Quality of Life Among women Having Genital Prolapse

Submitted by

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QUALITY OF LIFE AMONG WOMEN HAVING GENITAL PROLAPSE

Submitted by **Tahmina Afrin**, for the partial fulfilment of the requirement for the degree of Bachelor of Science in Physiotherapy (B.Sc. PT).

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Declaration

This work has not previously been accepted in substance for any degree and isn't concurrently submitted in candidature for any degree. This dissertation is being submitted in partial fulfillment of the requirements for the degree of B.Sc. in Physiotherapy.

I confirm that if anything identified in my work that I have done plagiarism or any form of cheating that will directly awarded me fail and I am subject to disciplinary actions of authority. I confirm that the electronic copy is identical to the bound copy of the Thesis.

In case of dissemination the finding of this project for future publication, research supervisor will highly concern, it will be duly acknowledged as graduate thesis and consent will consent taken from the physiotherapy department of SAIC College of Medical Science and Technology (SCMST).

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Acronyms

PQOL= Prolapse –Quality of life

POP= Pelvic organ prolapse

WHO= World health organization

CDG= Cystodefecography

MRI= Magnetic resonance imaging

PFMT= Pelvic floor muscle training

BPMT= Behavioral therapy of pelvic floor muscle training

CPP= Chronic pelvic pain

BMI= Body mass index

SUI= Stress urinary incontinence

SPSS= Statistical package for social science

SD= Standard deviation

SCMST= Saic college of medical science and technology

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Abstract

Purpose: The aim of the study was to assess the quality of life among women having genital prolapse. **Background:** To describe the socio-demographic information of participants. To find out the physical difficulties of the genital organ to assess the level of quality of life. To evaluate the association between the age and their limitations. To explore the association between psychological status and age. Methodology: A cross sectional study design was performed in this study which was conducted to assess the quality of life among women having genital prolapse. The investigator filled out the questionnaire having face to face interview,PQOL questionnaire was used.The data was collected by a convenience sampling technique and the total sample 117. Data were numerically coded and analyzed with Microsoft office 2019 using SPSS 26.0 version software program and test use of spearman test**.** **Results:** In this research found that participants mean and standard deviation of participants age, where mean ±SD= 54.22±13.580; about 51.3% (n=60) participants age 54 and below 54 years; 48.7% (n=57) participants age 55 and above 55 years. Correlation between age of the participants with their activity limitations revealed there was a negative but significant correlation between them (r) = (-0.307) and (p) = (0.001).That was, participants age has increased but their activity has significantly decreased and correlation between the psychological status of the participants with their age revealed there was a positive correlation between them (r) = (0.039) and (p) = (0.676).That was their psychological problems were increased with their age. Percentages and frequency of difficulties such as, physical and psychologoical were calculated. **Conclusion:** This study's focal point about quality of life of women with genital prolapse.

Keywords : Quality of life, genital porolapse.

Chapter-I INTRODUCTION

1.1Background:

In the Ebers Papyrus, written in 1500 B.C., the term `Genital prolapse' was first used to describe the condition. The quality of life is significantly impacted by genital prolapse or pelvic organ prolapse (POP) , a frequent and crippling condition of the female pelvic floor (Maltimore et al.,2015). The conception of genital prolapse is indicates the transposition of the pelvic organs (Onwud, 2012). The involved area are the bladder , uterus , vaginal dome and the rectum It can have a drastic influence on the quality of a women's life (Roets ,2007).

Genital prolapse is usually the consequence of loss of pelvic support . Chances of genital prolapse enhance with increasing of hysterectomy (Onwud, 2012). Numerous variables affect genital prolapse occurrence. Age, gender and heredity variables all play a crucial role . However, if a person with a genital propensity for genital prolapse starts experiencing symptoms, additional initiating, promoting and decomposing variables are required (Mladenovic-Segedi et al., 2011) .

Rarely serious morbidity or mortality result from these pelvic floor disease (Mathlouthi , N ., et al 2011). Globally, one of the most prevalent gynecologic conditions is pelvic organ prolapse . It significantly affects how well women live. However there is little research in our study region on how pelvic organ prolapse affects quality of life (kindie et al., 2022).

