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Original Paper

Knowledge Regarding Uterine Prolapse Among Reproductive Age Group Women of Birendranagar, Surkhet, Nepal

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Abstract

Background

Uterine prolapse is one of the most common causes of reproductive morbidity which influence the women quality of life. In Nepal one million women in suffer from uterine prolapse and most of them belong to the reproductive age. Uterine prolapse occurs when pelvic floor muscles and ligaments stretch and weaken until they no longer provide enough support for the uterus. As a result, the uterus slips down into or protrudes out of the vagina.

Objectives

The main objective of this study was to assess the knowledge on uterine, prolapse among reproductive age group women in the selected community of the Birendranagar-04, Surkhet.

Methods: *A descriptive cross-sectional research design was selected for the study and non- probability purposive sampling technique was used to select 60 women of reproductive age group visiting selected community. Semi Structured questionnaire was used to collect data. The collected data were analyzed by using descriptive and inferential statistic through SPSS version 20.*

Result

The result of the study shows knowledge level of the 50% of respondent was poor 33.3% has average level of knowledge and only 16.7% of the respondent have good knowledge. There was significant association of knowledge with education level of the respondent, family type and place of delivery whereas no significant association seen between other socio- demographic variables. Hence, education level of the respondent is contributing factors to the knowledge level regarding uterine prolapse in reproductive age women.

Conclusion

The study concluded that majority of the respondents had poor knowledge regarding uterine prolapse.

Keywords

Uterine Prolapse, Reproductive age, Nepal, Knowledge

1. Introduction

Uterine prolapse is one of the most common causes of reproductive morbidity which influence the women quality of life. In Nepal 1 million women in suffer from uterine prolapse and most of them belong to the reproductive age (Elsayed et al., 2016). Uterine prolapse occurs when pelvic floor muscles and ligaments stretch and weaken until they no longer provide enough support for the uterus. As a result, the uterus slips down into or protrudes out of the vagina. Uterine prolapse most often affects people after menopause who've had one or more vaginal deliveries (Mayoclinic, 2022).

The main cause uterine prolapse in Nepalese women is mainly gender discrimination. Early marriage, multiple births, lack of skilled birth attendants during delivery, continuous work throughout their pregnancies and soon after giving birth. It affects many aspects of a woman's quality of life, which ranges from physical discomfort, psychological, social and sexual lifestyle restrictions its risk factors include More than one pregnancy, Increasing age, Previous pelvic surgery (Paudel & Khadgi, 2018).

1.1 Statement of the Problem

A study to assess knowledge regarding uterine prolapse in selected community of Birendranagar-04, Surkhet, Nepal.

1.3 Significance of the Study

- Study was useful as reference material for medical students for knowledge regarding uterine prolapse.
- The finding of the study was used as baseline data for further research.
- The study findings were the base for the health workers in future planning and implementation to bring awareness regarding uterine prolapse.
- The study was useful in implication for appropriate allocation of program by college committee to improve the level of knowledge regarding uterine prolapse.

1.3 Objectives of the Study

- To assess the knowledge on uterine, prolapse among reproductive age group women (15-49) in the selected community of the Birendranagar-04, Surkhet.
- To identify the level of knowledge on uterine prolapse among reproductive age group women.
- To measure the association between knowledge on uterine prolapse with selected socio demographic variables.

1.4 Research Hypothesis

All hypothesis will be tested at 0.05 level of significance.

H1: There will be significant association between knowledge on uterine prolapse among reproductive age group women with their selected demographic variables.

1.5 Review of Literature

The descriptive cross-sectional study was conducted on Knowledge regarding uterine prolapse among women in Nigeria in January 2020. The sample was 302 women. The data was collected using semi-structured questionnaire by using face to face interview technique. The result showed that, 94.7% had low knowledge of uterine prolapse and 19.7% had good knowledge of uterine prolapse. The study concluded that most of the women had low knowledge regarding uterine prolapse (Anozie Okechukwu et al., 2020).

A descriptive cross-sectional study was conducted on Knowledge Regarding Uterine Prolapse among Women in Tertiary Care Teaching Hospital in, Chit wan, Nepal from July to September, 2016. The study sample was 130 women. The data was collected using semi- structured questionnaire by using face to face interview technique. The result shows that more than half of the women 69% had a poor level of knowledge and 42.30% had a good level of knowledge of uterine prolapse. The study concluded that the level of knowledge on UP among women of reproductive age group was poor (Marasine et al., 2020).

A descriptive cross-sectional study was conducted on knowledge and practices of women regarding risk factors of uterine prolapse in Egypt in April 2016. The total sample was 200 married women. The data collection method was semi- structured questionnaire by using face to face interview technique. The results shows that more than half of the studied women 56.5% didn't hear about uterine prolapse. The study concluded that the level of knowledge on uterine among married women of reproductive age group was poor (Elsayed et al., 2016).

A descriptive cross-sectional study was carried on *Knowledge on Uterine Prolapse among Reproductive Age Group Women in Nepal* in November 2019. The sample was 150 reproductive age group women. Semi structured questionnaire by using face to face interview technique was used to collect data. The result showed that 46% had adequate knowledge, while 54% of the respondents had inadequate knowledge about uterine prolapsed. The study concluded that more than half of the respondents had inadequate knowledge about uterine prolapse (Bhurtel et al., 2019).

A descriptive cross-sectional study was conducted on knowledge on risk factors of uterine prolapse among reproductive age women of in Lalitpur, Nepal in February, 2016. The total sample was 185 women. Semi-structured questionnaire by face-to-face interview technique was used to collect data. The result shows that 46.5% women have adequate knowledge and 53.5% women have inadequate knowledge regarding risk factors of uterine prolapse. The study concluded most of the respondents had inadequate knowledge about uterine prolapse (Singh, Lama, & Maharjan, 2016b).

A descriptive cross-sectional study was conducted to assess Prolapse *related knowledge and attitude among married women of reproductive age* in Daulichaur VDC of Ba-jhang district in March 2016 to April 2016. The sample was 313 Married women of Reproductive age 15-49. Data was collected through Semi –structured questionnaire by using face to face interview technique. The study shows that almost three fourth 70% of respondents had low level of knowledge. The study concluded that most of

reproductive age of women had low level of knowledge on uterine prolapse (Khanal, Ghimire, Shrestha, & Koirala, 2020).

The descriptive cross-sectional study was conducted on women's knowledge regarding uterine prolapse at in Egypt in December 2017. The sample size was 220 women. The data was collected using semi-structured questionnaire by using face to face interview technique. The study result shows that majority of the studied women (80%) women had inadequate knowledge regarding uterine prolapse. The study concluded that the women had low level of knowledge regarding uterine prolapse (Rashad et al., 2018).

