baby at the age of below 20 years. Majority of the respondents (87.6%) delivered at home with the help of mother in law/neighbor and traditional birth attendant. Majority (82.9%) respondents used to do heavy work during pregnancy and 95.2 per cent were doing heavy work in daily activities. 42.9 percentage resumed work after one week of delivery. Majority (40%) respondents had 3rd degree UP, 34.3 percentages had 2nd degree UP and 25.7 per cent had 1st degree UP. Majority (26.7%) had uterine prolapse for 2-6 years. The finding shows significant factors for uterus prolapse were parity, Gravida and age at first baby, resume work after delivery, heavy work in daily activities.

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