



COLLEGE OF MEDICINE AND HEALTH SCIENCE DEPARTMENT OF NURSING

IMPACTS OF UTERO VAGINAL PROLAPSE ON QUALITY OF LIFE AND ITS ASSOCIATED FACTORS AMONG WOMEN'S ATTENDING WOLKITE UNIVERSITY SPECIALIZED AND TEACHING HOSPITAL AND ATAT HOSPITAL, GURAGE ZONE, SNNPR, ETHIOPIA, 2022

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A RESEARCH SUBMITTED TO WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCE, DEPARTMENT OF NURSING FOR PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

JUNE, 2022

Wolkite, Ethiopia

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ACKNOWLEDGEMENT

First of all, we very grateful to God. Next, we would like to thank our advisors Mr. Wubishet and Sr. Eskedar for their unreserved guidance and constructive suggestions and comments, at each step of the study development. Last, we would like to thank all staff of WOLKITE UNIVERSITY College of Medicine and Other Health Science Department of nursing for their unreserved effort and commitment to educate us to the level of researching to solve problems in our field of study. We are thankful for giving us the chance given to us to explore and present our research under this topic.

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ACRONYM AND ABBREVIATION

HIC High-income countries

LMICs Low and middle-income countries

OPD Out Patient diagnosis

POP Pelvic organ prolapse

PFD Pelvic floor disorder

QOL Quality of life

SNNPR South nation nationality and people of region

UVP Utero vaginal prolapse

UP Uterine Prolapse

WKUSTH WOLKITE UNIVERSITY Specialized and Teaching Hospital

ABSTRACT

Background: Utero vaginal prolapse is characterized by descent of the uterus into the vagina and results from weakness in normally supportive tissue. It is a major women's health concern throughout the world.

Objective: To assess Impacts of utero vaginal prolapse on quality of life and associated factors among women attending WUSH and Atat Hospital, Gurage zone, SNNPR, Ethiopia

Methodology: Institutional based cross sectional study design was employed. Systematic sampling technique was used to select women from study area. It was conducted by face to face interview the women by using questionnaires and the data entered by Epi data V 1.3 then exported to SPSS version 21 for analysis.

Result: There were a total 105 UVP patient who participated to assess the impacts of UVP in quality of life and to assess its associated factors regarding socio demographic information 70(67.2%) women's are between the age of 30-60 and 35(33.6%) are >61. There is high prevalence in our study area (25.5%) it is expected from this study to ensure a good quality of life. This study showed that the average prolapsed quality of life score of participant was 34.69 26.5 SD.

Key Words: Utero vaginal prolapse, Quality of life, Uterine Prolapse, Out Patient diagnosis, pelvic organ prolapse,

CHAPTER ONE

1. INTRODUCTION

1.1 Background

Utero vaginal prolapse is characterized by descent of the uterus into the vagina and results from weakness in normally supportive tissues(1).Pelvic floor disorders affect millions of women throughout the world (1).Uterine prolapse is usually classify into four anatomical stages corresponding to the severity of the condition. For the first stage, the uterus leaves its place but is still inside the vaginaiis, usually identified during clinical examination. In the second stage, the uterus leaves its place and comes up to the opening of the vagina, women may experience symptoms but frequently do not seek medical help. In stage III, Symptoms become more severe as the uterus drops further into the vaginal canal. In stage IV, uterus protrudes from the vagina, requiring emergency care (2)

There are several factors that may contribute to the weakening of the pelvic muscles and lead to uterine prolapse such as, mismanagement or improper care during delivery, loss of muscle tone as the result of aging, injury during childbirth, especially among multi-Para women more than three times, delivery of macrosomia fetus, obesity, chronic coughing and chronic constipation (3).

Common symptoms include pelvic pressure, discomfort, visible bulging, and sexual impairment. Clinically, symptoms of uterine prolapse are organized into four groups according to presentation: vaginal, urinary, bowel, and sexual. (3). Also, Vaginal symptoms includes Sensation of vaginal bulging or protrusion, seeing or feeling a vaginal or perineal bulge, Pelvic or vaginal pressure, Heaviness in pelvis or vagina.

Urinary symptoms includes urinary incontinence, frequent urination, urinary urgency, weak or prolonged urinary stream, urinary hesitancy, feeling of incomplete emptying, manual reduction of prolapse to start or complete voiding, position change to start or complete voiding. During prolapse the loss of vaginal support directly influences bladder or urethral function resulting in these symptoms. Bowel symptoms includes incontinence of flatus or liquid/solid stool, feeling of incomplete emptying, hard straining to defecate, urgency to defecate, digital evacuation to complete defecation, splitting vagina or perineum to start or complete defecation, feeling of blockage or hindrance during defecation. Sexual symptoms include dyspareunia, decrease lubrication, decrease sensation, decrease arousal or orgasm. Another symptom is pain; pain in vagina, bladder, or rectum, pelvic pain, low back (4). In addition to the bother some physical symptoms associated with utero vaginal prolapse, women with utero-vaginal prolapse suffer significant emotional distress, including depression, loss of self-esteem and social isolation with proven negative effects on their overall wellbeing and quality of life (5).

Quality of life (QOL) is defined by the World Health Organization as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns".) Quality of life is the state of well-being that is a composite of two components: the ability to perform everyday activities that reflect physical, psychological, and social well-being; and patient satisfaction with levels of functioning and control of the disease (6)

Utero vaginal prolapse is a main contributor to reproductive health problems that influence women's quality of life particularly affects health and social wellbeing in the reproductive and economically productive age groups causing difficulty in walking, standing, and lifting (1).

1.2. Statements Of The Problem

Pelvic organ prolapse (POP) is defined as the symptomatic descent of one or more of the anterior vaginal walls, the posterior vaginal wall and the apex of the vaginal (uterus or vault) or uterus (7). It is a common condition affecting approximately 30% of women between 20–59 years of age and more than half of women over 50 years of age attending gynecologic clinics (8)

Globally, 2-20% of all women are affected by UVP. The prevalence of PFD in High-income countries (HIC) is 25% - 47%. In Developing countries like Turkey and India it is 67.5% & 21% (9),(10),(11). In least developed West Africa country for example Gambia the prevalence of POP is 14% (. The prevalence of POP in Low and middle-income countries (LMICs) such as Tanzania was 64.6% (12). In Addis Ababa capital city of Ethiopia the prevalence is 12.8%. In south central Ethiopia, the prevalence of UVP was 41.1%. (13) According to the literature conducted in 2020 in Gurage zone, the prevalence of UVP is high (25.5%), (14) but there is no study conducted on the impacts of UVP on Quality of life in Gurage zone .