The descriptive cross-sectional study was conducted to assess the *knowledge about Uterine Prolapse* KIST Medical College Teaching Hospital, Kathmandu Nepal in 2017. The sample size was 80 women of reproductive age group. A semi structured questionnaire by using face to face interview technique was used to collect data. The result shows that 77% women had heard of uterine prolapse and 23% had never heard of it and don't have knowledge about uterine prolapse. The study concluded that some of the women had low level of knowledge about uterine prolapse (Maharjan et al., 2019).

A descriptive cross-sectional study was conducted in a population of pregnant women to assess Knowledge on uterine prolapse in 2019. The sample size used on 104 women. The data were collected through semi-structured questionnaire by using face to face interview technique. The result shows that knowledge 35.3% women had low level of knowledge. The study concluded that the knowledge on uterine prolapse is poor uterine prolapse (Liu, Tan, & Han, 2019). A descriptive cross sectional study was conducted on knowledge and factors affecting women with uterine prolapse in Kaski, Nepal in August, 2016. The sample size was used on 100 women. The data were collected through semi-structured questionnaire by using face to face interview technique. The result showed that out of 56% of the women had inadequate knowledge about uterine prolapse. The study concluded that the most of the women had low knowledge regarding uterine prolapse (Silwal et al., 2016). A descriptive cross-sectional study to assess knowledge regarding uterine prolapse among the women in Udaipur, India in 2019. The sample size was 240 women. . The data was collected by semi-structured questionnaire by using face to face interview technique. The result showed that majority 63.33% of women had poor knowledge, 36.67% of them had moderate knowledge on uterine prolapse. The study concluded that most of the women had the knowledge on uterine prolapse was poor (Rawat, 2019).

A descriptive cross-sectional study was conducted to assess knowledge and of uterine prolapse at, South Ethiopia in April, 2018. The total sample size was 408 women. The women were selected using systematic random sampling technique and interviewed using pretested structured questionnaires. The study revealed that 51.2% mothers had inadequate level of knowledge on uterine prolapse. The study concluded that most of the women had low knowledge regarding on uterine prolapse (Yohannes, Hadra, Aychilu, & Tulu, 2018).

A descriptive cross-sectional study to assess the knowledge regarding Uterine Prolapse among Reproductive Age Women at Melnallathur in Thiruvallur in May 2019. The total sample was 60 women

of reproductive age group. The data collection method was semi structured interview by using face to face interview technique. The study shows that out of 60 samples 6.6% had adequate knowledge and 73.3% had moderate knowledge and 20% had inadequate knowledge. The study concludes that the reproductive age women has poor knowledge regarding uterine prolapse (Selvaraj, 2019).

Several studies revealed that knowledge on uterine prolapse can lower the risk, but knowledge is poor among women of reproductive age group women in order to reduce its occurrence as well as its complication and increase in health seeking behavior. Uterine prolapse is major public health issue in Nepal, for the prevention raising awareness and behavior change at individual, family and community level is necessary. In Nepal women deprived from education, has to go through early marriage, early pregnancy and frequent child bearing along with heavy lifting. Hence uterine prolapse seems effect of lack of awareness on uterine prolapsed in women.

2. Research Methodology

2.1 Research Design

A descriptive cross sectional study design was used.

2.2 Setting of the Study

The study was conducted at Shital and Suryamukhi tole of ward 4 of Birendranagar municipality of Surkhet district. The survey was conducted at Shital and Suryamukhi tole of Birendranagar Municipality, ward no. 4 Surkhet, Karnali Province, Nepal November to December 2022. The site is located at 28036’29" N latitude and 81036’34" E longitude and at the altitude of 725 masl. The location lies in the inner terai having subtropical climatic condition.

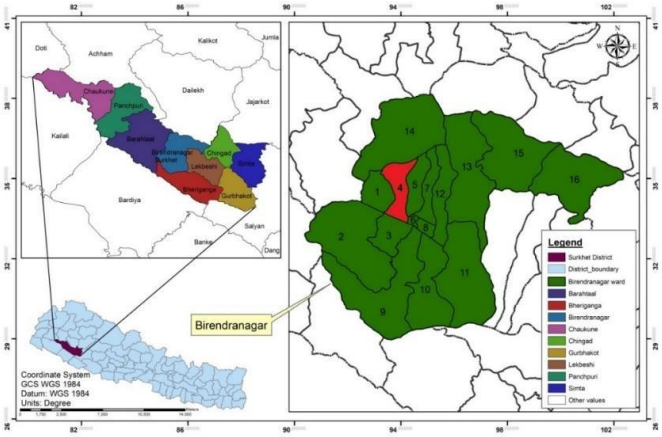

Figure 1. Map Showing the Setting of the Study

2.3 Study Population

All reproductive age group (15-49 years) women of Shital and Suryamukhi tole of ward 4 of Birendranagar municipality of Surkhet district.

Sample size

Sample size was 60.

Sampling technique

Non probability convenience sampling technique was used to collect the data.

Sample selection criteria

- Inclusion criteria: Women of reproductive age group in selected community of Birendranagar-04, Surkhet.

Tools of data collection

Semi-structured questionnaire was used by consulting the experts and supervisor. Questionnaire consist of two parts:

Part I: Performa to collect socio-demographic data.

Part II: Semi structured knowledge questionnaire on Uterine Prolapse

Data collection technique

Semi structured questionnaire with face-to-face interview technique was used to collect the data.

Pre-testing of tool

Pre-testing the instrument among 10% (6) of total sample size at selected community of Nepalgunj and necessary modification of the instrument was carried out as necessary.

Validity and reliability:

Content validity was established by extensive literature review, consulting with research advisors, statistician, subject matter experts and valuable suggestions from peers.

Data collection procedure

- Study was conducted after the approval of research committee of Bheri Nursing College.
- Written permission was taken from Bheri Nursing College.
- Request letter from the Bheri Nursing College was submitted municipal ward 4 office of Birendranagar municipality to collect the data in the selected community.
- After the permission, data was taken from setting.
- Informed written consent was obtained from all the respondents.
- The data was collected by using questionnaire technique.

2.5 Ethical Consideration

- The study was conducted after approval of proposal from Bheri Nursing College, Nepalgunj, Banke.
- Formal permission was taken from selected ward office of Birendranagar municipality of Surkhet district.
- Informed consent from responded was taken before starting questionnaire.
- Confidentiality and privacy were maintained.
- Respondents was not be influenced by any means to participate in the study.

- The data was personalized and used for the purpose of study.

2.6 Data Analysis and Interpretation

This research deals with the analysis and interpretation of data which were collected among 60 reproductive age women of the selected community of Birendranagar Municipality of Surkhet district. This study was conducted to find out the knowledge regarding uterine prolapse among reproductive age women. All the collected data were cleaned, entered and analyzed using statistical software. The analysis was done using descriptive statistics. All the information was reported in term of frequency and percentage with the help of tables.

All the obtained data were analyzed on the basis of the objective of the study.

- To identify the level of knowledge on uterine prolapse among reproductive age group women.
- To measure the association between knowledge on uterine prolapse with selected socio demographic variables.

