Assessment of women Awareness Regard genital prolapse

Mervat Saad Fathy Saad, Dr. Entesar Fatouh Abdel moniem , Dr .Rania Abd El-hak Eid Farrag , Dr. Haitham Mohannad Badran

1-Clinical Instructor at Technical Institute of Nursing, Ministry of Health
2-Professor of Maternal and Newborn Health Nursing , Faculty of Nursing - Helwan University
3-Assistant Professor of Maternity and Neonatal Health Nursing , Faculty of Nursing - Fayoum University
4- Assistant Professor of Obstetrics and Gynecology, Faculty of Medicine - Fayoum University

Abstract:
Background:
*Genital prolapse is one of the most frequent causes of gynecological morbidities among women in the world. The symptoms of genital prolapse can be extremely debilitating and have an appreciable impact on quality of life. The present study **aimed** to evaluate women awareness regard genital prolapse . **A prospective study design** was conducted at the out-patient's clinics of Fayoum University hospital and General hospital (obstetrics and gynecology clinic). **Purposive sample** 73 women was included in the study. Data were collected through **three types of tools** (structured interviewing questionnaire sheet, Pelvic Organ Prolapse Quantification system (POP–Q) . It was used to assess genital prolapse stages , Pelvic organ prolapsed-symptoms score (POP-ss),it was used to assess symptoms of genital prolapse and . **The results** of this study revealed that there were a statistically no significant differences between the women with satisfactory level of knowledge and genital prolapsed symptoms, and its stages .While the result Shows that there were statistically non-significant differences between the Total knowledge score and age, residence, income and family member . While the result is almost statistically significant differences between it and level of education, occupation and BMI. The study **concluded** The majority of women had moderate   genital prolapse symptoms while most of the study women had unsatisfactory knowledge about genital prolapse. The study **recommended** increase awareness of women about genital prolapsed symptoms, focusing on issues of outreach and education of the overall population and counseling program for women with genital prolapse symptoms.*
Keywords: prolapse, knowledge , symptoms.

I.   Introduction

Genital Prolapse is the descent of one or more of pelvic structures from normal anatomic location toward or through the vaginal opening; women of all ages may be affected. The cause is a loss of pelvic support from multiple factors, including direct injury to the levator ani, as well as neurologic injury from stretching of the pudendal nerves that may occur with vaginal childbirth*(Kuncharapu et al., 2018)*

Genital Prolapse is common and is seen in 50% of parous women. Risk factors include pregnancy, vaginal childbirth, congenital or acquired connective tissue abnormalities, weakness of the pelvic floor, aging, menopause and factors associated with chronically raised intra-abdominal pressure from chronic coughing, straining with constipation, and repeated heavy lifting *(Hagen and Stark, 2017).*

Genital Prolapse prolapse is categorized in four stages, ranging from mild to severe. In mild cases, women may be totally unaware that something has shifted until their gynecologist discovers it during a routine pelvic examination. In addition, Pelvic Organ Prolapse Quantification System graded POP as follows; stage (0) no prolapse is demonstrated, stage (I) the most distal portion of the prolapse is more than 1 cm above the level of the hymen , stage (II) the most distal portion of the prolapse is 1 cm or less proximal or distal to the hymen, stage (III) the most distal portion of the prolapse protrudes more than 1 cm below the hymen but no farther than 2 cm less than the total vaginal length, and stage (IV) vaginal eversion is essentially complete *(Persu et al., 2015)*.

World Health Organization estimates that approximately 33 % of the total global burden of disease is related to reproductive health. The global prevalence of genital prolapse is 2 to 20 % under age 45 years. POP is seen in up to 43 to 76% of women presenting for routine gynecological care, and 3 to 6% involve descent beyond the hymen *(Eleje et al., 2019).*

Women with genital prolapse commonly have a variety of symptoms including pelvic heaviness, dragging sensation in the vagina, protrusion coming down from the vagina, and backache. Bladder and bowel

symptoms, discomfort during sexual intercourse are also frequently present. Women who exhibit just mild or moderate POP do not experience any of these symptoms until any aspect of the vaginal wall actually protrudes beyond the opening of the vagina *(Culligan, 2017).*

Additionally, genital prolapse is not responsible for any severe morbidity or mortality, but it may have a marked functional impact on quality of life, self-esteem, and sexuality *(Letouzey et al., 2014).*

Treatment options for prolapse depend on the severity of the symptoms; mild to moderate prolapse is usually treated with conservative methods such as electrical stimulation, pelvic floor muscle training, and biofeedback. More severe prolapse often needs surgery. Various types of surgery are used to repair the prolapse . The efficacy of various intervention in repairing prolapse is measured by reducing genital prolapse symptoms, prolapse recurrence rate, and improvement in quality of life   *(Hoffman et al., 2016).*

The maternity nurse as a one of the health team members, care provider, educator, counselor, consultant, resource person and social supporter can make an important contribution in the prevention and management of genital prolapse. Nurse can help to understand the needs of body and the ways in which woman herself can make a positive contribution to enable it to function most effectively. Women suffer because of inadequate health awareness, so the maternity nurse can give the women adequate information about their health *(Yildirim, 2015).*

Significance of the study

In Egypt, the incidence of genital prolapse is 25.75% of 2000 females in the first year following delivery from different Governates (health centers, hospitals, and family planning centers). The symptoms of prolapse can be extremely debilitating and have an appreciable impact on quality of life, women with symptomatic genital prolapse experience discomfort, as well as interference with daily activities. The researchers observed from clinical experience that women with genital prolapse have deficient knowledge, and compliance with healthy measure is sparse. Meanwhile, instructional guidelines has a crucial role in mangening genital prolapse symptoms. Therefore, the researchers conducted this study to improve women' knowledge about genital prolapse and its impact on quality of life.

