



**“PREVENTIVE PRACTICE ON UTERINE PROLAPSE AMONG
THE MARRIED WOMEN ATTENDING AT SELECTED HOSPITAL
IN DHAKA CITY”**

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Declaration

I humbly declare that I completed the dissertation work, "**Preventive Practice on Uterine Prolapse among the Married Women attending at Selected Hospital in Dhaka City,**" under the supervision of Dr. Nadira Mehriban between January and March of 2024. This work was required for the Master of Public Health (MPH) program at Daffodil International University, Bangladesh's Faculty of Allied Health Sciences.



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Certification

This confirms that **Nahid Farhana** MPH (Regular), Student ID-221-41-155 has carried out the research work as partial requirement of the degree under my supervision and submitted the dissertation entitled “**Preventive Practice on Uterine Prolapse among the Married Women attending at Selected Hospital in Dhaka City**”, I have the confidence regarding the originality of his data and I also express that the dissertation is up to my satisfaction.



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Dedicated To-

This research study and book are dedicated to our loving parents and respectable teacher who inspired us in all steps to achieve the Master in Public Health (MPH). We are also thankful to Dr. Nadira Mehriban and Chairman of Daffodil International University for his initiative to set up this international standard of Public Health University for completing Master in Public Health.

Approval

In part fulfillment of the prerequisites for Daffodil International University's Master of Public Health degree in Dhaka, Bangladesh, under my direction, it is certified that Nahid Farhana has completed the dissertation titled "**Preventive Practice on Uterine Prolapse among the Married Women attending at Selected Hospital in Dhaka City.**"



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Date.....

Approval Page
Board of examiners

S/No.	Name	Designation	Signature
1			
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4			

Date of approval...../...../.....

International University of Daffodils (DIU)

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List of Abbreviations

DIU-	Daffodil International University
POP-	Pelvic organ prolapse
SPSS-	Statistical Package of Social Science
UP-	Uterine Prolapse
USA-	The United State of America
WHO-	World Health Organizations

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ABSTRACT

Prevention strategies for uterine prolapse play a pivotal role in women's reproductive health and well-being, aiming to mitigate the risk factors associated with this common pelvic floor disorder. The descriptive type of cross-sectional study was conducted to determine the Preventive practice on uterine prolapse among the married women attending at selected hospital in Dhaka City, Bangladesh with a sample size of 212. A pre tested modified interviewer administrated semi structured questionnaires was used to collect the information. The study findings revealed lower abdominal pain (40.1%) and difficulty controlling urine (32.5%) as prevalent symptoms of uterine prolapse. Notably, 36.8% of respondents expressed uncertainty regarding preventive measures. However, practices like adequate rest during the postnatal period (34.9%) and utilizing safe abortion services (29.2%) were endorsed. Additionally, varied beliefs existed regarding effective exercises, with 45.3% considering Kegel exercises most beneficial. Avoiding heavy lifting was intermittently adhered to, with 28.8% always avoiding it. Regarding dietary habits, avoiding constipation was recognized by 29.7% as highly beneficial. Lastly, diverse sources such as health volunteers (29.2%) and health workers (24.1%) were relied upon for information dissemination. This study found that, larger portion (43.9%) demonstrated "Moderate" knowledge, suggesting a basic understanding but potential gaps or misconceptions and only 21.1% of the respondents had good knowledge regarding uterine prolapse prevention. Notably, 34.9% exhibited "Poor" knowledge, indicating significant deficits in understanding uterine prolapse and its management. These findings underscore the need for targeted educational interventions to enhance awareness and adherence to preventive practices for uterine prolapse among women in Bangladesh, especially focusing on exercise routines, dietary habits, and leveraging community health resources effectively. Implementing comprehensive educational campaigns targeting women of all ages, particularly emphasizing the importance of pelvic health maintenance, symptom recognition, and preventive measures.

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CHAPTER-ONE

INTRODUCTION

1.1 Introduction and Background

The most common reason for ill health among women who are or have reached reproductive age is uterine prolapse (UP). On a scale of 0 to 3 (or 4), the degree of uterine displacement into the vagina is rated; 0 denotes no prolapse, and 3 (or 4) denotes procidentia, or total prolapse.¹ One of the most prevalent gynecological health issues that contributes to maternal morbidity and death among women in underdeveloped nations who are of reproductive age is Pelvic Organ Prolapse (POP).² UP, which is characterized by a pelvic organ herniation into the vagina, is mostly caused by inadequacy of the pelvic floor. 2 Due to cultural taboos and ignorance, the general public rarely discusses reproductive illness, despite it being a serious health issue.³

When overstretching, as is frequently done during pregnancy, labor, and delivery, weakens the support structures, uterine prolapse (UP) occurs, causing the uterus to hang down into the vagina. One of the most prevalent causes of reproductive health morbidity, especially in poor nations among adult and elderly women, is uterine prolapse, which negatively affects these women's quality of life.⁴ The most frequent cause of poor women's health during the menopausal and reproductive phases is thought to be uterine prolapse. Numerous ladies have had this ailment, which numerous medical professionals have endeavored to address.⁵ Uterine prolapse patients experience symptoms that lower their quality of life, but they hardly ever cause serious illness or death. In addition to being debilitating and socially awkward, the medical procedures involved are expensive and intricate.⁶

A third degree (severe).⁷ The majority of uterine prolapse sufferers seek medical attention to manage their condition. Recurrences occur in about 30% of female POP patients. There's no proof that restricting certain postsurgical activities lowers the chance of a recurrence. Thus, it is essential to provide comprehensive nursing care according to the disease's state.⁸ Prolapse can be lessened with a variety of lifestyle changes, such as giving up smoking, losing weight, exercising, and avoiding constipation. You can also reduce prolapse by

avoiding activities like heavy lifting that could exacerbate it.⁹ Particularly in multipara women, delivery of macrosomic fetuses, obesity, persistent coughing, and persistent constipation, have been linked to the weakening of the pelvic muscles and subsequent uterine prolapse.¹⁰

1.2 Problem Statement

Vaginal childbirth, obesity, intense coughing, straining on the toilet, and hormonal changes following menopause that may harm the pelvic organ support systems are among the common reasons of uterine prolapse.¹¹ Exercises designed to strengthen the muscles of the pelvic floor, given by a pelvic floor physical therapist, should be the first line of treatment. To support the uterus and lessen prolapse-related discomfort, a pessary can be implanted. Exercises for the pelvic floor are still beneficial even with a pessary in place. In severe circumstances, surgery can be required.¹²

Uterine prolapse affects 2–20% of people worldwide; 20.4% of hospital admissions for this condition result in surgery, whereas 16.2% of cases involve prolapse.¹³ The prevalence of uterine prolapse was estimated to be higher than 20% in lower-income nations, with significant variations observed among various groups. Women of reproductive age have been found to have an extremely high prevalence of genital and uterine prolapse throughout.¹⁴

Prolapse affects women physically, psychologically, and sexually, and it can lead to social and occupational difficulties. Although it is not thought to be a life-threatening condition, it does raise the risk of urinary tract infections and reproductive problems.¹⁵ Many women with this illness conceal their condition from others for decades out of shyness and fear of the repercussions.¹⁶ Due to uterine prolapse, women frequently experience verbal and physical abuse from their husbands and mothers-in-law. Some husbands even threaten to leave their wives, and some mistakenly believe that the condition is a sign of a sexually transmitted infection.¹⁷

1.3 Justification

One of the most prevalent causes of morbidity related to reproductive health is uterine prolapse, especially in poorer nations where it affects older women and adults. Uterine prolapse happens when the pelvic floor ligaments and muscles become too weak or too stretched to support the uterus properly. As a result, the uterus either enters or exits the vagina.¹⁸ After menopause, those who have had one or more vaginal births are most commonly affected with uterine prolapse. Treatment for mild uterine prolapse is typically not necessary. On the other hand, therapy may be beneficial if uterine prolapse is uncomfortable or interferes with everyday life.¹⁹

Prolapse of the vaginal walls, affecting the bladder or rectum, frequently coexists with UP.²⁰ UP exacerbates pain and suffering and interferes with daily tasks. Numerous medical issues have a negative impact on a woman's quality of life, and a related psychological issue causes the woman to withdraw socially and hinders her capacity to work and create money. The most common cause of ill health in women of reproductive age and postmenopausal women is uterine prolapse (UP), which affects around 10% of women in Bangladesh. Women are not known to be aware of UP, and there are currently insufficient efforts being made to address the issue. This study aims to assess UP knowledge among married reproductive women, and morbidity pattern among them selected hospital in Dhaka City.

