

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

Health is a fundamental and basic need of human beings. It is a multidimensional concept that covers different aspects, such as physical, mental, emotional, social and spiritual. So, human health depends upon different dimension of body and mind. Health enables individuals to adjust in the changing environment. World health organization (1997) has defined health as "The state of complete physical, mental and social well-being and not merely an absence of disease or infirmity." Life is valueless in the absence of good health. Good health improves quality of life. If we have good health, our economic condition, educational status and other aspects of life can also be improved easily. Nepal is one of the developing countries in the world. It has been facing various problems. In that, one is the health problem. According to National Population and Household Census 2011 (CBS 2011) more than half of the population is found to be female. But females are backward than males in every aspects of life, such as in education, health, politics, employment, economic. The situations of Nepalese women are much worse in comparison to men. Women's participation is minimal in the country's political, economical, educational, administration, social as well as other sectors. Although parliament put forth a declaration in May/ June 2006 to included 33 percent participation of women in all sectors of the state structure. This has never been practically implemented. The largest percentage of women (17.75%) in Nepalese history participated in the interim parliament (Mishara,2013).

In our society there is women's voices are dominated and not given more emphasis than men. Menstruation period which is common natural biological phenomenon is taken very negatively in our society. When girl's menstruates for the first time she needs physical, mental and emotional support. But instead of help she is sent 'Chhaupadi Home' or dark, non-ventilated room at least 3 weeks, nowadays in 21st century, still in our society takes menstruation and delivery time taken untouchable period. During this period, they are not allowed to enter kitchen and other rooms. In the far-western region of our country there is a deeply rooted tradition with is called "chhaupadi Pratha". Reproductive health is a fundamental right and basic requirement

of every woman. The failure on solving the problems related with reproductive health is against the reproductive right of woman. Woman cannot discuss their problem regarding family planning and reproductive health openly; as a result they can't demand essential things which may be the contributing factors for their sound health. The health situation of Nepalese women leaves much to be desired. Women health and in particular their reproduction health is severely affected by their low family and socio-economic status, traditional values, illiteracy and poverty. Among the health problems faced by women to uterine prolapse is a complex condition that is often kept as secret because of the shame, shyness and fear of community.

In Nepal, uterine prolapse is one of the major problems reproductive health's. In another word, uterine prolapse is a reproductive health condition in which the uterus shifts from its normal position on the pelvic floor. In this situation, the uterus gradually extends outside of the body as there is no source of support for the uterus. In Nepal, it has become more common and is an increasing trend as more women carry heavy load after child birth and do not maintain a natural diet. This happens mostly in post menopausal women. It is one of the most reproduction health problems of women. Therefore, women who are suffering from uterine prolapse are harmful cycle of poverty, illness, discrimination, economic deprivation, exclusions and so on. It makes women, physically disable including inability to work, difficulties to walk or even stand up. Affected women are hated by their husband, family and society (Mishara, 2013).

The uterus (womb) is normally held in place by a hammock of muscles, tissues and ligaments. Prolapsed happens when tissue supporting the uterus becomes so weak that the uterus cannot stay in place and slips down from its normal positions. Prolapses of the uterus can happen in various stages are as follows:

- First degree: The uterus slips down into the vagina.
- Second degree: part of the uterus sticks-out of the opening of the vagina.
- Third degree: The whole uterus in outside of the vagina (called preceidental)

Three degree of prolapsed is described and lowest or most dependent portion of the prolapsed is assessed while the patterns are starting. Uterine prolapsed most occurs in women who have had more than one baby through normal vaginal delivery and in

post-Menopausal women menopause occurs when ovaries stop producing the hormones that regulate her monthly menstrual cycle and she having menstrual period. One of these hormones estrogen helps keeps pelvic muscles strong (Mishara, 2013).

Up to 30 percent of women who have had children are affected by some degree of prolapsed. It is more common as women get older, particularly those who have gone through the menopause. It is rare in women who do not have children. Uterine prolapse is also associated with being overweight and with having a persistent cough. Some women with a prolapsed uterus do not have any symptoms and the condition is only discomfort, during an internal examination for another reason. Most women with a prolapsed will experience an uncomfortable feeling of foulness, dragging or heaviness of the vagina and sometimes pain. There may be a sensation of something coming down or out of vagina. If the prolapsed is of second or third degree, the uterus can be seen. Other common symptoms include lower back pain, difficulty to walking and having sex. Women with prolapsed uterus often have stress in continence, where a small amount of urine is passed if they cough, sneeze or exercise (Mishara, 2013).

1.2. Statement of the Problem

This is the 21st century in which globalization and development of science and technology has made the human life so luxurious and comfortable. So, life expectancy has been changing day by day. The slogan of WHO is also "Health for All" is related with human health and important in quality of life of all people.

The study raises the issues of uterine prolapsed ethnic is interlinked with social issues rather than medical sides, such as gender based violence, lack of information about reproductive health, gender discrimination, lack of access to education of health service belief on tradition are highlighted. Research needs to collect more information of the uterine prolapsed among married women. The information will eventually helps the concerned authority and care provider in health planning as well as proper health education to prevent the married women from the uterine prolapsed.

In Nepal's women have to the height raised and problems during pregnancy and delivery period. Most of people live in remote areas where people depend on general health workers, MCHW, FCHV and Sudeni in delivery cases. In Nepalese context

family member do not give first priority to pregnant women delivery cases. There is lack of rest, care and enough nutritious food before delivery and after delivery. Sometimes they do hard work and heavy lifting, and then uterine prolapsed happens. From the view of health problem in Nepalese women who are affected by reproductive health, due to difficulties of economic, social condition, psychological etc. Uterine prolapsed is one of the major problems of rural areas of Nepal. It is one of the complicated hidden problems of the rural women.

Women in Achham district on Shodashadevi VDC which is remote rural area would not get appropriate health services medical help. Some I /NGOs provide services to the women from mobile health camp but it's not sufficient. There are so many barriers such as lack of family support, lack of money they do not go to hospital for medical checkup and suffered from various reproductive health problems. That is why effects on family and women directly related to the uterus prolapsed will be state as the problem of the study.

1.3. Objectives of the Study

The general objectives of this study is to study the causes of uterine prolapsed and its impact on the health of married women. The study is intended to accomplish the following specific objectives:

- To identify socio demographic characteristics of ever married women.
- To explore the knowledge and causes on uterine prolapsed women.
- To assess health impact of uterine prolapsed among married women.

1.4. Significance of the Study

In Nepali context uterine prolapsed is a major problem happens among married women. In Nepal, uterine prolapsed is still in a high rate. Most of the married women are suffered from uterine prolapsed that makes women psychologically weak and physical unhealthy. This study provides some reliable information about women health condition uterine prolapsed.

According to the latest statistics of the Government of Nepal 85percentof the population lives in rural areas, where basic health services are very limited, due to geographical, socio-cultural barriers. Due to lack of health services women are facing reproductive health problems and one of them is the uterine prolapse.

- It is help to find out the existing situation of use in the Shodashadevi V.D.C Achham District.
- This study is useful to find out and effects on family.
- The result of the study is considered to be helpful to women as well their family to take care her personal health.
- It is useful to support and improve reproductive health.
- It is effective to conduct awareness program.

1.5 Delimitations of the Study

The delimitations of this study are as follows.

- This study conducted in ward no. 6,7and 8 of Shadasha devi V.D.C Achham, District
- This study is limited of only to married women who are suffered by uterine prolapsed.
- This study is limited to only 69 women who are facing uterine prolapsed problems.
- Both permanent and temporary residents are included in this study.
- This study covers the information only Socio-demographic Characteristic, Knowledge and Causes and Health impact of uterine prolapsed among married women.

1.6 Organization of the Study

This study is organized into six chapters. The first chapter includes background of the study, statement of the problem, objective of the study, significance of the study, delimitations of the study, definition of terms use. The second chapter deals with the literature review. The third chapter is concerned with the research methodology of the study which includes the research deign, population of the study/ source of data, sampling procedure

and sampling size, tolls of data collection, finalization of the tolls, data collection procedure and data analysis and interpretation techniques. Similarly, chapter four provides the background characteristics of respondents which include only Socio-demographic Characteristic, Knowledge, Causes and Health impact of uterine prolapsed among married women. Chapter five presents the summary of the finding, conclusion and recommendation for further research.

1.6 Definition of Terms used

- Cancer:-** Malignant tumor
- Chhaupadi Pratha:-** The traditional culture during menstruation and delivery period living at inside a separate huts. This practice was prevalent mostly is Far Western region of Nepal.
- Degree of Uterine Prolapsed:-** Classify various degree of prolapsed uterine according to degree of standard.
- Delivery:-** It is the process of giving child birth
- Kegal exercise:-** It a special exercise which related the constriction of vagina. In this exercise to control the uterine relapsed.
- Prevalence:-** The total number of cases of a specific disease in existence in a given population at a certain time.
- Social-psychology:-** Is the scientific study of how peoples' thoughts, Feelings, and behaviors are influenced by the actual, imagined, or implied presence of others.
- Sudeni:-** For assisting in delivery or child birth process.
- Uterine Prolapsed:-** Falling or downward displacement of uterus from normal position along with vaginal wall.

CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

This chapter covers the general review of literature on uterine prolapsed among women globally and Nepalese context. Conceptual framework is also covered in the chapter. Many articles have been reviewed and their salient findings pertaining to the objectives of the study are included.

2.1. Theoretical Literature

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matter relating to the reproductive system.