Aim of the study:
This study aims to assess the women awareness regard genital prolapse.

II.   Subjects and Methods

Research Design: A prospective study design. **Setting**:study was carried at the outpatient's clinic of Fayoum University hospital and Fayoum general hospital (obstetrics and gynecology clinic). **Sampling:** purposive sample (73 women) was selected according to inclusion and exclusion criteria. Tools of Data Collection three tools were used for data collection

1- Structured interviewing questionnaire:- It was divided in to four parts
This tool was developed by the researcher used to assess the studied women regard the following: Part
First part: This was designed to collect the personal data of the study sample as age, educational level, residence, marital status).
Second part: This was designed to obtain women's medical and surgical history e.g. chronic disease as D.M, ascites , respiratory disorders and previous abdominal or pelvic surgery, etc.
Third part: It was designed to obtain women's obstetric and gynecological history, e.g. gravidity, parity and mode of delivery etc.
Fourth part: This was designed to assess women's knowledge regarding genital prolapse as its effect on women's life, signs and symptoms and its management.

2-Pelvic Organ Prolapse Quantification system (POP–Q): This sale modified from (BordanR &TelnerD and Jackson 2015) quantification staging was used to rule out the clinical staging 0, 1, 2, 3 and 4 genital prolapse through vaginal examination
3-Pelvic organ prolapsed-symptoms score (POP-ss): This scale modified from (Dang& Lee and Tran 2014) questionnaire was designed to assess the manifestations of genital prolapse .
Validity and reliability:
Validity of tool was tested through jury of expertise (5 professors from faculty of Nursing, faculty of medicine) Ain shams university , Helwan university and Fayuom university to test the content, knowledge, accuracy & relevance of questions for tools.

Ethical Consideration
The ethical research considerations in this study included the following:
•   Obtaining approval from the Scientific Research Ethical Committee in the Faculty of Nursing at Helwan University before starting the study.
•   Clarifying the objective and aim of the study to the women that were to be included in the study then oral consent obtained.
•   Ensuring and maintaining anonymity and confidentiality of the subject data.
•   Giving women the right to withdraw from the study at any time.
•   Guaranteeing that no harm would occur to women.

Pilot study:
        Pilot study was carried out for 3 weeks in the period from the beginning of June to the end of July on 10% of the total study sample (seven women) to evaluate the applicability, efficiency, clarity of tools, assessment of feasibility of field work and identification of suitable place for interviewing women, beside to detect any possible obstacles that might face the researcher and interfere with data collection. Necessary modifications were done based on the pilot study findings such as (omission of some questions from tool) in order to strengthen their contents or for more simplicity and clarity. The pilot sample was excluded from the main study sample.

Fieldwork:
❖   The data was collected through a period of six months from the start of August 2020 till the end of January2021.
❖   The researcher attended at Fayoum general hospital (gynecology outpatient clinic) 2 days per week from 9am to 2pm and 2 day per week in Fayoum University maternity hospital (gynecology outpatient clinic) from 9am to 2pm.
❖   The researcher introduced herself to the women and explained the aim of the study prior to data collection. Then oral consent of women was obtained.
❖   The researcher start to fill the data collection tools (interviewing schedule ,check list, follow up card)to assess women's personal data, reproductive history, present medical history, surgical history, their knowledge about genital prolapse, and its management for the study sample in a time ranged from 20-30 minutes.
III- Administrative design:
An official approval was obtained from the Dean of Faculty of Nursing, Helwan University to conduct this study, and another one from the Director of Fayoum university hospital to collect data through written letter clarifying the title, aim and sitting of the study.
IV-Statistical design:
Statistical analysis:
The Statistical Package for the Social Sciences (SPSS, version 17.0) was used for data analysis. Descriptive statistics were employed to summarize the demographic data, which was presented using frequency tables and expressed as percentages, mean and standard deviation. Chi-square test was used to test the associations among the under studied qualitative variables. Statistical significance was considered at P-value < 0.05 and highly significance at P-value < 0.001.

III.   Results
Table (I) Shows that the mean age of the women was 51.63 (9.87) and there were over -weight 45.2%, while35.6% of women were obese . In relation to residence 52% of the women were living in urban area. While 48%were living in rural area. and 90% of women were carried heavy objects.
Figure (3) Shows that the study sample (100%) of the women having chronic diseases, distributed as this. 56%) had diabetes, 53% hypertension, liver 16% and 37% respiratory diseases, and8% other disease.
Figure (6) illustrates that there were (34.2%) satisfactory knowledge about the genital prolapsed and its management
Table (3) Shows that 52% of women had normal labor, and 32.9% of the women returned to them activities after four week. In relation of IPI 53.4% of the women's were less than two years. and100% of women didn't Practicing pelvic floor muscle exercise.
Figure (5) Illustrates that all study sample had labor problem distributed as this 98.6% of women were suffered from perineal tear ,while 91.8% of the women were suffered from prolonged labor, and 60% of the women retained placenta. Whilst 4%only of the women suffered from other problem as fever and infection
Figure (8): illustrates that there were (48%),(16%),(9%),moderate, severe and mild of genital prolapse respectively

Table (7) Shows that there were statistically non-significant differences between the Total knowledge score and age, residence, income and family member . While the result is almost statistically significant differences between it and level of education, occupation and BMI.

