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Awareness of Uterine Prolapse among Women in Birendranagar's Reproductive Age Group, Surkhet, Nepal

Suman Giri[1]

[1]Registered Nurse, Nepal Nursing Council, Nursing Officer, Nepalgunj Medical College, Banke, Nepal.

Corresponding Author's Email: [1]**nursesumangirishrestha@gmail.com**

Abstract

Uterine prolapse is a common cause of reproductive morbidity affecting women's quality of life. In Nepal, around one million reproductive-age women suffer from this condition. It occurs when pelvic floor muscles weaken, causing the uterus to descend or protrude from the vagina. A study in Birendranagar-04, Surkhet aimed to assess the knowledge of uterine prolapse among women in the community. A sample of 60 women was selected, and data was collected using a semi-structured questionnaire. Analysis revealed that 50% had poor knowledge, 33.3% had average knowledge, and only 16.7% had good knowledge. Education level was found to be a significant factor influencing knowledge. Overall, the study highlighted a lack of awareness regarding uterine prolapse among the respondents.

Keywords: Uterine Prolapse, Reproductive age, Nepal, Awareness.

Introduction

Uterine prolapse is a condition where the uterus drops into or out of the vagina due to weak or stretched pelvic floor muscles and ligaments. According to Elsayed et al. (2016), 1 million women in Nepal have uterine prolapse, the majority of whom are of reproductive age. When the pelvic floor muscles and ligaments become too weak or too stretched to support the uterus, uterine prolapse develops. The outcome is that the uterus enters or exits the vagina. People who have had one or more vaginal births after menopause are more likely to get uterine prolapse (Mayoclinic, 2022).

Women in Nepal experience uterine prolapse mostly as a result of gender inequality. Early marriage, having several children, having deliveries without qualified midwives, working continuously during their pregnancies, and having babies soon after giving birth. Physical discomfort, psychological distress, social isolation, and sexual lifestyle constraints are just a few of the many elements of a woman's quality of life that are impacted. Risk factors for it include Ageing, previous pelvic surgery, and several pregnancies (Paudel & Khadgi, 2018).

A sense of dragging or weight in the pelvic, a protrusion or bulge from the vagina, lower back pain, urine incontinence or urgency, trouble emptying the bladder, and discomfort during sexual activity are all signs of uterine prolapse. These symptoms can range in severity from moderate to severe. The degree of a woman's symptoms might have an effect on her daily activities

and general wellbeing. A healthcare expert must do a physical examination to diagnose uterine prolapse. A staging system, such as the Pelvic Organ Prolapse Quantification (POP-Q) method, is frequently used to classify the degree of prolapse and aid choose the best course of therapy.

The severity of the problem and its effects on the woman's life will determine the best course of treatment for uterine prolapse. Pessaries, which are devices implanted into the vagina to offer support, pelvic floor exercises, which strengthen the muscles, and lifestyle changes like losing weight and avoiding heavy lifting are all examples of non-surgical therapies. Surgical surgery can be required if conservative therapies are ineffective if the prolapse is severe. Surgery treatments range from strengthening the compromised ligaments and muscles of the pelvic floor to, in more severe instances, removing the uterus (hysterectomy).

Maintaining a healthy weight, adopting appropriate bowel habits to prevent straining during bowel movements, exercising often to strengthen the pelvic floor muscles, and refraining from activities that place too much strain on the pelvis are all ways to prevent uterine prolapse. Uterine prolapse is a typical ailment that has a big effect on a woman's quality of life. In order to reduce symptoms and enhance general wellbeing, early diagnosis, effective therapy, and preventative actions are recommended. To seek prompt medical care and assistance, it is critical for women to be informed of the risk factors, symptoms, and available treatments.

Literature Review

In Nigeria in January 2020, a descriptive cross-sectional study on women's knowledge of uterine prolapse was carried out. 302 females made up the sample. Face-to-face interviews with participants in a semi-structured questionnaire were used to gather the data. 94.7% of respondents had little understanding of uterine prolapse, whereas 19.7% had considerable knowledge. According to the study's findings, the majority of women knew little about uterine prolapse (Anozie Okechukwu et al., 2020.

From July to September 2016, a cross-sectional study which was descriptive in nature on women's awareness of uterine prolapse was conducted at a hospital in Chitwan, Nepal. The data was collected from 130 women about uterine prolapse. Face-to-face interviews were used to gather the data using a semi-structured questionnaire. The findings indicate that 69% of the women had very poor understanding about uterine prolapse, whereas only thirty-one percent of the women had adequate knowledge or awareness. According to the study's findings (Marasine et al., 2020), few women in the reproductive age group had a high degree of awareness of Uttar Pradesh.

In April 2016, a descriptive cross-sectional study on women's awareness and behaviours about uterine prolapse risk factors was carried out in Egypt. A total of 200 married women made up the sample. Face-to-face interviews with a semi-structured questionnaire were used to obtain the data. The findings indicate that 56.5% of the women in the study had never heard of uterine

prolapse. According to the study's findings (Elsayed et al., 2016), married women in the reproductive age range have low awareness about the uterus.

In November 2019, researchers in Nepal conducted a cross-sectional study about the awareness of uterine prolapse among women in the reproductive age group. 60 women in the reproductive age range made up the sample. Data was gathered utilising a semi-structured questionnaire and face-to-face interviewing. The findings indicated that whereas 54% of respondents had insufficient information regarding uterine prolapse, 46% had good understanding. According to the study's findings (Bhurtel et al., 2019), more than half of the respondents lacked appropriate understanding regarding uterine prolapse.

In Lalitpur, Nepal, in February 2016, a descriptive cross-sectional study was carried out to determine the awareness of uterine prolapse risk factors among women of reproductive age. 185 females made up the entire sample. Data were gathered using a face-to-face interviewing approach using a semi-structured questionnaire. The findings indicate that considering risk factors for uterine prolapse, 46.5% of women have good awareness and 53.5% have poor understanding. According to the study's findings (Singh, Lama, & Maharjan, 2016b), the majority of respondents lacked appropriate understanding concerning uterine prolapse.

In Daulichaur VDC in the Ba-jhang district, between March 2016 and April 2016, a descriptive cross-sectional research was carried out to evaluate married women of reproductive age's knowledge and attitudes on prolapse. 313 married, fertile women between the ages of 15 and 49 made up the sample. Face-to-face interviews were used to gather data using a semi-structured questionnaire. According to the survey, just about 34% of respondents had a high degree of expertise. According to the study's findings, the majority of women in reproductive age had little understanding about uterine prolapse (Khanal, Ghimire, Shrestha, & Koirala, 2020).

