AWARENESS AND PREVENTIVE PRACTICES AMONG MARRIED WOMEN AT RISK FACTOR OF UTERINE PROLAPSE IN SELECTED HOSPITAL, CHENNAI, INDIA

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KEYWORDS

Awareness, Preventive practices, Married women, Risk factors, uterine prolapse.

ABSTRACT:

Pelvic organ prolapse is considered one of the most common causes of reproductive health issues, significantly impacting women's quality of life. diabetes mellitus is identified as risk factors. The burden of uterine prolapse in developing countries is expected to be more severe than in developed nations, largely due to the lower level of awareness among women in these areas. The main aim of the study to assess Awareness and Preventive Practices Among Married Women at Risk factor of Uterine Prolapse. A cross-sectional descriptive study was selected for the study. Quantitative research approach was adopted for the study. The present study was conducted in Sree Balaji medical College and hospital at Chennai. The present study sample was estimated as 70. Using the convenient sample technique method the sample were selected for the study. The study revealed that 71.4% were aware of the condition, while 28.6% were not. In terms of risk factor knowledge, 57.1% recognized multiple childbirths as a risk, followed by 42.9% aware of heavy lifting, and 35.7% knowledgeable about chronic constipation. However, a significant portion (28.6%) lacked knowledge of these risk factors. The study concluded that the present study concluded that majority of the married women were had moderate knowledge on the awareness of uterine prolapse risk factors. The study recommended that future research should look into the challenges women face in adopting preventive measures and find ways to address them.

INTRODUCTION

Pelvic organ prolapse is considered one of the most common causes of reproductive health issues, significantly impacting women's quality of life [1]. The World Health Organization (WHO) reports that the global prevalence of uterine prolapse ranges from 2% to 20% among women under 45 years of age [2]. The prevalence of uterine prolapse was significantly more common in women with higher parity, with over 7% reporting symptoms of uterine prolapse in India [3]. In Ethiopia, the study found that the overall prevalence of uterine prolapse during the study period was 22.3% [4].

Women often choose hysterectomy as a preventive measure against various health issues, including cancer, fibroids, uterine prolapse, and other uterine disorders [5]. Pelvic floor disorders, including uterine prolapse, can have significant impact on a woman's quality of life, leading to pain, problems with defecation, urination, and sexual function. [6,7]

A study by Hridaya Raj Devkota revealed that women engaged in physically demanding work or heavy lifting were more likely to experience pelvic organ prolapse compared to those who did not. Additionally, obesity and co-morbidities such as constipation, chronic cough, and metabolic disorders like diabetes mellitus are identified as risk factors [8].

The burden of uterine prolapse in developing countries is expected to be more severe than in developed nations, largely due to the lower level of awareness among women in these areas [9,10].

Major risk factors associated with uterine prolapse include adolescent pregnancy, not resting adequately during and after pregnancy, heavy lifting, deliveries by unskilled birth attendants, poor nutrition, frequent and closely spaced pregnancies, prolonged and obstructed labor, and weak pelvic floor muscles due to aging or other medical conditions [11,12].

In a qualitative study in Tamil Nadu, 37 women were interviewed to explore their perceptions and experiences of uterine prolapse; 32 stated they had been diagnosed with the condition. Commonly perceived causes included age, number of deliveries, strenuous manual work post-delivery, and other contributory factors like lack of family support, reluctance to discuss the issue with a doctor, high costs, and trauma to the pelvic floor. Most of these women had suffered for a period of time longer than 10 years. [13]

Uterine prolapse is a common pelvic floor disorder that disproportionately affects women in developing countries, where awareness and access to preventative care may be limited. [14] The exact prevalence of uterine prolapse is difficult to determine, as many women may be asymptomatic or reluctant to seek medical attention. [15]

Though considerable work has been done earlier in describing the prevalence, causes, and possible treatment, a gap exists in describing the awareness and preventive practices among women at risk. Uterine prolapse is one important health issue that affects many women. The prevalence was higher especially in women belonging to

developing countries like India. The main aim of the study to assess Awareness and Preventive Practices Among Married Women at Risk factor of Uterine Prolapse.