Uterine Prolapse (UP) seriously compromises the quality of life of the women affected. It has far-reaching consequences not only for their physical health, but also for their sexual lives, and their ability to work and earn a livelihood (12) Women's experiences with prolapse tend to be characterized by discomfort and pain, although sequelae can also include life-threatening complications such as maternal sepsis. Due to these and other complications, women often cannot perform even simple daily activities like sitting, standing, walking and lifting. In addition to its physical repercussions, uterine prolapse can have negative consequences for women's family and social lives (10)

The aim of our study was investigating the impacts of utero vaginal prolapse in quality of life and its associated factors among women having uterovaginal prolapse in women attending WKUSH and ATAT hospital in Gurage zone. Also, this study helps to know prevalence value in our study area

1.3 Significance Of The Study

Pelvic organ prolapse happens when the muscles and tissues supporting the pelvic organs (the uterus, bladder, or rectum) become weak or loose. This allows one or more of the pelvic organs to drop or press into or out of the vagina. Many women are embarrassed to talk to their doctor about their symptoms or think that their symptoms are normal. But pelvic organ prolapse is treatable. IN WOLKITE University specialized and teaching Hospital and ATAT hospital, different governmental and non-governmental organization (NGO), nursing students and professional play an important role in the performing of quality of life among women having utero vaginal prolapse. Thus, it perform that planned teaching programmers on “Prevention of uterine prolapse” could be useful in providing knowledge to the women to prevent it.

Findings of this study was useful in the development of strategic health promotion programs for the prevention of UP from affecting quality of life that target the general population of women of reproductive age group. The significance of our study for the government is to prevent the producers and cost invested for the treatment, and for the community it prevents loss of participants on the community and also producers, also it highly significant for family and individuals according to self-protection, prevention of the impacts of UVP, promotion of quality of life and prevention of complications.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. Impacts of utero vaginal prolapse on women's quality of life

Impact of utero vaginal prolapse occurs when weakness in normally supportive tissues cause the uterus to descend, with or without the urinary bladder and bowel, into the vagina (7). Common symptoms include pelvic pressure, discomfort, visible bulging, and sexual impairment (8). Clinically, UVP symptoms are organized into four groups according to presentation: vaginal, urinary, bowel, and sexual (15)

Pelvic organ prolapse (POP) is a common female disorder. The number of the affected women is expected to increase by 45% in the next 30 years as a result of a steadily growing longevity among women aged 50 years and more(16)

mortality from POP is negligible, significant deterioration of lifestyle is associated with prolapse. It has socioeconomic and health consequences affecting overall health, sexual function, daily activities, and family relationships. Currently, available treatment options are pelvic floor muscle exercise, vaginal pessaries, and surgeries. (17)

POP is mostly benign, but it is distressing and disabling, with a large effect on the patient's QOL. The multifactorial patho-physiology may be the cause of associated symptoms such as bladder, bowel, sexual, and even pain symptoms(18)

Cross sectional study was done in gynecologic clinic Gondar university Referral Hospital by the year of 2013 (71.2%) women's had depressive symptom with advanced POP (13). Women with UVP are not volunteer to disclose their problem due to fear of social stigma or discrimination; and

they are not comfortable to have sexual intercourse, as a result, many women got divorced due to this problem. Women with UVP especially in rural areas are facing many difficulties to undertake their daily activities like; childcare, cooking, the fetching of water and collecting of firewood (19).

a conducted of prospective cohort study in BMC Women's Health center state that among 120 women with symptomatic POP scheduled for surgery at the gynecology unit of MABARARA Regional Referral Hospital. Of the 120 participants that were enrolled at baseline, 117(98%) completed the follow-up period of 1 year. The baseline QOL was poor. The domains with the poorest QOL were physical, social, sexual, emotional and sleep quality. The mean QOL scores in all the domains and the overall QOL significantly improved 1 year after surgery. The overall QOL improved by 38.9% after surgery (20).

cross-sectional analysis to assess quality of life and stages of UP and case-control analysis to identify contributing factors. Compared with Stage I women (4.62%), almost all women with Stage III UP reported reduced quality of life. Decreased quality of life correlated significantly with Stages I-III (1)

2.2 Factors affected women's Quality of life

Cross – sectional study was done in Nepal in Dhulikhel Hospital by the year of 2012, significant factors for uterine prolapse were parity, gravida and age at last birth and work after delivery (21)

A community-based study was conducted in Dabata district, North West Ethiopia by the year of 2020, symptomatic prolapse affects substantial proportion of women in the study area and increase with age. Also, multi parity and carrying heavy objects are associated with prolapse (22).

The cross – section study done in Ramathibodihospital by the year 2015 show that impacts of utero vaginal prolapse regarding quality of life, all 7 aspects of QOL score were significantly associated with severity of POP (23).

