

Assessment of Women`s Knowledge, Practices and Attitudes regarding Uterine Prolapse

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Abstract

Background: Uterine prolapse is a global health problem affecting millions of women worldwide and comprise a broad range of clinical dysfunction. **Aim:** The present study aimed to assess women`s knowledge, practices, and attitudes regarding uterine **Design:** Descriptive study design was utilized. **Setting:** This study was conducted at Obstetrics and Gynecology outpatient clinic at Benha University Hospital. **Sampling:** A convenient sample included 60 women. **Tools of data collection:** (I): A structured Interviewing Questionnaire, Tool (II): Knowledge assessment sheet, Tool (III): Assessment sheet for women's reported practices, Tool (IV): Modified Likert scale to assess women's attitude regarding uterine prolapse. **Results:** More than two-thirds of studied women had inadequate knowledge regarding uterine prolapse, about three-quarters of studied women had unsatisfactory level of reported practices. Also, less than three quarters of studied women had negative attitudes regarding uterine prolapse. **Conclusion:** Minority of studied women had adequate knowledge, satisfactory level of reported practices and positive attitudes regarding uterine prolapse. There was statistically significant relation between total knowledge, reported practices and attitudes scores regarding uterine prolapse and with educational level ($P \leq 0.05$). Moreover, there was a highly statistically significant positive correlation between total knowledge and (attitudes, reported practices) scores regarding uterine prolapse. ($P \leq 0.001$). So the aim of the study was achieved and research question answered. **Recommendation:** Developing periodic awareness program for women to enhance their knowledge ,practices and attitudes regarding uterine prolapse.

Keywords: Attitude, knowledge, practice, uterine prolapse.

Introduction:

Uterus, also called womb, an inverted pear-shaped muscular organ of the female reproductive system, located between the bladder and the rectum. It functions to nourish and house a fertilized egg until the fetus, is ready to be delivered (Farland et al .,2022).

Uterine prolapse is the herniation of the uterus into the vaginal canal due to the weakening of its support structures. This is a common condition that is not life-threatening; however, it causes significant morbidity

among women. This activity describes the etiology, evaluation, and treatment of uterine prolapse and explains the role of the inter professional team in evaluating and treating patients with this condition (Cathy &Thompson., 2021)

The uterus is not a fixed organ – minor variations in position in any direction occur constantly with changes in posture with straining with full bladder or loaded rectum. The descent of the uterus and vagina from its normal position is known as prolapse. The uterus is suspended into the pelvic cavity by

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various supports like surrounding organs, muscles of the pelvic floor and ligaments. These supports through which uterus is held in position are grouped into three tier system. Upper tier Middle tier Inferior tier The objective of these structure is to maintain the position and prevent the descent of uterus (Miceli&Diez,2019).

According to one system of classification, three degrees of uterine descent is described **1st degree**: When the uterus descent, but the cervix remains within the introitus. **2nddegree**: Uterus descent to the extent that the cervix comes out of the vulva when the women strain or stands **3rd degree**: It is also called as procidentia or general prolapse in which the entire uterus protrudes out of the vulva along with the whole of the vagina or at least with its whole anterior wall. (Wakamatsu, 2020)

The cause of uterine prolapse is likely to be multi factorial; attributable to a combination of risk factors, varying from patient to patient. Vaginal childbirth, young age at first childbirth, frequent childbirths, inadequate rest and nutrition in the intra natal and postnatal period, advancing age, and increasing body-mass index are the most consistent risk factors with vaginal childbirth being the one most frequently associated with prolapse (Bhagyamma et al .,2021).

Maternal nurse should support women and reassured that uterine prolapse a common and well-known condition. Additionally, educating women regarding potential sequelae and available treatments allow women to know what expect and make active participants in care. Women may feel negative about condition because believe is not "normal", but reassurance in this fashion can help to see that problem is not strange or un heard of and can lead to the de stigmatization of uterine prolapse (Kisling & Das.,2021).

Significance of the study:

Uterine prolapse is a common medical condition in the world. There is approximately 200,000 women undergo inpatient procedures For pelvic organ prolapse in the United States each year. The global prevalence of uterine prolapse is 2 to20%. Internationally according to Oxford Family Planning Association UK, .The incidence of uterine prolapse in USA is 11.4%, **Egypt 56%**, , the previous study showed that lacked sufficient knowledge about uterine prolapse (Mishra et al.,2020).

