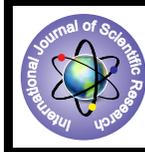


## A Study to Assess the Body Image & Sexual Health Among Women with Uterine Prolapse and Their Lived in Experience at Selected Hospitals, Kerala



### Nursing

**KEYWORDS :** Uterine prolapse, Body image, Sexual health, women

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### ABSTRACT

*The main aim of the study is to assess the body image and sexual health among women with uterine prolapse, to associate the body image and sexual health among women with uterine prolapse with their demographic variables and to explore the lived in experience of women with uterine prolapsed. Mixed Research Approach (Quantitative approach was used for assessing the body image & sexual health among women with uterine prolapse. Qualitative approach to explore the lived in experience of women with uterine prolapse.) Non experimental Descriptive research design for body image & sexual health among women with uterine prolapse. Phenomenological research design to assess the lived in experience of women with uterine prolapse. The researcher adopted purposive sampling technique for selecting 60 neonates for the study. Data collection was done for a period of one month, assessment of demographic variables, assess the sexual health and body image and explore the lived in experience of women with uterine prolapse. The study was conducted at Paret Mar Ivanios hospital, St.mary's hospital, Little Lourde , Kottayam. None of women are having poor level, 10(16.7%) of them having average level, 50(83.3%) of them are having good level. The lived in experience of women with uterine prolapse were explored and categorized under the nine dimensions, themes and sub themes. The identified dimensions were physical suffering, psychological well-being, behavioral, spiritual belief, stigma, and human connectedness, economical, involvement in caring and health services. The analysis revealed that there was significant association between body image and sexual health among women with uterine prolapse with their demographic variables such as age at  $2=3.90, p=0.05^*$  and educational status at  $2=0.001, p=0.01^{**}$  and there is no association with the variables such as religion, type of family, occupation, type of family, family income, socio economic status.*

### Introduction

A female body is one of the nature's most wonderful and complex creations. A woman's journey in life is punctuated by many milestones such as childhood, puberty, motherhood. Each milestone is special in its own way. Birth is remarkable structured event. Despite the miraculous nature of having a large baby passes through pelvic floor, the biomechanics of the late second stage has been almost unstudied until recently. Ignorance of details of specific injury that occurs during vaginal delivery that subsequently leads to uterine prolapse. A uterine prolapse is a weakening of the pelvic floor muscles.

The uterus is an organ of the female reproductive system. It is shaped like an upside down pear and is located inside the pelvis. The uterus, bladder and bowel are supported by tight hammock of muscles slung between the tailbone and pubic bone. These muscles are known as the pelvic floor muscle. If these tissues are weakened, the uterus can slip down into the vagina. The most commonly occurring problem with pelvic support is uterine prolapse. The uterus may undergo minor displacement in ways that are considered to be normal variations with little or no clinical effects. Uterine prolapse represents a severe uterine problem in which the uterus protrudes through the pelvic floor aperture or genital hiatus. Uterine prolapse occurs most often in multiparous women as a response to injuries to the muscle and fascia of the pelvis incurred during childbirth.

According to WHO estimation, reproductive health accounts for 33 % of the total disease burden in women globally. Reproductive health problems are the leading cause of ill health that exists throughout the nation. Studies have shown that among the reproductive health problems faced by women, the most common problems are cystocele (56%), uterine prolapse (53.6%) and rectocele (40%). This reveals that uterine prolapse is the second commonest reproductive health condition faced by women. A synthesis of six community-based studies of gynecological morbidity in India reported prolapse is present in 1.7 % of women. In Northern India, the incidence of uterine prolapse is 7.6 %. Eastern India, it is 20 %.