The National Hospital Discharge Survey in the United States found that every year, about 200,000 women get POP surgery. The surgical reason for 7–14% of all hysterectomies performed for benign illness is pelvic organ prolapse. In the ensuing decades, it is anticipated that POP will become more common. Corrective surgery rates annually and associated medical expenses are expected to rise as well. Although the precise origins of POP remain unknown, they are probably complex. Prolapse can happen when an abnormal pelvic organ support is continuously subjected to high intra-abdominal pressure or when an abnormal genital support reacts to a normal intra-abdominal pressure. The pelvic supportive systems, which include the bony pelvis, to which the soft tissues eventually attach, the sub peritoneal retinaculum and

smooth muscle component of the endopelvic fascia (the cardinal and uterosacral ligament complex), the pelvic diaphragm, which is made up of the levatorani muscles and their fibromuscular attachments to the pelvic organs, and the perineal membrane, are all damaged when this loss of support occurs. Stretching from labor can also weaken the perineal body and the walls of the vagina, slowing the effects of aging and menopause and from genetic and other factors. There are four categories of risk factors for prolapse development: predisposing, instigating, promoting, and decompensating events. Genetics, race, and gender are predisposing variables that may lead to connective tissue abnormalities, while pregnancy, childbirth, and surgeries including hysterectomy for prolapse, myopathy, and neuropathy are triggering factors. Decompensating factors include aging, menopause, debilitation, and drugs, whereas promoting factors include obesity, smoking, lung disease, constipation and persistent straining, and recreational or vocational activities. Prolapse might or might not happen during the course of a person's lifetime, depending on the mix of risk factors in that person. The most well-established risk factors are growing older, vaginal childbirth, and obesity. Vaginal parity was found to be a significant risk factor for POP in both the Women's Health Initiative5 and the Oxford Family Planning Study4. According to the Women's Health Initiative, having only one child raised the risk of uterine prolapse, and having two more children up to five babies increased the risk of prolapse by 10% to 20% (Walters et al., 2013).

Millions of women suffer with pelvic organ prolapse (POP), a condition whose incidence is predicted to rise by about 50% by the year 2050. POP symptoms include pelvic heaviness, vaginal bulging, inability to completely empty the bowel or bladder, the need to splint the posterior vaginal wall or perineum in order to urinate, and discomfort during sexual activity. It is crucial to remember that the majority of people with mild to moderate POP do not feel any of these symptoms until a portion of their vaginal wall actually protrudes beyond the opening of the vagina. POP's etiology is complex and multifaceted. The primary risk factors are vaginal births, aging, connective tissue anomalies, and repeated rises in intra-abdominal pressure (as those brought on by hard lifting or persistent constipation).

Gynecologists may view prolapse as predominantly a "surgical condition" given that at least 200,000 prolapse surgeries are conducted in the US each year, yet the majority of POP-affected women either choose for conservative therapy or forego

treatment completely. Although almost all patients with POP have choices for minimally invasive surgery, a sizable majority can be successfully managed with pessaries, pelvic floor muscle exercises, or both. choosing between surgical and nonsurgical treatment options.once the patient is aware of the associated trade-offs, a decision should be made.

POP often manifests in one of two ways for women: either they become aware of a bulge on their own, or their gynecologist alerts them to the issue during an annual exam. When patients discover the prolapse on their own, they frequently do so while in the shower or using the restroom. This circumstance is frequently preceded by a string of extremely demanding events that elevated the patient's intra-abdominal pressure (for example, having to move large boxes, starting a new workout routine, or going through a period of protracted, intense coughing). Many women are naturally alarmed when they first notice a vaginal bulge, and some may even call their gynecologists to schedule an urgent consultation. These women frequently worry about the worse, including developing cancer. These consultations are an opportunity for gynecologists to reassure and instruct their patients. A woman will often feel relieved and open to learning about these options once she realizes that the disease is not life-threatening and that both surgery and nonsurgical treatment options are available (Culligan., 2012).

1.2 Rationale:

In developing countries as well as Asian countries, women's health is especially neglected. Genital prolapse is health related problem which make discomfort for the women. The downward displacement of the uterus or vagina toward or through the introitus (vaginal canal) make physical difficulties for women. In Bangladesh genital prolapse caused by repeated childbirth, trauma during childbirth, being over weight commonly. The changes of the normal physical structure can effect to the body functioning. The aim of the study is to assess the level of quality of life among women having genital prolapse. The study will explore the matters which make the daily life activities difficult for women. This research is not done before in this area. So that people can gather knowledge about the patient of this area and it will be helpful for the researcher who wish to do related research in future and can set progressive goal about the health issue of women. The research will increase awareness in the women about their childbirth period and their health. For that they will be able to modify their treatment procedure. And also they can change their life style by adding or avoiding some activities for live a healthy life. This study will be helpful for expansion of physiotherapy role in treatment procedure. In Bangladesh, physiotherapy is not so much involved with gynecology department. So that the study will help to expand the role of physiotherapy in gynecology sector.