The worldwide prevalence of UP has been reported to be around 9%. However, in low and middle-income countries, it is estimated to be nearly 20%, and estimates vary widely (3.4–56.4%) . The prevalence based on symptoms is 3–6% and up to 50% when defined by vaginal checkups (Badacho et al.,2022)

Awareness of women about knowledge, practices and attitudes for management of uterine prolapse and its effect on women's quality of life. It's very important and one of factors that can improve and maintain women's health condition. So, this study was conducted to assess women's knowledge, practices and attitudes regarding uterine prolapse.

Aim of the study:

The study aimed to assess women's knowledge, practices, and attitude regarding uterine prolapse.

Study question:

- What is the level of women's knowledge, practices and attitudes regarding uterine prolapse.

Subjects and Method:

Study design:

Descriptive study design was utilized to fulfill the aim of the study.

Study Setting:

The study was conducted at Obstetrical and Gynecology outpatient clinic at Benha University Hospital

Sampling:

Sample type: A Convenient sample was used.

Sample size:

Women attending the previous mentioned setting a period of six months diagnosed with uterine prolapse.

Tools of data collection:

Four tools were used for data collection:

Tool (I): A structured Interviewing questionnaire.

- **Part 1:** Demographic characteristics data of studied women such as (age, level of education, marital status, occupation, and residence).
- **Part 2:** Obstetrics history of women such as (gravidity, parity, mod of delivery).
- **Part 3:** Assessment of uterine condition (prolapse); assessed degree and complain of uterine prolapse of women.

Tool (II): Knowledge assessment sheet: To assess women's knowledge regarding uterine prolapse. It was adapted from (Ibrahim et al.,2018) and translated into Arabic to assess women's knowledge regarding uterine prolapse. It included 11 items.

The scoring system regarding the women's knowledge was as follow:

Score (2) for correct answer and score (1) for incorrect answer. The total score of the women's knowledge regarding uterine prolapse it was classified as following.

Adequate level of knowledge $60\% \geq$

Inadequate level of knowledge $< 60\%$

Tool (III): Assessment sheet for women's reported practices:

It was developed by researcher after review literature and based on (Goda&Abd-Elmonem, 2019). And translated into Arabic. This tool assess women life style that used to prevent uterine prolapse such as management of constipation, management of prolonged cough, rest and didn't carrying heavy objects for 6 weeks after delivery, take good and well balanced diet, exercises that strengthen pelvic muscles such as walking, Kegel exercise as daily habit, using pessary, consulting doctor in case of heavy coughing and receiving treatment).

Scoring system for this tool was as follow.

Score (2) for correct reported practices, ,score (1)for incorrect reported practices

The total score of the women's practice regarding uterine prolapse was classified as following:

- Reported practices done correct was take (2) score.
- Reported practices done not correct was take (1) score.

The total score was as follows.

- Satisfactory practices $\geq 60\%$
- Unsatisfactory practices $< 60\%$

Tool (4): Modified Likert scale to assess women's attitude regarding uterine prolapse.

It was adapted from (Khanal, ., 2020) and translated to Arabic. To assess women's attitudes regarding uterine, prolapse. It includes 19 items to assess women's attitude

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regarding uterine prolapse.

Scoring system regarding the women`s attitude will as follow. - Women who give agree answer given Score (3)

- Women who give uncertain answer given Score (2)

- Women who give disagree answer given Score (1)

The total score level was as follow.

Positive when total score of attitude was percent is ($\geq 60\%$)

Negative when total score of attitudes was percent is ($<60\%$)

Validity of tools:

Content validity of tool was assessed by three of expertise of the Obstetrics and Gynecology Nursing field. The expertise reviewed the tool for clarity of sentences, consistency and appropriateness of content, the sequence of items, accuracy, relevance, comprehensiveness, simplicity, and applicability of the tools.

Reliability of tools:

The tool questionnaire was modified related to clarity of sentences and appropriateness of contents. Reliability was done by Cronbach's alpha, the internal consistency of knowledge was (81.8%) and practice was (69.2%).

Ethical consideration:

- An official permission from the selected study setting was obtained for the fulfillment of the study.
- An oral consent was used to obtain women's agreement to participate in the study and withdraw when women needs.
- The study was not having any physical, social or psychological risk of the women.

- The data was collected and treated confidentially.

- Each woman was informed about time throughout the study.