Myth on women suffering from uterus prolapse includes consid-

ered 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. Such trouble has been reported by a number of women suffering from uterine prolapse. Violence and battering associated with forced sexual intercourse have also been reported. Uterine prolapse has been shown to seriously compromise the quality of life of affected women, with far reaching consequences not only for their physical health, but also for their sexual lives and their ability to work and earn for their livelihood. It can be prevented by having increased. Knowledge on preventive measures like taking adequate rest during puerperium, performing Kegel's exercise, maintaining a healthy weight, avoiding constipation by taking fiber containing diet, avoid heavy lifting and smoking. Knowledge about preventive measures and management may help to prevent complications of the disease and may improve their quality of life.

UP adversely affects women's daily life and negatively influences physical, mental, and social well-being. In order for patients to be fully supported throughout the illness, investigator need to provide patients with professional advice on issues pertinent to, not only current, but also long term pharmacological, follow up care understanding the body image and quality of life in women with uterine prolapse. With the opinion of studies of this nature would be helpful for effective development of UP awareness programs to increase service utilization at early stages of UP, the investigator felt the importance to conduct a study on assess the body image and sexual health among women with uterine prolapse and their lived in experience.

### Statement of the problem

"A study to assess the body image & sexual health among women with uterine prolapse and their lived in experience at selected hospitals, Kerala."

### OBJECTIVES

1. To assess the body image and sexual health among women with uterine prolapse.
2. To associate the body image and sexual health among wom-

- en with uterine prolapse with their demographic variables.
- To explore the lived in experience of women with uterine prolapse.

**Methodology and Materials**

Mixed Research Approach (Quantitative approach was used for assessing the body image & sexual health among women with uterine prolapse. Qualitative approach to explore the lived in experience of women with uterine prolapse.) Non experimental Descriptive research design for body image & sexual health among women with uterine prolapse. Phenomenological research design to assess the lived in experience of women with uterine prolapse. The researcher adopted purposive sampling technique for selecting 60 neonates for the study. Data collection was done for a period of one month, assessment of demographic variables, assess the sexual health and body image and explore the lived in experience of women with uterine prolapse. The study was conducted at Paret Mar Ivanios hospital, St.mary’s hospital, Little Lourde , Kottayam.

**Development and Description of the tool**

Tool that was used to assess the body image & sexual health among women with uterine prolapse consists of a standardized tool,VSEB(Vaginal Changes Sexual And Body Esteem Scale) developed by Taleperos and McCabe in 2002,and assess the lived in experience among women with uterine prolapse, an of interview schedule with open ended questions was used. Tool used for the study is sectioned as follow

**Section A**

**Self administered structured questionnaire to assess,**

- Demographic variables of women with uterine prolapse such as age, education, occupation, income, religion, type of family and support systems.
- Clinical variables includes presence of systemic illness like hypertension, Diabetes mellitus etc, any treatment underwent for pelvic organ infections etc.

**Section B**

- Standardized tool, VSEB (Vaginal Changes Sexual and Body Esteem Scale) adopted by Taleperos and McCabe, 2002 was used to assess the body image and sexual health of women with uterine prolapse. It consists of ten questions with Likert scale responses ranging from 1-(strongly agree) to 5(strongly disagree). Scores ranges from 10-50, with lower scores indicating more negative genital body image and sexual health.

**Section C**

- Interview schedule with open ended questions to explore the lived in experiences of women with uterine prolapse.

**Results and Discussion**

The data collected was analyzed by with using SPSS version 22.

 In accordance to demographic variables, 50 (83.3 %) of women with uterine prolapsed were at the age group of 41 – 45 years, 43 (71.7%) of the women were post high school diploma, majority of 58(96.6%) of them were working, and 58(96.6 %) of them were salaried. Most of them, 53(93.3%) women lived in a nuclear family, 60(100%) of the them were supported by their spouse and 44(73.3%) of them had a duration of disease for less than six months.

 The study represents the frequency and percentage distribution of body image and sexual health among women with uterine prolapse. None of women are having poor level, 10(16.7%) of them having average level, 50(83.3%) of them are having good level.

