

## ORIGINAL ARTICLE

**Knowledge, Attitude and Practices of Married Women of Reproductive Age Toward Uterine Prolapse**ABEELA AZAM<sup>1</sup>, NAYYAR LATIF<sup>2</sup>, ULFAT TAHIRA<sup>3</sup>, MALIHA AMJAD<sup>4</sup>, KIRAN AMJAD<sup>5</sup>, SEEMAL TAJASAR<sup>6</sup>, RIDA NAZ<sup>7</sup><sup>1</sup>Senior Medical Officer, Woman and Children Hospital MTI, Dera Ismail Khan-29050-Pakistan<sup>2</sup>District Gynecologist, Women and Children Hospital DHQ MTI, Dera Ismail Khan-29050-Pakistan<sup>3</sup>Master in Public Health, University of Lahore-Pakistan<sup>4</sup>Senior Registrar Gynecology and Obstetrics, Shalimar Hospital Lahore-Pakistan<sup>5</sup>MBBS, MPH, NUMS, Rawalpindi-Pakistan<sup>6</sup>Senior Registrar, Gynecology and Obstetrics, Sharif Medical City Hospital Lahore-Pakistan<sup>7</sup>Regional Blood Centre, Dera Ismail Khan-29050-PakistanCorresponding author: Rida Naz, Email: [dr.ridaanaz@gmail.com](mailto:dr.ridaanaz@gmail.com)**ABSTRACT****Background:** Uterine prolapse (UP) is a prevalent chronic problem in Pakistani women of reproductive age. A huge number of UP cases can be prevented with knowledge, attitudes, and practices.**Objectives:** The study aimed to create awareness among married women by KAP set.**Place and Duration:** This survey was conducted in District Dera Ismail Khan, during 2020-2021.**Methodology:** A total of 290 married women in the age group 20-40 years were participants in this survey. The participants were interviewed face-to-face using a semi-structured questionnaire.**Results:** The maximum (60.68%) women participated from rural areas than from urban areas (39.31%) who faced the UP. The majority (36.56%) of respondents responded that uterine prolapse is caused due to weakness in pelvic muscles followed by delivery by an unskilled person (27.58%), giving birth at an early age (20.68%), frequent childbearing (10.68%), and constipation (4.48%). Out of 290 participants, 47.58, 22.06 and 30.68% of the respondents had a positive, moderate, and negative attitude towards uterine prolapse, respectively.**Conclusion:** The respondents' knowledge, attitudes, and practices toward UP had a statistically significant relationship with their marital status, age, educational status, and occupational status.**Keywords:** Uterine prolapse; Married Women; Attitude; Awareness; Knowledge; Pakistan.**INTRODUCTION**

Uterine prolapse is the most common and severe chronic health issue in women of postmenopausal and reproductive age worldwide<sup>1-4</sup>. This issue is mainly recorded in both old and adult women in developing countries like Nepal and Pakistan. UP is when the ligaments and muscles that keep the uterus in place become too weak to hold the uterus properly<sup>5-7</sup>.

UP is caused due to various reasons such as chronic pulmonary disease, ascites, uterine or ovarian tumor, constipation, obesity, chronic coughing, estrogen deficiency, and genetic predisposition<sup>8-9</sup>.

This reproductive health morbidity can reduce the quality of women's lives in their societies. Women with UP issues are viewed as flawed and rejected by their husbands, societies, and families and are even excluded from social activities. When husbands do not get sexual satisfaction from UP women, they threaten to take another wife<sup>10</sup>. There are several risk factors for UP, including smoking, improper delivery techniques or delivery through an untrained doctor, heavy lifting, heavy work during and immediately after pregnancy, multiparity, low education, teenage pregnancy, and lack of good nutrition<sup>11-13</sup>.