The data were organized and presented under the following sections:

Section I: Description of socio demographic characteristics.

Section II: Distributions of knowledge regarding uterine prolapse among reproductive age women.

Section III: Association between socio-demographic variables and knowledge regarding uterine prolapse among reproductive age women.

Section I: Description of socio demographic characteristics

This section of finding includes variables related to age, educational status, Ethnicity, Monthly income, residency, number of parities etc.

Table 1. Frequency and Percentage Distribution of Reproductive Age Group Women in Terms of Age Group of the Respondents

		N=60
Variables	**Frequency**	**Percentage**
Age of Respondent		
15-30 Years	4	6.7%
30-45 Years	36	60.0%
45-60 Years	15	25.0%
>60 years	5	8.3%

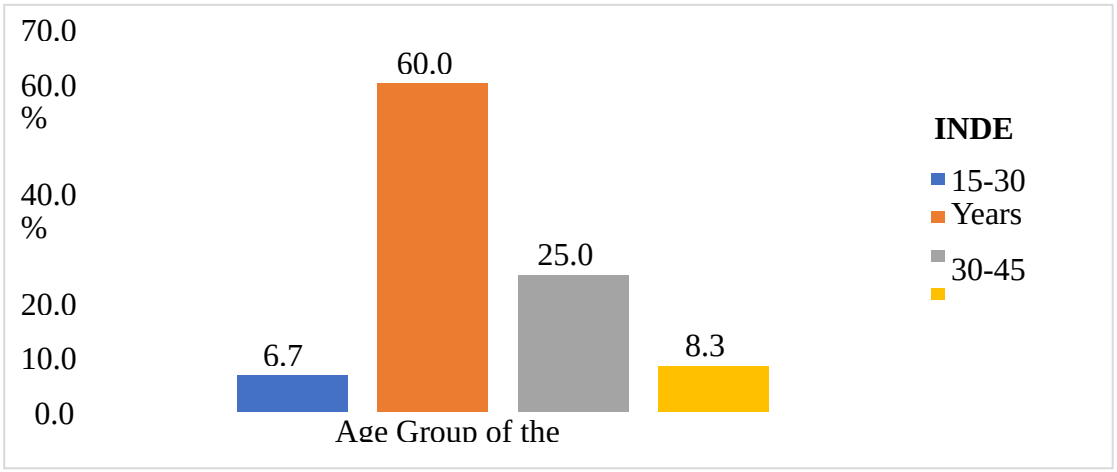

Figure 2. Bar Diagram Showing Percentage Distribution of Reproductive Age Group Women according to Their Age Group

2.7 Interpretation

Table1 and figure 3 showed 60% of the respondents are of the age group 30-45 years, 25% of the respondents were of the age group 45-60 years, 8.3% were >60 years and least 6.7% are of 15-30 years

Table 2. Frequency and Percentage Distribution of Reproductive Age Group Women in Terms of Ethnicity of the Respondents

		N=60
Variables	Frequency	Percentage
Ethnicity of Respondent		
Brahmin	27	45.0%
Chhetri	4	6.7%
Janajati	12	20.0%
Dalit	15	25.0%
Other	2	3.3%

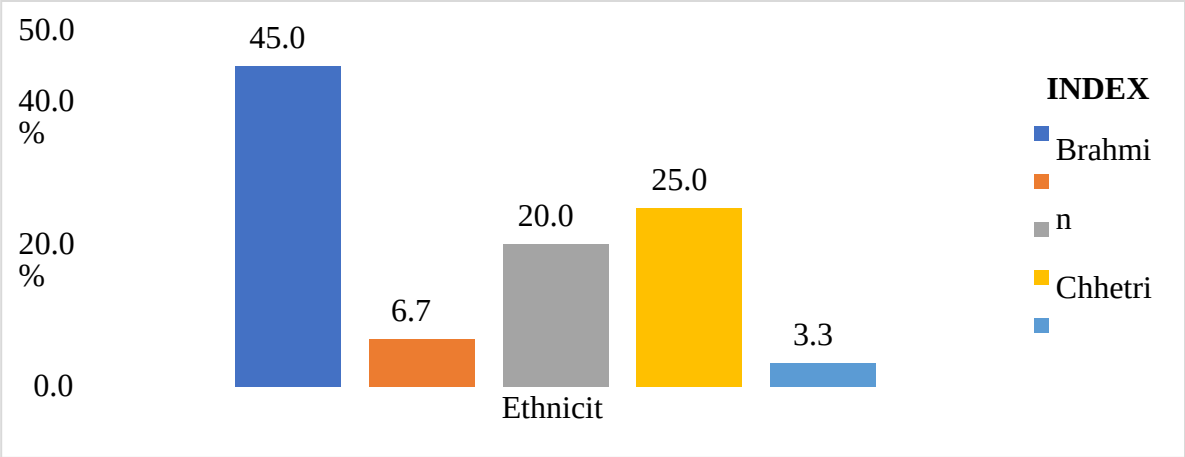

Figure 3. Bar Diagram Showing Percentage Distribution of Reproductive Age Group Women according to Their Ethnic Group

2.8 Interpretation

Table 2 and Figure 3 represents the statistics of the ethnic group of the respondents that comprises 45% Brahmin, Dalit 25%, Janajati 20%, Chhetri 6.7% and other 3.3%.

Table 3. Frequency and Percentage Distribution of Reproductive Age Group Women in Terms of Education Level of the Respondents

		N=60
Variables	Frequency	Percentage
Education level of Respondent		
Illiterate	20	33.3%
Primary Level (1-8)	5	8.3%
Secondary Level (9-12)	14	23.3%
Bachelor	21	35.0%

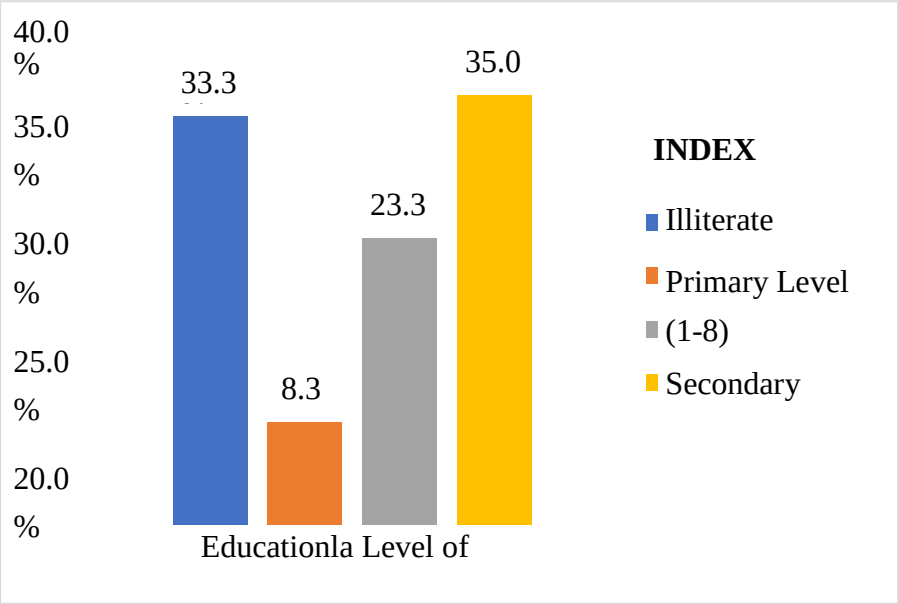

Figure 4. Bar Diagram Showing Percentage Distribution of Reproductive Age Group Women according to Their Education Level

2.9 Interpretation

Table 2 and Figure 5 represents the statistics of the ethnic group of the respondents that comprises 45% Brahmin, Dalit 25%, Janajati 20%, Chhetri 6.7% and other 3.3%.

