

ORIGINAL RESEARCH ARTICLE

PROLAPSE RELATED KNOWLEDGE AND ATTITUDE AMONG MARRIED WOMEN OF REPRODUCTIVE AGE

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Received: 17 Oct, 2019

Accepted: 10 Mar, 2020

Published: 13 Mar, 2020

Key words: Attitude; Knowledge; MWRA; Prolapse.

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DOI: <https://doi.org/10.3126/jcmc.v10i1.28062>

Citation

Khanal G, Ghimire P, Shrestha N, Koirala S. Prolapse related knowledge and attitude among married women of reproductive age. Journal of Chitwan Medical College. 2020;10(31):14-18.

ABSTRACT

Background: Uterine Prolapse (UP) is a very common morbid condition in Nepal among women during reproductive health. Awareness on uterine prolapse can prevent huge number of UP cases. Thus, this study is designed to find out the knowledge and Attitude towards uterine prolapsed among married women of reproductive age (MWRA).

Methods: A community –based cross-sectional study was conducted in Daulichaur VDC of Bajhang district among 313 Married women of Reproductive age (15-49). Semi structure tool was used to collect the data. Data collection was done from March 2016 to April 2016. Data was collected through face to face interview by using interview schedule. Descriptive (frequency and percentage), (Chi-square, Pearson correlation) analysis were used for data analysis.

Results: This study revealed that almost three fourth (70%) of respondents had low level of knowledge and only 17.6% had positive attitude regarding uterine prolapse. The level of knowledge was associated with age, occupation status and educational status. The level of attitude was associated with age, educational status and occupational status. There was significant positive relationship between level of knowledge and attitude ($r=0.363$, $p < 0.001$).

Conclusions: MWRA of the Daulichaur VDC had low level of knowledge and Positive attitude regarding uterine prolapse. The findings of this study suggest that there is an urgent need to educate and create awareness regarding UP to promote the health status of MWRA.



INTRODUCTION

Uterine prolapse (UP) is one of the major public health issues in Nepal. Hundreds of thousands of women are suffering from UP needlessly in Nepal today and it is a very common morbid condition in Nepal among women.¹ UP is mainly due to insufficiency of the pelvic floor and consists of a herniation of pelvic organ into the vagina.² Reproductive ill health is major health problem and is least articulated by the general public because of lack of knowledge and cultural taboo.³ A study done among 2,072 women in west Nepal and detected that one in four of these women had genital prolapse.⁴ The most commonly perceived cause of prolapse is lifting heavy loads, including in the postpartum period. Most reports describe heavy household and farm working during pregnancy, as well as pre-and post-delivery, as the main cause and risk factors for this problem in Nepal.⁴⁻⁷ Similarly, lack of access to skilled attendants during delivery, frequent conceiving and lack of nutritious food are also responsible.

Government have taken token steps to address the condition, and not followed up with adequate preventive action to reduce scenario.⁷

Uterine prolapse appears to be widespread in Nepal, but little published evidence exist. Uterine prolapse is preventable and if not addressed timely, this may have serious consequences leading to death. Awareness on UP can prevent huge number of cases. Thus, this study was designed to find out the knowledge and Attitude towards uterine prolapse among married women of reproductive age.

METHODS

Daulichaur VDC of Bajhang district purposively selected for this study because it lies in far western development region and represents the glimpse of hilly region. Comparatively, Far-western region less developed than other regions and it has limited amenities and facilities. Daulichaur VDC, Bajhang, there is a practice of early marriage, early pregnancy, culture of silence, gender discrimination and also the health seeking behavior is traditional i.e. belief on Dharmi, Jhakri, home delivery which ultimately affecting the reproductive health of the MWRA. A cross sectional study was conducted from December 2016 to June 2016. List of Married Women with Reproductive Age (MWRA) population of Daulichaur VDC was obtained from the local health post and Female CHVs i.e. 1412 of married women of reproductive age listed in elephantiasis elimination

register and further checked with FCHVs to confirm available numbers. Sample size calculation was done by using cochrane method for finite study population.⁸ Then required number of samples was taken from sampling frame using systematic random sampling method. The sample unit was selected by using systematic random sampling. To perform systematic random sampling Kth number was calculated and identified initial number of the list to perform systematic sampling by using lottery method. Every 5th female of the list was sampled. In case the respondent was unavailable or, unwilling to give the answer then the next nearest female from the list was taken. Only those women who were married and who fall into reproductive age were included in the study.