MATERIAL AND METHODS

A cross-sectional descriptive study was selected for the study. Quantitative research approach was adopted for the study. The study was conducted in Sree Balaji medical College and hospital in Chennai from 02.03.2024 to 10.04.2024. The present study sample was estimated as 70 using Open Epi version 3.01. The study included all the married women who visiting OG OPD. Convenient sampling technique was used to selected the sample for the study. The study population includes all the married women who were attending OG OPD in selected hospital. The married women who don't understand Tamil and English were excluded.

Tools:

The tools consist of demographic variables, structured questionnaires on awareness and preventive practice regarding risk factors of uterine prolapse. Structured questionnaires were included the domains like Awareness of Uterine Prolapse, Knowledge of Risk Factors, Preventive Practices, Sources of Information and Barriers to Preventive Practices

Data collection:

Ethical permission for the present study was obtained from institutional ethical committee. After explaining the study to the married women, informed written consent was obtained. Confidentiality was maintained throughout the study.

Statistical analysis:

The study data was analysed by using SPSS version 26. Demographic variables and awareness were presented in frequency and percentage. Chi-square test used to check the association between the variables and awareness score regarding uterine prolapse.

RESULTS:

Demographic variables:

Among 70 women, primarily aged between 20 and 40 years, with the majority being currently married (91.4%) and residing in rural areas (90%). Education levels varied, with about a third having no formal education, while others had achieved higher secondary education (34.3%) or were college graduates (11.4%). Most women were homemakers (81.4%), with a small percentage employed, particularly in healthcare and education sectors. Family structure leaned towards nuclear families (65.7%), reflecting the socio-economic background of the participants. This demographic profile is crucial for understanding the context in which these women navigate health issues such as uterine prolapse. (Table 1)

Awareness and preventive practices:

The study on awareness and preventive practices regarding uterine prolapse among married women revealed that 71.4% were aware of the condition, while 28.6% were not. In terms of risk factor knowledge, 57.1% recognized multiple childbirths as a risk, followed by 42.9% aware of heavy lifting, and 35.7% knowledgeable about chronic constipation. However, a significant portion (28.6%) lacked knowledge of these risk factors. (Table 2)

Association between Demographic Variables and Awareness of Uterine Prolapse

The studied showed no statistically significant relationship with awareness. Age group, marital status, area of residence, education level, occupation status, and family structure were all examined, with p-values ranging from 0.141 to 1.000. The closest to significance was education level ($p = 0.141$), but it still did not reach statistical significance. This suggests that within this sample, awareness of uterine prolapse is relatively consistent across different demographic groups, indicating that factors such as age, education, and marital status do not significantly influence awareness levels among the women studied. (Table 3)

Level of knowledge:

Figure 1 showed that preventive practices were varied, with 50% regularly performing pelvic floor exercises, and 57.1% attending routine gynaecological check-ups. Sources of information were primarily health professionals (64.3%), followed by media (42.9%) and family/friends (28.6%). Despite this, barriers such as lack of knowledge (35.7%), cultural beliefs (21.4%), and financial constraints (28.6%) still hindered effective preventive practices. Interestingly, 42.9% reported no barriers, indicating some level of accessibility and acceptance of preventive measures.