- approval of faculty ethics committee for scientific research was be obtained for the fulfillment of the study.

Pilot study:

Pilot study was carried out on 10% of the total sample at 6 months (2 weeks) to test the content validity, clarity and applicability of tools as well as time needed for data collection. According to the results obtained from data analysis, items correction, modification, omission, and addition was done as needed. Because of rare sample according coved 19 the pilot had added to the total sample size.

Fieldwork:

The study started from the beginning of May 2021 to the end of October 2021 covering period of six months. The researcher visited the pre mentioned setting from 9 am to 12pm, 3 days per week. Average time taken to complete each interview ranged from 20-30 minutes.

The researcher greeted the women, introduced self, and explained purpose of the study.to gain their co-operation and obtain their oral consent to participate in the study. The data collected would be treated confidentially and used only for the purpose of the research.

The researcher distributed the questionnaire which contain. Four tools to and helped women to fulfill the questionnaire .

Statistical analysis:

Computerized data entry and statistical analysis were done using Statistical Package for Social Science (SPSS) Version 22.

Descriptive statistics were first applied (numbers, frequency, percentages, tables, figures, diagrams and standard deviation) then other statistical test such as chi square. Correlation coefficient (r) was used to evaluate association between studied variables.

Statistical significance was considered at:

- P Value<0.05 Not significant (NS)
- P- Value < 0.05 Significant (S).
- P-Value<0.001highly significant (HS).

Results:

Table (1): Shows demographic characteristics of studied sample, cleared that less than half of the studied sample was in the age group of 31-40 years with a mean age of 36.47 ± 10.40 years. Also, less than two-thirds of them lived in rural areas; most of them was married. Concerning the age at marriage, less than half of them married at age of 18 years old. Regarding educational level, more than half of them had secondary education. In relation occupation, the majority of them were housewife, knowing that; less than three-quarters of employed women had nature of work that requires muscular effort

Table (2): Reveals that, less than three-quarters, less than half, more than one-third and more than one third of studied sample had (correct answer) about "definition of uterine prolapse, lifestyle changes to improve

degree of uterine prolapse, symptoms of uterine prolapse and prevention of uterine prolapse during labour "respectively, while more than three-quarters, three-quarters and less than three-quarters of them had (Incorrect answer) about "treatment of uterine prolapse ,degrees of uterine prolapse, complications of uterine prolapse and prevention of uterine prolapse during pregnancy "respectively".

Figure (1): Illustrates that, more than three-quarters of the studied women had unsatisfactory level of practices regarding uterine prolapse, while less than one-quarter of them had unsatisfactory level of reported practices.

Figure (2): Illustrates that, less than three-quarters of the studied women had negative attitude regarding uterine prolapse, while more than one-quarter of them had positive attitude.

Table (3): Clarifies that, there was a highly statistically significant positive correlation between total knowledge & attitude and reported practices scores regarding uterine prolapse ($p \leq 0.001$).

Table (1): Frequency distribution of the studied sample according to their demographic characteristics (n= 60).

Demographic characteristics	No	%
Age in (years)		
20 – 30	17	28.3
31-40	24	40.0
>40	19	31.7
Mean±SD= 36.47±10.40		
Residence		
Rural	37	61.7
Urban	23	38.3
Marital status		
Married	56	93.3
Divorced	1	1.7
Widowed	3	5.0
Age at marriage		
≤18yearsold	16	26.7
At18years	26	43.3
≥18yearsold	18	30.0
Level of Education		
No tread &write	2	3.3
Basic education	11	18.3
Secondary education	31	51.7
University education	16	26.7
Occupation		
Housewife	49	81.7
Employed	11	18.3
Nature of work(n= 11)		
Requires muscular effort	8	72.7
Written works	3	27.3

Table (2): Distribution of studied women’s regarding to their knowledge regarding uterine prolapse (n= 60).