This issue is emerging in various areas of Pakistan, including Dera Ismail Khan, and Khyber Pakhtunkhwa, Pakistan. The social status of women in this area is deficient, and they do not receive the appropriate care, even for demanding physical activities like carrying heavy loads or heavy work performed by the women living in these areas. The hard work during and immediately after childbirth negatively impacts women's health, who become victims of diseases such as UP. Rural women have been affected poorly by UP due to poor knowledge and a lack of hospital facilities. Maternity nurses have a role to play in assisting women in expressing their needs without fear and explaining the importance of early preventive measures and treatment. There is a need to educate urban and rural women and provide awareness about the problem faced before and during pregnancy. If this problem is addressed timely, it can be prevented, but it becomes possible when proper knowledge, attitude, and practice pieces of information are provided to women in less educated areas. Women must have adequate knowledge of uterine prolapse. The current

study aimed to determine the knowledge, attitude, and practices of women with reproductive health problems related to UP.

**METHODOLOGY**

This cross-sectional survey was conducted in the district of Dera Ismail Khan, Pakistan, from 2020-2021 to assess married women's knowledge, attitude, and practices toward Uterine Prolapse (UP). Married women of reproductive age were included in this survey. Data were taken from participants living in rural and urban areas using early researchers' random/cluster sampling techniques. A total of 290 married women in the age group 20-40 years were participants in this survey. The participants were interviewed face-to-face using a semi-structured questionnaire containing knowledge, attitude, and practice questions. The interview took 20-30 minutes for each participant. There were four parts of the questionnaire, i.e., Socio-demographic characteristics of respondents, knowledge-related questions, attitude, and practices-related questions on UP.

**Statistical analysis:** The data were arranged in Microsoft Office Excel sheet and analyzed statistically using SPSS version 16.

**RESULTS AND DISCUSSION**

Uterine prolapse is a common progressive, reproductive morbidity and chronic public health concern in all ages of women, especially in married women, in which the uterus protrudes from its original position in the pelvic cavity. This problem affects a large number of women of all ages, but they remain silent because it is associated with social isolation, stigma, violence, and discrimination. The condition could be caused by a lack of knowledge about uterine prolapse. As a result, the purpose of this study was to assess married women's knowledge, attitudes, and practices regarding uterine prolapse in Pakistan.

In the current study 20-40 years, married women were involved from rural and urban areas. The maximum (60.68%) of women were from rural areas and the lowest (39.31%) were from urban areas that faced UP issues. In the previous study<sup>10</sup>, 89.5% of women participated from rural areas which are different from our study. It was also recorded that urban women heard about UP two times higher than rural women. It was reported that urban women

heard 2.7 times higher than rural. Our current study results are in line with their study which was conducted in Nepal <sup>2</sup>.

Table 1: Socio-demographic characteristics of the married women/participants

Variables		Frequency	Percentage
Age	20-25	34	11.72
	26-30	56	19.31
	31-35	92	31.72
	36-40	108	37.24
Total		290	100
Religion	Muslim	260	89.65
	Christian	32	11.03
	Total	290	100
Place of residence	Urban	114	39.31
	Rural	176	60.68
Total		290	100
Education	Illiterate	89	30.68
	Primary	47	16.2
	Middle	73	25.17
	Higher	42	14.48
	Graduation	39	13.44
Total		290	100
Occupation of respondent	Laborer	130	44.82
	Govt. employee	34	11.72
	Private employee	84	28.96
	Daily wages	42	14.48
	Total	290	100
Type of family	Single	77	26.55
	Joint	161	55.51
	Extended	52	17.93
Total		290	100
History of family	Yes	85	29.31
	No	205	70.68
Total		290	100
Number of children	No children	33	11.37
	One child	103	35.51
	Two children	106	36.55
	> Two children	48	16.55
	Total	290	100
Source of Information	Radio, TV	31	10.68
	Health workers	38	13.1
	Friends	85	29.31
	Relative or neighbor	136	46.89
	Total	290	100
Monthly family income	5000-10000	52	17.93
	11000-15000	70	24.13
	16000-20000	68	23.44
	21000-25000	38	13.1
	>25000	62	21.37
Total		290	100

Table 2: Women/respondents Knowledge regarding risk factors and complications of UP.