Table 1 : Married women demographic data **N= 70**

Demographic variables	N	%
Age Group (years):		
20–<30	26	37.1%
30–<40	24	34.3%
40–50	20	28.6%
Marital Status:		
Currently married	64	91.4%
Separated/Divorced	3	4.3%
Widowed	3	4.3%
Area of Residence:		
Urban	7	10.0%

Rural	63	90.0%
Education Level:		
No formal education	23	32.9%
Basic literacy	7	10.0%
Primary/Secondary	8	11.4%
Higher Secondary	24	34.3%
College Graduate	8	11.4%
Occupation Status:		
Homemaker	57	81.4%
Employed	13	18.6%
Occupation Type:		
Healthcare worker	5	38.0%
Office worker	4	28.6%
Educator	4	28.6%
Family Structure:		
Nuclear family	46	65.7%
Joint/Extended family	24	34.3%

Table 2: Awareness and Preventive practices **N= 70**

Domains	N	%
Awareness of Uterine Prolapse:		
Aware	50	71.4%
Not Aware	20	28.6%
Knowledge of Risk Factors:		
Multiple childbirths	40	57.1%
Heavy lifting	30	42.9%
Chronic constipation	25	35.7%
Obesity	15	21.4%
Family history of prolapse	10	14.3%
Lack of knowledge	20	28.6%
Preventive Practices:		

Regular pelvic floor exercises (Kegels)	35	50.0%
Maintaining a healthy weight	30	42.9%
Avoiding heavy lifting	25	35.7%
High-fiber diet to prevent constipation	20	28.6%
Routine gynaecological check-ups	40	57.1%
Sources of Information:		
Health professionals	45	64.3%
Family/Friends	20	28.6%
Media (TV, Radio, Internet)	30	42.9%
None	15	21.4%
Barriers to Preventive Practices:		
Lack of knowledge	25	35.7%
Cultural beliefs or taboos	15	21.4%
Lack of access to healthcare facilities	10	14.3%
Financial constraints	20	28.6%
None	30	42.9%

Table 3: Association between Demographic Variables and Awareness of Uterine Prolapse. N= 70

Demographic Variable	Category	Aware (N=50)	Not Aware (N=20)	p-value
Age Group (years):	20–<30	20 (76.9%)	6 (23.1%)	**0.404**
	31–<40	18 (75.0%)	6 (25.0%)	
	41–50	12 (60.0%)	8 (40.0%)	
Marital Status:	Currently married	46 (71.9%)	18 (28.1%)	**0.964**
	Separated/Divorced	2 (66.7%)	1 (33.3%)	
	Widowed	2 (66.7%)	1 (33.3%)	
Area of Residence:	Urban	5 (71.4%)	2 (28.6%)	**1.000**
	Rural	45 (71.4%)	18 (28.6%)	
Education Level:	No formal education	12 (52.2%)	11 (47.8%)	**0.141**
	Basic literacy	5 (71.4%)	2 (28.6%)	
	Primary/Secondary	7 (87.5%)	1 (12.5%)	

	Higher Secondary	20 (83.3%)	4 (16.7%)	
	College Graduate	6 (75.0%)	2 (25.0%)	
Occupation Status:	Homemaker	40 (70.2%)	17 (29.8%)	**0.884**
	Employed	10 (76.9%)	3 (23.1%)	
Family Structure:	Nuclear family	35 (76.1%)	11 (23.9%)	**0.360**
	Joint/Extended family	15 (62.5%)	9 (37.5%)	

