

EXPERIENCES OF WOMEN AFFECTED WITH UTERINE PROLAPSE: A QUALITATIVE STUDY FROM BAITADI DISTRICT

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ABSTRACT

Background: Women with uterine prolapse often suffer in silence as it negatively influences their physical, psychological as well as social well-being. This study aimed to explore the social and reproductive health problems associated with uterine prolapse.

Methods: Using a purposive sampling, we conducted 16 in-depth interviews with uterine prolapse affected women in October 2016. Semi-structured interviews took place in women's familiar environment i.e. the participant's house in Baitadi district. Interviews were audio taped, transcribed and analyzed according to semantic and latent thematic analysis.

Results: The theme describing the women's experiences regarding uterine prolapse was labeled as 'experience of living with uterine prolapse'. The theme constitutes three categories: physical, psychological and social health. The category physical health constitutes five subcategories that represent how physical health of women was affected by uterine prolapse and their consequences: pain, discharge and itching, bleeding and dizziness, difficulty in walking, lifting and sitting, reduction in food intake. The category psychological health comprises three subcategories that define women's feeling, thought and behaviour towards their prolapsed uterus: anxiety, stress and depressive feeling, fear of death, cancer and surgery.

Conclusion: All physical, psychological and social aspects of women's health are affected by uterine prolapse. Due to prolapse walking, sitting, working and lifting activities are become challenging for women. Women can become victims of violence due to their disability and less productivity. Uterine prolapse seriously compromises the sexual life of women affected.

Keywords: *disability, health problems, women experiences*

INTRODUCTION

Maternal health is emphasized in recent international commitments including the sustainable development goals (SDGs), which includes reducing the global maternal mortality ratio to less than 70 per 100,000 live births by 2030¹. In 2015, the maternal mortality ratio (MMR) was estimated to be 216 globally². Uterine Prolapse (UP) is a condition in which a woman's supportive pelvic muscles, tissues and ligaments break away from the body's internal structure and the uterus, rectum, or bladder drops into or out of the vagina³. Although uterine prolapse occurs commonly in Nepal, little is known about the physical health and care-seeking practices of women with UP⁴.

UP is a widespread chronic problem among women in Nepal, particularly in hill areas⁵.

The global prevalence of UP ranges from 4 to 40 percent⁶ and the mean prevalence of UP in low and middle-income countries is 19.7% (range 3.4%–56.4%)⁷. In Nepal, UP prevalence varies in different ecological zones, from 20%–37% in the Terai (Plain) area and 25% in the far west hills⁸ to 27.4% in the central and eastern hills. The prevalence of UP was found to be 2.3% in Dang⁹, 35.97% in Doti¹⁰, 22.6% in Kalikot of Nepal¹¹, 11.7% in Kaski¹² and it was 15% in Mugu, Salyan and Bajhang districts of Nepal¹³.

The aims of the study were to explore women's social and reproductive health problems associated with uterine prolapse.

MATERIALS AND METHODS

Study Setting

The study was conducted in Baitadi district of Nepal in the second half of 2016. The records of a camp organized by Nepalgunj Medical College and of the district hospital were reviewed to identify women with UP in the study area. A qualitative exploratory design was used to explore the experiences of women living with UP. Sixteen women between the age of 25 and 75 years, who were diagnosed with 1st, 2nd and 3rd degree of UP who had received treatment either from the district hospital or camps organized by Nepalgunj Medical College in past 4 years. The

participants were selected by using purposive sampling method¹⁹ to include women of different age, ethnicity and degree of prolapse. A format was developed to review the records of hospital, which included name, caste, age, address, date of diagnosis, date in which they received treatment, degree of prolapse and type(s) of treatment received and further used to trace women in study area. An interview schedule of guideline containing 17 open-ended questions was developed on the basis of extensive literature review (Table 1). Face to face in depth interview was carried out for 45 minutes to 1 hour (in Baitadeli language) with the use of interview guideline. All communication skills were used to ensure an open discussion and to encourage the respondents to fully describe their experiences regarding UP. During the time of interview note taking was also carried out along with tape recording of full interview.

Table 1: Template interview schedule

Section	Open ended questions
Working situation (comfortness)	Did you face any problem during performing your household chores after uterine prolapse?
Social activities	Are there specific roles/tasks you feel unable to perform as a result of your prolapse?
Emotional stress	Because of this problem, have you faced any kind of mental stress? If yes, what are they? Such as shame, anxiety, aggressive and frustration etc.

Data Processing and Analysis

The qualitative interviews were analyzed with the help of thematic analysis²⁰. Both the semantic theme to identify explicit and surface meaning of information and latent theme to identify underlying ideas and meaning of information was attempted to generate major theme. First of all, field notes all audio recorded information was transcribed. Reading and re-reading of transcribed interviews was done to become familiar with the information and generated initial list of item from the interviews that have reoccurring pattern. Combine different codes that reflect similar information to generate appropriate subcategories and after that find out category that represents

them. Review categories and subcategories to extract suitable theme was done. Finally, the dialogue connected with each theme was presented.

