



ORIGINAL RESEARCH ARTICLE

CONTRIBUTING FACTORS OF UTERO-VAGINAL PROLAPSE AMONG WOMEN ATTENDING IN LUMBINI MEDICAL COLLEGE AND TEACHING HOSPITAL

S Acharya^{1*}

¹ Lumbini Medical College, Pravas-11, Palpa, Nepal

Correspondence to: Ms Shusma Acharya, Assistant Professor, College of Nursing, Lumbini Medical College, Pravas-11, Palpa, Nepal.

E-mail: acharyashusma@yahoo.com

ABSTRACT

Uterine prolapse- is a major public health problem in Nepal. It is a medical and social problem, deeply rooted with poor health services and socio-cultural beliefs. The objective of this study was to find out the contributing factors of utero -vaginal prolapse among women attending at Lumbini Medical College and Teaching Hospital. Descriptive study design was used. A total of 40 women diagnosed with utero-vaginal prolapse were selected as the cases by using purposive sampling technique. Data were collected from 2071/07/8 to 2071/10/30. Data processing and analysis was done using SPSS version 16.

The study reveals that 92% of women were involved in agriculture and 80% of them were illiterate. Ninety five percent of the women got marriage before the age of 20, 92.5% women became pregnant more than 3 times, 70% of babies were born at. Ninety two percent of the women gave birth to first child before the age of 20 and 90% respondents reported that they were involved in heavy work during pregnancy and postnatal period. Contributing factors depicted by our study were heavy work, illiteracy, early marriage/child birth, inadequate food during pregnancy and postpartum period, multi parity, home delivery and less rest period during post partum.

Key words: *Contributing factors, utero-vaginal prolapse, women.*

DOI: <http://dx.doi.org/10.3126/jcmc.v5i3.16523>

INTRODUCTION

Reducing maternal morbidity, however, which causes untold suffering to millions of women, is not accorded comparable priority¹. One of the most common, but often hidden, gynecological morbidities is uterine prolapse (UP). A progressive and chronic public health concern, UP occurs when the muscles of the pelvis no longer support the positioning of the uterus and it drops into the pelvic cavity, and eventually descends out of the vagina. Globally, 30% of all women who have delivered a child are affected². Reducing maternal morbidity however, which causes untold suffering to millions of women, is not accorded comparable priority.¹ Nepal has a maternal mortality ratio of 281 per 100,000 live births. It remains one of the highest in South Asia³. For every maternal death, an estimated six to 15 women face debilitating morbidity⁴. Different population-based studies reveal that between 9-35% of Nepali women are suffering from uterine prolapse - some as young as 15, and some

for as long as 45 years.^{6,7,8} Up to 40% of affected women are of reproductive age with only one child, and at least 200,000 are in need of immediate surgical treatment.^{3,6,9,10.}

Globally, 30% of all women who have delivered a child are affected¹. For every maternal death, an estimated six to 15 women face debilitating morbidity. The incidence in other countries is –17% in Australia and U.S., 8.5% in France and 27% in Turkey. Global prevalence is quoted as 2 – 20 % under the age of 25 years. In Nepal, 9-35% of Nepali women are suffering from uterine prolapsed, and at least 200,000 are in need of immediate surgical treatment.

A study conducted by the Institute of Medicine (2006) reported that POP was detected in 207 out of 2070 (10%) women - 30.9% suffered from the major degree of UVP and would require operative management, the second degree and third degree constituted 12.6% and 16.9% respectively, while 1.4% had procidentia. Schaaf et al. (2007) reported that in a region in West Nepal, 25% of the visitors of free female health care clinics were diagnosed with first, second and third degree UP and procidentia. In Bajhang, another deprived region in West Nepal, 51.6% of the visitors of a medical camp for women had gynecological problem of which 36% concerned UVP¹. In 2004, Bonetti, Erpelding, and Pathak conducted a clinic-based study, which examined

2,072 women with gynecological complaints. They found that one in four had UP, of which 95% self-reported their prolapse.²

The causes of UP that have been generally identified are such as inaccessibility to quality maternal health care (Skilled Birth Attendant and Emergency Obstetric Care), poverty, gender discrimination related to health (RH/maternal care), nutrition (life cycle), workload during post natal period and domestic violence. In particular, no additional food during pregnancy and post natal period, absence of work load sharing during pregnancy and inadequate post natal care contribute to UP. Prolonged labor, birth of big babies, unsafe abortions, sexual intercourse immediately after delivery, tightening of stomach using *patuka* (a piece of cloth used to wrap around the stomach) after delivery^{11,12}, hypertension and diabetes are supposed to be other causal factors of UP⁸.