1.4 Operational Definition

Uterine Prolapse

In the pelvic floor weaken, allowing the uterus to drop down into the vagina or come out through the vaginal opening.

Knowledge and scoring system

The scoring system used in this study for the questions on knowledge regarding uterine prolapse is summarized while the knowledge was classified as “good” if the scores were between 25 and 31 (full marks), “moderate” for scores between 16 and 24 and “poor” for scores between 0 and 15.

Knowledge

It refers to information gained through experience or education of staff nurses regarding preventive measures of uterine prolapse as evidenced through their knowledge score which is measured as adequate knowledge, moderately adequate, inadequate knowledge.

Awareness

It refers to the process used to identify the level of knowledge of women on protective activities of prolapse.

1.5 Research Question

What is the level of preventive practice on uterine prolapse among the married women attending among them selected hospital in Dhaka City?

1.6 Objective of the Study

1.6.1 General Objective

To assess the preventive practice on uterine prolapse among the married women attending among them selected hospital in Dhaka City.

1.6.2 Specific Objectives

- To assess the socio-demographic characteristic of the respondents.
- To determine the level of the preventive practice on uterine prolapse among of the respondents.
- To investigate the association between socio-demographic variable and uterine prolapse among of the respondents.

1.7 List of Variable

1.7.1 Dependent Variable

Preventive practice on uterine prolapse among the married women.

1.7.2 Independent Variable

Socio-demographic variable

- Age
- Gender
- Religion
- Residence
- Educational qualification
- Occupation
- Monthly family income

Uterine prolapse related variable

- Hypertension
- CKD
- BMI
- HbA1C
- Treatment Modality
- Number of visits
- Attending health education

1.8 Limitation of the Study

This study will be the following limitation during the study and should be considered while reviewing the study:

1. The limitation of our study is that there might be chances of recall bias among some of the respondents.
2. The study will be done in only one hospital and some specific units and therefore the study cannot be representative of the whole country.
3. Due to time and resource constraints selection of sample will be purposive and sample size will be limited.
4. There may be a lack of perfection in the interpretation of some of the responses because of subjective and variable nature.

CHAPTER-TWO

LITERATURE REVIEW

In order to determine married women in Nepal who are of reproductive age what they knew 30 years old on average (SD [standard deviation] 7.4), 67.5% of participants were educated, 48% belonged to the privileged Brahmin and Chhetri groups, and 22.2% were Janajati from the hill and terai zones were the study's findings. 53 percent of people were unaware of UP. Of the women who were aware of UP, 37.5% possessed adequate understanding. Age, education level, and both urban and rural environments were linked to any knowledge about UP. Nonetheless, the administrative region, ecological zones, caste/ethnic group, and age group of women were linked to satisfactory knowledge of UP.²¹

To evaluate Nepali women in the reproductive age group's knowledge of uterine prolapse risk factors, a cross-sectional descriptive study was carried out. According to the study's findings, 46.5% of respondents overall had sufficient awareness of the risk factors for uterine prolapse, while 53.5% had insufficient information. The study's findings clearly show that respondents' age ($p=0.021$), age at marriage ($p=0.011$), level of education ($p=0.001$), and age at first childbirth ($p=0.001$) are all strongly correlated with their understanding of the risk factors for uterine prolapse.²²

A community-based cross-sectional study involving 313 married women in the reproductive age range of 15 to 49 was carried out in the Daulichaur VDC of the Ba-jhang district. According to this survey, only 17.6% of respondents had a positive attitude towards uterine prolapse, and nearly three-quarters. Knowledge level was correlated with age, occupation, and educational attainment. The degree of attitude was linked to occupation, age, and educational attainment. The degree of knowledge and attitude had a strong positive correlation ($r=0.363$, $p < 0.001$).²³

A community-based cross-sectional study involving 313 married women in the reproductive age range of 15 to 49 was carried out in the Daulichaur VDC of the Ba-jhang district. Data collection was done using a semi-structured tool. The period of data collecting

was March through April of 2016. According to this survey, only 17.6% of respondents had a positive attitude towards uterine prolapse, and nearly three-quarters. Knowledge level was correlated with age, occupation, and educational attainment. The degree of attitude was correlated with occupation, age, and educational attainment. The degree of knowledge and attitude had a strong positive correlation ($r = 0.363$, $p < 0.001$).²⁴

From July 1, 2014, to June 30, 2019, a retrospective study based on a hospital was carried out at the University of Gondar comprehensive specialized hospital located in Northwest Ethiopia. 91 cases (22.3% of the total) of uterine prolapse were reported during the study period. Factors that were substantially linked to uterine prolapse included age (COR=5.12; 95% CI: 2.05, 12.78), residence (COR=5.83; 95% CI:2.66, 12.78), abortion history (COR=4.77; 95% CI:1.72, 13.23), and place of delivery (COR=2.76; 95% CI:1.14 6.69, 13.23).²⁵

CHAPTER-THREE

METHODOLOGY

3.1 Study Area

This study was conducted at Dhaka Medical College Hospital Dhaka, Bangladesh.

3.2 Study design

A descriptive cross-sectional study was used.

3.3 Study period and Duration

This study is 3 months duration from January 2024 to March 2024.

3.4 Study Population

The study population was all women who were attend at Dhaka Medical College Hospital Dhaka during the data collection period.

3.5 Sampling Techniques

Purposive sampling techniques was used.

3.6 Sample Size

The sample was computed using the formula

$$n = z^2 pq / d^2$$

In this case, $z = 1.96$ (95% confidence interval) for

n = required sample size.

P = prevalence = 27% = 0.27

(Singh DR, Lama S, Maharjan S. Knowledge on risk factors of uterine prolapse among reproductive age group women of Bajrabarahi Municipality of Lalitpur, Nepal. facilities. 2016;6:7.)

$$q=1-p =1-0.27=0.73$$

$Z= 1.96$ at 95% confidence level

$d=5\%$ error limit = 0.05

$$n=2 \times 0.27 \times 0.73 / (0.05)$$

$$n= (1.96) \cdot 302.9$$

$$n=0.757/0.0025$$

$$n=302.9$$

Thus, 303 is the estimated sample size. Nevertheless, only 212 samples were purposefully chosen due to time constraints.

3.7 Selection Criteria

3.7.1 Inclusion Criteria

- All women who were attend at selected hospital.
- All women who were available during data collection.
- All women who were willing to participate in this study.

3.7.2 Exclusion Criteria

- All mothers who decline to participate in this study.
- All mothers who were seriously sick.

