CHAPTER: ONE

INTRODUCTION

1.1 Background

A famous proverb ‘Health is Wealth’ helps to understand the importance of the Health. WHO defines health as a state of physical, mental and social wellbeing and not merely the absence of disease or infirmity. Social scientists admit that maternal mortality is an important, complex, and neglected field of study in the developing countries, which has only in the late 1980s been recognized as a public health problem (Boerma, 1987; Graham et al., 1989; Basch, 1990). Estimation of maternal mortality levels is complicated, especially in a country such as Nepal where physical and health infrastructures are inadequate, and complex traditional cultures predominate. The Nepal Family Health Survey (1996) estimate Nepal’s maternal mortality ratio (MMR) to be 539 per 100,000 live-births which was the highest among the south -Asian countries at that time (Suwal, 2008)

In Nepal context, health is one of the problematic issues. According to UNDP, 2006, 30.8% of total population lives below the poverty line. The condition of maternal health is very poor. 88% of the birth occurred in rural area where the access to the health care system is poor. 26% of the women who give live birth didn’t go to ANC visit for a single time and only 44% of women got ANC from skilled health service providers. 19% of the births were assisted by SBA and still low in rural area with only 14%. Alarming data reveal that 88% of the births occurred in rural areas. Majority of the child birth (around 82%) took place at home where there is neither skilled manpower nor the basic health services. Utilization of the health service is also very low in Nepal and is hugely contributed by socio-economic disparity. The nutritional status of the pregnant women is also not satisfactory. 42% of the total pregnant women were reported anaemic according to the data published in 2006. (Nepal Demographic and health survey, 2006)

Uterine prolapse is a widespread chronic reproductive problem amongst Nepali women. The problem exists throughout Nepal & affects women’s quality of life drastically. Uterine prolapse refers to the falling of womb, when the muscle of the

pelvis are strained to a point where they can no longer support the positioning of the uterus. There are three degrees of utero-vaginal prolapse. In first degree prolapse, the cervix appears at the vagina, appearing only when the women is asked to bear down. In second degree prolapse, the cervix descends to the level of the vulva, and in third degree prolapse the cervix protrudes outside the vulva. The condition where the entire uterus may protrude outside the vulva, bringing with it both the vaginal wall is called procidentia. If left untreated it can lead to infection, bleeding and even cancer (Dutta & Konar,2005)

Uterine prolapse is a health concern affecting millions of women worldwide. The global prevalence of uterine prolapse is 2-20%.The incidence of uterine prolapse in U.S.A is 11.4%,Egypt 56%,Italy 5.5%,Iran 53.6%,California 1.9%, and Pakistan 19.1%.The incidence of uterine prolapse is 7.6% in Northern India, 20% in Eastern India,3.4% in Karnataka and 0.7% in TamilNadu. (Bajracharya, 2011) In Nepal, however, different studies have estimated that as many as 51% of uterine prolapse cases first occur in women between the ages of twenty and twenty- four years old. Fourteen percent of uterine prolapse cases occur before the age of twenty, and another 44% of cases occur before thirty (Shah, 2010).

According to the population based survey conducted by United Nations Fund for Population Activities [UNFPA] / WHO & the institute of medicine at Tribhuvan University in 2006 reported more than 6,00,000 women are affected by the disease; and among them 2,00,000 require immediate treatment. In Nepal, uterine prolapse is becoming more common and is on increasing trend, as more women carry heavy loads after child birth, work strenuously and do not maintain a nutritious diet. (UNFPA & Sancharika Samuha, 2007)

Generally, women in Nepal have three levels of responsibility such as reproductive and child rearing, household maintenance and earning. Under traditional gender divisions of labor women tend to concentrate more on their reproductive roles and household responsibilities. As a role of reproduction, they are expected to give birth and rear the children. Due to prevailing cultures and social norms of the society, many women have either no access to care for reproductive health problems or limited access. As a predominantly patriarchal society, institutions such as education, the legal system and even health services are heavily influenced by these norms and

values. The consequences of this system can be seen in social indicators such as literacy, child mortality, maternal mortality and morbidity amongst women. So, their problems remain hidden which leads them into poor health and consequences are seen in either new born child or her own health. In absence of proper care and support during pregnancy and child birth, the outcomes of pregnancy leads to complications such as falling of uterus outside of vagina, heavy bleeding leading to deaths (Pathak & Khanal, 9-8).

1.2 Statement of the Problem

Uterine prolapse is a major cause of mortality and morbidity among women in low-income countries like Nepal. More than 1 million women in Nepal suffer from this condition and most of them belongs to the reproductive age. The causes and consequence for Uterine prolapse in Nepalese women is mainly gender discrimination. Early marriage, multiple birth, lack of skilled birth attendants during delivery, continuous work throughout their pregnancies and soon after giving birth are the risk factors and causes of uterine prolapse. It affects many aspects of a women's quality of life, which ranges from physical discomfort, psychological, social and sexual lifestyle restrictions. (Khadgi et al. 2018)

Uterine prolapse has been one of the public health problem that Nepalese women have been suffering from. At first women conceal this problem due to shyness and social fear but when it became severe then only they open her mouth. Data of uterine prolapse in Nepal are in scattered form and very limited. Despite existing policies and programs for preventing and managing uterine prolapse, the prevalence of risk factors affects women's quality of life in all parts of Nepal. Some researches have been conducted in the field of 'Women and Health' especially uterus prolapse from medical perspective but there are hardly any studies carried out from social-cultural point of view. In our society, there are many socio-cultural aspects which lead to prolapse. So it should be analyzed properly.

Status of women in Nepalese society is poor and access to health care is limited. The reproductive health problems of women still remain neglected issues despite of various interventions being implemented. Uterine prolapse is largely hidden problem and these issues are not openly shared. The condition of maternal health in Nepal is

also very poor. Utilization of health services is also very low in Nepal and is hugely contributed by socio-economic disparity. Poor women have less access to the emergency obstetric health care compared to the rich.

Nepal is an agricultural country and most of the Nepalese women are engaged in the farm for their livelihood. Most of the women remain busy in their household activities such as caring for the family, child bearing, cooking, washing etc. They don't have time for themselves. The women who suffered from uterine prolapse couldn't get the opportunity of treating their problems. Because of this, their problem may increase to become severe form of prolapse and cause pain and difficulty in walking and while doing works. As a result, their husband often remarry or bring a new wife for sexual satisfaction. So, it is not only a gynecological problem but also a major social and marital problem which is found in the Nepalese society. This research is very important because we can get knowledge about such problems and women's experiences of uterine prolapse and how it effects their daily life, perceived causes and women's health care seeking practices in Pokhara.

Various researches done on a national and international level have shown uterine prolapse to be a major morbidity problem of women. According to KTM Model Hospital appeal, over 25% in rural area are estimated to be suffering from uterine prolapse (cited in http://womenhealthlondon.org.uk)

There is an urgent need of more empirical studies on this issue. This topic appears very interesting and worthy of study. In order to cast some new light on this topic the following research questions have been the base for this empirical study.

1. What are the social factors associated with Uterine Prolapse?
2. What is the prevalence of Uterine Prolapse in Pokhara?
3. What determines the impacts of Uterine Prolapse on the quality of life?
4. Does the problem of Uterus prolapse affect the socio-cultural status of women?
5. What are the socio-cultural and psychological consequences of prolapse?
6. What is the effect upon the women according to their age group and occupation?

1.3 Objectives of the Study

General

To access the prevalence and social factors associated with uterine prolapse in Pokhara.

Specific

- To explore social factors associated with Uterine Prolapse.
- To assess the cause of Uterine Prolapse in Nepalese women of Pokhara.

1.4: Definition of the Terms

Uterine prolapse → Women's womb/internal reproductive organ are slipping downward.

Antenatal care → The period beginning with the start of the pregnancy to the onset of labour.

Labour pain →A recurrent pain felt by a women during childbirth.

Sufferer → The women who is suffering from uterus prolapse.

Ring Pessary → Soft plastic or rubber ring, which is inserted into the vagina of sufferer for reducing prolapse.

Postnatal period →The duration after baby birth to 42 days of period.

Respondents → Sufferer and her visitors.

Multipara → A woman who delivered more than one child.

Menopause → Menopause is the end of a women's menstrual cycles.

Menarche → First time Starting of menstrual cycle

Households → It has been defined as a group of people sharing a home and their feelings, who sharing a home or living space is applicable to the extent that the group of people also shares the income and expenditure.

Faith healer -> Faith healer refers to 'Dhami', 'Lama', 'Jhar fukne manchy', (jhakri). Their treatment is based on a spiritual concept of illness.

1.5 Justification of the Study

Uterine Prolapse is main public health problem of reproductive age women all over the world which affects women's health at reproductive age in developed as well as

developing countries. Thus, it is evident that the high prevalence of the disease calls for special attentions to patients. Different studies conducted in different area shows that women had inadequate knowledge. Very few studies have been conducted in this areas specially at Nepal. Therefore, investigator wants to conduct this study to identify different problems associated with uterine prolapse.

Uterine prolapse is widespread across the country and has affected women in the mountain, hills, plains and the valleys in Nepal. In addition, Uterine Prolapse makes no distinction between young and old women. The problem of uterine prolapse is one of the issues of concern for all women, civil society and the government itself although the extent of problem is less common in developed countries. More than one million Nepalese women suffer from uterine prolapse and the majorities of these respondents are of reproductive age.

Reproductive role of the women is one of the indispensable functions for the continuity of life. Pregnancy and child birth is the physiological process but the consequences may be unpredictable. In-order to identify the morbidities related to reproductive health of women, this study contributes significantly by identifying such social associated factors. Health status of women defines the health status of her offspring. Good health of the child and mother can be devised only if the mother has well-being in every dimension of health. This study plays a vital role to identify the factors related to uterine prolapse on the basis of which prompt action can be taken to preserve and restore the reproductive health of women. This study is a small effort to generate some facts related to uterine prolapse and act as a tool for advocacy and empowerment. Uterine Prolapse is preventable and if not addressed timely, this may have serious consequences leading to death or it may decrease the quality of life. Thus, it is very important to study the factors related to uterine prolapse.

This study aims to have some academic as well as practical importance. It may help the future researchers, to study about women and health problem such as uterus prolapse and to get help in providing some information needed by the agencies, hospitals, NGO and INGO. So that causes of Uterine Prolapse can be brought out and required program can be conducted to control its prevalence rate or it’s status.

1.6 Limitation of the Study

The study is undertaken with an academic purpose. It intends to assess the associated social factors of Uterine Prolapse among the women of Pokhara. Every research work has its own limitation due to the lack of time, budget, resources and knowledge. The research was done during pandemic covid 19 period. There were many problems occurred during the data collection in the field, some respondents didn't want to participate due to fear of covid -19. For me it was little easy because I have been working in Manipal Teaching Hospital, OBS/gynae department since 20 years as a post of ANM, SBA. So, I have good relation and I am familiar to uterine prolapsed women who repeatedly visit to Manipal hospital for checkup. I had already decided that I will do my thesis on "Uterine Prolapse" after I finished my masters second year. For that I had started to collect address and phone number of uterine prolapse respondents who visited to Manipal hospital for checkup. Shyness of patients and lack of knowledge about them were some kinds of difficulties faced by me during this fieldwork. After taking permission and ensuring health fitness and maintain social distancing, wearing mask, data were collected.

The study is conducted within the boundaries of limited time, budget, and other resources so without any exception, this study was done as a case study of patients affected by uterine prolapse in Pokhara. With the objectives of partial fulfillment of master degree requirement of humanities and social sciences, many situations to be faced in the study will be basically relying on primary information gathered from study area. Selection of the study areas are based on the majority of geographical location where they are living. This study also used limited tools and techniques.

This study is solely based on verbal communication with the respondents and it is also entirely based upon the information provided from participants. The researcher explained the importance of the study to each participant and conducted interviews only after obtaining informed consent and the researcher ensured the participants about privacy and confidentiality regarding their information and identification. Very rare literature study, financial limitations and time constraints were limitations in the study. Finally, this study has tried itself to reduce these obstacles and give real fact and data about this problem. This research also has tried to reduce all kinds of errors and give good information about the research topic.

1.7 Organization of the Study

This study has been divided into seven chapters. The first chapter is introduction and it discusses the Background of the Study, Statement of Problem, Research Objectives, Justification, Significance, Limitation and Organization of the study. The chapter focuses on the introduction of the research subject matters which will make it easy to know about the basic information of research. The second chapter presents the review of literature. This chapter gives theoretical review, previous studies, conceptual framework and relevant theories.

The third chapter presents the methodology adopted for the study. Under this chapter Rational selection of the study area, Research design, Nature and sources of data, Universe and Sampling procedure, method and instruments of Primary Data Collection, case study/ in-depth life history, Interview, Focus group discussion, observation, Semi Structural telephoned interview, using social media key informants information (KII), Data Analysis and presentation and reliability and validity of tools are described.