METHODS

A descriptive study design was used to find out the contributing factors of utero –vaginal prolapsed among women aged 30 or more attending Lumbini Medical College and Teaching Hospital, Palpa. Total 4056 women attending at outpatient department of Gynaecology, among them 402 women were found uterine prolapsed and total 40 women were selected by using purposive sampling technique.

Administrative approval was obtained from the

concerned authorities from Lumbini Medical College and Teaching Hospital. Verbal informed consent was obtained from all participants to ensure the right of the subjects. Semi structured questionnaire was used to collect data. The anonymity was maintained by giving code number instead of their name and privacy and confidentiality was maintained. Subjects were not forced to participate in the study. Data was collected from 2071/07/8 to 2071/10/30. Data were analyzed using SPSS full version 16.0. Descriptive analysis was done in terms of frequency, percentage, mean and standard deviation.

RESULTS

Regarding the age of the respondents, 70.0% of the respondents were above the ages of 51yrs and minimum 5% of them were 30-40 years of age. Mean and standard deviation of age of respondents was 58.45 and 9.00 years. Regarding occupation, majority of the respondents (92.0%) were engaged in agriculture. Eighty percent of the respondents were illiterate. Majority (57.5%) of the respondents were from Palpa district. Regarding the respondents' age of uterine prolapse, 32.5% of the respondents had uterine prolapsed beyond the ages of 50 year and minimum 5% of the respondents had uterine before 20 years of age. Mean and standard deviation of age of uterine prolapsed was 40.77 and 10.95.

Table 1: Distribution by Socio Demographic Characteristics (n=40)

Variables	Freq.	%
Age		
30-40yrs	2	5
41-50yrs	10	25
>51yrs	28	70
Mean age \pm SD=58.45 \pm 9.00		
Occupation		
Agriculture	37	92
Service	2	5
Others	1	2
Education		
Literate	8	20
Illiterate	32	80
Ethnicity		
Brahmin	17	42.5
Newar	1	2.5
Chhetri	9	22.5
Others	13	32.5
Migrated from		
Palpa	23	57.5
Gulmi	10	25.0
Arghakhachi	7	17.5
Age of Uterine Prolapse		
<20yrs	2	5
21-29yrs	6	18
30-39	8	20
40-49	11	27.5
>50	13	32.5
Mean age \pm SD of uterine prolapsed \pm 40.77 \pm 10.95		

Table 2: Contributing Factors of Utero-vaginal Prolapse of Age of Marriage, Number of pregnancy, Economic Status, Place and Type of Delivery.

Variables	Freq.	%
Age of marriage		
<20yrs	38	95.0
>20yrs	2	5.0
Number of pregnancy		
Up to 2	3	7.5
>3	37	92.5
Economic Status		
Satisfactory	12	30.0
Not satisfactory	28	70.0
Place of Delivery		
Home	28	70.0
Hospital	12	30.0
Type of delivery		
Vaginal	40	100.0

Table 2 reveals regarding the age of marriage of respondents, 95.0% of the respondents were married before the age of 20. Only five percent of the respondents had satisfactory economic status and 70% had not sufficient food for them. Majority of the respondents (92%) became pregnant more than 3 times and only minimum 7.5% of the respondents became pregnant up to 2 times. Majority of the babies (70.0%) were born at home and 30.0% were born at hospital and regarding the type of delivery i.e 100 percent was vaginal delivery.

Table 3: Contributing Factors of Utero-vaginal prolapse (n=40)

Variables	Freq.	%
Age of first child birth		
<20yrs	37	92.5
>20yrs	3	7.5
Type of work during pregnancy and postnatal period		
Light work	4	10
Heavy work	36	90
Rest at post natal period		
Yes	4	10
No	36	90

Table 3 reveals that 92.5% of the respondents gave birth to first child below the age of 20 and minimum 7.5% of the respondents gave birth to first child after the age of 20. Regarding the type of work during pregnancy and postnatal period, majority of respondents (90%) were involved in heavy work and 10% had done light work. Regarding the rest of postnatal period only 4% respondents told they took the rest at postnatal period 90.0% respondent did not take rest.

