



“KNOWLEDGE ON RISK FACTORS AND PREVENTIVE ASPECTS OF UTERINE PROLAPSE AMONG WOMEN IN SELECTED AREAS AT TIRUPATI”.

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ABSTRACT

Introduction Female body is one of the nature's most wonderful and complex creations. A woman's journey in life is punctuated by many milestones such as childhood, puberty, motherhood. The word woman is usually reserved for an adult girl or female child who has been traditionally limited for her activities and opportunities, many religious doctrines stipulates certain rules for women. During the 20th century, women have gained access to careers beyond the traditional homemaker and ability to pursue higher education.

A woman has a significant impact on health, as a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in socio cultural factors. For example, women and girls face increased vulnerability to many diseases. It is a complex condition that is often kept secret because of the shame of affecting a sensitive part of the women's body. Many women fear condemnation from their community and families and they continue to remain silent on this matter. Statistics reveals that 6, 00, 000 women are affected by the uterine prolapse out of which 2,00,000 require immediate treatment. So the investigator felt the need to educate women regarding uterine prolapse for early prevention. Education will help them to increase their knowledge.

Objectives to Assess the Knowledge on risk factors and preventive aspects of Uterine Prolapse among women in Tirupati, The dependent variables are in this study knowledge on risk factors and preventive aspects of uterine prolapsed among women. Demographic variables considered by the investigator were Age, Religion, Education, Marital Status, Occupation, Total family income, Place of Residence, Type of Family, Marriage Age, Number of Children, Family history of Uterine prolapse, Source of Information. **Methodology** the general pattern of organizing the procedure for gathering valid and reliable data for problem under investigation. It includes Research approach, setting of the study, Population, Sampling and Sample size, Sampling techniques, Inclusion and Exclusion Criteria development and description of tool, Content validity, Reliability of the tool, pilot study. The Procedure for data collection, Plan for data analysis and ethical consideration. **Result** The results revealed that 94.5 % of the participants were heavy work and lifting heavy weight during postpartum, 23.7% were age factor, 72.7% were postmenopausal women. The study concluded that high prevalence of uterine prolapse was found among heavy workers, menopausal women and there is a need of screening and giving education about prevention and early management of uterine prolapsed. **Conclusion** the process of studying the result of analysis making inferences about the occurrence or relations and drawing conclusions about the relations in terms of purposes of the study being reported. The study showed the moderate knowledge was found among women regarding the knowledge on anatomy, physiology, symptoms, diagnosis, management, prevention and risk factors of uterine prolapse. These findings suggest the health education and awareness programme in order to improve the knowledge on uterine prolapse in women.

Back Ground:

Uterine prolapse is defined as the condition of the uterus collapsing, falling down, or downward displacement of the uterus with relation to the vagina. Anatomically, when in proper alignment, the uterus and the adjacent structures are suspended in the proper position by the uterosacral, round, broad, and cardinal ligaments. The musculature of the pelvic floor forms a sling-like structure that supports the uterus, vagina, urinary bladder, and rectum. Uterine prolapse is a result of pelvic floor relaxation or structural overstretching of the muscles of the pelvic wall and ligaments structures.

Reproductive health implies that the people have the ability to reproduce and regulate their pregnancy and child birth safely, the outcome of pregnancies is successful in terms of maternal and infant survival and wellbeing and couples are able to have sexual relationship free of fear of pregnancy and of contracting disease. According to estimation reproductive health accounts for 33 % of the total disease burden in women globally. Reproductive health problems are the leading cause of ill health that exists throughout the nation. Studies have shown that among the reproductive health problems faced by women, the most common problems are cystocele (56%), uterine prolapse (53.6%) and rectocele (40%)