3.8 Data Collection Instruments

A pre- tested, semi-structured and modified interviewer administered questionnaire were used to collect the data.

3.9 Data Collection Procedure

- After consulting with an expert, the English version of the questionnaire was translated and printed into Bangla.
- The data were collected from the respondents using semi-structured questionnaire through face-to-face interview.

3.10 Data Analysis

- After collection, answers of all interviewed questions were checked for its completeness and correctness before it is entered into computer for analysis.
- The data were analyzed by using the latest version of software statistical package for social science (SPSS). The data were presented in the form of tables, charts, graphs.

3.11 Ethical Consideration

- The research protocol was submitted to the Faculty of Allied Health Sciences (FAHS) Research Ethics Committee (REC) for ethical clearance.
- Verbal informed consent was taken from respondents.
- Anonymity and confidentiality were maintained strictly.
- Administrative permission was obtained from proper authority of selected Hospitals.

3.12 Time Frame

Sl No	Activities	Months of the year											
		January 2024				February 2024				March 2024			
Weeks		1	2	3	4	1	2	3	4	1	2	3	
1	Literature review and proposal writing,												
2	Designing and developing a questionnaire												
3	Providing training, and putting the questionnaire to use in the field												
4	Work in the field and gathering data												
5	Data entering and editing on a computer												
6	Data interpretation												
7	Preparing a draft report												
8	Sharing of the results												
9	Report completion												

CHAPTER-FOUR

RESULTS

The descriptive type of cross-sectional study was conducted to determine the Preventive practice on uterine prolapse among the married women attending at selected hospital in Dhaka City, Bangladesh with a sample size of 212. The data was gathered using semi-structured questionnaires administered by an interviewer who had been pre-tested and adjusted. Section A contains the respondents' sociodemographic data, and Section B contains characteristics associated to uterine prolapse. Software called Statistical Packages for Social Science (SPSS) was used to enter and analyze all of the data.

Table 1: Distribution of the respondents by age (n=212)

Age (years)	Frequency	Percent
20	23	10.8
20–35	42	19.8
35	147	69.3
Total	212	100.0
Mean $\pm$ SD	30.015 $\pm$ 12.032	

The descriptive statistics table outlines the age distribution of a sample population, with 212 individuals surveyed. Notably, the data illustrates a predominant representation of individuals aged 35 and above, comprising 69.3% of the sample, while those aged 20 and below constitute the smallest group at 10.8%. The mean age of the population is 30.015 years, with a standard deviation of 12.032 years, suggesting moderate variability around the mean. These findings suggest a demographic skew towards older age groups within the surveyed population.

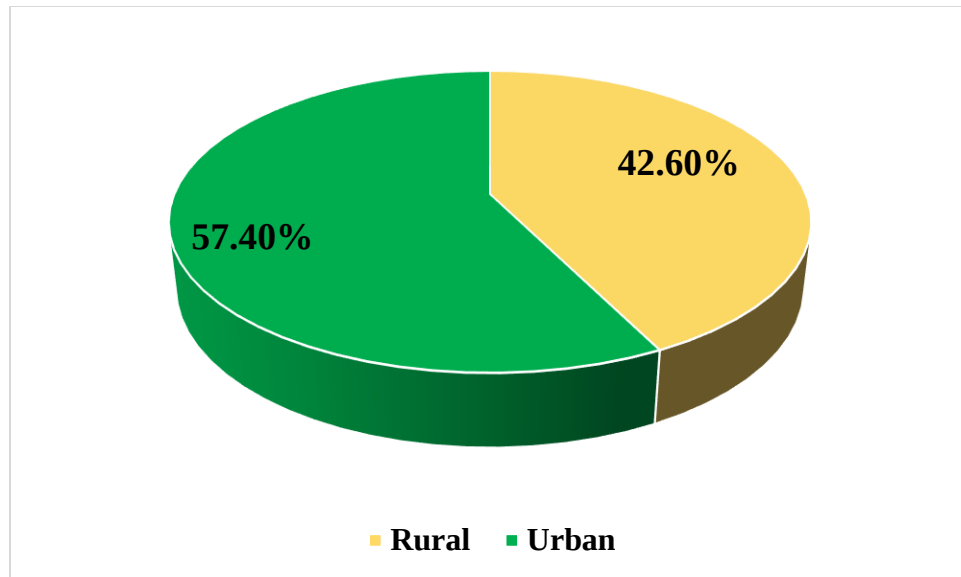


Figure 1: Distribution of the respondents by residence (n=212)

This figure finds that, 57.4% of the respondents were living in urban area and rest 42.6% of the respondents were living in rural area.

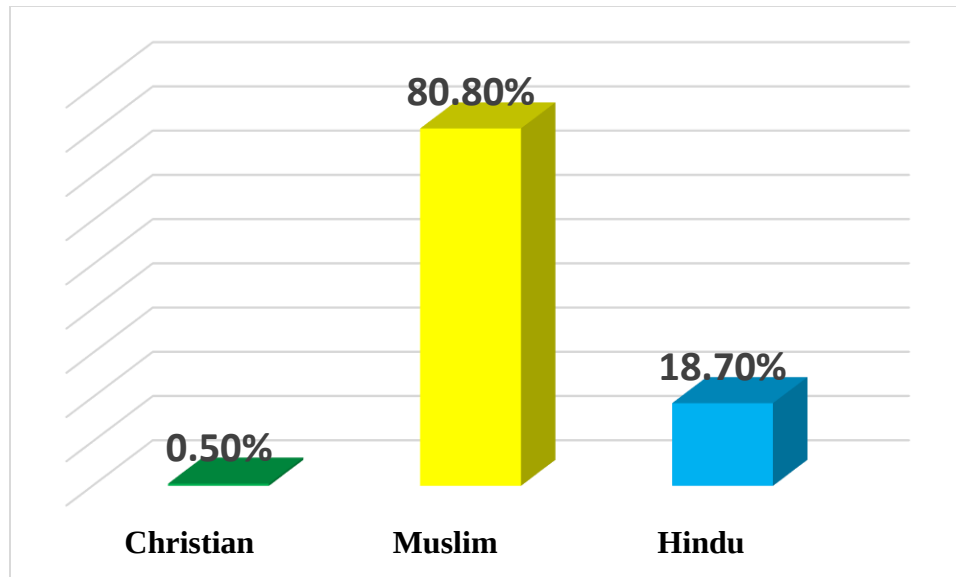


Figure 2: Distribution of the respondents by religion (n=212)

This figure shows that, 80.8%, 18.7% and rest 0.50% of the respondents were belongs to Muslim family, Hindu family and rest Christian family respectively.

Table 2: Distribution of the respondents by educational qualification (n=212)

Educational qualification	Frequency	Percent
Primary	29	13.7
S. S.C	111	52.4
HSC	51	24.1
Masters or above	21	9.9
Total	212	100.0

The presented descriptive statistics table outlines the educational qualifications of a sample population, encompassing 212 individuals. It reveals that a majority of respondents possess a Secondary School Certificate (S.S.C), constituting 52.4% of the sample, followed by individuals with a Higher Secondary Certificate (HSC) at 24.1%. Conversely, individuals with a Primary education level comprise 13.7% of the sample, while those holding a Master's degree or higher represent 9.9%. These findings suggest a notable prevalence of individuals with secondary-level education within the surveyed population, indicative of the educational landscape and distribution among respondents.