Table: 4 Response of Husband after sharing the problem

Variables	Freq.	%
Share problem		
yes	14	35.0
No	26	65.0
If yes, Response of Husband (14)		
Willingness to help	12	85.7
Got angry	2	14.3
If no, why (26)		
Fear of husband	19	73.0
Fear of society	7	26.9

Table 4 reveals that 65.0% respondents did not share their problem with their husband because of fear and

35.0% respondents share their problem with their husband. Among them majority of husband wanted to take their wives at hospital for further treatment and 14.3 % respondent's husband became angry about their wife's condition.

DISCUSSION

The main objective of the study was to find out the contributing factors of utero -vaginal prolapse among women attending at Lumbini Medical College & Teaching hospital, Palpa.

Regarding occupation, majority of the women (92%) were involved in agriculture. A study conducted by Basanta et.al. reveals that 88% women were involved in agriculture¹⁴. A study conducted by Menur & Hailemariam in the year there was a significant association between prolapse and occupation ($p < 0.05$).¹³

Majority of respondents (95.0%) got marriage before the age of 20. Only five percent of the respondents responded that they had satisfactory economic status and 70% had not sufficient food for them. Majority of the respondents (92%) became pregnant more than 3 times and minimum 7.5% of the respondents became pregnant up to 2 times. Majority of the babies (70.0%) were born at home and 30.0% were born at hospital and cent percent of the babies were born vaginally. Similar study was conducted by Basanta. et.al reveals that 92% of the respondents got marriage before the age of 20. Seventy eight percent

of the respondents responded that they did not get sufficient foods during pregnancy. Majority of the babies (96.33%) were born at home and 3.8% were born at hospital and cent percent of the babies were born vaginally¹⁴.

Majority of respondents (92.5%) gave birth to first child below the age of 20 and minimum 7.5% of the respondents gave birth to first child after the age of 20. Regarding the type of work during pregnancy and postnatal period, majority of respondents (90%) had done heavy work and 10% had done light work. Regarding the rest of postnatal period only 4% respondents told they took the rest at postnatal period 90.0% respondent did not take rest. Similar results were reported by the study of Pradhan (2007). Result reveals that 85% of respondents were illiterate. In 58% of women uterus was prolapsed at the age of 20-29 years. Ninety three percent of the women were married under the age of 18. Sixty five percent of the women gave birth to their first child before the age of 19, 4% women under the age of 15. A total of 93% of respondents gave birth at home. Comparing the type of food given to the women during post natal period, it was noted that women have insufficient nutritious food during pregnancy and the post natal period¹⁵. There is no sufficient rest during postnatal period.

CONCLUSION

Based on the findings of the study it is concluded that the most important contributing factors found by

our study were heavy work, illiteracy, early marriage and child birth, inadequate food during pregnancy and postpartum period, multi parity, home delivery, vaginal delivery, less rest period in post partum.

RECOMMENDTION

Policy Interventions

- a) Neither the National Reproductive Health Strategy nor the Second Long Term Health Policy include UP as an important reproductive or public health issue. It is recommended that UP should be included in the Health Policy and Reproductive Health Strategy. This problem should be considered an important part of part of Safe Motherhood and Reproductive Health as a whole. No UP services have been found at local health posts in the study area and the same is true of other studies. UP must be included in the list of Essential Health Care Services, so that local health posts can provide clinical services and advice to the women suffering from uterine prolapse.
- b) Health workers should be provided with orientation and training on both preventive and curative aspects of UP.
- c) In the medium term, the government should allocate a budget for hysterectomy camps and prepare a strategy for providing hysterectomy (surgery) services in district or regional hospitals for women with severe UP.

- d) UP issues should be incorporated in the relevant curricula of school grades 9-12, and for Health Assistants, Community Medical Assistants and Auxiliary Nurse Midwives under reproductive health topics.
- e) The government and concerned civil society organizations should work with the mass media to raise awareness on UP issues, through radio, TV, print media. More sustained and explicit messages are necessary to draw attention to this.
- f) The government should allocate tasks for different sectors, such as curative service providers, social service sectors, human resource development and media for effective delivery of services. There should be a forum to exchange information and build synergy amongst the concerned stakeholders.
- g) The government should look for funds from donors to support specific work on UP and related problems.