Variables	Frequency	%age
Heard about UP		
Yes	102	35.17
No	188	64.82
History of UP		
Yes	46	15.86
No	244	84.13
Family history of UP		
Yes	61	21.03
No	229	78.96
Risk factors of UP		
Constipation	13	4.48
Frequent childbearing	31	10.68
Giving birth at an early age	60	20.68
Delivered by an untrained person	80	27.58
Weakness in pelvic muscles	106	36.55
Treatment of UP		
Hospital/clinic	113	38.96
Traditional home treatment	177	60.34
UP is a complicated disease		
Yes	153	52.75
No	137	47.24
Complication of UP		
Ulcer	129	44.48
Bleeding ulcer	40	13.79
Prolapsed urinary bladder or rectum	47	16.2
Malignancy	74	25.51

In the current study, Muslim and Christian women participated and among them, Muslims were in the large population (89.65%) followed by Christians (11.03%). The majority (30.68%) of respondents were illiterate or unknown of education

while only 13.44% were graduates. The occupation of majority (44.82%) of respondents was homemakers while 96.96% were doing private jobs (Table 1). A maximum of 161 (55.51%) respondents lived in joint families and a minimum of 52 (17.93%) in extended families while in other studies, 64.60-66% of nuclear families were reported <sup>14-15</sup>.

Different risk factors or causes of UP were responded to by the current study respondents. It was responded the majority (36.56%) of respondents that UP is caused due to weakness in pelvic muscles followed by delivery by an unskilled person (27.58%), giving birth at an early age (20.68%), frequent childbearing (10.68%), and constipation (4.48%) as given in Table 2. Many similar factors have been reported by many early researchers <sup>16</sup>. They reported that UP is the main issue in communities where parity is high, pre-existing family history, childbearing starts earlier, proceeding age, high body mass index, obesity, and constipation.

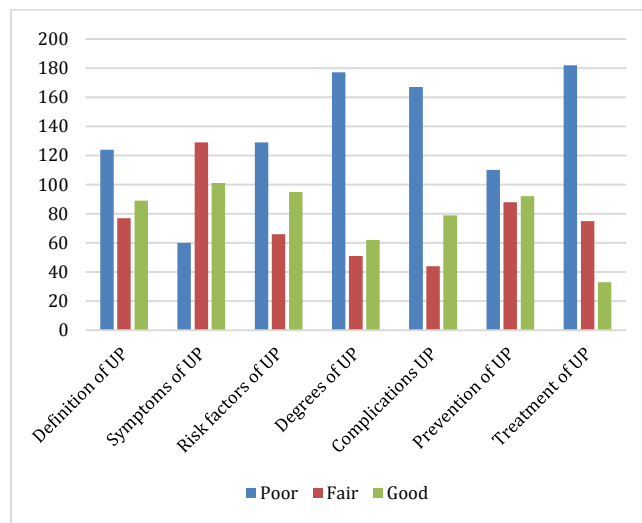


Figure 1: Level of women's knowledge about Uterine prolapse

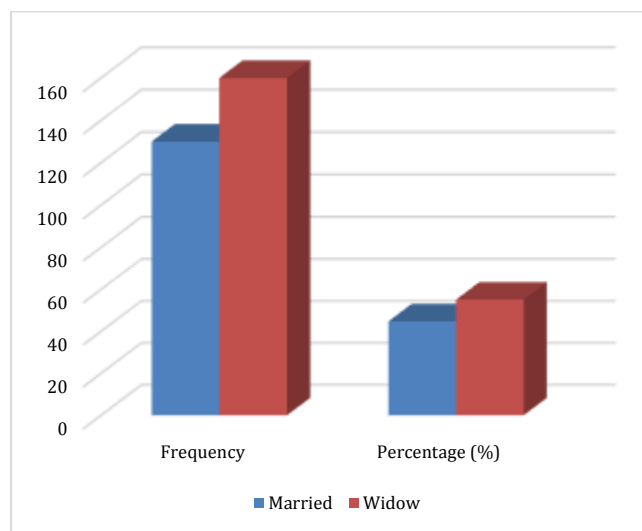


Figure 2: Percentage of UP infestation regarding marital status.