The study examined how well 220 Egyptian women understood uterine prolapse. It used face-to-face interviews with a questionnaire. The study assessed the awareness of uterine prolapse among 80 women of reproductive age in a Kathmandu hospital. It used face-to-face interviews with a questionnaire. It found that 23% of women had never heard of or were unaware of the condition. It also found that many women had poor knowledge of the condition (Maharjan et al., 2019).

To determine how well pregnant women in various places understood uterine prolapse, three descriptive cross-sectional studies were done. 35.3% of the 104 women who participated in the first research conducted in 2019 had a poor level of understanding. In the second survey from 2016, there were 100 women, and 56% of them lacked sufficient understanding. A total of 240 women participated in the third survey conducted in 2019; 63.33% of them had inadequate understanding, while 36.67% had moderate knowledge. The majority of women in all three sites had inadequate understanding about uterine prolapse, according to the study' overall findings (Rawat, 2019).

In April 2018, a descriptive cross-sectional study was carried out in South Ethiopia to evaluate knowledge of uterine prolapse. 408 women made up the entire sample size. The ladies were chosen using a systematic random sample procedure, and pretested structured questions were used for the interviews. According to the survey, 51.2% of moms had insufficient understanding about uterine prolapse. According to the study's findings (Yohannes, Hadra, Aychilu, & Tulu, 2018), the majority of women had little understanding about uterine prolapse.

A descriptive cross-sectional study was conducted in May 2019 at Melnallathur in Thiruvallur to gauge the awareness of uterine prolapse among women of reproductive age. There were 60 women in the sample who were of reproductive age. Face-to-face interviews conducted in a semi-structured manner served as the data gathering approach. Out of 60 samples, the study found that 6.6% had sufficient knowledge, 73.3% had intermediate knowledge, and 20% had poor knowledge. According to the study's findings, uterine prolapse is poorly understood among women of reproductive age (Selvaraj, 2019).

Numerous studies have shown that education on uterine prolapse can reduce risk, but few women in the reproductive age group have the knowledge necessary to prevent it, lessen its complications, and boost health-seeking behaviour. In Nepal, uterine prolapse is a significant public health concern. Raising awareness and changing behaviour at the individual, family, and community levels are required for prevention. Women in Nepal are robbed of education, forced into early marriage, early pregnancies, and frequent childbearing in addition to severe labour. Therefore, it appears that uterine prolapse in women is a result of a lack of knowledge of the condition.

Research Methodology

The study used a descriptive cross-sectional design and took place in the Shital and Suryamukhi toles of Birendranagar municipality's Ward 4 in Surkhet district, Karnali Province, Nepal. The location is in the inner Terai with a subtropical climate and has an altitude of 725 masl. The coordinates are 28036'29" N and 81036'34" E. The study was conducted from November to December 2022. The participants were 60 women aged 15 to 49 who lived in the Shital and Suryamukhi toles. They were selected by convenience sampling without probability from a specific community in Birendranagar-04, Surkhet. Research instrument was developed by consulting the experts of their fields and supervisors, a semi-structured questionnaire was employed for data collection. The questionnaire was divided into two parts:

Part I: Socio-demographic Performa

Analysis

Data collected for this study, data from 60 women of reproductive age from a chosen community in Birendranagar Municipality in the Surkhet district were analysed and interpreted. This study was carried out to ascertain the level of awareness among women of reproductive age

regarding uterine prolapse. Statistical software was used to clean, input, and analyse all of the gathered data. Descriptive statistics were used for the analysis. Tables were used to report all the data in terms of frequency and percentage. On the basis of the study's goal, all the collected data were analysed. Age, educational attainment, ethnicity, monthly income, place of residence, number of partnerships, and other factors are all included in this portion of the findings.

Table 1

The frequency and percentage distribution of women of reproductive age in terms of age group of respondents

Age of Respondent	Frequency	Percentage
15-30 Years	4	6.7%
30-45 Years	36	60.0%
45-60 Years	15	25.0%
>60 years	5	8.3%

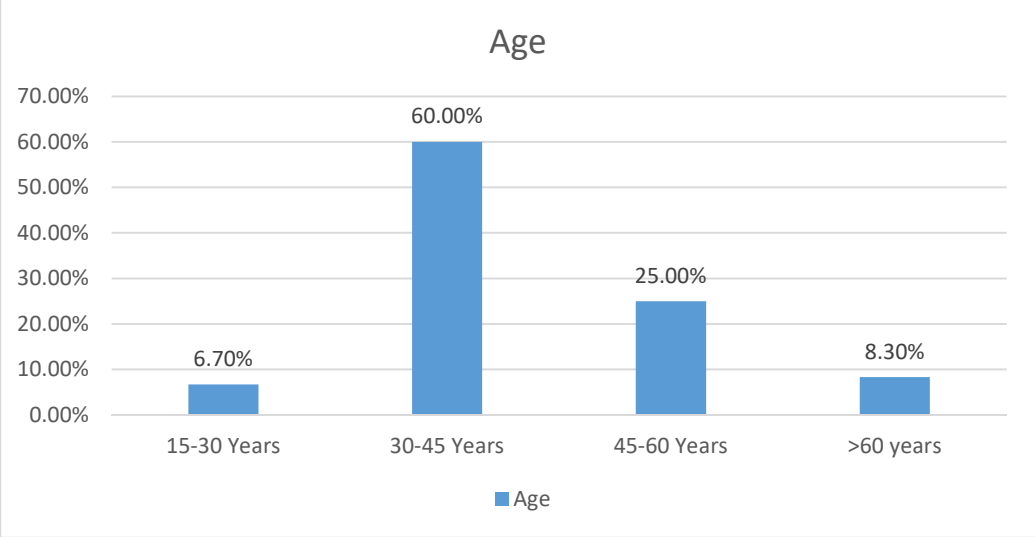

Figure 1

Bar graph depicting the percentage distribution of reproductive-age women by age group

According to Table 1 and Figure 1, 60% of respondents were between the ages of 30-45, 25% were between the ages of 45 and 60, 8.3% were above 60, and at least 6.7% were between the ages of 15 and 30.

Table 2

The frequency and percentage distribution of women of reproductive age in terms of respondents' ethnicity.