IV. Discussion

Regarding socio-demographic characteristics of the studied women, the results of the current study revealed that the main age of the women was (51.63). The current study findings are supported by *(Asresie et al., 2016).*That studied" Determinants of pelvic organ prolapse among gynecologic patients in Bahir Dar, North West Ethiopia: a case-control study" Found that the age of women with pelvic organ prolapse were over 50 years.

Concerning other socio-demographic characteristics, the results of the present study showed that about half of the studied women were from rural area. Furthermore, about more than one thirds had obesity and ninety percent of them carried heavy objects,. On the other hand, more than half of them were able to read and write. Meanwhile, more than of one third were housewives.

Concerning other socio-demographic characteristics, the results of the present study showed that about half of the studied women were from rural area. Furthermore, about more than one thirds had obesity and ninety percent of them carried heavy objects,. On the other hand, more than half of them were able to read and write. Meanwhile, more than of one third were housewives. The current study findings were in accordance with *Puri's (2015)* "Prevalence, Risk Factors and Traditional Treatments of Genital Prolapse in Manma, Kalikot District, Nepal: Acommunity Based Population Study" Puri found that a major common risk factor of genital prolapse with statistically significant prevalence was illiteracy among more than two thirds of the studied women; those women also lived in rural areas, were housewives and performed hard work like farming and load carrying with less rest time.

Regarding the medical history of the studied women, the result of the current study revealed that all of them had chronic diseases. This finding was agreed to *Puri (2015)* who studied "Prevalence, Risk Factors and Traditional Treatments of Genital Prolapse in Manma, Kalikot District, Nepal: and found that chronic constipation, and chronic cough had significant prevalence in two thirds of the studied women with these factors of genital prolapsed.

This result also supported by *Reader (2017)* who mentioned that obesity , chronic cough and chronic constipation increase intra-abdominal pressure that may promote genital prolapse. Concerning the surgical history of the studied women, the present study showed that all studied women had abdominal pelvic surgery. This finding consistent with *Puri (2015)* who reported that prior abdominal pelvic surgery had significant prevalence in about thirds of the studied women with these factors of genital prolapse.

Regarding the obstetric history of the studied women, the results of the study showed that more than half of the women had more than four times of pregnancy and delivery. Moreover, fifty two percent of them were delivered with normal vaginal delivery (NVD). In addition, more than one third of them were returned to normal activity in the first week postpartum.

The present study findings are in agreement with *(Roshdi, 2016).* Revealed that child birth and repeated pregnancy had great effect on genital prolapse and also found that about three quarters of women had previous three or more pregnancies and more than three quarters had three or more normal vaginal deliveries.

Concerning the labor problems, the findings of the present study revealed that all study sample had labor problems . This result is similar to that in *Toaff (2013)* who found that genital prolapse is caused by damage to the pelvic floor during vaginal deliveries. *Dutta (2016)* added that the most damage occurs when labor is prolonged. The study of *Lazarou and Scotti (2015)* revealed that partial pudendal and perineal neuropathies are associated with labor. Impaired nerve transmission to the muscles of the pelvic floor may predispose them to decreased tone, leading to further sagging and stretching and predisposing women to prolapse.

Concerning women's knowledge about genital prolapse, the current study revealed that more than two third of the study sample had unsatisfactory knowledge regarding genital prolapse. This may be explained by the fact that these women didn't receive enough information about the disease and also may be due to lack of knowledge and awareness of women and low level of education . Regarding women's genital prolapse symptoms, this study revealed that near to two third of women suffered from moderate symptoms while about one quarter of women had severe symptoms and the remainder had none to mild symptoms. Meanwhile, On investigating the severity of the genital prolapse symptoms by POPss it can be observed that the highest mean score of the genital prolapse symptoms were in domains general followed by sexual ,urinary and bowel symptom.

This study finding is consistent with *Yakout (2019).* Who mentioned that, the highest mean score of genital prolapse symptoms were in different domains general symptoms. In this respect *Elsayed.E&*

shokry.E, etal, 2017), who recommended that, the highest mean scores of genital prolapse symptoms were general symptoms and sexual domains. While the mean scores of bowel symptoms is lower in their study about genital prolapsed symptoms.

Regarding women's genital prolapse stages, this study revealed that near to half of women suffered from stage II while more than one third of women had stage I and the remainder had stage III pelvic organ prolapse .

The results of the current study were in accord with ***Kashyap , (2017),*** who reported that near to two thirds of women suffered from stage II and more than one third of women had stage I and the remainder had stage III pelvic organ prolapse .

According to relation between the women with satisfactory knowledge and socio demographic characteristics the current study showed that there were statistically non-significant differences between the Total knowledge score and age, residence, income and family member . While the result is almost statistically significant differences between it and level of education, occupation and BMI.

These findins agreed with ***Hassan , Osman and Fayez (2015)*** who approved that there were statistically non-significant differences between the Total knowledge score and age and residence. ♀While the result is almost statistically significant differences between it and occupation and BMI.