The urogenital diaphragm and the perineal body provide support to the lower part of the vagina. The uterus is an organ situated in such a way that it can enlarge without restriction during pregnancy and there is not any fixed support for the organ. The pear shape uterus consists of 13 the corpus and the cervix which are enclosed in double layered broad ligaments. The uterosacral and the cardinal ligaments support the uterus which is

attached to the cervix from posterior and lateral sides respectively. Fused uterosacral and cardinal ligaments (level 1 supporter) support the upper vagina, cervix, and lower uterine segment to the sacrum and lateral pelvic sidewalls at the pisiforms, coccygeus, levator ani and arcus tendinous. Because of various risk factors the complex between uterosacral and cardinal ligaments becomes attenuated and the endopelvic fascia also breaks. Because of loss of support to the uterus cervix moves anteriorly and the uterus itself moves posteriorly. Furthermore, intra-abdominal pressure starts directing towards the anterior part of the uterus and the uterus becomes more retroverted until the axis of the uterus becomes vertical and this condition allows the prolapse to occur. Various methods are being used to find out the severity of the POP. Among them a grading system developed by Beecham. The severity of the UP is divided into three degrees. First degree (mild) - the cervix protrudes into the lower third of the vagina. Second degree (moderate) - the cervix protrudes past the vaginal opening. Third degree (severe) - the entire uterus protrudes past the vaginal opening nowadays, to make a more precise description, a quantitative measurement system of the pelvic organ prolapse (POP) is being used which is known as POP-Q system.

Women suffering from uterus prolapse are considered impure and looked down upon by husbands, families and society, which isolates them from social activities. Husbands threaten to take another wife when they do not get sexual satisfaction, which may cause various problems for the women and even lead to breakdown of the family. Such trouble has been reported by a number of women suffering from uterine prolapse. Violence and battering associated with forced sexual intercourse have also been reported. Uterine prolapse has been shown to seriously compromise the quality of life of affected women, with far reaching consequences not only for their physical health, but also for their sexual lives and their ability to work and earn for their livelihood.

It can be prevented by having increased knowledge on preventive measures like taking adequate rest during puerperium, performing Kegel's exercise, maintaining a healthy weight, avoiding constipation by taking fiber containing diet, avoid heavy lifting and smoking. Knowledge about preventive measures and management may help to prevent complications of the disease and may improve their quality of life.

The problem can be prevented if it is addressed timely but there is still lack on studies regarding knowledge on prevention and management of uterine prolapse. Keeping these aspects during the investigator's clinical experience, it was noticed that most women came to the gynecological unit with the complaints of uterine prolapse and they lacked knowledge regarding prevention and management. Thus, it motivated the investigator to undertake a study to portray the effectiveness of SIM on prevention and management of uterine prolapse among premenopausal women.

METHODOLOGY:

Non experimental approach was adopted to achieve the objectives of the study, which is felt to be most appropriate in the field of education for its practicability in real life situations. The study was conducted in selected areas of Tirupati, Chittoor dist., Andhra Pradesh. Tirupati is Municipal Corporation. It has a wide range of health care services, provided to the community based on health care system. It covers around 2 areas Padmavathi nagar and L.B. Nagar in 21st ward.

Section I: It includes the demographic variables Section II: It includes the knowledge questionnaire related items i.e., Definition, Anatomy Psychology and

Risk factors of Uterine Prolapse. Section III: It includes Check list on symptoms, Diagnosis, Management and prevention of Uterine Prolapse. The reliability of the tool was established by administering the tool among 100 women the age of 19-45 years.

The Data collection who were available in the selected areas of Tirupati. The reliability was checked by the SPLIT method with the knowledge score of $r= 0.828$ and correlation between forms $r=0.707$, which indicates the tool was reliable. It was planned to analyze the data by using descriptive statistics and inferential statistics, Descriptive statistics were used to find out the frequency, percentage distribution, to find the mean and standard deviation.

RESULTS:

SECTION – I

TABLE: 1 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES AMONG WOMEN LIVING IN SELECTED AREAS AT TIRUPATHI.

