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Knowledge on Uterine Prolapse among Reproductive Age Women Attending Tertiary Level Hospital, Chitwan

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ABSTRACT

Background

Uterine prolapse is a prevalent health issue affecting women's reproductive health, mostly in developing countries like Nepal. Knowledge on uterine prolapse among reproductive-age women is essential to prevent the reproductive health related complications. The objective of the study was to determine the level of knowledge on uterine prolapse among women of reproductive age.

Methods

A descriptive cross-sectional study was conducted among 273 married women of reproductive age attending Obstetric and Gynecological Outpatient Department (OPD) at Bharatpur Hospital. Data was collected from July 15 to August 15, 2025 by using a structured interview schedule. Data was analyzed using descriptive and inferential statistics like frequency, percentage, mean, standard deviation, chi-square and fisher exact test.

Results

The study revealed that all the respondents heard about uterine prolapse. Regarding overall knowledge on uterine prolapse, more than half (52.4%) of the respondents has moderate level of knowledge, 38.5% had low level of knowledge and only 9.2% had a high level of knowledge. Among different variables, the level of knowledge on uterine prolapse was statistically significant with ethnicity, level of education and age at marriage.

Conclusions

The finding of the study concludes that good knowledge on uterine prolapse is essential to prevent reproductive health related problems. All the respondents heard about uterine prolapse, however, overall knowledge was low. So, health awareness and education programs focusing on prevention measures are essential for improving the different aspects of knowledge regarding uterine prolapse.

Keywords: knowledge; reproductive age women; uterine prolapse.

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INTRODUCTION

Pelvic organ prolapse (POP) is one of the common gynecological problems globally.[1,2] POP is the downward or forward displacement of the pelvic organ such as uterus, bladder, bowel, urethra, rectum etc. from its normal anatomical location in female.[3-5] Uterine prolapse is a kind of POP which is a neglected public health problem of reproductive age women contributing to maternal morbidity and mortality.[3,6,7] In Nepal, the prevalence of uterus prolapse is around 17-27% among reproductive age women.[2] It is a common reproductive health problem in Nepal due to inadequate health seeking practices, lack of awareness, early marriage and child birth, heavy work load, inadequate food during pregnancy and postpartum period, multi parity, inadequate rest period and no kegel exercise in postpartum period. It influences women's quality of life.[1,7-12] Previous studies from Nepal as similar as in other developing countries showed that persistent knowledge gap on uterine prolapse among reproductive age women. Considering this situation, the present study aimed to assess the knowledge on uterine prolapse among reproductive age women attending tertiary level hospital.[9,13-17]

METHODS

A descriptive cross-sectional study was conducted to assess the level of knowledge on uterine prolapse among 273 reproductive age women attending Gynecology and Obstetrics Outpatient Department (OPD) at Bharatpur Hospital, Bharatpur, Chitwan, Nepal. The study setting was purposively selected and ethical approval was obtained from the Institutional Review Committee (IRC) of Bharatpur Hospital (Ref. No. 081/82-085). Non-probability purposive sampling technique was used to select the desired sample. Data were collected from July 15 to August 15, 2025 by using a semi-structured interview schedule after obtaining informed written consent. Eligible participants were married women aged 20 to 40 years who were willing to participate. Pre-testing was done among 10% of total simple size in the same OPD and necessary modification was done in instrument. The reliability of the instrument was tested using internal consistency (Cronbach's alpha 0.81) and content validity was maintained through consultation with subject expert and extensive literature review. The sample size was estimated based on a previously reported prevalence of knowledge on uterine prolapse of 23%. [18] The calculation was performed using the formula $n = z^2p(1-p)/e^2$ with a 5% allowable error and 95% confidence interval. The required sample size was determined accordingly. The study was conducted among 273 married women of reproductive-age between 20 to 40 years. Data were checked daily for completeness and consistency, then coded and entered in SPSS version 16 for analysis. Descriptive statistics (frequency, percentage; mean and standard deviation) were used to summarize the data. Inferential statistics (Chi-square test and Fisher's exact test) were used to examine the association between level of knowledge and selected socio-demographic variables. The total knowledge score level was categorized as low level of knowledge (<60%) , moderate level of knowledge (60%-80%) and high level of knowledge (≥80%).[18]

