



To Assess Social Demographic Characteristics of Women with Pelvic Organ Prolapse

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Introduction: One of the prevalent clinical conditions in daily gynecological treatment is pelvic organ prolapses (POP), particularly in parous women. The entity comprises vaginal wall descent and/or uterine descent. Pelvic organ prolapse is a common pelvic disorder among women.

Objective: To determine the social demographic characteristics and types of pelvic organ prolapse and to find out the association between social demographical characteristics with pelvic organ prolapse.

Methods: The descriptive survey was used and the sampling technique was non probability convenient sampling technique and the sample size was 60.

Results: Twenty six (43.3%) women were belongs to in the age group of 33-40 years. 54 (90%) of women were married. 29 (48.3%) of women never had abortion. 26 (43.3%) of women had normal

delivery whereas 17(28.3) had instrumental delivery .19 (31.3%) of women had perineal tear, 20 (33.30%) of women had cervical tear in previous pregnancy . 21(35%) of women had cystocele whereas 20(33.3) had rectocele . There is significance association between the of age of women, marital status, occupation, Place of previous delivery, type of previous delivery, complications during previous labour except the parity with pelvic organ prolapse.

Conclusion: Pelvic organ prolapse is common gynecological condition .The patients are relatively middle age group. Parity, Occupation, Injuries to birth canal was may be contributory to severity of pelvic organ prolapse.

Keywords: Social demographic characteristics; women; pelvic organ prolapsed; cystocele and rectocele.

1. INTRODUCTION

One of the prevalent clinical conditions in daily gynecological treatment is pelvic organ prolapses (POP), particularly in parous women. The entity comprises vaginal wall descent and/or uterine descent[1]. POP causes a bulging lump in the vaginal area, which causes difficulty sitting, walking, and lifting for women (89 percent). POP stage II–IV was linked to being 35 years or older, being a farmer, performing minor trading, and having delivered three times or more. Carrying heavy objects for more than 5 hours, having delivered 5 times or more, and having delivered at home were all linked to severe POP[2]. Menopausal women having uterine prolapse (19.38%) as a urogenital symptoms[3].

Pelvic organ prolapses is a prevalent urogenital problem that affects 41–50% of women over the age of 40. It is characterized by the symptomatic fall of one or more of the anterior or posterior vaginal walls, the vaginal apex, or even the uterus[4]. Pressure and vaginal bulging are common symptoms, as are discomfort in the perineum, pelvic and back pain, and a variety of urine and bowel symptoms such as incontinence, sexual difficulties, and psychological distress[5]. Prolapse has a substantial impact on women's physical, psychological, and social well-being and quality of life, despite the fact that it is not life threatening. Urinary incontinence frequently occurs in conjunction with prolapse, causing significant distress, shame, and discomfort[6].

Treatment for prolapse is often determined by the stage and severity of the problem it can be treated by diet, exercise pelvic exercises, pessaries and surgery [7]. Damage to the pelvic floor and its structures of support begins with the first vaginal delivery. Further deliveries lead to a prolapse of labour, maternal stress relief and the application of the financial pressure and traction by qualified and unskilled

personnel causing damage to the pelvic floor and its structures [8]. Depending on which organ is bulging into the vagina, there are many types of prolapse. It's possible that the uterus, bladder, or rectum is affected [9]. Uterine prolapse occurs when the uterus protrudes into the vaginal canal. The uterus may eventually be removed [10].

Uterine prolapse is also common during pregnancy as midwife main role in prevention by given the health education to perform Kegel's exercise, to avoid lifting heavy weight, to prevent constipation, and controlled coughing[11].

2. MATERIALS AND METHODS

The descriptive evaluator approach was used in this study and the sampling technique was non- probability convenient sampling was used. Data was collected using a self-structured questionnaire and sample size was 60 women with pelvic organ prolapse in a selected hospital.

2.1 Selection Criteria

Inclusion criteria were those who are willing to participate in the study, all types of prolapsed and available at the time of data collection. Exclusion criteria women who are have any mental illness.

2.2 Statistical Analysis

Descriptive statistics were used to determine the social demographic characteristics and types of pelvic organ prolapse and Chi-square used to find out the association.

3. RESULTS

The percentage –wise distribution women with the data obtained to describe the sample demographic characteristics including age in year, marital status, parity and place of previous delivery.