Uterine and cervical prolapsed is a rare occurrence in pregnancy. It can be associated with minor cervical desiccation and uncertain to devastating maternal fatalities. The scope of complications includes urinary retention, preterm labor, premature delivery, fetal demise, maternal Sepsis, and urinary retention. Methods: we present a cause of a lady, who developed uterine and cervical prolapsed during pregnancy and the issues surrounding her antenatal and postnatal management results and conclusion: This case report highlights the effectiveness of Gelhorn Perssary for uterine prolapsed in pregnancy (Mishra, 2013).

According to FPAN (1997) the main cause in uterus prolapses, early marriage and conception. The reductive organs are not well matured before 20 years of age. Several difficulties arises if conception and pregnancy occurs 20 years. The weakling of body and muscle result in uterus prolapsed. Giving birth to more number of children also may cause this problem. This problem is mainly found in the women who carry heavy load during the time of pregnancy and delivery. It takes around 6 month for uterus to reach its in normal position after delivery. They should to carry heavy load at least for 6 month after delivery.

Internet Scientific Publication: "Uterine Prolapsed in Pregnancy a Case Report"(2008)Literature review of uterine prolapsed in pregnancy describes clinical features of pelvic pressure, lower back pain, Urinary tract infection, cervical

inflammation and cervical mucosal ulcerations. Similarly, complications reported range from patient discomfort, cervical desiccation and ulceration, urinary tract infection. Acute urinary retention to miscarriage and maternal death. Traditional Chinese methods of treating prolapsed involved the Chinese native doctors saturating the protruding portion of the cervix with kerosene oil and setting fire to it. The resulting dense scar tissue of the cervix required multiple incisions to deliver the babies with forceps. Undeniably we have come a long way in the management of uterine prolapsed coincident with pregnancy. The prolapsed uterus is usually managed by reducing the prolapse and bed rest in a slight Trendelenburg position. These methods have shown to protect the cervix from trauma and desiccation and decrease the incidence of preterm labor. This has been widely recommended in several papers, including Piver, Spezia and Daskakis etc. all. After reduction is accomplished, authors such as Sawyer and Piver and Spezia recommend placement of a well-fitting lever or doughnut pessary, which will often allow the patient to continue with the pregnancy without much trouble. The following table shows a comparison of papers which discussed the use of various vaginal pessaries to treat uterine prolapsed during pregnancy (Mishra, 2013).

The exact age of menopause differs from woman to woman (Vandana, 2008). In normal women menopause occurs somewhere between 45 to 50 years of age. In specific operations in the body like removal of uterus, it may occur earlier. It may also be late in some women due to many reasons. But, delay of menopause after 52 years is an indication of certain irregularities in the body. The ideal age of menopause is 50, affirms Sushruta, the great medical scientist of ancient India: The menstrual blood that is present in the body from the age of twelve comes to exhaustion at fifty after which the body is ruined by old age. Study reveals that menopause gives rise to various health problems in the physical, psychological and emotional level. Genital prolapsed is one of the physical impacts that occur in the menopausal women. Of the common gynecological complaints that come across in clinical practice, the problems related to pelvic support disorder are common and account for almost 400,000 surgical procedures annually for women in the United States which is merely 60 percent of major gynecological surgeries a year and 101,907 hospitalizations due to prolapsed and/or stress urinary incontinence in the reproductive age group. The development of effective operations to alleviate uterus and vaginal prolapsed was one of the key factors.

The descent of the uterus and vagina from its position is known as prolapsed. The cause of prolapsed is difficult to understand without knowledge of the anatomy of the pelvic floor and the ligamentary support of the uterus and vagina. A prolapsed is downward or forward displacement of one of the pelvic organs from its normal location. Traditionally prolapsed is referred to displacement of the bladder, the uterus or the rectum. Health education plays very crucial role in prevention of uterine prolapsed and its complication occur in a post menopausal women. By making women's awareness regarding uterine prolapsed to decrease the morbidity and mortality rate of women. Physiopedia, mentioned about uterine prolapsed is the condition of the uterus collapsing, falling down, or downward displacement of the uterus with relation to the vagina. It is also defined as the bulging of the uterus into the vagina (Mishra, 2013).

2.2 Empirical Literature

Women role for bearing and caring offspring is great. But in this process they suffer much more health problem is general for RH problem in particular. The health status of Nepalese women leaves much to the desire. Women health severely affected their by low family social status, patriarchal perspectives, traditional values, illiteracy, poverty etc. However any women are affected by various health problem, mainly related with reproductive health. If women are healthy, she can make her every step successful to live with care of children family awareness, education, sanitation etc. Therefore it is necessary to save the lives of women to improve the health of millions of others.

Rijal, (2005) carried out a study entitled "Need of awareness program to stop the uterine prolapsed for rural women in Palpa District" and showed the importance to stop the prolapsed of 18-25 women. The present study also supported the importance of awareness programmed for rural women, a majority cares of uterine prolapsed in one or the other ways were linked to ignorance of the awareness program. This study also showed that better trained women were more or less aware of the condition of information for the rural women. Need for such training and awareness programmed was identified by the study.

Uprety, and Ojha. (2007) mentioned about "Uterus prolapsed and its impact on women health in Nepalese society" In our society the uterus prolapse is a hidden problem because it is male dominated society and women in rural areas have lack of education. They have mentioned that the female health camps were conducted 2056 BS in Doti and Achham district reported that 3000 female were examined and out of 3000 females, 2000 women 30% female were affected by same problem at Udyapur district.

Lohani, (2007) mentioned that " Knowledge of rural women about uterus prolapse curriculum implication for health education" a research done at Dachhi VDC, Kathmandu District page.27 noted that the rural women had knowledge about uterus prolapsed problem. However, not all had to depth knowledge about it. Trained women had a broader knowledge about prolapsed but untrained women very little knowledge about this factor. They do not know the problem and yet they are not aware and hesitation to share their problem with other.

K.C. (2009) noted that the reports on "Perception and causes of uterine prolapsed of women suffering from this condition" And the problem they experience based on information collected from 37 rural poor women in Tamil Nadu India clinical examination confirmed as diagnosis of uterine prolapsed becomes after their first or second deliveries. According to the women strenuous manual soon after delivery was an important factor associated with uterus prolapse. Alongside factor such as frequent child bearing or trauma seriously compromise the quality of life of the affected women. It has far reaching consequences not also for their sexual lives and their ability to work and earn a livelihood. There were a series of barriers to medical help for uterine prolapsed.

Devkota, (2009) mentioned about "Uterus prolapsed and its effect on women health in Bhotewoder V.D.C Lamjung district". It was found that the major causes of uterine prolapsed are: lack of rest care of menstruation, pregnancy and delivery, carrying heavy loads during menstruation, pregnancy and labour delivery time. Its sign and symptoms are white vaginal discharge, bleeding, continues flow the urine, back keeling pain, difficulties to sitting and walking, majority of respondents did not go check up to diagnosis their problem. Somewhere found giving birth after uterine prolapsed most of the women did not know about the position of their uterus. Many

suffer at home own self. The women who were checked up allopathic, they used medicine ring presser and some were done surgery and bed rest in a slight Trendelenberg position. These methods have shown to protect the cervix from trauma and desiccation and decrease the incidence of preterm labor. This has been widely recommended in several papers, including Paver and Spezia and Daskalakis et al.

Rai (A) (2010) noted that the reports on "uterus prolapse and its effects on family life Achham District". A research noted that many women are illiterate with agriculture. Many women were found marriage earlier i.e. before 15 years ago. They also give birth to the first child before 17-18 years. It shows their declining health condition day by day. One of the main causes of prolapse is to give birth to more than 4 children. Many women were found with miscarriage. Short birth gap, lack of education, traditional concept and due to lack of health service. Many women were found suffered from uterus prolapse at the age of 40-49 years.

Shahi, (2010) mentioned about "Health seeking behavior of women suffering from uterine prolapsed in Jumla District." a research noted that many women are not exposing own problems in family cause of hesitation and shyness. Some told that they did not get help and good response from their family. And they are hated by their husband and family also.

Poudyal, (2012) mentioned that "Prevalence of uterine prolapsed among married women in slum area" A research done at slum area Thapathali, Kathmandu, the reality for most Nepali women is over harshest. They are deprived of this basic right to choose own sexual partner, when to become pregnant, security from many kind of violence eating when they desired food. Education treatment facilities etc only limited number of women know about their physical and mental rights and government of Nepal has not effectively addressed this issues.

Rai, (2015) noted that the reports on "Uterus prolapse and its effect on married women in Kathmandu District" A research noted that many women work found economically poor. Economic aspects are the backbone of every aspects of development. More than 68 percent were illiterate with engaged in agriculture. Many women were found married earlier before 15 years of age. They also gave birth to the first child around 16 years and gap of next child 18 months. It shows their declining

health conditions day by day. Many women were found lack of education, traditional concept and due to lack of health service and they do not go hospital for checkup. Many women were not share with family own problems. Many women were found with delivery at gust room. They could not use modern medicine and health service. Many respondent were found suffered from uterus prolapsed at the age of 40-49 years.

According to the above literature, It is found that the main problem of uterus prolapse in Nepalese context is lack of education, lack of proper treatment of uterus prolapsed dueto lack of regular health checkup, unsafe abortion, proper diet and rest and even domestic violence upon women. So, there are so many factors that are responsible for uterus prolapse problem on women of Nepal. In Nepal women who do suffer from uterus prolapse do not have any idea and knowledge because, it is the problems of growing of inner parts of reproductive system. They do not consult to the hospital, health worker and doctor. They do not want to expose or share their problems. That why, uterus prolapse has become more serious problem in our country.