 The lived in experience of women with uterine prolapse were explored and categorized under the nine dimensions, themes and sub themes. The identified dimensions

were physical suffering, psychological well-being, behavioral, spiritual belief, stigma, and human connectedness, economical, involvement in caring and health services.

Majority of women with uterine prolapse 23(76.6%) did not experience disturbed sleep at all.5 (16.7%) had inadequate sleep due to irritability, 2(6.7%) had disturbed sleep pattern due to pre occupied thinking. Majority of the women 25(83.3%) had regular dietary pattern, 5(16.7%) had irregular dietary pattern due to lack of interest. Majority of women 27(97%) had adequate physical energy, 3(10%) had inadequate physical activity due to irritation. Majority of women 20(66.6%) had no alteration in health, 8(26.7%) had urinary incontinence, 2(6.7%) had urinary tract infection.

Majority of women 18 (60%) with uterine prolapse felt ashamed with hiding their illness, 6(20%) of them were ashamed with fear of being isolated and 6(20%) of the women were ashamed of being rejected by the family. All women were unknown about the reason for their illness. All 30 (100%) of the women underwent treatment for their illness in the hospital. majority of the women with uterine prolapse 10(33.3%) had the feelings and worried about their family, 10(33.3%) of them had no worries. 5(16.7%) had worried due to illness and about their child’s future respectively. Half of women 15(50%) had fear about their children, 15(50%) of them had no fear about their illness. All 30(100%) had expressed their anxiety due to the prolonged treatment. majority 20(66.7%) had spells of cry during prayers, 3(10.0%) of them were crying to self and rarely respectively. 4(13.3%) of women had no spells of cry.

Majority of them 22(73.3%) had no complaints of getting anger, 5(16.7%) of them got angry with their family members and 3(10.0%) of them shouted at their colleagues. All of them 30(100%) had conducted prayers. Majority of women with uterine prolapse 27(90%) didn’t offered anything to god, 3(10%) of them gave special offerings. 20(66.7%) of women had good social relationship and 10(33.3%) had normal relationship with society. 5(16.7%) of the women got financial support from her relatives, 25(83.3%) have got emotional support from the relatives .All 30(100.0%) women were not quarrelling with anybody. all women with uterine prolapse 30(100.0%) had no financial difficulty. 20(66.7%) of the women were self financed for their treatment,10(33.3%) of them had financial resource.

**Table 1 Frequency and percentage distribution of body image and sexual health among women with uterine prolapse N=60**

Level of body image & sexual health	Scores	Frequency (n)	Percentage (%)
Poor body image & sexual health	10-23	0	0.0%
Average body image & sexual health	24-36	10	16.7%
Good body image & sexual health	37-50	50	83.3%
TOTAL		60	100.0%

Data indicated majority 50(83.3%) women with uterine prolapse had good body image and sexual health, 10(16.7%) had average level and none of them had poor level of body image and sexual health.

**Table 2 Frequency and percentage distribution of physical dimension of women with uterine prolapse**

S.no	Themes	Sub themes	Frequency (n)	Percentage (%)
1.	Sleep pattern	Disturbed Pre occupied thinking.	2	6.7%
		Irritability	5	16.7%
		Not disturbed	23	76.6%
2.	Dietary pattern	Regular	25	83.3%
		Irregular i) Not interested	5	16.7%
3.	Physical energy	Adequate	27	90.0%
		In adequate	3	10.0%
4.	Altered health maintenance	Diabetes mellitus	0	0.0%
		Hypertension	0	0.0%
		UTI	2	6.7%
		Urinary incontinence	8	26.7%
		Faecal incontinence	0	0.0%
		No alteration	20	66.6%

Data indicated majority of women with uterine prolapse 23(76.6%) did not experience disturbed sleep at all.5 (16.7%) had inadequate sleep due to irritability, and 2(6.7%) had disturbed sleep pattern due to pre occupied thinking.