Table 1. Percentage wise distribution of women according to social demographic characteristics (n=60)

Demographic	Frequency	Percentage (%)
Age in years		
17-24	13	21.7
25-32	21	35.0
33-40	26	43.3
Marital status		
Unmarried	0	0
Married	54	90
Divorced	6	10
Widowed	0	0
Occupation		
House wife	26	43.3
Farmers	23	38.3
Employed	6	10.0
Daily Labourer	5	8.3
Parity		
Nullipara	00	00
Primipara	24	40
Multipara	36	60
Place of previous delivery		
Home	15	25
Hospital/ Health Facility	45	75
Type of previous delivery		
Normal Delivery	26	43.3
Cesarean Delivery	17	28.3
Instrumental Delivery	17	28.3
Complications during previous child birth		
Yes	32	53.3
No	28	46.7
Type of Uterine Prolapse		
Cystocele	21	35
Rectocele	20	33.3
Uterus drop down	19	31.7

Most of women i.e. 26 (43.3%) were in the age group of 33-40 years and 54 (90%) of women were married. 26(43.3%) were housewife and 28(38.3%) work as farmer 36(60%) women belongs to multiparity and 45(75%) women had place of previous delivery in hospital. Twenty six (43.3%) of women had normal delivery. 21 (35%) of women had cystocele, 20 (33.3%) had rectocele and 19 (31.7%) of women had uterus drop down.

The table show that association between of age, marital status, Place of previous delivery, type of previous delivery, complications during previous labour with pelvic organ prolapse except the parity.

4. DISCUSSION

In the present study shows that the 26(43.3%) women were in age group of 33-40year, 26(43.3%) of women had last previously

normal vaginal delivery, 39(65%) of women had injury during previous birth, whereas similar study on determinants of Pelvic Organ Prolapse among Patients found that the mean age of the participants was 38 years. The mean age for experience of pregnancy was 24 years. Majority of the cases 95 (96.0%) delivered their last child vaginally, (72.7%) of cases had vaginal tear during the last delivery [12].

In present study show that occupations 26(43.3%) of women were housewife, 23(38.3%) were farmers (10%) of them were employed and 5(8.3%) of women were daily labours, 45(75%) of women ad hospital delivery whereas similar study show that their main occupations were trading 66 (55.9%) and farming 44 (37.3%), only 12 (10.5%) had all their deliveries in hospital [13].