Table 3: Distribution of the respondents by occupation (n=212)

Occupation	Frequency	Percent
Housewife	102	48.1
Business	27	12.7
Service	19	8.9
Day labor	55	25.9
Others	9	4.2
Total	212	100

The descriptive statistics table presents the occupational distribution of a sample population comprising 212 individuals. Notably, a significant proportion of respondents identify as housewives, constituting 48.1% of the sample, followed by individuals engaged in day labor at 25.9%. Business and service occupations represent 12.7% and 8.9% of the sample, respectively, while a smaller proportion, 4.2%, falls under the category of "Others." These findings highlight the prevalent roles and occupations within the surveyed population, with a substantial representation of housewives and day laborers, reflecting the diverse employment landscape among respondents.

Table 4: Distribution of the respondents by occupation (n=212)

Monthly family income (BDT)	Frequency	Percent
<8000	39	18.4
8000–10,000	58	27.4
10,001–15,000	74	34.9
>15,000	41	19.3
Total	212	100

The descriptive statistics table outlines the monthly family income distribution of a sample population consisting of 212 respondents. The data indicates that the majority of families fall within the income brackets of 10,001–15,000 BDT, comprising 34.9% of the sample, followed closely by families earning between 8000–10,000 BDT at 27.4%. Additionally, 18.4% of families have an income below 8000 BDT, while 19.3% report earning above 15,000 BDT monthly. These findings shed light on the income distribution within the surveyed population, highlighting a notable proportion of households earning moderate incomes between 8000–15,000 BDT per month, indicative of the economic landscape among respondents.

Table 5: Distribution of the respondents by perceive physical symptoms of uterine prolapse (n=212) Multiple Answer

Perceive physical symptoms of uterine prolapse	Frequency	Percent
Difficulty lifting load	47	22.2
Lower abdominal pain	85	40.1
Sagging uterus	63	29.7
Pain during sexual activity	56	26.4
Difficulty controlling urine	69	32.5
No idea	38	17.9

The presented descriptive statistics table delineates the perceived physical symptoms of uterine prolapse among a surveyed population, comprising various indicators reported by respondents. Notably, lower abdominal pain emerges as the most prevalent symptom, reported by 40.1% of respondents, followed by difficulty controlling urine at 32.5%. Other notable symptoms include sagging uterus (29.7%), pain during sexual activity (26.4%), and difficulty lifting loads (22.2%). Additionally, a subset of respondents (17.9%) indicates a lack of awareness regarding these symptoms. These findings underscore the multifaceted nature of uterine prolapse symptoms experienced by individuals within the surveyed population, providing valuable insights into the prevalence and recognition of these symptoms within the context of women's health.

Table 6: Distribution of the respondents by perceive preventive measure of uterine prolapse (n=212) Multiple Answer

Perceive preventive measure of uterine prolapse	Frequency	Percent
Not lifting heavy load during postnatal period	52	24.5
Eating nutritious foods during pregnancy and postnatal period	63	29.7
Take adequate rest during postnatal period	74	34.9
Practice family planning and birth spacing	52	24.5
Avoid early pregnancy	39	18.4
Uses institutional delivery	50	23.6
Uses safe abortion services	62	29.2
Don't know	78	36.8

The descriptive statistics table presents the perceived preventive measures of uterine prolapse among a surveyed population, reflecting the reported strategies considered effective in mitigating the risk of this condition. Notably, taking adequate rest during the postnatal period emerges as the most prevalent preventive measure, reported by 34.9% of respondents, followed closely by eating nutritious foods during pregnancy and postnatal periods (29.7%) and utilizing safe abortion services (29.2%). Additionally, significant proportions of respondents also endorse practices such as not lifting heavy loads during the postnatal period (24.5%), practicing family planning and birth spacing (24.5%), and utilizing institutional delivery (23.6%). Conversely, a notable subset of respondents (36.8%) expresses uncertainty regarding preventive measures. These findings illuminate the varied strategies perceived by individuals within the surveyed population as effective in preventing uterine prolapse, offering valuable insights into the awareness and prioritization of preventive healthcare measures in women's health contexts.

Table 7: Distribution of the respondents by engage in pelvic floor exercises as a preventive measure for uterine prolapse (n=212)

Engage in pelvic floor exercises as a preventive measure for uterine prolapse	Frequency	Percent
Daily	23	10.8
Few times a week	61	28.8
Occasionally	53	25.0
Rarely	47	22.2
Never	28	13.2
Total	212	100

The descriptive statistics table delineates the frequency of engaging in pelvic floor exercises as a perceived preventive measure for uterine prolapse within a surveyed population. Results indicate varied engagement levels, with the majority of respondents reporting intermittent participation in pelvic floor exercises. Specifically, 28.8% engage in these exercises a few times a week, while 25.0% do so occasionally. Additionally, 10.8% adhere to a daily routine, and 22.2% report rare participation, with 13.2% indicating never engaging in pelvic floor exercises. These findings underscore the diverse adherence patterns to this preventive measure, reflecting the individualized approaches to pelvic health maintenance within the surveyed population and suggesting potential areas for targeted education and intervention strategies to promote consistent engagement in preventive practices for uterine prolapse.

Table 8: Distribution of the respondents by physical activities do you believe contribute most to pelvic floor strength and thus prevent uterine prolapse (n=212)

Multiple Answer

Believed physical activities contribute most to pelvic floor strength and thus prevent uterine prolapse	Frequency	Percent
Yoga	58	27.4
Pilates exercises work every part of core	71	33.5
Kegel exercises	96	45.3
Aerobic exercises (e.g., running, swimming)	67	31.6
Weightlifting	45	21.2
No idea	81	38.2

The descriptive statistics table presents the beliefs regarding physical activities perceived to contribute most to pelvic floor strength and thereby prevent uterine prolapse within a surveyed population. Results indicate varied beliefs among respondents regarding the effectiveness of different exercises. Notably, Kegel exercises are widely endorsed, with 45.3% of respondents believing them to be the most effective. Pilates exercises, which work every part of the core, are also highly regarded, with 33.5% of respondents endorsing them. Yoga and aerobic exercises, including running and swimming, are perceived as beneficial by 27.4% and 31.6% of respondents, respectively. Weightlifting is considered effective by a smaller proportion, at 21.2%. Additionally, a significant subset of respondents (38.2%) expresses uncertainty regarding the most effective physical activities for pelvic floor strength. These findings highlight diverse beliefs regarding preventive measures for uterine prolapse, suggesting the need for targeted educational efforts to disseminate accurate information and promote evidence-based practices in pelvic health maintenance.

Table 9: Distribution of the respondents by avoid heavy lifting as a preventive measure for uterine prolapse (n=212)

Avoid heavy lifting as a preventive measure for uterine prolapse	Frequency	Percent
Always avoid heavy lifting	61	28.8
Sometimes avoid heavy lifting	58	27.4
Rarely avoid heavy lifting	37	17.5
Never avoid heavy lifting	56	26.4
Total	212	100

The descriptive statistics table illustrates the frequency of avoiding heavy lifting as a perceived preventive measure for uterine prolapse within a surveyed population. Results indicate varied adherence levels to this precautionary measure, with a notable portion of respondents reporting occasional or consistent avoidance. Specifically, 28.8% of respondents always avoid heavy lifting, while 27.4% sometimes adhere to this practice. Conversely, 26.4% of respondents never avoid heavy lifting, and 17.5% rarely do so. These findings underscore diverse attitudes and behaviors regarding the adoption of preventive measures for uterine prolapse, suggesting the need for targeted education and intervention strategies to promote consistent adherence to recommended practices in pelvic health maintenance.