1.3 Research Question:

What is the level of quality of life among women having genital prolapse ?

1.4 Objectives of this study:

1.4.1: General objective:

To assess the level of quality of life among women having genital prolapse.

1.4.2: Specific objectives:

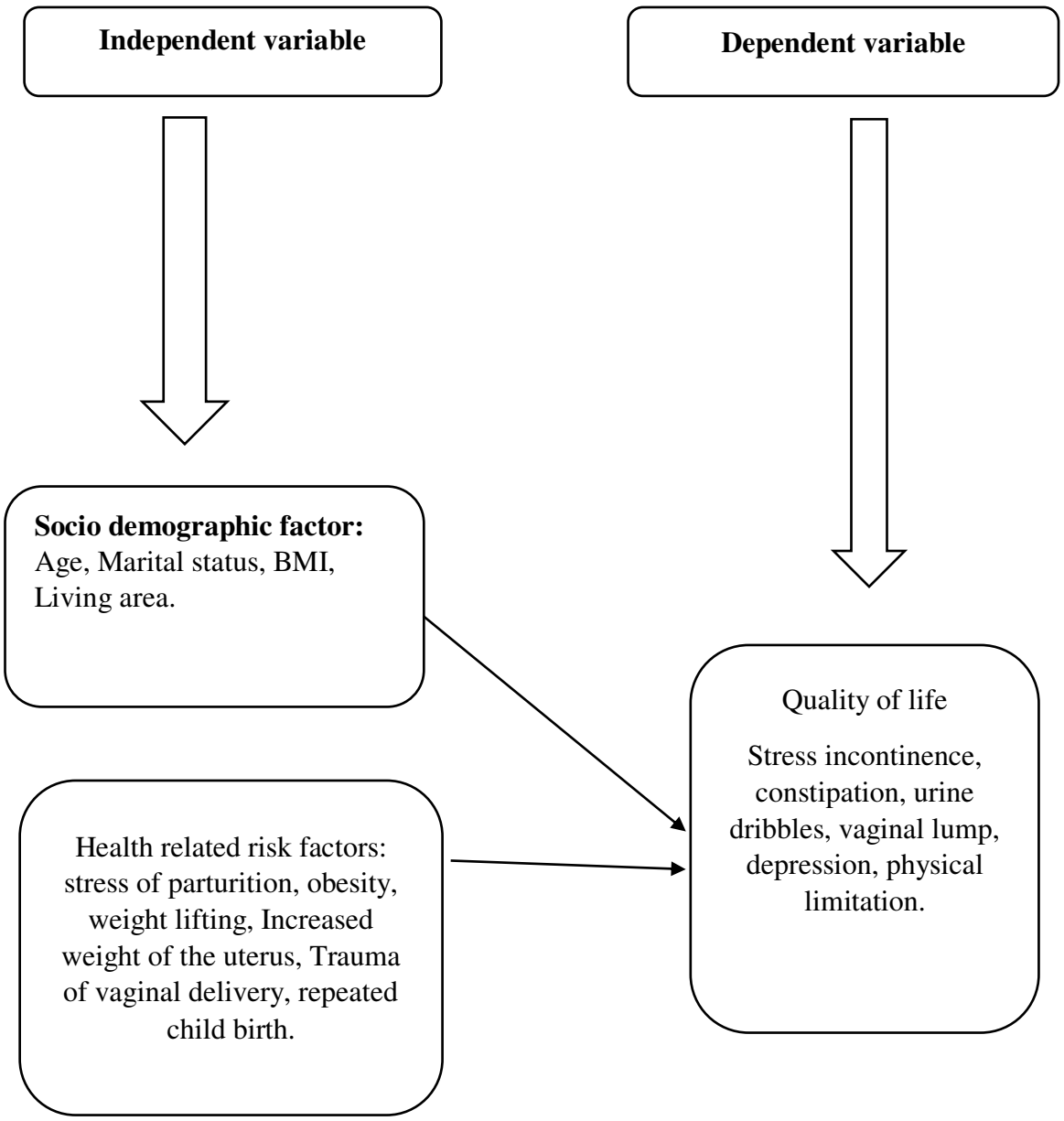
1. To find out the physical difficulties of the normal function of genital organ for asses the level of quality of life who have genital prolapse.