The study **concluded** The majority of women had moderate genital prolapse symptoms while most of the study women had unsatisfactory knowledge about genital prolapse. The study **recommended** increase awareness of women about genital prolapsed symptoms, focusing on issues of outreach and education of the overall population and counseling program for women with genital prolapse symptoms.

References

[1]. Adams, J., and Tovery, P., (2013): Complementary and alternative medicine in nursing and midwifery: Towards a critical social science. Routledge Publishing, London, England; 4(65): 45-67.
[2]. Aigmullar, T. (2016): Diagnosis and therapy of female pelvic organ prolapse, available at; https://www.ncbi. nlm.nih.gov
[3]. Alberta, A., (2016): Bladder irritants. Urology Journal; 25(9): 1-2.
[4]. Alila, B., (2014): Anatomy of internal female reproductive organs; Shutterstock Publishing; 9(56): 27.
[5]. Amy, A., (2015): Integrating complementary alternative medicine: A nurse's challenge. Alternative and Complementary Medicine Journal; 3(46): 898-903.
[6]. Arias, B., Ridgeway, B., and Barber, M., (2018): Complications of neglected vaginal pessaries: case presentation and literature review. Urogynaecology. Pelvic Floor Dysfunction Journal; 6(2): 19,1173.
[7]. Arvigo, R., and Belize, I., (2013): The Arvigo Techniques of Maya Abdominal Therapy. Alternative and Complementary Medicine Journal; 11(3): 1,3.
[8]. Bacsu, C., and Zimmern, P., (2016): Complications and treatment of urinary incontinence and pelvic organ: prolapse surgical treatment. Medical Journal; 24(2) 6: 229-237.
[9]. Bajracharya, A.R. (2011): Uterine prolapse a hidden for women, available at; www.iimsph.com/?mno=l-81221.
[10]. Barsom, R. & Sitter, R. (2015): Uterine Prolapse in Emergency Medicine: Etiology,available   at: emedicine.medscape.com/article/797295-overview.
[11]. Barsoom, R. (2015): Uterine Prolapse in Emergency Medicine, available at; emedicine.medscape.com/ article/797295-overview.
[12]. Be, KHilde, G., Jensen, J., Siafarikas, F. and Engh, M. (2013): Too tight to give birth? Assessment of pelvic floor muscle function in 277 nulliparous pregnant women. International Urogynecol J 24:2065-2070, available at; https://www.ncbi.nlm. nih.gov/pubmed/ 23749241.
[13]. Betsy, M. (2017): What Women Should Know about Uterine Prolapse available at; https://www. aurorahealthcare, nr^/patients-visitors/blog/what-women- should-know_: a hoi it-i i ten n e-prolapse.
[14]. Braun, K. (2011): Genital prolapse fact sheet | Women's Health Queensland ...available at; womhealth. org.au > Conditions & Treatments Chen Xiaohui. 91 cases of laparoscopic hysterectomy with experience [J], Foreign Medical Research, 2013, 12 (07): 90.
[15]. Bruno, T., Bernardes, A., Paula, M., Liliana, S., Emerson, O., Rodrigo, A., Batista, C and Marair, A. (2012): Efficacy of pelvic floor muscle exercises for treating organ prolapse in women, Department of Gynecology, Universidade Federal, Randomized controlled trial SaoPaulo Med J.
[16]. Bucher, L, Harding, H. & Roberts, K. (2017): Medical surgical nursing, assessment and management of clinical problems, 10th edition, El sevier, USA, Section 10, PP 1262, available at; https://booVs.google.com. eg/books?isbn=0323371647.
[17]. Bugge, C., Adams, E., Gopinath, D. and Reid, F. (2013):
[18]. Pessaries (mechanical devices) for pelvic organ prolapse in women, Cochrane Database Systematic Review, available at; http://www.ncbi.hlm.nin.gov/ pubmed.
[19]. Bureau, M. & Carlson, K. (2017): Pelvic organ prolapse: A primer for urologists available at; https://www.ncbi.nlm . nih.gov / pmc / articles / PM C5461143
[20]. Glazener, A., Macarthur, C., Hagen, S., Elders, A., Lancashire, R., Herbison and Wilson, D. (2014):Twelve-year follow-up of conservative maagement ofn postnatal urinary and faecal incontinence and prolapse outcomes, Randomized controlled trial, BJOG.; 121:112-20, available at; https://onlinelibrarv.
[21]. Hoff, I., (2015): Pelvic floor function and pelvic organ prolapse. Obstetrics Gynaecological Journal; 2 (115): 1- 28.
[22]. Hogston, R., (2014): Managing Nursing Care, 4th ed.,Lippincott Williams Inc., USA, chapter 1; pp. 18-19.
[23]. Jelovsek, J, Maher, C., and Barber, M., (2014): Pelvic organ prolapse. Lancet Medical Journal; 369 (9566): 1027-1038.
[24]. JIYI, E., DIKE, E., ANOLUE, F,, NZEWUfflE, A., and EJIKEM, C., (2013): Uterovaginal prolapse at a university teaching hospital in south-east Nigeria; Orient Journal of Medicine; 25(3-4): 107-110.
[25]. Johnson, D., Majeroni, B., and Kuncharapu, I. (2015): Pelvic organ prolapse. Obstetrics and Gynaecology Journal; 81(9): 1111-1117.
[26]. Jones, K., and Harmanli, O., (2016): Pessaiy use in pelvic organ prolapse and urinaiy incontinence. International Urogynaecology Journal; 3(1): 3-9.
[27]. Kashyap, R., (2013): Uterus prolapse and its conservative management. International Journal of Obstetrics and Gynaecology; 3(17):

4-27.