Ethnicity	Frequency	Percentage
Brahmin	27	45.0%
Chhetri	4	6.7%
Janajati	12	20.0%
Dalit	15	25.0%
Other	2	3.3%

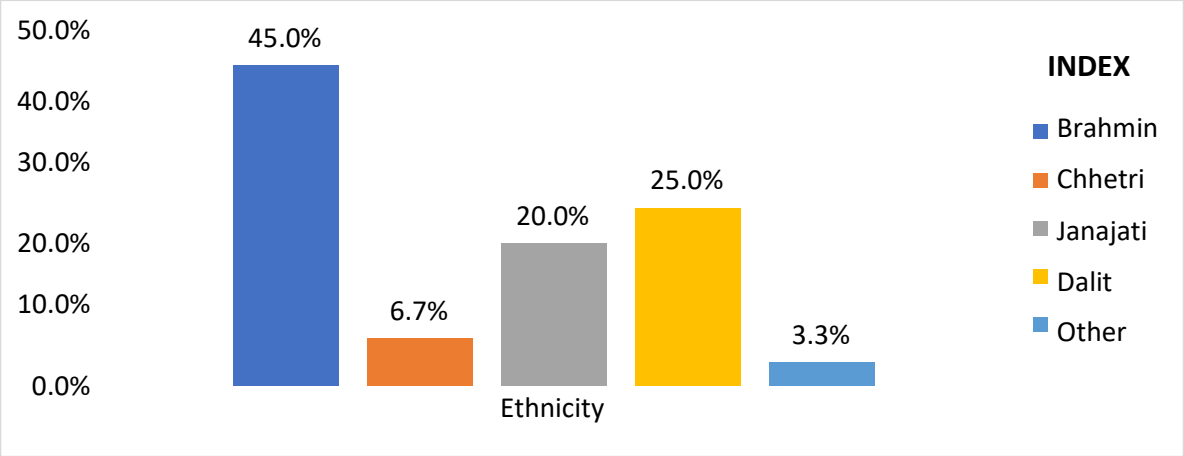

Figure 2

A bar graph depicting the percentage distribution of women of reproductive age by ethnic group.

The data of the respondents' ethnic group, which consists of 45% Brahmin, 25% Dalit, 20% Janajati, 6.7% Chhetri, and 3.3% other, are shown in Table 2 and Figure 2.

Table 3

The frequency and percentage distribution in terms of respondents' educational level

Education level	Frequency	Percentage
Illiterate	20	33.3%
Primary Level (1-8)	5	8.3%
Secondary Level (9-12)	14	23.3%
Bachelor	21	35.0%

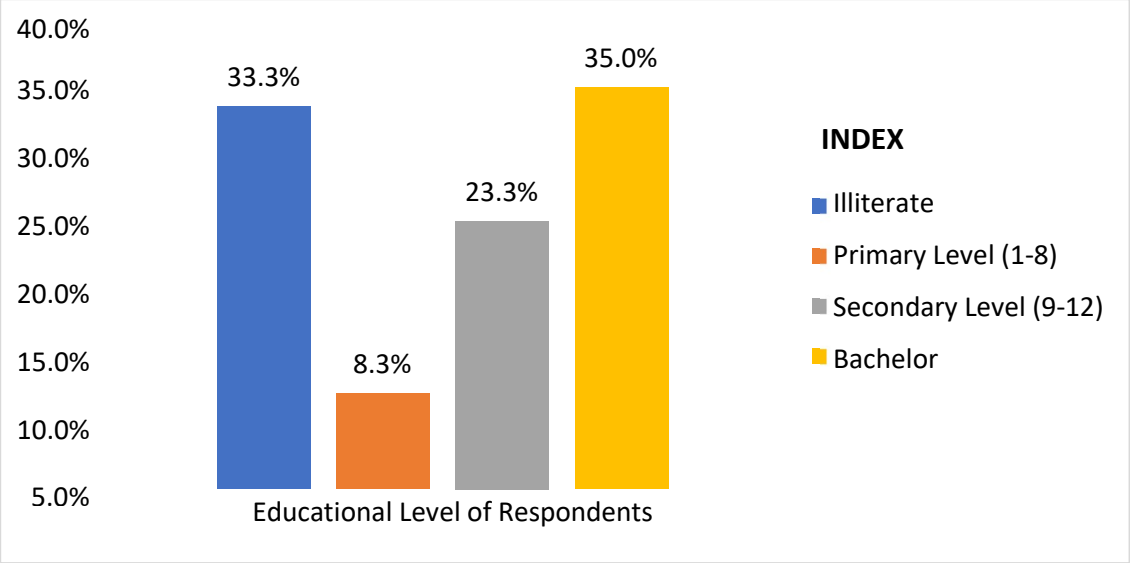

Figure 3

A bar graph depicting the percentage distribution of women of reproductive age based on their educational degree.

The data of the respondents' ethnic group, which consists of 45% Brahmin, 25% Dalit, 20% Janajati, 6.7% Chhetri, and 3.3% other, are shown in Table 3 and Figure 3.

Table 4

Frequency and percentage distribution of reproductive age group women in terms of occupation of the respondents

Occupation	Frequency	Percentage
House Maid	34	56.7%
Labour	9	15.0%
Business	12	20.0%
Government Job	5	8.3%

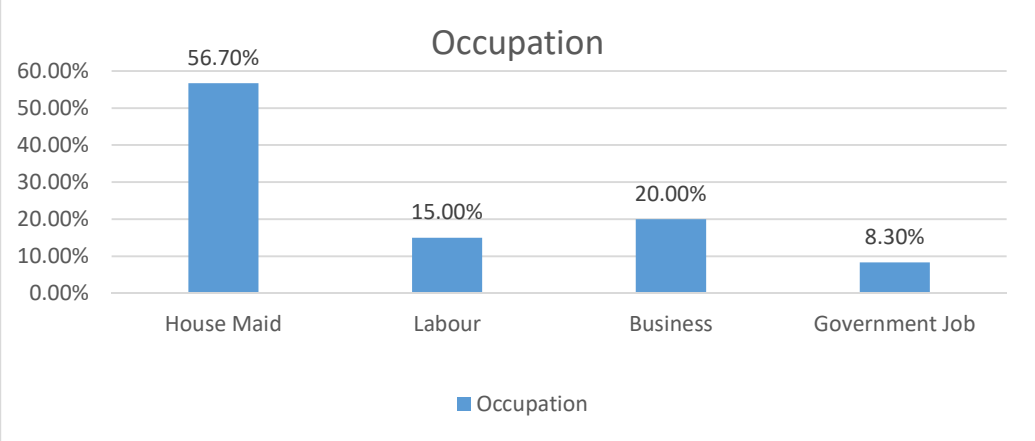

Figure 4

A bar graph depicting the percentage distribution of women of reproductive age by education level.