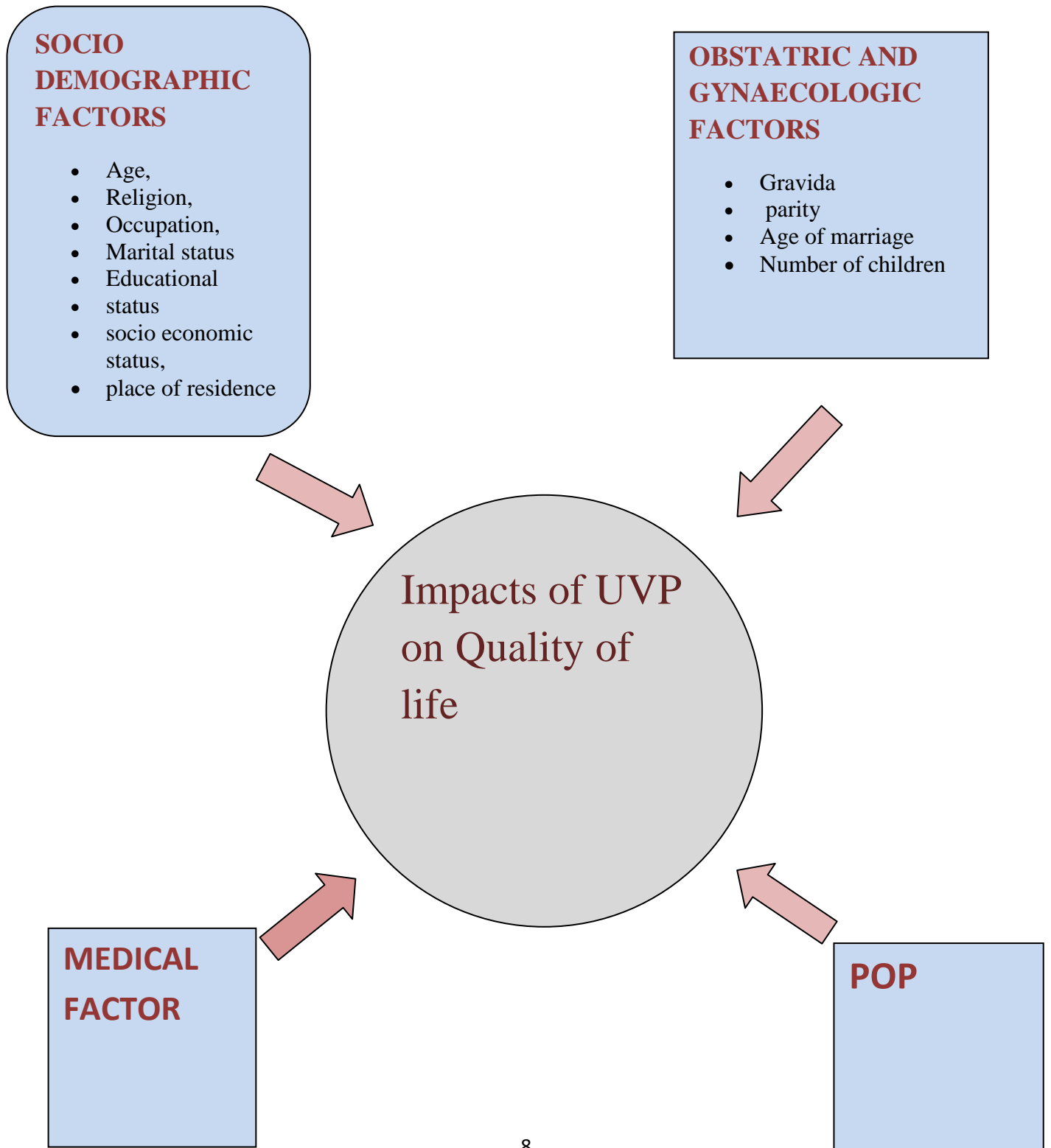
Another hospital based unmatched case-control study conducted on 341 women attending gynecologic outpatient department in Nekemt Town Ethiopia show that Age >40 years, prolonged labor, instrumental delivery, non-utilization of family planning and underweight were identified as determinant factors of utero-vaginal prolapse (24).

2.3. Women's empowerment and risk factors for UP

In Nepal, only 46% of women make decisions about their own health care, major household purchases, and visits to their family and relatives. Education is a main predictor for increasing women's empowerment in all household decisions (1). Only 27% of participants made decisions regarding such activities and most were illiterate. The dominant risk factors of UP are parity and increased age (1). Raising the use of contraceptives and addressing the unmet needs of family planning increased women's empowerment (1). indicating an indirect relationship between parity and empowerment. Our results also demonstrate an association between parity and UP, suggesting that effective family-planning programs could prevent UP.

Hindu extended families share household resources with the families of siblings and their children. Mothers-in-law control most household roles and responsibilities of her daughters-in-law (1). greater risk for UP among women from extended families compared to nuclear families, possibly due the larger workload in extended families. Thus, family structure can help identify possible obstetric and non-obstetric risk factors.

2.4 Conceptual Frame Work



CHAPTER THREE

3. OBJECTIVE

3.1 General Objective

- To assess Impacts of utero-vaginal prolapse on quality of life and associated factors among women's attending WOLKITE university specialized and teaching hospital and ATAT hospital, Gurage zone, SNNPR, Ethiopia in 2014 E.C

3.2 Specific Objective

- To assess impacts of utero-vaginal prolapse on quality of life among women's attending WKUSTH and ATAT hospital, Gurage zone, SNNPR, Ethiopia in 2014 E.C
- To identify the factors associated with quality of life for mothers having pelvic organ prolapse women's who attending in WKUSTH and ATAT hospital

CHAPTER FOUR

4. METHODOLOGY

4.1 Study Design

An institutional based cross-sectional study was employed from march one to June 8, 2022

4.2 Study Area and Period

WOLKITE is the capital of Gurage zone and from the capital it is 155km far apart in Gurage zone there are 2.7million people in 16 WOREDA and 5 city administration. Have 6 government and 2 Hospital 65 health center 38 clinic 9 specialist 88 medical doctor HO 468 and 862 nurses. From the 2 hospitals WKUSTH is found in GUBRE KFLE KETEMA. It was established on 2011 Ethiopian calendar and start to give service on 29/11/2011 E.C. At the begging of 214 total works and 91 workers on administrative staff the rest 123 was health worker and 112 beds inpatient ward (Emergency 19, Labor 14, NICU 18). The hospital has 487 total workers, 284 are health worker and 203 are on administration office currently the hospital has 102 number of nurses, 86 physicians, 13 specialists 2 other special, 26 midwifery, 17 laboratories, 1 biomedical, 20 pharmacies, 5 anesthesia, radiology, 2 environmental health, 7 health officer and other health related worker.

ATAT hospital, integrated health service institution, is a non-profit health facility owned by the Ethiopian Catholic church, established in 1969 G.C. The hospital is located 175Km south west from Addis Ababa and 17 Km from Gurage Zone administration main town of WOLKITE on the road to HOSSANA.

The curative service of the hospital consists of in-patient and out-patient departments. Obstetric, surgical, medical, pediatric, neonatology, HIV/AIDS, laboratory, X-ray, ultrasound, and

emergency services are available. The preventive health service covers maternal and child health services, women's protection, safe water supply in water-well maintenance and sanitation facilities. The hospital has a total number of 97 staff. These are 5 Physicians, 2 Integrated Emergency Surgeon Officers (IESO), 7 Ho, 1 pharmacist, 4 druggists, 59 nurses and midwives, 1 X-ray technician, 8 laboratory technicians, 1 PH coordinator, 3 health information technologists, 1 nutrition unit coordinator and 4 professional staff which are on upgrading courses (dental medicines, pharmacy, cesarean nurse/specializing in pediatric nurse).