The fourth chapter presents the socio-demographic profile of respondents. In this chapter, socio-economic status of the respondents is analyzed to find out the existing social and cultural practices of traditional medicine among the affected women. It also tries to find out the causes & factors associated with the uterine prolapse. In this chapter demographic characteristic of respondents, associated factors are analyzed. To explore about the social factors of uterine prolapse in fifth chapter, the researcher has developed a number of subheadings. Likewise, to examine the associated factors. Sixth chapter, the researcher has tried to know about the past and present perception of society towards the uterine prolapse affected women. Finally, in the last chapter summary, major findings and conclusion are drawn effectively.

CHAPTER: TWO

LITERATURE REVIEW

A literature review is an account of what has been already established or published on a particular research topic by accredited scholars and researchers by Dena Taylar. (https://advice.writing.utoronto.ca).

Generally, this part deals with the literature relevant to the study, to the deepest knowledge and understanding about the subject of field work. Review of literature is an essential part in the development of research project. It enables the investigators to develop insight into the study and plan methodology. It provides basis for future investigation, justifies the need of the study, throws light on the feasibility of the study, reveals constraints of data collection and relates findings from this study to another with the hope of establishing a comprehensive study of scientific knowledge in a professional discipline, from which valid theories may be developed. Internet, journals and text books were referred to have a better understanding of the problem areas and build foundation of the study.

2.1 Theoretical Review

2.1.1 Sociology perspective on health

Medical sociology is a sub discipline of sociology that studies relationship between medicine and society. In other way, it is the study of the social causes and consequence of health and illness. Medical sociology assumes that –

- Disease are outcome of organization of society.
- It is socially produced and distributed.
- Medical knowledge and profession is shaped by society.

Medical sociology was not established until after World War II when the US govt. provided extensive funding for joint sociological and medical research project. Medical sociology remained fundamentally applied area of sociology which highly dependent on medicine for a long time (funding teaching and methods). From a sociological perspective biology is not itself the overriding factor in the development of a disease. Rather, it is the prevailing social and economic conditions that allow

disease to develop which must be accountant for (Canguilhem, 1988; Stern, 1927; White, 1991; Zinsser, 1935). Sociological accounts of health and illness have developed against the background of a sociology of knowledge that emphasize the ways in which nature, is socially produced, and the way claim to understand nature as a political and social process as Rosenberg puts it: "Meaning is not necessary but negotiated…….disease is constructed not discovered" (White, 2016)

Sociological and anthropological perspective on health give importance to understanding pattern of everyday life experience of people in the context of their social relationships and culture. Health is not seen simply originating in individuals nor is it completely affected by social force. It is produced in complex interactions between individual and their social contexts. "Healthy" can vary from society to society and time to time. Health is not some absolute state of being put and elastic concept that must be evaluated in a larger sociocultural context. In Marxists critical perspective, health is defined as access to and control over the basic material and non material resource that sustain and promote life at a high level of satisfaction.

2.1.2 Functionalist Perspective

Functionalism is a theoretical approach that sees society as an interconnected system of institution. Functionalist thinking of society as working like a body, with different social institutions is performing particular functions and working together. When one part of society doesn't work well it can impact the whole of society. It's approach to analysing health and illness is considered low level of health and illness impact overall social order. Illness particularly widespread illness, is a threat to social order. It prevents people from working and fulfilling their social functions. A functionalist, sociologist, Talcott Parsons (1902-79), coined the term "sick role" to describe the social role people play when they are ill, detailing the rights and responsibilities society gives to those who are sick. Parsons identified two rights of individual in a sick role, they are excused from normal social duties and they are not held responsible for their illness. He also identified two responsibilities: Those who are sick are expected to try to get well, and they are expected to cooperate with doctor or other health care providers. Functionalism considers how health and illness impact social orders as well as role of patients and health care providers. (Shilling, 2002).

2.1.3 Gender Perspective

Gender role is one of the main keys to pour health and inequality in health care system. In societies, where women's social status is very low their life expectancy is lower than men. According to the UNDP (United Nations Development Programme) Report, life expectancy for women is 53 years and 54 for men (2001). Men have better access to service including health, social cultural and economic equality in the family are the main causes of poor health conditions of women (WHO report, 2001;4). In a country like Nepal, sons are given more importance than daughters. Daughters are less likely to receive adequate food, education and health care. The maternal mortality rate is extremely high at 8.5 per 1000 because most women lack access to basic maternity care. According to World Bank reports, only 27% women of Nepal seek antenatal care once during pregnancy period.

Gender activities generally perceive the causes of uterine prolapse as gender discrimination, gender violence, women's lack of control over their health and lack of rights. Medical doctors who have provided surgical treatment of uterine prolapse agree that it is an issue of reproductive rights of women and can be prevented to some degree if gender discrimination is reduced. The strong desire of sons within families, women are subjected to multiple pregnancies even if they have given birth to one or more sons. In many of the parts of the country, women do not have access to contraceptive devices. Women's health can't be improved with only the use of vaccines, medicines or tablets. Real improvement in women's health requires that social inadequacy and gender discrimination are addressed which underly women's overall inferior status particularly "GENDER" (RECPHEC, 1994).

This model is important for this thesis. Women working hours are very long and strenuous. In the rural area household works like cooking, washing, fetching water, firewood along with agricultural activities engage them for more than 10-12 hours. In the urban areas, working women face double responsibilities of household works and job as well. Women in rural areas don't get enough nutritious foods, rest and health facilities. When they become pregnant and deliver, they don't get enough rest and rejoin the household works immediately and do hard works and as a result.

2.1.2 One World one Health Perspective

"One world One health" is fairly new concept. It is the intersection of human health, animal health, and environmental health. It believes in interrelationship of healthy people, healthy animal, and healthy environment. The concept of one health is union of multiple practices that work together locally, nationally, and globally to help achieve optional health for people, animals and environment. They are put together to make up the one health triad. It shows how the health of people, animal and environment are linked to one another with one health being a World Wide concept. Healthy plants and healthy animals make healthy food and healthy food make human beings healthy. Now diseases are spreading between animal to human. The goal of one world one health is achieving optimal health outcomes, recognizing the interconnection between people, animal, plants and their shared environment. (Gibbs, Paul, &Anderson,2009).

Of the 1400 infectious diseases currently known to modern medicine, most are shared between humans and animals like Anthrax, Rift Valley fever, plague, Lyme disease and monkey pox, human herpes virus, human tuberculosis and human measles. The origin of HIV/AIDS have been linked to human consumption of non-human primates. Corona virus have been linked to the trade of small wild carnivores. Hunters bring the dead animals n feed them n trade them with other people leading to the spread of disease causing organisms. Also illegal wildlife trade has also caused major spread of disease by coming in human contact through trading centres. To control outbreak of such diseases local community along with the government can make plan to control it. Like for example in Central Africa with ebola haemorrhagic fever in gorillas and chimpanzees has shown that networks of local villagers and hunters, park managers and staffs, government and regional labs can detect outbreaks of ebola in great apes and notify local communities of the risks which have resulted reducing the spread of the disease to humans. (Karesh & Cook,2009).

Hence, it just proves that health of all the living beings (human beings, animals, environment, plants) cannot be separated and they are related to each other.

2.1.5 Social Cognitive Theory

Social cognitive theory (SCT) suggests that human health is a social matter determined by a casual multi-dimensional structure in which self-efficacy and beliefs function together with goals, outcome, expectations and perceived environmental obstacles and facilitators according to human motivation, behavior and well-being. Thus, SCT focuses on how people learn from individual experiences, the action of others and their interaction with their environment. SCT to explore how women's social environment and social system (e.g. the health care system) affect personal factors including emotional states, self-beliefs and habits regarding uterine prolapse. Similarly, behavioral factors (e.g. knowledge, perception and uterine prolapse prevention practices early care and environmental factors) comprise the social, cultural, educational and geography of women's families and communities (Sowden &Shah, 2014).

2.2 Previous Studies

The article by P Abhyankar on 'Women's Experiences of Receiving Care for Pelvic Organ Prolapse' tells about women's experiences of seeking diagnosis and treatment for prolapse and their needs and priorities for improving person-centered care. As prolapse treatment options expand to include more conservative choices, greater awareness and education is needed among women and professionals about these as a first line treatment and preventive measure alongside a multi-professional team approach to treatment and decision making, women presenting with prolapse symptoms need to be listened to by the health care team, offered better information about treatment choices and supported to make a decision that is right for them.

The research conducted by Subedi (2010) on "Uterine Prolapse, Mobile Camp Approach and Body politics in Nepal", for women living with Uterine Prolapse life's basic activities (urinating, defecating, working, standing, sitting and sexual intercourse) can be difficult and painful. This in turn, leads to various forms of physical and psychological impairments. It is crucial for women's health and well-being to not make the indication for surgery lightly. A substantial shift from a humanitarian aid to a more sustainable public health intervention, strengthening the existing health facilities in the districts and regions, is urgent. Similarly, there is a

need to assess the health related quality of life that can be gained through uterine prolapse surgery intervention.

According to Mishra & Adhikari (2011) Uterine prolapse is a major public health problem in Nepal. It is a medical and social problem, deeply rooted with poor health services and socio-cultural beliefs. The most important contributing factors found by this research were heavy work, illiteracy, early marriage and child birth, inadequate food during pregnancy and postpartum period, multiparity, home delivery, vaginal delivery, less rest in postpartum period.

The research conducted by Aryal & Shrestha (2017) on Burden of Pelvic Organ Prolapse (POP) in Nepal: How to prevent and manage it? Nepali women are one of the mostly affected populations from one or other type of prolapse due to many reasons including lack of antenatal checkup coverage and deliveries by trained health care personnel. The prevention of Pelvic organ prolapse involves care of the entire body, a healthy fit and well-nourished patient who is aware of ways to actually protect her Pelvic floor is less likely to experience this potentially disabling problem. As medical sophistication has progressed, so has the ability to understand more completely and better treat pop.

The research conducted by Acharya (2015) on ‘Contributing Factors of Uterovaginal Prolapse Among Women Attending in Lumbini Medical College and Teaching Hospital”; Uterine Prolapse is a medical and social problem deeply rooted with poor health services and socio-cultural beliefs. The most important contributing factors found by this study were heavy work, literacy, early marriage and child birth, inadequate food during pregnancy and postpartum period, multi-parity, home delivery, vaginal delivery, less rest period in postpartum. This problem should be considered an important part of safe motherhood and Reproductive Health as a whole. Uterine Prolapse must be included in the list of Essential Health Care services so that local health posts can provide clinical service and advice to the women suffering from uterine prolapse.

According to Verma, (2016). Pelvic organ prolapse is the disease due to ignorance and unawareness. Incidence of Pelvic Organ Prolapse can be reduced by promoting institutional deliveries, awareness about the benefits of adequate postpartum rest and nutrition and effective contraception to avoid repeated child births. Contact with

health personnel at the early stages of prolapse should be encouraged. Extensive information, preventive programs and early management of Pelvic organ prolapse will be the key to reduce this major health problem. It is a preventable and curable disease and it is reported to be second priority in surgery, the operation followed by hysterectomy. Thus it is important and necessary for researchers to study it and provide appropriate and adequate statistics and status of this disease to policy makers and planners for providing effective solution.

The research conducted by Tamrakar (2012) on Prevalence of Uterine Prolapse and its Associated Factors in Nepal; Pelvic organ Prolapse is a very common condition, particularly among adult and old women. It is estimated that half of women who have children experience some form of prolapse in later life but many women don't seek help so the actual number of women affected by prolapse is unknown. Even though prolapse is not considered a life threatening condition; it may cause a great deal of discomfort and distress. The study depicted that prevalence of uterine prolapse was estimated to be 11.7% with higher burden among those with low economic background, overage (35 years), farmers and housewives.

According to Pathak & Khanal (2018) Pelvic organ prolapse is the widespread chronic problem among women in Nepal; particularly among adult and old women. Illiterates and low family income women were suffered greatly.

The research conducted by Baruwal, (2010) On 'Knowledge, Attitude & Prevention measures among married women of reproductive age towards Uterine prolapse in the 8 VDCS of Surkhet district, Nepal." The study involved eight focus group discussions with 71 women in six villages of the eastern districts of Siraha and Saptari & 14 qualitative interviews with health professionals from the local to central level. It was found that patriarchy, gender discrimination and cultural traditions such as early marriage and pregnancy make it difficult for people to discontinue uterine prolapse risk behaviors. Uterine prolapse is a reproductive health condition that has not received sufficient attention despite its high prevalence. Furthermore, it seems that uterine prolapse not only affects older women but is also very common among younger women.

The study conducted by Marahatta, (2003) in Bhaktapur district, Nepal, to identify Genital prolapse in women included 1337 women aged 20 and above. The prevalence

of female genital prolapse was found to be 7.55 %. Maximum numbers of women had 8 or more children (48.51%) & few were nulliparous. Women with genital prolapse had all children born at home without help. Among those women, majority of them said that they rested for at least one month after delivery but 26.73% started working in the field within 2-3 weeks after delivery.

2.3 Conceptual Framework

A framework is a brief explanation of theory or those portions of a theory which are to be examined in a qualitative study. Conceptual framework presents logically constructed concepts to provide general explanation of the relationship between the concepts of the research study without using a single existing theory. Conceptual framework is a device for organizing ideas and in turn bringing order to related objects, observation, events and experiences. It is usually constructed by using researcher's own experiences, previous research findings or concepts of several theories. This thesis primarily explored the causes & associated factors of uterine prolapse and aimed to identify possible strategies to improve women's knowledge and perception of women, cultural values and gender norms in relation to prevention and health care seeking practices for uterine prolapse. The challenges are diverse, largely due to differing geography, socioeconomic status, gender value and the availability and accessibility of health service facilities.