S. No.	DEMOGRAPHIC CHARACTERISTICS		PERCENTAGE (%)
1	Age	19 – 25	23
		26 – 32	25
		33 – 39	23
		40 - 46	29
2	Religion	Hindu	82
		Muslim	3
		Christian	15
		Others	0
3	Education	Illiterate	7
		Primary	16
		Secondary	28
		Higher	29
		University	20
4	Marital status	Unmarried	2
		Married	86
		Divorce	4
		Widow	8
5	Occupation	Daily Wages	7
		Home maker	51
		Government employee	7
		Private employee	35

6	Monthly income of family	10000 – 15000 15001 – 20000 20001 – 25000 25001 – 30000 Above 30000	42 30 13 3 12
7	Place of Residence	Urban	100
8	Type of Family	Single Nuclear Joint Extended	10 58 29 3
9	Marriage Age (in Years)	19– 26 27 – 32 33 – 39 40 - 46	91 6 3 0
10	No. of Children	No Children One Two Three and More	14 36 46 4
11	Family History	Yes No	8 92
12	If Yes Specific the Relationship	Sister Mother Grand Mother (Maternal) Grand Mother (Paternal)	0 37.5 50 12.5
13	Source of Information	Printer Material Radio and TV Health personnel Friends and relatives Neighbors and family members	14 21 16 21 28

Table – 1 most of the sample 29% were in between age group of 40 – 46 years where as the least category 23% were in the age group 16- 25 and 33 – 29 years.

Nearly all of the respondents 82% were Hindus, whereas least women 15% Christians 3 % were Muslims.

Nearly one fifth of the sample studying in the Universities were 20%.

Regarding Marital Status of the women the majority 86% were Married

Whereas least women 2% Unmarried.

Regarding Occupation of the Women majority 51% were Home maker whereas least women were 7% Daily Wages and Government employee.

Regarding Monthly Income of the family shown that majority 42% were earning Rs. 10000 – 15000 whereas the least 3% were as earning above 25001 – 30000.

Regarding place of residence all are staying in Urban 100%

Regarding Type of family that majority 58% were Nuclear family were as least 3% were extended family.

Regarding Marriage age of the women 91% were age group of women 16 – 26 were as the age group of 40 – 46 least category Marriage age is 0% were in the age group of 27 -32 and 33 – 39 years.

Pertaining to number of children majority of women 46% had two children, whereas least 4% of the women had three and more.

Regarding to family history of the women 92% were not having any risk factors and preventive aspects of uterine prolapse among them whereas 8% having risk factors and preventive aspects of uterine prolapse among them.

Regarding to specific relationship majority of women 50% having knowledge from Grand Mother (Maternal) where as 0% knowledge from sisters.

Regarding source of Information majority of the women 28% obtained information from Neighbors & family members, whereas the least of the women 14% were from Printed Material.

SECTION: II**Table 2: percentage distribution of level of knowledge on definition, anatomy and physiology and risk factors of uterine prolapsed**

S.NO	SUBJECT	LEVEL OF KNOWLEDGE					
		INADEQUATE		MODERATE		ADEQUATE	
	anatomy and physiology and risk factors of uterine prolapse	(F)	%	(F)	%	(F)	%
		21	21	53	53	26	26

Table 2 describes that (21%) had inadequate knowledge on uterine prolapsed, (53%) had moderate knowledge on uterine prolapsed and (26%) have adequate knowledge on uterine prolapse.

SECTION: III**Table : 3. percentage Distribution of level of knowledge on symptoms, diagnosis, management and prevention of uterine prolapse.**

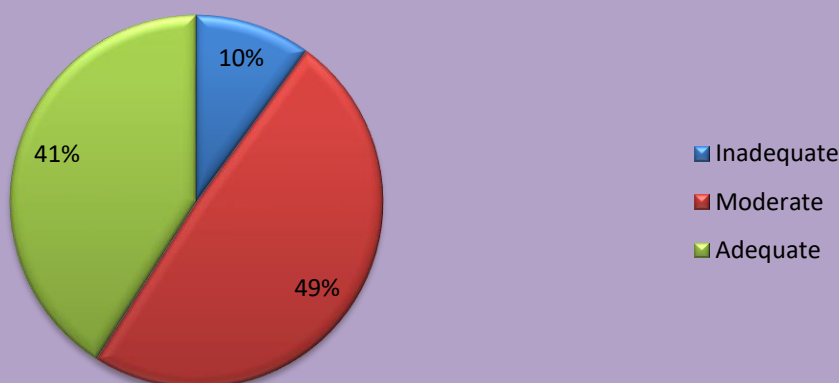
S.NO	SUBJECT	LEVEL OF KNOWLEDGE					
		INADEQUATE		MODERATE		ADEQUATE	
	symptoms, diagnosis, management and prevention of uterine prolapse	(F)	%	(F)	%	(F)	%
		10	10	30	30	60	60