Majority of the women 25(83.3%) had regular dietary pattern, and 5(16.7%) had irregular dietary pattern due to lack of interest.

Majority of women 27(97%) had adequate physical energy, and 3(10%) had inadequate physical activity due to irritation.

Majority of women 20(66.6%) had no alteration in health,8(26.7%) had urinary incontinence, and 2(6.7%) had urinary tract infections.

**Table 3 Frequency and percentage distribution of psychological wellbeing of women with uterine prolapse N=30**

S.no	Themes	Sub themes	Frequency (n)	Percentage (%)
1.	Feelings of worries	Due to illness	5	16.7%
		Child's future	5	16.7%
		Family	10	33.3%
		No worries	10	33.3%
2.	Fear	Children	15	50.0%
		Complications	15	50.0%
3.	Anxiety	Chronic illness	0	0.0%
		Hope of cure	30	100.0%
		Prolonged Treatment	0	0.0%
		Side-effects (drugs)	0	0.0%

Table shows Frequency and percentage distribution of dimension of psychological well being women with uterine prolapse

The data indicates majority of the women with uterine prolapse 10(33.3%) had the feelings and worried about their family, 10(33.3%) of them had no worries.5 (16.7%) had worried due to illness and about their child's future respectively.

Half of women 15(50%) had fear about their children, 15(50%) of them had no fear about their illness.

Data indicates all 30(100%) had expressed their anxiety due to the prolonged treatment.

**Table 4 Frequency and percentage distribution of behavioral dimension of women with uterine prolapse N=30**

S.no	Themes	Sub themes	Frequency (n)	Percentage (%)
1.	Spells of cry	Present i) To self	3	10.0%
		ii) To others	0	0.0%
		iii) During prayers.	20	66.7%
		iv) Rarely	3	10.0%
		Not present	4	13.3%
2.	Anger	Present (i) Family members	5	16.7%
		(ii) Workplace	3	10.0%
		Absent	22	73.3%

Table shows Frequency and percentage distribution of behavioral dimension of women with uterine prolapse

The data reported that majority 20(66.7%) had spells of cry during prayers, 3(10.0%) of them were crying to self and rarely respectively.4 (13.3%) of women had no spells of cry.

Majority of them 22(73.3%) had no complaints of getting anger, 5(16.7%) of them got angry with their family members and 3(10.0%) of them shouted at their colleagues.

**Table 5 Frequency and percentage distribution of spiritual belief of women with uterine prolapse N=30**

S.no	Themes	Sub themes	Frequency (n)	Percentage (%)
1.	Faith in God	Yes	30	100.0%
		No	0	0.0%
2.	Prayers	Conducted	30	100.0%
		Not conducted	0	0.0%
3.	Special offerings	Offered	3	10.0%
		Not offered anything	27	90.0%

Table shows Frequency and percentage distribution of spiritual belief of women with uterine prolapse

The data reported that, all 30(100%) had faith in god.

All of them 30(100%) had conducted prayers.

Majority of women with uterine prolapse 27(90%) didn't offered anything to god, 3(10%) of them gave special offerings.

**Table 6 Frequency and percentage distribution of dimension of dealing with stigma among women with uterine prolapse N=30**

S.no	Themes	Sub themes	Frequency (n)	Percentage (%)
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1.	Ashamed	Fear of isolation	6	20.0%
		Rejection by family	6	20.0%
		Hiding the truth	18	60.0%
2.	Reason for illness	Undisciplined life	0	0.0%
		Somebody's curse	0	0.0%
		Unknown	30	100.0%
		Sin	0	0.0%
3.	Previous treatment	In hospital	30	100.0%

Table shows Frequency and percentage distribution of dealing with stigma of women with uterine prolapse

Data indicated that majority of women 18 (60%) with uterine prolapse felt ashamed with hiding their illness, 6(20%) of them were ashamed with fear of being isolated and 6(20%) of the women were ashamed of being rejected by the family.