2. To evaluate the association between the age and their limitations among women having genital prolapse.

3. To explore the association between psychological status and age of women who have genital prolapse.

4. To describe the socio-demographic information of women having genital prolapse.

1.5: Conceptual frame work:



1.6: Operational Definition:

Genital prolapse: Genital prolapse (also known as pelvic organ prolapse) refers to uterine, utero vaginal, or vaginal prolapse. Genital prolapse has several causes but occurs primarily from loss of support in the pelvic region.

Quality of life: In general, quality of life (QoL or QOL) is the perceived quality of an individual's daily life, that is an assessment of their well-being or lack thereof. This includes all emotional, social and physical aspects of the individual's life. 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".

PQOL questionnaire: PQOL questionnaire is a valid instrument for measuring quality of life across patient groups and conceptually distinct from health status or other casual indicators of quality of life.

Chapter-II LITERATURE REVIEW

Genital prolapse is a dynamic condition that, particularly in pregnant women in the postpartum period can get worse or get better. It includes a unusual risk of recurrence following surgical treatment. It causes a number of issues, including urinary and digestive problems with the genitalia, as well as patients. Clinical data underpin its diagnosis. Additionally to paraclinical tests like a perineal ultrasound, Cystodefecography (CDG) and using magnetic resonance imaging (MRI). The procedure for genital Prolapse may be treated surgically or medically].Depending on the technique utilized, the prevalence of genital prolapse ranges from 2.9% to 97.7% worldwide for the research. (Kayembe, A.T., et al., 2020).

When the muscles and ligaments supporting the uterus become too frail to hold the uterus in place, the disease known as uterine prolapse occurs. Uterine prolapse risk factors include others pregnancy, giving birth, and poor delivery methods, strenuous activity during and right after pregnancy, and lifting weights. (Thapa, B., et al., 2014).

The presence of a visible or palpable vaginal bulge is the most frequently reported symptom of POP; other symptoms include voiding dysfunction, incontinence, urgency, and frequency, as well as bowel symptoms like outlet obstruction and fecal incontinence. Women who experience these symptoms may stop engaging in personal, social, and sexual activities as a result of how these symptoms affect their perception of their bodies. Additionally, about one-third of postmenopausal women with symptomatic POP are said to experience depressive symptoms. (Mattsson, N.K., et al., 2020). Uterine prolapse is a condition in which the uterus moves out of the vagina at extreme stages after dropping from its normal position in the pelvic cavity. (Tamrakar, A., 2012). Sexual function and satisfaction did not appear to improve or change after reconstructive surgery for pelvic organ prolapse (POP) and urinary incontinence, according to some studies that examined these issues. (Athanasiou, S., et al.,2012). Due to a weakened state of the tissues that normally support the pelvic organs, such as the uterus, bladder, or bowel, they may protrude into the vagina. A vaginal bulge is the most typical symptom that women with prolapse feel, see, or experience. (Maher, C. and Baessler, K., 2009).

In a newborn, genital prolapse is a rare condition. The central nervous system's congenital anomalies are most frequently linked to it. We describe a case of genital prolapse in a term newborn. She was sent so that a perineal mass could be managed. Upon admission, the physical examination revealed a weight of 2800 grams, a temperature of 37°2, a size of 51 cm, and a cranial circumference of 37 cm. She was breathing at 43 cycles per minute and had a heart rate of 122 beats per minute. During a perineal examination, the uterus prolapsed with the cervix at its center. (Cheikh, D., et al.,2020).

Women around the world are becoming more obese. According to recent statistics, 38% of people worldwide are obese. Studies carried out in Turkey have shown an increase in female obesity over the past 12 years, with prevalence rates in those studies ranging from 20% to 50%. Obesity has a wide-ranging, complex impact on life quality, which shows up in areas such as social, behavioral, emotional, sexual, and health. By increasing the chronic intra-abdominal and intravesical pressure on the pelvic floor and resulting in the development of pelvic floor dysfunction, obesity is one of the widely acknowledged independent risk factors for lower urinary tract dysfunction. Numerous studies have shown that obesity has a negative impact on sexual function and quality of life. (Bilgic, D., et al., 2019).