[28]. Kashyap, R., Jain, V., and Singh, A., (2013): Comparative effect of 2 packages of pelvic floor muscle training on the clinical course of stage I—III pelvic organ prolapse. International Journal of Gynaecology and Obstetrics; 121(1): 69-73.
[29]. Kay, L., (2010): Nurse manager competencies. Canadian Journal of Nursing Management; 9 (1): 45-64.
[30]. KeIin, E., (2013): Urogynaecology and pelvic floor disorders treatments. International Urogynaecology Journal; 90 (603): 212.
[31]. Kenny, T., and Wright, M., (2014): Pelvic organ prolapsed. Obstetrics and Gynaecology Journal; 36 (2): 127-138.
[32]. Kuncharapu, I., Majeroni, B., and Johnson, D., (2013): Pelvic organ prolapse. International Journal of Pelvic Floor Dysfunction; 181(9): 1111-1117.
[33]. Lambrou, P., Kontodimopoulos, N., and Niakas, D.,(2010): Motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital. American Medical Nursing Association Journal; (8) 26: 9-12.
[34]. Lazarou, G., and Grigorescu, B., (2011): Pelvic Organ Prolapse, 7th edition, Pearson Education Publisher, chapter 7, USA; P201.

[35]. Leia, C., (2013): Arvigo techniques of Maya abdominal therapy for reproductive, digestive, and pelvic health and healing. Alternative and Complementary Medicine Journal; 1(55): 165-180.
[36]. Lentz , G., Linda, J., and Vorvick, M., (2012): Anatomic Defects of the Abdominal Wall and Pelvic Floor, Diagnosis and Management. Comprehensive Gynaecology, 6th ed., Philadelphia, PA: Mosby Elsevier, USA, chapter 20, pp. 116-217.
[37]. Lewiky-Gaupp, C., and Sciarra, J.,(2015): Contemporary use of the pessary . Obstetrics and Gynaecology Journal; 6 (1): 75-128.
[38]. Lewis, J., (2017): The Arvigo techniques of Maya abdominal therapy: self care handout for women and men clients; available at http://www.mavanbellv.com.
[39]. Liddell, A., (2013): Foods that decrease the estrogen levels in women. American College of Nutrition Journal; 6(45): 28.
[40]. Lochner, B., (2011): Communicating respect model: cornerstone coaching & training. American Psychiatric Nurses Association Journal; 5(39): 18-22.
[41]. Toaf, M. (2011): Uterine Prolapse | OBGYN.Net, available at; www.obgyn.net/incontinence/uterine-prolapse.
[42]. Walters, M. & Ridgeway, B. (2013): Surgical treatment of vaginal apex prolapse, available at; https://www.ncbi-nlm.nih.gov/pubmed/23344287.
[43]. Williams, B. (2018): Supporting self-care of patients following general abdominal surgery, Journal of Clinical Nursing. 2008; 17(5):584-92, available at; http://www.scienccdirect.com
[44]. Wilson, D. (2014): Twelve-year follow-up of conservative management of postnatal urinary and faecal incontinence and prolapse outcomes,
[45]. Winters, J.C., Togamai, J.M. and Chermansky, C.J. (2012): Vaginal and abdominal reconstructive surgery for pelvic organ prolapse, 10th ed. Philadelphia, PA: Elsevier Saunders, chap 72, available at: www.lutheranhealthcare.org/Main/AdamProducts/5764.aspxed=l.
[46]. Wong LP, N. L. (2017). A survey of knowledge and perceptions of genital prolapsed among young to middle-aged women in federal territory. JUMMEC, 2-30.
[47]. World Health Organization, (2019): global plan of action for maternal health and new born.
[48]. Websites North American Maternal Society. Available at: www.genital prolapse.org. Accessed 13 Dec, 2016.
[49]. http://www.Womens guid.org, Accessed 13 Dec, 2016.
[50]. http://www.genital prolapse awareness month.org/comedic relief.htm
[51]. Zambito, T. (2018): Travel-RN-Post Operations, available at;https://www.travelnursesource.com/job/.../travel-m-

Table (1): Number & Percentage distribution of the study sample according to Socio-demographic characteristics (N=73)

Demographic characteristics	Value	
Age (Years)	NO	Percent
Mean age +SD	51.63 (9.87)	
Number of family member		
Five	14	19.2%
More than five	59	80.8%
Monthly income		
Enough	24	32.9%
Not enough	49	67.1%
Residence		
Urban	38	52.1%
Rural	35	47.9%
BMI		
Normal		
Under weight		
Over weight	14	19.2%
obese	0	0%
	33	45.2%
	26	35.6%
Carrying heavy objects		
Yes		
No		
	63	90.0%
	10	10.0%