2.3 Conceptual Framework

A number of reasons are suggested as causes of uterine prolapse as noted. However, these causes are the effects or other issues such as the lack of education and information, lack of ante and postnatal care and gender based violence. The study is quantitative characteristic so it examines the relation between dependent and independent variable relationship in descriptively. It is presented in the figure no. 1.

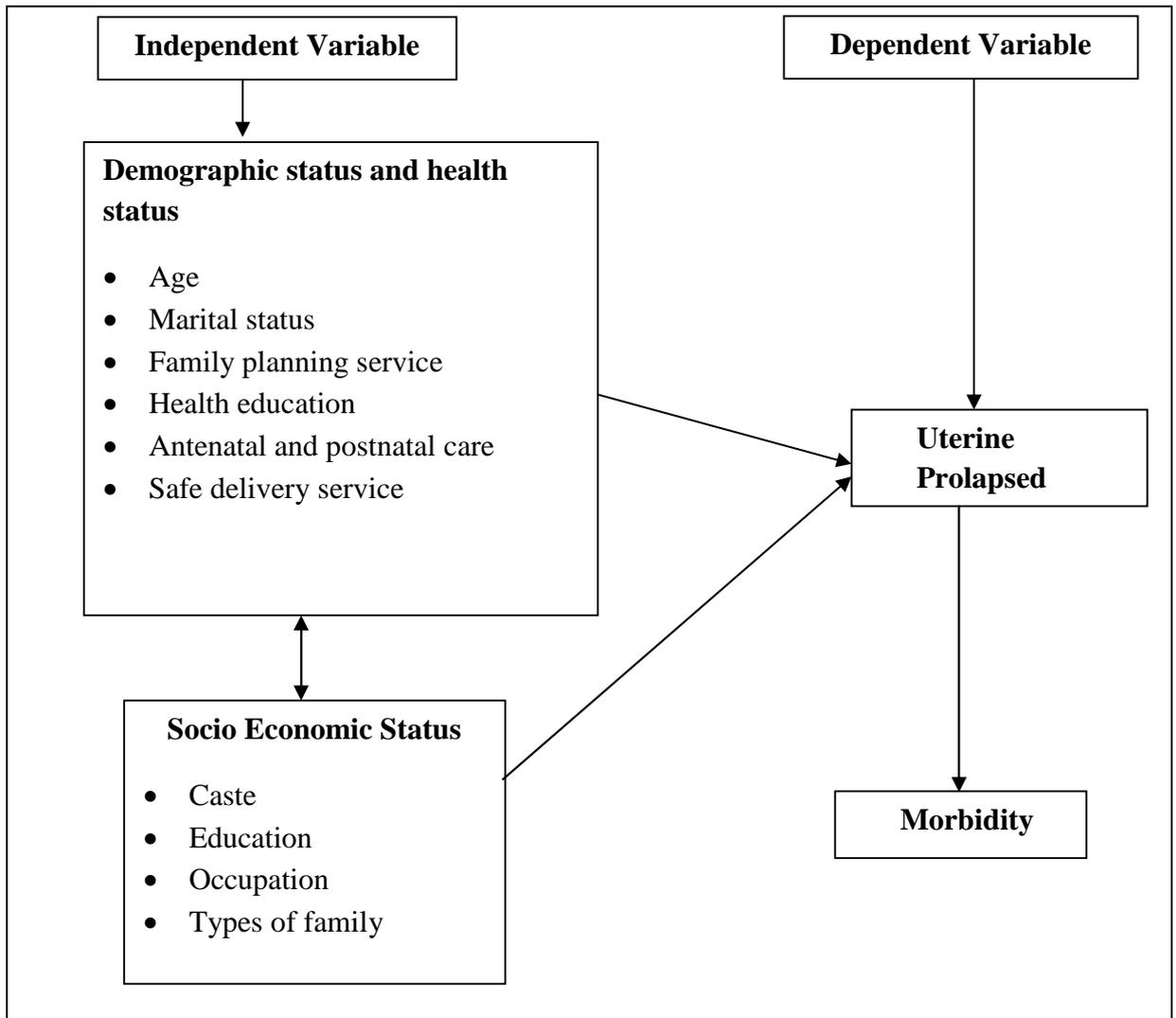


Figure 2.1 Conceptual Framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

This study has used descriptive research design. It describes about socio-demographic characteristics, knowledge and causes on uterine prolapsed and health impact of ever married women. The study is quantitative characteristic so it examines the relation between dependent and independent variable relationship in descriptive. The information is interpreted based on frequencies and percentage distribution.

3.2 Selection of the study Area

The study area was purposively selected. This study has been conducted in Shodashadevi VDC (ward no. 6, 7 and 8) of Achham District. This district is located in the far western region. It is situated in hilly region of Seti zone. The total population of Achham district is 257,477. According to CBS 2011 the total population is 40,420 (Male 20,001, Female 20,419). This district is taken as one of the backward areas and females' health, education, social condition and reproductive health seems to be very poor. As a result, the lack of awareness and multi-burden nature of work of female lead problem to their Uterus prolapsed. According to sub-health post of Shodashadevi VDC/VHW profile, suffered women were mixed caste from different community.

3.3 Sampling Procedure and Sampling Size

The study area Shodashadevi VDC (ward no. 6, 7 and 8) of Achham District is purposively selected. According to VDC profile, Sub-health post and ward profile the total married women were 329 from ward no. 6 and 316 and 44 from 7 and 8 wards respectively. Among them, it is found that 63, 66 and 7 females were suffered from uterus prolapsed from respective wards (VDC profile, Sub-health post and ward profile). Systematic sampling has been used to identify the interval to select respondents and simple random sampling (lottery) method is also used to select the first respondent from the list of uterus prolapsed women of each ward and select all

the respondents. The total respondents (sample size) were 69 in this study. It is also shown in the table no. 3.1.

Table 3.1 Number of Uterus Prolapsed Women Among Total Married Women

Ward No.	Total Married Women	Women with uterine prolapsed	Sampled Women
6	329	63	32
7	316	66	33
8	44	7	4
Total	689	137	69

Source: Field Survey 2016

3.4 Sources of Data

This study is based on primary and secondary data. The primary data are obtained from field survey. Direct interview was taken with respondents on the basis of structured questionnaire. In some case secondary sources of data obtained from various publications such as VDC profiles, Health Post records, CBS, information, international reports, unpublished thesis, reports etc. also have been used.

3.5 Data Collection Tools and Techniques

In order to obtain the desired information in the light of objectives, structured and semi-structured questions were developed. The first part covers socio-economic and demographic information and second covers the knowledge and causes on uterine prolapsed and health impact of ever married women. The questionnaire was developed on the basis of pilot study and some questions were also modified at the time of interview for maintain the ethical issues and obtain the more information for related study. All the data were collected on the basis of interview schedule by face to face interview to get required data or information from the study area.

3.6 Data Management and Analysis

The questions were pre-coded and close ended. After the collection of information the filled questionnaire were manually checked and carefully edited to remove the possible errors and inconsistency for the raw data. After coding, editing and raw data and information were presented in text chart, table, graph, percentage and in figure. Finally the data was interpreted according to the need to research. Analyses of data were mainly focused on descriptively but statistically tool was also used such as percentage, frequency distribution.

CHAPTER FOUR

SOCIO- DEMOGRAPHIC CHARACTERISTICS OF STUDY POPULATION

In this include the Socio-demographic Characteristic, Knowledge, Cases and Health impact of uterine prolapsed among married women interpreted and analyzed. Every research requires socio-demographic characteristics of respondent because every problem concern with socio-economic and demographic status of the family and society.

4.1 Socio-demographic Characteristics of Respondents

Research require socio-demographic characteristics of respondents, because every problems concerns with socio- demographic status of the family and society. Uterus prolapsed is known as a reproductive health problem. In this topic the prevalence of the suffered respondents is based on age, caste, religion, educational status, types of family and address.

4.1.1 Age of the Respondents

This study is conducted mainly to obtain reliable information of the uterine prolapsed female who are married and who have given at least one birth. This research shows that majority of uterus prolapsed women are between the age group 40-49 years. The distribution of suffered women by age group is shown as follows

Table 4.1 Distribution of Respondents by Age Group

Age group	No. of Respondents	Percent
19-29 years	5	7.2
30-39 years	13	18.8
40-49 years	44	63.8
Above 50 years	7	10.2
Total	69	100.0

Source: Field Survey 2016

Table no. 4. 1 shows that the majority of the suffered women of uterus prolapsed are at the age range between 40-49 years which is 64 percentage, second range is at the

age group of 30-39 years which is 19 percentage, the third group at the age group of above 50 years which is 10 percentage, the fourth group at the age group of 19-29 years which is 7 percentage.

4.1.2 Caste Group

Cast group is one responsible factor leading to up, pregnancy and delivery period. Because of women gets more caring, resting and nutrition foods in all caste, researcher found. The respondent's caste was measured as given below table.

Table 4.2 Distribution of the Respondents by Caste Group

Caste	Number of respondents	Percent
Chetri	32	46.4
Dalit	37	53.6
Total	69	100.0

Source: Field Survey 2016

Table 4.2 shows that the largest numbers of suffered respondents 54 percent were Dalit caste and lower number of respondents 46 percentage were Chetri caste. It shows that women from Dalit community are highly suffering from uterus prolapsed. They have to physical for the surviving for long time at the time of postnatal period too. So it directly affects to uterus prolapsed. Due to lack of education, awareness, balance diet they are severely suffering from uterus prolapsed problem. Comparing to the women from Chetri community, Women from other community are more sensitive to the personal health. So they bear less uterus prolapsed problem.