According to table 4 and figure 4, 56.7% of respondents work as housemaids, 20% operate their own businesses, 15% are labourers, and 8.3% are employed by the government.

Table 5

The frequency and percentage distribution of women of reproductive age in terms of family type of respondents

Family Type	Frequency	Percentage
Nuclear	34	56.7%
Joint	19	31.7%
Extended	7	11.7%

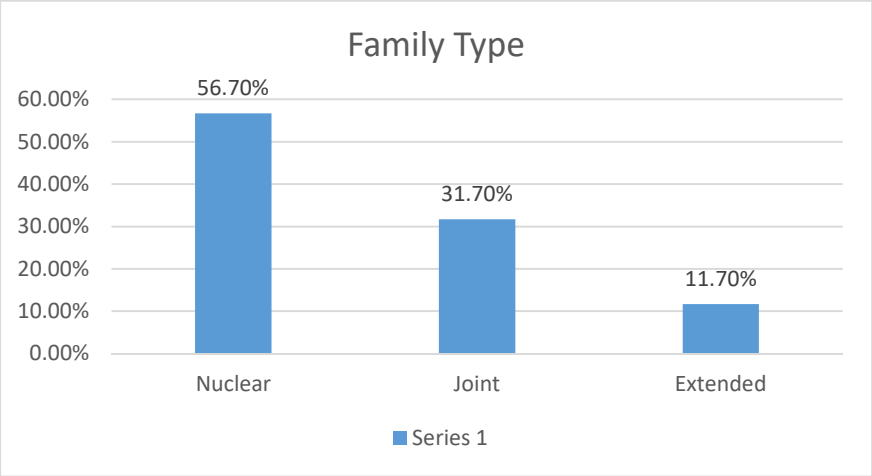

Figure 5

Bar graph depicting the percentage distribution of reproductive-age women by family type.

The families of the respondents, which consist of 56.7% nuclear, 31.7% joint, and 11.7% extended, are represented in table 5 and figure 5.

Table 6

The frequency and percentage distribution of women of reproductive age in terms of Income among respondents

Resident Area	Frequency	Percentage
Rural	2	3%
Urban	58	97%
Monthly Income of Family		
<10000	5	8.3%
10001-20000	14	23.3%
20001-30000	2	3.3%
>30000	39	65.0%

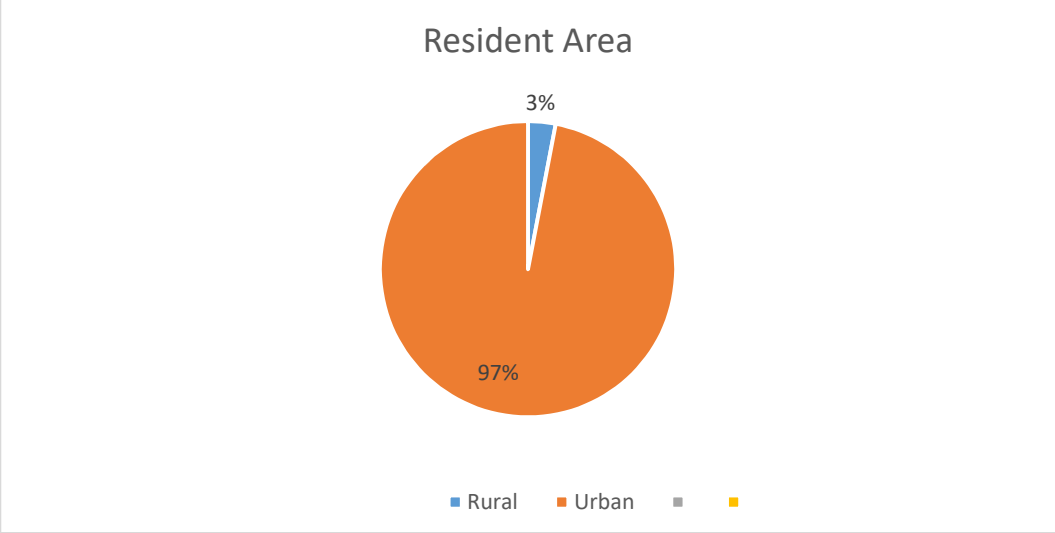

Figure 6

A pie chart depicting the percentage distribution of women of reproductive age based on their place of residence.

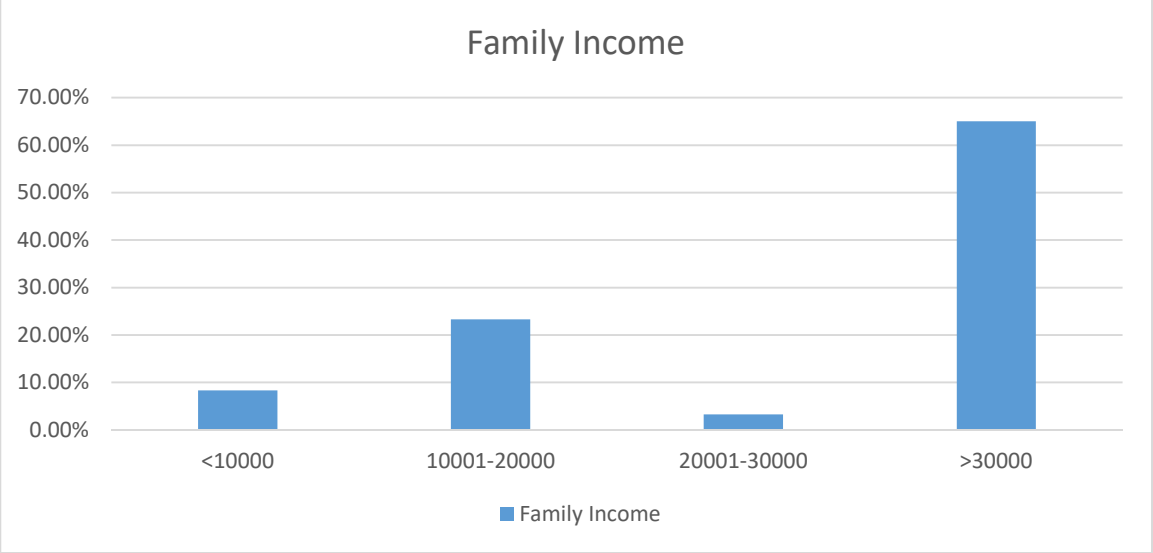

Figure 7

A bar graph depicting the percentage distribution of women of reproductive age based on their monthly household income.