Figure (1) : **Percentage distribution of the study sample according to occupation (N=73)**
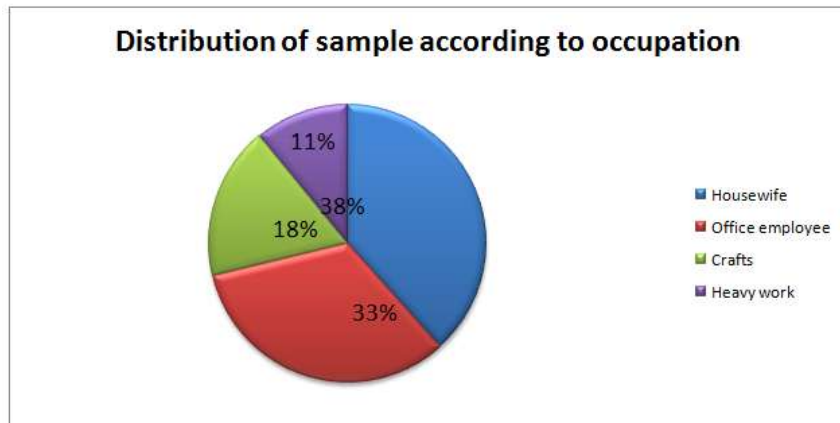

Figure (2) : **Percentage distribution of the study sample according to educational level (N=73)**
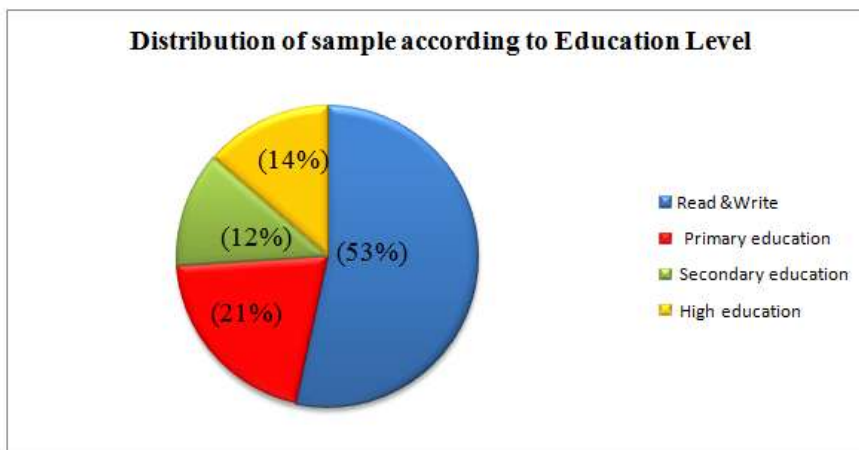

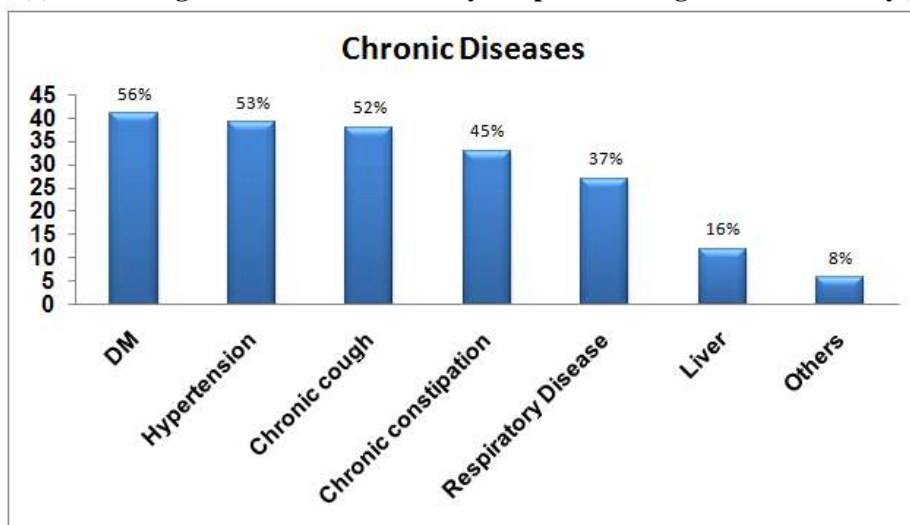**Figure (3) : Percentage distribution of the study sample according to medical history(N=73)**

Figure (4) : Percentage distribution of the study sample according to surgical history(N=73)
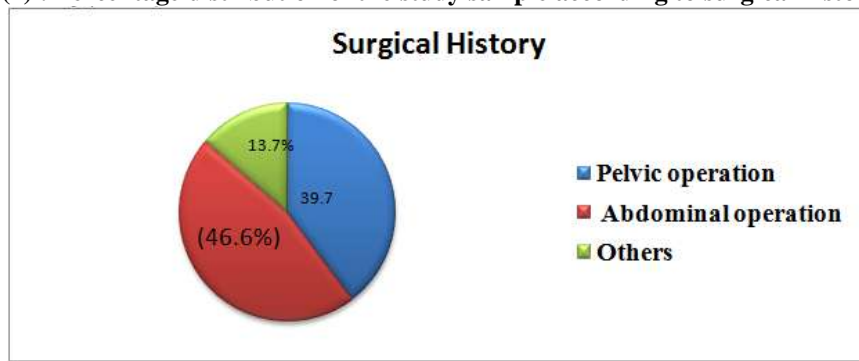

Table (3): Number & Percentage distribution of the study sample according to obstetric history: (N=73)