Knowledge items	Correct answer		Incorrect or I don’t know	
	No	%	No	%
Definition of uterine prolapse	42	70.0	18	30.0
Causes and associated risk factors of uterine prolapse	19	31.7	41	68.3
Degrees of uterine prolapse	15	25.0	45	75.0
Symptoms of uterine prolapse	23	38.3	37	61.7
Diagnosis of uterine prolapse	20	33.3	40	66.7
Complications of uterine prolapse	17	28.3	43	71.7
Prevention of uterine prolapse during pregnancy	18	30.0	42	70.0
Prevention of uterine prolapse during labour	22	36.7	38	63.3
Prevention of uterine prolapse during postpartum	19	31.7	41	68.3
Treatment of uterine prolapse	14	23.3	46	76.7
Lifestyle changes to improve degree of uterine prolapse	26	43.3	34	56.7

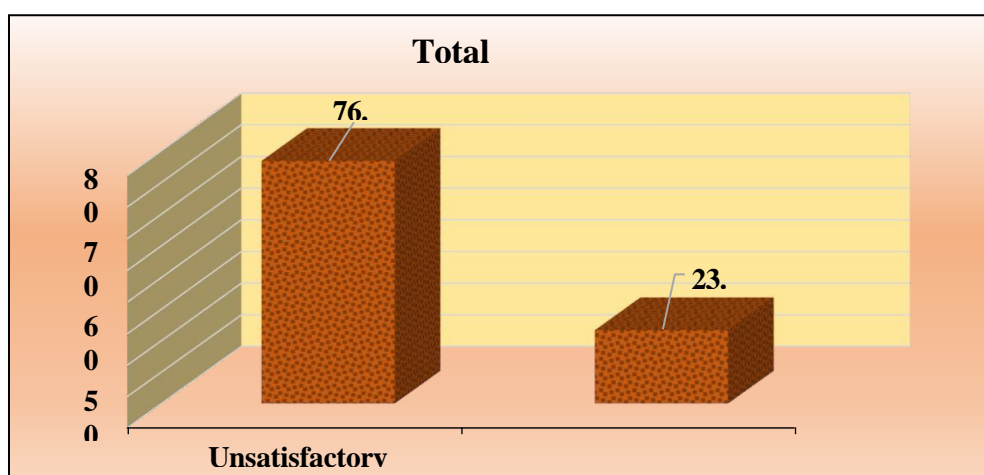


Figure (1): Percentage distribution of the studied women’s regarding to their total reported practices regarding uterine prolapse (n =60).

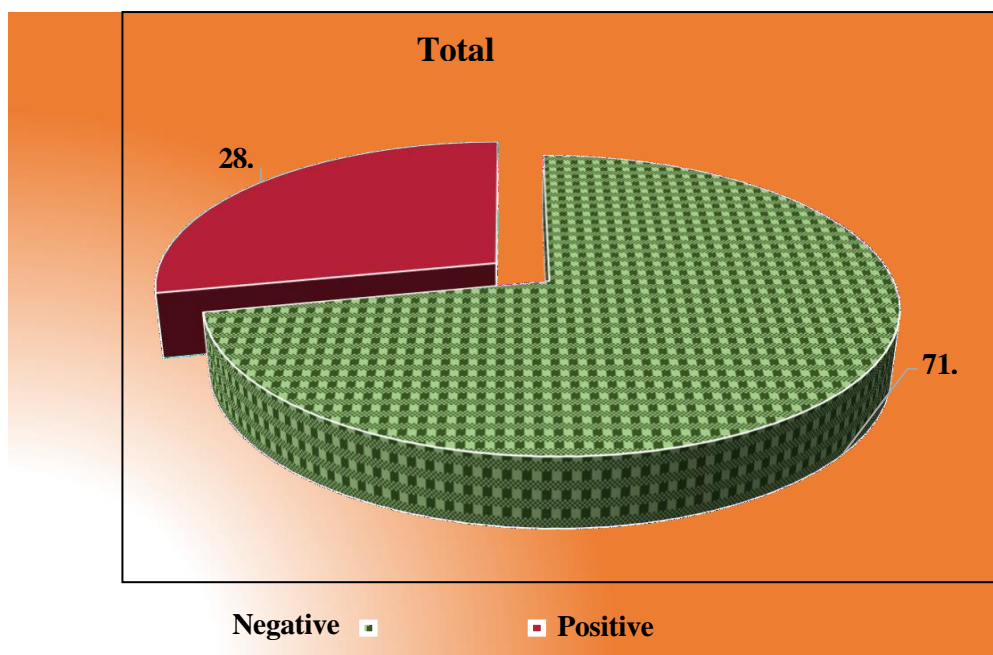


Figure (2): Percentage distribution of the studied women according to their total attitude regarding uterine prolapse (n =60).

Table (3): Correlation coefficient between studied women's total knowledge& attitude and reported practices regarding uterine prolapse (n=60).