4.3 Populations

4.3.1 Source Population

- All women who have UVP in Gurage zone 1n 2014 E.C

4.3.2 Study Population

- All women who have UVP and attending at WKUSTH and ATAT Hospital in Gynecology OPD and Gynecology ward from April 5 to May 15 2014 E.C

4.3.3 Study Unit

- A woman who has UVP and attend WKUSTH and ATAT hospital and give information.

4.4 Inclusion and Exclusion Criteria

4.4.1. Inclusion Criteria

- Study includes women who are included in sample during sampling procedure, give informed consent and present during data collection.

4.4.2 Exclusion Criteria

- A woman who are severely ill during data collection.

4.5. Sampling

4.5.1 Sampling Size

UVP case flow of the past three months were reviewed. Based on the review result it was found that an average of 100 women visits both hospitals for the diagnosis or treatment of UVP each month. Considering this, we have decided to include all eligible cases of UVP in to our study. According to this, 105 women with UVP who visited both hospitals at the time of data collection (April 5 to may 15) were included and interviewed consecutively.

4.5.2 Sampling Technique

- Systematic sampling technique was used to select women from WKUSTH and ATAT Hospital, (Gynecology ward, Gynecology OPD, Surgical Ward).

4.6. Operational Definition

Quality of life is a highly subjective measure of happiness that is an essential component of many financial decisions. Factors that play arole in the quality of life vary according to personal preferences, but they often include financial security, job satisfaction, family life, health, and safety (25) .

General health perception refers to an individual's personal beliefs and statements regarding their health status. (26)

Physical limitations means specific limitations to one or more physical abilities established by the physical. (26)

Social limitation restriction attributed to social policy or barriers that will limit a person's fulfilment of roles or deny people access to services and opportunities.(26)

Personal relationship means a relationship with another person or entity that will impair,Emotion a strong feeling deriving from one's circumstances, mood, or relationships with others.Sleep and energy Sleep satisfaction, which refers to one's subjective perception of their quality of sleep, can also impact energy levels. (26)

Severity measures are typically expressed as a proportion or percentage of the sampling unit that is affected by a disease or reduced health state.(26)

4.7. Variables

4.7.1Dependent Variables

- P-QOL

4.7.2Independent Variables

- Live with partner

4.8 DataCollection And Analysis

4.8.1 Data Collection Tool

Data was used a validated questionnaire to assess the symptoms and quality of life of women with pelvic organ prolapse (27). The P-QOL questionnaire was first translated into an Amharic version. Then, the Amharic version of the tool was commented on and edited by two advisors. Using a structured questionnaire, information was collected. Finally, data on quality of life were collected using the Amharic version of the P-QOL assessment tool.

4.8.2 Data Collection

Data was collected by face to face interview the women by using pre-tested questionnaires from April 5 to 30, 2014.

4.8.3 Data Quality Control Measures

Data quality was controlled by discussing on questionnaires with principal investigators and advisors about the overall data collection procedures before starting the actual data collection and finally an ongoing supervision will make by revising the data before analysis to avoid error and misunderstanding of data collection. The collected data will be checked for completeness, consistency, accuracy and clarity by principal investigators on a daily base.

4.8.4 Data processing and analysis

Data was checked for completeness, coded and, finally entered in to Epi data V 1.3 then exported to SPSS version 21 for analysis. Descriptive statistics like frequency, percentage and tables was used and linear regression was used to determine association between dependent and independent variable. A 95% confidence level and p-value of less than 0.05 was considered to get statistically significant.

4.9 Ethical Consideration

Letter of ethical clearance was obtained from WOLKITE university, college of health science and department of Nursing, and official letters was written to WKUSTH and ATAT hospital. Consent was obtained from all the study participant after they have brief about the objective and the aim of the research. Confidentiality of the information for the interview was assured.

CHAPTER FIVE

5. RESULT

5.1 Socio-Demographic Characteristics Of Study Participants

There were total of 105 female was participated in the study, to assess the impacts of UVP on quality of life and to assess associated factor affecting of these, 70(67.2%) are between the ages of 30-60 and 35 (33.6%) are >61. Regarding to their educational status most of them 85(81%) are not educated and 50(47.6%) are Orthodox religion follower, from this 61(58.1%) are married and 94(89.6%) are married at ageless 20 Most women's 74 (70.5%) are House wife and 70(67.2%) have a monthly income of less than 6,000. Majority 78(74.3%) were live in Rural area, 46.7% are live with their partner and their husbands are the decision maker 53.4%.(Table 1)

Table 1. Socio demographic Information of mothers attending WKUSTH and ATAT HOSPITAL in Gurage zone SNNPR Ethiopia 2014.

Variables	Category	Frequency	Percentage
1.Age	30-40	7	6.6%
	41-50	35	33.3
	51-60	28	26.6
	>60	35	33.3
2.Religion	Muslim	33	31.4%
	Orthodox	50	47.6%
	Protestant	7	6.7%
	Catholic	15	14.3%

3. Marital status	Married	61	58.1%
	Divorced	15	14.3%
	Separated	6	5.7%
	Widowed	23	21.9%
4. Age at first Marriage	>20	94	89.6%
	21-30	11	10.6%
5. Educational status	Educated	20	19%
	Un Educated	85	81%
6. Educational level	None educated	85	80.9%
	Primary education	13	12.38%
	Secondary education and Higher education	7	6.6 %
7. Occupation	House wife	75	71.4%
	Employed	6	5.7%
	Merchant	24	22.8%
8. Monthly income	<6000	70	66.6%
	>6000	35	33.3%
9. Residence	Urban	27	25.7%
	Rural	78	74.3%
10. Live with	Partner	49	46.7%

	Parents	13	12.3%
	Children	43	41%
11. Individuals live in thehouse	2-6	83	69.5%
	7-10	32	30.4%
12. Decision maker	Husband	58	55.2%
	Children	41	39%
	Me	6	5.7%
13. Who taker care	Husband	16	15.2%
	Children	89	82.9%
	Sister	4	3.9%
	Self	2	1.9%

5.2 Reproductive And Child Birth

^In the study 50(47.6%) Gravid 4 –Gravid 6 and 66(62.9%) are start to give birth at the age of less than 20 years. Most of women 89 (84.8%) of first deliver are at home and 84% assisted by TBA. Most women 78(74.2%) have 5-8 Alive child and About 81(76%) mothers currently live with their 1-4 children.(Table 2)

Table 2.Reproductive and child birth Information WKUSTH and ATAT HOSPITAL in Gurage zone SNNPR Ethiopia 2014.