The quality of life and daily activities of patients can be significantly affected by these uncomfortable symptoms. Surgery and conservative managements are currently available POP treatments. Surgical procedures, however, are frequently linked to higher risks of postoperative complications and prolapse recurrence. If the prolapse is mild or the progressive POP does not warrant corrective surgery, conservative treatments like pelvic floor muscle training (PFMT), pessaries, and lifestyle changes are frequently advised. Theoretically, repeated voluntary contraction of particular pelvic floor muscles may increase their strength and efficiency, resulting in more support for the pelvic organs, according to the theory behind PFMT, also known as behavioral therapy of pelvic floor muscle training (BPMT). Acoording to the most recent research, women with symptomatic mild prolapse or urinary incontinence benefited from PFMT. (Li, C., et al., 2016). Since the patho-physiologic mechanisms underlying urinary and anal incontinence are the same, an association was to be expected. Obstructive injury, particularly pelvic floor denervation during childbirth, is the most frequent mechanism. Other factors, such as connective tissue

disorders, may be significant and may act selectively, despite the fact that pudendal neuropathy is thought to be the most important common causative factor. Anal incontinence and/or genital prolapse are common, with reported rates ranging from 30% to 50%, according to a few studies. (Meschia, M., et al., 2002).

Symptoms like urge incontinence, nocturia, frequency, obstructed micturition, painful bladder, interstitial cystitis, and urinary stress incontinence are the most common ones that the urologist encounters. Hemorrhoids, low sacral backache, perineal pain, anal mucosal prolapse, fecal incontinence, obstructed defecation, descending perineal syndrome, and rectocele are among the conditions that bring patients to the coloproctologist. Patients with cystocele, rectocele, enterocele, uterine prolapse, abdominal pain, vulvodynia, dyspareunia, and urine loss during sexual activity contact gynecologists. Ligaments are composed of collagen 1, smooth muscle, elastin, nerves, and blood vessels. They are also strong and relatively inelastic. Because they must enlarge and contract in accordance with the specific function, organs and the vagina are extremely elastic. Elastin is found in large amounts in the vagina and in the organs, but ligaments have much stronger structural integrity. Ligaments support the vaginal membrane. The vagina's ability to stretch and contract during organ closure, evacuation, and sexual activity is essential. The urethra and anus can close using a low-energy mechanism made possible by elasticity. Therefore, prolapse and dysfunction may result from connective tissue laxity. In order to address this crucial interrelationship, Petros developed a brand-new approach to understanding the pelvic floor in 1993. According to the so-called "Integral Theory," laxity in the vagina or its suspensory ligaments as a result of altered collagen or elastin is the primary cause of prolapse, symptoms of CPP, bladder and bowel dysfunction for a variety of reasons. Because the pelvic muscles contract against the pelvic ligaments, only firmly attached ligaments will allow the pelvic muscles' forces to properly act on the organs. The striated muscles can lengthen successfully if the suspensory ligaments are loose. An elongated muscle may interfere with the normal opening and closing mechanism of the urethra and anus because muscles must have finite lengths to contract properly.Additionally, weak ligaments or a damaged support system frequently cause CPP. Plexus of Frankenhauser fires off to cause chronic pain in the sites of anatomic distribution, including the abdomen, vagina, vulva, anus, and even muscles, if the uterosacral ligaments are unable to suspend or support it and the

sacral plexus in standing position or in motion. Additionally, the descending intestine exerts significant pressure against the plexus sacralis, causing excruciating back pain in this region. (Liedl, B., et al., 2017).

POP is characterized as a herniation or a descent of a pelvic organ from its natural anatomical position into or beyond the vagina, such as the uterus, vaginal apex, bladder, or rectum. It can also occur after a hysterectomy when one or more of the vaginal walls or the cervix descend, resulting in anterior or posterior vaginal wall prolapse, uterine or cervical prolapse, or vaginal vault prolapse. There are numerous causes that could lead to the development of POP, including aging related decrease of muscle tone, unsafe medical procedures used during labor, which more frequently injure multipara women, obesity, and delivery of macroscomic fetuses, chronic coughing and chronic constipation. Women with POP may experience vaginal, urinary, and bowel symptoms. Vaginal symptoms include feeling pressure, seeing or feeling a vaginal bulge and dyspareunia. Urinary symptoms include urinary incontinence, frequency, and incomplete bladder emptying. The social implications of each of these symptoms have an impact on the quality of life for women. (Rashed, M., et al., 2018).