Social aspects

- a) Awareness on the prevalence and causes of uterine prolapse is important, targeting different groups, such as adolescents in and out of schools, newly married couples, husbands and mothers-in-law, health workers, volunteers and traditional birth attendants, UP affected women.
- b) The above target groups need to be aware of both the social and medical causes of uterine prolapse.

Since the most of the causes are related to gender issues, awareness should be focused on gender discrimination, patriarchy, reproductive health and rights of women.

- c) Uterine prolapse should not only be viewed as a problem of women, it should be taken as an issue of a families, society and the country as a whole. A mass campaign for reducing the prevalence of uterine prolapse should be undertaken at the level that has been undertaken for HIV/ AIDS.
- d) Women and men in the community should be organised to demand the services needed for uterine prolapse at different levels.
- e) Social researchers need to be introduced the UP problem to study it further from different sociological perspectives, to provide a basis for making UP a national issue.

Medical aspects

- a) Practices during childbirth and the post natal period need to be studied in detail, as there is literature that relates prolapse of uterus with unsafe practices during these critical periods, such as intra-abdominal pressure and excessive massage during the post natal period, especially in the terai.
- b) UP is noted in the literature as a part of public health; however, people involved in public health do not appear to see it as a major public health issue. It is viewed as a problem for individuals

only. This issue should be discoursed among sociologists and medical/health personnel.

ACKNOWLEDGEMENT

My special thanks goes to Administrative department of Lumbini Medical College and Teaching Hospital for giving me carry out this study and I am very much thankful to respondents who were participated in this study.

REFERENCES

1. UNFPA. Status of reproductive morbidities in Nepal. *Institute of Medicine* 2006.
2. Bonetti, T.R., A Erpelding, L.R. Pathak. Listening to “felt needs”: investigating genital prolapse in Western Nepal. *Reproductive Health Matters* 2004;12(23): 166-175.
3. USAID. Nepal demographic and health survey 2006. *Ministry of Health and Population* 2007.
4. USAID. Nepal demographic and health survey 2001. *Ministry of Health and Population* 2002.
5. Deuba, A.R., and P.S. Rana. Uterus prolapse: a key maternal morbidity factor amongst Nepali women: a study. *Safe Motherhood Network Federation Nepal*, 2005.
6. Abbot, L. Seeking prevention and treatment for sufferers of uterine prolapse in Nepal. *Advocacy Project*. 2008. Available at: www.change.org/
7. Khatri RB. Situation of Uterine Proplapse in Salyan, Muguand, Bajhang Districts of Nepal: A Clinic Based Study. *Health Prospect* 2011; 10.

8. Bodner-Adler, B.; Shrivastava, C.; Bodner, K. (2007). Risk factors for uterine prolapse in Nepal. *International Urogynecology Journal*, 18, 1343–1346.
9. Center for Agro-Ecology and Development (CAED). Uterine prolapse study report. 2006.
10. Mathew, T. Matters of life and death. *HIMAL* 2003;16/4: 10-22.
11. United Nation Population Fund (EUPFA) Nepal. (2008). Reproductive Health. Web site:<http://www.unfpanepal.org/en/programmes/reproductive.php>.
12. Earth, B.; Sthapit, S. (2002). Uterine prolapse in rural Nepal: gender and human rights implications. A mandate for development. *Culture, Health & Sexuality*, 4 (3), 281:296.
13. Pradhan S. Unheeded Agonies - A Study on Uterine Prolapse Prevalence and its Causes in Siraha and Saptari Districts. Women's Reproductive Rights Program (WRRP), Centre for Agro-Ecology and Development (CAED), Kathmandu, Nepal 2007.
14. Thapa B.et. al. (2014). Contributing Factors of Utero-Vaginal Prolapse among Women Attending in Bharatpur Hospital. *Journal of Chitwan Medical College*, 4(9): 38-42.
15. Tamrakar A. Prevalence of uterine prolapsed and its associated factors in Kaski District of Nepal. *Journal of Health and Allied Science* 2012; 2: 38-41.