Table 10: Distribution of the respondents by maintain a healthy weight to reduce the risk of uterine prolapse (n=212)

Maintain a healthy weight to reduce the risk of uterine prolapse	Frequency	Percent
Always	54	25.5
Often	62	29.2
Occasionally	53	25.0
Rarely	2	0.9
Don't know	41	19.3
Total	212	100

The descriptive statistics table presents the reported frequency of maintaining a healthy weight as a preventive measure to reduce the risk of uterine prolapse within a surveyed population. Results indicate varied levels of commitment to this precautionary measure, with a notable portion of respondents endorsing consistent efforts. Specifically, 25.5% of respondents always strive to maintain a healthy weight, while 29.2% often do so. Additionally, 25.0% report occasional efforts in weight management. Conversely, a small proportion (0.9%) indicates rare engagement in weight maintenance practices, while 19.3% express uncertainty regarding the relevance of weight management to reduce the risk of uterine prolapse. These findings highlight diverse attitudes and behaviors concerning the role of weight management in pelvic health, suggesting the need for targeted education and intervention strategies to promote consistent adherence to recommended practices for uterine prolapse prevention.

Table 11: Distribution of the respondents by dietary habits believe most beneficial in preventing uterine prolapse (n=212) Multiple Answer

Believe dietary habits most beneficial in preventing uterine prolapse	Frequency	Percent
High-fiber diet	33	15.6
Adequate water intake	51	24.1
Avoiding constipation	63	29.7
Limiting caffeine and alcohol consumption	10	4.7
Consuming foods rich in vitamins and minerals	26	12.3
Don't know	29	13.7
Total	212	100

The descriptive statistics table outlines the beliefs regarding the most beneficial dietary habits in preventing uterine prolapse within a surveyed population. Results demonstrate diverse perceptions regarding the efficacy of different dietary practices. Notably, avoiding constipation emerges as the most commonly endorsed preventive measure, with 29.7% of respondents believing it to be highly beneficial. Adequate water intake is also widely recognized, with 24.1% of respondents endorsing its importance. Other dietary habits, such as consuming a high-fiber diet (15.6%) and foods rich in vitamins and minerals (12.3%), are considered beneficial by smaller proportions of respondents. Conversely, limiting caffeine and alcohol consumption is perceived as beneficial by only 4.7% of respondents. Additionally, a notable subset of respondents (13.7%) expresses uncertainty regarding the efficacy of dietary habits in preventing uterine prolapse. These findings underscore the varied beliefs regarding the role of dietary practices in pelvic health, emphasizing the need for targeted education to promote evidence-based dietary strategies for uterine prolapse prevention.

Table 12: Distribution of the respondents by practice proper toileting techniques (e.g., avoiding straining, using correct posture) to prevent uterine prolapse (n=212)

Practice proper toileting techniques (e.g., avoiding straining, using correct posture) to prevent uterine prolapse	Frequency	Percent
Always	31	14.6
Often	23	10.8
Occasionally	19	8.9
Rarely	43	20.3
Never	32	15.1
Don't know	64	30.2
Total	212	100

The descriptive statistics table delineates the reported frequency of practicing proper toileting techniques, such as avoiding straining and using correct posture, as a preventive measure for uterine prolapse within a surveyed population. Results reveal varied levels of adherence to these recommended practices. Notably, a significant portion of respondents (30.2%) express uncertainty regarding the adoption of proper toileting techniques, highlighting a potential knowledge gap in pelvic health maintenance. Among those who report adherence, a minority (14.6%) always practice proper toileting techniques, while smaller proportions often (10.8%) or occasionally (8.9%) do so. Conversely, notable portions of respondents rarely (20.3%) or never (15.1%) engage in these practices. These findings underscore the need for targeted education and intervention strategies to promote consistent adherence to recommended toileting techniques for uterine prolapse prevention, addressing potential misconceptions and knowledge deficits within the surveyed population.

Table 13: Distribution of the respondents by lifestyle factors consider most influential in preventing uterine prolapse (n=212)

Lifestyle factors consider most influential in preventing uterine prolapse	Frequency	Percent
Avoiding smoking	12	5.7
Managing chronic cough	74	34.9
Maintaining good posture	11	5.2
Regularly seeing a gynecologist	52	24.5
No idea	63	29.7
Total	212	100

The descriptive statistics table presents the perceived influential lifestyle factors in preventing uterine prolapse within a surveyed population. Results indicate varied beliefs regarding the significance of different lifestyle practices. Managing chronic cough emerges as the most commonly endorsed preventive measure, with 34.9% of respondents considering it influential. Regularly seeing a gynecologist is also recognized as important by 24.5% of respondents. Conversely, a minority of respondents believe in the importance of avoiding smoking (5.7%) and maintaining good posture (5.2%) in preventing uterine prolapse. Additionally, a notable subset of respondents (29.7%) expresses uncertainty regarding the influence of lifestyle factors. These findings highlight diverse perceptions regarding the role of lifestyle practices in pelvic health maintenance, underscoring the need for targeted education to promote evidence-based lifestyle strategies for uterine prolapse prevention and address potential misconceptions within the surveyed population.

Table 14: Distribution of the respondents by supportive devices (e.g., pelvic support belts) during activities that may strain the pelvic floor muscles (n=212)

Supportive devices (e.g., pelvic support belts) during activities that may strain the pelvic floor muscles	Frequency	Percent
Always	33	15.6
Often	41	19.3
Occasionally	55	25.9
Rarely	62	29.2
Never	21	9.9
Total	212	100

The descriptive statistics table outlines the reported frequency of utilizing supportive devices, such as pelvic support belts, during activities that may strain the pelvic floor muscles, within a surveyed population. Results indicate varied usage patterns among respondents. Notably, a significant proportion of individuals occasionally (25.9%) or often (19.3%) employ supportive devices during such activities, reflecting a recognized strategy for pelvic floor muscle protection. Conversely, a notable portion of respondents report rare (29.2%) or never (9.9%) utilization of supportive devices, suggesting differing attitudes towards their efficacy or accessibility. These findings underscore the diverse approaches to pelvic health maintenance within the surveyed population and suggest potential areas for targeted education and intervention strategies to promote consistent utilization of supportive devices for preventing pelvic floor muscle strain and related conditions like uterine prolapse.

Table 15: Distribution of the respondents by believe childbirth education and preparation contribute to preventing uterine prolapse (n=212)

Believe childbirth education and preparation contribute to preventing uterine prolapse	Frequency	Percent
Essential	30	14.2
Moderately important	42	19.8
Somewhat helpful	53	25.0
Not important	57	26.9
Not applicable (no childbirth experience)	30	14.2
Total	212	100

The descriptive statistics table presents the perceived importance of childbirth education and preparation in contributing to the prevention of uterine prolapse within a surveyed population. Results reveal diverse beliefs regarding the significance of such education. While a minority of respondents consider childbirth education and preparation as essential (14.2%) or moderately important (19.8%) for preventing uterine prolapse, a larger proportion views it as somewhat helpful (25.0%). Conversely, a substantial subset of respondents perceives childbirth education as not important (26.9%). Additionally, a notable portion of respondents (14.2%) indicates the question as not applicable due to a lack of childbirth experience. These findings underscore varied attitudes towards the role of childbirth education in pelvic health maintenance and suggest the need for targeted education to emphasize its potential benefits in uterine prolapse prevention, addressing potential misconceptions and promoting informed decision-making among individuals within the surveyed population.

