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A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE, AND PRACTICE REGARDING UTERINE PROLAPSE AMONG WOMEN IN A SELECTED HOSPITAL, CHENNAI

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ABSTRACT

Backround: Uterine prolapse happens when the uterus moves from its normal position into or outside the vaginal canal due to weakened pelvic muscles and ligaments. **Aim:** assess the knowledge, attitude, and practice regarding uterine prolapse among women in a selected hospital, Chennai **Methods:** Cross sectional study design was used for the study. The study was conducted in a selected hospital at Chennai. The study sample size was estimated as 200. A total of 200 women were selected using a purposive sampling technique. **Finding:** The study revealed that 37% of participants had poor knowledge about uterine prolapse, 54% had average knowledge, and 9% had good knowledge. Attitudes towards uterine prolapse were positive in 22.5% of participants, neutral in 45%, and negative in 32.5%. In terms of practices, 30% demonstrated good practices, 50% moderate practices, and 20% poor practices. Age significantly influenced knowledge and practice, while residence and marital status significantly affected attitude. Education level was a significant factor across all domains, showing strong correlations with better knowledge, attitudes, and practices. Occupation significantly influenced attitudes and practices but not knowledge. These findings emphasize the importance of targeted educational interventions. **Conclusion:** The study concluded that most participants had average knowledge, some had poor knowledge, and a few had good knowledge, indicating a need for educational interventions. Attitudes towards uterine prolapse were mostly neutral, with some positive and negative views. Practices showed that while some participants adhered well to recommendations, many demonstrated moderate or poor practices, highlighting the need for improved education and intervention.

Key words: Knowledge, Attitude, Practice, Uterine prolapse

INTRODUCTION

Uterine prolapse occurs when the uterus descends from its normal anatomical position into or outside the vaginal canal due to weakened pelvic floor muscles and ligaments. This condition is often associated with multiple childbirths, aging, and activities or conditions that increase intra-abdominal pressure, such as obesity or chronic coughing. It is a significant health issue affecting many women globally, particularly those in their postmenopausal years or with a history of multiple vaginal deliveries (Slieker-ten Hove et al., 2019).

The symptoms of uterine prolapse can vary widely, ranging from mild to severe. Common symptoms include a sensation of heaviness or pulling in the pelvis, noticeable bulging tissue protruding from the vagina, urinary incontinence or retention, and difficulties with bowel movements. These symptoms can have a profound impact on a woman's daily activities, emotional well-being, and overall quality of life, underscoring the need for increased awareness and timely medical intervention (Chmielewski et al., 2020).

Several risk factors contribute to the development of uterine prolapse, including age, hormonal changes, and lifestyle factors. Aging and menopause result in decreased estrogen levels, which can weaken the pelvic tissues. Childbirth, particularly multiple vaginal deliveries, can overstretch and damage the pelvic floor muscles and connective tissues. Additionally, lifestyle factors such as obesity, chronic constipation, and heavy lifting are significant contributors to the increased intra-abdominal pressure that exacerbates this condition (Nygaard et al., 2019).

Treatment for uterine prolapse depends on the severity of the condition and the patient's overall health. Non-surgical treatments include pelvic floor muscle training, lifestyle modifications, and the use of pessaries to provide structural support. In cases where non-surgical options are ineffective or the prolapse is severe, surgical intervention may be necessary to restore normal anatomical structure and function. It is essential for healthcare providers to tailor treatment plans to individual patient needs and to educate patients on preventive measures to reduce the recurrence of prolapse (Rogers et al., 2020).

Uterine prolapse has significant health implications, including discomfort, urinary incontinence, and reduced quality of life. Studies have shown varying degrees of awareness and knowledge about uterine prolapse across different populations (Kuncharapu et al., 2010; Doshani et al., 2007). Educational interventions have been effective in improving knowledge and attitudes towards pelvic organ prolapse (Nathan et al., 2017).

Research indicates that the prevalence of uterine prolapse varies widely, with estimates ranging from 2% to 20% among women aged 41 to 50 (Doshani et al., 2007). Factors such as age, high body mass index (BMI), multiparity, and vaginal deliveries are significant risk factors (Bodner-Adler et al., 2007). A study in Nepal found that over 50% of women had never heard of uterine prolapse, underscoring the need for increased awareness (Shrestha et al., 2014).

Educational programs have been shown to be effective in enhancing knowledge and attitudes toward pelvic organ prolapse. For instance, a structured teaching program significantly improved knowledge about preventive measures among mothers (Nathan et al., 2017). Similarly, awareness campaigns and counseling have been beneficial in other contexts, such as rural India and Ethiopia (Raisler et al., 2000; Badacho et al., 2022).