In Table 6, Figure 6, and Figure 7 demonstrate that 97% of respondents dwell in metropolitan areas, while just 3% do so. Additionally, just 8.3% of respondents (out of 65%) reported having a monthly income of less than 10,000.

Table 7

Respondent frequency and percentage distribution in terms of socio-demographic variables: marital status, number of children, and place of birth/ delivery

Marital Status	Frequency	Percentage
Married	48	80.0
Single women	7	11.7
Divorced	5	8.3
No. of Parity		
None	5	8.3
One	23	38.3
Two	5	8.3
>=Three	27	45.0
Place of Birth/ Delivery		
Home	23	38.3
Hospital	37	61.7

Table 7 reveals that 61% of respondents had their babies in a hospital and that 45% of respondents were married and had more than three children.

Section II: Distributions of awareness of uterine prolapse among women of reproductive age group.

The variables in this area of the findings relate to knowledge of uterine prolapse, including its definition, causes, symptoms, prevention measures, and therapies. By employing descriptive statistics, data was examined.

Table 8

Frequency and percentage distribution of respondent in terms of Knowledge regarding Uterine Prolapse: Known to Uterine Prolapse, Source of Information.

Known to Uterine Prolapse	Frequency	Percentage
Yes	43	71.7
No	17	28.3
If Yes, Source of information		
Social Media	9	15.0
Relatives	31	51.7
Peer group	9	15.0
Female Community Health Volunteer (FCHV)	10	16.7
Mass Media (television, radio, pamphlets, newspapers, etc.)	1	1.7

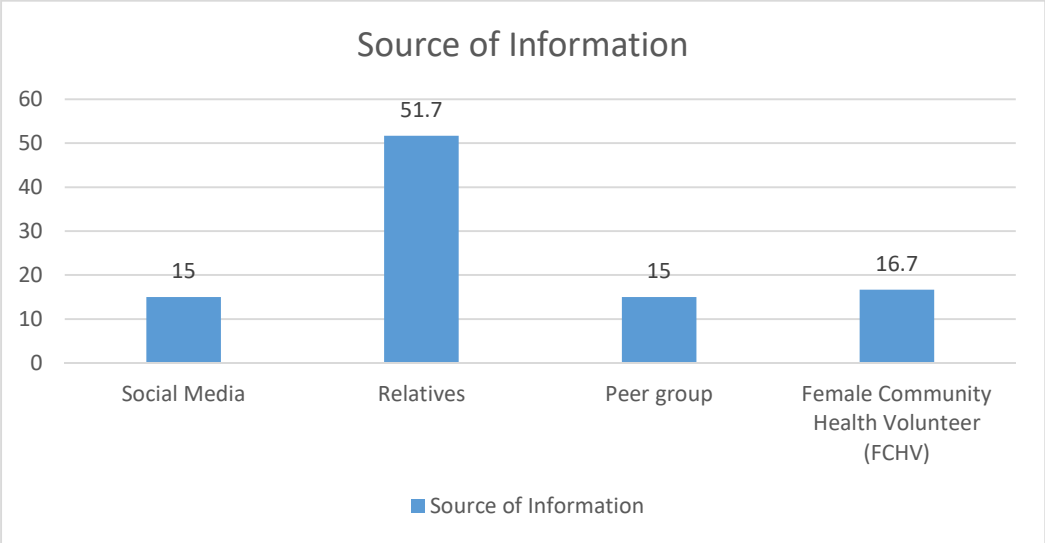

Figure 8

A bar graph depicting the percentage distribution of women of reproductive age by education

According to Table 8 and Figure 8, 51.7% of respondents had knowledge about their uterine prolapse through family members, followed by FCHV 16.7% and social media 15%.

Table 9

Frequency and percentage distribution of respondent in terms of Knowledge regarding Uterine Prolapse: Meaning, Causes and Symptoms

Meaning of Uterine Prolapse	Frequency	Percentage
Something is oozing from the vagina	36	60.0
Extra tissue development into the vagina	18	30.0
Vaginal swelling	6	10.0
Causes of Uterine Prolapse		
Carrying big weights during the postnatal period	28	46.7
Pregnancies in multiples	25	41.7
Untrained employees deliver	6	10.0
Nutritional deficiencies in the postnatal period	1	1.7
Symptoms of Uterine Prolapse		
Vaginal discharge white in colour	21	35.0
Sensation of something is coming out of my vagina	32	53.3
Difficulty while walking	3	5.0
Urine pass involuntarily while sneezing, coughing, or laughing	4	6.7

According to Table 9, 60% of respondents defined uterine prolapse as something coming out of the vagina, while 46.7% of respondents said carrying a heavy load during the postpartum period caused it, followed by 41.7% by multiple pregnancies. As for symptoms, 53.3% of respondents said they felt something coming out of the vagina, while 35% said they had white vaginal discharge.

Table 10

The frequency and percentage distribution of women belonging to reproductive age in terms of awareness of degrees regarding uterine prolapse

Degrees of Uterine Prolapse	Frequency	Percentage
One	36	60.0
Two	21	35.0
Three	1	1.7
Four	2	3.3

Only 3.3% of respondents correctly identified the number of degrees of uterine prolapse in Table 10 according to the results.

Table 11

Frequency and percentage distribution of respondent in terms of Knowledge regarding Uterine Prolapse: Preventions, Treatment, No. of Surgeries and Main Surgeries

Preventive measures of Uterine Prolapse	Frequency	Percent
Avoiding excessive lifting during the postnatal period	32	53.3
Keeping multiple pregnancies to a minimum	11	18.3
Eating nutritious foods throughout pregnancy and after delivery	5	8.3
Keeping Perianal Injuries at Bay	12	20.0
Treatments of Uterine Prolapse		
Medications	21	35.0
Allopathy/ Ayurvedic/ Herbal/ Homeopathy	6	10.0
Ring surgery/ pessaries	31	51.7
No treatment	2	3.3
Number of Surgeries performed during Uterine Prolapse		
One	49	81.7
Two	2	3.3
Three	5	8.3
Four	4	6.7
Main surgeries performed in Uterine Prolapse		
Cystectomy	33	55.0
Prolapse repair	8	13.3
Both (a) Hysectomy and (b) Prolapse repair	2	3.3
Laparotomy	17	28.3

As shown in Table 11, 51.7% of respondents said ring pessaries/surgery was the first line of therapy for uterine prolapse, followed by medication, while 53.3% said the best way to prevent uterine prolapse is to avoid lifting heavy objects during the postpartum period. 35% of responders, however only 3.3% got the number and type of procedures done for uterine prolapse accurate.

