



Original Article

Contributing factors of utero-vaginal prolapse among Nepali parous women

Abstract:

Introduction: Uterine prolapsed- 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.

Objectives: The objective of this study was to find out the contributing factors of utero -vaginal prolapsed among Nepali parous women.

Methods and Materials: Descriptive study design was used. A total of 40 women diagnosed with utero-vaginal prolapsed were selected as the cases by using purposive sampling technique. Data were collected from 2071/07/9 to 2071/10/29 (2014/10/26 to 2015/2/29) among women attending at Lumbini Medical College and Teaching Hospital. Data processing and analysis was done using SPSS version 16.

Results: Among the 40 respondents the study reveals that major contributing factors of utero-vaginal prolapsed are early marriage i.e 95% got marriage before the age of 20year, repeated birth of child i.e 92% respondent have more than 3 birth with 70% home delivery without skilled birth attendance, heavy work load during pregnancy and postnatal period and delay treatment of problem.

Conclusion: The study conclude that 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 .Parous women, Vaginal delivery.

Shusma Acharya¹, Shanta Acharya¹

¹ Assistant Professor, College of Nursing, Lumbini Medical College, Pravas-11, Palpa, Nepal.

Corresponding Author:

Shusma Acharya

Email: acharyashusma@yahoo.com

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Introduction

Reducing maternal morbidity, however, which causes untold suffering to millions of women, is not accorded comparable priority. One of the most common, but often hidden, gynecological morbidities is uterine prolapsed (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.¹

Nepal has a maternal mortality ratio of 281 per 100,000live births. It remains one of the highest in South Asia.² In the developing countries girls and women face the different difficulties such as limited access to economic resources, less opportunity for basic education, excess physical work, poor diet,

less ability to make decisions, unplanned child birth that are too early, too frequently, too many or too late and less utilization of obstetric services, all these situations are more responsible for poor maternal outcome or poor maternal health.³ 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.⁴ 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.^{5,6}

Globally, 30% of all women who have delivered a child are affected.¹ For every maternal death, an estimated six to 15 women face debilitating morbidity.^{7,8} The incidence in other countries is –17% in Australia and U.S., 8.5% in France and 27% in Turkey.^{9,10} 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.⁴

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.³

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 UP.⁸

Methodology

A descriptive study design was used to find out the contributing factors of utero –vaginal prolapsed among women aged 30 years or more attending Lumbini Medical College and Teaching Hospital, Palpa. Total 1,014 women were attending at outpatient department of Gynaecology within the period of 2071/07/9 to 2071/10/29 (2014/10/26 to 2015/2/29). Total 253 women were found various form of uterine prolapsed, among them 63 women were found severe form of third degree uterine prolapsed. Among severe form (Third degree uterine prolapsed) only 40 women were selected (who were eligible for study) 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. 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 2071/07/9 to 2071/10/29 (25/10/2014 to 12/02/2015). Data were analyzed

using SPSS full version 16.0. Descriptive analysis was done in terms of frequency, percentage, mean and standard deviation.

Result

Table 1: Distribution by Socio Demographic Characteristics n=40

Variables	f	%
Age (in years)		
30-40	2	5
41-50	10	25
>51	28	70
Occupation		
Agriculture	37	92
Service	2	5
Others	1	2
Education		
Literate	8	20
Illiterate	32	80
Ethnicity		
Brahmin	17	42.5
Chetri	9	22.5
Newar	1	2.5
Others	13	32.5
Age of uterine prolapsed (in years)		
<20	2	5
21-29	6	18
30-39	8	20
40-49	11	27.5
>50	13	32.5

Table no.1 indicates that 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 9.00years. Regarding occupation, majority of the respondents (92.0%) were engaged in agriculture. Eighty percent of the respondents were illiterate. Regarding the respondents' age of uterine prolapsed, 32.5% of the respondents had uterine prolapsed beyond the ages of 50 year and minimum 5% of the respondents had uterine prolapsed before 20 years of age. Mean and standard deviation of age of uterine prolapsed was 40.77 and 10.95.

Table 2: Contributing factors of utero-vaginal prolapsed n=40

Variables	f	%
Age of marriage (in years)		
<20	38	95.0
>20	2	5.0
Number of pregnancy		
Up to 2	3	7.5
>3	37	92.5
Economic status		
Satisfactory	12	30
Not satisfactory	28	70.0
Place of delivery		
Home	28	70.0
Hospital	12	30.0
Type of delivery		
Vaginal	40	100.0
Age of first child birth (in years)		
<20	37	92.5
>20	3	7.5
Type of work during pregnancy and postnatal period		
Heavy work	36	90
Light work	4	10
Rest at post natal period		
Yes	4	90
No	36	10

Table 2 reveals regarding the age of marriage of respondents, 95.0% of the respondents were married before the age of 20 year. 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. More than ninety percent i.e 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 year. 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 3: Response of Husband after sharing the problem (n=40)

Variables	f	%
Share problem		
Yes	14	35.0
No	16	65.0
If yes, Response of husband (14)		
Willing 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 3 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 agriculture.¹⁴ 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 vaginally.¹⁴

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.

Recommendations

This was a preliminary study and more detailed studies regarding uterine prolapsed in Nepali women with large sample size could be done to explore more information in similar setting.

Similar type of study could be done in different ethnic group in large sample size.

Comparative study could be done between urban and rural community, primi and multi gravid women

Comparative study could be carried out between knowledge and practice among reproductive aged (women) population.

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Ethical consideration

Verbal and Written permission was obtained from Hospital authority of Lumbini Medical College and Teaching Hospital before data collection. Verbal consent was taken from each respondents before interviewing them and were given due respect for acceptance of rejection of the interview. The confidentiality was ensured before the interview and obtained information was used only for the necessary research purpose.

Fund

Self.

Conflict of interest

Nil

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