Table 16: Distribution of the respondents by medical advice or screening for uterine prolapse, especially if you have risk factors such as multiple childbirths or a family history (n=212)

Medical advice or screening for uterine prolapse, especially if you have risk factors such as multiple childbirths or a family history	Frequency	Percent
Annually	52	24.5
Occasionally	63	29.7
Rarely	41	19.3
Never	17	8.1
Don't know	39	18.4
Total	212	100

The descriptive statistics table illustrates the reported frequency of seeking medical advice or screening for uterine prolapse, particularly among individuals with risk factors such as multiple childbirths or a family history, within a surveyed population. Results indicate varied levels of engagement with medical guidance or screening for this condition. Notably, a substantial proportion of respondents seek such advice or screening occasionally (29.7%) or annually (24.5%), suggesting some recognition of the importance of proactive healthcare management. Conversely, smaller portions of respondents report rare (19.3%) or never (8.1%) engagement with medical advice or screening for uterine prolapse, potentially indicating missed opportunities for early detection and intervention. Additionally, a notable subset of respondents (18.4%) expresses uncertainty regarding the frequency of seeking medical guidance for this condition. These findings underscore the diverse attitudes towards proactive healthcare seeking behaviors related to uterine prolapse, emphasizing the need for targeted education and promotion of regular medical evaluation, particularly among individuals with known risk factors.

Table 17: Distribution of the respondents by sources of information (n=212)

Multiple answer

Sources of information	Frequency	Percent
Health workers	51	24.1
Female community	28	13.2
Health volunteers	62	29.2
Friend and family	23	10.8
Television	15	7.1
Newspaper	-	-
Social media	33	15.6

The descriptive statistics table outlines the sources of information regarding uterine prolapse within a surveyed population. Results indicate diverse channels through which individuals obtain information on this topic. Health volunteers emerge as the most commonly accessed source, with 29.2% of respondents relying on them for information. Health workers are also significant contributors, cited by 24.1% of respondents. Additionally, social media serves as a notable source, with 15.6% of respondents obtaining information through this platform. Other sources include female community members (13.2%), friends and family (10.8%), and television (7.1%). Interestingly, no respondents reported obtaining information from newspapers. These findings underscore the multifaceted approach individuals take to gather information on uterine prolapse, suggesting the importance of leveraging diverse communication channels for disseminating accurate and accessible health information to promote awareness and prevention of this condition within the community.

Table 18: Distribution of the respondents by level of knowledge (n=212)

Multiple answer

Level of knowledge	Frequency	Percent
Good	45	21.2
Moderate	93	43.9
Poor	74	34.9
Total	212	100

Key score, Total score=31	
Good	25-31
Moderate	16-24
Poor	0-15

A sample of 212 women in Bangladesh. The findings reveal varying degrees of knowledge, with 21.2% of participants categorized as having a "Good" level of knowledge, indicating a comprehensive understanding of uterine prolapse-related concepts and preventive measures. Meanwhile, the majority of respondents (43.9%) exhibit a "Moderate" level of knowledge, suggesting a basic understanding but potential gaps in awareness or misconceptions. Notably, 34.9% of participants demonstrate a "Poor" level of knowledge, indicating significant deficits in understanding uterine prolapse and its management. These results highlight the need for targeted educational interventions to improve knowledge levels and promote awareness of uterine prolapse among women in Bangladesh, with a focus on addressing misconceptions and enhancing understanding of preventive practices.

CHAPTER-V

DISCUSSION

A cross-sectional study of the descriptive kind was carried out to ascertain the Preventive practice on uterine prolapse among the married women attending at selected hospital in Dhaka City, Bangladesh with a sample size of 212. A pre tested modified interviewer administrated semi structured questionnaires was used to collect the information. Section-A: Socio-demographic Information's of the respondents; Section B: Uterine Prolapse related variables

The descriptive statistics table outlines the age distribution of a sample population, with 212 individuals surveyed. Notably, the data illustrates a predominant representation of individuals aged 35 and above, comprising 69.3% of the sample, while those aged 20 and below constitute the smallest group at 10.8%. The mean age of the population is 30.015 years, with a standard deviation of 12.032 years, suggesting moderate variability around the mean. These findings suggest a demographic skew towards older age groups within the surveyed population, of them 57.4% of the respondents were living in urban area. It reveals that a majority of respondents possess a Secondary School Certificate (S.S.C), constituting 52.4% of the sample, followed by individuals with a Higher Secondary Certificate (HSC) at 24.1%. Conversely, individuals with a Primary education level comprise 13.7% of the sample, while those holding a Master's degree or higher represent 9.9%. These findings suggest a notable prevalence of individuals with secondary-level education within the surveyed population, indicative of the educational landscape and distribution among respondents. These results found by Shrestha B, et al.²¹

These results found s that, notably, a significant proportion of respondents identify as housewives, constituting 48.1% of the sample, followed by individuals engaged in day labor at 25.9%. Business and service occupations represent 12.7% and 8.9% of the sample, respectively, while a smaller proportion, 4.2%, falls under the category of "Others." These findings highlight the prevalent roles and occupations within the surveyed population, with a substantial representation of housewives and day laborers, reflecting the diverse employment landscape among respondents. The data indicates that the majority of families fall within the income brackets of 10,001–15,000 BDT, comprising 34.9% of the sample,

followed closely by families earning between 8000–10,000 BDT at 27.4%. Additionally, 18.4% of families have an income below 8000 BDT, while 19.3% report earning above 15,000 BDT monthly. These findings shed light on the income distribution within the surveyed population, highlighting a notable proportion of households earning moderate incomes between 8000–15,000 BDT per month, indicative of the economic landscape among respondents. This investigation is comparable to the one conducted by Singh DR, et al.²²

The presented descriptive statistics delineates the perceived physical symptoms of uterine prolapse among a surveyed population, comprising various indicators reported by respondents. Notably, lower abdominal pain emerges as the most prevalent symptom, reported by 40.1% of respondents, followed by difficulty controlling urine at 32.5%. Other notable symptoms include sagging uterus (29.7%), pain during sexual activity (26.4%), and difficulty lifting loads (22.2%). Additionally, a subset of respondents (17.9%) indicates a lack of awareness regarding these symptoms. These findings underscore the multifaceted nature of uterine prolapse symptoms experienced by individuals within the surveyed population, providing valuable insights into the prevalence and recognition of these symptoms within the context of women's health. Notably, taking adequate rest during the postnatal period emerges as the most prevalent preventive measure, reported by 34.9% of respondents, followed closely by eating nutritious foods during pregnancy and postnatal periods (29.7%) and utilizing safe abortion services (29.2%). Additionally, significant proportions of respondents also endorse practices such as not lifting heavy loads during the postnatal period (24.5%), practicing family planning and birth spacing (24.5%), and utilizing institutional delivery (23.6%). Conversely, a notable subset of respondents (36.8%) expresses uncertainty regarding preventive measures. These findings illuminate the varied strategies perceived by individuals within the surveyed population as effective in preventing uterine prolapse, offering valuable insights into the awareness and prioritization of preventive healthcare measures in women's health contexts. This study differs from the one that was conducted by Khanal G, et al.²³