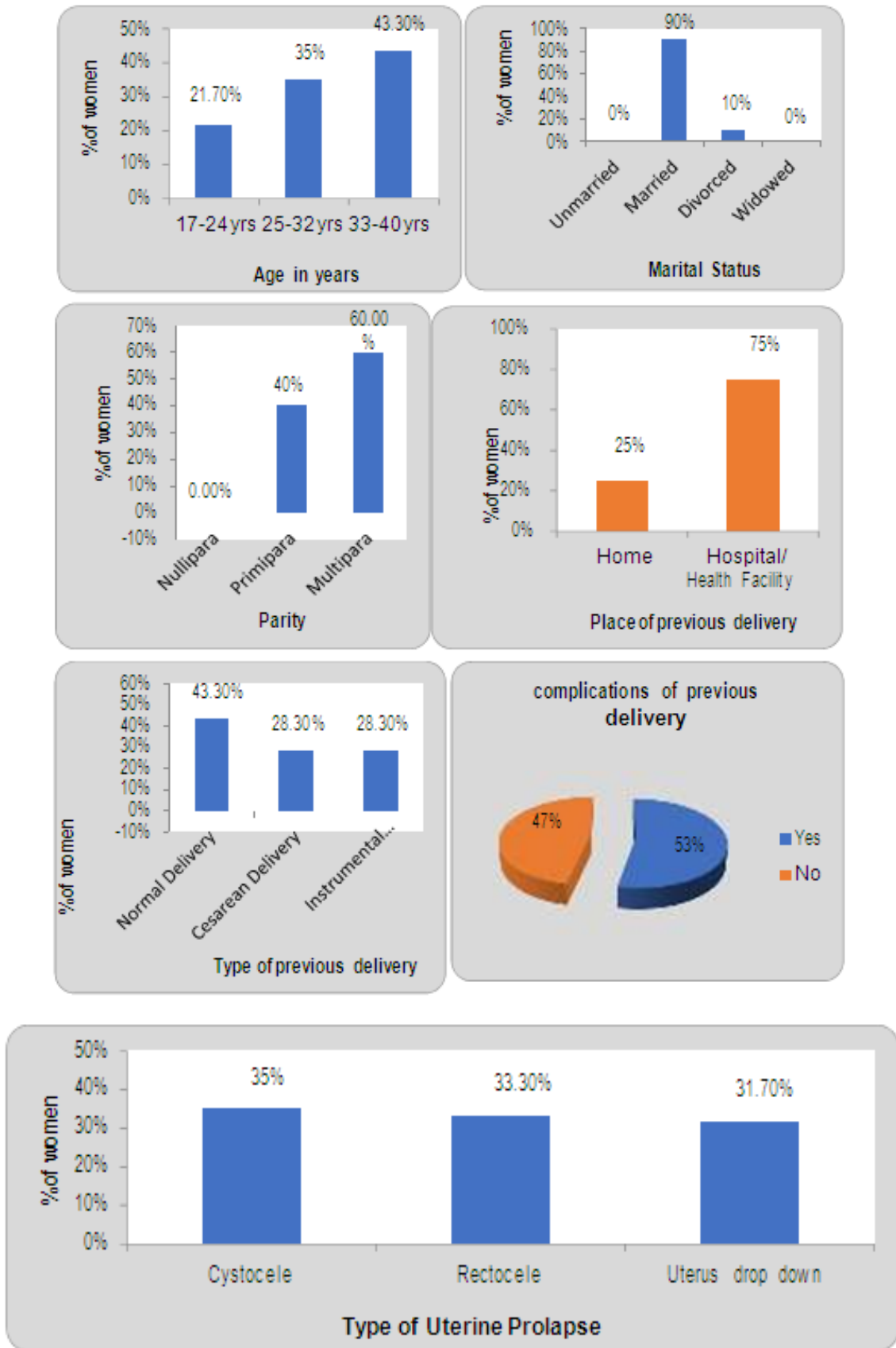


Fig. 1.

Table 2. Association of social demographic characteristics of women with pelvic organ prolapsed (n=60)

Age in year	No. of women	Types of uterine prolapse			χ^2 - value	p-value
		Cystocele	Rectocele	Uterus Drop Down		
17-24	13	3	8	2	15.40	0.004 S,p<0.05
25-32	21	9	9	3		
33-40	26	9	3	14		
Total	60	21	20	19		
Marital Status						
Unmarried	0	0	0	0	12.38	0.002 S,p<0.05
Married	54	15	20	19		
Divorced	6	6	0	0		
Widowed	0	0	0	0		
Total	60	21	20	19		
Parity						
Nullipara	0	0	0	0	1.06	0.78 NS,p>0.05
Primipara	24	10	8	6		
Multipara	36	11	12	13		
Total	60	21	20	19		
Place of previous delivery						
Home	15	7	8	0	9.51	0.009 S,p<0.05
Hospital/ Health Facility	45	14	12	19		
Total	60	21	20	19		
Type of previous delivery						
Normal Delivery	26	15	0	11	24.41	0.0001 S,p<0.05
Cesarean Delivery	17	3	9	5		
Instrumental Delivery	17	3	11	3		
Total	60	21	20	19		
Complications during previous labour						
Yes	32	9	6	17	15.27	0.0001 S,p<0.05
No	28	12	14	2		
Total	60	21	20	19		

In the present study uterine prolapse 21 (35%) of women had cystocele, 19(33.3%) had rectoceles and 19(31.7%) of women had uterus drop down whereas similar study conducted on At the Tamale Teaching Hospital in Ghana, it was discovered that 112 (94.9%) of women with uterine prolapse had cystocele, 95 (80.5%) had rectoceles, and 3 (2.5%) had enterocele[14].

5. CONCLUSION

Pelvic organ prolapse is common gynecological condition. The patients are relatively middle age group. The presence of pelvic organ prolapse and severity is may be due to multiparity, occupation, Injuries to birth canal and life style modifications, avoid harden work by women as well as proper conduct of safe delivery will helps to reduce pelvic organ prolapse.

CONSENT

The informed consent was taken from subjects and IEC letter no. is DMIMS (DU)/IEC/2020-21/146.

ETHICAL APPROVAL

It is not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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