Ethical Considerations

The administrative permission was obtained from the District Health Office (DHO) of Baitadi District. Ethical approval was taken from Institutional Review Committee of Pokhara University Research Centre. The research was explained to respondents and verbal consent was taken from all respondents prior to conducting the interview.

RESULTS

Sixteen women participated in this study, with an average age of 52.3 years (range from 25 to 75 years). Average parity of the women was six ranging from one to twelve. All sixteen had given birth to first child in their teenage years. The duration of suffering from prolapse was between six and 60 years with an average of 26 years. All women were married between the age of seven and 18 with an average age of 15 years and they had undergone between zero and five abortions (Table 2).

2: Personal information of the participants

Participants education	Participants occupation	Major source of family income	Age at marriage	No. of total pregnancy	Duration of suffering (years)	Smoking habits	No. of abortion
Non-formal	Housewife	Government service	15	6	6	Past smoker	3
School leaving certificate	Female Community Health Volunteer	Agriculture	18	5	7	No	1
Illiterate	Housewife	Blacksmith	12	6	6	1 Packet per day	0
Illiterate	Housewife	Agriculture	15	9	25	Past smoker	5

Non-formal	Housewife	Agriculture	18	7	51	1 Packet per day	3
Illiterate	Housewife	Agriculture	17	1	53	3 Packet per day	0
Illiterate	Housewife	Government service	11	8	30	Past smoker	1
Non-formal	Housewife	Foreign service	18	4	21	1 Packet per day	0
Illiterate	Housewife	Tailoring	13	4	9	Past smoker	1
Non-formal	Housewife	Agriculture	16	7	13	No	1
Non-formal	Housewife	Government service	16	6	17	No	2
Illiterate	Housewife	Labor	11	12	43	1 Packet per day	2
Non-formal	Housewife	Foreign service	14	5	8	No	2
Non-formal	Housewife	Government service	14	6	45	1 Packet per day	0
Non-formal	Housewife	Agriculture	17	7	20	No	2
Illiterate	Housewife	Agriculture	7	6	60	Past smoker	2

The overarching theme describing the women's experiences regarding uterine prolapse was labeled as 'experience of living with uterine prolapse' comprising three categories and thirteen subcategories (Table 3). How physical, psychological and social aspect of women's health was affected by uterine prolapse was described under this theme.

Table 3: Themes and sub-categories describing women's experiences of UP

Theme	Category	Subcategory
Experience of living with uterine prolapse	Physical health	Pain
		Discharge and itching
		Bleeding and dizziness
		Difficulty in walking, lifting and sitting
		Reduction in food intake
	Psychological health	Anxiety
		Stress and depressive feeling
		Fear of death, cancer and surgery
	Social health	Response of husband, family and friends
		Sexual activity
		Economic activity
		Social activity
		Domestic violence

Physical health

The consequences of uterine prolapse on physical health were described here under five subcategories.

Pain

Pain and difficulty while walking as at times; the uterus comes out while walking and due to friction of the two legs, a painful injury can occur. Pain was further categorized as backache, lower abdominal pain, and also burning sensation due to UP. They had used different coping mechanism to reduce their pain and live normal life. Women with UP often lived a painful life and it made difficult for them to perform daily activities. A 65-year-old woman with a third degree prolapse described her experience as:

"... Clothes and body parts used to touch protruding part again and again while working and walking, it causes unbearable pain and discomfort..."

Discharge and Itching

Vaginal discharge along with itching around vagina was a common problem followed by uterine prolapse. Discharge was further explained as foul smelling discharge, watery discharge and white discharge. It resulted in weakness and fatigue after heavy discharge and when uterus comes out during heavy lifting. Heavy discharge made it difficult to maintain hygiene and women were embarrassed to face family members and friends and always needed to alert before going to social gathering. A 40-year-old woman having a third degree prolapse said:

“...There used to be huge amount of white discharge before surgery. My clothes used to be so wet that it could be visible from outside resulting patches and bad smell...”