All women were unknown about the reason for their illness. Data indicates that, all 30 (100%) of the women underwent treatment for their illness in the hospital.

**Table 7 Frequency and percentage distribution of human connectedness of women with uterine prolapse N=30**

S.no	Themes	Sub themes	Frequency (n)	Percentage (%)
1.	Social relationship	Good	20	66.7%
		Normal	10	33.3%
2.	Support from relatives	Financial Support	5	16.7%
		Emotional support	25	83.3%
		No support	0	0.0%
3.	Quarrelling	With spouse	0	0.0%
		With parents	0	0.0%
		With other family members	0	0.0%
		No quarrelling	30	100.0%

Table shows Frequency and percentage distribution of human connectedness of women with uterine prolapse

The data reported that, 20(66.7%) of women had good social relationship and 10(33.3%) had normal relationship with society.

5(16.7%) of the women got financial support from her relatives, 25(83.3%) have got emotional support from the relatives.

The data revealed that all 30(100.0%) women were not quarrelling with anybody.

**Table 8 Frequency and percentage distribution of economical dimension of women with uterine prolapse N=30**

S.no	Themes	Sub themes	Frequency (n)	Percentage
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1	Financial difficulty	Lack of income	0	0.0%
		No difficulty	30	100.0%
2	Financial resources	Spouse	10	33.3%
		Self	20	66.7%

The table shows Frequency and percentage distribution of economical dimension of women with uterine prolapse

The data shows that, all women with uterine prolapse 30(100.0%) had no financial difficulty

The report shows that, 20(66.7%) of the women were self financed for their treatment, 10(33.3%) of them had financial resource.

**CONCLUSION**

This study was done to assess the body image and sexual health and lived in experience of women with uterine prolapse at selected hospitals in Kerala. In respect to quantitative findings majority were between 41-45years, and highly educated women are having good level of body image and sexual health. They were more conscious about their physical changes. In respect to qualitative findings revealed that the interview schedule explored the lived in experiences of women with uterine prolapse which was found to be unique and the various factors that influenced their daily living.

**REFERENCE**

1. Nayak BK. Menopause. Health Action 2008 Mar; 21(7): pp: 18-21. 2. Buckler H. The menopause transition endocrine changes and clinical symptoms. JBMS 2005 Jun; 11(2): pp: 61-5. 3. Dutta D.C. Textbook of obstetrics and gynecology. 4th ed. Calcutta: New Central Book Agency (p) ltd; 2005. pp: 190-210. 4. Park K. Textbook of preventive and social medicine. 20th ed India: Banarsidas Bhanot Publishers; 2005. 5. Basavantappa BT. Community health nursing. 6th ed. India: Jaypee Brothers Publishers; 2006. 6. Center for Agro-Ecology and Development. Uterine prolapse report.[Online]. [2002Mar 1]; Available from URL:<http://www.advocacy.net/Org/modules/fck/ upload/files/upa/CAED%20uterine%20prolapse%20study%20Report.doc>. 7. Hassanbadi S, Keshavarz H, Marann ES, Sarraf Z. Prevalence of reproductive morbidity among women of Qashqa'i tribe, Islamic Republic of Iran. Eastern 8. Mediterranean Health Journal 1998; 4(2): pp: 312-850. 9. Bajracharya A R. Uterine prolapse: A Hidden Tragedy for women [Online]. [2011 Nov 17]; Available from: URL: [www.rhmjournal.org.UK](http://www.shvoong.com/medicine and health /gynecology/1711392- Uterine prolapse hidden - tragedy - Women 10. Barsoom RS. Risk factors for genital prolapse in non hysterectomies women around menopause. EJOGR. 2002; 93(2): pp: 135-40. 11. Ravindra S TK, Savitri R, and Bhavani A, women's experience of utero- vaginal prolapse.[Online] . Available from: URL <a href=).