RESULTS

Out of 273 respondents, 31.1% were in between 20 to 25 years. The mean age of respondents was 28.99. Regarding the residential area, two third of respondents (63.4%) were from urban. Likewise, majority of respondents (82.8%) were Hindu and 17.2% were others (Buddhist, Muslim and Christian). Nearly, half of respondents (52.0%) were from Brahmin/Chhetri community and 48.0% were others (Dalit, Janajati, Madhesi and Muslim). Nearly, half of respondents (52.0%) were from Brahmin/Chhetri community and 48.0% were others (Dalit, Janajati, Madhesi and Muslim). Concerning educational status all the respondents were literate. Among them, 40.3% of respondents had 9 to 12 class. Concerning the occupation status, 43.6% were house wife. Regarding marital status, all respondents were married out of which 64.8% were married at the age of 20 years or above. Out of 216 respondents who had children, 16.8% gave birth to their first child before the age of 20 years. Regarding history of uterine prolapse 5.1% reported having a personal history and 18.3% reported a family history. Regarding the source of information about

uterine prolapse, most common sources was mass media (84.2 %%) followed by interpersonal communication, academic institutions and friends and relatives. Cent percent had heard about uterine prolapse (Table 1).

Table 1. Socio-demographic characteristics and obstetrical history of respondents (n=273)	
Variables	**Frequency (%)**
Age group in years	
20-25	85(31.1)
26-30	83(30.4)
31-35	66(24.2)
36-40	39(14.3)
Mean age ±SD=28.99±5.41	
Residential area	
Urban	173(63.4)
Rural	100(36.6)
Religion	
Hindu	226(82.8)
Others	47(17.2)
Ethnicity	
Brahmin/Chhetri	142(52.0)
Others	131(48.0)
Educational status	
Non formal education	19(6.9 %)
Class 1 to 8	62(22.7)
Class 9 to 12	110(40.3)
More than 12	82(30)
Occupation	
House wives	119(43.5)
Others	154(56.4)
Age at marriage	
Less than 20 years	96(35.2)
20 years and above	177(64.8)
Age at first child n=216	
Less than 20 years	46(16.8)
20 years and above	170(62.2)
Self-history of uterine prolapse	
Yes	14(5.1)
No	259(94.9)
Family history of uterine prolapse	
Yes	50(18.3)
No	223(81.6)
Self-history of uterine prolapse: yes	14(5.1)
Source of information *	
Mass media	229(84.2)
Interpersonal communication	161 (59.2)
Friends and relatives	53(19.5)
Academic institution	67(24.6)

*Multiple response**

Majority of respondents (85.7%) knew the correct meaning of uterine prolapse as the condition in which the uterus falls from its normal position. The most common signs and symptoms stated by respondents was a feeling of something coming out of the vagina (79.8%) followed by white discharge and bleeding (76.1%), involuntary urine leakage (68.1%), and difficulty in movement (63.3%). Concerning the risk factors, majority of the respondents (82.7%) reported heavy lifting or working during the postnatal period followed by many children with short birth intervals (68.4%), complicated vaginal births (56.4%), and delivery by untrained personnel (41.0%). Most of the respondents (79.8%) correctly reported that uterine prolapse does not occur only after menopause and it can lead to sexual dysfunction (90.4%) (Table 2).