Bleeding and dizziness

Because of friction induced epithelial damage (passne), there was a problem in women doing their daily household activities. Heavy bleeding during menstruation and after delivery was a bad experience for women. One woman suffered from bleeding and irritation due to ring pessary she had inserted 45 years before. Many women experienced a sort of dizziness during working on the farm (carrying grass and animal manure to farm, climbing trees). A 30-year-old woman with first degree of prolapse said:

“...It used to heavy bleeding during menstruation period and even 1-2 months of delivery. It makes me weak and I am unable to do physical work...”-

Difficulty in walking, lifting and sitting

Discomfort due to obstructed and blocking feeling in vagina or the uterus hanging outside the body was obvious in all women. Especially it was problematic for them to perform daily household chores such as cleaning utensils, washing clothes in squatting position and carrying heavy loads (fetching water, carrying firewood and animal manure to farm). Women could not perform task as fast as before which ultimately reduced their performance in domestic activities. Due to difficulty to sit in squatting position, their daily excretion process also get disturbed. A 28-year-old woman with first degree prolapse expressed as:

“...I am fed up with life after this problem. It was very uncomfortable for me to clean dishes in squatting position and carry animal manure to farm...”

Reduction in food intake

After eating full diet pressure of the stomach muscles then pushes the uterus further down. Because of stress about UP, they experienced a decreased appetite. Reduced food intake made them physically weak in their early years of marriage. A 30-year-old woman with first degree prolapse said:

“...I am afraid to eat full stomach. It was a worse disease which even did not let me to eat enough...”

Psychological health

How UP had affected women's psychology and mental well-being are described under this category, which included three subcategories. Women's physical symptoms, feeling, thought and behavior were considered during analysis.

Anxiety

The common physical symptoms of anxiety included shaking of whole body, insomnia and restlessness. They used to think about what is happening with them, confusion about whom to communicate, what happens if this problem increased and how to solve this problem. A 51-year-old woman with a second degree prolapse, who had undergone hysterectomy, expressed her experienced as:

“...Thirty years ago, after my 4th delivery I used to sit in premises for warm up then I felt something dragging down. I did not tell anyone at first thinking that it will improve but it did not. Then I felt something is wrong but whom to share problem? Husband even did not care for me. He has less hearing power. Finally, when my problem became big and I couldn't tolerate it share with FCHV didi, I am suffering from these kinds of symptoms. She said it is uterine prolapse (pathyeghar khaseko). It needs to treat soon, so you should go for check up early...”

Stress and depressive feeling

Many women had negative thoughts towards suffering from uterine prolapse. People felt low when it became difficult to do normal daily activities such as sitting, walking and working which they used to do very easily before prolapse. Due to UP, they felt depressed and guilty for not being able to perform daily physical works. They blamed themselves and their fate for suffering UP. They were worried for future of their children and how to spend their whole life with this disability. A woman with second degree prolapse who was used a ring pessary said:

“...I am just 25-year-old and I cannot work much as before. Sometimes I do worry about who will take care little children after me (watery eyes)...”

Fear of death, cancer and surgery

Women had thought that they will die because of surgery. They were scared of developing cancer and for the outcome of treatment. Fear of severity and removal of uterus was also another matter of stress for women. Even after surgery they were afraid from death and further complication related to treatment. A 38-year-old woman with a third degree prolapse who and had recently undergone a hysterectomy said:

“...I have a prolapse in early age which I used to treat by surgery. But now, I am worried about the recurrent of prolapse symptoms...”

Social health

Social health reflected individual personal relationship with others and their ability to manage social situation. The category, social health included five subcategories, which showed how uterine prolapse was affecting women's social relationship, sexual relation, economic activities and social involvements.

Response of husband, family and friends

Husbands were the first to know about their problem in most cases. Families also played a positive role towards women by providing necessary emotional and physical support. Similarly,

some women still had not disclosed their problem with them. After knowing about problem their husbands and family encouraged them to go for treatment. Friends also gave suggestions to go for treatment and other home remedies. A 25-year-old woman with second degree prolapse said:

“...After I shared my problem with friend she said you have to go for checkup immediately. Then we decided to go hospital...”

Also, some women were not supported by their husband or other UP from family and friends. A 65-year-old woman with a third degree prolapse mentioned that:

“...For the first time, I shared my problem with husband after increasing the severity and difficulties. He did not pay attention about it. He said this was a minor problem and healed by itself. No necessary to go to hospital for treatment (in weepy voice)...”

Sexual activity

Sexual relationship after prolapse was difficult and painful and women could not openly discussed sexual matters with their partners. They faced several difficulties in their sexual relationship which ultimately had negative impact on their personal life. They allowed husbands for relationship although it used to be painful for them. Also, some women with UP had no problems in their sexual life and their partners were satisfied with their periodic sexual relationship. A 47-year-old woman with a second degree prolapse said:

“...Boys do not understand themselves. They cannot live without it but...it doesn't matter for us. They do not understand it hurts a lot (angry face)...”

Women discontinued their sexual relationship due to various reasons like less desire for sex and co-operative husband etc. It further resulted in forceful intercourse by husband even after knew that it was painful for wife and she did not want it. Open communication was ideal for partners but seldom occurred. A 65-year-old woman with a third degree prolapse said:

“...He drinks all the time. Intercourse used to be painful for me but he did not listen to my request not to put relation immediately after 15/16 days of child birth...it was pitiful condition for me (in weepy voice)...”