Variables	Category	Frequency	Percentage
1.Parity	1-3	8	7.6%
	4-6	50	47.6%
	>6	47	44.7%

2. Age start to give birth	15-19	39	37.1%
	>20	66	62.9%
3. Alive children	1-4	27	25.8%
	5-8	78	74.2%
4. Children currently live with you	1-4	81	76%
	5-8	24	22.8%
5. Year of last delivery	1-10	37	35.3%
	11-20	35	33.4%
	21-34	33	31.8%
6. First place of deliver	Home	89	84.8%
	HF	16	15.3%
Second place of deliver	Home	80	84.8%
	HF	25	23.9%
Third place of deliver	Home	71	67.6%
	HF	34	32.6%
Fourth and > place of deliver	Home	56	53.3%
	HF	49	46.8%
7. Assistant during first delivery	HW	16	15.2%
	EM	89	84.9%
Assistant during second delivery	HW	24	22.9%
	EM	81	77.3%
Assistant during third delivery	HW	33	31.5%
	EM	72	68.5%
Assistant during fourth and > delivery	HW	45	43%
	EM	60	56.1%

5.3 Medical Condition

According to our study, 15(14.3%) mothers have hypertension and are 100% non-reactive to HIV.

In most women the symptoms of UVP are 1-2 years 72 (69.2%) and 68(65.6%) are diagnosed with in one week. Most of women's 40(38.1) have stage three prolapsed. (Table 3)

Table 3. Medical Information WKUSTH and ATAT HOSPITAL in Gurage zone SNNPR Ethiopia 2014.

Variable	Category	Frequency	Percentage
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1. Weight	45-50	26	25%
	51-66	79	75.2%
2. Height	1.48-1.56	59	56.1%
	157-170	46	43.8%
3. Systolic BP	87-120	86	81.9%
	121-140	19	18%
Diastolic BP	55-75	50	48%
	76-99	55	52.3%
4. Hemoglobin	11-12	69	64.2%
	13-15	36	34.2%
5. HIV	Non reactive	105	100%
6. Current medical condition	Asthma	11	10.8%
	Hypertension	15	14.3%
	DM	7	6.7%
	No problem	72	69.2%
7. When Prolepses symptom start	<1 year	33	31.9%
	1-2 year	72	69.2%
8. When did you diagnosed	1 day-1 week	68	65.6%
	8day- 1 month	42	31%
	>1 month	4	3.9%
9. Previously treated	Yes	11	10.5%
	No	94	89.5%
10. Stage of prolapsed	Stage1	2	1.9%
	Stage2	33	31.4%

	Stage3	40	38.1%
	Stage4	30	28.6%

5.4 Substance Use

In the study most women's are not use substance but 16(15.2%) chewing chat and 12(11.4%) alcohol withdrawal.(figure 2)

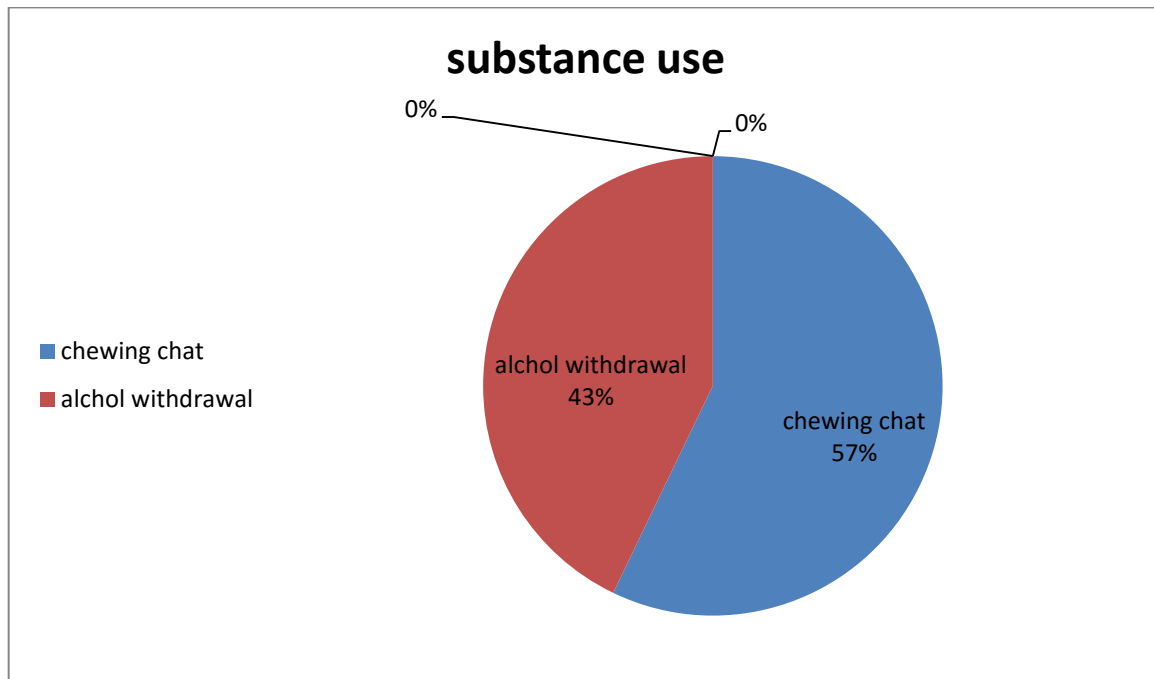


Figure 1 substance use alcohol withdrawal and chewing chat

5.5 Prolapsed Quality Of Life

This study showed that the average prolapsed quality of life score of participant was 34.69 ± 26.5 SD with median score of 33.33. The general health perception (score: 47.61 ± 22.87 SD) were the most affected quality of life domains and physical limitation (score: 41.9 ± 31.27 SD).social limitation(score: 25.07 ± 28.87 SD) is the least affected domain (Table 4).