AIM OF THE STUDY

The study aimed to assess the knowledge, attitude, and practice regarding uterine prolapse among women in a selected hospital, Chennai

METHODOLOGY

Study Design and Settings

Cross sectional study design was used for the study. The study was conducted in a selected hospital at Chennai. The study sample size was estimated as 200. A total of 200 women were selected using a purposive sampling technique who fulfils inclusion criteria.

Inclusion criteria:

- Women who attending the Gynae OP in selected hospital.
- Women who are admitted in Gynae ward in selected hospital

Exclusion criteria:

- Women who do not understand English and Tamil.
- Women who are not willing to participate.

Data Collection

Informed consent was obtained from the participants. Data was collected using a structured questionnaire divided into four sections: demographic information, knowledge, attitude, and practice regarding uterine prolapse. The questionnaire was validated for content and reliability, achieving a Cronbach's alpha of 0.9.

Statistical Analysis

Data was analyzed using SPSS version 25. Descriptive statistics were used to summarize the data, and chi-square tests were conducted to assess associations between demographic variables and knowledge, attitude and perception scores.

RESULTS

The table 1 revealed that 74 participants (37%) had poor knowledge, scoring between 0 and 5. The majority of the participants, 108 individuals (54%), demonstrated an average knowledge level with scores ranging from 6 to 10. Meanwhile, a smaller group of 18 participants (9%) exhibited good knowledge, achieving scores between 11 and 15. This distribution highlights that while over half of the participants possess an average level of knowledge, a considerable proportion still falls into the poor knowledge category, suggesting a need for targeted educational interventions.

The table 2 revealed the attitudes towards uterine prolapse among 200 participants. The results showed that 45 participants (22.5%) held a positive attitude towards the condition, indicating a favorable or accepting viewpoint. A larger proportion, 90 participants (45%),

maintained a neutral attitude, neither strongly favorable nor unfavorable. Meanwhile, 65 participants (32.5%) expressed a negative attitude towards uterine prolapse, reflecting concerns or unfavorable perceptions.

The table 3 shows that age significantly influenced both knowledge (χ^2 = 12.45, p < 0.05) and practice (χ^2 = 10.78, p < 0.05), but not attitude (χ^2 = 3.21). Residence was significantly associated with attitude (χ^2 = 8.32, p < 0.05), but showed no significant relationship with knowledge (χ^2 = 4.56) or practice (χ^2 = 2.44). Marital status had a significant impact on attitude (χ^2 = 7.56, p < 0.05) but was not significantly related to knowledge (χ^2 = 3.89) or practice (χ^2 = 3.21). Education level was a significant factor across all three domains: knowledge (χ^2 = 15.67, p < 0.05), attitude (χ^2 = 14.23, p < 0.05), and practice (χ^2 = 16.45, p < 0.05), indicating a strong correlation between higher education and better outcomes in all areas. Lastly, occupation was significantly associated with both attitude (χ^2 = 9.87, p < 0.05) and practice (χ^2 = 11.34, p < 0.05), but not with knowledge (χ^2 = 5.12). These findings highlight the critical role of demographic factors, particularly education level, in shaping knowledge, attitudes, and practices related to uterine prolapse.

Figure 1 presents the demographic characteristics of the participants. Age-wise, the distribution was as follows: 25% were aged between 20-30 years, 35% were between 31-40 years, and the largest group, 40%, fell within the 41-50 years age bracket. In terms of marital status, a significant majority, 75%, were married, while 15% were unmarried, and the remaining 10% were either divorced or widowed. Educational attainment varied among participants; 10% had no formal education, 30% had completed primary education, 40% had secondary education, and 20% had attained higher education. Regarding employment status, the participants were evenly split, with 70% employed and 30% housewife. This demographic breakdown highlights a varied cohort in terms of age, marital status, education, and occupation.

The figure 2 revealed that 60 participants (30%) exhibited good practices, indicating a high level of adherence to recommended preventive or management strategies. The majority, 100 participants (50%), demonstrated moderate practices, suggesting some level of engagement but room for improvement. Meanwhile, 40 participants (20%) showed poor practices, highlighting a significant need for enhanced education and intervention. This distribution underscores the

importance of targeted educational programs to improve the overall practices regarding uterine prolapse.

Table 1: Distribution of knowledge scores.

Knowledge Level	Frequency (n=200)	Percentage (%)
Poor	74	37
Average	108	54
Good	18	9

Table 2: Attitude scores related to uterine prolapse.

| Attitude Level	Frequency (n=200)	Percentage (%)
Positive	45	22.5
Neutral	90	45
Negative	65	32.5

Table 3: Association between selected demographic variables with knowledge, attitude and practice scores.