Table 4. Frequency and Percentage Distribution of Reproductive Age Group Women in Terms of Occupation of the Respondents

		N=60
Variables	Frequency	Percentage
Occupation		
House Made	34	56.7%
Labour	9	15.0%
Business	12	20.0%
Government Job	5	8.3%

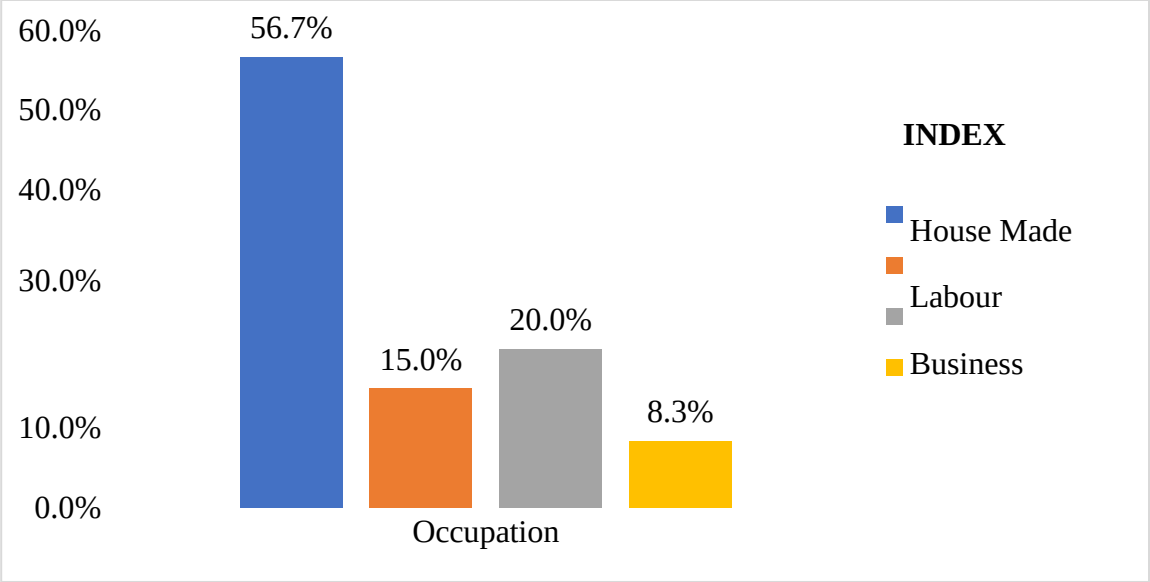

Figure 5. Bar Diagram Showing Percentage Distribution of Reproductive Age Group Women according to Their Education Level

2.10 Interpretation

Table 4 and figure 6 represents the statistics of the occupation of the respondents that comprises 56.7% house made, 20% own business, 15% work as labour and 8.3% have government jos.

Table 5. Frequency and Percentage Distribution of Reproductive Age Group Women in Terms of Family Type of the Respondents

		N=60
Variables	**Frequency**	**Percentage**
Family Type		
Nuclear	34	56.7%
Joint	19	31.7%
Extended	7	11.7%

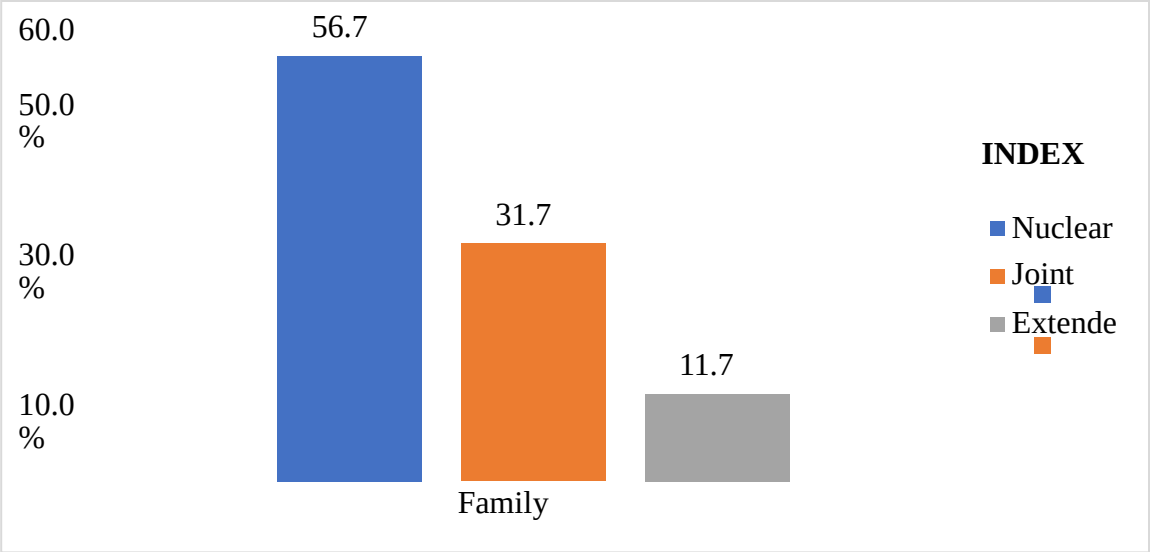

Figure 6. Bar Diagram Showing Percentage Distribution of Reproductive Age Group Women according to Their Family Type

2.11 Interpretation

Table 5 and Figure 7 represents the family type of the respondents that comprises 56.7% nuclear, 31.7% Joint and 11.7% Extended.

