

CHALLENGES IN PREVENTION AND TIMELY CARE OF UTERINE PROLAPSE IN NEPAL

AKADEMISK AVHANDLING

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av

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Avhandlingen baseras på följande delarbeten:

- I **Binjwala Shrestha**, Sharad Onta, Bishnu Choulagai, Amod Poudyal, Durga Prasad Pahari, Aruna Uprety, Max Petzold, Alexandra Krettek. Women's experiences and health care-seeking practices in relation to uterine prolapse in a hill district of Nepal.
BMC Women's Health 2014;14:20.
- II **Binjwala Shrestha**, Bhimsen Devkota, Badri Bahadur Khadka, Bishnu Choulagai, Durga Prasad Pahari, Sharad Onta, Max Petzold, Alexandra Krettek. Knowledge on uterine prolapse among married women of reproductive age Nepal.
International Journal of Women's Health 2014;6:771-779.
- III **Binjwala Shrestha**, Sharad Onta, Bishnu Choulagai, Khadga B Shrestha, Max Petzold, Alexandra Krettek. Knowledge, prevalence and treatment practices of uterine prolapse among women of reproductive age in the Jhaukhel-Duwakot Health Demographic Surveillance Site, Bhaktapur, Nepal.
Journal of Kathmandu Medical College. 2014;3:136-143.
- IV **Binjwala Shrestha**, Sharad Onta, Bishnu Choulagai, Rajan Paudel, Max Petzold, Alexandra Krettek. Uterine prolapse and its impact on quality of life in the Jhaukhel-Duwakot Health Demographic Surveillance Site, Bhaktapur, Nepal
Glob Health Action 2015;8:28771.



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ABSTRACT

Background: Uterine prolapse is a common reproductive health problem in low-income countries like Nepal. Physical symptoms of this condition influence women's quality of life. Current data insufficiently determine women's awareness of this condition. Health care seeking practices for uterine prolapse in Nepal are inadequate.

Aims: This Thesis aimed to assess women's knowledge of uterine prolapse and its associated factors, explore how this affects quality of life, and describe health care seeking practices. We also aimed to determine the prevalence of UP in both rural and peri-urban settings of Nepal.

Methods: This Thesis used cross-sectional descriptive studies. The mixed-method approach included quantitative interviews with 115 respondents and qualitative in-depth interviews with 16 UP-affected women in rural Nepal. Nationally, we conducted structured interviews with 4,693 married women aged 15–49 years in 25 districts that represent all 5 administrative regions and 3 ecological zones of Nepal. To assess how uterine prolapse affects quality of life, we conducted structured interviews with 3,124 women during a household survey in the peri-urban Jhaukhel-Duwakot Health Demographic Surveillance Site outside Kathmandu and also with 48 attendees at a screening camp for uterine prolapse. A community-based case control study traced self-reported cases identified by a previous household survey and in a control group (women not having uterine prolapse) from the screening camp.

Results: Most participants (>85%) described major physical discomforts, including difficulty with walking, standing, working, sitting, and lifting. Compared to stage I, women with Stage III uterine prolapse suffered adverse effects on quality of life. They endured humiliation, harassment, torture, and severe emotional stress from their husbands and other family members due to their inability to perform household chores or fulfil their husband's sexual desires. The prevalence of uterine prolapse in our peri-urban setting was 2.11%, where more than 53% of our participants had comprehensive knowledge of uterine prolapse (compared to only 37% in a national survey). Contributing factors included parity, education, and family structure. Knowledge gaps in the national survey associated with geography, age group, education, caste/ethnic group, and media exposure. Possible factors that influenced women's health care seeking practices for uterine prolapse included access barriers, low socioeconomic status, gender inequality, a culture of silence, lack of autonomy for health care, and lack of regular community-based services.

Conclusions: Major challenges for the prevention and timely care of uterine prolapse include knowledge gaps and associated factors such as geography, caste/ethnic group, education, and media exposure. Key barriers include socioeconomic status, gender inequalities, and women's knowledge and perception regarding accessibility to quality health services.

Keywords: Uterine prolapse, health seeking practice, prevalence, quality of life, health demographic surveillance site, Nepal.

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