Economic activity

Agriculture was the major source of family income of most respondents. They were engaged in family business of agriculture and it was economic activities of most respondents. No problems had come in these activities due to prolapse. It reflected that until and unless the condition was unbearable they must had to go to the farm and feed the cattle. A 47-year-old woman with second degree prolapse said:

“...In spite of these difficulties I did all works. It was my compulsion to do all household chores instead of prolapsed uterus...”

On the other hand, uterine prolapse had caused negative impact in economic activities of women and ultimately of the family. Because of poor family background, women did not have any other option than to do laborious work. A 38-year-old woman with third degree prolapse who had undergone surgery in past 6 months said:

“...I couldn't work due to this problem. By working, I could earn some money and didn't have to depend on others. But this condition has made difficulty in working...”

Social activity

Respondents were asked whether prolapse had affected their social gathering, interactions and had they experienced any kind of exclusion and discrimination because of suffered from prolapse. There was no any exclusion and discrimination because of uterine prolapse. But difficulty to participate in social gathering with friends and relatives due to discharge, stained saari and bad smelling body was common. A 38-year-old woman with third degree prolapse said:

“...I was afraid to go to in social gathering (like vivah, bratabandha) due to heavy discharge...I was always being alert...”

In contrast, uterine prolapse had not caused any problem in their social activities. They normally participated in social gathering as they before.

Domestic violence

The lower economic and social statuses of women reduced their ability to fight against discrimination and injustice. As a result, women suffered from domestic violence i.e. verbal and physical violence. Majority of them did not suffer from any domestic violence from husband and other family members. Additionally, husband harassed them because they could not perform the expected level of household work and unable to fulfill husband sexual desire. A 25-year-old woman with second degree prolapse said:

“...My husband doesn’t behave well with me...he used to beat me by piece of wood and make wound nearby eyes (crying face)...”

DISCUSSIONS

Women suffer from prolapse from early age in the community though they kept it hidden. Previous studies have suggested increased age as one of the risk factor for prolapse^{7, 10, 14}. Still, there was a misconception in our society that women with prolapsed uterus were dirty.

Physical health

Backache, lower abdominal pain and discharge were the major physical symptoms mentioned by the women, which was similar in other studies^{4, 15}. Difficulty during major activities such as walking, lifting and sitting was major complaints is documented in other study also⁸ which causes several problem in their daily life. Women often feel difficulty to sit in squatting position which hampers their elimination process. Women reducing their food intake with the thought that uterus further falls down if their stomach is full which may further lead to under nutrition¹⁴.

Psychological health

It cannot be seen from outside and women tends to hide it from others thinking that they are well and nothing was wrong and continue their normal life as far they can. In contrast, a study shows that abandonment by husband or divorce, discrimination was faced by women¹⁵. Women are presented with apparent symptoms of anxiety which was found similar to study¹⁶. Stress and depressive feeling, fear of death, cancer and surgery has serious consequences in psychological

well being of women, which can be reduced by increasing knowledge about prolapse, its causes, preventive measures, impacts and availability of treatment.

Social health

Subject matters related to reproductive health are still taken as shameful to talk in our society. Women often kept silent during sexual intercourse although it used to be painful for them which may further leads to psychological and sexual problems. Previous studies also suggested that sexual relations may also be disrupted because of genital prolapse⁸. It reflects typical patriarchal society, where women always have to keep silent in front of husband and other family members although the condition is unbearable for them. Study found that vaginal itching, discharge, heavy bleeding and discomfort (uneasy feeling) hamper the social gathering and interaction of women. A study showed physical violence by their husband and other in laws was common for women due to prolapse¹⁷, which is different from our study. This may be due to their less productivity and inability to fulfill their sexual desire. Nepalese culture, social and religious patterns repeatedly enforce the low social status of women, often leading to a destructive life style between genders¹⁸.

CONCLUSION

Our study shows that all physical, psychological and social aspect of women's health is affected by uterine prolapse. Due to prolapse walking, sitting, working and lifting activities are become challenged for women. Participation of women in economic activities found somewhere being affected due to prolapse. Social activities especially social gathering are affected due to prolapse. Women are victim of violence due to their disability and less productivity. Uterine prolapse seriously compromises the sexual life of women affected.

RECOMMENDATIONS

Following recommendations are made based on the findings of the study. The majority of people still depend upon various traditional treatments because of their cultural belief and tradition. So, effects of traditional treatment should be further studied for their effectiveness or harmfulness.

Comprehensive management of uterine prolapse including physical, psychological and social effect should be managed and it helps to improve the overall health of women.

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