This result delineates the frequency of engaging in pelvic floor exercises as a perceived preventive measure for uterine prolapse within a surveyed population. Results indicate varied engagement levels, with the majority of respondents reporting intermittent participation in pelvic floor exercises. Specifically, 28.8% engage in these exercises a few times a week, while 25.0% do so occasionally. Additionally, 10.8% adhere to a daily routine, and 22.2% report rare participation, with 13.2% indicating never engaging in pelvic floor exercises. These findings underscore the diverse adherence patterns to this preventive measure, reflecting the individualized approaches to pelvic health maintenance within the surveyed population and suggesting potential areas for targeted education and intervention strategies to promote consistent engagement in preventive practices for uterine prolapse. This study indicates varied beliefs among respondents regarding the effectiveness of different exercises. Notably, Kegel exercises are widely endorsed, with 45.3% of respondents believing them to be the most effective. Pilates exercises, which work every part of the core, are also highly regarded, with 33.5% of respondents endorsing them. Yoga and aerobic exercises, including running and swimming, are perceived as beneficial by 27.4% and 31.6% of respondents, respectively. Weightlifting is considered effective by a smaller proportion, at 21.2%. Additionally, a significant subset of respondents (38.2%) expresses uncertainty regarding the most effective physical activities for pelvic floor strength. These findings highlight diverse beliefs regarding preventive measures for uterine prolapse, suggesting the need for targeted educational efforts to disseminate accurate information and promote evidence-based practices in pelvic health maintenance. This investigation is comparable to the one conducted by Radl CM, et al.²⁴

The descriptive statistics table illustrates the frequency of avoiding heavy lifting as a perceived preventive measure for uterine prolapse within a surveyed population. Results indicate varied adherence levels to this precautionary measure, with a notable portion of respondents reporting occasional or consistent avoidance. Specifically, 28.8% of respondents always avoid heavy lifting, while 27.4% sometimes adhere to this practice. Conversely, 26.4% of respondents never avoid heavy lifting, and 17.5% rarely do so. These findings underscore diverse attitudes and behaviors regarding the adoption of preventive

measures for uterine prolapse, suggesting the need for targeted education and intervention strategies to promote consistent adherence to recommended practices in pelvic health maintenance. This study indicates varied levels of commitment to this precautionary measure, with a notable portion of respondents endorsing consistent efforts. Specifically, 25.5% of respondents always strive to maintain a healthy weight, while 29.2% often do so. Additionally, 25.0% report occasional efforts in weight management. Conversely, a small proportion (0.9%) indicates rare engagement in weight maintenance practices, while 19.3% express uncertainty regarding the relevance of weight management to reduce the risk of uterine prolapse. These findings highlight diverse attitudes and behaviors concerning the role of weight management in pelvic health, suggesting the need for targeted education and intervention strategies to promote consistent adherence to recommended practices for uterine prolapse prevention. This study is dissimilar with the study done by Mekonnen Bangladesh.²⁵

This study found that, the beliefs regarding the most beneficial dietary habits in preventing uterine prolapse within a surveyed population. Results demonstrate diverse perceptions regarding the efficacy of different dietary practices. Notably, avoiding constipation emerges as the most commonly endorsed preventive measure, with 29.7% of respondents believing it to be highly beneficial. Adequate water intake is also widely recognized, with 24.1% of respondents endorsing its importance. Other dietary habits, such as consuming a high-fiber diet (15.6%) and foods rich in vitamins and minerals (12.3%), are considered beneficial by smaller proportions of respondents. Conversely, limiting caffeine and alcohol consumption is perceived as beneficial by only 4.7% of respondents. Additionally, a notable subset of respondents (13.7%) expresses uncertainty regarding the efficacy of dietary habits in preventing uterine prolapse. These findings underscore the varied beliefs regarding the role of dietary practices in pelvic health, emphasizing the need for targeted education to promote evidence-based dietary strategies for uterine prolapse prevention. The descriptive statistics table delineates the reported frequency of practicing proper toileting techniques, such as avoiding straining and using correct posture, as a preventive

measure for uterine prolapse within a surveyed population. Results reveal varied levels of adherence to these recommended practices. Notably, a significant portion of respondents (30.2%) express uncertainty regarding the adoption of proper toileting techniques, highlighting a potential knowledge gap in pelvic health maintenance. Among those who report adherence, a minority (14.6%) always practice proper toileting techniques, while smaller proportions often (10.8%) or occasionally (8.9%) do so. Conversely, notable portions of respondents rarely (20.3%) or never (15.1%) engage in these practices. These findings underscore the need for targeted education and intervention strategies to promote consistent adherence to recommended toileting techniques for uterine prolapse prevention, addressing potential misconceptions and knowledge deficits within the surveyed population. by Singh DR, et al.²⁶

This study presents the perceived influential lifestyle factors in preventing uterine prolapse within a surveyed population. Results indicate varied beliefs regarding the significance of different lifestyle practices. Managing chronic cough emerges as the most commonly endorsed preventive measure, with 34.9% of respondents considering it influential. Regularly seeing a gynecologist is also recognized as important by 24.5% of respondents. Conversely, a minority of respondents believe in the importance of avoiding smoking (5.7%) and maintaining good posture (5.2%) in preventing uterine prolapse. Additionally, a notable subset of respondents (29.7%) expresses uncertainty regarding the influence of lifestyle factors. These findings highlight diverse perceptions regarding the role of lifestyle practices in pelvic health maintenance, underscoring the need for targeted education to promote evidence-based lifestyle strategies for uterine prolapse prevention and address potential misconceptions within the surveyed population. Notably, a significant proportion of individuals occasionally (25.9%) or often (19.3%) employ supportive devices during such activities, reflecting a recognized strategy for pelvic floor muscle protection. Conversely, a notable portion of respondents report rare (29.2%) or never (9.9%) utilization of supportive devices, suggesting differing attitudes towards their efficacy or accessibility. These findings underscore the diverse approaches to pelvic health maintenance within the surveyed population and suggest potential areas for targeted education and intervention

strategies to promote consistent utilization of supportive devices for preventing pelvic floor muscle strain and related conditions like uterine prolapse. This investigation is comparable to the one conducted by Bourgioti C, et al.¹⁰

This study revealed showed that, the perceived importance of childbirth education and preparation in contributing to the prevention of uterine prolapse within a surveyed population. Results reveal diverse beliefs regarding the significance of such education. While a minority of respondents consider childbirth education and preparation as essential (14.2%) or moderately important (19.8%) for preventing uterine prolapse, a larger proportion views it as somewhat helpful (25.0%). Conversely, a substantial subset of respondents perceives childbirth education as not important (26.9%). Additionally, a notable portion of respondents (14.2%) indicates the question as not applicable due to a lack of childbirth experience. These findings underscore varied attitudes towards the role of childbirth education in pelvic health maintenance and suggest the need for targeted education to emphasize its potential benefits in uterine prolapse prevention, addressing potential misconceptions and promoting informed decision-making among individuals within the surveyed population. This study results indicate varied levels of engagement with medical guidance or screening for this condition. Notably, a substantial proportion of respondents seek such advice or screening occasionally (29.7%) or annually (24.5%), suggesting some recognition of the importance of proactive healthcare management. Conversely, smaller portions of respondents report rare (19.3%) or never (8.1%) engagement with medical advice or screening for uterine prolapse, potentially indicating missed opportunities for early detection and intervention. Additionally, a notable subset of respondents (18.4%) expresses uncertainty regarding the frequency of seeking medical guidance for this condition. These findings underscore the diverse attitudes towards proactive healthcare seeking behaviors related to uterine prolapse, emphasizing the need for targeted education and promotion of regular medical evaluation, particularly among individuals with known risk factors. This study is dissimilar with the study carried out by Kilfoyle KA, et al.²⁰