Table 6. Frequency and Percentage Distribution of Reproductive Age Group Women in Terms of Occupation of the Respondents

		N=60
Variables	**Frequency**	**Percentage**
Resident Area		
Rural	2	3%
Urban	58	97%
Monthly Income of Family		
<10000	5	8.3%
10001-20000	14	23.3%
20001-30000	2	3.3%
>30000	39	65.0%

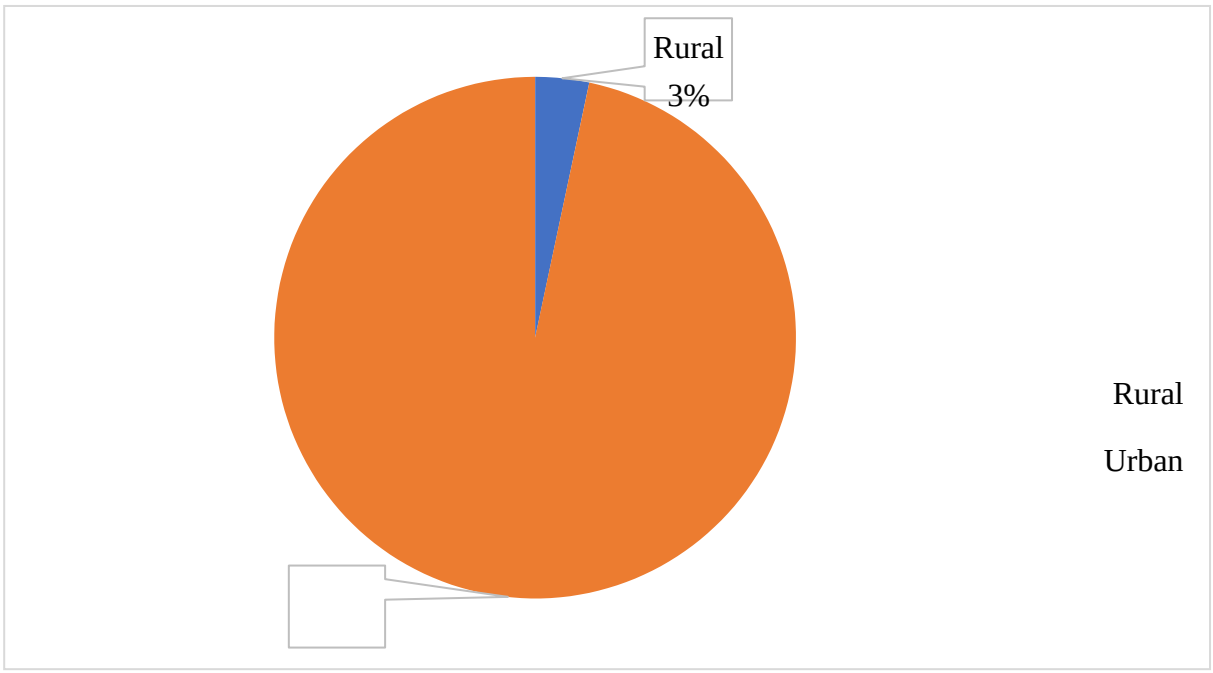

Figure 7. Pie Chart Showing Percentage Distribution of Reproductive Age Group Women according to Their Place of Eecidency

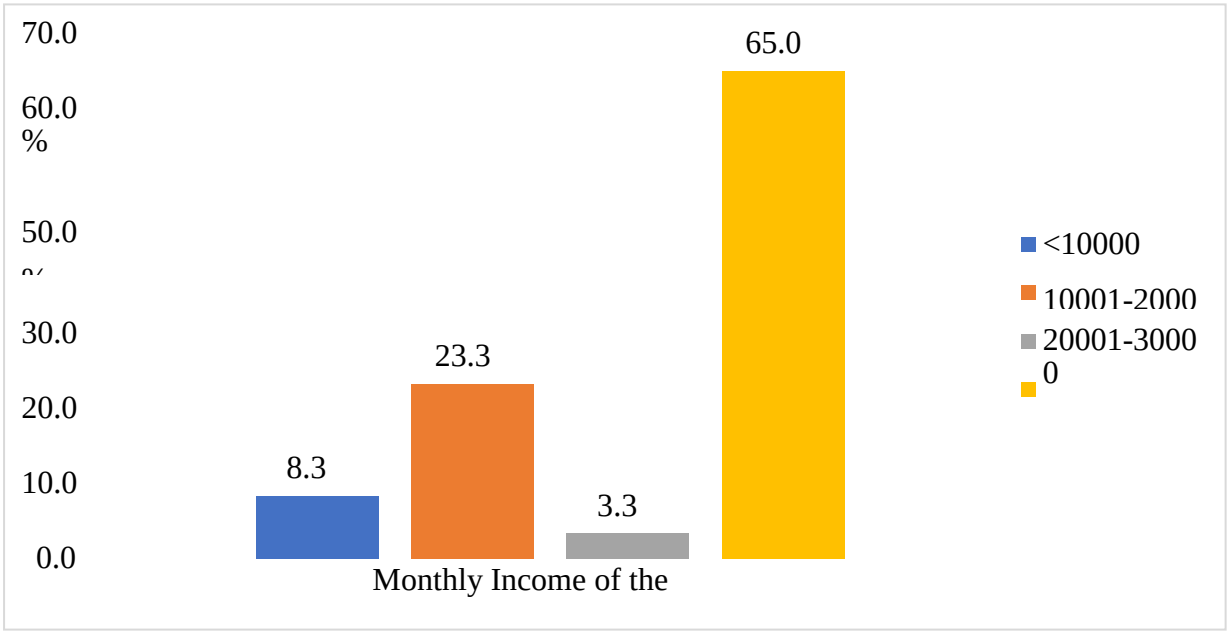

Figure 8. Bar Diagram Showing Percentage Distribution of Reproductive Age Group Women according to Their Monthly Family Income

2.12 Interpretation

Table 6, figure 7 and figure 8 Shows that 97% of the respondent are from urban residency and only 3 % are from rural setting. Also, 65% of the respondents have more than 30000 and only 8.3% have less

than 10000 monthly income.

Table 7. Frequency and Percentage Distribution of Respondent in Terms of Socio-Demographic Variables*:* Marital Status, No. of Parity and Place of Delivery

		N=60
Variables	**Frequency**	**Percentage**
Marital Status		
Married	48	80.0
Single women	7	11.7
Divorced	5	8.3
No. of Parity		
None	5	8.3
One	23	38.3
Two	5	8.3
>=Three	27	45.0
Place of Delivery		
Home	23	38.3
Hospital	37	61.7

2.13 Interpretation

Table 7 Shows that 80% of the respondent are married with more than 3 numbers of children was 45% and 61% had delivered in hospital.

Section II: Distributions of knowledge regarding uterine prolapse among reproductive age women.

This section of finding includes variables related to knowledge about the Uterine Prolapse, meaning, causes, symptoms, preventive measures and treatments. Data was analyzed by using descriptive statistics.