Variables	Total knowledge	
	r	P value
Total attitude	0.765	≤ 0.001*
Total practices	0.556	≤ 0.001*

Discussion:

Uterine prolapse is defined as falling of the uterus, when the muscles of the pelvic are strained to a point where women can no longer support the positioning of the uterus. The uterus drops from its normal position in the pelvis cavity, descending into and eventually, in the extreme stages, out of the vagina. (Fouad et al.,2021)

The study aimed to assess women`s Knowledge, practices and Attitudes regarding uterine prolapse. The findings of this study were answered the research question which were.

Regarding the demographic characteristics the result of the present study showed less than half of the studied sample was in the age group of (31-40) years with a mean

age of (36.47 ± 10.40) years. Also, less than two-thirds of them lived in rural areas.; the majority of them was married. Concerning the age at marriage, less than half of them married at age of 18 years old regarding education level, more than half of them had secondary education. In relation occupation, the majority of them were house wife, knowing that; less than three quarters of employed women had nature of work that requires muscular effort. This finding agree with **Mishra & Shresth ., (2020) in India** who studied “knowledge on uterine prolapse and its risk factors among married women in **suklagandaki** municipality, tana Hun Nepal” revealed that a total of 331 respondents were among them (45 %) were age between (20- 39 year),. Out of them (89.1%) had married at the age between (15 -24 year). The majority of them housewife .

Also this result supported with **Nathan et al., (2017) in India** who studied Effectiveness of Structured Teaching Program on Knowledge Regarding Preventive Measures of Uterine Prolapse among Mothers" founded that more than half of the study sample were of them residing in rural area.

This result is also supported by **Mohammed et al., (2020) in Egypt** Who studied “Educational Program for Primiparous Women About Postpartum Preventive Measures of Genital Prolapse at Woman's Health Hospital ,Egypt," reported that more than half of the studied sample were at secondary education level 60.4% more than three quarters respondents (77.4%) were from rural area.

The result agree with **Badacho, (2020) in Ethiopia** who studied “Uterine prolapse and associated factors among reproductive-age women in southwest Ethiopia: A community-based cross sectional study “. Revealed that Majority of studied women was married.

Meanwhile this result not congruent with **KalaBarathi & Nirmala., (2019) in India** who studied “Assess the Knowledge Regarding Risk Factors of Uterine Prolapse among Reproductive Age Women at Melnallathur in Thiruvallur” sampl size 60. Revealed that one third of women belong to age group of Age(41- 45)years, more than third had Education till primary school, more than half are housewives.

Regarding women's knowledge about uterine prolapse .The result Showed that, less than three-quarter, less than half ,more than one-third of studied sample had (correct answer) about "definition of uterine prolapse ,lifestyle changes to improve degree of uterine prolapse, symptoms of uterine prolapse and prevention of uterine prolapse during labour "respectively ,while more than three-quarters, three-quarters and less than three-quarters of them had (Incorrect answer) about "treatment of uterine prolapse, degrees of uterine prolapse, complications of uterine prolapse and prevention of uterine prolapse during pregnancy" respectively.

This finding agree with **Elsayed et al ., (2016) in Egypt** who studied "Knowledge and Practices of women regarding Risk Factors of Uterine Prolapse". Revealed that the majority of studied sample had incorrect knowledge regarding complication, preventive measures, treatment and degree of uterine prolapse .

Also this result agree with **Mandimika et al., (2014) in United states** who studied “Knowledge of pelvic floor disorders in a population of community-dwelling women” 431 women. Found that lowest scores were related to treatment.

This finding was in agreement with **Maharjan et al., (2019).in India** who studied " Awareness and Knowledge about Uterine Prolapse with the use of Brochure as Health Education Tool" concluded that ,Regarding the

symptoms of up before the presentation of brochure (63.7%) didn't have knowledge about the symptoms and treatment.

This result agree with **Okechukwu et al., (2020) in Nigeria** Found that less than one-third of the study participants were not aware that surgery was a treatment modality for uterine prolapse. Meanwhile these result disagree with **Fouad et al ., (2021)** revealed that were statistically significant relationships before and after the discharge plan in relation to all items of knowledge except for the meaning of prolapsed uterus.

From researcher point of view this findings might be due to that majority of studied sample from rural area and the level of knowledge poor.