Table 2. Respondents' knowledge on meaning, signs and symptoms and risk of uterine prolapse	
Knowledge	**Correct responses Frequency (%)**
Meaning of uterine prolapse	
The uterus falls from its normal position	234(85.7)
Signs and symptoms of uterine prolapse*	
Feeling of somethings coming out from vaginal	218(79.8)
White vaginal discharge and bleeding	208(76.1)
Involuntary pass of urine during coughing, laughing and sneezing	186(68.1)
Difficult in walking, sitting, lifting, standing etc.	173(63.3)
Risk factors for uterine prolapse*	
One or more complicated vaginal birth	154(56.4)
Too many children with less interval	187(68.4)
Delivery the baby by untrained personnel	112(41.0)
Heavy lifting and working during postnatal period	226(82.7)
More risk for uterine prolapse: Age between 50-79 years	104(38.0)
Uterine prolapse occurs only after menopause-No	218(79.8)
Uterine prolapse lead to sexual dysfunction-Yes	247(90.4)

*Multiple response**

Most of the respondents (81.6%) correctly reported 20-25 years as the suitable age for first childbirth and 99.6% identified the health institutions as proper place of delivery. Nearly half of the respondents (53.8%) recognized a 24-36 months birth interval and 46.5% reported need for six months postpartum rest. Preventive measures of uterine prolapse were avoiding heavy load (84.6%) followed by kegel exercise (54.6%) and delivery by skilled birth attendance (51.7%). Most of the respondents (78.1%) preferred gynecologist for treatment and ring pessaries/surgery was commonly favored. Major complications included involuntary pass of urine. Health service provided by government was free surgery with transport facility (45.1%). Most of respondents (97.8%) reported the need of public awareness as a role of government (Table 3).

Table 3. Respondents' knowledge on prevention, management, complication and government role for uterine prolapse.	Correct response Frequency (%)
Appropriate age for first childbirth: 20 to 25 years of age	223(81.6)
Minimum gap between two children: 24 months to 36 months of age	147(53.8)
Appropriate place for delivery: Health institution	272(99.6)
Minimum rest after child birth: up to 6 month of postpartum	127(46.5)
Prevention of uterine prolapse*	
Adequate nutritious diet during childhood to adolescent period	104(38.7)
Delivery of baby with skill birth attendance	139(51.7)
Avoid carrying heavy load during postnatal period	221(82.2)
Perform Kegel exercise during postpartum period	147(54.6)
Go for treatment if suspected with uterine prolapse*	
Midwives' nurses	67(24.8)
Gynecologist/obstetrician	211(78.1)
Choice for treatment of uterine prolapse*	
Ring pessaries/surgery	197(73.0)
Life style modification	149(55.2)
Pelvic floor muscle exercise	126(46.7)
Complications of uterine prolapse*	
Recurrent infection of urinary tract	178(66.7)
Ulceration and infection of cervix and vaginal wall	195(73.0)
Involuntary pass of urine	226(84.6)
Health facility provided by government	
Operation with free of cost and transportation charge	123(45.1)
Responsibility of government to control and prevention of uterine prolapse*	
Focus on adolescent friendly clinic in hospital	97(35.8)
Strict rules and punishment against early marriage	141(52.0)
Public awareness related to uterine prolapse from radio, TV, social media etc.	265(97.8)

*Multiple response**

Half of respondents (52.4%) had moderate level of knowledge and only 9.2 % had high level of knowledge regarding uterine prolapse (Table 4).

Table 4. Respondents' level of knowledge regarding uterine prolapse (n= 273)	
Level of knowledge	**Frequency (%)**
Low level (<60%)	105(38.5)
Moderate level (60%-80%)	143(52.4)
High level (≥80%)	25(9.2)
Total	273(100)

Maximum score = 33 Minimum Score=0

The level of knowledge on uterine prolapse was statistically significant with ethnicity (p-value=0.000), level of education (p-value=0.000) and age at marriage (p-value=0.003) (Table 5).