Table 12

Respondent's frequency and percentage distribution in terms of awareness of uterine prolapse: risk factor, age group at risk, and danger/complication

Risk factors of Uterine Prolapse	Frequency	Percentage
Aging (>60 years)	14	23.3
Birth of large sized baby	24	40.0
Having one or more vaginal birth	20	33.3
Chronic coughing	2	3.3
Age group in risk of Uterine Prolapse		
15-30 years	15	25.0
30-45 years	17	28.3
45-60 years	12	20.0
>60 years	16	26.7
Risk or complications of Uterine Prolapse		
Infection	44	73.3
Piles	6	10.0
Cancer	7	11.7
Constipation	3	5.0

In Table 12, the findings indicated that having a big baby at delivery is a significant risk factor for uterine prolapse (40%) and that women over sixty years of age are in the age group most at risk for uterine prolapse (26.7%). Infection was cited as the main risk factor or consequence for uterine prolapse by 73.3% of responders.

Table 13

Respondent frequency and percentage distribution in terms of awareness of Uterine Prolapse: first move respondents take if confronted with Uterine Prolapse and government involvement to enhance awareness of Uterine Prolapse.

Initial step after Uterine Prolapse	Frequency	Percentage
Sharing with your husband	31	51.7
Sharing with a close friend.	15	25.0
Contact the local health-care institution.	12	20.0
Consult your doctor and follow his or her advice.	2	3.3
Interventions by the government to prevent and raise understanding of uterine prolapse		
Sexual and reproductive health education in schools	11	18.3
In the community health programme, emphasise the prevention of uterine prolapse.	42	70.0

Strict laws and penalties for early marriage should be established.	5	8.3
Radio, television, newspapers, and social media should all broadcast awareness programmes.	2	3.3

In the table 13 results revealed that 51.7% of respondents said that, when faced with uterine prolapse, they would first talk to their husband about the issue, and 70% of respondents thought that the government should emphasis uterine prolapse prevention in community health programmes to prevent and raise awareness of uterine prolapse among women of reproductive age.

Table 14

Women of reproductive age have knowledge level about uterine prolapse.

Knowledge level	Frequency	Percentage	Mean± SD
Good	10	16.7	
Average	20	33.3	4.5±1.83
Poor	30	50.0	

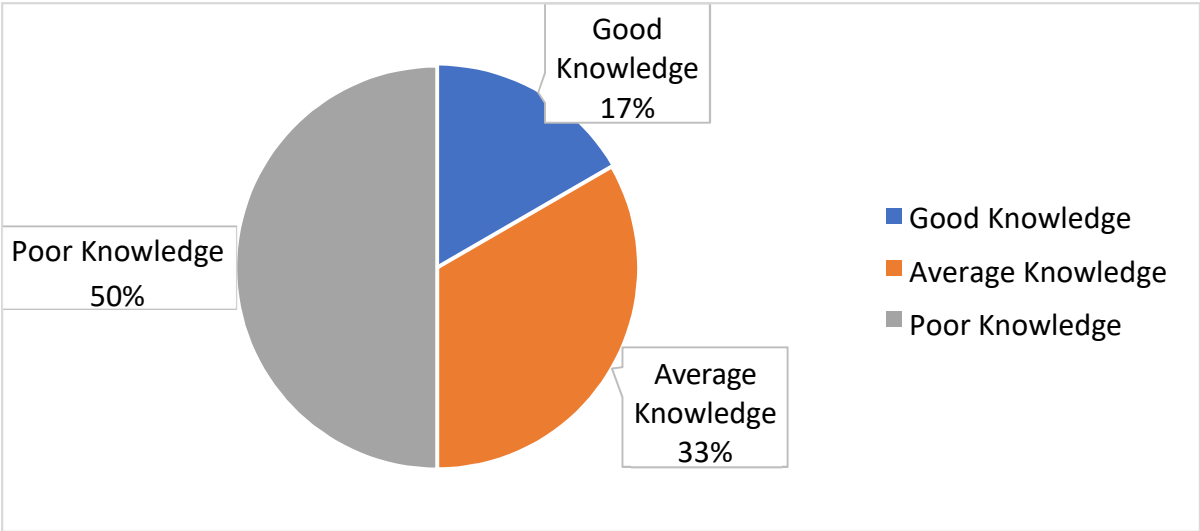

Figure 9

A pie chart depicting the reproductive age group women's understanding about Uterine Prolapse.

Figure 9 depicts that 50% of respondents had poor understanding about uterine prolapse, followed by 33.3% who had moderate knowledge and only 16.7% who had strong knowledge. The standard deviation of the mean knowledge score was 4.51.83.

Section III: The relationship between socio-demographic characteristics and awareness of uterine prolapse among women of reproductive age

Table 15

Association between socio-demographic variables and knowledge level of the respondents regarding uterine prolapse

Variables	Good N (%)	Average N (%)	Poor N (%)	Chi square	df	P value
Age				5.756[a]	6	0.451
15-30 Years	2 (3)	2 (3)	0 (0)			
30-45 Years	5 (8)	12 (20)	19 (32)			
45-60 Years	2 (3)	5 (8)	8 (13)			
>60 years	1 (2)	1 (2)	3 (5)			
Ethnicity				10.563[a]	8	0.228
Brahmin	3 (5)	11 (18)	13 (22)			
Chhetri	1 (2)	2 (3)	1 (2)			
Janajati	2 (3)	6 (10)	4 (7)			
Dalit	4 (7)	1 (2)	10 (17)			
Other	0	0	2 (3)			
Education Level				36.779[a]	6	0.000**
Illiterate	0 (0)	5 (8)	15 (25)			
Primary Level (1-8)	1 (2)	0 (0)	4 (7)			
Secondary Level (9-12)	0 (0)	7 (11)	7 (12)			
Bachelor	7 (12)	3 (5)	11 (18)			
No. of Parity				7.659[a]	6	0.264
None	0 (0)	1 (2)	4 (7)			
One	6 (10)	10 (17)	7 (12)			
Two	0 (0)	2 (3)	3 (5)			
>=Three	4 (7)	7 (12)	16 (27)			
Place of Delivery				6.839[a]	2	0.033*
Home	1 (2)	6 (10)	16 (27)			
Hospital	9 (15)	14 (23)	14 (23)			

*P-value < 0.05 – statically significant (figure in the parenthesis represents percentage)

The information in Table 15 demonstrates how the chi-square test is used to determine if socio-demographic variables are correlated. There is a significant correlation between knowledge and education level, family type, and site of delivery since the p-value is less than 0.05, but there is no significant correlation between knowledge and marital status, age, employment, family monthly income, or the number of parities. Therefore, a woman's understanding of uterine prolapse in reproductive age depends on her education level, family structure, and site of delivery.