4.1.3 Educational Status

Education is an important factor for human beings. It helps the person to maintain the quality of life in changeable time period. Education can change our knowledge, attitude and practice at positive behavior. Though education we can establish our personality, health behavior neat and clean environment of community and other essential parts of life. Education is the key of personality development for all and it is also backbone for the prosperity of human life. Education has positive relationship with socio-economic status of women. Education is one of the most important means of empowering women with the knowledge, skill and self-confidence necessary to

participate fully on the development process. So, this research includes information about educational status of family members.

Table 4.3 Distribution of Respondents by Educational Status

Literacy Status	Respondent Number	Percent
Literate	27	39.0
Illiterate	42	61.0
Total	69	100.0
Level of education		
Primary	7	26.0
Lower Secondary	5	18.5
Secondary	3	11.1
SLC	2	7.4
Informal Education	10	37.0
Total	27	100.0

Source: Field Survey 2016

Table 4.3 shows nearly 61 percent respondent are illiterate and the rest i.e.39 literate. Out of literate respondents 37 percent have gained informal education, 21 percent have primary level education while only 8 percent have passed SLC level.

4.1.4 Types of Family

Family is most important for society. There are two types of family, one joint family and another is nuclear family. Joint family has more than father, mother and their children as their family member, so, it hazards different areas such as food, housed, cloths, health, education and good life style. So, the universal motto is that nuclear family is happy family, the respondent's family types are given below.

Table 4.4 Distribution of Respondents by Type of Family

Types	No. of Respondents	Percent
Joint	33	48.0
Nuclear	36	52.0
Total	69	100.0

Source: Field Survey 2016

Table no. 4.4 shows that majority of the respondents 52 percentage had nuclear family and 48 percentages had joint family. It means most of the respondents were staying as a nuclear family.

4.1.5 Occupation Status

Occupation of parents can be taken as an important variable that determines the social and economic status of the household. Educational status is determined by the occupational status. If the people are more educated, certainly they involve in different non agricultural sectors.

Most of the respondents are from remote areas. They are involved in agricultural sector; they do the traditional system of agriculture. In this work, women are engaged in lifting heavy load, work harder than other. So, occupations of respondent are the major causes of uterine prolapsed.

Table 4.5 Distribution of Respondents by Occupational Status

Occupational	Number of respondents	Percent
Agriculture	57	82.6
Business	2	2.8
Service	1	1.4
Studies	3	4.4
Wage labour	6	8.6
Total	69	100.0

Source: Field Survey 2016

Table 4.5 shows that the highest i.e. 83 percent of respondent are involved in agricultural, followed 9 percent are wage labour, 1 percent respondents are involved in service and studies are 4 percent only 3 percent are involved in business. This study finds that most of the uterine prolapsed women are engaged in agricultural sectors and they are fully depend upon their land.

4.1.6 Household Facilities

Household facilities of the respondent show the economic management of the family. It shows the economic status of the family and the availability of the facility, their familial help to develop the respondent's individual and social development. The

respondents are asked to specify whether they have the household facilities, such as electricity, radio, TV, Phone, Mobile or not. Availability of these types of facilities helps increase the knowledge on sexual reproduction health.

Table 4.6 Distribution of Respondents by Household Facilities

Facilities	Respondents Number	Percent
Radio	37	53.6
Television	5	7.2
Phone/Mobile	25	36.2
Electricity	69	100
Other	3	4.3

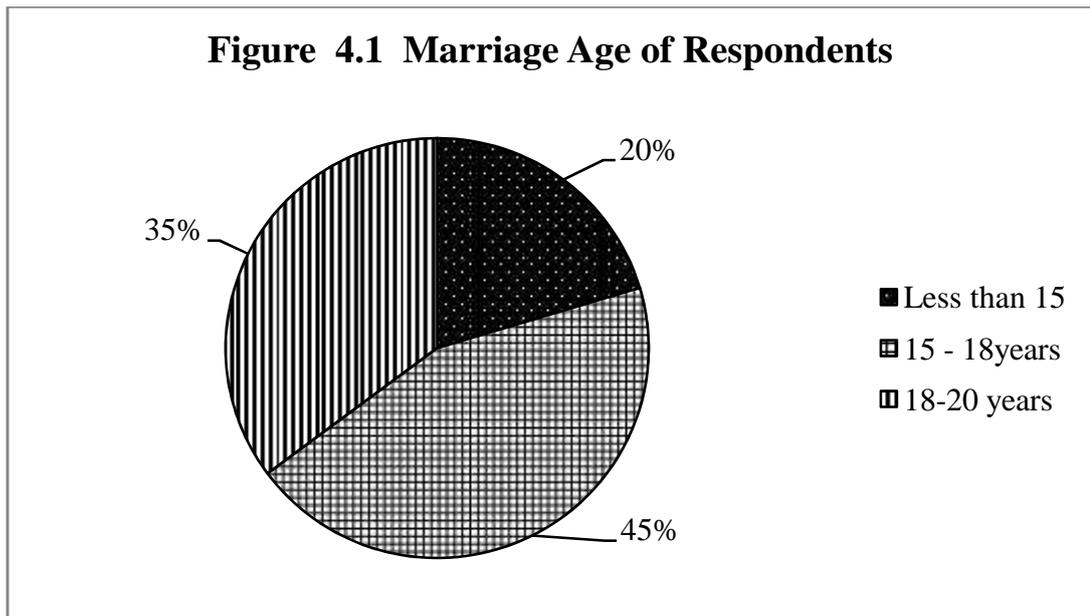
Source: Field Survey 2016

Table 4.6 shows that 54 percent respondent have radio in home, same 100 percent have electricity facilities and mobile/ phone 37 percent have other facilities and only 5 percent facilities at home. These facilities determine the source of knowledge about the uterine prolapsed and its treatment.

4.2. Causes and Knowledge Analysis Related to Uterine Prolapse

4.2.1 Age at Marriage

Marriage Age of women is a one of the cause of being uterine prolapse. Nepal is culturally and the most of Nepalese are Hindus. In Hindu society, it is said that early marriage before menstruation of daughter will be more punnyaprati. So, early marriage causes early child birth in several times. Before the age of 20, reproductive organs are not properly matured and at a time of give birth many reproductive problems may be creates. However, the respondent's marriage age is presented as following.



Source: Field Survey 2016

Figure no. 1 shows that the majority of the suffered women of married are at the age range between 15-18 years which is 35 percentage, second range is at the age group of 18-20 years which is 28 percentage, the third group at the age group of above 20 years which is 22 percentage, the fourth group at the age group of Less then15 years which is 16 percentage. The table indicators that most of the suffered by got married women were age group of 15-18 years.

If the girl married before 20 years (Early married age) her reproductive organs are not properly mature as well as she is not mature with mentally, physically and she becomes weak and mentally cannot takeright decision about her family life and herself life becomes pendulum. So that age of marriage played vital role in women's health. In Nepal, legal age of marriage is 20 years for girls and 22 years for boys and actually, the best age for marriage 21 years according reproductive health view.

4.2.2 Situation of Miscarriage

Miscarriage is that condition which fetus is slip out from the vegina after time duration at 22weeks. Miscarriage is one of the major reproductive health problems of Nepalese women. It happens, when women have got early marriage, not get good care at pregnancy. Situation of miscarriage is given below through the table:

Table 4.7 Distribution of Respondents by Situation of Miscarriage

Miscarriage Situation	No. of Respondents	Percent
Yes	42	60.9
No	27	39.1
Total	69	100.0

Source: Field Survey 2016

Table no. 4.7 shown that among the all respondents'61 percent washaving miscarriage and 39 percent were not miscarriages. It means most of the respondents had miscarriage because of not sufficient rest nutritious food, care and support of family.

4.2.3 Age at first pregnancy of Respondents

Most of the women are age of 15/17 years of 73.33percent at first pregnancy. Many respondents said that, they got married at 13/14 years. By socio-culture and religious forced, most of the women had got married before menstruation. Then, when they had menstruatedgive birth a baby immediately. So, most of the respondents had more than 2 children. Because of early marriage, their age of first pregnancy was also earlier and they have birth several children in early age.

4.2.4 Situation of Pregnancy Check Up

Pregnancy period is not only women but also a baby with her. Pregnancy period is risky for mother and infant health. So, the pregnant women should go for health checkup at least 4 times until given birth, situation of pregnancy checkup given below the table.