The data collection tool was semi - structured interview schedule and the data collection method was face to face interview. Tool was developed by researchers herself after reviewing literature and consultation with a researchers who were previously involved in the research related to uterine prolapse and this ensured the content validity of the study. Pilot-testing was done prior to the study among 10 % of the sample size (35 MWRA) and measure cronbach's alpha to ensure reliability. Data collection was done by researcher herself. The data was collected for information on demographic; knowledge on uterine prolapse. Tool used was knowledge on uterine prolapse and attitude towards uterine prolapse. There was 19 knowledge and 11 attitude related questionnaire. To calculate the level of knowledge, scoring 1 for correct answer (yes) and 0 for incorrect answer (No, Don't Know). Knowledge score was categorized as high, moderate and low level. If the total score of the knowledge was >80% (>15), considered as high knowledge level. Between 60-80% (11-15) moderate knowledge level and less than (<11) low knowledge level.⁹ To identify the attitude towards uterine prolapse, for positive statement the score was given as 3 for agree, 2 for uncertain and 1 for disagree while for negative statement the scores were distributed as 3 for disagree, 2 for uncertain and 1 for agree The Score \leq mean - standard deviation (≤ 17.69) refers to negative attitude. The score within mean + standard deviation and mean - standard deviation refers moderate attitude (17.69 - 24.77). The score \geq mean + standard deviation refers to positive attitude (≥ 24.77).⁹

Data was entered in Epi-data 3.1 and analyzed by using IBM SPSS 20. Statistical analysis was carried out descriptive analysis and chi-square test, Pearson correlation. Descriptive analysis was performed as per the study variables to calculate frequency, percentage, mean and standard deviation. Association between socio demographic variables with knowledge and attitude towards UP was identify using chi-square test and the correlation was used to identify relationship between knowledge and attitude by using Pearson correlation. Data analysis was performed after checking normalcy. Ethical approval for the study was taken from institutional research committee (IRC) of Chitwan Medical College on 30th December 2016. Only those women who acknowledged and gave informed consent were included in the study.

RESULTS

Nearly one fourth(23.6%) of the respondents fall under the

age group 20-24yrs followed by 25-29 (20.1%) while least number of respondents (7.7%) were at age group (40-44) yrs. The mean age was 29.68 and SD was 9.1. Approximately 77.6% of the respondents were housewives and limited to only household works. 13.7% of the participants were farmers and only 1.9% of study subjects had service as their occupation and rest were engaged in variety of work like peon, students etc.. Most of the respondents were married (93.6%) with only 20(6.4%) of them being widowed. More than three fourth of the respondents (81.8%) were illiterate while only 18.2% were literate. Regarding the caste of the respondents, nearly three fourth of them (72.5%) were Chhetri and remaining 27.5% were Dalit. All of the participants (100%) were Hindu (Table 1).

Table 1: Socio-demographic characteristics of the respondents

Characteristics	Frequency(%)
Age (Years)	
15-19	37 (11.8)
20-24	74(23.6)
25-29	63(20.1)
30-34	44(14.1)
35-39	41(13.1)
40-44	24(7.7)
45-49	30(9.6)
Mean \pm SD	29.68 \pm 9.1
Occupation	
Housewife	243(77.6)
Farmer	43(13.7)
Student	13(4.2)
Service	6(1.9)
Others	8(2.6)
FCHV	7(2.3)
Peon	1(0.3)
Marital Status	
Married	293(93.6)
Widow	20(6.4)
Level of education	
Illiterate	256(81.8)
Literate	57(18.2)
If literate, level of education	
Informal education	15(4.8)
Primary level education	14(4.5)
Secondary level education	16(5.1)
Higher level education or above	12(3.8)
Caste	
Chhetri	227(72.5)
Dalit	86(27.5)
Religion	
Hindu	313(100)

Majority (58.1%) of the respondents mentioned radio as their main source of health information followed by health workers (48.6%), peers (38.9%) while only 1.3% respondents got health information from television. The level of knowledge regarding uterine prolapse among respondents, it was found that major-

ity (73.5%) had low knowledge level while very few of the respondents (3.5%) had high knowledge level about UP. 23% of the respondents had moderate knowledge level regarding UP (Table 2).

Table 2: level of knowledge among the respondents (n=313)

Level of knowledge	Frequency(%)
Low (<60%)	230(73.5)
Moderate (60-80%)	72(23)
High (>80%)	11(3.5)

The mean attitude score was found to be 21.23 with standard deviation was 3.54. Out of 313 respondents, around 60% of the

respondents had moderate attitude towards uterine prolapse while 22.7% had negative attitude and only 17.6% had positive attitude towards UP. (Table 3)

Table 3: Level of attitude towards uterine prolapsed (n=313)

Level of attitude	Frequency (%)
Positive attitude (Agree)	55(17.6)
Moderate attitude (uncertain)	187(59.7)
Negative attitude (disagree)	71(22.7)
Mean \pm SD	21.23 \pm 3.54