Discussion

The goal of the current study, which involved 60 participants, was to evaluate respondents' awareness about uterine prolapse among women in the reproductive age range. Here, the results of this study are examined in relation to previous data from related investigations.

There are 60% of the responders in this study's 60 participants are in the 30- to 45-year-old age range. According to a cross-sectional survey by Shrestha et al. (2014) done in 25 districts of Nepal, 72.4% of the respondents are between the ages of 20 and 35. According to their ethnicity, 45% of respondents are Brahmin, 25% are Dalit, 20% are Janajati, 6.7% are Chhetri, and 3.3% are other. In comparison, the survey by Shrestha et al. (2014) found that 22.2% of respondents were Janajatis and 43% were Brahmins.

The respondents of the study were mostly college graduates or illiterate, housewives or entrepreneurs, and from nuclear families. These findings were similar to previous studies conducted in Lalitpur. The most of responders (35%) were college graduates, whereas 33.3% were illiterate. Secondary education (23.3%) and primary education (8.3%) came in second and third, respectively. Shrestha et al. (2014) found that 34.9% of respondents had finished secondary school. 20% of respondents own their own enterprises, while 56.7% are housewives. In comparison, a study conducted in Lalitpur by Singh, Lama, and Maharjan (2016) discovered that 49.7% of respondents were housewives. The bulk of responders, 56.7%, come from nuclear families. A study conducted in Lalitpur by Singh, Lama, and Maharjan (2016) found that 66.5% of the population is linked to nuclear families, which confirms the same conclusion.

The majority of responders are 65% of them, make more than $30,000 a month in income. A research on Manmohan Memorial Hospital by Bhurtel, Mandal, and Shah (2019) revealed that the majority of respondents (51.3%) had incomes over 30,000, supporting the same conclusion. A research by Bhurtel, Mandal, and Shah (2021) on the Manmohan Memorial Hospital found that the majority of respondents 90.6% were married, supporting the claim that 80% of the respondents were married.

Section II: Level of knowledge regarding uterine prolapse among reproductive age group women

According to the current survey, just 16.7% of respondents have strong knowledge, with the bulk of respondents having bad knowledge (50%) and average knowledge (33.3%). The knowledge mean score was 4.5 with a standard deviation of 1.83. Similar results were found in a research done in Bhaktapur, Nepal by Shrestha et al. (2014), which revealed that 55% of participants had thorough understanding of uterine prolapse and that 37% of those who had only heard of it had sufficient knowledge. This might be as a result of the community-based study's huge sample size (4693), the study's population being solely married women of reproductive age, and the approach used for the multi-stage random sampling.

In contrast to a cross-sectional study done in Nepal by Shrestha, et al. (2014), which found that 53% of respondents had never heard of uterine prolapse, the current study reveals that 71.7% of the respondents were aware of the condition. This might be as a result of the community-based study's huge sample size (4693), the study's population being solely married women of reproductive age, and the approach used for the multi-stage random sampling. The respondents learned about the uterine prolapse through a variety of sources, with relatives providing 51.7% of the information, FCHV 16.7%, and social media 15%, respectively. A comparable study by Shrestha et al. (2014) in 25 districts of Nepal found that 47.2% of respondents learned about the prolapse via friends and family.

The current study found that 60% of respondents defined uterine prolapse as something coming out of the vagina, and that carrying a heavy load during the postpartum period was the leading cause (46.7%), followed by multiple pregnancies (41.7%), and that the feeling of something coming out of the vagina (53.3%), followed by white vaginal discharge (35%), were the signs and symptoms. According to Shrestha's (2014) cross-sectional study in Bhojpur, 74.6% of respondents identified unpleasant vaginal discharge as a sign and symptom of uterine prolapse. This could be because of the community-based study, which only included married women of childbearing age and used a cluster sampling approach with probability proportional to sample size. There is also indications which shows that alcohol usage is also numerous diseases including prolapse (Usama, Riaz, Khan, Begum, Asif, & Hamza, 2022).

According to the study, 53.3% of participants thought that avoiding heavy lifting during the postpartum period would help prevent uterine prolapse. In contrast, in a different survey conducted at Manmohan Memorial Hospital, 80% of respondents provided the same answer. Only 3.3% of respondents correctly identified the number and kind of procedures, whereas 51.7% of respondents thought that ring pessaries or surgery was a viable choice for therapy. 49.7% of participants in a research in Bhaktapur listed ring pessaries as a therapeutic option, while 59.5% mentioned vaginal hysterectomy. The delivery of a big infant was noted as a significant risk factor (40%), and the age group over sixty years old was thought to be at risk (26.7%). In comparison to a survey done in Bhojpur, 73.3% of respondents identified infection as the main danger or consequence. The disparities in research sites, sample sizes, and sampling methods may be to blame for the discrepancies in findings.

Conclusion

This study demonstrates that the degree of information of uterine prolapse among women in the reproductive age group in ward number 4 of Birendranagar Municipality, Surkhet, was bad in the majority, or 50%, average among 33.3%, and good in only 16.7%. The connection between knowledge score and their chosen demographic variables including age, education level, ethnicity, number of children, marital status, employment, and information source was examined using the chi-square test. Knowledge is significantly correlated with education level, family type, and site

of delivery, while marital status, age, employment, family monthly income, and the number of parties are not significantly correlated.

Most of them had low knowledge levels, it was discovered. It appears that the majority of them may be unaware that they have uterine prolapse. The study came to the conclusion that in order to reach the maximum level of quality of life, the knowledge gap should be closed through various forms of community communication, with a focus on women in the reproductive age group. In order to prevent and raise awareness of uterine prolapse among women of reproductive age, the respondents wanted the government to place a strong emphasis on prevention of uterine prolapse in community health programmes through print media and electronic media including social media as well. Next generation is mostly engage himself at internet (Shahid, Asif, & Pasha, 2022). Only one ward of the Birendranagar Municipality was the subject of the study. Because non-probability purposive sampling was employed, it was not as difficult to generalise from a large sample. Only 60 respondents were used in the research for investigation. Therefore, the study's findings could not be applied generally.

