

A study to assess the knowledge regarding Uterine Prolapse among premenopausal women in selected areas of Pune city.

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ABSTRACT

Uterine prolapse is a common condition affecting women of all reproductive ages but is most frequently seen in women after menopause. Uterine prolapse, which can occur at any age, is defined by the uterus bulging or coming out through the vagina. To reduce the prevalence of uterine prolapse, women who are susceptible to it should receive enough knowledge, especially for women prior to menopause. As a result, this study aimed to assess the knowledge regarding uterine prolapse among premenopausal women in selected areas of Pune City and to associate its findings with selected demographic variables. The study employed a quantitative research approach, with a nonexperimental exploratory design under non-probability purposive sampling procedures. A questionnaire containing 20 sets of questions was formulated and under the process of content validity, the questions were modified. Reliability demonstrated a high relevance of 0.9. The pilot study found that the investigation was easily feasible. Out of 200 premenopausal women for the main study, the majority of 60% had an average knowledge of uterine prolapse. 43.5% were between 35-38 years old. 78.5% were married. 37% had graduated. 46.5% were having private jobs. 31.5% had an income of Rs.10,000-20,000. 80.5% were primiparous. 78% had no abortions. 71% had live children. 95% had no death of children. 69.5% had a vaginal delivery. 57.5% did not know

about uterine prolapse. 172 had no complications in childbirth. Among the selected demographic age, marital status, occupation and mode of delivery are associated with the knowledge level. The findings of the study show that premenopausal women who are susceptible to uterine prolapse lack knowledge about the illness. It is important to provide premenopausal women with adequate information about uterine prolapse sothat it can be prevented and treated.

Keywords: Uterine prolapse, knowledge, premenopausal.

INTRODUCTION

Uterine prolapse is a frequent disorder in routine gynecological practice. The term refers to the protrusion of parts of the uterus or the other structures that make up the pelvis into a woman's vagina. Prolonged periods of sitting or lying down can strain the muscles and ligaments of the pelvic floor, causing them to weaken. The resulting weakness in these muscles can result in uterine prolapse, a condition in which the uterus descends into the vaginal canal. The health organization of the world estimates that 33% of women's morbidities are of a reproductive nature. A global survey revealed that uterine prolapse has a prevalence rate of 2-20% among women between the ages of 41 and 50.2 Uterine prolapse is a condition that develops when the pelvic floor muscles and ligaments supporting the uterus weaken and are unable to support it adequately.4 It can cause the uterus to protrude from the vagina, or bulge outward, sometimes resulting in incontinence. The risk factors for uterine prolapse include the age of an individual, race, any history in the family, high body mass index (BMI), higher parity (number of pregnancies), delivery by cesarean section, and other potential risk factors such as early menopause and pressure abdominal.⁵ Abnormal stretching of these muscles may also weaken them as a result of neurological injury or physical trauma during

vaginal births. Women who have uterine prolapse may experience symptoms like urinary incontinence, feeling a bulge in their vagina, and lower back pain.

NEED FOR STUDY

In India, uterine prolapse is one of the most prevalent gynecological conditions due to its high prevalence rate. Incidence rates for uterine prolapse are 76% in northern India, 20% in eastern India, and 3.4% in southern India. According to a study conducted in India about the effectiveness of structured teaching programs in a hospital on measures to prevent uterine prolapse in mothers, the researchers found that out of 40 pregnant mothers who were selected for the study, 22.5% lacked sufficient knowledge about this condition.⁷ A study was conducted among married women of reproductive age on the knowledge of uterine prolapse in Nepal in 2014 in which it revealed that out of 4,693 samples tested, more than 50% of the women had never heard of uterine prolapse and 37.5% had satisfactory knowledge⁸. A journal was established on knowledge of prolapse and women's attitude toward pelvic organ prolapse in 2013, in the US. The research team concluded that from the total of 213 women surveyed, knowledge about uterine prolapse was low at 2.2 ± 1.1 (range, 0–5). ⁸ In light of the research conducted by the above authors, it is evident that a great deal of knowledge regarding uterine prolapse is required in order to prevent the complications related to the reproductive health of women. Although uterine prolapse has a high prevalence rate among women, there has been a shortage of studies that have focused on the knowledge of premenopausal women regarding uterine prolapse and its prevention. According to the researchers, it was evident that such a study was necessary considering the high prevalence of uterine prolapse following menopause, and the fact that it is most likely to occur when a woman enters menopause, therefore the need for further research should be obvious.

AIM OF THE STUDY

The study aimed to assess the knowledge regarding uterine prolapse among premenopausal women in selected areas of Pune city.