Table 4.8 Distribution of the Respondents by Situation of Pregnancy Check Up

Pregnancy check up	Number of Respondents	Percent
Less than 4 time	53	77.0
4 time	10	14.4
More than 4 time	6	8.6

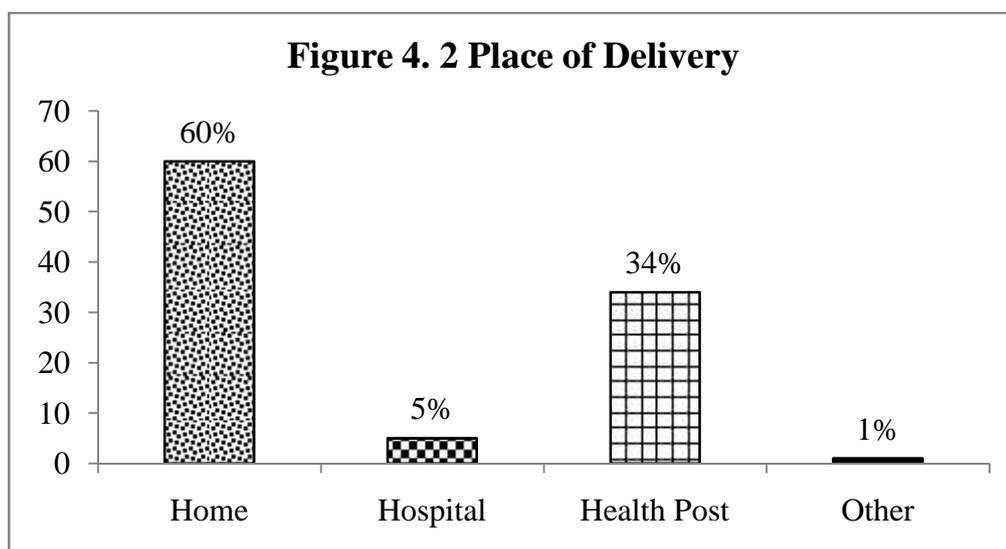
Source: Field Survey 2016

Table no. 4.8 shows that the respondents only four time check up 14 percent, had gone for less than 4 time check up 77 percent and gone for more than 4 time check up 9 percent.Majority respondents had gone to check up 4 times during pregnancy.Due to

lack of education, time, socio-cultural values, not near health post and not family support. Most of the women did not go to check up at this period.

4.2.5 The Place of Delivery

The place where women delivers baby plays importance role behind uterus prolapsed. The culture of Nepal especially Shodashadevi V.D.C. depicts the culture is for delivery at house. Despite doing in safer place like hospital, health post etc. This research personal come out to find all most 60percentof women are delivered their baby at home,5 percent Hospital, 34 percent Health post and around only 1percent baby are delivered in Other this can be analyzed with help ofbar chart.



Source: Field Survey 2016

4.2.6 Assisted in During Delivery of Respondents

The burning problem in regard with the health of women is uterus prolapsed. One important reason is awareness, which accounts for by whom the delivery is conducted. The role of assisted is there for important. Despite the proper care and support the women are becoming the victim of uterus prolapsed this may be because of the assistant preferred during delivery in the case of Shodashadevi V.D.C. Where most females delivered their baby without the help of authentic assistant like Doctor/ Nurse, ANM/MCHW, sudeni. This can be analyzed in micro level with the help of following Table.

Table 4.9 Distribution of Respondents by Assisted in During Delivery of Respondents

Assistant During Delivery	No. of Respondents	Percent
ANM/MCHW	38	55.0
Doctor/ Nurse	5	7.3
Sudeni	12	17.3
Family members	45	65.2

Source: Field Survey 2016

Table shows that probable reason for uterus prolapsed is the delivery cases is taken. The high percentage of delivery without the help of family members 62 percent, MCHW / ANM 53 Percent, sudeni 16 percent and Doctor / nurse by 7 percent.

4.2.7 Care Taker

The level of care in postnatal phase has to do a lot with problem of uterus prolapsed properly balanced diet, personal hygiene and necessary light exercise and yoga are the main to be done in postnatal phase to avoid the possibility of uterus prolapsed. Almost 55 percent of women are not supported by their husband in postnatal care. This shows the supportive role as well as awareness in the care of women especially in their postnatal phase indicates their awareness.

4.2.8 Husband's Response towards Uterus Prolapsed

The help of husband and other family member for uterus prolapsed women play vital role to come off from uterus prolapsed from the victim the positive response by itself cure 50 percentage.

Hence, the support of husband and other family member and their response account for the improvement of disease. This research find out the most of the victim women are fortunate to have empathetic response. Given table shows the response for support to the respondent.

Table 4.10 Distribution of Respondents by Husband Response towards Uterus Prolapsed

Husband's Response	Number of Respondents	Percent
Should go hospital	12	17.3
Taker rest	45	65.2
Scold blaming	5	7.2
Negate	38	55.0

Source: Field Survey 2016

The table shows positive and supportive response generate by their husband 62 percent suggesting them to take rest in comparison with the negate of the disease 53percent, should go hospital 16 percent and scold blaming 7 percent.

4.2.9 Situation of Take Rest after Delivery

Rest is most important for delivery women. After delivery physical condition of women becomes weak and they have to need nutritious food, love affection with proper rest. Because of poverty, they should have work immediately after delivery and cause of socio-culture values. They do not get nutritious foods, love affection and proper rest. Situation of take rest after delivery is given below the table.

Table 4.11 Distribution of Respondents by Take Rest after Delivery

Rest Period after delivery	No. of Respondents	Percent
Less than 7days	14	20.2
8-14 days	33	48.0
15-42days	15	21.7
More than 43days	7	10.1
Total	69	100.0

Source: Field Survey 2016

Table no. 4. 11 shows that 20 percent rest had taken rest less than less than 7 days, 48 percent have taken rest 8-14 days, 22 percent had taken rest 15-42 days and only 10 percent had taken rest more than 43 days. It means that majority of respondents were taken rest 8-14 days. It shows that, they did not get proper rest after delivery. So, rest time was also the cause of UP in Shodashadevi V.D.C.Achham.

4.2.10 Problems during Delivery

Delivery is the very dangerous critical and painful period of women life. In this period hard labor pain, excessive bleeding, difficulties of placenta out etc. Are very harmful situation for women health. Because of various problems during delivery is give following table:

Table 4.12 Distribution of Respondents by Problems During Delivery

Problems during delivery	No. of Respondents	Percent
Hard labor pain	20	29.0
Heavy bleeding	23	33.3
Difficulties of placenta out	16	23.2
Prolong labor	9	13.1
No any problem	1	1.4

Source: Field Survey 2016

Table no. 4.12 shows that among the total respondents 33 percent, heavy bleeding 29 percent were hard labor pain 23 percent were difficulties of placenta out 13 percent were prolongs labor and 1 percent had no any problem. It means that most of the respondents 33 percent heavy bleeding respondents said that when they were working gave birth in working place.

4.2.11 Knowledge of Treatment

Knowledge about the treatment of uterine prolapsed has been arises question is arising in this study. The results are 58 percent respondents have knowledge for the treatment and 42 percent of respondents do not knowledge about uterine prolapsed.

Table 4.13 Distribution of Respondents by Knowledge of Treatment

Knowledge for Treatment	Respondent of number	Percent
Yes	40	58.0
No	29	42.0
Total	69	100.0

Source: Field Survey 2016

4.3 Health Impact of Uterus Prolapsed among Married women

Uterus prolapsed is a one of the reproductive health problems and in this situation the uterus prolapsed gradually extends outside of the pelvic body as there is no source of support for the uterus. In Nepal, uterus prolapsed is becoming more common and is increasing trend.

Lack of awareness is a major reason for uterus prolapsed there are many risk factors of uterus prolapsed such two pregnancies and vaginal births giving birth to a large baby, increasing age, frequents straining during bowel movement.

4.3.1 Number of Children

The more a woman gives birth to child there lies the more chances to be a victim of uterus prolapsed. When a mother begot a child the vagina muscle becomes loose and the increment in the number of children given birth problem matinee the lighting the muscle in time as a consequence a women has to suffer from uterus prolapsed. This research finds high percentage for those mothers who have to suffer from the uterus prolapsed problem the percentage is 37.02 percentand the percentage of victim women of uterus prolapsed having four children, which is more than WHO suggestion.

4.3.2 Birth Spacing

The most important thing in women life is the care given in her pregnancy. It is safer to bear a child is only after full development in female genital muscle, proper diet and nutrition which is beneficial for women. Before the full development in uterus and vagina muscle to bear a child is risky, it may cause the problem like uterus prolapsed. The finding of research is tabulate in Table.

Table 4.14 Distribution of Respondents by Birth Spacing

Birth Spacing	Number of women	Percent
1 years	21	30.4
18 Months	32	46.3
2years	9	13.0
More than two year	7	10.1
Total	69	100.0

Source: Field Survey 2016

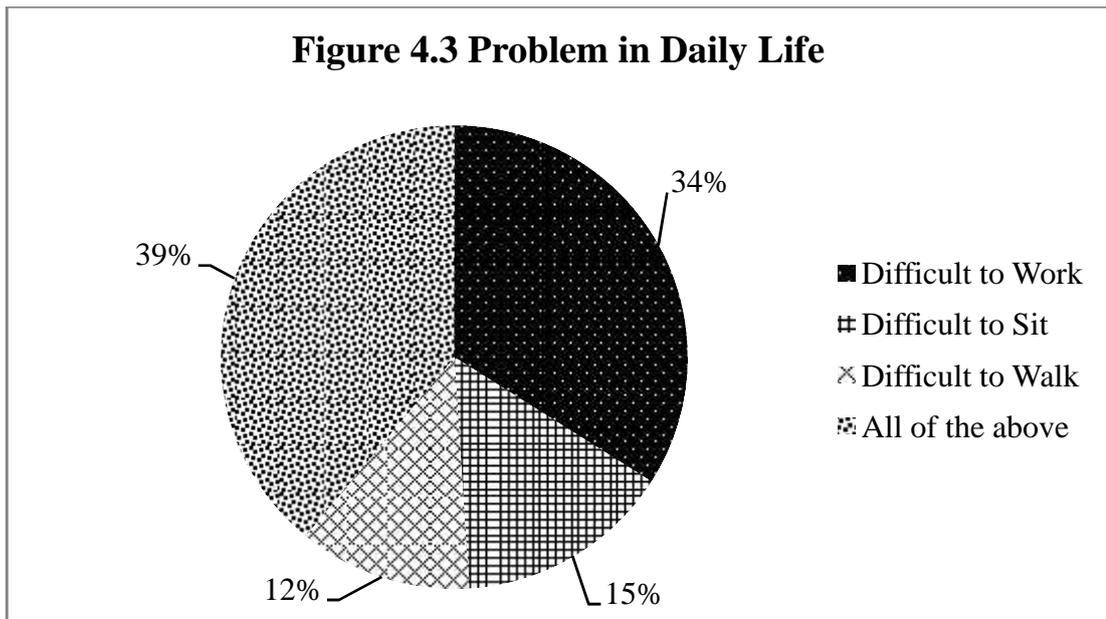
Table 4.13 showed that the highest 46 percent of the women with more than one child have had birth spacing more than 18 months. However 30 percent said it is one year or fewer periods between two births interval.