This study results indicate diverse channels through which individuals obtain information on this topic. Health volunteers emerge as the most commonly accessed source, with 29.2% of respondents relying on them for information. Health workers are also significant contributors, cited by 24.1% of respondents. Additionally, social media serves as a notable source, with 15.6% of respondents obtaining information through this platform. Other sources include female community members (13.2%), friends and family (10.8%), and television (7.1%). Interestingly, no respondents reported obtaining information from newspapers. These findings underscore the multifaceted approach individuals take to gather information on uterine prolapse, suggesting the importance of leveraging diverse communication channels for disseminating accurate and accessible health information to promote awareness and prevention of this condition within the community. This study found that, larger portion (43.9%) demonstrated "Moderate" knowledge, suggesting a basic understanding but potential gaps or misconceptions and only 21.1% of the respondents had good knowledge regarding uterine prolapse prevention. Notably, 34.9% exhibited "Poor" knowledge, indicating significant deficits in understanding uterine prolapse and its management. This study and the one that was conducted are comparable by Finnegan-John J, et al.¹⁸

CHAPTER-VI

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The study findings revealed lower abdominal pain (40.1%) and difficulty controlling urine (32.5%) as prevalent symptoms of uterine prolapse. Notably, 36.8% of respondents expressed uncertainty regarding preventive measures. However, practices like adequate rest during the postnatal period (34.9%) and utilizing safe abortion services (29.2%) were endorsed. Additionally, varied beliefs existed regarding effective exercises, with 45.3% considering Kegel exercises most beneficial. Avoiding heavy lifting was intermittently adhered to, with 28.8% always avoiding it. Regarding dietary habits, avoiding constipation was recognized by 29.7% as highly beneficial. Lastly, diverse sources such as health volunteers (29.2%) and health workers (24.1%) were relied upon for information dissemination. This study found that, larger portion (43.9%) demonstrated "Moderate" knowledge, suggesting a basic understanding but potential gaps or misconceptions and only 21.1% of the respondents had good knowledge regarding uterine prolapse prevention. Notably, 34.9% exhibited "Poor" knowledge, indicating significant deficits in understanding uterine prolapse and its management. These findings underscore the need for targeted educational interventions to enhance awareness and adherence to preventive practices for uterine prolapse among women in Bangladesh, especially focusing on exercise routines, dietary habits, and leveraging community health resources effectively.

6.2 Recommendations

- Create comprehensive programs to educate women of all ages about pelvic health, recognizing symptoms, and prevention methods.
- Strengthen the role of health volunteers and workers to share accurate information and support women's health.
- Improve healthcare services in rural areas for early detection and treatment of uterine prolapse.
- Encourage government, NGOs, healthcare institutions, and community leaders to work together to prevent and manage uterine prolapse.
- Further research should be conducted with a larger sample size.

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INFORMED CONCENT

I am **Nahid Farhana** have read or had read out for me all the statements in the consent form and I agree voluntarily to participate as a subject in the study of “**Preventive practice on uterine prolapse among the married women attending at selected hospital in Dhaka City**”. I have clear idea of this research including its purpose, duration, and the procedures to be followed. I have understood that all information will be kept confidential. Your name will not be published in the study report and I will not be entertained with any financial benefits or incentives. I have been given opportunity to ask questions concerning research procedures and for further Questions I may contact the research workers. I have also been given information on the risk and discomforts for participating in this research. I understood that I have the right to leave or cancel my consent and withdraw myself from the study at any time for any reason without penalty. I have been informed that I shall be given a copy of the signed consent to keep. I the undersigned, certify that I have signed this document willingly to participate in the said research work myself or in presence of the following witness.

1. Name:.....

2. Signature:.....

3. Address:.....

Date:.....

Annexure -B

Dear Respondents,

I am **Nahid Farhana** a post graduate student of Daffodil International University of Bangladesh. As a part of my course, I am to conduct research my research topic is **“Preventive practice on uterine prolapse among the married women attending at selected hospital in Dhaka City”**. This is purely academic. I would like to ask you some question related to this topic. All information provided by you will be kept confidential; it will be used only for research purpose. I will be obliged if you cooperate me.

Thank you

Questionnaires

Part-A: Socio-demographic variables

	Variables	Coding category	Code
1	Age (years)	1. <20 2. 20-35 3. >35	
2	Residence	1. Rural 1. Urban	
3	Religion	2. Muslim 3. Hindu 4. Christian 5. Buddhist	
4	What is your educational qualification?	1. Illiterate 2. Primary 3. S. S.C	

		4. HSC 6. Masters or above	
5	What is your occupation?	1. Housewife 2. Business 3. Service 4. Day labor 5. Agriculture 7. Others	
6	Monthly family monthly income (BDT)	1. <8000 2. 8000–10,000 3. 10,001–15,000 1. >15,000	

Part-B: Uterine Prolapse related information

S/N	Variables	Coding category	Code
1	Have you heard about uterine prolapse?	1. Yes 2. No	
2	Perceive physical symptoms of uterine prolapse? Multiple response	1. Difficulty lifting load 2. Lower abdominal pain 3. Sagging uterus 4. Pain during sexual activity 5. Difficulty controlling urine	

3	Perceive preventive measure of uterine prolapse? Multiple response	1. Not lifting heavy load during postnatal period 2. Eating nutritious foods during pregnancy and postnatal period 3. Take adequate rest during postnatal period 4. Practice family planning and birth spacing 5. Avoid early pregnancy 6. Uses institutional delivery 7. Uses safe abortion services	☐
4	How frequently do you engage in pelvic floor exercises as a preventive measure for uterine prolapse?	1. Daily 2. Few times a week 3. Occasionally d) Rarely 4. Never	☐
5	Which type of physical activities do you believe contribute most to pelvic floor strength and thus prevent uterine prolapse?	1. Yoga 2. Pilates 3. Kegel exercises 4. Aerobic exercises (e.g., running,	

		swimming) e) Weightlifting	
6	To what extent do you avoid heavy lifting as a preventive measure for uterine prolapse?	1. Always avoid heavy lifting 2. Sometimes avoid heavy lifting 3. Rarely avoid heavy lifting 4. Never avoid heavy lifting	☐
7	How often do you maintain a healthy weight to reduce the risk of uterine prolapse?	1. Always 2. Often 3. Occasionally 4. Rarely 5. Never	☐
8	Which dietary habits do you believe are most beneficial in preventing uterine prolapse?	1. High-fiber diet 2. Adequate water intake 3. Avoiding constipation 4. Limiting caffeine and alcohol consumption 5. Consuming foods rich in vitamins and minerals	☐
9	How frequently do you practice proper toileting techniques (e.g., avoiding straining, using correct posture) to prevent uterine prolapse?	1. Always 2. Often 3. Occasionally 4. Rarely	☐

		5. Never	
10	Which lifestyle factors do you consider most influential in preventing uterine prolapse?	1. Avoiding smoking 2. Managing chronic cough 3. Maintaining good posture 4. Regularly seeing a gynecologist 5. Other (please specify)	
	How often do you use supportive devices (e.g., pelvic support belts) during activities that may strain the pelvic floor muscles?	1. Always 2. Often 3. Occasionally 4. Rarely 5. Never	
	To what extent do you believe childbirth education and preparation contribute to preventing uterine prolapse?	1. Essential 2. Moderately important 3. Somewhat helpful 4. Not important 5. Not applicable (no childbirth experience)	
	How often do you seek medical advice or screening for uterine prolapse, especially if you have risk factors such as multiple childbirths or a family history?	1. Annually 2. Biennially 3. Occasionally 4. Rarely 5. Never	
11	What is the sources of information?	1. Health workers 2. Female community 3. Health volunteers 4. Friend and family	

		5. TV 6. Newspaper 7. Social media	
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Thanks