Table 4. Prolapsed quality of life Information WKUSTH and ATAT HOSPITAL in Gurage zone SNNPR Ethiopia 2014.

	Quality of life domain	Mean	±SD
1	General health perception domain	47.61	22.87
2	Prolapse impact domain	40	31.48
3	Role limitation domain	34.92	30.88
4	Physical limitation domain	41.9	31.27
5	Social limitation domain	25.07	28.87
6	Personal relationship domain	31.44	26.66
7	Emotion domain	28.35	25.12
8	Sleep and Energy domain	33.33	24.67
9	Severity measure domain	29.6	16.82
	Overall average score domain	34+26 SD	

Table 5. Factor associated with quality of life of uterine prolapse in WKUSTH and ATAT HOSPITAL in Gurage zone SNNPR Ethiopia 2022.

Variable	Category	COR[95%CI]	AOR[95%CI]	Pvalue
Living with whom	Partner Parents Children	6.707[0.433-13.847]	7.284[0.511-15.080]	0.027

CHAPTER SIX

6. DISCUSSION

6.1 DISCUSSION

The average P-QOL mean score of our study participants was 34. Other study is conducted in Bahir Dar, North west Ethiopia the average P-QOL mean score is 48 (17).and another two study conducted in Turkey (53and 52) and in Poland (47)(28)(16). While our result compared with other result show that relatively better QOL. Additionally the study conducted in south Africa showed relatively good QOL compared with our result (average P-QOL mean score 27)(18)this result indicate

For each domain score in our study the highest result is scored in General health perception (score, 47.61) compared with other study conducted in Bahir Dar (67.39)(17) which means our study result have good QOL .this result indicate most of participant in our study were un educated which means if they are well educated we get less result.

The physical limitation domain is the second most affected in our study (score, 41.9) in Bahir Dar study it is the severely affected with score 69.83. This indicates most of our respondent was house wife not that much affect their QOL.

The personal relationship domain is also most affected in our study (score, 31.44) and least affected compared with other studied (17). This could be due to our respondent age most women 70(67.2%) are between the age of 30 – 60 and 35(33.6%) are > 61 this indicate when age increase the probability of personal relationship domain of QOL affect would be decrease

In a study done in Bahir Dar the prolapsed impact domain score 61.78 (17) this also indicate UVP affect women QOL more than our study (score, 40).

Social life limitation score 25.07 least affected domain in our study compared with other studies it is relatively good QOL it could be in our country context they have good perception to culture and social life this lead to decreased probability of affecting QOL.

Another least affected domain were Emotion score 28.35 and severity measure score 29.6 the two QOL are also the least affected compared with other literatures.

Role limitation and sleep and energy have approximate score (34.92, 33.33 respectively) compared with Bahir Dar study conducted score (62.45,40.84 respectively). It indicate our study have good QOL .it could be due to in our study most women are highest age group this may minimize the impact of UVP on QOL.

The study conducted in Turkey investigated that when the stage of prolapse increase also severity also increase affect women QOL

In our study were identified living with partner had strongly associated with impacts of utero vaginal prolapsed ($p < 0.05$, CI=95, OR=0.027) .most women in our study are housewife 75(71.4%),85(81%) uneducated,50(47.6%) Gravid 4 –Gravid 6 and 66(62.9%) are start to give birth at the age of less than 20 years. Most of women 89 (84.8%) of first deliver are at home and 84% assisted by TBA. Most women 78(74.2%) have 5-8 Alive child and About 81(76%) mothers currently live with their 1-4 children. This all indicate they have high burden in the house, become multi parity this is one of the most risk factor to POP .

CHAPTER SEVEN

7. CONCLUSION AND RECOMMENDATION

7.1 Conclusion

The aim of this study was to assess impact of UVP and associated factor among women attending at WKUSTH and ATAT hospital, Gurage zone. The study shows that women quality of life resulting from varied perception regarding to physical health, emotional stress and social limitation. In our study living with partner is strongly associated with prolapsed quality of life. Our result suggests importance of developing policies and programs that are focused on early prevention for UVP. Age at first marriage, occupation, live with partner, assistant during delivery and stage of prolapsed were found to be independent variable during assessing of QOL.

7.2 Recommendation

We recommend that early treatment of UVP by itself one of the way to increase the quality of life regarding to these all patients government institution have responsible

The health institution should link with government to fulfill the instrument to treat UVP also the cost should be appropriate this strategy lead to increase women's quality of life.

Women should be encouraged institutionalized delivery and expected the impact of UVP could be minimized.

7.3 limitation Of The Study

- This research report had limitation lack of literature in Ethiopia and Africa.
- Study design was cross sectional cannot identify cause and effect

➤ Cost, time and source shortage

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ANNEX

A QUESTIONNAIRE TO ASSESS THE IMPACT OF UVP ON QUALITY OF LIFE

INFORMED CONSENT

Title of the research: The impact of utero vaginal prolapse on quality of life and its associated factors among women having uterovaginal prolapse in WKUSH and ATAT hospital, Gurage zone, SNNPR, Ethiopia

Dear participant, Greetings;

This study is proposed to assess impacts of utero vaginal prolapse on quality of life and its associated factors among women having utero-vaginal prolapse in WKUSH and ATAT hospital Gurage zone, SNNPR, Ethiopia.

There is no harm in participating in this research. Your names and other personal identifies will not be written on the questionnaire. We assure you that all the information you gave will be confidential. Participation in the study is on voluntary basis, you have a full right to participate or not to participate in the study. However, the findings of this study are believed to contribute to prevention, treatment and palliative care of utero-vaginal prolapse. Hence, you are kindly requested to provide genuine answer for the questions included in the questionnaire below.

Thank you for your cooperation!

Are you volunteer to participate in the study?