4.3.3 Health Effect Caused by Uterus Prolapsed

Uterus prolapsed in general affects the both realm, physical and psychological. The victim hard to do their daily work. They feel difficult to work, walk and sit. The regulation of period may hamper. They feel uneasy in period, panic, spotting, unnecessary bleeding and back pain. The more dangerous in comparison to the physical, unnoticeably the more handfuls it remains affecting internally. It is compulsory to know about both factors in order to examine the real condition of victim. This research tries to excavate and evaluate with the help of research done on following topic.

4.3.4 Problems in Daily Life

Uterus prolapsed victim women have to face many difficulties in their daily life. It makes difficult even to sit and walk, because of which their lies more possibility that due to hurdle they may be psychologically depressed. It is found in targeted area most of the females are facing these problems physically. The data collected can be expressed in pie- chart.



Source: Field Survey 2016

According to collect data victim who feels difficult to works is 34 percent.difficult sit 15 percent, difficult walk 12 percent and suffering from all these problems are 39 percent this shows that despite the awareness in society and supportive nature the victim women are even facing simplest problem.

4.3.5 Condition of Menstruation

The effect of uterus prolapsed has strongly affected in its regularity and in bearing of victim in general victim women are found panic and having menstruation spotting. The finding of research regarding the condition of menstruation victim can be tabulated as follows.

Table 4.15 Distribution of Respondents by Condition of Menstruation

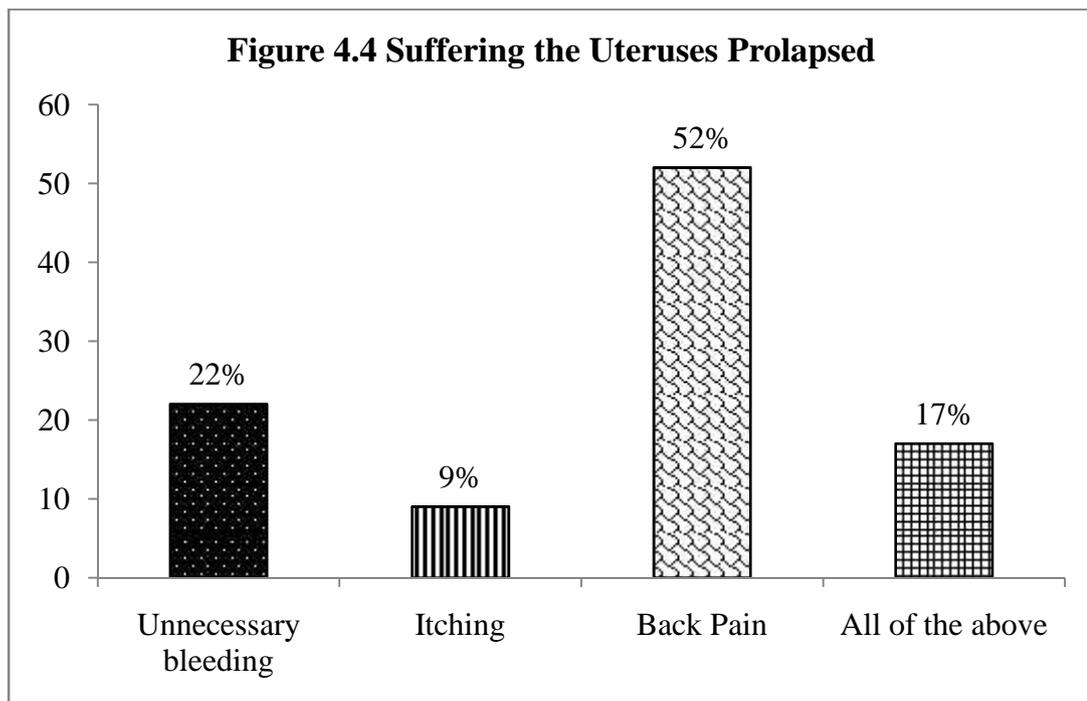
Condition of menstruation	No. of respondents	Percent
Regular	3	4.3
Irregular	22	31.8
Panic	31	44.9
Spotting	13	18.8
Total	69	100.0

Source: Field Survey 2016

Table no. 4.14 shows that the main problems facing by the victim women is reregulation in menstruation period having panic 45 percent, irregular menstruation 32 percent, spotting 19 percent and regular menstruation 4 percent women respondents.

4.3.6 Suffering the Uteruses Prolapsed

Uterus prolapsed may causes different physical health problem like unnecessary bleeding, itching back pain etc. lack of proffer care and refusal to have rest many have infection which causes additional problems. To find out the problem suffered by victim women raise three main problems and the finding is generated through the help of chart.



Source: Field Survey 2016

The above figure shows the maximums suffering is by back pain having 52 percent, this research limited victims facing genital Unnecessary bleeding 22percent, itching in around 9 percent, and suffering from all these three reacting problems is 17 percent which clearly indicates the main problem having aftermath the uterus prolapsed is back pain.

4.3.7 Symptoms Detected by the Victim of Uterus prolapsed

Awareness of victim in regard with the problem, they are suffering can easily be known by their level of knowledge on the victim. So, to know the knowledge of any victim regarding their disease, it is necessary to know whether they are acquainted with it or not. In case of uterus prolapsed, through their mistakes, this research found out 46.34 percent of women respondents felt lower abdomen pain when they for the first time suspected for uterus prolapsed. Others felt white discharge, difficult to sit and all the three mentioned above.

4.3.8 Action of Treatment

It is said that prevention is better than cure but it does not means that cure proising is wrong. As soon as possible the victim should be cured in hospitals, health post Community hospital, and through tradition way. The respondents are to answer the one of above mentioned. The data collected can be presented though following table.

Table 4.16 Distribution of Respondents by Action of Treatment

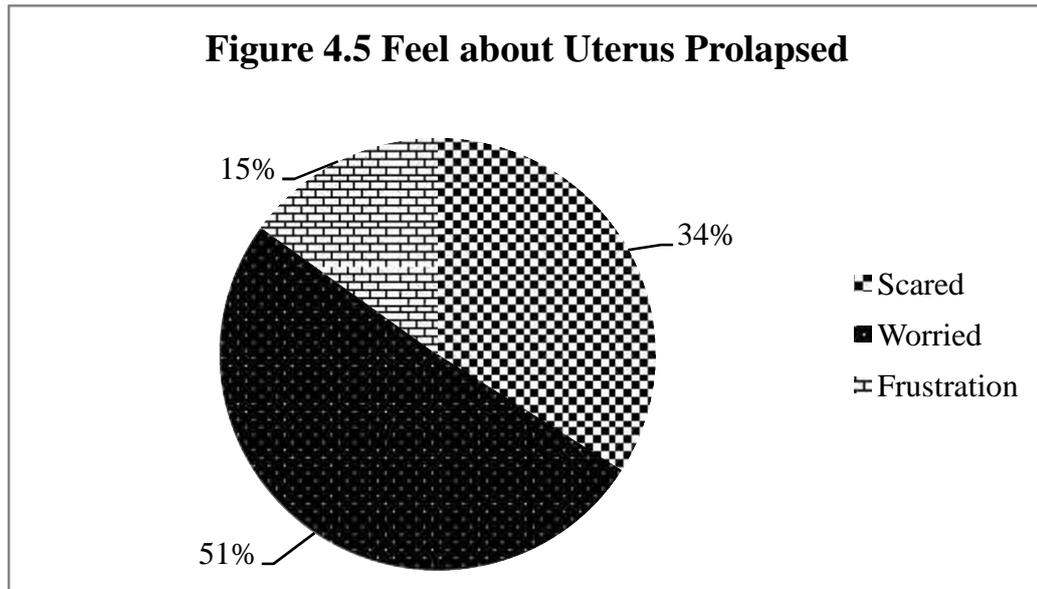
Action for Treatment	No. of Respondents	Percent
health post	29	42.0
Hospital	1	1.4
Community hospital	8	11.5
Sudden and traditional healer	31	44.9

Source: Field Survey 2016

Out of total uterus prolapsed women 42 percent visited health post for their health check up and treatment because the VDC has a health post. The women we to health post due to their poor economic condition and its closeness from their homes. Similarly 12 percent women visited Community hospital, 1 percent women visited hospital and similar number paid visit to sudden and traditional healer treatment system. The community people are not aware enough and lack education so they still believe on traditional system.

4.3.9 Feel about Uterus Prolapsed

Maximums uterus prolapsed women have various problems. They are feeling mentally unhealthy like worried, tension and frustration. Uterus prolapsed women may affect different types of physical and mental problems. So, husband and family to need necessary both (mental and physical) support to suffered uterus prolapsed women. The research found result presented through the help of pie-chart.