RESEARCH METHODOLOGY

The objectives of the study are to assess the knowledge regarding uterine prolapse among premenopausal women in selected areas of Pune city and to find an association between knowledge of uterine prolapse with selected demographic variables in the study. The study used quantitative approach and a non-experimental exploratory design methodology. 200 premenopausal women were selected for samples of the study using the non-probability purposive sampling technique. Demographic variables includes age, marital status, education status, occupation, monthly income of the family, obstetrical score, mode of delivery, do you know about Uterine prolapse, and any complications in childbirth. A self-structured questionnaire containing 20 sets of questions was formulated to assess the knowledge regarding uterine prolapse. Content validity of the questionnaires was done, reliability demonstrated a high relevance of 0.9. The pilot study was conducted on $1/10^{th}$ of the study sample, found that the investigation was feasible.

RESULTS

1. Analysis of demographic data of premenopausal women

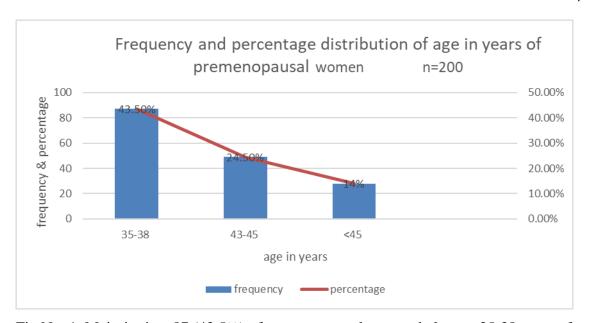


Fig No. 1. Majority i.e., 87 (43.5%) of premenopausal women belong to 35-38 years of age, 49 (24.5%) of women were of 39-42 years of age, 36 (18%) of women belong to 43-45 years of age and 28 (14%) of premenopausal women were of age <45 years.

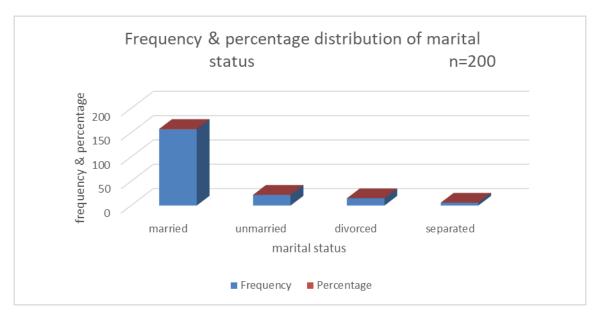


Fig. No. 2. Most of the premenopausal women i.e., 157 (78.5%) are married, 22 (12%) are unmarried premenopausal women, 15 (7.5%) premenopausal women are divorced and 6 (3%) are separated, premenopausal women.

Findings of Analysis of other demographic variables

- The majority of premenopausal women 74 (37%) were graduated, 61 (30.5%) had secondary education, 45 (22.5%) were illiterate and 20 (10%) premenopausal women had primary education.
- Most i.e., 93 (46.5%) premenopausal women work in the private sector, 37 (18.5%) of premenopausal women are self-employed and unemployed, 22 (11%) have other occupations and 11 (5.5%) premenopausal women work as government servants.
- Majority of 63 (31.5%) premenopausal women had Rs.10,001-20,000 monthly income, 60 (30%) had Rs.20,001-30,000, 35 (17.5%) had a monthly income of <Rs.10,000, 29 (14.5%) had Rs.30,000-40,001 and 13 (6.5%) premenopausal women had a monthly income of >Rs.40,000.
- Regarding the obstetrical scoring, 80.5% (161) of participants were primiparous and 19.5% (39) were multipara. 78% (156) of participants didn't have any abortions with 22% (44) of participants having abortions. 71% (142) of participants had live children, while 29% (58) did not have any live children. 95% (190) of participants had no death of children, while 5% (10) had the death of children.
- Majority of 139 (69.5%) have given birth through normal vaginal delivery and 44 (22%) premenopausal have given birth through cesarean (LSCS).
 - Majority of 115 (57.5%) premenopausal women do not know about uterine prolapse and 85 (42.5%) know about uterine prolapse. 172 (86%) had no complications in childbirth and 6 (3%) of premenopausal womenhad complications in childbirth.
- 2. Analysis of knowledge regarding uterine prolapse among premenopausal women

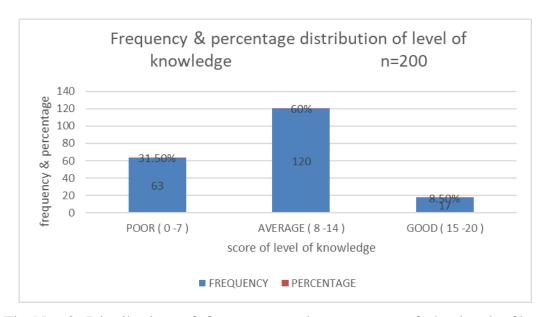


Fig No. 3. Distribution of frequency and percentage of the level of knowledge regarding uterine prolapse among premenopausal women.