Yes No —————> Thank and **finish** the questionnaire

Signature _____

Name of Hospital [_____]	Questionnaire Code [_____]
Section 1: Socio demographic and economic characteristics	

Q.No	Question and Responses				
101	How old are you? [] years				
102	What is your current religion? [1] Muslim [2] Orthodox [3] Protestant [4] Catholic [5] others(specify)				
103	Current marital status [1] Never married [2] Married [3] Divorced [4] Separated [5] widowed				
104	What was your age at first marriage? []				
105	Do you have formal education? [1] Yes [2] No				
106	What is your educational level? (highest level of education you achieved) _____				
107	What is your current occupation? [1] Unemployed [2] House wife [3] Employed [4] Retired [5] Merchant [6] Farmer [7] Others (Specify) _____				
108	How much is your monthly income? [] ETB]				
109	Where do you live? [1] Urban [2] Rural				
110	With whom are you currently living? [1] My partner [2] My parents [3] Any of my relatives [4] My partner's family [5] My children [6] Others (specify)_____				
111	How many individuals live in the house? []				
112	Who is the decision maker in all affairs of the household? _____				
113	Who takes care of you _____				
Section 2: Reproductive and Child birth					
201	How many deliveries have you had? [] # deliveries				
202	What was your age at first child birth? [] years				
203	How many alive children do you currently have? [] # children alive				
	How many of your children are currently living with you? [] # children living with				
204	How many years passed since you deliver your last child? [] years				
205	Where did you deliver your child?	First	Second	Third	Fourth or more
206	Who assisted you at the time of delivery?	First	Second	Third	Fourth or more
Section 3: Medical conditions					
301	Weight [] kg				
302	Height []meter				
303	Blood pressure []				
304	Hemoglobin []				
305	HIV [1] Reactive [2] Non-reactive				
307	List any current medical condition if any _____				

308	When did the prolapse symptom start? [_____]
309	When did you diagnosed with uterovaginal prolapse? [_____]
310	Have you been previously treated for the same condition? [1] Yes [2] No
311	Stage of Prolapse (from Card): [_____]
Section 4: Substance use	
401	Did you drink alcohol at least once during this pregnancy? Yes [__] No [__]
402	Did you smoke cigarette at least once during this pregnancy? Yes [__] No [__]
403	Did you chew chat at least once during this pregnancy? Yes [__] No [__]

Section 5: Prolapse quality of life questions (p- QOL)						
501.	How would you describe your health at present? [1] Very good [2] Good [3] Fair [4] Poor [5] Very poor					
		[1] Not at all	[2] Slightly	[3] Moderate	[4] A lot	NA
502.	How much do you think your prolapse problem affect your life?					
503.	To what extent does your prolapse affect your house hold task (e.g cleaning, shopping etc ...)?					
504.	Does your prolapse affect your job or your normal daily activities outside the home?					
505.	Does your prolapse affect your physical activities (e.g. going for a walk, run, sport, gym etc...)?					
506.	Does your prolapse affect your ability to travel?					
507.	Does your prolapse limit your social life?					
508.	Does your prolapse limit your ability to see/visit friends?					
509.	Does your prolapse affect your relationship with your partner?					
510.	Does your prolapse affect your sex life?					
511.	Does your prolapse affect your family life?					
512.	Does your prolapse make you feel depressed?					
513.	Does your prolapse make you anxious or nervous?					
514.	Does your prolapse make you feel bad about yourself?					

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

አዎ አይ አመሰግናለሁ እና መጠይቁን ጨርሻለሁ

ፊርማ _____

የሆስፒታሉ ስም _____	መጠይቅ ኮድ _____
ክፍል 1: ማህበራዊ ስነ-ሕዝብ እና ኢኮኖሚያዊ ባህሪ	
1 0 1	እድሜ ስንት ነው? _____ ዓመት
1 0 2	ሃይማኖት ስንት ነው? ሀ) ሙስሊም ለ) ኦርቶዶክስ ለ) ፕሮቴስታንት ለ) ካቶሊክ ለ) ሌሎች (_____ ይግለጹ)
1 0 3	አሁን ያለ ሽያጭ ገቢ ሆኖታል? ሀ) ያላገባለሁ ያገባለሁ የተፋታመ) ተለያይቷል) ባሏቸው ባት
1 0 4	4. በመጀመሪያ ገቢ ስንት ነው? _____
1 0	ትምህርት ተቋም ለውጥ አለ?

5	ሀ) አዎላ) አይ
1 0 6	የትምህርት ደረጃ ስንት ነው? (እስከ ስንተኛ ክፍል ተምረሻል?) _____
1 0 7	7. አሁን ያለሽ በትምህርት ያምን ድን ነው? ሀ) ሥራ አጥላ) የቤት እመቤት ሐ) ተቀጥሪ መ) ጡረታ የወጣችሁ ነጋዴረ) ገበሬ ሰ) ሌሎች (ይግለጹ) _____
1 0 8	ወርሃዊ ገቢ ስንት ነው? _____
1 0 9	የትነው የምትኖረው? ሀ) ከተማ ለ) ገጠር
1 1 0	አሁን ከማን ጋር ነው የምትኖረው? ሀ) የትዳር ጓደኛዬ ለ) ወላጆቼ ሐ) ከዘመዶቼ መካከል የትኛውም መ) የትዳር ጓደኛዬ ቤተሰብ ሠ) ልጆቼ ለ) ሌሎች (ይግለጹ) _____
1 1 1	በቤት ውስጥ ስንት ሰው ይኖራል? _____
1	ቤተሰቡን ሚያስተዳድረው ማነው? _____

1	
2	
1	ማንይንከባከብሻል? _____
1	
3	

ክፍል 2: የስነተዋልዶ እና የልጅ መወለድ ጥያቄ እና መልስ

2	
0	
1	ምን ያህል ጊዜ አርግዘሻል? _____

2	የመጀመሪያ ልጅ ስትወልዱ ወይንም ስትሰጡ ስንት ዓመታት? _____ ዓመታት።
0	
2	

2	በህይወት ያሉ ስንት ልጆች አሉሽ? _____ ልጆች በሕይወት አሉ።
0	
3	

2	በአሁኑ ጊዜ ስንት ልጆች ከአንቺ ጋር ይኖራሉ? _____ አብረዋት የሚኖሩ ልጆች።
0	
4	

2	የመጨረሻ ልጅ ስንከወለድ ስንት ዓመታት አለፉ? _____ ዓመታት።
0	
5	

2	ልጆች ስንት የትውልድ ወለድ ስሙ?	አንደኛ ልጅ ስንት	ሁለተኛ ልጅ ስንት	ሶስተኛ ልጅ ስንት	አራተኛ ወይም ከዚያ በላይ
0					
6					