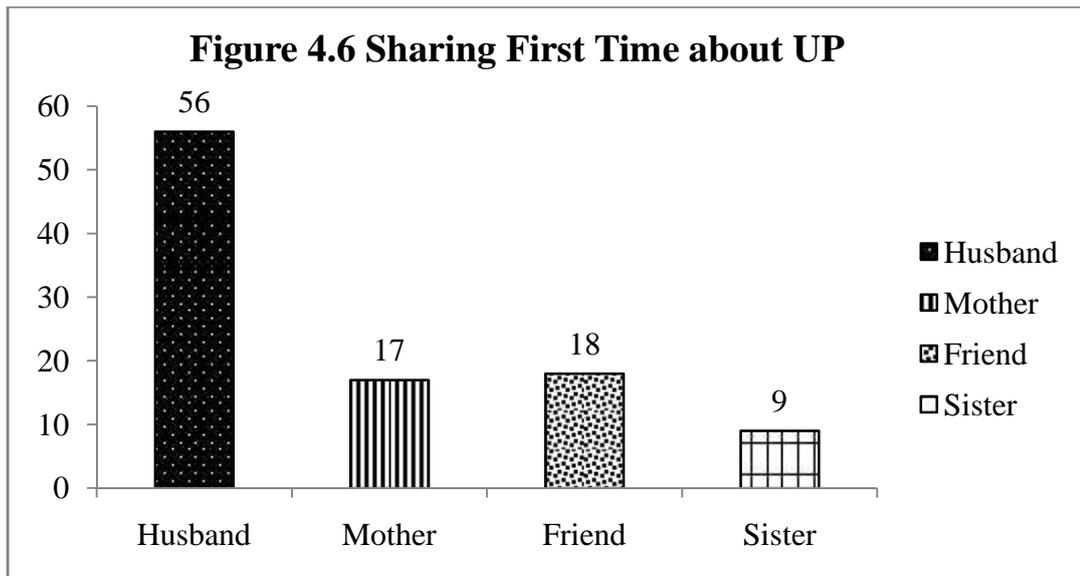


Source: Field Survey 2016

The above figure shows that 51 percent women were having worried from their health problem, similarly 34 percent were scared problem and 15 percent were frustration.

4.3.10 Sharing First Time about UP

The uterus prolepses of women who have sharing at first time, when come to problem then sharing with related persons. In this way uterus prolapsed suffering women to share with of near person. The data collected can be presented through pie-chart follows.

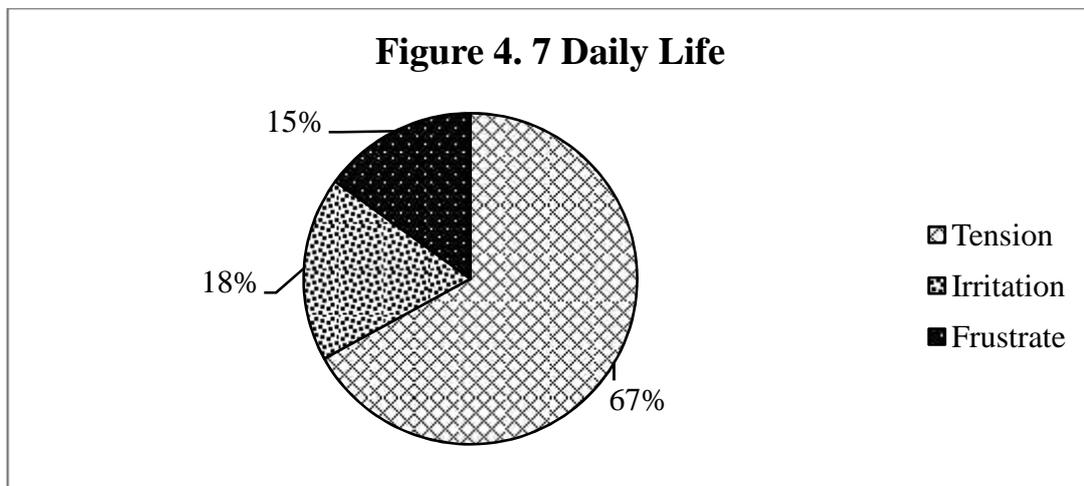


Source: Field Survey 2016

The above figure shows that maximum uterus prolapsed women shared with their husband have 56 percent, 18 percent were shared with friend, 17 percent were shared with mother and 9 percent were shared with sister.

4.3.11 Daily Life

Uterus prolapsed women life is very difficult. They have facing many problems like physical, mental and social. And they don't free from problem. They are feeling uneasy and suffering anyone mentally problem in life. Research all uterus prolapsed women seen faced self problem.

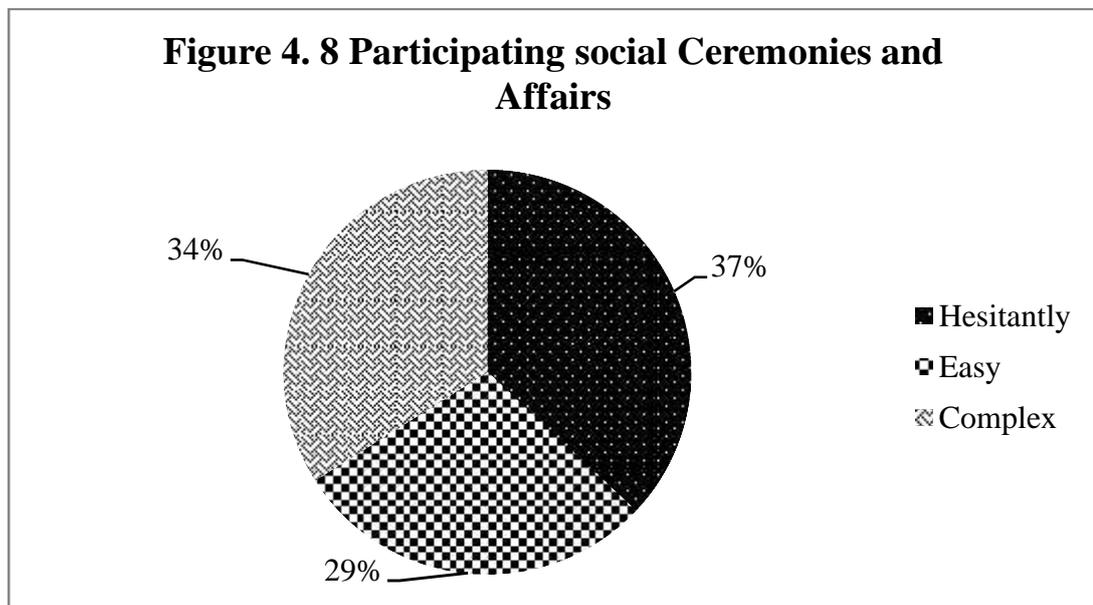


Source: Field Survey 2016

The above figure no. 7 shows that 67 percent were tension, 18 percent were irritation and 15 percent were frustrate. Maximums uterus prolapse women are feeling tension.

4.3.12 Participating Social Ceremonies and Affairs

In each program social ceremonies and affair women participate is important. From participate we can take knowledge, experience. In the context of uterus prolapsed to made question about participating in any aspect which result presented by through the pie – chart.



Source: Field Survey 2016

The above pie- chart shows that 37 percent women were hesitantly participated in social ceremonies and affairs, 34 percent women were complex participated and 29 percent women were easily participated. It means that uterus prolapsed women are difficult to participate program.

CHAPTER FIVE

SUMMARY AND CONCLUSION AND RECOMMENDATION

5.1 Summary

This study tries to find out the state of married women who are suffering from uterine prolapse. It incorporates information about their individual profile, knowledge about uterine prolapse, case and effect and family support of uterine prolapse at Achham District. It further tries to access the information regarding the knowledge on uterine prolapse, its cause and consequence. All the 69 registered women with prolapsed uterus are taken as the sample. The study explores the socio-demographic characteristics, knowledge on uterine prolapse and assesses the causes and health impact of uterine prolapse among ever-married women. The purposive sampling method was applied in selecting the respondents in this study. Interview schedule with open and closed types both questions were used to collect the data. The socio-economic conditions are relatively considerable and literacy status in this VDC is poor. Access to health facilities is limited. This study finds that 39 percent of the women are literate and the percentage of illiterate respondents is 61 percent as compared. Similarly, the respondents who suffer from uterine prolapse belonging to primary level of education is high (21 percent) than the upper level of education. Respondents who highly (83 percent) suffer from the problem of uterine prolapse are agricultural-based women as the other or non-agricultural sectors. This study shows that most of the respondent's perceptions about the causes of uterine prolapse are inadequate post-natal care and lifting weight load during household work.

Because of lack of health and reproductive awareness and poverty, they cannot take nutritious food in pregnancy and delivery period. Moreover, they carry heavy weight during pregnancy and do not take enough rest after the delivery that's why they become the patient of uterine prolapse. Most of the women have out of mouth of cervix uterine prolapse because of their negligent attitude, their lifestyle has become worse and difficult. Due to uterine prolapse, they are hated and placed by their family as well as community. Because of illiteracy, they are not even aware of the degree of prolapse, sign and symptoms and preventive measures. Also due to lack of health education and

awareness, shyness, hesitation and fear of community, they do not go for check-up and treatment.

The result also indicates that some proportion of the women still use traditional household measures before going to medical experts. This fact raised a question mark at their level of awareness and knowledge. Most of the women think that the women's health issues are still ignored by national level, regional level and district level to community level. However, so far as, preventive measures are concerned, they have been kept on to suggest the several measures to prevent uterine prolapse, such as bear less-children, take enough rest at the pregnancy and delivery period, take nutritious food, regular health check up and accessibility of medical facilities from concerned authority.

5.1.1 Socio-demographic Characteristics

The major findings based on the data collected from the all those respondents who were suffered by uterus prolapsed have been summarized below.