Table 4: Association between socio demographic characteristics and level of knowledge regarding uterine prolapsed (n=313)

Items	Level of knowledge			X ²	p-value
	Low n (%)	Moderate n (%)	High n (%)		
Age group				11.14	0.025**
<20 years	44 (75.9%)	13 (22.4%)	1 (1.7%)		
(20-35) years	115 (68%)	49 (29%)	5 (3%)		
>35 years	71 (82.6%)	10 (11.6%)	5 (5.8%)		
Occupation				23.90	<0.001**
Housewife	187 (77%)	51 (21%)	5 (2.1%)		
Farmer	30 (69.8%)	12 (27.9%)	1 (2.3%)		
Others	13 (48.1%)	9 (13.3%)	5 (18.5%)		
Marital Status				3.12	0.211
Married	212 (72.4%)	70 (23.9%)	11 (3.8%)		
Widowed	18 (90%)	2 (10%)	0 (0%)		
Educational Status				51.47	<0.001**
Illiterate	208 (81.3%)	45 (17.6%)	3 (1.2%)		
Literate	22 (38.6%)	27 (47.4%)	8 (14%)		
Caste				5.67	0.059
Chhetri	160 (70.5%)	60 (26.4%)	7 (3.1%)		
Dalit	70 (81.4%)	12 (14%)	4 (4.7%)		

** p value significant at < 0.05

Table 5: Association between socio demographic characteristics and level of attitude (n=313)

Items	Level of Attitude			X ²	p-value
	Negative n (%)	Moderate n (%)	Positive n (%)		
Age group				11.80	0.019**
<20 years	9 (15.5%)	39 (67.2%)	10 (17.2%)		
(20-35) years	32 (18.9%)	102 (60.4%)	35 (20.7%)		
>35 years	30 (34.9%)	46 (53.5%)	10 (11.6%)		
Occupation				42.46	<0.001**
Housewife	60 (24.7%)	151 (62.1%)	32 (13.2%)		
Farmer	9 (20.9%)	28 (65.1%)	6 (14%)		
Others	2 (7.4%)	8 (29.6%)	17 (63%)		
Marital Status				4.63	0.099
Married	65 (22.2%)	173 (59%)	55 (18.8%)		
Widowed	6 (30%)	14 (70%)	0 (0%)		
Educational Status				60.67	<0.001**
Literate	4 (7%)	23 (40.4%)	30 (52.6%)		
Illiterate	67 (26.2%)	164 (64.1%)	25 (9.8%)		
Caste				5.25	0.073
Chhetri	55 (24.2%)	127 (55.9%)	45 (19.8%)		
Dalit	16 (18.6%)	60 (69.8%)	10 (11.6%)		

** p value significant at < 0.05

Level of knowledge about uterine prolapse is statistically significant with age of respondents ($p=0.025$), occupational status ($p<0.001$), educational status ($p<0.001$) (Table 4).

Level of knowledge about uterine prolapse is statistically significant with age of respondents ($p=0.019$), occupational status ($p<0.001$), educational status ($p<0.001$) (Table 5).

There was significant positive correlation between knowledge and attitude (Table 6).

Table 6: Correlation between Knowledge and Attitude (n=313)

Variables	Pearson correlation	p-value
Knowledge vs Attitude	0.363 (positive correlation)	< 0.001**

** denotes the significant correlation at 1% level of significance

DISCUSSION

Education is one of the most influential factors affecting an individual's knowledge, attitudes and behavior of MWRA. It reveals that MWRA of Daulichaur VDC were illiterate (81.8%). Similar findings has been replicated in the study conducted by UNEPA in the 11 district of Nepal and in TUTH, Nepal where 94.4% and 77.27% of the respondents were illiterate (no any form of education) respectively.^{3,10} But the national figure of illiteracy among women aged 15-49 years was only 33% as shown by NDHS 2016.¹¹ Variety of possible reasons to laid this outcomes were early marriage, gender discrimination and culture of salient.

This study categorizes the caste of respondents into 5 categories. But respondents comprise of only two castes i.e. Chhetri and Dalit in the study. Majority of the respondents were Chhetri (72.5%) followed by Dalit (27.5%). The results of this category does not match with the other studies.^{12, 13, 14} This could be because the studies have been conducted in different regions of the country and the concentration of the social groups differs with regions.

In terms of sources of health related information, large percentage of women got health information from radio (58.1%) followed by health workers (48.6%) and peers (38.9%) which is quite similar to the study conducted in Surkhet district representing main source of health information as Radio(73.4%) followed by Health workers (47.2%)⁹. But different figures were revealed from NDHS 2016 report, women access health information from various media, including print (12.6%), television (47.4%), and radio (44.2%).¹⁰ This variation could be due to low socio-economic status and inaccessibility of services such as electricity and transport in the study area and also the NDHS report include the status of country as a whole while this study only limited to one VDC.