2	በወሊድ ጊዜ ማን ረዳሽ? (የህክምና ባለ)	አንደኛ ልጅ ስንት	ሁለተኛ ልጅ ስንት	ሶስተኛ ልጅ ስንት	አራተኛ ወይም ከዚያ በላይ
---	----------------------------	-------------	-------------	-------------	------------------

0 7	ሙያ፣ የልምድ አዋላጅ)	ወልጂ	ሽንሰት ወልጂ	ሽንሰት ወልጂ	ምክር ቤቅ

ክፍል 3: የሕክምና ሁኔታዎች

3 ክብደት _____ ኪ.ግ
0
1

3 ቁመት _____ ሜትር
0
2

3 የደም ግፊት _____
0
3

3 የደም ግፊት _____
0
4

3 ኤች.ኤ.ቪ _____ ሀ) አለብሽለ) የለብሽም
0
5

3 ማንኛውም ወቅት የሞት አደጋ የሚከሰት ሁኔታ ካለዎት _____
0
6

3 የሚሰጠው ጥቅም ለሕይወትዎ ምን ያህል ይሆናል? _____
0
7

0 7	
3 0 8	የማህጸንመውጣትመከሰቱመቼታወቀ? _____
3 0 9	ከዚህቀደምለተመሳሳይሁኔታታክመሻል? U) አዎላ) አይ
3 1 0	የማህጸንመውጣትደረጃው (ከካርድ): _____
ክፍል 4:ዕፅመጠቀም	
4 0 1	በአልኮል (መጠጥ)ትጠጫለሽ? U)አዎላ)አይ
4 0 2	ሲጋራታጫሻለሽ? U) አዎላ)አይ
4 0 3	በጫትትቅሚያለሽ? U) አዎላ)አይ

ክፍል 5: የማህፀን መውጣት እና የህይወት ጥራት ጥያቄዎች (p-QOL)						
501	በአሁኑ ጊዜ የጤንነት ሁኔታ ሽንጻን ዴት ትገልጻለህ? ሀ) በጣም ጥሩ ለ) ደህና ሐ) ጥሩ መ) ደካማ ሠ) በጣም ደካማ					
		ምንም	ትንሽ	መጠነኛ	ከፍተኛ	5
502	የማህፀን ሽ/የሽልቤት ሽ መውጣት በህይወት ሽ/በኑሮ ሽ ላይ በምን ያህል ጎድቶ ሻል?					
503	የማህፀን ሽ መውጣት በቤት ውስጥ ስራ ሽ ላይ (ለምሳሌ ጽዳት፣ ምግብ ማብሰል ወዘተ ...) ምን ያህል ተፅዕኖ ፈጥሯል ብለሽ ታስቢያለሽ?					
504	የማህፀን ሽ መውጣት ከቤት ውጭ በምትሰራ ውስጥ ላይ (ለምሳሌ ገበያ መሄድ፣ እንጨት መልቀም...) ተጽእኖ ፈጥሮብሻል?					
505	የማህፀን ሽ መውጣት አካላዊ እንቅስቃሴ ለማድረግ (ለምሳሌ በእግር መሄድ፣ መሮጥ፣ ስፖርት ወዘተ..) ጫና ፈጥሮብሻል?					
5	የማህፀን ሽ መውጣት ከአንድ በታወቀ ደረጃ ላይ ለታዘገበው					

06	ትእንዳትንቀሳቀሺ ወይም ጉዞ እንዳታደርገው ይምእንዳትረገሙ ሲገኙ ተጽዕኖ ፈጥሮ ብሏል?					
507	የማህፀን ሽመው ጣት ማህበራዊ ህይወት ስለሚኖረው ይምረቃል (ለምሳሌ ጤና ትኩረት ይቀንሳል፣ ለቅሶ ማድረግ ይቻላል፣ ለሌሎች ጥራት ይቀንሳል)።					
508	የማህፀን ሽመው ጣት ጓደኞችን፣ ዘመዶችን፣ ጤና ጥቅም ላይ ላይ ለውሰድ ለማድረግ/የመገባቸውን ትእንዳት ማድረግ ይቻላል?					
509	የማህፀን ሽመው ጣት ከትዳር አጋር ስለሚኖረው ይምከድ ይቻላል።					
510	የማህፀን ሽመው ጣት ከትዳር አጋር ስለሚኖረው ይምከድ ይቻላል። ወሲባዊ ጥንካሬ ማድረግ ይቻላል?					
511	የማህፀን ሽመው ጣት በጤና ጥቅም ላይ ላይ ለውሰድ (ልጅ ማድረግ፣ አዳኝ ማድረግ) ተጽዕኖ ፈጥሮ ነው?					
512	የማህፀን ሽመው ጣት የመደበኛ ወይም የመደበኛ ስሜት ስለሚኖረው ትጽቢታዊ ነው?					
51	የማህፀን ሽመው ጣት የጤና ጥቅም ላይ ላይ ለውሰድ ለማድረግ ይቻላል?					

3						
5 1 4	የማህፀን ሽመውጣት ስለራስ ሽጥሩ ያልሆነ ወይም መጥፋት ፎስፌት እንዲሰማሽ አድርጓል?					
		በጭራሽ	የተወሰነ ሂደት	ብዙ ጊዜ	ሁል ጊዜ	5
5 1 5	የማህፀን ሽመውጣት የእንቅልፍ/ መኝታ መዘባት፣ ጥሩ ያልሆነ ህልም / ቅዠት እንድታይ አድርጎ ስላል?					
5 1 6	ድካም / የመዘልስ ሜትሮስ ማሻሻል?					
የማህፀን ሽመውጣት ችግር ያለ መርዳት ከሚከተሉት ውስጥ አንዱን ያደርጋሉ?						
5 1 7	የማህፀን ሽመውጣት ለመከላከል ሞዴስ፣ የውስጥ ሱሪ፣ ፎጣ፣ የጋቢ ቁራጭ ወይም ሌላ የማህፀን ሽመውጣት መከላከያ ትጠቀሟል?					
5 1 8	የማህፀን ሽመውጣትን ለመከላከል አዘውትረሽ በእጅህ ወይም ሌላ መሳሪያ ተጠቅመህ?					
5 1 9	የማህፀን ሽመውጣት ህመም ወይም ምንም ችግር ማጣት ስለሆነ ሜትሩ ጥሩ ነው ስላል?					

5 2 0	የማህፀን ሽመውጣት መቆም እንዳትችይ አድርጎሽል ?					
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