Table 3 describes that (10%) had inadequate knowledge on uterine prolapse, (30%) had moderate knowledge on uterine prolapsed and (60%) had adequate knowledge on uterine prolapse.

SECTION : IV ÷**Table 4:** percentage Distribution of total level of knowledge regarding uterine prolapse among women

S.NO	SUBJECT	LEVEL OF KNOWLEDGE					
		INADEQUATE		MODERATE		ADEQUATE	
		(F)	%	(F)	%	(F)	%
	total level of knowledge regarding uterine prolapse among women	10	10	49	49	41	41

Table 4 describes that (10%) had inadequate knowledge on uterine prolapse, (49%) had moderate knowledge on uterine prolapse and (41%) had adequate knowledge on uterine prolapse

Fig 16 : Percentage distribution of the total level of knowlege on uterine prolapse among women

DISCUSSION:

- **To assess the knowledge on risk factors and preventive measures of uterine prolapse among women.**

The study was to assess the knowledge scores regarding Uterine prolapse among women. Study was conducted by Questionnaire through knowledge checklist and collected data were analyzed with regard to the study objectives. It reveals majority 49% of women had moderate knowledge and 41% had adequate knowledge and 10% had poor knowledge on uterine prolapse.

The findings of the study were supported by earlier study conducted by Marwa Rashad, Eman A. Fadel Amina El-Nemer et al. (2018) using convenient sample technique with sample of 220 women in Egypt. The aim of the study was to identify the knowledge about uterine prolapse using two tools i.e., a structured interviewing questionnaire and pelvic organ prolapse knowledge questionnaire. Overall, majority of the studied women (80%) had inadequate knowledge regarding uterine prolapse

- **To find out the association between knowledge scores with selected demographic variables.**

The knowledge scores on uterine prolapse among women with their selected demographic variables. There was a significant association between the source of information and knowledge scores but there was no religion, educational qualification of the women, occupational status of the women, income of the family, age, marital status of women, place of residence, type of family, number of children, family history of uterine prolapse.

Devendra Raj Singh, Sandhya Lama, Santosh Maharjan (2016) conducted a Main Pelvic organ prolapse (POP) is a most common gynaecological health problem contributing to maternal morbidity and mortality among women of reproductive age in developing countries. In Nepal prevalence of uterus prolapse among reproductive age women is around 17-27%. Still large numbers of rural Nepalese women are deprived of access to early diagnosis and quality treatment services related uterus prolapse. Cross sectional descriptive study. Total 185 individuals were randomly selected from the list of safe motherhood register book of Bajrabarahi municipality. Bivariate analysis was done using Chi-Square test to find the association between the selected variables of the study. The study results shows that out of total 46.5% of respondents have adequate knowledge and 53.5% of respondents have inadequate knowledge regarding risk factors of uterus prolapse. The study results explicitly reflects the knowledge on risk factors of uterus prolapse is significantly associated with the age of respondent

($p=0.021$), age at marriage of respondents ($p=0.011$), education status of respondents ($p=0.001$) and age at first child birth of Respondent ($p=0.001$). Though majority of respondents have heard about uterus prolapse, very few participants have in-depth or adequate knowledge about risk factors of uterus prolapse.

CONCLUSION

The present study was to assess the knowledge regarding the prevention and risk factors of uterine prolapse among women. There will be inadequate knowledge on uterine prolapse among women, there will be significant relationship between knowledge and the demographic variables of the women.

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