History of obstetrics	Value	
	No	Percent
Number of pregnancy		
None	0	0%
1-2	0	0%
3-4	33	45.2%
More than four	40	54.8%
Number of abortion		
None	62	84.9%
1-2	11	15.1%
3-4	0	0.0%
More than four	0	0.0%
Number of birth		
None	0	0.0%
1-2	0	0.0%
3-4	33	45.2%
More than four	40	54.8%
Type of delivery		
Normal delivery	38	52.1%
Caesarian section	22	30.1%
Instrumental labor	13	17.8%
Return to normal activities after the last labor:	24	32.9%
First week	17	23.3%
Second week	12	16.4%
Third week	8	10.9%
Fourth week	12	16.4%
After one month		
Houses activities during postpartum		
Simple activities	22	30.1%
Moderate activities	35	47.9%
Hard activities	16	21.9%
Inter-pregnancy interval (IPI)		
≤ 2 years	39	53.4%
> 2 years	34	46.6%
Practicing pelvic floor muscle exercise		
No	73	100%
Yes	0	0.00%

Figure (5): Percentage distribution of the study sample according to labor problem during all experiences of labors : (N=73)
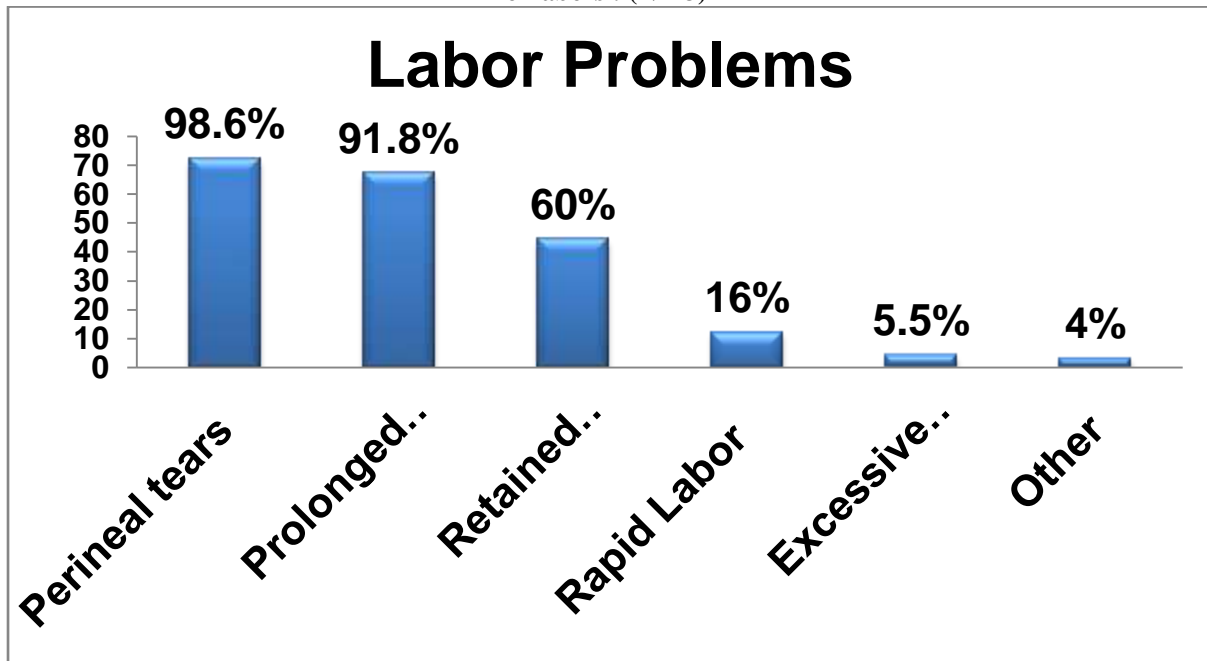