- The majority of respondents 64 Percent were age group 40-49 years.
- The majority of respondents 54 percent Dalit and 46 percent were Chettri.
- The highest of respondents 61 percents were illiterate.
- The highest of respondents 52 percent were nuclear family.
- The highest numbers of 47 percent respondents were taken rest after delivery 8-14 days.

5.1.2 Knowledge and Causes

- Data shows that 60 percent respondents were delivered at home only 5 percent was delivered in hospital.
- The majority of the frequency of pregnancy of respondents was 12 percent at more than 4 times.
- It was found that majority of 45 percent respondents were assisted by family members and 38 percent respondents were assisted by ANM/MCHW.

- It was found that 45 percent respondent's husband response was to rest, 38 percent respondent's response was to negate, 12 percent respondent's husband response was to should go hospital and 7 percent respondent's response was to scold blaming.
- Data shows that 46 percent respondent were 18 months time gap for the next child and 10 percent respondent were more than two years time gap for the next child.
- Data shows that 42 percent respondents were action for treatment in health post and 1 percent in hospital.
- The majority of the 45 percent respondents had taken basic of Sufficient foods at pregnancy and after delivery.

5.1.3 Health Impact

- Data shows that 34 percent respondents were difficult to work, 15 percent sit, 12 percent walk and 39 percent all of the above respondents faced daily life.
- It was found that 45 percent respondent were panic, 32 percent irregular, 19 percent spotting and 4 percent only regular menstruation after delivery.
- It was found that 52 percent respondents were back pain, 22 percent unnecessary bleeding , 9 percent itching and 17 percent all of the above suffering aftermath the uterus prolapsed.
- It was found that 67 percent respondents were take tension aftermath uterus prolapsed.
- Data shows that 37 percent respondents were hesitantly, 34 percent complex and 29 percent easily participating social ceremonies and affairs.
- The majority of the 33 percent respondents were heavy bleeding during delivery period and 1 percent respondent were no any problem during delivery period.

5.2 Conclusions

Most of the respondents were found economically poor. Economic aspects are the backbone of every aspects of development. Around 61 percent were illiterate with

engaged in agriculture. Many respondents were found married earlier before 15 of age. The problem of uterine prolapsed affects the health of women and they are compelled to live vulnerable life. Early pregnancy or early bearing of first baby, number of children, lack of adequate diet during pregnancy and after delivery, lack of rest time to recover health, lack of health service prove to be the main risk factor of uterine prolapsed.

Similarly, lack of awareness, low level of education and low level of economic status also stand as secondary causes. And many respondents were found lack of education, traditional concept and due to lack of health service and they don't go hospital for check up. Many respondents were no shared with family own problem. Many respondents were found with delivery at gust room, they couldn't use modern medicine and health service, many respondents were found suffered from Uterus prolapsed at the age of 40-49 years.

It was found that the major causes of uterus prolapsed are: lack of rest at pregnancy and after delivery, carrying heavy weight during menstruation, pregnancy time, lack of available nutrition food etc. It sign and symptoms are: white vaginal discharge, excessive bleeding, back pain, lower abdomen pain, pelvic pain, difficult to sit, difficult to walk, difficult to work continuous flow the urine etc.

Finally, respondents had limited knowledge about uterus prolapsed. They didn't have knowledge about its causes, sign/symptom, Preventive measures and treatment. Respondents know that the main cause of uterus prolapsed is due to lack of enough rest and nutrition food to eat during the postpartum period. It was also found that respondent adopted the home remedies for treatment. Many respondents were found with serious problem. Similarly, more respondents were found with delivery at home and hence lack of uterus prolapsed. Early marriage, early conception and frequent miscarriage played the vital role for the causes of uterus prolapsed.

Almost all respondents reply that uterine prolapsed can be prevented by avoiding lifting or carrying heavy loads followed by intake of nutritious diet, limiting births and avoiding application of vigorous pushing before true labor pain, intuitional delivery, timely treatment of associated diseases and delaying the sexual contact with

husbands respectively. Most of the aforementioned ideas are seen as consistent with the established principles.

5.3 Recommendations for Further Research

Following recommendation are given for researchers who are interested to study the uterine prolapse in the area in the future.

- Study can be done on Socio economic status of women seeking for uterine prolapse service.
- Further study can be done on separate causes and consequences of uterine prolapse women.
- Study can be done on find out reproductive health problem.
- Further study can be done on descriptive study of different castes for uterine prolapse women.

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Appendix

QUESTIONNAIRE

STATUS OF UTERINE PROLAPSED WOMENA STUDAY BASED ON SHODASHA DEVI VDC ACHHAM

You are kindly requested to provide the correct information in each question mentioned below. It is assured that the information will not be disclosed to anybody specifying your identity.

1. Name of respondent
2. District.....
3. Cast/ Ethnicity
4. Religion
5. Sex
6. Age
7. Literacy Status
8. Level of education
9. Occupation

Description of family member

S.N	Name of persons	Sex		Age	Religion	Literacy status	Level of Ed.	Occupation	Marital status	Age at marriage
		M	F							

Code no.

Sex	Literacy Status	Religion	Ethnicity
1. Male	1. Literate	1. Hindu	1. Chhetri
2. Female	2. Illiterate	2. Buddhist	2. Dalit
		3. Christian	
		4. Others	

Marital status

1. Married
2. Unmarried
3. Divorced / Separated
4. Widow / Widower

Level of education

1. Primary
2. Secondary
3. SLC
4. +2
5. Bachelor
6. MA and above
7. Informal Education

SECTION B: Personal Status

Q. no.	Questions	Coding category
1.	Are you literate?	Yes.....1 No.....2
2.	What is your education level?	Complete level.....
3.	What is your family?	Single.....1 Joint.....2
4.	What is your occupation?	Agricultural.....1 House wife.....2 Business.....3 Service.....4 Student.....5 Other.....6
5.	Does your family have own agricultural land?	Yes.....1 No.....2
6.	Is the land production sufficient for one year?	Yes.....1 No.....2
7.	If no how much do you need for eaten month?
8.	If no what are the other sources?
10.	What facilities are available on your home?	Radio.....1 Electricity.....2 TV.....3 Telephone.....4 Newspaper.....5 Other.....6
11.	Which fuel is used in cooking rice?	Wood.....1 Gas.....2 Electricity.....3 Other.....4
12.	What is your source of drinking water?	Pound.....1 River.....2 Stone tap.....3 Other.....4
13.	If outside home, how far?
14.	How long have you been married?
15.	At what age did you get married?
16.	What was your age during your first delivery?

17.	How many children do you have?
18.	How many years gap between the last babies?

SECTION C: Question Relation to uterine prolapsed women

Now I would like to ask about something question your very personal matter.

Q. n.	Question	Coding category
1.	How was your dietary pattern during last pregnancy?	Normal.....1 More than normal.....2 Nutritious diet.....3
2.	Where did you delivery your last baby?	Home.....1 Health post.....2 Hospital.....3 Other.....4
3.	If the last delivery was at home, who helped you?	Sudeni.....1 Mother in law.....2 Neighbor.....3 Self.....4
4.	What was the type of your last delivery?	Normal.....1 Scissoring.....2
5.	What was the weight of your last baby during birth?	Small.....1 Big.....2 Average.....3
6.	Did your grandmother have the problem of Uterus-vaginal prolapse?	Yes.....1 No.....2
7.	When did you notice the utero-vaginal prolapsed?	After the delivery of first baby.....1 After the delivery of second baby.....2 After the delivery of third baby.....3 After the delivery of four or more baby.....4

8.	With whom did you share your uterus prolapsed at first?	Husband.....1 Mother in law2 Mother.....3 Sister.....4 Friend.....5 Nobody.....6
9.	Why did not you share?	Shyness.....1 Fear.....2 Economy.....3 Other.....4
10.	Do you have knowledge for treatment about it?	Yes.....1 No.....2
11.	What did you fell when you know about your uterus prolapsed?	Worried.....1 Sharing.....2 Feel anything.....3 Did not.....4
12.	How is your life going on?	Frustration.....1 Tension.....2 As usual.....3 Irritation.....4
13.	How you are participating in socio-ceremonies and affairs?	Complex.....1 Easily.....2 Hesitantly.....3 Not participation.....4
14.	Did you hard work during pregnancy?	Little bit.....1 No I did not.....2 Yes I must do hard.....3 Other.....4
15.	How many times did you child bear?	2 time.....1 More than 4.....2 3 time.....3 No child.....4
16.	Which problem did you face during delivery?	Pain.....1 Heavy bleeding.....2

		Prolong labor.....3 No any problem.....4
17.	How long did you take rest?	Less than 7 days.....1 14-21 days.....2 7-14 days.....3 More than 21 days.....4
18.	What kind of problem you are facing in daily life?	Difficult to sit.....1 Difficult to walk.....2 Difficult to work.....3 All of the above.....4
19.	What about your menstruation?	It is regular.....1 It is panic.....2 It is irregular.....3 Spotting.....4
20.	What is happening with you after math the uterine prolapsed?	Unnecessary Bleeding.....1 Back pain.....2 Itching.....3 All of the above.....4
21.	How do you feel when you known that you are the victim of uterine prolapsed?	Lower abdomen Pain.....1 White discharge.....2 Difficult to site.....3 All of the above.....4
22.	Why you didn't go for treatment?	Shy.....1 No supportive Family.....2 No health facility Available.....3 Economic Problem.....4
23.	What is your husband response after bearing UP?	Negative.....1 Do not react.....2 Positive.....3 Quarrel.....4