Variable	Knowledge (χ^2)	Attitude (χ^2)	Practice (χ^2)
Age	12.45*	3.21	10.78*
Residence	4.56	8.32*	2.44
Marital Status	3.89	7.56*	3.21
Education Level	15.67*	14.23*	16.45*

Variable	Knowledge (χ^2)	Attitude (χ^2)	Practice (χ^2)
Occupation	5.12	9.87*	11.34*

*Significant at p < 0.05

Figure: 1 Bar diagraph represents the percentage distribution of demographic variables
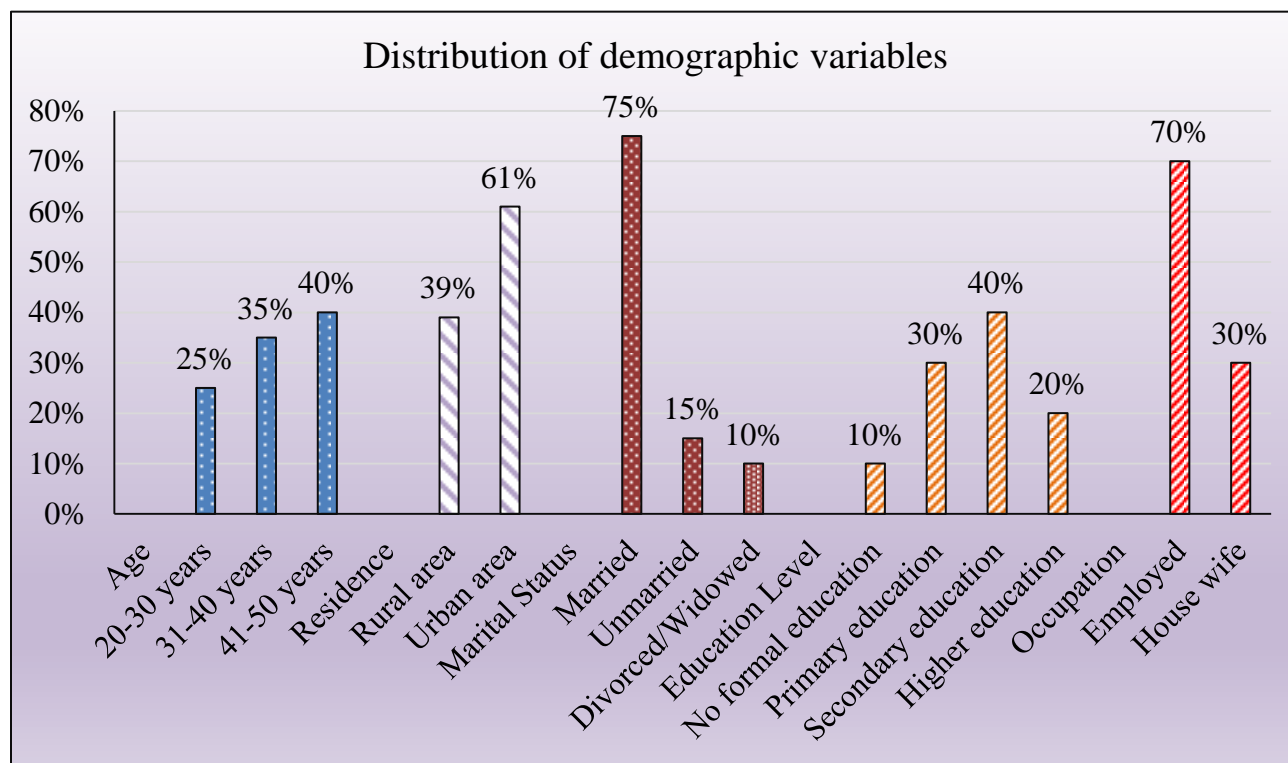
Figure:2 Bar diagram represents the practice score regarding uterine prolapse