Regarding to Percentage distribution of the studied sample according to total reported practices regarding uterine prolapse. Clarified that, about three quarters of the studied sample had unsatisfactory level of practices regarding uterine prolapse, while less than one-quarter of them had unsatisfactory level of practices. From researcher point of view this may be due to inadequate level of knowledge. This result agree with **Goda & Abd El momen.,(2019) in Egypt** who studied” The impact of awareness program on the knowledge and practice of women about pelvic organ prolapse ”,. Found that most of the studied sample had unsatisfactory practices before program (assessment phase) . Also this finding agree with **Elsayed et al.,(2016) in Egypt** Indicated that most of studied sample had unsatisfactory practices regarding uterine prolapse.

Regarding: Distribution of the studied sample according to their attitudes regarding uterine prolapse. The study illustrates that, less than threequarters of the studied sample had negative attitude regarding

uterine prolapse, while more than one-quarter of the them had positive attitude.

These result was in harmony with **Mohameed saeed et al .,(2022) in Egypt** who studied ”Effect of Nursing Intervention Package on Prevention of Uterine Prolapse among Pregnant Women in Third Trimester”. Revealed that less than three quarter of women had negative attitude regarding uterine prolapse, while more than one quarter of them had positive attitude.

Also these finding in the same line with **Khanal et al.,(2020) in India** who studied "Prolapse related knowledge and attitude among married women of reproductive age" Revealed that only (17.6%) of studied sample had positive attitude regarding uterine prolapse.

Conclusion:

More than two -thirds of studied women had poor knowledge regarding uterine prolapse, about three-quarters of the studied women had unsatisfactory level of reported practices . And also less than three quarter of studied women had negative attitudes regarding uterine prolapse. There was a statistically significant relation between total knowledge, reported practices and attitudes scores regarding uterine prolapse and with educational level. Moreover, there was a highly statistically significant positive correlation between total knowledge and (attitudes and reported practices) scores regarding uterine prolapse. So the aim of the study was achieved and research question was answered.

Recommendations:

- Developing periodic awareness program for women to enhance their knowledge regarding uterine prolapse.
- Implementing training program for women to promote women`s practices regarding uterine prolapse .

□ Design and distribute clarified pamphlet and brochure for women to help women acquired positive attitudes toward uterine prolapse.

□ Educate and encourage women to apply breathing exercise, pelvic rocking exercise and kegel exercise effectively to relieve uterine prolapse symptoms and avoid further complication.

□ Replication of the study on large sample size in different setting helping in generalization of results.

Recommendation for further research:

□ Perform educational program for maternity nurses to increase awareness about risk factors and preventive measures regarding uterine prolapse.

•Apply awareness mother classes for women during pregnancy ,labor and puerperium to avoid uterine prolapse.

□ Apply health educational program and awareness mother classes for women during pregnancy ,labor and puerperium to avoid risk factor of uterine prolapse.

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تقييم معلومات وممارسات واتجاهات السيدات تجاه سقوط الرحم

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يعد سقوط الرحم هو انزلاق الرحم داخل المهبل أو خارجه نتيجة لضعف الاربطة التي تدعم وتقوي الحوض. ولا يعتبر سقوط الرحم حالة تهدد الحياة ، ولكن له تأثير كبير على نوعية الحياة مسبباً مشاكل صحية واجتماعية ونفسية وجنسية و قد يؤدي سقوط الرحم إلى مضاعفات خطيرة مثل حدوث قرح والتهاب وعدوي بكتيرية في الرحم وإذا أهملت السيدة سقوط الرحم فقد يحدث تدهور للحالة حيث ان المرحلة الأولى تتحول الي ثانية والثانية تتحول الي الثالثة وفي النهاية قد يتم إجراء استئصال الرحم. لذلك كان هدف هذه الدراسة تقييم معلومات المرأة وممارساتها واتجاهاتها تجاه سقوط الرحم. تم استخدام التصميم الوصفي لتحقيق الهدف من هذه الدراسة وقد اجريت هذه الدراسة في العيادات الخارجية لامراض النساء والتوليد بمستشفى بنها الجامعي علي السيدات التي سبق تشخيصهم بسقوط الرحم وعددهم 60 سيدة. وقد أظهرت النتائج بوجود علاقة ذات دلالة إحصائية بين مستوى المعلومات والاتجاهات والممارسات للسيدات تجاه سقوط الرحم. كما اوصت الدراسة بتنفيذ برامج توعويه للسيدات لزيادة معلوماتهم وممارساتهم تجاه سقوط الرحم.