The above fig. shows the majority of 120 (60%) scored an average mark on the test, while 63 (31.5%) scored poor and 17 (8.5%) of premenopausalwomen scored well. That means only 8.5% of them have good level of knowledge.

Table No. 01: Mean, Standard deviation of knowledge score regarding uterine prolapse among premenopausal women.

n = 200

KNOWLEDGE	MEAN	STANDARD DEVIATION		
SCORE	12.67	5.21		

The data presented in Table No. 02 reveals that the mean level of the data is 12.67, which means it falls on average score. It also shows that the Standard deviation is 5.21.

- 3. Analysis of association of knowledge regarding uterine prolapsewith selected demographic variables.
 - Table No. 2: Showing association between the knowledge score and the demographic variables

Section A-Research paper

n=200

S. No.	Demograp hic variables	Chi-sq uare at 0.05 Level	Degree of freedom	Table value	P- value	Significance
1.	Age of premenopau sal women in years	152.104	6	12.5 9	0.00	Significant
2.	Marital status	193.503	6	12.5 9	0.00	Significant
3.	Education	8.287	6	12.5 9	0.2177	Not significant
4.	Occupation	38.486	8	15.5 07	0.000	Significant
5.	Income	4.376	8	15.5 07	0.8216	Not significant
6.	Obstetrical score	3.990	6	12.5 9	0.6779	Not significant
7.	Mode of delivery	7.424	2	5.99 1	0.0244	Significant
8.	Knowabout uterine prolapse	5.006	2	5.99 1	0.0818	Not significant
9.	Complicatio ns in childbirth	0.608	2	5.99 1	0.7375	Not significant

In above table, association is calculated using chi-square, in which the p-value of age, marital status, occupation, and mode of delivery are lesser than 0.05 level of significance, found to be associated with the level of knowledge.

DISCUSSION

The present research aimed to assess the knowledge of premenopausal women

regarding uterine prolapse. The study was done on 200 premenopausal women under the given criteria. Each participant was informed of the purpose of the study, and consent and confidentiality were maintained. The questionnaire was divided into two sections, the first one collected demographic variables such as age, marital status, occupation, monthly income, obstetrical score, mode of delivery, prior knowledge about uterine prolapse, and any complication. The second section comprised a self-constructed questionnaire consisting of 20 questions with multiple-choice. The results revealed the majority of 43.5% (87) of people were between 35 and 38 years of age. 78.5% (157) of participants were married. The majority of participants 37% (74) had graduated. 46.5% (93) of participants were members of the private sector. 31.5% (63) had a monthly family income of between Rs.10,000 and Rs.20,000. In terms of obstetric scoring, 80.5% (161) of participants were primiparous. 78% (156) had experienced no abortions. 71% (142) had live children. 95% (190) had no deaths of children. 69.5% (139) had a normal vaginal delivery. 57.5% (115) did not know about uterine prolapse.172 (86%) had no complications in childbirth. Out of 200 samples collected, 60% had average knowledge, 31.5% had poor knowledge scores, and 8.5% had good knowledge scores on uterine prolapse.

A similar study conducted in Nepal was in line with the present study which was done on married women of reproductive age. Out of 4,693 samples examined, 52.9% of the women had never heard of uterine prolapse, whereas 37.5% had sufficient knowledge, 3.8% had the least, and 26.8% had the most.⁸ both the studies show similarity with the majority of participants scoring average or sufficient knowledge score regarding uterine prolapse.

CONCLUSION

Research studies have looked at uterine prolapse among pregnant women, older women, or menopausal age groups and nursing actions to enhance the ability of individuals to respond effectively to actual or potential problems. Only a few research studies have been

undertaken on premenopausal women. Conducting research in different modalities will help to develop nursing knowledge and uplifting of the nursing profession. Teaching programs on uterine prolapse for women of reproductive age should be organized. Such programs should include a comprehensive guide, qualified team members, effective teamwork, and well-defined objectives and goals. A similar study can be done on a larger scale and different settings which may help in developing a more refined and clear conclusion

CONFLICT OF INTEREST

We, researchers, understand that conflict of interest refers to situations in which financial or other personal considerations may compromise our judgment in evaluating, conducting, or reporting research.

We hereby declare that we do not have any personal conflict of interest thatmay arise from our application and submission of our research proposal.

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"There is no funding source for this study."