The level of women's knowledge of Up is shown in figure 1. A higher prevalence of UP was recorded in widows than in married women as shown in figure 2. Maybe the cause of divorce in women is the issue of UP. Muscle strength, age of women, and birth frequency were directly or indirectly associated with UP but

body mass index is not the main reason for UP<sup>17-18</sup>. It was reported that 37,32% prevalence in women while a 25-35% prevalence of UP was reported worldwide. This issue is increasing day by day concerning age<sup>19</sup>.

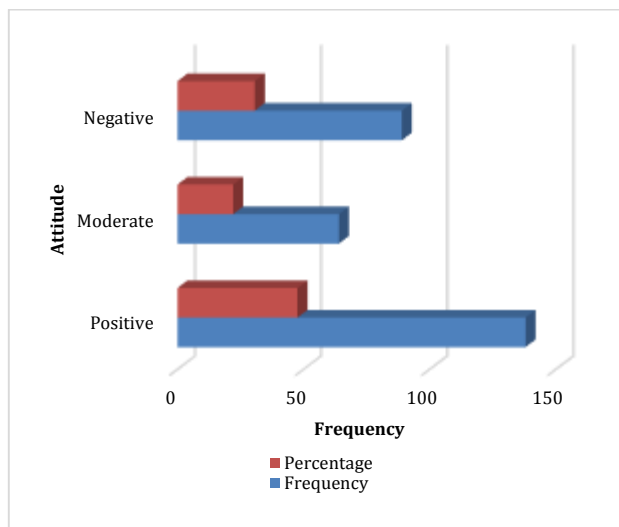


Figure 3: Level of attitude regarding UP

Out of 290 participants, 47.58, 22.06 and 30.68% of the respondents had a positive, moderate, and negative attitude towards uterine prolapse, respectively as shown in Figure 3 while in the previous study, 60% of the respondents had moderate and 22.7% negative attitude toward UP and only 17.6% had a positive attitude<sup>14-15</sup>.

Table 3: Women/respondents' awareness/practices regarding signs, measures, and treatment options of UP.

Variables	Frequency	Percentage (%)
Signs of UP		
Sagging uterus	5	1.72
Difficulty in lifting loads	10	3.44
Vaginal bleeding	71	24.48
Lower abdominal pain	24	8.27
Difficulty controlling urine	11	3.79
Uterus protruding outside the vagina	65	22.41
Difficulty in sitting, walking, standing	63	21.72
Painful sexual intercourse	41	14.13
Measures of UP		
Uses safe abortion services	30	10.34
Family planning	55	18.96
Not lifting heavy loads	62	21.37
Uses institutional delivery	4	1.37
Take rest	0	0
Eats nutritious foods	17	5.86
Medicine intake on the advice of health workers	19	6.55
Avoid early marriage	42	14.48
Avoid early or too many pregnancies	54	18.62
Yoga or exercise	7	2.41
Treatment Options		
Ring pessary	53	18.27
Operation	139	47.93
Kegel exercise	98	33.79

Several symptoms or signs of UP were recorded by the respondents in the study area. Among signs and symptoms of UP, vaginal bleeding was recorded in a higher percentage (24.48%) followed by uterus protruding outside the vagina (22.44%), difficulty in walking/sitting/standing (21.72%), Painful sexual intercourse (14.13%), lower abdominal pain (8.27%), difficulty in lifting heavy things (3.44%), and sagging uterus (1.72%). Avoid lifting a heavy load and family planning are the two major measures that should be adopted by women in their life to protect the UP issues (Table 3).

## CONCLUSION

The study found that uterine prolapse is a serious public health issue in Pakistan. One-third of self-reported cases of UP indicated that it is a widespread issue. The number of miscarriages, long labor pain, menstruation disorder, birthing place, poverty, delivery assistance, heavy work, and lack of nutritious food are all highly associated factors with UP. Similarly, the respondents' knowledge, attitudes, and practices toward UP had a statistically significant relationship with their marital status, age, educational status, and occupational status.

**Recommendation:** The study recommended the awareness of married women regarding UP and its associated risk factors to minimize the incidence of UP among married women.

**Conflicts of Interest:** None.

**Funding:** None.

**Ethical Approval:** The study was started after getting ethical approval from the ethical review committee of DHQ Teaching Hospital, D. I. Khan.

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