In study, more than 70% of the women had low level of knowledge followed by moderate level of knowledge (23%). And only 3.5% of the subjects had high level of knowledge about UP. Shrestha et al., (2014) conducted a study in 25 of the 74

districts of Nepal amongst married women of reproductive age and found that that 37% of the women had satisfactory knowledge about uterine prolapse.¹ The reason for low in percentage of knowledge level could be the low educational status of the women of Daulichaur VDC, Bajhang and limited area of study. More than 60% of the women respondent said that doing heavy work during pregnancy causes uterine prolapse. The same was mentioned in the study carried out by Bonetti, 2000 cited in UNFPA, GTZ and HMG (2002).⁷

However, the similar study in Surkhet district, mentioned that 89.8% of the women aware that heavy work during pre and post-natal period cause uterine prolapse.⁹ This figure was higher than the finding of our study in which only 64.9% of women had knowledge that heavy work during pre and post-natal period cause UP. It shows that with the different initiatives for prevention of UP from government and other stakeholders, still women of the Daulichaur VDC are in circle of dark having limited access to health information and health care services.

As compared to signs and symptoms and preventive measures, the knowledge level regarding risk factors of uterine prolapse was very low (77.6%). None of the respondents had high level of knowledge regarding risk factors of uterine prolapse. Only 16.6% of the women said that prolonged labor causes uterine prolapse while the study conducted in Surkhet district by Baruwal et.al, 2011 found that 52.3% women agreed to the same question.⁹ This indicates that respondents had a poor knowledge about complication of prolonged labor.

The women had poor knowledge level regarding the signs and symptoms of uterine as majority had a low knowledge level (68.7%). Of the questions for signs and symptoms, only 10.2% of the women said women with uterine prolapse urinate often. This is surprising considering it is one of the important signs of uterine prolapse and has been found to be significant with uterine prolapse.¹ But it has to be kept it mind that this survey was carried out amongst women who have and who do not have prolapse. So, it is likely that women without prolapse do not have any knowledge about it.

As compared to risk factors and signs and symptoms, the high knowledge level regarding preventive measures was highest but still less than 10%. Perhaps, this could explain the high prevalence of uterine prolapse in the area. Only 5 women mentioned Kegals exercise as one of the preventive measures. Vanamal (2006) carried out a study on knowledge of prevention of uterine prolapse amongst postnatal mothers and found that the participants had a poor level of knowledge (30.67%) regarding pelvic floor exercise.¹⁵

Drinking herbs as a measure for preventing uterine prolapse which was a negative question resulted in only 20.1% of the women answering it correctly. This could be because taking herbs seems to be quite popular amongst the women although there is no scientific evidence to the fact that it really helps. Educational level and economic status of the women plays an important role when it comes to intake of traditional herbs as it is normally cheap and easily available. Bonetti et al found that

one in four women resorted to using traditional remedies such as taking traditional herbs, putting herbs-soaked cloth into the vagina or hanging upside down.⁷ In this study, almost 60% of the women in the study had a moderate attitude towards uterine prolapse. Rumors blaming women for uterine prolapse is quite widespread because of which women have been subjected to derogatory treatment.^{13,14} Results shows that still woman are not freely opening up and talking about the disease. A study by Pakbaz M et.al. also revealed that women felt shy to talk about uterine prolapse as it was an intimate issue.¹⁶

Nepal is dominantly a patriarchal society and women tend to be looked down upon since birth. The lower socio economic status of women prevents them from fighting back and their pleas are usually subsided down or overlooked by the family members including husband and society.^{3,12,14} Our Study reveals that there is knowledge gap about the risk factors of UP in which still women themselves thought that uterine prolapse is a result of bad karma (58.8%).

This study concluded that level of knowledge has significant relationship with age, education and occupation. The NDHS 2016 demonstrated that education is significantly associated

with health knowledge and reproductive health care seeking practices.¹⁰ A Study form India has shown that age, education, occupation, place of residence and economic status are major factor affecting awareness of reproductive health issues.¹⁷

CONCLUSION

MWRA of the Daulichaur VDC had low level of knowledge and Positive attitude regarding uterine prolapse. The level of knowledge was statistically significant relationship with age, educational status and occupational status of the respondents. Likewise, the respondent's attitude towards uterine prolapse was statistically significant relationship with age, educational status and occupational status of the respondents. Hence, there is an urgent need to educate and create awareness regarding UP. Concerned authorities (policy makers, health service organizations, community leaders) have to consider to those factors which had significant association with UP while formulating plan and policies.

CONFLICT OF INTEREST: None

FINANCIAL DISCLOSURE: None

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