DISCUSSION

In this study, cent percent of the respondents heard about uterine prolapse. Finding of this study is a little bit different to the study conducted in Kudamoakkam by where nearly 85% of respondents have heard about uterus prolapse.[9] The differences in findings might be due to the difference in sample size, study area and educational status of the respondents. Half of respondents (52.4%) had moderate level of knowledge, 38.5% had low level of knowledge and only 9.2 % had high level of knowledge regarding uterine prolapse. Similarly, a study conducted in Daulichaur VDC of Bajhang district where majority of respondents (73.5%) had low knowledge level,

Table 5. Association between overall levels of knowledge on uterine prolapse with selected-demographic variables.

Variables	Level of knowledge			p-value
	Low (%)	Moderate (%)	High (%)	
Age group in years				
Up to 30	65(38.7)	86(51.2)	17(10.1)	0.754
31 to 40	40(38.1)	57(54.3)	8(7.6)	
Ethnicity				
Brahmin/Chhetri	38(26.8)	89(62.7)	15(10.6)	0.000*
Others	67(51.1)	54(41.2)	10(7.6)	
Level of education				
Up to class 8	41(50.6)	37(45.7)	3(3.7)	0.000**
Class 9 to 12	50(45.5)	49(44.5)	11(10.0)	
More than 12 class	14(17.1)	57(69.5)	11(13.4)	
Age at marriage				
Below 20 years	50(52.1)	39(40.6)	7(7.3)	0.003*
20 years and above	55(31.1)	104(58.8)	18(10.2)	
Age at first child				
Below 20years	23(50.0)	21(45.7)	2(4.3)	0.112≠
20years and above	57(33.5)	97(57.1)	16(9.4)	

*Note: *significant p-value: <0.05 and ≠ is Fisher's exact test.*

23% of the respondents had moderate knowledge level while very few of the respondents (3.5%) had high knowledge level about uterine prolapse.[18] In a similar type of study conducted in Surkhet, the result shows that 50% of respondent had poor knowledge, 33.3% had average knowledge and only 16.7% of the respondent have good level of knowledge on uterine prolapse.[16] Likewise, a study conducted in Tanahun revealed that 56.8% of respondents possessed poor knowledge followed by and 34.1% average level of knowledge and 9.1% percent possessed good level of knowledge.[19] According to the different study's findings, uterine prolapse is poorly understood by the majority of the women of reproductive age. All these findings of the study shows that higher percentage of the respondents had poor level of knowledge.

The respondent's knowledge on uterine prolapse was statistically significant with ethnicity (p-value=0.000), level of education (p-value=0.000) and age at marriage (p-value=0.003). Similar study was conducted at Benha University Hospital in Egypt shows that there was statistically significant relation between total knowledge with educational level (p-value≤0.05).[13] Likewise, a community–based study conducted in Bajhang district shows that the level of knowledge was statistically significant with age, occupation status and educational status.[18] Another study conducted in Manmohan Memorial Teaching Hospital result shows that there was significant association between ethnic group, educational status, family income, antenatal and postnatal visit.[6] Similarly, a study conducted in Surkhet district result by found that there was a significant association between level of knowledge and education level.[16] Finding of these study is more or less comparable and almost similar as level of education seems most influencing factor. So, uterine prolapse related educational and health awareness programs should be organized by government and non-government organizations.

Limitations

The study was limited to married women of reproductive age attending only in Gynecological and Obstetrical Outpatient Department (OPD) at Bharatpur Hospital, Chitwan which limits the generalizability of the finding in other research setting. So, the finding of the study need to be taken carefully to generalize for other setting.

CONCLUSIONS

Overall study concluded that adequate knowledge on uterine prolapse is the essential part women's reproductive health. Out of the total respondents, all of them heard about uterine prolapse, however, overall level of knowledge was low. The level of knowledge on uterine prolapse was statistically significant with ethnicity, level of education and age at marriage. This result reveals that higher education helps for better understanding of causes and prevention of uterine prolapse. So, health education and awareness programs, especially for reproductive age women, is essential to improve women's understanding of uterine prolapse.

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