Conceptual framework

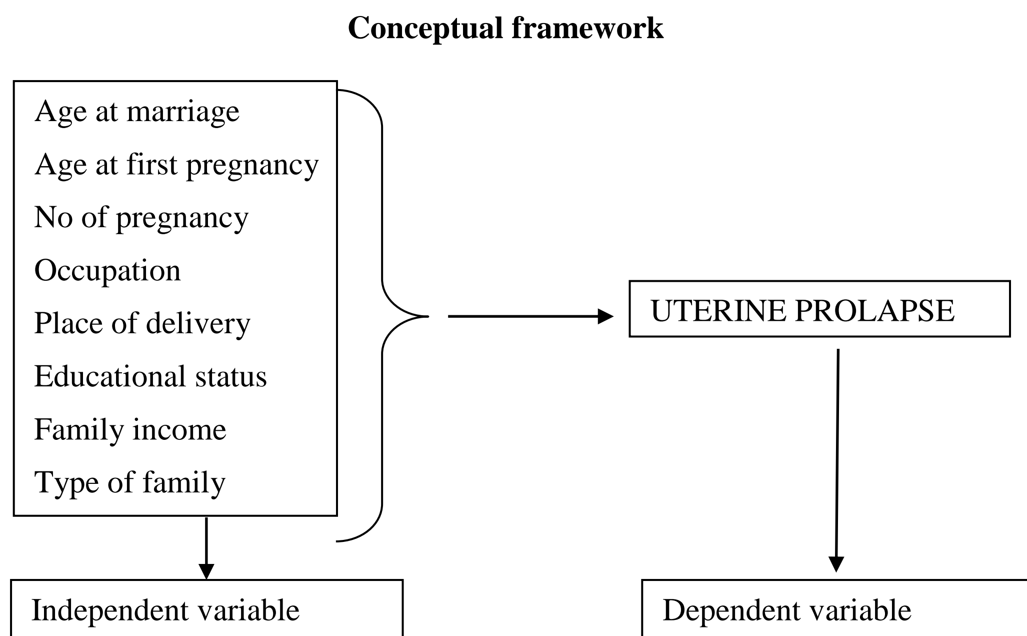


Figure 2.1: Conceptual Framework

In figure 2.1, the framework is made to meet the research objectives and research question. Analysis and interpretation of this study is based on to this framework. Different kind of social variables and female health are interrelated with each other. Social-demographic background, norms/values, economic background and psychological factors are the main causes of women health degradation. Uterine prolapse is a preventable and treatable disease. If women have knowledge regarding uterine prolapse, it's cases can be decreased. The independent variable in this study were found to be: age of marriage, age of pregnancy, no of children, occupation like type of work performed during pregnancy and postnatal period of respondents, educational status, family income, place of delivery, and type of family.

The causes behind occurrence of the uterine prolapse are work burden, early and repeated pregnancies, low social and economic status of women, patriarchal system, dependence on spouses or other family members, delay in seeking health care for uterine prolapse treatment. Hardship is different for male and females. There is gender workload. Work burden and lack of adequate and nutritive food has been directly linked with the poverty. Poverty has caused to weaken their body. Many women are relating their fallen uterus with the lack of nutritional food in different stages of their life and mainly during the crucial periods when they are thought they have become weak such as during the pregnancy, child birth and illness time. Some of them said they didn't even get enough meal during that period.

Women are vulnerable because of insufficient health care and work burden and lack of sufficient rest and food in pregnancy, delivery and even in menstruation. Women are weaker than men not because god made them weak but because society compelled them to be so. The discriminatory social practices are harming the women. The problem of uterine prolapse is one of the issues of concern for all women, civil society and the government itself. Regarding Uterine prolapse control practice of government; like "Safe Motherhood and Reproductive Health Act,2075", "Free Hysterectomy programme," "Safe Abortion," "Various awareness programme", "Health camp", "Target group screening camp" etc. are the Intervening variables. Reproductive health problems of women still remain neglected issues despite various interventions being implemented.

Similarly, behavioral factors (e.g. knowledge, perception and uterine prolapse prevention practices, early care and environmental factors) comprise the social, cultural, educational and geography of women's families and communities. The most perceived cause of uterine prolapse was lifting heavy loads, including during the post-partum period. Women with uterine prolapse often suffer in silence as it negatively influences their physical, psychological as well as social well-being.

In Nepal, level of awareness regarding the need to rest before and after childbirth is very low. The mother-in- law generally, shares her events during delivery days of her babies. They generally feel that birth is normal and there is no need for special arrangement before, during and after the delivery. Such attitude hinders the need and importance of institutional delivery, importance of rest after delivery and minimizing physical work immediately after the delivery. Furthermore, such situations within the family discourage pregnant women to prevent uterine prolapse. The women were hesitant to discuss especially their uterine prolapse problems, due to shame and humiliation. Many women fear criticism from their communities and families and discussion and debate about the disease do not openly occur within the family and in society. Women who suffer from uterine prolapse continue to remain silent in this matter.

CHAPTER: THREE

RESEARCH METHODOLOGY

3.1 Rational Selection of the Study Area

This chapter presents the research methods of the study. It describes the methodology adopted to gather valid and reliable data for the study. It is a way to systematically solve the research problem. It includes rationale of the study area, Research Design, Study population, Sample Size and Sampling Procedure, Method of data collection, Selection of the Respondents and Method of data Collection and Method of data Analysis.

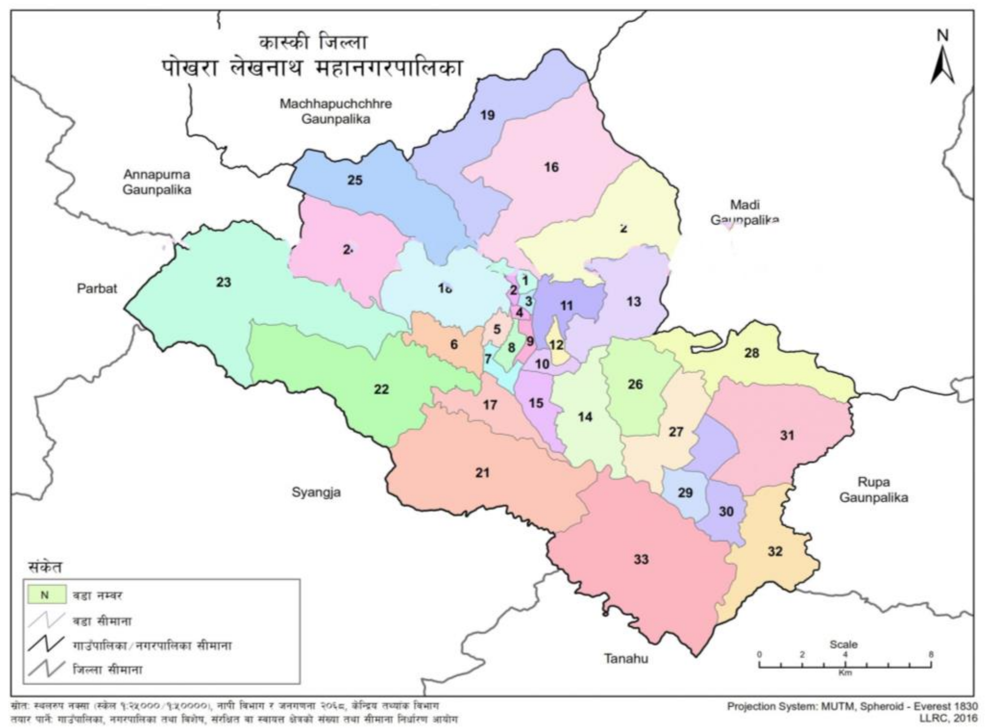


Figure 3.1: Rational Selection of the study area

For my study purpose, I chose Pokhara city, one of the beautiful metropolitan city of Nepal. Pokhara also serves as the headquarter of Kaski district. Pokhara city is one of the most developed municipality of Nepal. There is very good access to roads, transportation, electricity, water supply, health facilities, schools, college and University. According to CBA 2068, the total population of the metropolitan was 413,934 and male population was 201,107 and female population was 212,827. This municipality is divided into 33 wards. In Pokhara, people from all over Nepal have

migrated. People of different caste, culture, economy, religion, status, and ethnicity live here. Since, I am from Pokhara as well. So I chose Pokhara to do my research area. For my study purpose, I had collected data regarding uterine prolapsed respondent's profile from various hospitals of Pokhara ie. Manipal Teaching Hospital, Western Regional Hospital, Komagani (Meteri) hospital. According to MRD section of Manipal Teaching Hospital, there were 67 uterine prolapse cases who came for checkup in outpatient department (OPD) of gynae, Manipal Hospital in fiscal year 2076/2077. In Western regional hospital, the record of outpatient's profile was not available, but in inpatients department, there were 30 uterine prolapse cases who visited and got surgery for uterine prolapse in fiscal year 2076/77. At Komagani Hospital there were 33 patients who visited in outpatients department (OPD) as confirmed by Hospital source.

It is a qualitative research in which the researcher had dug out larger meanings behind the experiences of these women and their significant others. However, this deals only about how uterine prolapse is understood by these women and factors they have considered as responsible for the emergence of the disease.

3.2 Research Design

In the current study exploratory research design has been carried out to understand various aspects of the problems or issues related to women who are affected by uterine prolapse while descriptive research design is used to describe the various demographic and social factors that are the underlying cause for uterine prolapse. Here the descriptive design is helped in discovering overlooked risk of uterine prolapse and its negative effects on a women's quality of life. This design also makes us understand appropriate and adequate statistics and status of this disease and also major causes of uterine prolapse and extensive information to reduce this major health problem.

The major emphasis in exploratory study is on the discovery of physical, psychological as well as social well-being of women. It explores the social and reproductive health problem associated with uterine prolapse.

3.3 Nature and Sources of Data

Primary as well as secondary data have been incorporated in this study. Secondary data has been collected by adopting various secondary means. Beyond other means it is collected from previous studies, published and other unpublished documents from related literatures.

As per the need of the study more primary and secondary data have been collected but priorities have given to the selection of primary data which are both qualitative as well quantitative. Primary data has been collected by employing various primary hand data collection techniques. Mainly the interview with semi-structured questionnaire, Focus Group Discussion (FGDs), case study and telephoned interview has been applied for primary data collection.

Secondary information is helpful enough in checking the validity and reliability of empirical field data. It may either be published data or unpublished data. The main sources of secondary data for the present purpose are metropolitan profile, Uterine prolapse patient's clinical history, patients profile of various hospitals of Pokhara, CBS report, previous researcher's dissertation, related books, websites and published article and journals as well.

3.4 Universe and Sampling Procedure

Sampling is the process of selecting a portion of the population to represent the entire population. This study was conducted in Pokhara Metropolitan city in Kaski district. Those women who were already diagnosed as having uterine prolapse were the target population of the study. Patient's particulars was collected from the health sector office of the Pokhara Metropolitan and various hospitals of Pokhara. In this study social risk factors refers to personal history, features of somebody's habits that increase the uterine prolapse. Uterine prolapse is defined as falling of the womb, when the muscles of the pelvis are strained to a point where they can no longer support the positioning of the uterus. The researcher used questions regarding availability of every uterine prolapse affected women and their treatment seeking practices in each household after completing an interview for knowledge assessment.

The study is mainly concerned with those women who were already diagnosed as the case of uterine prolapse in Pokhara. According to the health sector of Pokhara Metropolitan, there are altogether 300 women suffering from uterine prolapse in Pokhara. And according to statistical table, the total number of population is 300 and 169 sample sizes. The researcher has adopted the sample model of (Krejcie & Morgan, 1970) to select 169 sample sizes by looking at statistical table. By using of snowball sampling the researcher has selected 169 uterine prolapse women as its sample size.

3.5 Method and Instruments of Primary Data Collection

The instruments adopted in the study to generate relevant data are guided by research objectives, research questions and the type of data required for the study. Following techniques were being adopted to collect primary data.

Table No. 3.1: Method/Tool of Data Collection

Name of Method/Tool	No of participants
Interview	30
Focus group discussions	30
Observation	40
Case study	20
phone interview	20
social media using	29
Total	169
Key informants information	12

Source: field survey, 2021

3.5.1 Interview

An interview is a conversation for gathering information. It is very useful to collect the varieties of information due to its flexible nature. This allows the interviewee to open their problem in their own word. For my research purpose, I had collected patient's name, address, phone number from Manipal teaching hospital, Komagani Hospital and Western Regional Hospital and went to the respondent's house. I had

clearly explained my objective. After taking verbal consent, I had taken interview of thirty respondents.

3.5.2 Case study/ In-depth Life History Interview

Case study technique is also used in this research.20 case studies were carried out, but I have included 8 cases which are closely related with the objective of the study. These life story interviews were conducted to know the information which the interview schedule didn't cover. In order to depict the severity of the affected women by their low familial and social status, patriarchal perspectives, traditional values, illiteracy, poverty etc. and to reveal that both the medical and non-medical community perceived that condition to be pervasive and lack of available treatment services to be disturbing. In – depth life story interview had been taken with some of female patients of uterine prolapse to draw on the theoretical lens of symbolic interactionism (A Sociology and Social Psychological Perspective) to understand health behaviour based on the meaning that individuals aspire to achieve and/or action in their everyday lives.

3.5.3 Observation

Observation research method is one of the most used techniques of primary and qualitative data where researchers watch what people do. Observation gives many qualitative data such as sign and symptoms, behaviors of patients, their physical and mental appearance. Using observation method, I did 40 respondents' data collection.

3.5.4 Focus Group Discussion (FGDs)

The study was conducted using focus group discussion and receiving care for prolapse in Pokhara. The FGDs and interactions were organized in Manipal Teaching Hospital, one of the famous private hospitals of Pokhara Nepal. It is one of the big and famous Teaching hospital of Pokhara. I selected this hospital because I am a health professional working in Manipal Hospital OBG ward as a post of ANM/SBA since twenty years. I have good relation with the staffs and Doctors of Manipal teaching hospital and also with the uterine prolapse respondents who come frequently to Manipal OBG Department for treatment and regular follow up to change ring pessary. Focus group discussion was held for those women who were already diagnosed with uterine prolapse. Last month in February 2021, there was MBBS final year University

exam in Manipal. So hospital collected uterine prolapse cases for MBBS student's viva exam. Hospital provided them free treatment and surgery provided that they stay at Manipal Hospital for exam case. Focus Group rather than individual interviews were used as they offer a more naturalistic setting than being interviewed by alone and unfamiliar interviewer stimulating greater elaboration and re-evaluation of opinions, allowing opportunities to qualify, amplify, amend or contradict stated views through inter action with others and have been shown to be more useful in exploring sensitive topics as participants feel less exposed and more researched by similar concerns/opinions by others. I made 3 groups each group consisting of 10 people with total 30 respondents for focused group discussion.

3.5.5 Telephoned interview

Telephoned interview is also one of the most important information gathering tool. Due to covid 19, it was not possible to take face to face interview for all respondents. So, 30 respondents were interviewed from telephone.

3.5.6 Using Social Media

Social media is also one of the important tool for gathering information. By using Messenger and Viber, I got 29 respondent's personal information regarding uterine prolapse.

3.5.7 Key Informants Information (KII)

Separate interview was carried out with the key informant of the Pokhara's various hospital to collect rich and detailed qualitative data on social factors of uterine prolapse and its stage and severity of the patient's condition. I had taken 12 people as key informants. These key informants were gynecologist, Urogynecologists, staff nurses in local sites, health professional and PhD researchers etc. Data were obtained through participatory interview, Focus Group Discussion (FGDs), case study, etc.

3.6 Data Analysis and Presentation

Data were subjected to thematic analysis driven by our theoretical interest in the area of interactional/ communicational aspects of person centered care. Using this approach, we systematically identified, analyzed and reported key patterns within the data relating to the interactional aspects. Collected Data have been analyzed both

qualitatively as well as quantitatively. Quantifiable raw data were analyzed statistically. While presenting the data, simple statistical tools like frequency and percentage have been used. Likewise, tabulations were made according to the objectives. The non-quantifiable qualitative data have been managed manually and analyzed descriptively. The analytical aim hence was to provide a rich and detailed qualitative account of the ways in which women’s interactions with health professionals shape their experiences of care.

3.7 Reliability and Validity of Tool

Validity and reliability of study has paramount importance in the research study. It refers to whether an instrument accurately measures what it is supposed to measure. Self-developed semi structural questionnaire consisting of different variables was used. The content validity of questionnaire was ensured through subject experts. The reliability of the data depended primarily upon the respondents. To overcome the limitation of the interview the clarity of the purpose and implication of the study was presented. The clear and short questionnaire was developed. The questionnaire was prepared under the rigorous supervision of guide and the questionnaire was translated into Nepali version retranslated to English version and necessary correction was made. Still the data from household surveys and secondary sources were verified by various methods of crosschecking and triangulation to each-other.

CHAPTER: FOUR

SOCIO - DEMOGRAPHIC PROFILE OF RESPONDENTS

This chapter is devoted to analyze the relevant research questions and certain objectives that are divided in various sub headings. The chapter, outline of the basic demographic information of all the respondent's age, marital status, caste, educational status, occupational status, age of menarche, age of marriage, family income, availability of health services near home. All the concerning variables were developed and analyzed to know the associate factors of uterine prolapse. The information reveals that women suffer from uterine prolapse irrespective of their geographical location, caste/ethnicity, age and education, birth spacing, economic status and family decision making pattern.

4.1 Age Group

Age is important demographic characteristic playing a major role in any population analysis. During field visit, it was found that women between 20 to 80+ years were found to be suffering from uterine prolapse. Moreover, the age composition of the population has significant implications for the productive potential, manpower supply, status and role and responsibility of individual in family and society.

Table No. 4.1: Age of Respondents with Uterine Prolapse

Age Group	Frequency	Percentage
20 to 30 years	4	2.4
31 to 40	14	8.4
41 to 50	29	17.2
51 to 60	49	28.9
61 to 70	41	24.2
71 to 80	23	13.6
80+	9	5.3
Total	169	100

Source: field survey, 2021

Table no. 4.1 shows the age group of 169 respondents. It shows the increasing trend of uterine prolapse among the women as the age increase. The highest incidence 49 (28.9%])and 41 (24.2%) is seen among the age group of 61 to 70 and 40 to 50 years respectively while there are few women below 40 years. It has been observed that most of the respondents had uterine prolapse after their menopause. At initial phase they couldn't express their problem due to shy nature, social fear, husband's fear etc. But with gradual increase in age and complexity of their problem, they disclosed their problem.

4.2 Marital Status

Sociologists define marriage as a socially supported union involving two or more individuals in what is regarded as a stable, enduring arrangement typically based at least in part on a sexual bond of some kind. (Ashley, 2019). Marriage is a universal phenomenon. In general, marriage can be described as a commitment between a woman and a man, which is strongly connected with love, support, tolerance and harmony. A marriage is one of the most important decisions in everybody's life. Sociologist define marriage as 'A socially recognized union between two or more people with the notion of permanence and a legal contract between two or more people that establishes certain rights and obligations' (Open Education Sociology Dictionary, 2017). It is the most important institution of human society and backbone of human civilization. It creates new social relationship and reciprocal rights between the spouses

Table No. 4.2: Marital Status of Respondents

Marital Status	Frequency	Percentage
Married	103	60.9
Widow	64	37.8
Divorce	2	1.1
Total	169	100

Source: Field Survey, 2021

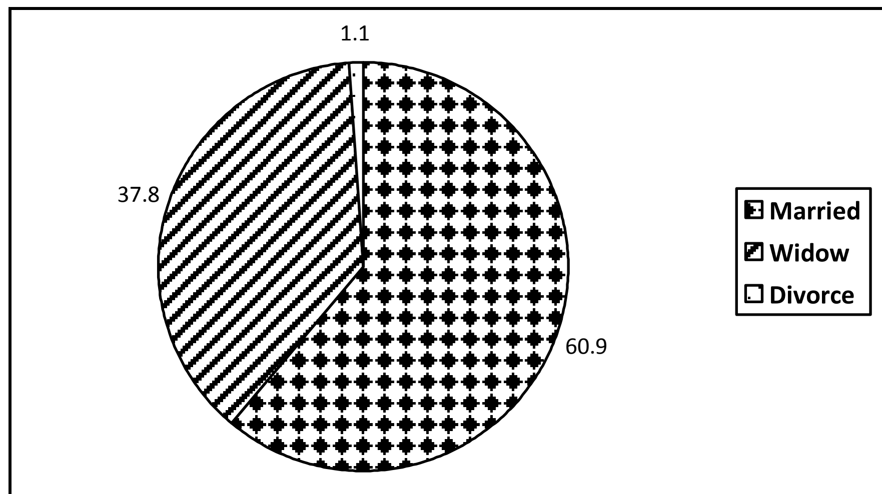


Figure 4.2: Marital Status of Respondents

Table no. 4.2 and figure 4.1 shows the marital status of respondents. Its shows that 60.9 percent were married and 37.8 percent were widow and similarly 1.1 percent were divorce.

The above table and figure shows the bitter reality of conservative society where majority of women have to get married at her early age and have to engage in reproduction and child bearing.

4.3 Religious Composition

Scott (1999) has defined religion in the dictionary of sociology as a system of belief, practice and philosophical values concerned with the definition of the sacred, the comprehension of life and salvation from the problem of human existence. But an alternative approach to the study of religion was first formulated by Durkheim in 1912, although it had been propounded earlier in a less coherent form by Fustel De Coulanges in early nineteenth century. The concept of religion is more related to emotion and sentiments of the people that drives people towards some benevolent doings. Thus, it is incredibly imperative to trace the religious structure of an area to know about the level of development and progressive attitude of the people as claimed by Max Weber (1978), in Protestant Ethic and Spirit of Capitalism (Barbalet, 2005)

Table No. 4.3: Religious Composition of Respondents

Religion	Frequency	Percentage
Hindu	111	65.6
Buddhist	39	23.0
Others	19	11.2
Total	169	100

Source: Field Survey, 2021

The above table explores the religious structure of affected women in the study area are complex and diverse with 65.6 percent of women are following Hinduism while 23.0 percent of the total population are following Buddhism and the rest 11.2 percent of population are following other religion which includes kirat, Christianity, Islamism. The religious pattern shows that there is less impression of Christianity than Hinduism and Buddhism.

4.4 Education Status

‘‘Education is the most powerful weapon which you can use to change the world.’’ as Nelson Mandel said. It helps people become better citizen, get a better paid job and shows the difference between good and bad. Through the responses of the women during FGDs and case studies, it is clearly shown that they had limited knowledge of uterine prolapse. Academic qualification plays a key role in determining life chances. Equal enrollment and Completion rates have been seen as important indicators of gender equality in education which in turn should contribute the gender equality in society. Education attainment is more worked for the younger age groups than for the older age groups. It is shown that the higher level of literacy rate can positively effect in decision making in family resource management and equal distribution of resources for their children. In the study the researcher has tried to find out the literacy rate of the respondents and its effect on decision making role in family.

Table No. 4.4: Education Status of the Respondent

Education Level	Frequency	Percentage
Illiterate	95	56.2
Literate	16	9.5
Primary	23	13.6
Secondary	20	11.8
Higher Secondary	15	8.9
Total	169	100

Source: Field Survey, 2021

With respect to education status of respondents, the above table indicates that 56.2 percent of affected women were illiterate, followed by primary education that shows 13.6 percent, 11.8 percent completed their secondary education and 9.5 percent belong to the respondent who were literate. The existing scenario of the educational structure clarifies that majority of the people were illiterate which of course decreased the chance of being educated and getting aware about their health problems. On the other hand, the data reveal the difficult situation of the women in the society to get education. In rural society, there is still the concept that after marriage, daughter will go to her husband house so there is no need to give her education. Due to illiteracy, their health status is decreasing day by day.

4.5 Family Types

Family is one of the most important social institution It is the micro institution of the society. Most of the world's population live in family units; it is an important primary group in the society. Family is the most pervasive and universal social institution. It plays a vital role in the socialization of individuals. Family is regarded as the first society of human beings. On the basic of organization there are two types of family:-

1) Nuclear family
2) Joint family

Nuclear family is a unit composed of husband, wife and their unmarried children. This is the predominant form in modern industrial societies. Joint family indicates the combination of two or more nuclear families based on an extension of the parent-child

relationship by Puja Mondal.(cited in https://www.coursehero.com>file>family-topic)

Table No. 4.5: Family Types of Respondents

Family Types	Frequency	Percentage
Nuclear Family	106	62.7
Joint	63	37.2
Total	169	100

Source: Field Survey, 2021

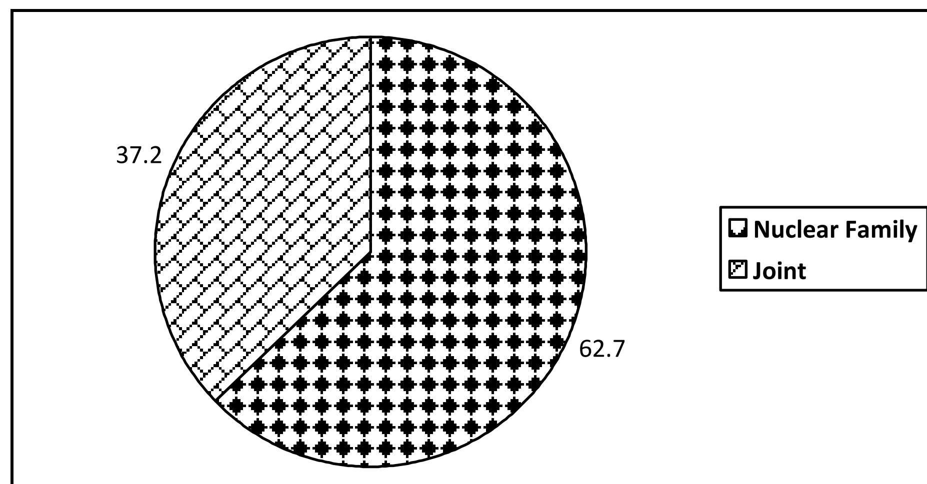


Figure 4.3: Family Types of Respondents

Table 4.5 and figure 4.3 reveal that family types of respondents. 106(62.7%) of the respondents live in nuclear family and 63 (37.2%) live in joint family. In a nuclear family, males are often involved in income generating areas such as foreign employment, service, business and women have to do all household works by themselves no matter whether she is pregnant or in postpartum period. In those days they relied on agriculture to feed themselves. In nuclear family, women don't get any help during their pregnancy and postpartum period so they have to rejoin the household activities within one week as a result, uterine prolapse was common in them.

4.6 Child preference and Prolapse

Most of the respondents follow Hindu religion. They think that son is a strong

member of the family and that only son can continue their generation. They believe and trust son more than their daughter. They complained that they were bound to give birth to more children unless a son was born in their family. There is a religious belief that if a son is born, they will reach to heaven. Also they want son to look after them when they get old. There is a culture that when someone dies in the family, son gives "Daag batti" to the death one. So that the soul of death gets emancipation and reaches to heaven. So the desire of son is increasing day by day. In the hope of getting son, they gave birth to multiple children. After multiple deliveries, women get physically and psychologically weak. The socio-cultural practices has lead to degradation of women's health continuously. As a result, they suffer from uterine prolapse.

Table No. 4.6: Child Preference of Family

Child	Frequency	Percentage
Son	127	75.1
Daughter	23	13.6
Both	19	11.3
Total	169	100

Source: Field survey, 2021

Table no. 4.6.1 shows that preference either of son or daughter in their family. According to it, most of them 127 (75.1%) preferred son whereas least no of respondents 23 (13.65%) preferred daughter and 19 (11.3%) preferred both son and daughter.

In a relation to the topic "Child preference of family", I have put a case study below which explains the theme. A widow 70 year old lady suffered from uterine prolapse told her sorrowful tale as follows:

Case study 1

A widow, Ram Kumari Chhetri (name changed) 70 years old women, permanent resident from Kaski, Salyan. Now staying in Batulechour, Pokhara. She has uterine prolapse since 45 years. She got married at the age of 10. Her menarche was at 15. She has 3 daughters, She had one abortion at 3 months of gestation. The age gap of all her children is 3-4 years. After her 3rd daughter, she felt something coming out of her vagina. She did not tell anyone and did not go to the hospital. There was no health sectors near her village. It took around a day to reach health sector for checkup. All her children were delivered at home. Her mother-in-law and sister-in-law helped her during delivery time. No any complications were seen during delivery time. The labour pain was for 3 days. In initial period she didn't care about her uterine problem because there was no pain and difficulty. However her problem increased day by day. She couldn't walk properly. She told her husband about her problem but he abused her for not giving him son. After her regular birth of 3 female children, her in-law pressured her to bear a son soon otherwise they would force her husband to bring next wife. Her husband tortured her mentally and physically. After 3 month of her last abortion, her husband got re-married.

Source: Field survey, 2021

4.7 Caste/Ethnic Composition

The most striking thing of Nepal is its ethnic feature. Caste is the extreme form of social class organization in which the position of individuals in the status hierarchy is determined by descent and birth. Caste refers to a hierarchical system or social control with a ranked status depending on its origin and religion strictness.(Rajani Thapa, 2064).There are many groups that live together in the same area but it is not without hierarchy. During field studies, I came across women of various caste and ethnicity. The maximum numbers of people are Tagadhari, Janajati, Dalit and others.

Table No. 4.7.1 Caste/Ethnic Composition of Respondents

Caste/Ethnic Group	Frequency	Percentage
Dalit	81	47.9
Tagadhari	41	24.2
Janajati	35	20.7
Other	12	7.1
Total	169	100

Source: Field Survey, 2021

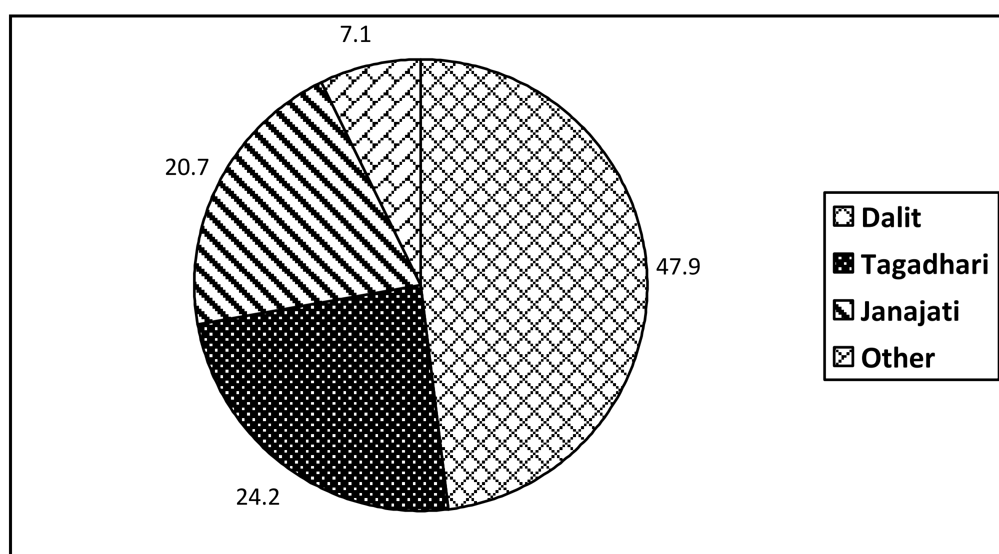


Figure 4.4: caste /ethnic composition of respondents

Table no. 4.6 and figure no 4.4 clarifies about the Caste/Ethnic distribution of the study area. Based on Caste/Ethnicity, majority of the respondents with uterine prolapse were from Dalit that is 47.9 percent which include the Castes like Bishwokarma, Pariyar, Nepali, Rasaili, Cenchury etc. Similarly, 20.7 percent were Janajati (Gurung, Magar, Tamang, Rai, Newar, Tharu etc.) and 24.2 percent were from upper caste Tagadhari which include the castes like Subedi, Devkota, Pandaya, Bhattarai, Sharma, Poudel, Baniya, Neupane etc. And the rest were other i.e. 7.1 percent. Castes like Muslim, Madhesi come under other caste group.

4.8 Occupation

Most women carry out tasks both inside and outside their homes. They not only do household chores but are also actively involved in agricultural activities. This is

because Nepal's economy is agriculture based, which includes farming and livestock rearing. These agricultural activities were the source of income and livelihood of the respondents and their families. They were also involved in animal husbandry. During field visit, most of the respondents fully depends on agriculture whereas very few of them are trader, wage laborers. Some of them said they have no land and they are working as wage laborers. They are working in construction sites, building houses, breaking stones, carrying sand, etc.

Table No. 4.8: Occupation of Respondents

Occupation	Frequency	Percentage
Farming	108	63.9
Others job	29	17.3
Business	18	10.6
Job	14	8.2
Total	169	100

Source: Field Survey, 2021

According to the data presented in table 4.8 reveal that majority of respondents i.e. 63.9% were involved in farming as we know Nepal is an agricultural country and it is not surprising. Similarly, 17.3% were others that means, housewives, household works, wage laborers, building construction sites etc. 10.6% were doing business like selling vegetables, fruits, kirana shop and 8.2 % did job according to their ability.

During my field visit, I had met sita kumari jalari, female, 40 years old. when I asked about her uterine prolapse, she gave me following information. which I want to cite as case study no 2.

Case Study No 2

Sita Kumari Jalari (name changed) female, 40 year old from Nayabazar, Pokhara had uterine prolapse for last 5 years. She is working as a daily wage laborer in a building construction. She got married at the age of 20. Delivered her first child at the age of 22. She has 2daughters and one son. Her husband also worked as a laborer in a building construction .she had to do all household works as well as work as a laborer in building construction. She wokeup early in the morning to make lunch for family and take it at her work place. During her pregnancy time she continued her work and she rejoined her work immediately after her first delivery. She carried heavy loads of concrete, bag of cement from ground floor to up floor. After 2months of her first delivery, she felt something coming outside of her vagina while she was lifting heavy container of cement. She didn't tell anybody thinking that it will be fine after sometime. She continued her work because she belongs to poor family, stay in rented house and both husband and wife together work hard so that they can feed themselves. After her last delivery her uterine prolapse increased more. She felt mass coming out of her vagina while urinating and defecation and difficult to walk too. She told her husband and her husband brought her to the hospital. She was diagnosed as having second degree uterine prolapse and advised to keep rubber ring pessary. She was using ring pessary since 6 years. She came to Manipal teaching hospital to change ring pessary. During my research time I had met her in gynae outpatient department. When I asked about the cause of her uterine prolapse, she told that it is due to lifting heavy loads in her occupation.

Source: Field study, 2021

4.9 Income Level of Respondents

Income is money or the equivalent value that an individual or business receives, usually in exchange for providing a good or service or through investing capital by Julia Kaga.(cited in http://womenhealthlondon.org.uk)

Income is the sum of all the wages, salaries, profits, rents and other forms of earnings received in a given period of time. Family income is also important variable. It is the duty of every family to fulfill the needs of its family members and provide them all the comforts and facilities. Human needs are of three types: Necessities,

Comforts and Luxuries by Soumya Sing. (cited in https;//preservation.com>education>). It is not possible to meet these needs without resources. Money is an important resource to meet these needs. Standard of living depends on the income. More income leads to higher standards of living and less income to lower one. Therefore, it is very essential to earn money in order to meet the needs of the family, discharge the family responsibilities and maintain the standard of living. In modern times, money management is an important problem for families because money is a limited resource.

Table No. 4.9: Income Level of Respondents

Monthly Income	Frequency	Percentage
10000	71	42.0
10000-15000	45	26.6
15000-20000	29	17.1
>20000	24	14.2

Source: Field Survey, 2021

According to the data presented in table no. 6.4 cleared that the monthly income of the respondents categorized into four categories where 42.0 percent belongs to the category of >10000, 26.6 percent were from 1000-15000, 17.1 percent were from 15000-20000 and last 14.2 percent belong to >20000.

During my field study, I met Chitra Maya Nepali, widow, 75 years. She had uterine prolapse since 40 years but she couldn’t afford her treatment because she had low income. She hid her problem due to poverty. But after getting help from Manipal teaching hospital’s poor patients fund organization, her treatment was done. This shows that low income level affects the health of a person. This case below is related to this topic so, I cite it as case study no 3.

Case Study No 3

A widow, Chitra Maya Nepali (name changed) 75 years permanent resident from Parbat now staying in Batulechour, Pokhara. She is illiterate. She came to Manipal Hospital for the treatment of uterine prolapse. She got married at the age of 11 and had 8 children. She had been suffering from uterine prolapse since last 40 years. Her family is fully dependent on agriculture. She has grown up in a society where a female should know how to do household chores. She had to do hard works daily. She had to do all works as there was no other members to help her no matter whether she was pregnant or in postpartum period. During her pregnancy time she did not get enough rest and food. She used to work from early morning to late night continuously. During her pregnancy and after delivery she re-joined her household works immediately. Her family were dependent on agriculture to feed themselves. No others source of income was present. She used to carry 2 younger kids in “Doko” (Nepali traditional carrier) to the field where she and her husband worked hard so that they can feed their children well.

She got uterine prolapse after her 4th child. She felt something coming out of her private area and hitting her thigh. At first, she hid it but when it got serious, then she told her husband and started to take ayurvedic medicine because they couldn’t afford hospital treatment. After that she gave birth to 4 more children. Her problems became serious day by day. She came to Manipal Hospital, Pokhara for her treatment with the help of her son. During examination doctor found small tennis ball inside her vagina. The uterus was in ulcerated form. So it was difficult for her to move, sit, walk etc. Her condition was very serious. She inserted the tennis ball by herself since 13 years. She did not tell anybody because of shyness. Doctor advised her to get admit in hospital but she refused to be admitted because she could not afford money for her treatment. So, Hospital provided her free treatment and free surgery with the help of “poor patient fund” Organization of Manipal Teaching Hospital. They paid her treatment cost. After 1 month, she got surgery for uterine prolapse. She was satisfied with the treatment.

Source: Field survey, 2021

CHAPTER: FIVE

SOCIAL FACTORS OF UTERINE PROLAPSE

Health Status of women is determined by multiple factors and some of these factors are attributed to their specific roles which are not observed in her counterpart male. The reproductive roles of women expose her to various ill health conditions if sufficient attention is not given to her reproductive health. In this study, an effort has been made to explore the magnitude of uterine prolapse and the associated factors that are attributable to disability adjusted life years and deaths. This study shows contribution of various factors to the onset of uterine prolapse. This section analyses the contributory role of several factors that lead into uterine prolapse. This study attempted to observe factors such as age at marriage, age at first child birth, type of delivery, number of children, smoking, previous abortion, working during pregnancy and after delivery, disease status during pregnancy, previous abortion, working during pregnancy and after delivery, disease status during pregnancy and puerperal period, social status in family, husband's occupations status and living conditions etc.

5.1 Uterine Prolapse by Age at Marriage

Marriage is assumed to be a basic, vital and fundamental institution not only for the physical, mental, spiritual and social comfort of the spouses but for the maintenance, protection and education of the progeny. After marriage, the wife lives in husband's home and she has to consider the husband's family also as her family. She must, therefore adjust herself to the changed situation after her marriage. She has to look upon her mother-in- law and father-in law as her own mother and father. Thus, the marriage is a sacramental process whereby the woman is transferred as a gift from one household to another. Having children is one of the principal aims of marriage, it is assumed that women have an innate desire for motherhood, which in the proper course should be satisfied, that men too have a deep, although more culturally grounded desire for parenthood and that the joint procreation of children cements and reinforces the conjugal bond. It is a more common experience that the birth of a child, preferably a son, puts an end to minor misunderstanding and bickering between spouses.

Table No. 5.1: Age at Marriage of Respondents

Marital Age	Frequency	Percentage
10-15	51	30.1
16-20	50	29.6
21-25	32	18.9
Above 25	36	21.4
Total	169	100

Source: Field Survey, 2021

Above table shows that those who got married before the age of 15 years were the majority of women having uterine prolapse which constitutes with 30.1%.In ancient time there was a system of child marriage because of this system women suffered a lots. There is a socio-cultural believe that if daughter are married before menarche (first time means), then the parents will go to heaven easily after death. Similarly, women between 16-20years and 21-25 years were 29.6% and 18.9% respectively. And finally women above 25 years were 21.4%. It shows the traditional system of early marriages of girls. The early they get married the more they suffered from the uterine prolapse.

5.2 Uterine Prolapse by Number of Children

There is positive relationship with prevalence of uterine prolapse and number of children showing very strong association. As the number of children increase, there is increase in uterine prolapse problem. During field visit, I found that maximum respondents got more than 6 times pregnant and they are all old. They are illiterate and depend on agriculture for their livelihood and animal husbandry also make significant portion of contribution. It is said that people who have more cattle and farm signifies rich people. It requires more manpower for agricultural production. For this cause, the respondents are bound to bear more no. of children. Others causes of bearing more children is desire of son. They keep on getting pregnant unless they get a son.

Table No. 5.2: Number of Children of Respondents

No of children	Frequency	Percentage
0-2	30	17.8
3-5	52	30.7
6 or more	87	51.5
Total	169	100

Source: Field Survey, 2021

Table no. 5.2 represents the number of children of respondents, majority of the respondent said they have more than six children that is 51.5 percent and 17.8 percent said they have more than one children and 30.7 percent have more than three children. Above table clearly shows that the more number of children, the more chances of uterine prolapse. The respondents who have less number of children had less chance of uterine prolapse.

5.3 Uterine Prolapse by Place of Delivery

Most of the respondents gave birth to their children at home without informing others due to shyness. Due to ignorance and illiteracy, they neglected their health. Most of them never visited health institution during their pregnancy and delivery period. Some of women didn't know about their EDD (Expected date of delivery). One women told that she gave birth to her son in the forest when she went to collect firewood. Likewise, another women said that she gave birth her child in the farm.

Table No. 5.3: Place of Delivery

Place of delivery	Frequency	Percentage
Home	158	93.4
Hospital	9	5.4
Forest and farm	2	1.2
Total	169	100

Source: Field Survey, 2021

Table no. 5.3 shows the significant variation between the place of delivery and uterine prolapse. The Home deliveries suffer from uterine prolapse more than those who

deliver their child at Hospital. According to the table, 93.4 percentage had Home delivery whereas 5.4 percent women had hospital delivered and 1.2 percentage had delivered in forest and farm. Above table clear shows that, women who delivered at home had high chances of uterine prolapse.

5.4 Time of Uterine Prolapse Appearance

Generally, women in Nepal have three level of responsibility such as reproductive and child bearing, household maintenance like cooking, cleaning, fetching water and involving in agricultural activities. Most of the respondents rejoined their daily household activities immediately after delivery. As a consequence later, they got uterine prolapse. They couldn't show their problem initially due to shyness, illiteracy and fear. Some of them complained that they hid their problem and their problem became complex but they were bound to give child birth continuously.

Table No. 5.4: Problem Appeared

After	Frequency	Percentage
1st delivery	18	10.6
2nd delivery	33	19.5
3rd delivery	48	28.4
Last/ four and more delivery	70	41.5
Total	169	100

Source: Field Survey, 2021

Table no. 5.4 shows that out of 169, 10.6% respondents were told that they got uterine prolapse after giving birth to 1st child. 19.5% Said that they got prolapse after her second child delivery than 28.4% had uterine prolapse after her 3rd delivery and 41.5% said they got prolapse after last /four and more delivery.

In relation to this topic, I have presented a case below about the time of uterine prolapse appearance:-

Case Study No 4

30 years ago, after my 4th delivery I used to sit in premises for warm up then I felt something drugging down. I didn't tell anyone at first thinking that it will improve but it didn't then I felt something was wrong but whom to share my problem? My husband didn't even care for me. He has less hearing power. Finally, when my problem became big and I couldn't tolerate it I shared with my sister that I am suffering from these kind of symptoms. She said it is uterine prolapse. It needs to be treated soon so you should go for checkup early.

Source: Field survey, 2021

5.5 Uterine Prolapse and Smoking

During field visited, many women do not want disclose their smoking habit, however, they have revealed that they do smoke. Despite keeping on smoking, sometimes they deny that they smoke. This shows that these women are aware of the consequences of smoking. So, it is not problem of lack of awareness/ knowledge rather a matter of behavior and practices.

Table No. 5.5: Smoking Status of Respondents

Smoking Status	Frequency	Percentage
Yes	39	23.1
No	130	76.9
Total	169	100

Source: Field Survey, 2021

Table no. 5.5 represents the smoking status of women. These women are facing their health problems due to smoking habit. Above table shows 23.1 percent were addicted to smoking and 76.9 percent strictly denied that they smoke. Cough emerging from the smoking has been reported as a risk factor behind fallen uterus.

5.6 Uterine Prolapse and Gender Biasness

Gender role is one of the main keys to poor health and inequality in health care system. In societies where women's social status is very low, their life expectancy is

lower than men. Men have access to services including health. In a country like Nepal, sons are given more importance than daughters. Daughters are less likely to receive adequate food, education or health care. Gender activists generally perceive the causes of uterine prolapse as gender discrimination, gender violence, women lack of control over their health and lack of rights. To fulfill the strong desire for sons within families, women are subjected to multiple pregnancies. Even if they have given birth to one or more sons, in many of the parts of the country women do not have access to contraceptives devices.

For the most part, Nepal addresses to traditional gender roles where women are not always able to make independent decisions about their reproductive health. But families and communities still refuse to speak about the disease and it is often a secret kept within the home.

Table No. 5.6: Gender Bias Issues of Respondents

Gender Biasness	Frequency	Percentage
Within Family	81	47.9
Within community	43	25.4
From Government	45	26.6
Total	169	100

Source: Field Survey, 2021

Help and support from family and society is very essential for the uterine prolapse affected women to share their pain and problems. Government should provide the facilities of several medical treatments for the women. The table no. 5.6 shows the gender biasness. 47.9% of respondent said that they were treated differently within the family, 25.4% said they felt biased within the community and 26.6% said that they felt biased in every aspects of the government body. Government provided free surgery for uterine prolapse cases only to limited hospital. For their treatment, they had to wait for a long time. Like they didn't get treatment easily and surgery appointments.

5.7 Pregnancy Care, Nutritional Diet and Rest

During research period, most of the respondents said that they were deprived OF sufficient nutritional foods and rest during their pregnancy and delivery period. Most of them said that they had to do all the household works and agricultural activities like, household work, animal caring and farming. So, they didn't have time to care for themselves. They had low access to education. There is concept that pregnancy and delivery are natural process and the god itself will show the way for it. Most of the respondents from a farming background suffered from uterine prolapse since they have to perform tasks inside and outside their homes which often involved strenuous work and carrying heavy loads. Few respondents who were young and educated got pregnancy care, nutritional diet and rest

Table No. 5.7: Pregnancy Care (nutritional diet and rest)

Number	Frequency	Percentage
Yes	34	20.2
No	76	44.9
Unknown	59	34.9
Total	169	100

Source: Field Survey, 2021

Table no 5.7 shows that the care of women nutritional diet and the facilities during their pregnancy. According to this table, 59 (34.9) respondents told that they are unknown about it and 59(44.9) don't get any facilities and only 34 (20.2) respondents said that they have got pregnancy care and nutritional diet and rest. This above table shows that women who didn't get care in pregnant time had uterine prolapse.

5.8 Uterine Prolapse by Parity (Number of Children)

Nepal is an agricultural country. Most of the respondent's families are dependent on agriculture. Agricultural production and animal husbandry make significant portion of contribution to their livelihood. For that it requires efficient manpower for agricultural production. For this cause, the respondents are bound to bear more no. of children. Another cause of multiple number of children delivered is desire of son. There is a cultural belief that son will take care of their parents at their old age so, they must

deliver many children in hopes of getting son. Also there is a religious belief that if there is the birth of son they will reach the heaven after death. Because of multiple pregnancy and the sociocultural practices, it leads to degradation of their health continuously. As a result, they are suffering from uterine prolapse.

Table No. 5.8: Uterine Prolapse by Parity of Respondents

No. of child	Frequency	Percentage
1.00	31	18.3
2.00	29	17.1
3.00	30	17.7
4 or more	79	46.7
Total	169	100

Source: Field Survey, 2021

Table no 5.8 reveals the parity status for uterine prolapse. Higher the numbers of pregnancies experienced, higher will be the chance of uterine prolapse. The above table shows that majority of respondents had number of pregnancies i.e. 46.7 percent, 17.1 percent and 17.7 percent had two and three times of pregnancies in their life. Similarly, 18.3 percent of respondents said they become pregnant only one time.

From my study I found that the women who had multiple pregnancies, they suffered more from uterine prolapse. Relating to this topic, I have presented a case below:-

Case Study No 5

Sunita Bk (name changed), a 49 years old women from a Pokhara in Nepal's kaski district, was living with her second husband and four other family members. They are earning money by doing daily labor. Sunita had complected seven pregnancies. She has 5 daughters and one son. She had one abortion. She first noticed uterine prolapse problem during her fifth pregnancy and recalled that she had lived with uterine prolapse for 26 years. She experienced prolonged labour (3 days) and all her deliveries were conducted at home by an unskilled birth attendant. She almost died after each delivery because she could not get proper rest and food during the postnatal period. Sunita had difficulty walking, sitting and standing. She had to hold a pessary while defecating and urinating. Most of the time she passed urine in a standing position. She told her husband about her problem but her husband never showed concern about her problem. She had painful intercourse. She had used rubber ring pessary for temporary treatment of her prolapse. She feels that her life is like a broken glass. She thinks that her uterine prolapse occurred due to multiple child birth.

Source: Field study, 2021

CHAPTER: SIX

SOCIAL CAUSES OF UTERINE PROLAPSE

Uterine Prolapse being one of the most widespread reproductive health problems in Nepal is the neglected health issue so it is hidden tragedy of women. It is the leading cause of ill health that exists throughout the entire nation. Uterine Prolapse is still a taboo topic in Nepalese society. Because women fear that others will know their problems. They may be reluctant to share personal information. Women also may fear the consequences of sharing personal experiences and exposing themselves to potential harm by their spouse and other family members. This chapter investigated women's experiences resulting from uterine prolapse their perception of causes of uterine prolapse and health care seeking behavior in Nepal. The main cause of the uterine prolapse is still unknown but it is obvious that is a multi-factorial condition

6.1: Age Difference of Respondent's Children

During field visit, I came to know that maximum respondents have more than 3, 4 child and each child age gap was 2, 3 years. Due to illiteracy and ignorance, they got pregnant in every one, two years. They had no knowledge and access to contraceptive devices so they got pregnant frequently.

Table No. 6.1: Age Different of Respondent's Children

Age Differences	Frequency	Percentage
2 years	82	48.5
5 years	47	27.8
More than 5 years	40	23.6
Total	169	100

Source: Field Survey, 2021

Table no. 6.1 represents age difference between respondent's children. Most of the women had two years of difference between their children i.e. 48.5 percent, 27.8 percent had 5 years of difference with their child. Similarly, 23.6 percent of women had more than five years age difference between their children. The more less gap between 2 children delivered, the more it caused uterine prolapse.

6.2. Household Works Started after Delivery

In Nepali culture, mother after delivery is free from pollution only after "Nwaran", baby naming ceremony. This period is different according to ethnicity and caste group. Some caste group do "Nwaran" on ninth day of delivery and some people do after 11 days of delivery. After baby naming ceremony, women have to do all household activities, agricultural activities. According to Gynaecologist, the female reproductive organs do not recover like previous stage till 42 to 45 days of her delivery. During my field visit, I found one respondent who told that she rejoined her household activities after 3rd day of her delivery. When I asked her why she joined early she said, because she delivered her child on 28th day of that month and according to their cultural belief , "nuwaran" can't be done in next month as it will be 2 month. "Nuwaran" should be done within the same month of baby delivery so it was done on 30th of that same month.

Table No. 6.2: Household Works Started after Delivery

No	**Frequency**	**Percentage**
1-10 days	69	40.8
11- 20 days	42	24.8
21-30 days	35	20.8
31 - Above	23	13.6
Total	169	100

Source: Field survey, 2021

According to table 6.2. shows that 69 (40.8%) respondents started their household activities within 10 days and 42 (24.8) rejoined her household activities within 11 to 20 days. 35 (20.8%) within 21 to 30 days and rest of 23 (13.6%) started their household activities after 30 days. They started household works immediately because most of them lived in nuclear family and no one was there to take care and help them during that time. Some respondent's husband is in foreign employment. They told that it was their compulsion that they rejoined household activities immediately after delivery. Because of that they got prolapse.

6.3 Time of Visiting Health Institution of Respondents during their Pregnancy, Delivery and Postnatal Period

During field visit time, most of the respondents said that there were no any hospital and health care facilities in their time. They were deprived of education. They were busy in household activities, agricultural works like animal caring, farming etc. They don't have time to think for themselves. Most of respondents never visited health sector during pregnancy, delivery and postpartum period. There is a concept that pregnancy and delivery is a natural process, no need to do extra care and visiting doctors or health care providers. Because of this type of concept women health condition is decreasing day by day. They were suffering from reproductive problem.

Table No. 6.3: Time of Visiting Health Institution of Respondents during their Pregnancy, Delivery and Postnatal Period

Time of visiting health sector	Frequency	Percentage
Less than 4 times	40	23.6
More than 4 times	9	5.3
Not at all	120	71.1
Total	169	100

Source: Field Survey, 2021

Table no.6.3 represents the time of visiting health institution of respondents during their pregnancy period. Above table shows 23.5 percent of women visited health institution less than four times and 5.3 women visited health institution more than four times and 71.1 percent said that they never visited to health sector during their pregnancy, delivery and postnatal period.

6.4 Respondents Informed Her Uterine Prolapse to First

Uterine prolapse is still a prohibition topic in Nepalese society. It is related to reproductive organ. When respondents were asked about whom they shared about the uterine prolapse to first, most of the respondents said they didn't inform their problems with husband and family at first thinking that it was normal. Due to shyness they kept their problem secretly. Some respondents said that at initial period, they didn't know about uterine prolapse. They were thinking that after child birth it is

normal but gradually their problem increased then only they shared it with others. At first they couldn't inform their husband and family members because they were afraid to face with their negative responses. They were scared husband will remarry. They went to seek the treatment of uterine prolapse and consult many traditional healers. They didn't get any solution then only they informed their husband and family.

Table No. 6.4: Informed about Uterine Prolapse to First

Informed problem	Frequency	Percentage
Husband	6	3.5
Sisters/ jethani/ deurani	20	11.8
Mother/ in-law	19	11.2
Neighbours	35	20.8
Friends	46	27.3
Health personals	43	25.4
Total	169	100

Source: Field survey, 2021

Among the 169 respondents, only 3.5% informed about uterine prolapse to the husband first, 11.2% informed about to her mother in-law and mother, 11.8% informed sisters and sister's in-laws. Likewise, maximum respondents 27.4%, 25.4% informed first her problem to her friends and health professionals and 20.8% informed to her neighbours about her problem first.

6.5 Husband's Reaction after Confessed Problem

During field visit, when asked respondents about husband's reaction, after confessing their problem, most of them said that their husband didn't take it seriously. Few respondents said that their husband took them to hospital for checkup. Some respondents said that husband misbehaved with them. They suffered from physical assault. Some husbands remarried. Most of the respondents suffered many kind of violence by family and husband.

Table 6.5: Husband's Reaction after Confessing Problem

Husband reaction	Frequency	Percentage
Supported/good	61	36.1
Bad	46	27.2
No responses	62	36.7
Total	169	100

Source: Field Survey, 2021

Table 6.5.1 shows that about husband reaction after confessing respondents uterine prolapse.36.1% respondents said that their husband supported her shows sympathized and taken them to hospital for checkup. 27.2% respondents said that their husbands angry with them and found negative attitude. They said that all this happened because of their own careless. According to few respondents after knowing their uterine prolapse, their husband assaulted physically and married another wife. 36.7% respondents said that after knowing their problem their husband takes it easily. It is happened after child birth so; they don't take attention for that and no responses for their problems.

In relation to the topic, I cite a case below which is as follows:-

Case Study No 6

Sita maya Bhandari, (name changed) 55 years old, illiterate, from Pokhara had told her grief with tears in eyes during observation. She suffered from uterine prolapse since 20 years. She belongs to Hindu family. She carries out household tasks and farming activities. Her household work comprises of sweeping in and around the house, cleaning the cowshed, milking the cow, fetching water and preparing as well as serving tea and food for everyone in house and finally washing the utensils. In the afternoon, she fetches grass and collects firewood. After the meal, she washes the utensils. It is only at 9 pm, when she finally rests. She performs all these tasks alone without her husband's help. During the cultivation and harvesting seasons, she would do additional tasks related to farming. She got married at the age of 14 and she became pregnant with her first child at 15. Since the first two children did not live to see their first birthdays, she had given birth to 3 more children who survived. But

even after the delivery, it was difficult to escape from the daily chores and to get some rest. After her last delivery, she felt mass protruding downward through her vagina when she milking the cow. She kept the problem to herself. Gradually, she faced difficulty in walking, working, moving. Her family and husband would say that she was lazy. When her problem was unbearable, she confessed her problem to her husband who took it negatively and told it was a minor problem and he didn't support her. He never showed concern about her problem. At last her husband remarried for her physical disability. Now, she stays with her son and daughter- in-law. She feels her life as a broken glass. It has become very painful.

Source: Field survey, 2021

6.6 Birth Attendance

Birth attendance handles the pregnant women during labour pain period and deliver baby properly**.** Bi**rt**h attendance plays vital role to deliver a healthy child. Most of the respondents said that during their pregnancy and delivery time, her mother in-law, relatives and neighbours helped her. Some of the respondents said that they delivered their child at home without anybody help. Some respondents said they delivered their child with the help of traditional birth attendant, like, local dais etc. Delivered at home alone, delivered with the help of family member, relatives and traditional birth attendant, they didn't handle the delivery proper way. As a result, their private part may be teared which caused the problem of uterine prolapse later.

Table no. 6.6: Birth Attendance Assisting to Delivery

Assisting to delivery	Frequency	Percentage
Family members, relatives	85	50.2
Health Professional	19	11.2
Others (local dais, traditional birth attendant etc.)	42	24.8
None	23	13.8
Total	169	100

Source: Field Survey, 2021

Table no. 6.6 represents the assisting of delivery of respondent's during their delivery time. Above table shows that majority of respondents had assisted by family

members, relatives i.e. 85 (50.2%), 19 (11.2%) had assisted by health professional and 42 (24.8%) had assisted by others like local dais and traditional birth attendant and 23 (13.8%) had delivered their child without help of anybody.

6.7 Age of First Child Birth

During field visit most of the respondents said that they got married in their early age and bearing first child in their early age. In early age women sex organ didn't develop properly. Because of this chances of high risk of loosing their muscles. The respondents who got married in early age complained that they couldn't get opportunities of visiting doctors during their pregnancy and delivery time. Majority of respondents were illiterate and due to socio-cultural norms and value they were faces many struggles in their life. They gave birth to their child in home without help of others. They never visited health sector during their pregnancy and delivery times. Because of this later they got uterine prolapse.

Table No. 6.7: Age of First Child Birth

Age of first child birth	Frequency	Percentage
11 to 15	8	4.7
16 to 20	87	51.4
21 to 30	38	22.5
31 to 40	36	21.4
Total	169	100

Source: Field survey, 2021

Table no 6.7 shows that the women who delivered her first child at the age of 11 to 15 was 4.7% and 51.4% delivered her first child at the age of 16 to 20 years. Similarly, 22.5% delivered their first child at the age of 21 to 30years and rest 21.4% were delivered their child at the age of 31 to 40 years age. The above table shows that the women who have got married in their early teen age and delivered their first child in early age were in majority of uterine prolapse.

6.8 Mental Problem and Prolapse

There is an intimate relationship between uterine prolapse and mental problem.

During field visit, I came to knew that after getting uterine prolapse, women are found mentally ill. They feel embarrassment to others that's why they always feel humiliation. Almost women have experienced mental problem after appearing this problem. They like to stay in isolated and irritating mood. The contribution of gender beliefs and gender -skewed cultural practices is responsible for high prevalence of mental problem among rural women in Nepal.

Table No. 6.8: Have Mental Problem

Mental problem	Frequency	Percentage
Yes	143	84.6
No	26	15.4
Total	169	100

Source: Field survey, 2021

The above table 6.8 shows that the condition of mental problem of 169 respondents. Among them 84.6% have mental problem. It means they are not only affected by uterine prolapse but also social, physical and mental stress too. They complained that they are always afraid of family separation and social discrimination. Due to this reasons they should spend their life with mental disturbance so they always looks very sad. Only 15.4% respondents said that they never felling any mental problem.

6.9 Use of Traditional Medicine

The belief in traditional medicine is so strong in Nepal that it cannot be replaced or eliminated. Considering this fact, Nepal government has also incorporated the Ayurveda in the national health care system parallel to the western medical health system. Women had some sort of treatment such as ingestion of different kind of herbs, foods and various kinds of sitting postures in a hospital based study in Nepal conducted by the safe motherhood network federation. It also showed that respondents tried traditional medicine before finally going to hospitals.

Table No. 6.9: Use of Traditional Medicine

Type of TM	Frequency	Percentage
Gahat ko daal (local term)	36	21.3
Neem, jadibudi okhati, anadi ko puwa	42	24.8
Chari amilo (local term)	18	10.7
Chamray, uwa with mixed herbs	38	22.4
Sitting on the hot wooden stool	5	2.9
Nothing used	30	17.9
Total	169	100

Source: Field Survey, 2021

The majority of women reported that traditional medicine is cheap and effective. Unlike western allopathic medicine, herbal remedies are not only cheaper and readily available but also fits well into the cultural and natural environment and disbased on fundamental principles of the local belief system. Table no. 6.10 represents the use of traditional medicine. Above table shows 21.3 percent said they used the Gahat ko daal as a traditional medicine to treat the uterine prolapse. 24.8 percent said they used(neem jadibudi okhati, anadi ko puwa) as local remedy and 10.7 percent said they used chari amilo as a remedy for uterine prolapse and 22.4 percent said they used (chambray, uwa with mixed herds) and 2.9 percent used wooden hot stool and 17.9 percent women was nothing used for uterine prolapse.

6.10 Consultation to Traditional Healer

During field visit, most of the respondents mentioned that they didn't tell their problem to anyone. Because of shyness, fear. Some respondents told their problem to faith healer and herbalist so they took ayurvedic and herbal medicine under their consultation. They consulted faith healer Jhakri, Baidhya, Lama guru but their problem wasn't relieved. They spent lots of money for their treatment. Initially stage they keep silent but gradually problem occur untolerable they open mouth. They shared her problem with others.

Table No. 6.10: Consult to Traditional Healer

Traditional Healer	Frequency	Percentage
Herbalist	43	25.4
Faith healer	38	22.4
Others	32	18.9
None	56	33.3
Total	169	100

Source: Field study, 2021

According to table no 6.8 shows that 25.4% respondents consulted to herbalist, 22.4% consulted to Faith healer and 18.9% consulted to others like, jhakri, Lama guru etc.33.3% respondents haven't consulted their problem to others.

In this context, I had observed a case study which is relevant to this situation. The case is given below:-

Case Study No 7

Anita Rai (named changed), 55 years old married women from Armala came to Manipal Teaching Hospital gynae OPD with the complain of lower abdomen pain and something coming out of her vagina. She got burning micturition and unable to pass urine clearly. Excessive foul smelling discharge from vagina was also present. She has 2 sons and 2 daughters. She delivered all her children at home without help. Her occupation is agricultural and household work. Her mensuration stopped 7 years ago. She came to hospital for checkup with her daughter. After examination by gynaecologist, she was diagnosed as having 2nd degree uterine prolapse and infection too. Doctors advised her to get admission in hospital but she refused to be admitted. She told that doctor prescribed medicine, and then she would go home. Her daughter also tried to convince her but failed. According to her daughter she already spent lots of money to treat her problem to traditional healer like jhakri, lama guru, sachai bhajan etc. In this way Anita Rai returned to her home without getting proper treatment. She believed in traditional healer and made her problem more complex.

Source: Field survey, 2021

CHAPTER: SEVEN

SUMMARY, MAJOR FINDINGS AND CONCLUSION

7.1 Summary

Uterine Prolapse is the widespread chronic problem among women in Nepal; particularly among adult and old women of hilly areas. It has affected women especially of low income families and low social status, families having patriarchal perspectives, traditional values, illiteracy, poverty etc.

Uterine Prolapse is a condition in which women's supportive pelvic muscles, tissues and ligaments break away from the body's internal structure and the uterus, rectum or bladder drops into or out of the vagina. The condition is mainly due to insufficiency of pelvic organ into the vagina. It is estimated that half of women who have children experience some form of prolapse in later life but many women don't seek help. So, the actual number of women affected by prolapse is unknown. Even though prolapse is not considered a life threatening condition; it may cause a great deal of discomfort and distress. There are several causes and associated factors of uterine prolapse such as poverty, extensive physical stress during and after pregnancy, early and repeated pregnancies, lack of access to medical facilities, lack of education, low socio-economic condition, increase dependence on spouses or other family members, early marriage pattern, lack of choice of occupation etc.

During field visit, I asked respondents about associated socio-cultural factors with uterine prolapse, maximum respondents said that they are highly over loaded with work pressure. They are compelled to carry out all the household works, caring child, caring cattle, fetching water from far distance, carrying fodder of grass or fire wood from the jungle etc. have adverse effects on their reproductive organ. As a result uterine prolapse occurred.

To collect the desired information, the researcher has applied mixed methods for data collection. The questionnaires and checklist are used. According to the profile of metropolitan office of Pokhara and various teaching and government hospital's patients profile data, there are altogether 300 women affected by uterine prolapse in Pokhara, and by applying snowball sampling its sample size is 169. For this purpose,

with the identified respondents, the interview and questionnaire schedule was prepared carefully; instruction of supervisor was included and the question was refined in the interview schedule. Both structured and unstructured interview questionnaires were made from time to time while in field work process. Case study, focus group discussion and telephoned interview have submitted qualitative data while interview schedule has submitted both types of data. The collected data has been arranged manually and analyzed descriptively. Results of quantitative data analysis have been shown by using various tables.

7.2 Major Findings

During the field survey, researcher explored and examined the different aspects regarding the causes and associated social factors of uterine prolapse. The major findings of the study are listed below:

Majority of the respondents with uterine prolapse were above the age of 35 years (76.9%). Between 26 to 30 years were 11.2%, between 30 to 35 years were 11.8%. Among 169 participants in the study 60.9%were married and 37.8% were widow and 1.1% were divorced. Majority of respondents, 62.7% lived in nuclear families and 37.2% in joint families. Where most of the women were Dalit caste 47.9% and 24.2% Tagadhari and 20.7% were Janajati. 42% respondent's family income was 10000 per month and maximum of the respondents 63.9% were engaged in agriculture.

It was found that majority of the respondents 56.2% were illiterate and 65.6% belonged to Hindu religion. 59.7% respondents got married before the age of 20 and 56.1% respondents gave birth to first child below the age of 20 and minimum 22.5% of the respondents gave birth to first child after the age of 20 to 30 and 21.4% gave birth to their child after the age of 30 to 40. 51.5% women became pregnant more than six times. Majority of the women; 87.5% delivered their children at home and 52.6% didn't get enough food during their pregnancy and postnatal period. 46.7% respondents suffered from uterine prolapse who has more than four children. The age gap between each children in 48.5% case were 2 years gap and in 27.8% case were 5 years gap. 71.1% respondents never visited health sector during their pregnancy and delivery period. 88.8% respondents delivered their children at home and 63.9% delivered their children with the help of family member and neighbours. Maximum

respondents 65.6% rejoined their household and agricultural activities within one month.

In 10.6% respondents their problems appeared after 1st delivery and 19.5% respondents got uterine prolapse after 2nd delivery and 28.4% after 3rd delivery and 41.4 % got uterine prolapse after four or more delivery. 23.1 % respondents said that they do smoke and 76.9% respondents strictly denied that they smoke.

1) The study identified that most of the respondents got married before 20 years of age and having children is one of the principal aims of marriage, it is assumed that women have innate desire for motherhood. But awareness regarding the need to rest before and after child birth is very low. They generally feel that birth is normal and there is no need for special arrangement before, during and after the delivery.

2) The women were hesitant to discuss especially their uterine prolapse problems due to shame and humiliation. Many women fear lack of support from their communities and families and discussion and debate about the disease do not openly occur within the family and in society. Women who suffer from uterine prolapse continue to remain silent on the matter.

3) Almost all interviewed women were unaware that treatment was available. The Government of Nepal has recognized uterine prolapse as a high priority condition and has shown its commitment by creating a fund for provision of free uterine prolapse surgery services to women in need.

4) In our society most people are socialized at a very early age into society's rules concerning the situations, circumstances and purposes of allowable and unallowable genital exposure. Specially, females are socialized into rigorous norms concerning society's expectations in the covering and privacy of specified areas of her body, especially her genital part.

5) As a predominantly patriarchal society, institutions such as education, the legal system and even health services are heavily influenced by these norms and values. The consequences of this system can be seen in social indicators such as literacy, child mortality, maternal mortality and morbidity amongst women. So, their problems remain hidden which leads them into poor health and consequences are seen in either newborn child or her own health. In absence of proper care and support during

pregnancy and child birth, the outcomes pregnancy leads into complication such as falling of uterus outside of Vagina.

6) The study reveals that the association between uterine prolapse and risk factors of uterine prolapse significantly depends on place of birth of child, assistance of delivery, rest after delivery. Likewise carrying heavy load after delivery, types of delivery, labor (pain) hour, smoking etc. are also factors behind the uterine prolapse.

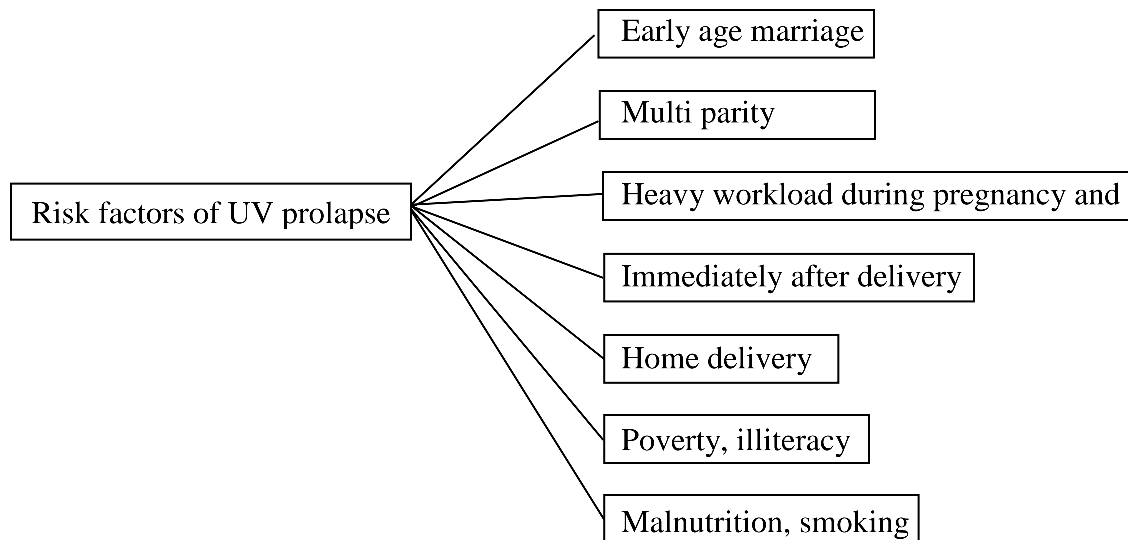
7) Uterine prolapse can be prevented by avoiding lifting or carrying heavy loads followed by intake of nutritious diet, limiting births and institutional delivery.

8) This study found that women with uterine prolapse had difficulty in weight lifting, sitting, walking, standing, foul smelling white discharge, difficulty in urination and defecation.

7.3 Conclusion

Uterine prolapse is a preventable and treatable disease. It can be prevented by creating awareness among women. If women have knowledge regarding uterine prolapse, the cases can be decreased. This study is tried to show the inter-relation between status of women health and its association to socio-cultural factors. By different types of sociological variables, there are many chances of increasing the problem of uterine prolapse. This study is based on Pokhara municipality.

INFLUENCE OF SOCIAL VARIABLE WITH UTERINE PROLAPSE



During the field study period, I came to know that different types of socio-cultural factors are associated with uterine prolapse. The main associated social factors in this study were found to be: early age of marriage, multiple child birth, heavy workloads during pregnancy and immediately after delivery, illiteracy, home delivery, poverty etc. Beside that another strong reason of associated social causes of uterine prolapse is desire of son child which forces women to give birth multiple birth until the son is born.

As I continued my research, it was seen that maximum women hide their problems at initial phase due to social fear, embarrassment, hate, husband's and family's negative behaviors. But later on when the problem became more complex and when she was unable to bear the pain, then only women confessed their problems to others. There is a strong relationship between women's physical health and uterine prolapse as well as socio-cultural and psychological factors. The study also demonstrates that there is a need for a multi-sectoral concentrated effort to address problems of uterine prolapse as the determinants for care range from economic to social issues. These issues include raising awareness to address the 'culture of silence', adverse social attitudes and practices regarding child bearing, low status of women in the family, community and nation, non-availability of finances, inadequate attention to empowerment of women.

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ANNEX: Questionnaire Schedule

STUDY AND EVALUTION OF SOCIAL FACTORS OF UTERINE PROLAPSE AMONG THE WOMEN OF POKHARA

According to my study curriculum, I am Tirtha Kumari Gurung, student of Master's Degree second year, faculty of sociology is going to research the associated factors of uterine prolapse. All your information will be kept confidentially and information will be used for the research purpose only.

Thank you for your participant.

Tirtha Kumari Gurung
Roll No. 48/071
Prithvi Narayan Campus

1. GENERAL INFORMATION

1.1 Age

1.2 Address: ……………………………………………………………………...

1.3 Marital status:

(a) Married (b) Unmarried (c) Divorced (d) Widow

1.4 Blood group:

(a) Rh positive (b) Rh negative (c) Not available

1.5 Ethnicity:

(a) Brahman (b) Chhetri (c) Dalit (d) Gurung
(e) Magar (f) Rai

1.6 Types of family:

(a) Nuclear family (b) Joint family (c) Remarriage family

1.7 Educational status:

(a) Illiterate (b) literate

If literate: primary, secondary, Higher secondary, Bacholar, Master degree and above

1.8 Occupation:

(a) Housewife (b) Agriculture (c) Bussiness
(d) Service (e) others

1.9 Family income source per month:

(a) below 5000 (b) 5000-10000 (c) 10000-20000 (d) > 20000

1.10 What was your age at menarche?

1.11 What was your age at marriage?

1.12 What was your age at the time of first child birth?

1.13 How many children do you have?

(a) son (b) daughter

1.14 What is the age gap between each children?

(a) 18 months (b) 2- 3 years (c) 3 – 4 years (d) 5 years above

1.15 Where did you delivered your first child?

(a) Home (b) health institution

1.16 What is the availability of health service nearby house?

(a) 15 min (b) 30 min (c) 60 min and above

1.17 What types of food did you take during pregnancy and postnatal period?

(a) Vegetarian food (b) Non vegetrian food (c) mixed food

1.18 In first pregnancy how many time did you visit health institution?

(a) never (b) less than 3 times (c) more than three time

1.19 What was the work load (physical work) during pregnancy and postnatal period?

(a) household work (b) household and office work

(c) agriculture and heavy load work

1.20 Did you have any complication during pregnancy, delivery and postnatal period?

(a) no (b) yes (specify)

1.21 Who assisted you at the time of delivery?

(a) family member (b) Health workers (c) others

1.22 Did you have any instrumental delivery?

(a) no (b) yes (specify)

1.23 How many days labour pain was?

(a) one day (b) two days (c) three days and above

1.24 Any complication during delivery and after delivery?

(a) no (b) yes (specify)

1.25 How many days did you take rest after delivery?

(a) 3 days (b) 11 days (c) above 30 days

1.26 Did you used patuka (a piece of clothes) after delivery?

(a) no (b) yes

1.27 Did you have any reproductive disease?

(a) no (b) yes (specify)

1.28 Did you have any other medical illness except uterine prolapse?

(a) no (b) yes (specify)

1.29 Do you have long term constipation?

(a) during pregnancy: yes, no

(b) postnatal period: yes, no

1.30 Did you smoke?

(a) post status : yes, no

(b) present status of smoking: (a) yes, No

2 QUESTION RELATED TO UTERINE PROLAPSE INFORMATION AND TREATMENT:

2.1 Since when you got uterine prolapse?

(a) after first children birth

(b) after second child birth

(c) after 3rd and above

2.2 Have you informed about uterine prolapse to your husband and others family member?

(a) yes (b) no

2.3 Did you have foul smelling discharge per vagina?

(a) yes (b) no

2.4 Did you have any urinary problem ?

(a) yes (b) no

2.5 Did you have any difficulty during stool pass?

(a) yes (b) no

2.6 Did you have lower abdomen pain and backache?

(a) yes (b) no

2.7 Did you have pain during intercourse?

(a) no (b) yes

2.8 Did you applied any home remedies for prolapse?

(a) no, (b) yes

2.9 Have you treated against uterine prolapse?

(a) yes (b) no

2.10 What types of treatment have you got?

(a) applied ring pessary

(b) medication as for the advice of health workers.

(c) surgery/ operation

(d) others

2.11 Do you have to say something?

……………………………………………………………………………………..

2.12 Thank you for your valuable times.

……………………………………………………………………………………..