Table 8. Frequency and Percentage Distribution of Respondent in Terms of Knowledge Regarding Uterine Prolapse: Known to Uterine Prolapse, Source of Information

		N=60
Variables	**Frequency**	**Percentage**
Known to Uterine Prolapse		
Yes	43	71.7
No	17	28.3
If Yes, Source of information		

Social Media	9	15.0
Relatives	31	51.7
Peer group	9	15.0
Female Community Health Volunteer (FCHV)	10	16.7
Mass Media (radio, television, newspaper, Pamphlets)	1	1.7

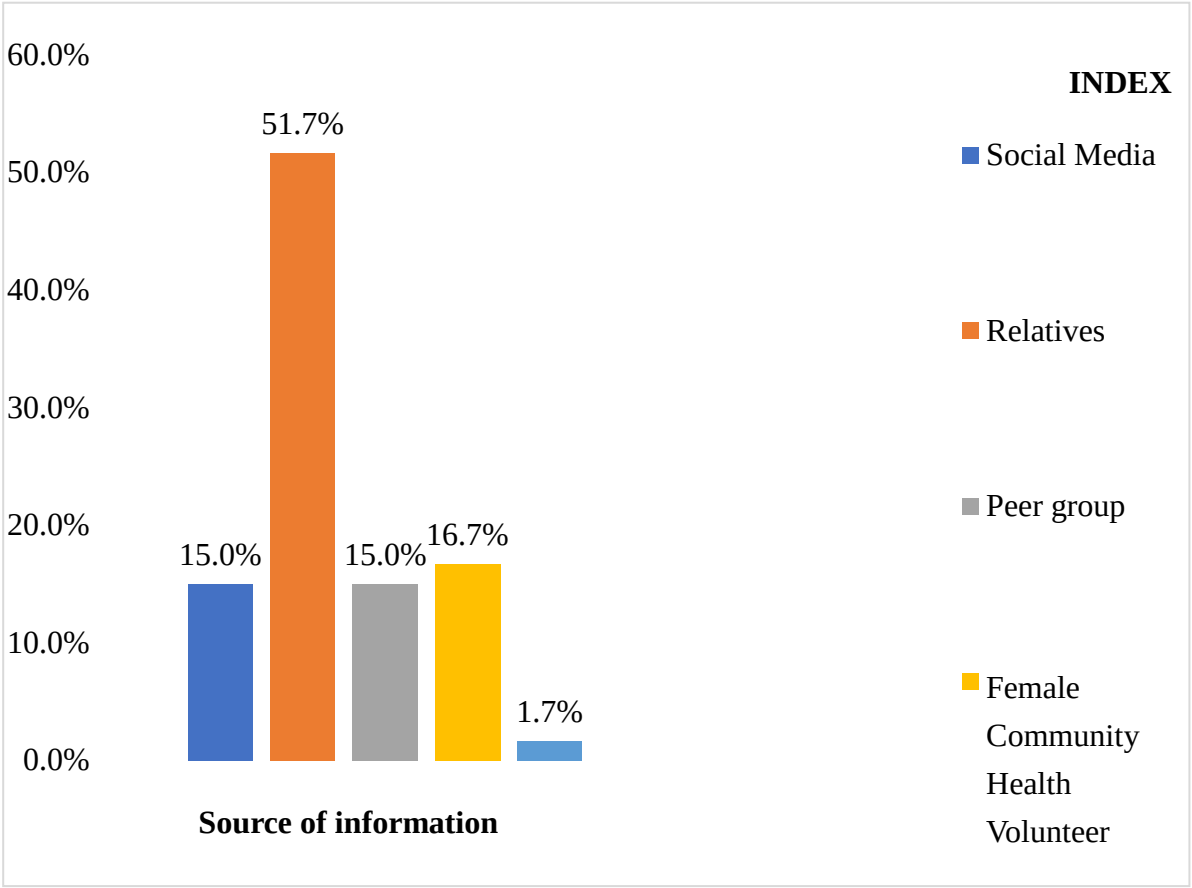

Figure 10. Bar Diagram Showing Percentage Distribution of Reproductive Age Group Women according to Their eEducation Level

2.14 Interpretation

Table 7 and figure 8 shows that 71.7% of the respondents were known to uterine prolapse from different source of information of which 51.7% from relatives followed by FCHV 16.7% and social media 15%.

Table 9. Frequency and Percentage Distribution of Respondent in Terms of Knowledge Regarding Uterine Prolapse: Meaning, Causes and Symptoms

		N=60
Variables	**Frequency**	**Percentage**
Meaning of Uterine Prolapse		
Something falling out of vagina	36	60.0
Extra growth of tissue into Vagina	18	30.0
Swelling of vagina	6	10.0
Causes of Uterine Prolapse		
Carrying heavy loads during postnatal period	28	46.7
Multiple pregnancies	25	41.7
Delivered by untrained personnel	6	10.0
Lack of nutritional diets in postnatal period	1	1.7
Symptoms of Uterine Prolapse		
White vaginal discharge	21	35.0
Feeling of something coming out of vagina	32	53.3
Difficulty in walking	3	5.0
Involuntary pass of urine during coughing, sneezing and laughing	4	6.7

2.15 Interpretation

Table 9 shows that 60% of the respondents answered the meaning of uterine prolapse as something falling out of vagina and cause of uterine prolapse was carrying heavy load during post-natal period (46.7%) followed by multiple pregnancy (41.7%) and symptoms of uterine prolapse answered as feeling of something coming out of vagina (53.3%) followed by white vaginal discharge (35%).

Table 10. Frequency and Percentage Distribution of Reproductive Age Group Women in Terms Knowledge Regarding Degrees of Uterine Prolapse

		N=60
Variables	**Frequency**	**Percentage**
Degrees of Uterine Prolapse		
One	36	60.0
Two	21	35.0
Three	1	1.7

Four	2	3.3

Interpretation

The result shows that (Table 10) only 3.3% of the respondent correctly answered the no. of degrees of uterine prolapse.

Table 11. Frequency and Percentage Distribution of Respondent in Terms of Knowledge Regarding Uterine Prolapse: Preventions, Treatment, No. of Surgeries and Main Surgeries

Variables	**Frequency (N=60)**	**Percent (%)**
Preventive measures of Uterine Prolapse		
Not lifting heavy load during postnatal period	32	53.3
Avoiding multiple pregnancies	11	18.3
Eating nutritional diets during pregnancy and post-natal	5	8.3
Period		
Preventing Perianal injuries	12	20.0
Treatments of Uterine Prolapse		
Medicines	21	35.0
Ayurvedic/herbal/allopathy/homeopathy	6	10.0
Ring pessaries/ surgery	31	51.7
No treatment	2	3.3
Number of Surgeries performed during Uterine Prolapse		
One	49	81.7
Two	2	3.3
Three	5	8.3
Four	4	6.7
Main surgeries performed in Uterine Prolapse		
Hysectomy	33	55.0
Prolapse repair	8	13.3
Both (a) and (b)	2	3.3

Laprotomy	17	28.3

Interpretation

Table 11 shows 53.3% of the respondents replied the preventive measure of the uterine prolapse is not lifting heavy loads during postnatal period and 51.7% answered treatment of uterine prolapse is ring pessaries/surgery followed by medicine 35% but only 3.3% of the respondents correctly answered number and type of surgeries performed during uterine prolapse.