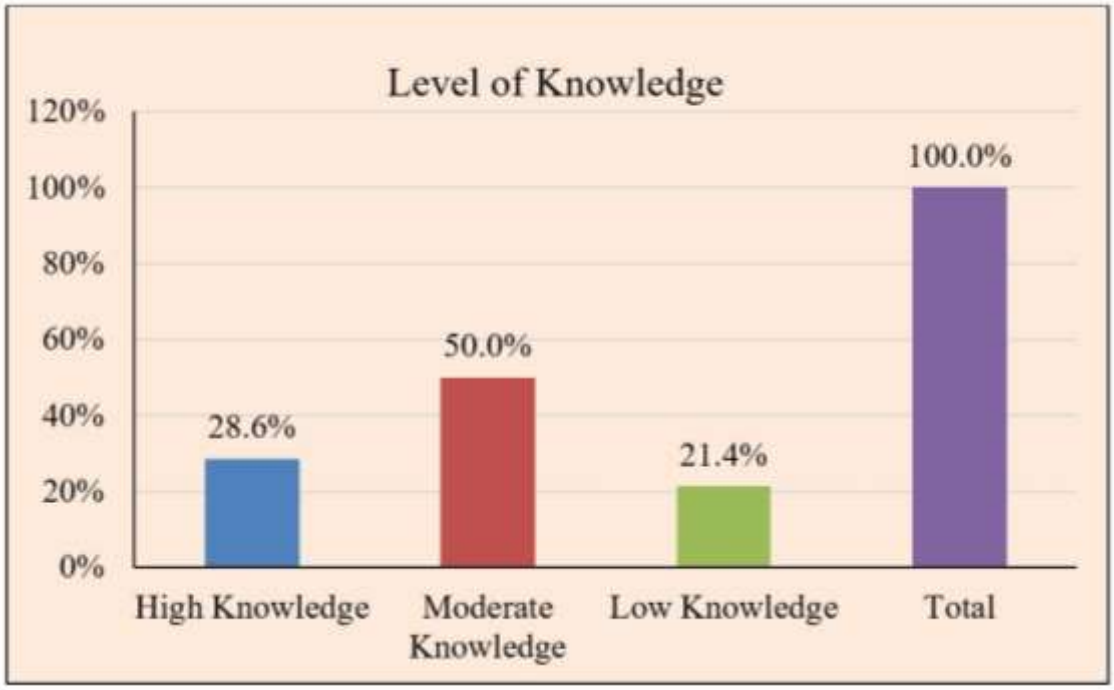

Figure 1: Percentage wise distribution of level of knowledge among married women

DISCUSSION:

The present study was aimed to assess Awareness and Preventive Practices Among Married Women at Risk factor of Uterine Prolapse. Mmajority of the married women comes under the age group of 20 to 30 years. Around 71.4 % of married women were aware regarding the uterine prolapse and its risk factors. The data revealed that majority of the married women were had moderate knowledge on the awareness of uterine prolapse risk factors

This study is supported by the findings of Thuma Kumari Paudel et al. (2023), who reported that approximately 53% of respondents were unaware of uterine prolapse. Among those who were aware, only 37.5% possessed satisfactory knowledge. The level of awareness about uterine prolapse was found to be influenced by factors such as urban or rural residency, age group, and education level [16].

This study was also supported by Greeshma G. Nathan et al. The aim of the study was to evaluate the effectiveness of a Structured Teaching Program (STP) on knowledge with a view to identify preventive measures for uterine prolapse among mothers. During the pre-test, 28 (70%) subjects had an average level of knowledge while 9 subjects (22.5%) had poor knowledge. Three (7.5%) subjects had good knowledge regarding the preventive measures for uterine prolapse [17].

Addressing the complex and multifactorial nature of uterine prolapse will require a multifaceted approach, including efforts to improve awareness, access to preventative care, and the development of effective treatment options [18,19].

Additionally, even when women were aware of uterine prolapse, many were not taking preventive steps. This shows that knowing about the condition isn't enough, women also need practical advice and support to take preventive actions, such as regular check-ups. There should also be a focus on promoting preventive practices and ensuring that healthcare services are accessible [20].

CONCLUSION:

The present study concluded that most of the married women were moderate knowledge on awareness of uterine prolapse risk factors. Targeted health education and improved access to healthcare services are critical interventions at this time. In so doing, we would be in a position to reduce the incidence rate of uterine prolapse and improve their overall reproductive health in this community. It is very important that one goes for early detection and preventive measures to reduce the incidence and severity of this condition. However, in many cases, women are either unaware of the risk factors or lack the knowledge necessary to take preventive action. Future research should look into the challenges women face in adopting preventive measures and find ways to address them.

CONFLICTS OF INTEREST:

No conflicts of Interest.

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