Practice scores related to uterine prolapse.
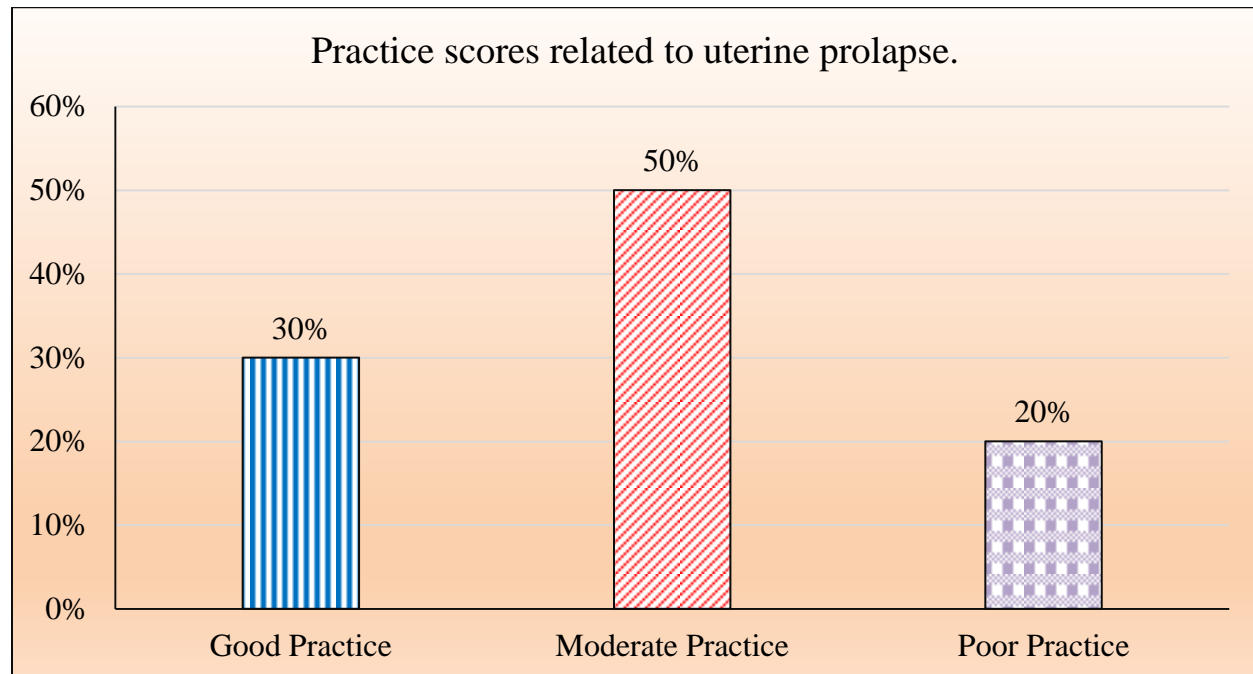
DISCUSSION

The study assessed the knowledge, attitudes, and practices regarding uterine prolapse among women, revealing significant variability influenced by demographic factors such as age, residence, marital status, education level, and occupation. Knowledge levels were significantly affected by age and education, with older and more educated women demonstrating better understanding of uterine prolapse. This underscores the need for targeted educational interventions for younger and less educated women to improve awareness. Attitudes towards uterine prolapse were more positive among educated and employed women. Significant associations with residence, marital status, education level, and occupation suggest that targeted awareness campaigns and support groups are necessary to foster positive attitudes and address gaps in awareness and acceptance. Practices related to uterine prolapse management were significantly associated with younger age, higher education, and employment. The findings indicate a need for practical interventions and training programs, especially for older, less educated, and unemployed women.

Enhancing educational outreach can improve management practices for uterine prolapse. Overall, the study highlights the critical role of education in shaping knowledge, attitude and

practices levels. Inclusive and accessible educational and awareness programs are necessary to address the diverse needs of women. By improving knowledge and fostering positive attitudes, better management practices can be encouraged, ultimately enhancing the quality of life for women affected by uterine prolapse. In conclusion, the study identifies significant gaps in knowledge, attitudes, and practices regarding uterine prolapse, influenced by key demographic factors. Targeted educational interventions and support programs are essential to improve awareness, attitudes, and management practices among women, thereby enhancing their overall well-being.

This study is support by **Mishra and Shrestha (2020)** in India, who studied "Knowledge on Uterine Prolapse and its Risk Factors Among Married Women in Suklagandaki Municipality, Tanahun, Nepal." Their study revealed that among the 331 respondents, 45% were aged between 20-39 years. Additionally, 89.1% had married between the ages of 15-24, and the majority were housewives.

This result is also supported **by Nathan et al. (2017)** in India, who studied the "Effectiveness of Structured Teaching Program on Knowledge Regarding Preventive Measures of Uterine Prolapse Among Mothers." They found that more than half of the study sample resided in rural areas.

CONCLUSION

The study assessed the knowledge, attitudes, and practices regarding uterine prolapse among women, revealing significant variability influenced by demographic factors such as age, residence, marital status, education level, and occupation. It was found that older and more educated women demonstrated better understanding of uterine prolapse, highlighting the need for targeted educational interventions for younger and less educated women to improve awareness. Positive attitudes towards uterine prolapse were more prevalent among educated and employed women, suggesting that targeted awareness campaigns and support groups are necessary to foster positive attitudes and address gaps in awareness and acceptance. Additionally, practices related to uterine prolapse management were significantly associated with younger age, higher

education, and employment, indicating a need for practical interventions and training programs, especially for older, less educated, and unemployed women.

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