Table 12. Frequency and Percentage Distribution of rRespondent in Terms of Knowledge Regarding Uterine Prolapse: Risk factor, Age Group in Risk and Risk/Complication

		N=60
Variables	**Frequency**	**Percentage**
Risk factors of Uterine Prolapse		
Aging (>60 years)	14	23.3
Birth of large sized baby	24	40.0
Having one or more vaginal birth	20	33.3
Chronic coughing	2	3.3
Age group in risk of Uterine Prolapse		
15-30 years	15	25.0
30-45 years	17	28.3
45-60 years	12	20.0
>60 years	16	26.7
Risk or complications of Uterine Prolapse		
Infection	44	73.3
Piles	6	10.0
Cancer	7	11.7
Constipation	3	5.0

Interpretation

Result showed that birth of large sized baby is major risk factor of uterine prolapse (40%) and 26.7% answered the age group in the risk of uterine prolapse was above sixty years. 73.3% respondents replied infection is the major risk/complication during uterine prolapse (Table 12).

Table 13. Frequency and Percentage Distribution of Respondent in Terms of Knowledge Regarding Uterine Prolapse: First Step Respondents Act if Faced with Uterine Prolapse and Government Intervention to Improve the Knowledge Regarding Uterine Prolapse

		N=60
Variables	**Frequency**	**Percentage**
Initial step after Uterine Prolapse		
Share with husband	31	51.7
Share with nearest friend	15	25.0
Reach out nearest health care facility	12	20.0
Visit doctor and follow his/her prescription	2	3.3
Government interventions to prevent and improve the knowledge of Uterine Prolapse		
School education for sexual and reproductive health	11	18.3
Emphasize the prevention of Uterine prolapse in community health program	42	70.0
Strict rules and punishment against early marriage should be implemented	5	8.3
Awareness programs should be broadcasted from radio, tv, social medias	2	3.3

Interpretation

Result showed that 51.7% of the respondent replied that initially they share their problem with their husband if faced with the uterine prolapse and 70% of the respondents expected that government should emphasize the prevention of uterine prolapse in community health program to prevent and improve the knowledge of uterine prolapse among reproductive age women (Table 13).

Table 14. Knowledge Level of the Reproductive Age Group Women Regarding Uterine Prolapse

			N=60
Variables	**Frequency**	**Percentage**	**Mean ± SD**
Knowledge level			
Good	10	16.7	
			4.5 ±1.83
Average	20	33.3	
Poor	30	50.0	

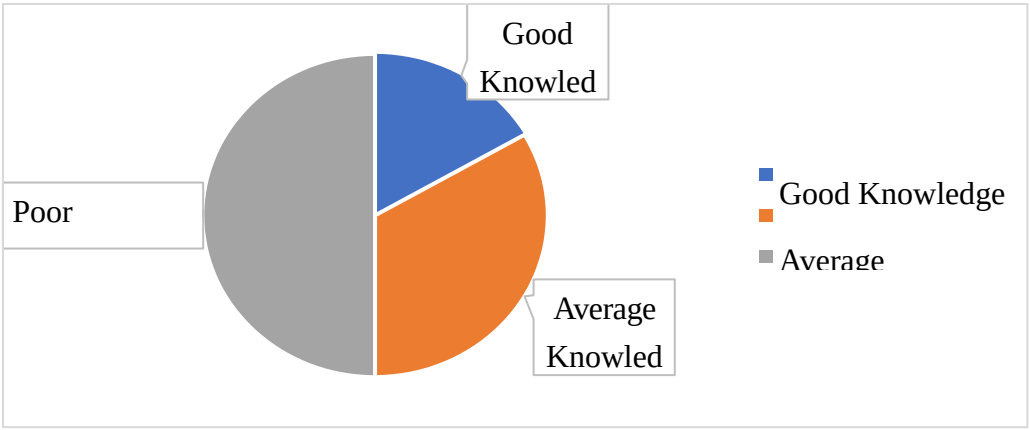

Figure 10. Pie Chart Showing Knowledge Level Reproductive Age Group Women Regarding Uterine Prolapse

Interpretation

The Figure 11 shows that knowledge level of the 50 % of respondent was found with poor knowledge regarding uterine prolapse followed by 33.3% with average level of knowledge and only 16.7% of the respondent have good knowledge. The mean knowledge score with standard deviation was 4.5±1.83.

Section III: Association between socio-demographic variables and knowledge regarding Uterine Prolapse among reproductive age women

Table 15. Association between Socio-Demographic Variables and Knowledge Level of the Respondents Regarding Uterine Prolapse

Variables	Good	Average	Poor	square	df	P value
	N (%)	N (%)	N (%)			
Age of Respondents				5.756[a]	6	0.451
15-30 Years	2 (3)	2 (3)	0 (0)			
30-45 Years	5 (8)	12 (20)	19 (32)			
45-60 Years	2 (3)	5 (8)	8 (13)			
>60 years	1 (2)	1 (2)	3 (5)			
Ethnicity of Respondent						
Brahmin	3 (5)	11 (18)	13 (22)	10.563[a]	8	0.228
Chhetri	1 (2)	2 (3)	1 (2)			
Janajati	2 (3)	6 (10)	4 (7)			
Dalit	4 (7)	1 (2)	10 (17)			
Other	0	0	2 (3)			
Education level of Respondent				36.779[a]	6	0.000**
Illiterate 0 (0)		5 (8)	15 (25)			

Primary Level (1-8)	1 (2)	0 (0)	4 (7)
Secondary Level (9-12)	0 (0)	3 (5)	11 (18)

* P-value < 0.05 – statically significant (figure in the parenthesis represents percentage).

Interpretation

The data presented on table 15 shows the association between socio-demographic variables is tested through chi-square test. Since the *p-value* is less than 0.05 there is significant association of knowledge with education level, family type and place of delivery whereas no significant association seen between marital status, age, occupation, family monthly income and number of parities. Hence, education level, family type and place of delivery is contributing factors to the knowledge level regarding uterine prolapse in reproductive age women.

Hence, Hypothesis (H0) is rejected, and H1 is accepted.

3. Discussion

The present study was conducted among 60 respondents with objective of assessing the knowledge regarding uterine prolapse among the women of reproductive age group.

The findings of this study are discussed here by comparing with existing evidence of similar studies.

3.1 Socio-Demographic Variables of Reproductive Age Group Women

In this study among 60 respondents, majority of the respondents (60%) are of the age group 30-45 years. As contradict to cross section study conducted in 25 districts of Nepal by Shrestha, et al (2014) shows that 72.4% of the respondents fall under the age group 20-35 years. Ethnically 45% of the respondents are Brahmin followed by 25% Dalit, 20% Janajati 20%, 6.7% Chhetri 6.7% and 3.3% other. As compare to the study conducted by Shrestha, et al (2014) reveals that 43% of the respondents were Brahmin and 22.2% was Janajati.