Figure (6): Number and Percentage distribution of the study sample according to their knowledge about genital prolapsed and its management.(N=73)
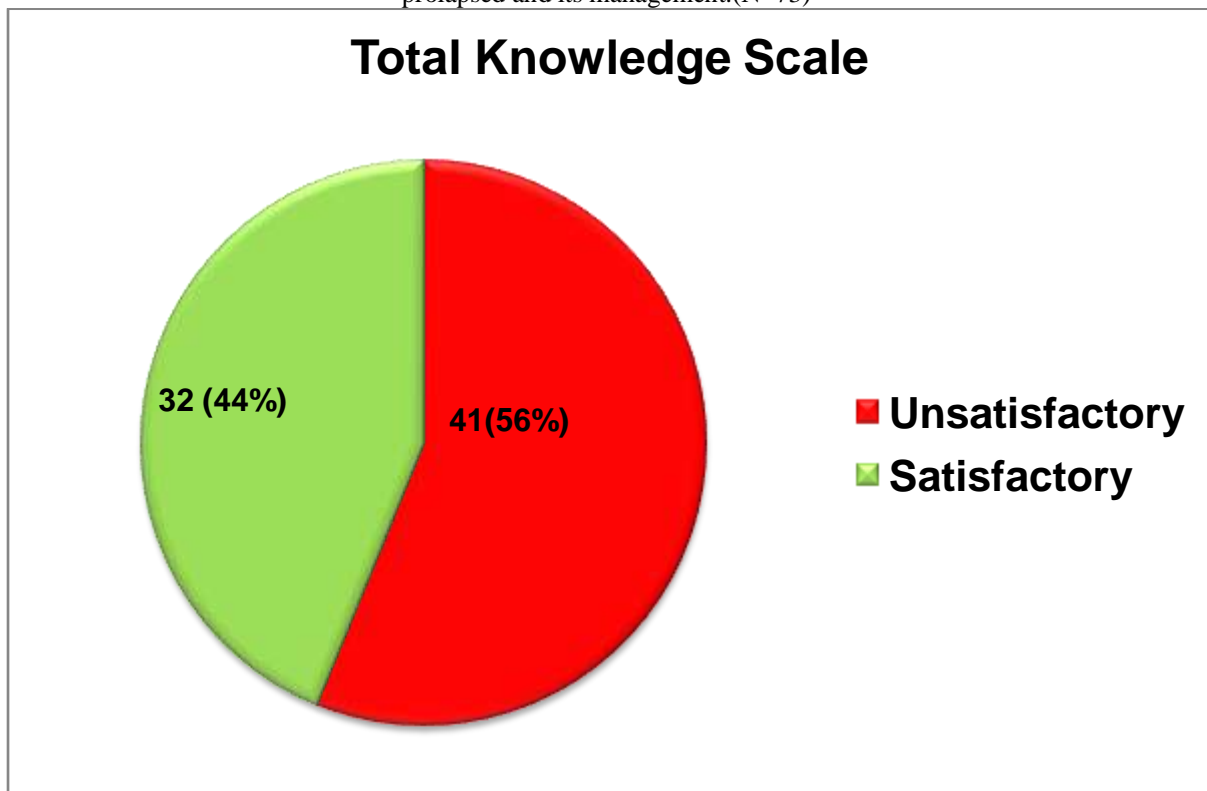
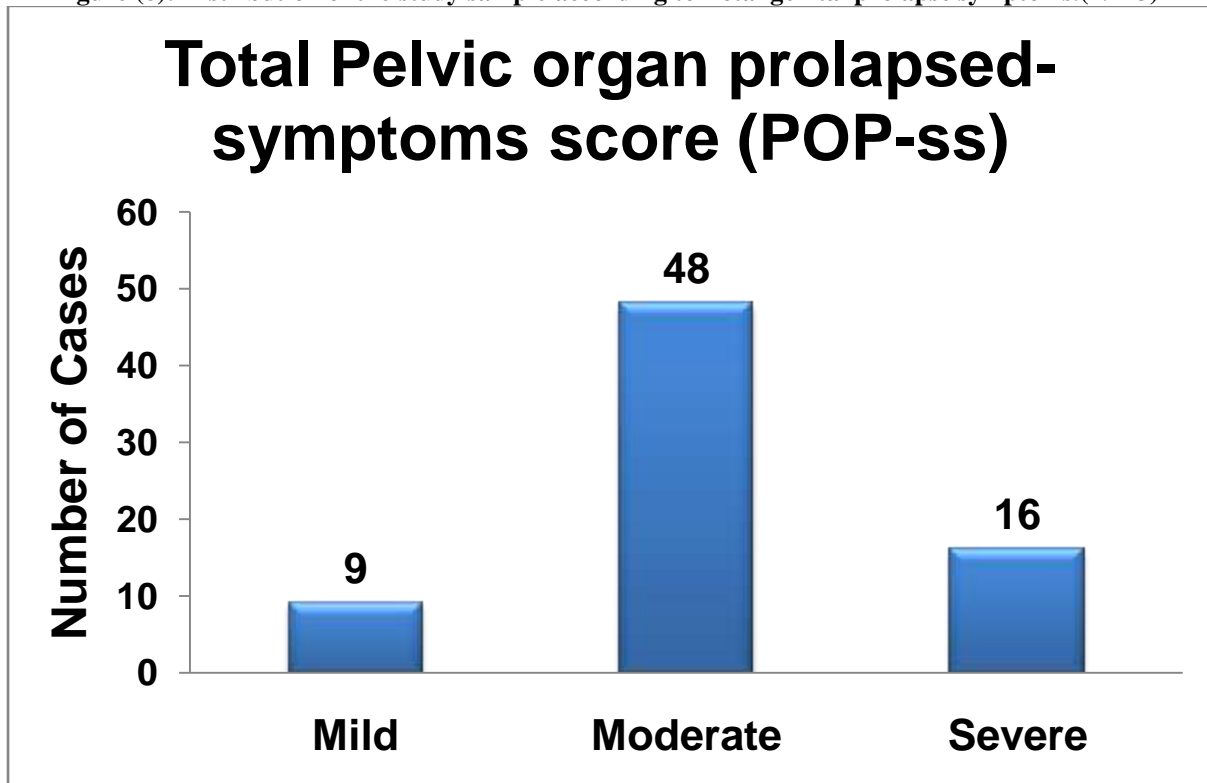**Figure (8): Distribution of the study sample according to Total genital prolapse symptoms.(N=73)**

Total Pelvic organ prolapsed-symptoms score (POP-ss)

Table (6): Number and Percentage distribution of the study sample according to the degree of genital prolapsed.(N=73)

Stages	Stages of POP–Q system measurement	Frequency	Percent
Stage 0	no prolapse is demonstrated	0	0.00%
Stage 1	the most distal portion of the prolapse is more than 1 cm above the level of the hymen	28	38.36%
Stage 2	the most distal portion of the prolapse is 1 cm or less proximal or distal to the hymenal plane	35	47.95%
Stage 3	the most distal portion of the prolapse protrudes more than 1 cm below the hymen but protrudes no farther than 2 cm less than the total vaginal length (for example., not all of the vagina has prolapsed)	10	13.70%
Stage 4	vaginal eversion is essentially complete	0	0.00%