References

Anozie Okechukwu, B., Nwafor Johnbosco, I., Esike Chidi, U., Ewah Richard, L., Edegbe Felix, O., Obuna Johnson, A., & Ukaegbe Chukwuemeka, I. (2020). Knowledge and Associated Factors of Pelvic Organ Prolapse among Women in Ebonyi State, Nigeria. *Journal of Womens Health and Development, 3*(2), 101-113.

Bhurtel, R., Mandal, R., & Shah, S. (2019). Knowledge on Uterine Prolapse among Reproductive Age Group Women in Nepal. *International Journal of Health Science and Research, 9*(11), 2249-9571.

Elsayed, F., Ahmed, M., & Gaheen, M. (2016). Knowledge and Practices of womenregarding risk factors of uterine prolapse. *IOSR Journal of Nursing and Health Science (IOSR- JNHS), 5*(6), 60-67.

Fayyad, A. M., & Siozos, C. S. (2014). Safety and one year outcomes following vaginally assisted laparoscopic uterine sacropexy (VALUES) for advanced uterine prolapse. *Neurourology and Urodynamics, 33*(3), 345-349.

Khanal, G., Ghimire, P., Shrestha, N., & Koirala, S. (2020). Prolapse related knowledge and attitude among married women of reproductive age. *Journal of Chitwan Medical College, 10*(1), 14-18.

Liu, J., Tan, S. Q., & Han, H. C. (2019). Knowledge of pelvic floor disorder in pregnancy. *International Urogynecology Journal, 30*(6), 991-1001.

Maharjan, M., Tuladhar, H., Sharma, B., Maskey, S., Bajracharya, M., & Thakur, M. (2019). Awareness and Knowledge about Uterine Prolapse with the use of Brochure as Health

Education Tool. *Journal of KIST Medical College, 1*(1), 15-15.

Marasine, N. R., Sankhi, S., Lamichhane, R., Pakhrin, S., Maharjan, S., Sankhi, S., Shrestha, S. (2020). Factors Associated with Knowledge Regarding Uterine Prolapse among Women Attending Gynecology Outpatient Department of Tertiary Care Teaching Hospital. *Global Journal of Medical Research: Gynaecology and Obstetrics*, 9-14.

Mayoclinic. (2022). Uterine prolapse. Retrieved September, 2022, from https://www.mayoclinic.org/diseases-conditions/uterine-prolapse/symptoms- causes/syc-20353458#:~:text=Uterine%20prolapse%20occurs%20when%20pelvic,one%20or%20more%20vaginal%20deliveries.

Megabiaw, B., Adefris, M., Rortveit, G., Degu, G., Muleta, M., Blystad, A., Kebede, Y. (2013). Pelvic floor disorders among women in Dabat district, northwest Ethiopia: a pilot study. *International Urogynecology Journal, 24*(7), 1135-1143. doi: 10.1007/s00192-012-1981-y.

MoHP, U., JHPIEGO. (2015). Management of Pelvic Organ Prolapse for doctors. Kathmandu: MoHP and UNFPA.

Khadgi, J., & Poudel, A. (2018). Uterine prolapse: a hidden tragedy of women in rural Nepal. *International Urogynecology Journal*, *29*, 1575-1578.

Rashad, M., Fadel, E., & El-Nemer, A. (2018). Women's Knowledge Regarding Pelvic Organ Prolapse. *Mansoura Nursing Journal, 5*(3), 57-67.

Rawat, V. (2019). A Study To Assess The Effectiveness Of Self Instructional Module On Level Of Knowledge Regarding Prevention And Management Of Uterine Prolapse Among The Perimenopausal Women In Selected Urban Areas At Udaipur. *International Journal Of Pharmaceutical Erudition*.

Selvaraj, K. (2019). Assess the Knowledge Regarding Risk Factors of Uterine Prolapse among Reproductive Age Women at Melnallathur in Thiruvallur. *4*, 32-36.

Shahid, N., Asif, M., & Pasha, A. (2022). Effect of Internet Addiction on School Going Children. *Inverge Jounal of Social Sciences*, *1*(1), 12-47.

Shrestha, B., Onta, S., Choulagai, B., Paudel, R., Petzold, M., & Krettek, A. (2015). Uterine prolapse and its impact on quality of life in the Jhaukhel–Duwakot Health Demographic Surveillance Site, Bhaktapur, Nepal. *Global Health Action, 8*(1), 28771. doi: 10.3402/gha.v8.28771

Silwal, M., Gurung, G., Shrestha, N., Gurung, A., & Ojha, S. (2016). Prevalence and factors affecting women with uterine prolapse in Lekhnath, Kaski, Nepal. *Journal of Gandaki Medical College-Nepal, 9*(2), 52-57.

Singh, D. R., Lama, S., & Maharjan, S. (2016a). Knowledge on risk factors of uterine prolapse among reproductive age group women of Bajrabarahi Municipality of Lalitpur, Nepal. *facilities, 6*, 7.

Singh, D. R., Lama, S., & Maharjan, S. (2016b). Knowledge on risk factors of uterine prolapse among reproductive age group women of Bajrabarahi Municipality of Lalitpur, Nepal. *6*, 7.

Turel, F., Caagbay, D., & Dietz, H. P. (2018). Prevalence of maternal birth trauma in Nepali women. *Journal of Ultrasound in Medicine, 37*(12), 2803-2809.

UNFPA, G. M. (2016). *Study on selected reproductive health morbidities among women attending reproductive health camps in Nepal, 2016,*. UNFPA, GoN/MoH Retrieved from https://nepal.unfpa.org/sites/default/files/pub- pdf/RH%20Morbidity%20study_0.pdf.

Usama, H. A., Riaz, M., Khan, A., Begum, N., Asif, M., & Hamza, M. (2022). PROHIBITION OF ALCOHOL IN QURAN AND BIBLE (A RESEARCH AND ANALYTICAL REVIEW). *PalArch's Journal of Archaeology of Egypt/Egyptology*, *19*(4), 1202-1211.

Yohannes, Z., Hadra, N., Aychilu, K., & Tulu, A. (2018). Knowledge on Risk Factors of Pelvic Organ Prolapse and Associated Factors among Mothers attending MCH Clinic, Bansa Daye Primary