Most of the respondent education level was bachelor's degree (35%) and 33.3% are illiterate followed secondary level (23.3%) and primary level (8.3%). As contradict to Shrestha, et al (2014), 34.9% respondents have secondary level education. 56.7% of the respondent are housewife and 20% run their own business. As compare to study conducted in Lalitpur by Singh, Lama, and Maharjan (2016) shows that 49.7% respondents were housewives. Most of the respondents are from nuclear family type, i.e., 56.7%. The similar finding was supported by a study conducted on Lalitpur by Singh, Lama, and Maharjan (2016) which shows that 66.5% belongs to nuclear family.

Majority of the respondents i.e., 65% earns more than 30 thousand per month for their living. The similar finding was supported by a study conducted on Manmohan memorial hospital by Bhurtel, Mandal, and Shah (2019) that majority of respondents (51.3%) had income above 30000. 80% of the respondent were married, supported by a study conducted on Manmohan memorial hospital by Bhurtel, Mandal and Shah

(2021) that majority of respondents 90.6% were married.

Majority of respondents babies 61% born at hospital as contradict to cross sectional study conducted in Lalitpur by Singh, Lama, and Maharjan, (2016) shows that 3.8% respondents' babies were born at hospital. Majority (45%) of the respondents have three or more than 3 number of children supported by the cross-sectional study conducted by Baruwal, Somronthong, and Pradhan (2011) in Surkhet district that showed that majority of the respondents were found to have three children (28.1%).

3.2 Level of Knowledge Regarding Uterine Prolapse among Reproductive Age Group Women

Present study shows that knowledge level of the majority of respondent was found poor (50%) followed by average level of knowledge (33.3%) and only 16.7% of the respondent have good knowledge. The mean knowledge score with standard deviation was 4.5±1.83. Similarly, the study conducted in Bhaktapur, Nepal by Shrestha, et al (2014) shows that 55% had comprehensive knowledge of uterine prolapse and uterine prolapse knowledge level was satisfactory in 37% of those who had ever heard about uterine prolapse. This may be due to community-based study, large sample size, i.e., 4693, study population was only only married women of reproductive age, multi stage random sampling technique.

Present study shows that 71.7% of the respondents were known to uterine prolapse contradict to cross sectional study conducted in Nepal by Shrestha et al. (2014) reveal that 53% had never heard about uterine prolapse. This may be due to community-based study, large sample size, i.e., 4693, study population was only married women of reproductive age, multi stage random sampling technique. Respondents came to know about the uterine prolapse from various source of information of which 51.7% from relatives followed by FCHV (16.7%) and social media (15%) as similar study conducted in 25 districts of Nepal by Shrestha, et al (2014) reveal that 47.2% had heard from friends and relatives.

Present study revealed that 60% of the respondents answered the meaning of uterine prolapse as something falling out of vagina and cause of uterine prolapse was carrying heavy load during post-natal period (46.7%) followed by multiple pregnancy (41.7%) and sign & symptoms of uterine prolapse answered as feeling of something coming out of vagina (53.3%) followed by white vaginal discharge (35%). As compare to cross sectional study conducted in Bhojpur by Shrestha (2014) shows that 74.6 % replied offensive discharge from vagina as sign and symptoms of uterine prolapse. This may be due to community-based study, study population was only married women of reproductive age, cluster sampling with probability proportionate to sample size technique.

Result shows that most of the respondents (53.3%) replied the preventive measure of the uterine prolapse is not lifting heavy loads during postnatal period. As compared to cross- sectional study conducted in the Manmohan memorial hospital by Bhurtel, Mandal, and Shah (2019) shows that majority of the respondents (80%) answered non lifting heavy loads during postnatal period as preventive measures of uterine prolapse. Majority of the respondents answered the treatment of uterine prolapse is ring pessaries/surgery (51.7%) followed by medicine (35%) but only 3.3% of the respondents correctly answered number and type of surgeries performed during uterine prolapse. As compare to study conducted in Bhaktapur, Nepal by Shrestha et al. (2014) shows 49.7% answered ring pessaries and

59.5% answered vaginal hysterectomy as the method of treatment of uterine prolapse. This may be due to community-based study, large sample size, i.e., 3124, simple random sampling technique.

Result showed that birth of large sized baby is major risk factor of uterine prolapse (40%) and age group in the risk of uterine prolapse was above sixty years (26.7%). Majority of the respondents (73.3%) replied infection is the major risk/complication during uterine prolapse. As compared to cross sectional study conducted in Bhojpur by Shrestha, (2014) shows that 61% answered infection as complication of uterine prolapse. This may be due to community- based study, different sampling technique i.e., cluster sampling technique.

Result showed that 51.7% of the respondent replied that initially they share their problem with their husband if faced with the uterine prolapse and 70% of the respondents expected that government should emphasize the prevention of uterine prolapse in community health program to prevent and improve the knowledge of uterine prolapse among reproductive age women.

3.3 The Association between Knowledge Regarding Uterine Prolapse among the Reproductive Age Group Women with Their Selected Socio-Demographic Variables

The data presented on table 15 shows the association between socio-demographic variables is tested through chi-square test. Since the *p-value* is less than 0.05 there is significant association of knowledge with education level, family type and place of delivery whereas no significant association seen between marital status, age, occupation, family monthly income and number of parities. Hence, education level, family type and place of delivery is contributing factors to the knowledge level regarding uterine prolapse in reproductive age women.

As compared to cross-sectional study conducted in the Manmohan memorial hospital by Bhurtel, Mandal and Shah (2019) findings reveal that there was statistically significant association between educational status, family income whereas no significant association was seen between age, occupation, marital status, age of marriage, number of children and age at first childbirth.

4. Conclusion

The following conclusions were drawn based on the findings of the study.

This study shows that the level of knowledge was poor in majority i.e., 50 %, average among 33.3 % and good in only 16.7 %, in the reproductive age group women regarding uterine prolapse in ward number 4 of Birendranagar Municipality, Surkhet.

Chi-square test was used to test the association between knowledge score with their selected demographic variables (i.e., Age, Education level, ethnicity, no. of parity, Marital status, Occupation, Source of information). There is significant association of knowledge with education level, family type and place of delivery whereas no significant association seen between marital status, age, occupation, family monthly income and number of parities.

The level of knowledge was found poor in most of them. It seems that most of them may be living unknowingly with uterine prolapse. Thus, the study concluded that knowledge gap should be addressed

through different means of communications in the community and most priority should be given to reproductive age group women to achieve the highest degree of quality of life. The respondents expected that government should emphasize the prevention of uterine prolapse in community health program to prevent and improve the knowledge of uterine prolapse among reproductive age women.

4.1 Limitation

The limitation of study was: -

- Study was conducted in only one ward of Birendranagar Municipality
- Non-probability purposive sampling technique was used, so the large representative was not involved so hard to generalized.
- Research study was conducted on only 60 sample.

So, the study finding could not be generalized.

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