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REFERENCES

- Nathan GG, Varghese L, Kanmani J.Effectiveness of Structured Teaching Programme on Knowledge Regarding Preventive Measures of Uterine Prolapse among Mothers. J Clin of Diagn Res. 2017; 11(12):QC05-QC08.
- Kuncharapu I, Majeroni BA, Johnson DW. Pelvic organ prolapse [Internet].
 American Family Physician. 2010 [cited 2023Mar16]. Available from: https://www.aafp.org/pubs/afp/issues/2010/0501/p1111.html

https://www.doi.org/10.7860/JCDR/2017/31180/10949

- 3. Anatomy of the uterus [Internet]. Anatomy of the Uterus Health Encyclopedia University of Rochester Medical Center. [cited 2023Mar16]. Available from: https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=34&ContentID=17114-1
- 4. Doshani A, Teo REC, Mayne CJ, Tincello DG. Uterine prolapse. BMJ [Internet]. 2007 [cited 2023 Mar 4];335(7624):819—23. Available from: https://www.bmj.com/content/335/7624/819.short
- 5. Radl CM, Rajwar R, Aro AR. Uterine prolapse prevention in eastern Nepal: The Perspectives of Women and Health Care Professionals. International Journal of Women's Health. 2012;:373.
- 6. Raisler J, Kumari S, Walia I, Singh A. Self-reported uterine prolapse in a resettlement colony of North India. Journal of Midwifery & Samp; Women's Health. 2000;45(4):343–50.
- 7. Bandyopadhay N. Counseling Unit in Place at PGIMER on Uterus Prolapsed [Internet] 2013[updated 2014 Jan 16; cited 2014 Mar 16]. http://www.dailypioneer.com/stateeditions/chandigarh/counselling-u nit-inplace-at-pgimer-on-uterus-prolapsed.html

- 8. Binjwala Shrestha, Bhimsen Devkota, Badri Bahadur Khadka, Bishnu Choulagai, Durga Prasad Pahari, Sharad Onta, Max Petzold & Alexandra Krettek (2014) Knowledge on uterine prolapse among married women of reproductive age in Nepal, International Journal of Women's Health, 6:, 771–779, DOI: 10.2147/IJWH.S65508
- 9. Bodner-Adler B. Risk factors for uterine prolapse in Nepal. International Urogynecology Journal. 2007;18(11):1343—6.
- 10.1. Mekuria Z, Mengesha A, Seyoum G. Prevalence and Associated Factors of Utero-Vaginal Prolapse in AddisAbaba, Ethiopia: A Cross-Sectional Study. 2021 Jan 27;Research Square. https://www.researchsquare.com/article/rs-144888/v1
- 11. Singh D, Lama S, Maharjan S. Knowledge on risk factors of uterine prolapse among reproductive age group women of Bajrabarahi Municipality of Lalitpur, Nepal. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2016;3343—8.
- 12. Gomathi K, Sumani Mazumder, M Soniya, Sofiya Jenifer. A study toassess the knowledge on uterine prolapse among reproductive age group women's in Kudamoakkam. Int J Midwifery Nurs Pract 2020;3(2):11–13.
- 13. Mishra DK, Shrestha S. Knowledge on Uterine Prolapse and its Risk Factors among Married Women in Suklagandaki Municipality, Tanahun Nepal: A Cross Sectional Study. Journal of Manmohan Memorial Institute of Health Sciences. 2020 Aug 7;6(1):50—66.
- 14. Badacho AS, Lelu MA, Gelan Z, Woltamo DD. Uterine prolapse and associated factors among reproductive-age women in south-west Ethiopia: A community-based cross-sectional study. Lee RK, editor. PLOS ONE. 2022 Jan 21;17(1):e0262077.
- 15. Gumanga S, Munkaila A, Malechi H. Social demographic characteristics of women with pelvic organ prolapse at the Tamale Teaching Hospital, Ghana. Ghana Medical Journal. 2015 Feb 11;48(4):208.
- 16. Veena D Sakhardande, Juwal Thomas et all A study to assess the effectiveness of

structured teaching programme on knowledge of obesity and obesity related disorders among obese adults of selected area of Pune city, International Journal of Multidisciplinary Research and Development Online ISSN: 2349- 4182, Print ISSN: 2349-5979, Impact Factor: RJIF Volume 4; Issue 6; 2017; 509-5.72. June Page No. 510. https://www.researchgate.net/publication/321425206_A_study_to_assess_the_effectiveness _of_structured_teaching_programme_on_knowledge_of_obesity_and_obesity_related_disorder s_among_ obese_adults_of_selected_area_of_Pune_city

- 17. Memchoubi K. Effectiveness of Back Massage in the First Stage of Labour among women admitted in the Selected Hospital. International Journal of Nursing Education and Research. 2016;4(3):271-5.
- 18. Ashirwadam J. Methods of Data Analysis. wwwacademiaedu [Internet].

 2014; Available from:
 https://www.academia.edu/8135057/Methods_of_Data_Analysis
- 19. Garg R. Methodology for research. Indian Journal of Anaesthesia [Internet]. 2016;60(9):640. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC