KNOWLEDGE ON UTERINE PROLAPSE AND FACTORS AFFECTING SERVICE UTILIZATION AMONG DALIT WOMEN OF KHUNGRI VDC, ROLPA DISTRICT

A THESIS SUBMITTED TO THE CENTRAL DEPARTMENT OF SOCIOLOGY FOR THE PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE MASTER DEGREE OF ARTS IN SOCIOLOGY

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LETTER OF RECOMMENDATION

I recommend that The Thesis entitled "KNOWLEDGE ON UTERINE PROLAPSE AND FACTORS AFFECTING SERVICE UTILIZATION AMONG DALIT WOMEN OF KHUNGRI VDC, ROLPA DISTRICT" completed by **Mr. Kiran Acharya** under my supervision for partial fulfillment of the requirement for the Master's Degree in Arts of Sociology for necessary action to its evaluation on Process.

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LETTER OF APPROVAL

This is to certify that the thesis dissertation entitled "KNOWLEDGE ON UTERINE PROLAPSE AND FACTORS AFFECTING SERVICE UTILIZATION AMONG DALIT WOMEN OF KHUNGRI VDC, ROLPA DISTRICT" written and submitted by **Mr Kiran Acharya** has been approved by this evaluation committee accordance in the format of the faculty of the Humanities and social sciences, Tribhuvan University for the completion of master's Degree in Arts of Sociology.

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Kiran Acharya

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ACRONYMS

ANC	Antenatal care
BBC	Beyond Bejing Committee
EDPs	External Development Partners
ICPD	International Conference for Population Studies
MDG	Millennium Development Goal
MCHW	Maternal and Child Health Worker
NHRC	Nepal Health Research Council
OPD	Out Patient Department
SPSS	Statistical Package for Social Sciences
TUTH	Tribhuvan University Teaching Hospital
UNFPA	United Nations Fund for Population Activities
UP	Uterine Prolapse
VDC	Village Development Committee
WHO	World Health Organization

CHAPTER I
INTRODUCTION

1.1 Background

Generally, women in Nepal have three levels of responsibility: 1) Reproduction and child rearing, 2) Household maintenance and 3) Income earning. Under traditional gender divisions of labour women tend to concentrate more on their reproductive roles and household responsibilities, while men focus on income-earning. Women's jobs are generally not regarded as "work" or considered productive in economic terms, although they contribute considerable time in productive activities. Yet the, often non-formal, work burden of women in Nepal, which averages 16 hours per day, is much higher than the global average . This also has the effect of reducing their access to self-improvement opportunities and paid employment. Even when they do have access to paid employment, women suffer from discriminatory practices in all the sectors. Women's mobility is also highly restricted, which is significant as mobility plays important role in increasing self-confidence, self-reliance, skill development and decision making power (Pradhan, 2007).

Although the women's health agenda has been largely defined by biomedicine and public health, anthropology has much to offer in terms of defining and understanding women's health from the perspective of women themselves. And the health problems, be it among men or women, cannot be separated from the larger social, cultural, economic, and political forces that shape and constraint human life (Subedi, 2010).

The reproductive ill health accounts for 30% of total burden of diseases among the women of reproductive age as compared to 12% for men in developing countries (World Development report, 1993). 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(Radl, Rajwar, & Aro, 2012). Reproductive morbidity is one of the major problems faced by Nepali women. Uterine Prolapse (falling of womb) is one of the poignant issues of reproductive health. It is a consequence of multiple pregnancies intertwined with abject poverty and discriminatory practices against women in the society (Pradhan, 2007).

The maternal mortality is given concern in many developing/developed countries whereas morbidity which causes so many sufferings is hardly mentioned. Little rigorous research has been done in the area of maternal morbidity. Most studies from developing countries are hospital based rather than community based. A much ignored aspect of maternal morbidity is residual or long term morbidity that includes conditions like uterine prolapse, fistula etc. It is estimated that 15 million women annually develop long term disabilities due to pregnancy related complications (World Bank,1993).

The Ministry of Health and Population of the Government of Nepal planned to support services to address UP cases and declared UP as a priority program, and in 2008/9 External Development Partners (EDPs) together with the World Bank allocated a budget pool fund to support 12,000 UP cases for surgical services. The Government, however, took about six months to produce operational guidelines on how to use the fund focusing on the processes, policies and stakeholders in providing services to women diagnosed with UP in screening camps or hospitals and those waiting for surgical treatment. Recently, the Government developed guidelines for UP screenings, use of pessary rings and referral services for primary health workers working in public health facilities located in the Village Development Committees. UNFPA supports the Government of Nepal in achieving the goals and objectives of the ICPD, 1994. The Fund further supports the Government in achieving the outputs of the Nepal Health Sector Programme - Implementation Plan and the Millennium Development Goals. EDPs and UNFPA are contributing to help eliminate UP cases from the country by supporting the UP camps and surgical services. UP occurs when the uterus (womb) slips out of place and into the vaginal canal. The severity of UP is divided into three degrees (Safe Motherhood Network Federation, Beyond Beijing Committee (BBC), & Tribhnuvan University Teaching Hospital (TUTH), 2010) which is given as below:

- First degree (mild)—the cervix (the lower opening of the uterus into the vagina) protrudes into the lower third of the vagina.
- Second degree (moderate)—the cervix protrudes past the vaginal opening.
- Third degree (severe)—the entire uterus protrudes past the vaginal opening.

Uterine prolapse is a condition in which the female reproductive organs fall, to a greater or lesser degree, from their normal position. It has provided a comprehensive mechanical

explanation of uterine prolapse in the context of rural Nepal. Normally, the uterus rests on the muscular pelvic floor (perineum) while also supported by ligaments attaching to the public, vertebral and pelvic bones. Prolapse is likely to occur when both the muscular floor and the supporting ligaments are damaged. Pelvic floor damage can result from one or more of the following: overstretching of the perineum; obstructed labour; delivery of a large infant; delay in episiotomy; and/or imperfect repair of the perineal injuries. With the muscular floor no longer supporting the organs, the uterus is left hanging by the ligaments alone. Symptoms of prolapse range from a heavy feeling of pelvic pressure, back ache, urinary and bowel problems, coital discomfort, and drying, cracking and bleeding of internal tissues exposed to air .There may be a problem sitting and moving about normally. Uterine prolapse may be accompanied by the collapse of part of the bladder into the vagina (cystocele) or herniation of part of the rectum into the vagina (rectocele). Decubitus ulcers may develop at the cervix and vaginal wall in second or third degree prolapse, particularly in complete prolapse where the cervix and uterus are in constant friction with the woman's thighs and clothing. Resulting infection may subsequently spread internally (Earth & Sthapit, 2002).

Unlike in developed world where post menopausal women tend to suffer from uterine prolapse, in Nepal, uterine prolapse has been found in girls as young as in the teens or after the birth of first child (NHRC, 2004). Uterus (or uterine) Prolapse (UP) is widespread chronic problem among women in Nepal, particularly in hill areas (Pradhan, 2007).

UP can be viewed as a function of unequal gender relationships and an expression of the subversion of women and denial of their rights. Women suffering from uterus prolapse are considered impure and looked down upon by husbands, families and society, which isolates them from social activities. Husbands threaten to take another wife when they do not get sexual satisfaction, which may cause various problems for the women and even lead to breakdown of the family, with attendant adverse effects on the lives of the rejected women and their children. Such treatment has been reported by a number of women suffering from UP (CAED, 2006).

Nepal is a patriarchal society and all institutions – ranging from education to the legal system and even health services – are strongly influenced by these norms and values. In rural areas, the women's work burden is considered to be 12%–22% greater than the men's, and these

women must work hard in order to gain acceptance in their husbands' homes(Earth & Sthapit, 2002).

Uterovaginal prolapsed can be prevented by adequate postnatal care which includes early postnatal ambulation, prevention of infections, pelvic floor exercises, provision of adequate rest for at least 3 month after delivery, taking help of other family members in domestic health, improvement of nutritional status, postnatal checkup and adoption of family planning methods.

Uterine prolapse is a condition which occurs among women all over the world. With access to proper healthcare it is a condition easily prevented and treated. In Nepal uterine prolapse is one of the major health problems of women of re-productive- and menopausal age. Because of low familial and social position, illiteracy, cultural traditions and patriarchal structures women of the Nepalese society are vulnerable to health problems. These are also factors that make the reproductive health situation of Nepalese women very poor(Broms Ingrid & Ingvarsson Anna-Klara, 2012).

Uterine prolapse is one type of pelvic organ prolapse and is the second most commonest after cysto-urethrocele. It is more seen in women who had one or more vaginal births, given birth to large babies, difficult instrumental deliveries, lack of rest during puerperium, poor nutrition and constipation(Raafat S. Barsoom & Richard H Sinert, November 2013).

The study on the knowledge on Uterine Prolapse and factors affecting service utilization among Dalit women helps to identify the status of knowledge of dalit women regarding Uterine prolapsed and various factors that affect its service utilization because in the rural areas of Nepal like rolpa, uterine prolapse is one of the major health problems of women especially in dalit women.

1.2 Statement of the Problem

The magnitude of women's reproductive health problems in developing countries is enormous(Dangal, 2008). Females are discriminated against from early childhood, and this discrimination continues into their adult reproductive years and beyond. Such discrimination

complicates women's right to make independent decisions regarding health or family planning, such as preventing unwanted pregnancies (Sharma, 2004). As "easy" as it may be to collect and identify mortality data, it is difficult to identify information about morbidities in general and about maternal morbidities more specifically. Studying gynecological morbidities is challenging since these issues are considered a taboo topic in Nepal, which makes talking about it very difficult (Bonetti & Pathak, 2004).

Education is the most essential element and a basic human right for the 21st century human being. Among millions Dalit women, there are hardly 10 to 15 university graduates. Ignorance, absolute poverty, caste and gender discrimination are the explanation for these statistics. At present, a majority of Dalits in Nepal are deprived of education. The literacy rate of all women in Nepal is 54.5%, but for Dalit women is only 34.8%. Similarly, only 11.8% of Dalit girls are enrolled in secondary or higher levels of education. These education disadvantages cement the social and economic disadvantages of the Dalit community(Feminist Dalit Organization (FEDO), 2010).

The problem of uterine prolapse is also common among Dalit women because of the violence they face from birth, unequal behavior towards them, a heavy workload and the lack of proper medical and familial support during and immediately after child birth. This context needs to taken account in the formulation and implementation of public health strategies. It is essential more resources are provided to prevent and treat uterine prolapse (Feminist Dalit Organization (FEDO), 2010).

Thus, uterine prolapse is widespread problem and women with uterine prolapse faces a huge challenge to perform their daily activities ranging from walking, urinating to other household tasks but it hasn't received much attention both in terms of research and interventions to deal with and our government has also ignored the unique needs of women's health care regarding uterine prolapse. Of all ethnicity in Nepal, Dalit women are more vulnerable as they are deprived from every facility from access to health service to education and even health service utilization is very low. This study will be helpful for identifying causes of uterine prolapse and choice of proper services. Researcher rises following question regarding this study.

1) What are the problems of uterine prolapse among Dalit women?
2) What is the level of knowledge on uterine prolapse among Dalit women?
3) What are the factors affecting UP related service utilization for the Dalit women?

1.3 Objectives

1.3.1 General Objective

To understand knowledge on uterine prolapse and factors affecting service utilization of Dalit women.

1.3.2 Specific Objectives

1. To analyze the status of uterine prolapse problem among Dalit women.
2. To examine the level of knowledge on uterine prolapse of Dalit women, and
3. To analyze factors affecting UP related service utilization among Dalit women.

1.4 Significance

Women and girls suffer from a universally low status in Nepal and are marginalized and underrepresented in every aspects of society. They are often the last and least likely to obtain basic goods and services like food, health care and **education** both at the home and when accessing service.

It is recognized that girls are uneven recipients of progress because they have lower status and do not enjoy the same right, opportunities and benefits of childhood as their brothers. Nepal has amongst the highest incidence of son preference in the world. Sons are desired because they carry on family name, represent in old age "insurance" and because property is transmitted through them from one generation to the next (UNICEF, 1991).

Dalit women are chosen as study population as they are marginalized group and lie at the bottom of social hierarchy. They are deprived of each and every facility including health services and education etc., socially isolated, economically poor and culturally backward.

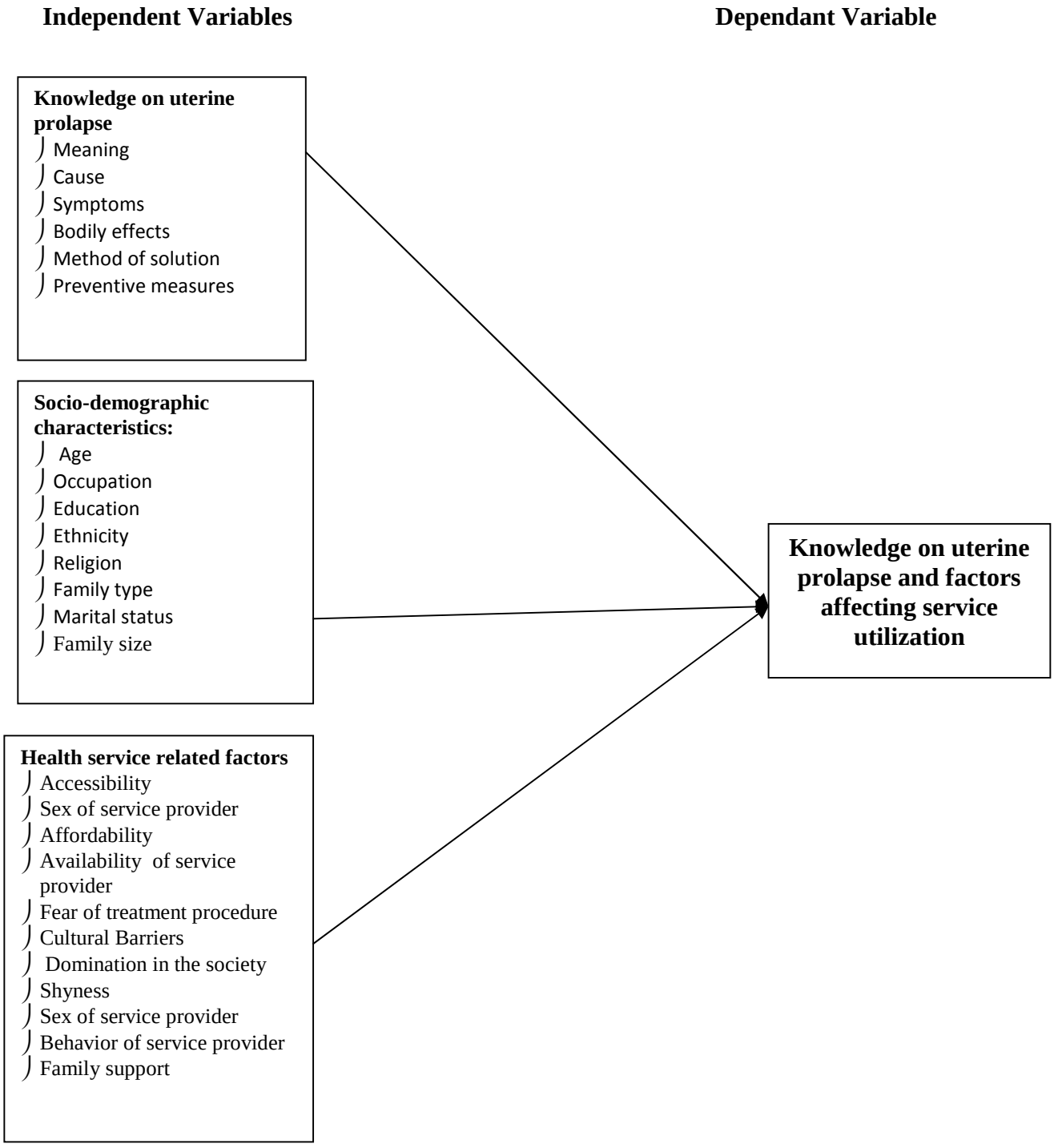
The literacy rate of dalit women is 34.9% in average which is low as compared to national average. Thirty seven percent dalit women aged 16 to 60 years were found to suffer from uterine prolapse in a study done in Siraha and Saptari.

Moreover, the studies in Nepal that the researcher has come across till now have only dealt with a etiology, risk factors of uterine prolapsed (Messerschmidt Liesl, Nov 2009). The researcher did not find any study that actually looks in to knowledge level and service utilization of UP. And conducting this study amongst both women with and without uterine prolapsed, the results will provide information as to knowledge level regarding up and factors affecting the service utilization of UP and status of women especially with focused to dalit women

So, the knowledge of uterine prolapse among dalit women may be lower or inadequate which is being studied. Nepal's health services were further pushed back after the decade-long people's war in which basic health services, treatment centers, machineries, and treatments were targeted. Even the health services that have reached the rural community have not been sufficient. The utilization of services are affected by different factors like shame, fear, lack of knowledge, no family support, poor economic condition, no availability and accessibility of health facilities etc. The increase in level of service utilization can lower the complications. So factors associated with the service utilization of uterine prolapse among dalit will be studied.

1.5 Conceptual Framework

Conceptual framework is like a map of road or house which provides clear picture to the study. It helps and guides researchers as well as readers. In the study, the conceptual framework is presented in flow chart.



CHAPTER II

LITERATURE REVIEW

2.1 Theoretical Review

Uterine prolapse has been prevalent since ages and it is proven by the fact that it was mentioned in the writings of Hippocrates and Galen. During the Hippocrates era, it was treated by tying the woman to a ladder which was inverted with the hope that prolapsed organ would return to its normal position. An Egyptian medical text around 2000 BC also mentioned “falling womb” and its treatment. The problem seems to have continued over the centuries with cases of uterine prolapse making its way in to the articles available from mid 19th century (Kumari, Walia, & Singh, 2000). The findings further claimed that such a serious problem has remained neglected for so long (Kumari et. al, 2000).

Caste culture as a specific form of social inequality according to Marx can be stated as a bi-product of a continued domination of owners of productive resources over the non-owners (Evans, Mary, & Ellie Lee (eds), 2002. It has been claimed that health problems are closely tied to unhealthy and stressful work environments. Rather than seeing health problems as the result of individual frailty or weakness, they should be seen in terms of the unequal social structure and class disadvantages that are reproduced under capitalism. In general, feminist analyses of inequality have focused on the construction and maintenance of female subordination. It is not surprising that medicine, health and illness have been central to this analysis, as they concern the body, the site where most gendered interaction takes place. Nor is it surprising that feminists have paid great attention to birth and maternity, an area where patriarchy is acute and the links between sexuality and reproduction are biologically and socially intertwined(Evans, Mary, & Ellie Lee (eds), 2002).

Dalit women and girls endure the double burden of caste and gender discrimination lagging far behind their counterpart males and upper-caste women in terms of health care, education and remuneration for their labor (CHRGJ, 2005).

It has been concluded that uterine prolapse has been prevalent in the society from antiquity and the problems continued till today. Various socio-cultural factors are associated with it and it happens mostly due to inequality which seems mostly in female because of discrimination to women from dalit society like in male dominant society of Nepal.

Sociology has contributed much to health sectors and promises greater contributions in the future. For many years social scientist have "walked the wards" with physicians and nurses, have interviewed patients, and have taught medical students. Sociology has developed a distinct body of knowledge concerning medicine and even added to general social theory. In fact, it can contribute substantially to decision making in health panorama. Medical sociology deals with the contributions of sociology (Rosenblatt, D. and Suchman, EA., 1964). Among these are the social factors involved in illness; the behavior of the patients, the medical profession and related health workers; and different types of health related organizations including medical.

2.2 Empirical Review

2.2.1 Present Situation of Uterine Prolapse in Nepal

Everything connected to sexuality is a taboo issue in Nepal and everything around uterine prolapse is, despite increasing awareness, still highly stigmatized. Women with a prolapsed consider themselves lost. They cannot fulfill their daily routines, and in the worst case, they are treated as outcasts in their family and society (Radi, Rajwar, & Aro, 2012).

Dalit community in general and women in particular have been treated as sub humans for ages. The basic difference between high caste women and Dalit women lies on the ground of caste based discrimination and untouchability, which Dalit women have to face. In comparison to other high caste women, the Dalit women have been forced to live in most vulnerable conditions. They constitute the major workforce doing hard manual labour and engage in agricultural operations. Patriarchal feudal system considers women folk in general as commodity, means of entertainment and second-class citizen. That is why, even Dalit women face discrimination in justice, education, job, property rights, wages and decision-making process. (Biswakarma., 2004).

Among many reproductive health related issues, uterine prolapse is a serious and widespread problem in Nepal. The problem is more widely distributed among rural areas of the country and the magnitude of the problem can be observed by its high reported cases among reproductive health problems. Uterine prolapse is a common problem of women and is prevalent among women as low as below 20 years of age as the median age of marriage of women in Nepal is 16.8 years whereas the age of first child birth is 17.7 years (Singh, 2006). The burdens are that many pregnancies can take place on a poorly nourished and over worked individual subjected to harmful traditional practices. Too early, too many children, too close, and too late is a pattern of a child bearing that carries immense risks of uterine prolapse for the women (Rana Bhat, 1997).

Carrying heavy loads is a common activity of rural women in Nepal, accomplished with the use of a traditional apparatus called *doko* (bamboo container) and *namlo* (strap around forehead) that requires straining of the abdominal muscles to lift and carry the load. Bhat (1997) further called attention to the wearing of a *patuka* as a risk factor. The *patuka* is a traditional cloth bound very tightly around the waist to give support for lifting, and forcefully contains the abdomen much like a corset (Earth & Sthapit, 2002). Similarly, all over Nepal, hundreds of thousands of women are suffering from uterine prolapse and its prevalence among women at reproductive age exceeds 10 percent and is as high as 24 percent among women between the ages of 45 and 49 years. All together more than 600,000 women are in urgent need of medical care (UNFPA, 2006).

It is not that women do not speak out about their problem. Over half of the women said they did tell their husbands about their prolapsed uterus. A 57% of their husbands did not show any reaction to this information. This strongly suggests the lack of concern for a “women’s problem” and the need for a rights based approach to UP, enabling more women to speak and obliging men to listen and support (Pradhan, 2007).

One in every 10 married women in Nepal is estimated to suffer from uterine prolapse and 2/3 of them need corrected surgery but few have access to it(Pradhan, 2007). It is estimated that 25-35% of rural women have some degrees of prolapse. In a study, prevalence of uterine prolapse was found to be 16-35% in rural Nepal (i.e. Siraha, Gorkha, Nuwakot). Forty percent of married women are estimated to suffer from uterine prolapsed (Dangi, 2008) .

110 out of 1,147 (9.6%) of women were detected with prolapse in the study conducted by Institute of Medicine. In a study carried out by in Bajhang district of Nepal, out of the total 530 women visiting the gynecological camp, 273 (51.5%) of them had gynecological problems and utero-vaginal prolapse (18.3%) seemed to be the leading cause behind it followed by sub fertility (14.2%) and reproductive tract infections accounting for another 13.9%. only 22% of them used family planning methods (Tuladhar, 2005). This might also explain the parous condition of the women. A study conducted to find out the reproductive morbidity in the three districts of eastern region of Nepal found pelvic organ prolapsed as the second leading cause, accounting for 20.1% of the total causes (Dangal, 2008).

Among the various ethnicity residing in Nepal, Dalits are the lower castes and lie at the bottom of social hierarchy. There are 260 million "untouchables" or Dalits in the world and out of them 240 million in India and 4.5 million in Nepal (Pariyar, 2008). In Dalit community, 9 in 10 mothers give birth at home which is a serious problem. Over 6 in 10 Dalit women deliver their babies without skilled birth attendance which has killed many Dalit women(Pathak, 2007).

Globally 30% women who have delivered a child are affected from uterine prolapse (Adler-Bodner, Srivastavan, & Bodner, March 2007). More than 3338,000 procedures for prolapsed are performed annually in the United States. The estimated life time risk by age 80 years undergoing surgery for urinary incontinence or pelvic organ prolapsed was 11.1 % in a large managed care population in Oregon. In a 2002 study in the United States, 27,342 women were evaluated in the Women's Health Initiative. 14.2% of the 16,616 women who had a uterus were diagnosed with genital prolapse (Hendrix et al, 2002). Another US study suggests that genital prolapsed is present in some 20% of post-menopausal women. In a 1993 study from Egypt, Physician diagnosis found that 56% of 509 ever married women between the ages of 14 and 60 had prolapsed.

In 1997, 694 parous non-pregnant women in Istanbul were examined and 27% were diagnosed with severe "pelvic relaxation". In a 1997 study India, 440 women under the age of 35 were evaluated for gynecological morbidity, and case of prolapse were noted in 3.4%. in a 2000 study in northern India, of 2,990 married women surveyed for prolapse, 7.6% had prolapse (Amatya, 2006) .

A study done by the Safe Motherhood Network Federation Nepal revealed that an average of 9% women in 10 districts was found to suffer from prolapsed uterus. Among hill women this was 15 % as compared with 5% amongst terai women. A clinic based study carried out in eight districts in terai, hill and mountain areas showed that, on average, 10% of women were suffering from prolapsed uterus ranging from 7% to 44% (Deuba et al, 2005).

2.2.2 Knowledge Status of Uterine Prolapse

Women were kept in ignorance for long, and education was not considered as good for women. The belief that "women who get education become witches" was made widely popular in the society keeping them in complete ignorance. Whether educated or illiterate, women must be within the control of men. Just to be a man is important whether illiterate, disabled or moron. The legal system is also based on this ideology which thinks women the weakest person and does not rely on them in providing the rights to property or in any decision making of the household or of the self as long as the male person is there to safeguard her. The family system, social system and the national system all work in hegemony to make the women the weakest person and exploit her to the extent it could. Not only her labour, and physical potential but even her flesh is used for the benefit of men in the humane world of mankind. Uterus prolapse and death among women due to complication of pregnancy is common among the Nepalese women. Early marriage and repeated pregnancy in early age gives rise to health risks leading to an increased rate of neonatal and post-natal mortality rates (luitel, 2000).

For the overall development of a society and nation, women participation is a must. But unfortunately women of our country mostly spend their time doing household activities and also involving in agricultural fields. Due to which education and knowledge acquirement is difficult. Daughters are referred as product going to other’s house and are refused to acquire education (Bhusal, 2003).

Preventive work is challenging because uterine prolapse is a social taboo. Moreover, in Nepal, information and treatment cannot be accessed by everyone. Approaching groups is considered as an effective way to improve the flow of information on the prevention and treatment of a prolapse – under the condition that the groups are single sex only. Furthermore, proper integration of sexual and reproductive health issues is required by health

professionals as well as the women who wish that future generations are sensitized much earlier (Radi et. al 2012).

Nepal is among the most illiterate countries in the world with a disappointing 48.6% of the overall population being literate. When this is broken down by gender for the purpose of showing the extreme disparity between male and female literacy, one cannot but be astonished that the 2010 literacy rate for men of 62.7% is nearly double the literacy rate for women of 34.9%.Women's lack of education is a primary factor for the reproduction of inequality. Men continue to dominate women's reproduction, labor access and mobility, leading to women being the poorest among the poor and being relegated to poverty. Dalit women face multiple levels of discrimination within Nepalese society (Wydra et al., 2010).

Knowledge about the preventive measures of uterovaginal prolapsed will help the mothers to lead a healthy and happy life. The postnatal mothers should have the knowledge regarding the importance of diet, early ambulation, avoidance of strenuous activity, personal hygiene, and pelvic floor exercises. This is supported by a study conducted on " Knowledge and practices of selected aspects of postnatal care" among 70 postnatal mothers at Bangalore revealed that postnatal mothers had knowledge about diet (63.93%), early ambulation (57%), personal hygiene (61.4%), postnatal exercises (38.89%), breast feeding (54.55%). The overall mean % of knowledge score was 56.36%. The findings of the study supports that the knowledge about diet, early ambulation, personal hygiene, postnatal exercises can help to prevent uterovaginal prolapsed (Krishnapriya G, 2004).

A study conducted on "Pelvic floor education after vaginal Delivery" among 107 women, at Switzerland stated that 51 women (47.66%) were educated about pelvic floor exercises and 56 women (52.33%) were not imparted knowledge regarding pelvic floor exercises. The women who had the knowledge of pelvic floor exercises experienced significant reduction in the incidence of symptoms of uterovaginal prolapsed compared with women who did not had the knowledge of pelvic floor exercises. The findings of the study suggested that the knowledge of pelvic floor exercises for the postnatal mother can prevent uterovaginal prolapsed (Meyer s, Hohlfeld P, Achtari C, & De Grandi, 2001 May).

In a study done among 50 pregnant women attending ANC, OPD, Bhaktapur hospital, Bhaktapur, 56% of the respondents answered heavy lifting as the cause (Suwal, 2007). A

study done among women attending the outpatient clinic in E1- Shatby Maternity University Hospital in Alexandria revealed that 70.4% of the cases had poor (36.4%) or fair knowledge (34%) and only 29.6% had satisfactory knowledge. Women's knowledge and degree of genital prolapse were directly related to women's report of symptoms characteristic of prolapse (Goman, Fetohy, Nosseir, & Kholeif, 2004).

2.2.3 Factors Associated with UP Related Service Utilization

Health services are nothing but a dream for many Dalit women, especially in rural areas. A significant number of Dalit women lose their lives in the absence of basic health services. The maternal mortality rate of Dalit women is higher than for any other group of women in Nepal. In addition, Dalit women are plagued with more health-related problems than people of other castes, often because of worse living conditions engendered by poverty or the continued (illegal) practice of untouchability. Most Dalit women are unaware that health care is their right, thus they do not raise their voices to demand better services (Feminist Dalit Organization (FEDO), 2010)

Due to traditional gender roles, lack of knowledge about and the stigma surrounding uterine prolapse, many Nepalese women do not seek health care for their condition. They often keep the condition a secret, being afraid of condemnation and ashamed because it is the genitals that are affected. Further the women might not be in a position where they are allowed to make decisions regarding their own reproductive health. Women suffering from uterine prolapse risk being rejected by their husbands, family and even by the community. Often the affected women do not know that the condition is common and treatable (Broms Ingrid & Ingvarsson Anna-Klara, 2012).

One person often mentioned by local health workers is the mother-in-law. After many years under male domination, a mother-in-law has accepted her subordinate role and maintains traditional values. Even though mothers-in-law are women themselves and do have a certain amount of power in the family, not all daughters-in-law can expect support from them. On the contrary, mothers-in-law claim that when they were younger, they had to work even harder than do their daughters-in-law and that uterine prolapse was a part of their lives. Next to the husband, the mother-in-law seems to be the other important key member in families needed to support the health situation of younger women. An increasing number of awareness

raising campaigns is showing positive results: “There are some mothers-in-law who understand. She doesn’t want her daughter-in-law to suffer the same [way she did]. But this is only one in 100” (FGD, woman) (Radi et. al 2012).

Family interaction and open communication are two things repeatedly mentioned as effective methods within prolapse prevention. While mass media methods reach the whole community, door-to-door visits by local health workers are a method of approaching families regarding uterine prolapse from a more intimate angle. Approaching men, however, remains a challenge (Radi et. al 2012).

Poor geographical access and inaccessible medical care services often results in women shying away from seeking treatment. Also it interferes with the women’s daily chores as it generally expected to bear her pains and difficulties with a smile plastered on her face. A follow up study found that out of a total of 72 patients only 45% of them came for follow up. The reason assumed by the researchers was hours of walking to give an interview and a follow up might not have deemed feasible for the women. Out of 1006 women, 83% of them had not sought treatment until the prolapsed had advanced considerably (Schaaf, Dongol, & Loes van der Leeuw-Harmsen, January 2008).

2.3 Summary of Literature Review

Uterine prolapse is a serious and widespread problem in Nepal. The problem is more widely distributed among rural areas of the country and the magnitude of the problem can be observed by its high reported cases among reproductive health problems. Dalit community in general and women in particular have been treated as sub humans for ages. In comparison to other high caste women, the Dalit women have been forced to live in most vulnerable conditions. Women were kept in ignorance for long, and education was not considered as good for women. Uterus prolapse and death among women due to complication of pregnancy is common among the Nepalese women. Early marriage and repeated pregnancy in early age gives rise to health risks leading to an increased rate of neonatal and post-natal mortality rates. Women’s lack of education is a primary factor for the reproduction of inequality. Health services are nothing but a dream for many Dalit women, especially in rural areas. . Most Dalit women are unaware that health care is their right, thus they do not raise their voices to demand better services.

CHAPTER III

RESEARCH METHODS

This chapter discusses the research design, sampling procedure, selection of the study site, data collection techniques and tools and data analysis for the study. Moreover method of analysis, limitation of study and reliability and validity of data are also presented in this chapter.

3.1 Research Design

The study site is Khungri V.D.C. of Rolpa district. This VDC is selected purposively which is one of the remote and backward districts of Nepal and has a low literacy rate. This study assessed the socio- cultural factors. This is a descriptive type of study that emphasized to generate the concept from the data. Descriptive studies involve the systematic collection and presentation of data to give a clear picture of a particular situation and can be carried out on a small or large scale. Similarly, this study followed the same procedure by collecting the data at one shot in specific period of time and the data were presented in frequencies and percentages. Moreover, descriptive analysis like mean, standard deviation and ranges were also presented in it.

3.2 Sampling

The sampling was probability type. Lottery method of simple random sampling was done to select the sample. In a simple random sample ('SRS') of a given size, all sample are selected an equal probability. Each element of the frame thus has an equal probability of selection. The frame was taken from VDC Office of Khungri.

3.3 Sampling Procedure

Following procedure was adopted for the determination of the sample size:

i) *Estimated proportion of the women having uterine prolpase*
   The proportion of uterine prolapse is estimated to be 50%.
ii) *Desired degree of accuracy = 95%*

iii) Desired confidence Limit = 95%

iv) Total married dalit women above 18 years in Khungri VDC = 128

v) Allowable error =5%

Total numbers of respondents of study area was listed and then Simple Random Sampling (SRS) was done to determine the sampled for household. According to the report of Khungri VDC 2070 BS of Rolpa district, there are 128 married dalits women above 18 years. Total number of sample required for this study was determined by using the formula;

$$n = \frac{Z^2 pq}{d^2}$$

n = desired sample size (when population is greater than 10,000).

Z = the standard normal deviate (1. 96), which corresponds to the 95 percent confidence level.

p = the proportion in the target population estimated to have a particular characteristic and it is 50 percent (0. 50)

q = 1.0 – p.

d = desired degree of accuracy, set at 0. 05.

$$n = \frac{1.96^2 \text{ X } (0.50) \text{ X } (0.50)}{(0.05)^2} \quad \text{or,} \quad n = 384$$

Total population of married dalit women is less than 10,000 in Khungri VDC of Rolpa district. Therefore sample size is estimated by using following formula;

$$n_f = \frac{n}{1\Gamma \frac{n}{N}}$$

Where;

n_f = the desired sample size (when population is less than 10,000).

n = the desired sample size (when population is more than 10,000).

N = the estimate of the population size.

$$n_f = \frac{384}{1\Gamma \frac{384}{128}}$$

n_f = 96 + 10% non response rate = 105.6= 106

3.4 Sample Size

The size of the sample was 106. Samples were selected by simple random method for data collection. First of all 128 married dalit women was listed and assigned with number given then the lottery was done for the assigned number and selection was done until the number reached to 106.

3.5 Study Population

Married dalit women above 18 years are the study population.

3.6 Validity and Reliability of Instruments

Content validity was maintained by extensive literature and consultation with supervisor. The questionnaire was pretested and the instrument was modified where necessary. The questions was asked in Nepali language and the simple words was used while asking questions so that it would help correct understanding of the questions for the respondents to get correct information from them.

3.7 Data Collection Process

3.7.1. Data Collection

The quantitative data was collected by semi-structured questionnaire by face to face interview and the qualitative data was collected by taking case study at the time of data collection. For the purpose an interview schedule, semi-structured questionnaire was developed first and pre-test will be done. After the pre-test, some irrelevant questions were excluded from interview schedule and some questions were added and sequential order will be also maintained. Thus, interview schedule was made final. A total number of 106 women were interviewed using interview schedule. Two local female with health background were hired for data collection and they carried out the interview. They were trained with the tools by the researcher prior conducting the survey. Few case studies were made by the interviewer at the time of data collection.

3.7.2 Data Processing and Analysis

The collected data was entered in the computer program Statistical Package for Social Sciences (SPSS) Version 18.0. First, quantitative data has been collected and entered on the data base, and then data is presented in frequency and percent in simple table, at last interpretation and analysis was done.

For the qualitative data, case study was first translated in English. Data were read thoroughly for memorization. After that, commonalities, typical expression and contradictions were identified. Then all the data were cross-checked and rearranged according to content. At last, the data has been displayed as quotation.

3.8 Ethical Considerations

Informed verbal consent was taken from the respondents before asking them the questions. Similarly, the respondents didn't force to answer all the questions. The respondents were allowed to quit if they don't further want to respond. Questions were not asked in a way it

hurt their dignity. The respondents were assured that the answer they give is kept private and confidential.

3.9 Limitations

- The study was conducted in a VDC of Rolpa district. So the study can't be generalized to whole district.
- The study was done only among Dalits of hills. So it can't be generalized among all Dalits and all ethnicity.
- As being male, researcher did not get proper responds from the women regarding uterine prolapse during the pretest so, researcher hired two local female to collect data during the main field and they were trained with the tools prior conducting the survey.

CHAPTER IV
SOCIO-DEMOGRAPHIC CHARACTERISTICS

4.1 Socio-demographic Characteristics of Study Population

Age distribution of population has an important role in planning, economic and social development. Age characteristic of population describe the social aspects of community like aging of population, dependency, health service requirement according to age. Similarly, ethnicity is an important social and cultural identification of an individual, which is ascribed by birth. Each ethnic group has its own cultural norms and values. In rural society, ethnicity is not only an important social identification of the people but also it occupies an important position in social hierarchy.

Of the total respondents (n=106), Nearly half (49.1%) of them were of the age group 31-40 years and more than one third (34.9%) were of age group 20-30 years with ages ranging from 21 to 47 years ($\bar{x}$ =33.48; σ = 6.3 years). Nearly two third of them were Kami (64.2%), followed by Damai (24.5%) and Sarki (11.3%). Most of them were Hindu (83.0%), followed by Christian (17.0%). Majority (90.6%) of them were married.

Family is the basic social institution of human beings, which gives the first identity to the individual in the society. The work of every individual revolves around the family as the role and status provided by the family. The size of the family directly affects the economy of family. It was viewed that the number of children in the family plays an important role to maintain the good family status. It also reflects the health, nutrition and education status of family. So, it was considered as a important characteristic:

74.5 percent of the respondents had family members more than five and about one fourth (24.5%) had less than five family members with size ranging from 2-14 number ($\bar{x}$ = 6.59; σ =2.08).

Table 1: Socio-demographic characteristics of study population (n=106)

Characteristics		Frequency	Percentage
Age			
	20–30	37	34.9
	31–40	52	49.1
	>40	17	16.0
($\bar{X}$ =33.48; σ = 6.3; range= 21-47 years)			
Ethnicity			
	Damai	26	24.5
	Kami	68	64.2
	Sarki	12	11.3
Religion			
	Hindu	88	83.0
	Christian	18	17.0
Marital status			
	Married	96	90.6
	Widow/widower	5	4.7
	Divorce	5	4.7
Family size			
	> 5	79	74.5
	≤ 5	27	24.5
($\bar{x}$ = 6.59; σ =2.08; range 2-14)			
Types of family			
	Nuclear	12	11.3
	Joint	69	65.1
	Extended	25	23.6
Education status			
	Illiterate	12	11.3
	Literate	45	42.5
	Primary	37	34.9
	Lower secondary	10	9.4
	Secondary	2	1.9
Occupation			
	Housewife	71	67.0
	Agriculture	27	25.5
	Business	8	7.5

Nearly two third (65.1%) of them were from joint family, followed by extended (23.6%) and Nuclear (11.3%).

As a rapid growth in education sector, there has been corresponding increase in the number of school enrollment, which has also applied for girls' enrollment. Nepal' development plans have always emphasized the need for special intervention strategy to promote the girls and women education and several effective initiative have been undertaken.

Four in ten of the respondents were Literate and more than one third (34.9%) had Primary education while 11.3 percent were illiterate. Most (67.0%) of them were Housewife followed by Agriculture (25.5%) and business (7.5%).

4.2 Knowledge Regarding Uterine Prolapse

The findings revealed that all of the respondents had heard about the uterine prolapse. Among them, nearly two fifth (37.5%) reported falling of uterus outside vagina as uterine prolapsed whereas about one third (32.4%) said wound inside the vagina as uterine prolapse followed by difficulty in walking (30%).

Table 2: Knowledge regarding uterine prolapsed (n=106)

Characteristics	Frequency	Percentage
Meaning*		
Falling of uterus outside vagina	95	37.5
Wound inside the vagina	82	32.4
Difficulty in walking	76	30.0
Cause*		
Multi parity	15	5.4
Low spacing	31	11.1
Heavy work load during pregnancy	100	35.7
Heavy weight lifting after delivery	104	37.1
Early pregnancy	28	10.0
Due to sin	2	0.7
Symptoms*		
Feeling of uterus protruding out of vagina	99	37.8
Difficulty during sexual intercourse	11	4.2
Pain in lower abdomen	97	37.0
Incontinence in urination	35	13.4
Painful urination	10	3.8
Difficulty in sitting	10	3.8
Bodily Effects*		
Sepsis	106	42.9
Difficulty in walking	65	26.3
Wound inside vaginal region	66	26.7
Difficulty in urination	10	4.0

Method of solution*		
Use of ring pessary	60	49.2
Surgery	61	50.0
No solution	1	0.8
Preventive Measures*		
Avoid heavy workload for at least 1 month after delivery	76	32.3
Avoid heavy weight lifting during pregnancy	93	39.6
Less parity	66	28.1

*Multiple responses

About 43% of the respondents said sepsis as a bodily effects of uterine prolapsed followed by wound inside vaginal region (26.7%) and difficulty in walking (26.3%) and difficulty in urination (4%). Regarding method of solving, about half of the respondents reported surgery (50%) and use of ring pessary (49.2%) are the method of solution of uterine prolapse. In case of knowledge on preventive measures, nearly two fifth (39.6%) of the respondents reported that avoiding heavy load for at least 1 month after delivery and nearly one third (52.3%) of them reported that avoiding heavy weight lifting during pregnancy followed by parity (28.1%) are the preventive measures of uterine prolapsed. Similarly, Majority of the respondents said that uterine prolaspe can be treated completely. One case study also shows about the knowledge regarding uterine prolapse.

Case Study of Woman with Knowledge of Uterine Prolapse

A 33 year Damai illiterate woman of ward number 3 who had occupation of agriculture said that she was also aware of uterine prolapse. Multiparty, low spacing, heavy workload during pregnancy and heavy weight lifting are causes of uterine prolapse. She shared that during uterine prolapsed uterus fall outside the vagina. She gained the knowledge from different sources namely radio, street dramas, posters and Female Community Health Volunteers (FCHV). One year ago, She got some level of awareness on uterine prolapsed from a NGO. She also told that she hadn't much information about it. She said, *"In our society, daughters and daughter-in-laws are prohibited to go*

out of the homes and talk to other people (men). There are adult literacy and girls' literacy programs being run in our society but we are not allowed to attend them. In case any family member sends a daughter or daughter-in-law to attend, other villagers take this issue very negatively and immediately begin criticizing (with the deliberate intention to discourage the access to the informal education). As a consequence of all this, young women like me and many other sisters in our society are prohibited to go out the homes and understand the everyday social realities and our ignorance is the direct result of such socio cultural value system".

4.3 Determinants of Uterine Prolapse

The findings showed that among the total respondents majority of them had married before the age of 20 years whereas nearly one fifth (17.9%) had married after 20 + years ranging from 13 t0 23 years($\bar{x}$ = 17.08; σ =2.5). This shows that very less number of women had married at the right time of health standard but while getting information regarding their age of first child nearly two third (65.1%) had before 20 years and more than one third (34.9%) had after 20 years ranging from 14 to 24 years ($\bar{x}$ = 18.4; σ =2.3). More than two fifth (42.5%) of the respondents have less than equal to 2 children whereas nearly three fifth (57.5%) have more than 2 children ranging from 1 to 5 ($\bar{x}$ = 2.8; σ =0.88) while the range of no of pregnancy that the respondents had is 2 to 7 5 ($\bar{x}$ = 3.9; σ =1.13)

Table 3: Determinants of Uterine Prolapse

Characteristics	Frequency	Percent
Status of age at marriage (Years)		
Before 20	87	82.1
After 20+	19	17.9
($\bar{x}$ = 17.08; σ =2.5)		
Status of age of first child (Years)		
Before 20	69	65.1
After 20+	37	34.9
($\bar{x}$ = 18.4; σ =2.3)		
Total number of children		
Less than equal to 2	45	42.5

More than 2	61	57.5
Place of last delivery		
Home	95	89.6
Health facility	4	3.8
On the way to facility	7	6.6
Work done during pregnancy*		
Daily activities like cooking and washing dishes	106	41.4
Cleaning the house, feeding the animals, cleaning the animal farms	91	35.5
Heavy work like agriculture work, bringing wood from forest, bringing water by long travel	59	23.0
Starting time of work after delivery		
Immediately	71	67.0
After one month	35	33.0

*Multiple responses

Majority (89.6%) of the respondents had their last delivery at home followed by on the way to facility (6.6%). Very few of them had their last delivery at the health facility. About two fifth (41.4%) of the respondents had work done during pregnancy such as daily activities like cooking and washing dishes followed by cleaning the house, feeding the animals and cleaning the animal farms (35.5%) while nearly one fourth (23%) of them had done heavy work such as agriculture work, bringing wood from forest, bringing water by long travel. About two third of the respondents had worked immediately after delivery whereas about one third had their work done after one month of delivery.

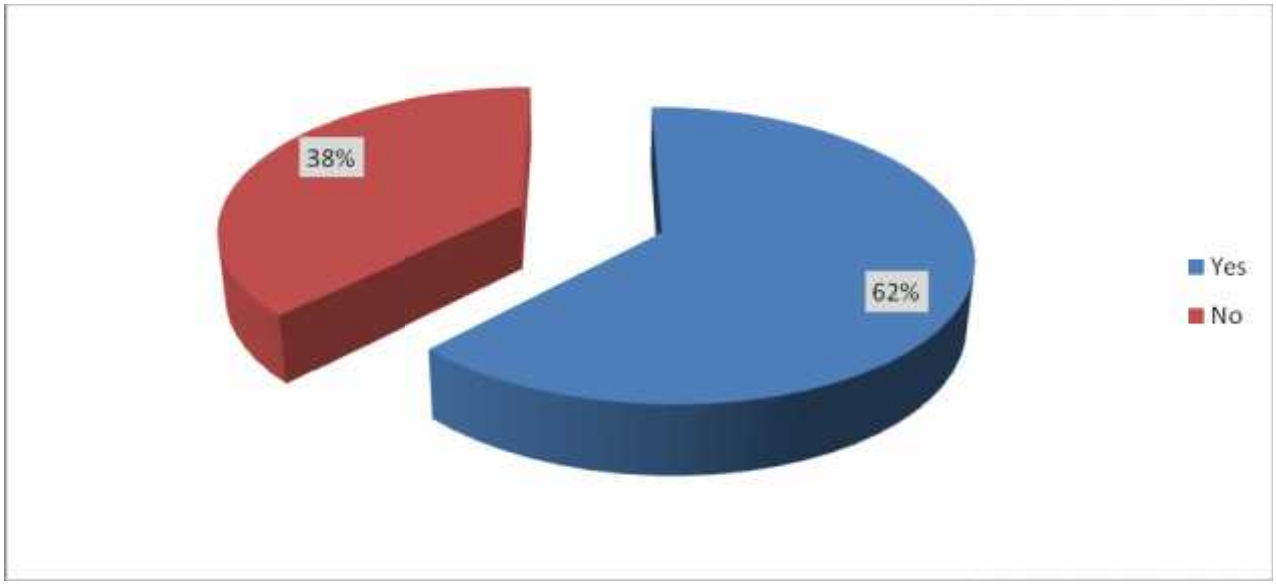


Figure 1: Proportion of Uterine prolapsed

Of the total respondents (n=106), more than three fifth (62%) of the respondents were uterine prolapse. The time that they knew that they had uterine prolapsed range from 1 to 7 years ($\bar{X}$ = 3.98; σ =1.38) and the maximum time that the respondents had the prolapse for 6 years ($\bar{X}$ = 3.35; σ =1.18). One case study also shows about the status of uterine prolapse.

Case Study of Woman who had Uterine Prolapse

A 26 year old Damai illiterate woman of ward no. 2 who engaged most of the time in agriculture. **Five years ago, she used to carry heavy load during pregnancy and immediately after delivery also.** There was no body to tell her about the causes of uterine prolapase. She had also five children until the age of 22 years as her age at marriage was 16 years i.e. she had low very spacing of birth**.** Interestingly, she said that neither her family members were interested in her health check up. Painfully, she shared that s**he had diagnosed uterine prolapsed when she had gone to her mothers' home in sulichaur VDC where at that time the camp has been conducted luckily.** She looked remorseful of her past reckless behavior.

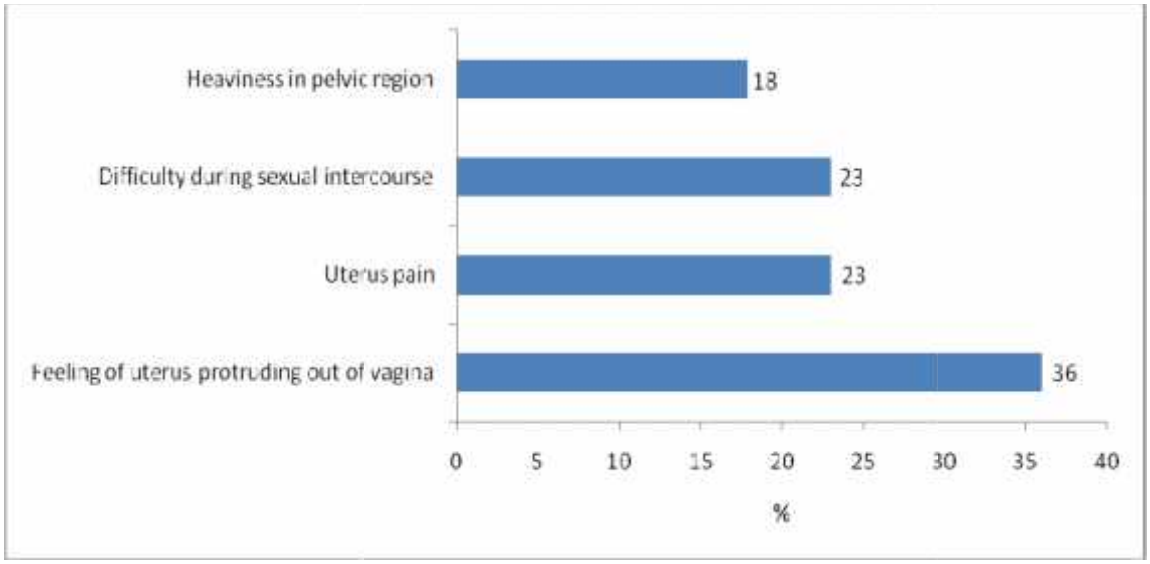


Figure 2: Problems faced by the Respondents (n=66)

The findings showed that 36 % of the respondents faced the problem of feeling of uterus protruding out of vagina and nearly one fourth (23%) faced the problem of uterus pain and difficulty during sexual intercourse followed by heaviness in pelvic region (18%).

4.4.2 Effects of Uterine Prolapse (n=66)

Table 4 : Effects of Uterine Prolapse

Effects	Frequency	Percent
Sepsis	103	49
Difficulty in walking	58	28
Wound inside vaginal region	46	22
Difficulty in urination	1	0.5
Sterility	1	0.5

Among the respondents who had uterine prolapse, about half of them had the sepsis followed by difficulty in walking (28%) and wound inside vaginal region (22%).

4.4.3 Proportion of uterine Prolapse by age (n=66)

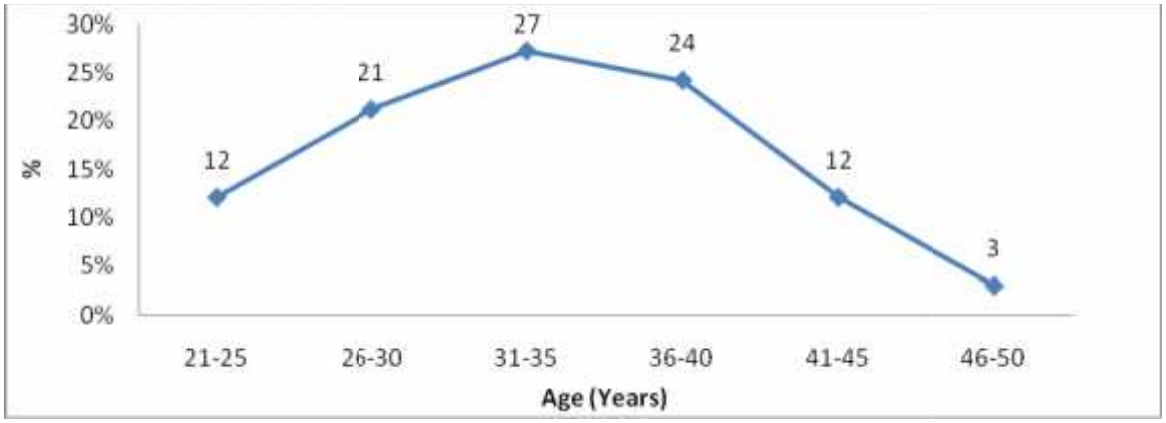


Figure 3: Proportion of uterine prolapse

The findings revealed that uterine prolapse was found highest in the age group of 31-35 years (27%) followed in age group of 36-40 years (24%) and 26-30 years (21%).

4.5 Service Utilization

Seeking measures for the first time (n=66)

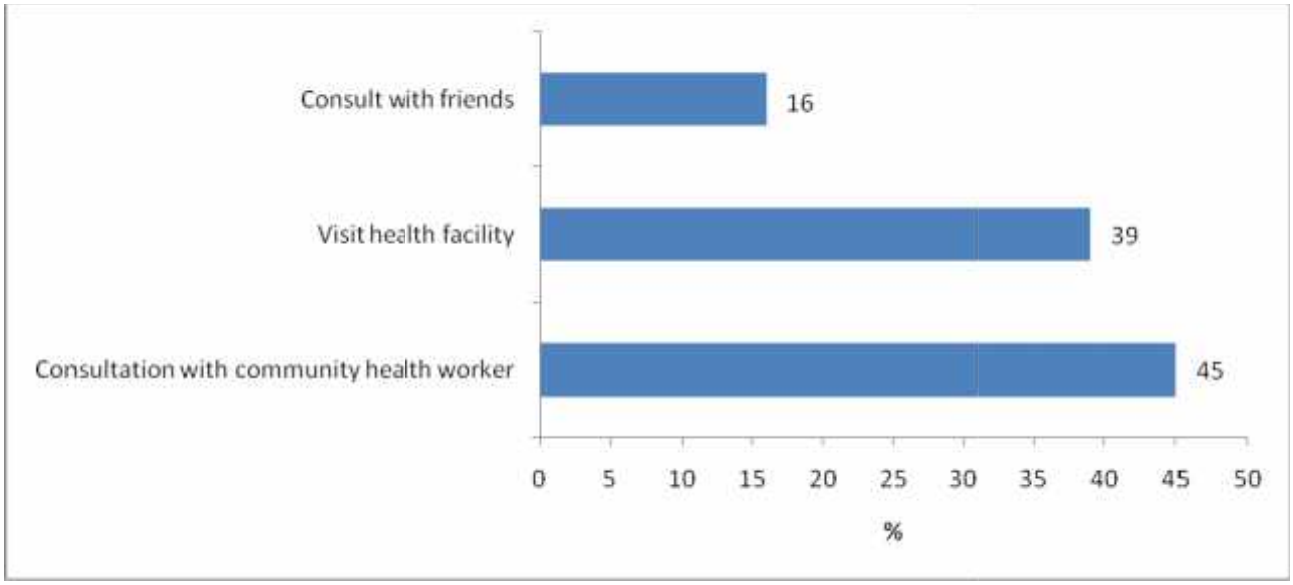


Figure 4: Seeking measures by respondents

Of the total respondents who had uterine prolapse, nearly half (45%) did consultation with community health worker and about two fifth (39%) visited the health facility followed by consultation with friends (16%). The study found that the time of the respondents who had prolapse seek help maximum of 6 years ($\bar{x}$ = 3.29; σ =1.14).

Case Study of Woman with Service Utilization of Uterine Prolapse

A 32 year Sarki illiterate woman of ward number 5 who had occupation of agriculture told that she had been suffering from this disease from a very long time. But through the radio, she heard that uterine prolapse can be cured and the services are available free of cost. She said *"I was facing problems such as lower abdominal pain and bleeding etc, but I didn't knew that I was suffering from uterus prolapsed. I felt ashamed and try to hide it from everyone. I didn't have courage to share with anyone. But one day I shared this with my husband and he took me to the hospital in the Nepalgunj for 2 times. But, the problem persists and later I went to the camp nearby and got operated"*

4.5.1 Seek Medical care services (n=66)

Table 5: Seek Medical care services

Characteristics	Frequency	Percent
Place for medical care		
Camp	57	86.4
Hospital	9	13.6
Type of services		
Ring pessary	53	80.3
Surgery	13	19.7

The study showed that all of the respondents who had uterine prolapsed seek out for medical care. Among them, Majority (86.4%) had their check up at camp and 80% had done ring pessary followed by surgery (19.7%).

4.5.2 Expenditure for health care (n=66)

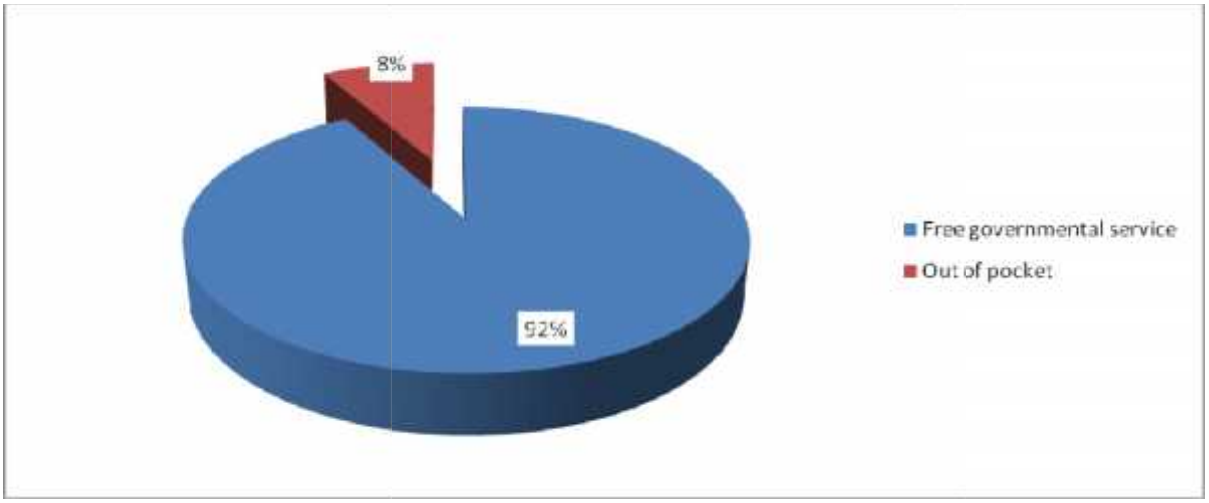


Figure 5: Expenditure for health care

Among the total respondents who had seek medical care (n=66), Majority (92%) had free governmental services whereas 8% had out of pocket expenditure.

CHAPTER V

SUMMARY CONCLUSION AND RECOMMENDATION

5.1 Summary

This study was carried out in Khungri Village Development Committee of Rolpa district. The study was aimed to understand knowledge on uterine prolapse and factors affecting service utilization of Dalit women. Various studies have proved that gender discrimination highly prevails in Nepalese society and poor socio-economic condition has been observed as the major causes for uterine prolapse. In this view, this study has tried and attempts to identify those factors that affect the uterine prolapse. This study follows the same convention of descriptive studies that involve the systematic collection and presentation of data to give a clear picture of a particular situation. Both quantitative and qualitative data were presented here.

Half (49.1%) of the dalit women of the age group 31-40 years and more than one third (34.9%) were of age group 20-30 years with ages ranging from 21 to 47 years ($\bar{x}$ =33.48; σ = 6.3 years). Nearly two third of them were Kami (64.2%), followed by Damai (24.5%) and Sarki (11.3%). Most of them were Hindu (83.0%), followed by Christian (17.0%) and majorities (90.6%) of them were married.

Four in ten of the respondents were Literate and more than one third (34.9%) had Primary education while 11.3 percent were illiterate. Most (67.0%) of them were Housewife followed by Agriculture (25.5%) and business (7.5%).

The findings revealed that all of the respondents had heard about the uterine prolapse. Among them, nearly two fifth (37.5%) reported falling of uterus outside vagina as uterine prolapsed. About 43% of the respondents said sepsis as a bodily effects of uterine prolapsed followed by wound inside vaginal region (26.7%) and difficulty in walking (26.3%) and difficulty in urination (4%). Regarding method of solving, about half of the respondents reported surgery (50%) and use of ring pessary (49.2%) are the method of solution of uterine prolapse. Majority of the respondents said that uterine prolaspe can be treated completely.

The findings unveiled that among the total respondents majority of them had married before the age of 20 years whereas nearly one fifth (17.9%) had married after 20 + years ranging from 13 t0 23 years($\bar{x}$ = 17.08; σ =2.5). This shows that very less number of women had married at the right time of health standard but while getting information regarding their age of first child nearly two third (65.1%) had before 20 years and more than one third (34.9%) had after 20 years ranging from 14 to 24 years ($\bar{x}$ = 18.4; σ =2.3).

More than three fifth (62%) of the respondents were uterine prolapsed. The time that they knew that they had uterine prolapsed range from 1 to 7 years ($\bar{x}$ = 3.98; σ =1.38) and the maximum time that the respondents had the prolapse for 6 years ($\bar{x}$ = 3.35; σ =1.18). Among the respondents who had uterine prolapse, about half of them had the sepsis followed by difficulty in walking (28%) and wound inside vaginal region (22%).

Moreover, respondents who had uterine prolapse, nearly half (45%) did consultation with community health worker and about two fifth (39%) visited the health facility followed by consultation with friends (16%). The study found that the time of the respondents who had prolapse seek help maximum of 6 years ($\bar{x}$ = 3.29; σ =1.14). Majority (92%) had free governmental services whereas 8% had out of pocket expenditure.

5.2 Conclusion

The reproductive ill health accounts for 30% of total burden of diseases among the women of reproductive age as compared to 12% for men in developing countries. 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. Reproductive morbidity is one of the major problems faced by Nepali women. Uterine Prolapse (falling of womb) is one of the poignant issues of reproductive health. It is a consequence of multiple pregnancies intertwined with abject poverty and discriminatory practices against women in the society.

The general objective of the study is to assess knowledge on uterine prolapse and factors affecting service utilization of Dalit women. The study showed that all of the respondents had heard about the uterine prolapse. Among them, nearly two fifth reported falling of uterus

outside vagina as uterine prolapsed whereas about one third said wound inside the vagina as uterine prolapse followed by difficulty in walking.

The data showed that very less number of women had married at the right time of health standard but while getting information regarding their age of first child nearly two third had before 20 years and more than one third had after 20 years ranging from 14 to 24 years. Of the total respondents, more than three fifth of the respondents were uterine prolapsed and the time that they knew that they had uterine prolapsed range from 1 to 7 years and it is also found that uterine prolapse was found highest in the age group of 31-35 years. Nearly half of those who had prolapse did consultation with community health worker and the time of the respondents who had prolapse seek help maximum of 6 years. Majority had their check up at camp and 80% had done ring pessary followed by surgery.

5.2 Recommendation

- There is need to educate the parents and community about the value of the girls education. In this regards the activities which help to promote the image of women in society need to be emphasized.
- The school enrollment of girls was directly affected by education status of parents. So a non-formal education for those illiterate parents is a high priority.
- Different awareness campaign should be conducted in different remote VDC of Nepal regarding uterine prolapse
- Finally, the government should mainstream the concern discrimination of caste and ethnicity in to policy, planning and programming on a regular basis.

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Annex

Tools Used in the Survey

Title: Knowledge on Uterine Prolapse and factors affecting service utilization among Dalit women of Khungri VDC, Rolpa district

Informed consent

Namaskar!

My name is Kiran Acharya. I am MA sociology student in TU Central Campus, Kirtipur. This is research being carried in the partial fulfillment of Master's Degree in Sociology. The overall objective of the research is to assess knowledge on uterine prolapse and factors affecting service utilization of Dalit women, thus I am going to ask you question. It will take 30-35 minutes. The information you will provide will be kept confidential.

Your participation in the research will be voluntarily. I will ask you different types of questions, if you feel you don't like to answer then you mayn't answer. I will not force you. I am confident that you will participate on this interview. The information that you provide will help in recognizing the problem and in future it can help in developing appropriate programs for the Dalit women,

If you have any query then you can ask regarding it,

Do you agree to participate in the interview?

1. Yes …… 2. No……

Section A: Socio-demographic Information

S.N	Question	Response	Code	Go to
A.1	Respondents' ID	☐☐		
A.2	Date of interview	☐☐ ☐☐ ☐☐		
A.3	Ward no:	☐☐		
A.4	Age of the respondent(Years completed)	☐☐		
A.5	Occupation	☐	Agriculture=1 House wife=2 Service=3 Business=4 Others (specify)--------=96	
A.6	Marital status	☐	Married=1 Widow =2 Divorcee=3	
A.7	Educational status	☐	Illiterate=0 Literate =1 Primary=2 Lower secondary=3 Secondary=4 Higher secondary=5 University=6	
A.8	Religion:	☐	Hindu=1 Muslim =2 Christian =3 Buddhist =4 Other (specify)_____=96	

A.9	Ethnicity:	☐	Damai=1 Kami=2 Sarki=3 Others (specify_____=96	
A.10	How many members do you have in your family?	☐☐		
A.11	Types of family member	☐	Nuclear=1 Joint=2 Extended=3	

Note: Illiterate= who can't read and write, Literate=who can read and write, Primary= 1-5 class, Lower secondary=6-8 class, Secondary=9-10 class, Higher secondary=11-12 class. University= above 12 class

Section B: Knowledge Regarding Uterine Prolapse:

S.N	Question	Response	Code	Go to
B.1	Have you heard about uterine prolapse?	☐	Yes=1 No=2	
B.2	If yes, what is uterine prolapse?	☐☐ ☐☐☐	Falling of uterus outside the vagina=1 Tumor on the vaginal area=2 Wound inside the vagina=3 Difficulty in walking=4 Others (specify)_____=96	
B.3	How does it occur?	☐☐☐ ☐☐☐ ☐☐	Multiparty=1 Low spacing=2 Heavy work load during pregnancy=3 Heavy weight lifting after delivery=4 Early pregnancy=5 Sin=6 Others (specify)_____=96 don't know=98	
B.4	What are the symptoms of uterine prolapse?	☐☐☐ ☐☐☐ ☐☐	Feeling of uterus protruding out of vagina=1 Difficulty during sexual intercourse=2 Pain in lower abdomen =3 Incontinence in urination=4 Painful urination=5 Difficulty in sitting=6 Others (specify)_____=96 don't know=98	

B.5	What are the bodily effects of uterine prolapse?		Sepsis=1 Cancer=2 Sterility=3 Difficulty in walking=4 wound inside vaginal region =5 difficulty in urination=6 Others (specify)_____=96 don't know=98	
B.6	How can the problem of uterine prolapse be solved?		Use of ring pessary=1 Use of herbs=2 Use of homemade medicines=3 Surgery =4 Take rest=5 No solution=6 Others (specify)_____=96 don't know=98	
B.7	What can be done to prevent uterine prolapse?		Consume nutritious food=1 Delivery by SBA/TBA=2 Avoid heavy work load for at least 1 month after delivery=3 Avoid heavy weight lifting during or after pregnancy=4 Less parity=5 No solution=6 Others (specify)_____=96 don't know=98	
B.8	In your opinion, can uterine prolapse be treated completely?		Yes=1 No=2	

Section C: Information Regarding Disease Status

S.N	Question	Response	Code	Go to
C.1	At what age did you get married? (years)			
C.2	At what age did you have your first child? (years old)			
C.3	How many children do you have in total?		None=0 One=1 Two=2 Three=3 Four=4 More than four=5	

C.4	How many pregnancies have you had in total (still births/abortion/deaths)?		None=0 One=1 Two=2 Three=3 Four=4 More than four=5	
C.5	Do you have uterine prolapse?		Yes=1 No=2 Don't know=98	
C.6	If yes, How long have you had the prolapsed for? (years)			
C.7	If yes, what are your problems?		Feeling of uterine protruding out of vagina=1 Heaviness in pelvic region=2 Incontinence in urination=3 Difficulty during sexual intercourse=4 Uterus pain=5 White discharge from vagina=6 Foul discharge from vagina=7 Others (specify)_____=96	
C.8	When did know you have such problem?(years)			
C.9	What are the bodily effects do you have due to uterine prolapsed		Sepsis=1 Cancer=2 Sterility=3 Difficulty in walking=4 Wound inside vaginal region=5 difficulty in urination=6 Others (specify)_____=96 don't know=98	
C.10	How many babies did you have after the prolapsed?		None=0 One=1 Two=2 Three=3 More than three=4	
C.11	How did you deliver your last baby?		Own self =1 TBA=2 Relatives or mother in law=3 SBA=4 Others (specify)_____=96	

C.12	Where did you deliver your last baby?	☐	Home=1 Health Institution=2 Others (specify)_____=96	
C.13	What kind of work did you do during pregnancy?	☐☐☐ ☐	Daily activities like cooking and washing the dishes=1 Cleaning the house, feeding the animals, cleaning the animal farm=2 Heavy work like agricultural work, bringing wood from the forest, bring water by travelling for more than 30 minutes on foot=3 Others (specify)_____=96	
C.14	When did you start working after the delivery of your child?	☐	Immediately=1 After one month=2 Others (specify)_____=96	

Section D: Service Utilization

S.N	Question	Response	Code	Go to
D.1	When did you seek help for the first time?(Years)	☐		
D.2	What did you do to solve the problem?	☐☐☐ ☐☐☐ ☐ ☐	Consultation with health worker=1 Visit health facilities=2 Use of herbal drugs=3 Operation=4 Consultation with friends=5 Nothing=6 Others (specify)_____=96	
D.3	28. What efforts did you do before going to modern health care facility?	_____ _____ _____ _____		
D.4	Did you seek medical care to treat the problem?	☐	Yes=1 No=2	

D.5	If yes, where did you go?	☐	Health post=1 Camp=2 Hospital=3 Others (specify)_____=96	
D.6	What were the services you got?	☐	Ring pessary=1 Operation=2 Minor treatment=3 Others (specify)_____=96	
D.7	30. If no, why didn't you go?	☐☐☐ ☐☐☐ ☐	Long distance of health facility=1 Unavailability of health service=2 Male service provider=3 Fear of treatment procedure=4 Un affordability=5 Unavailability of service provider=6 Others (specify)_____=96	
D.8	How do you finance for your health care?	☐	Out of pockets=1 Free government service=2 Others (specify)_____=96)	