In order to preserve the patient's fertility and sexual abilities while achieving a pleasing and durable anatomic result, surgical repair of POP in young women is difficult. The early age of women is frequently cited in the literature as a risk factor for POP recurrence. (Lallemant, M., et al., 2022). Ideally, a woman must exhibit symptoms associated with the "downward displacement" of a pelvic organ in order to be diagnosed with POP. Pregnancy-related uterine prolapse is a rare condition. The literature reports using conservative management techniques. When young women want to get pregnant but want to avoid surgery, using a vaginal pessary is a smart move. There have been records of vaginal pessaries use dating back to 400 BC. Hippocrates suggested placing a pomegranate that had been soaked in wine inside the vagina to alleviate vaginal drooping. Since 1937, pessaries have been in use in the USA and Europe. The first ones were made of latex. The pessaries of today are constructed of silicone and non-allergenic materials. The therapeutic use of silicone pessaries has few contraindications, a low incidence of complications, and good levels of long-term use. Pessary use promotes a notable reduction in POP symptoms and has a positive effect on body image, sexual function, and quality of life. All symptomatic

stages of POP may be indicated for pessary fitting because it is individualized. Sexual intercourse is also more frequent and more satisfying when vaginal pessaries are used. The most popular type of ring device is one without a membrane because it permits sexual activity while holding back less vaginal secretion than occlusive (Gellhorn) types or those with a membrane. Despite the fact that the condition does not increase mortality, its secondary symptoms, which include physical, psychosocial, and financial effects, can significantly lower women's quality of life. (Zeiger, B.B., et al., 2022).

Women's genital prolapse is a significant cause of morbidity, particularly in our environment where having a large family is highly valued. Around the world, 50 percent of women over 50 are affected. Prevalence in Nigeria varies between 7.55 and 39.1 per 1000 gynecological patients. Poor labor technique, a persistent cough, vigorous physical activity, smoking, etc., are risk factors. Various surgical techniques as well as conservative measures are included in the treatment options. (Oraekwe, O.I., et al., 2016). Pelvic organ prolapse (POP) is the term for when one or more female pelvic organs, such as the uterus, bladder, and intestines, protrude through the vagina and cause the pelvic organs to descend to the vaginal wall. In the UK, POP is the primary cause of hysterectomy in postmenopausal women and accounts for 20% of the women waiting for major gynecological surgery. POP is broken down into three categories, and the most frequent type of vaginal prolapse-a cystocele-includes both the protrusion of the bladder into the vagina and anterior vaginal wall prolapse. Apical prolapse may involve the small intestine (enterocele), bladder, or colon (sigmoidocele), as well as the uterus or post-hysterectomy vaginal cuff. A herniation of the rectum is a component of posterior vaginal wall prolapse. (Chung, S.H. and Kim, W.B., 2018).

Obesity, advanced age, and vaginal childbirth are POP risk factors. Of these, vaginal delivery and obesity, especially abdominal obesity, have a strong connection to POP. According to the Oxford Family Planning study, the incidence of POP increased 4-fold after the first vaginal delivery, 8-fold after the second delivery, and 9-fold after the third delivery, compared to nulliparous women. This finding suggests that the risk of POP increases with many vaginal deliveries. One of the main risk factors for POP is growing older. As people get older, POP incidence and prevalence

rise. The risk of POP increased by almost 40% with every 10 years of age, according to a research of about 1,000 females conducted in the United States.

Other significant risk factors for POP include being obese (BMI 30) and overweight (body mass index [BMI] 25). Compared to women who are of a normal weight, those who are overweight or obese have a higher risk of POP. According to a review of 22 research, women who are overweight or obese had a 40% to 50% higher chance of having POP than women who are of normal weight. On the other hand, research on the effect of weight loss on POP regression has revealed that it does not, in fact, appear to be connected. The delivery of an overweight baby, a lengthy second stage of labor, a first vaginal delivery before the age of 25, a job that often requires heavy lifting that increases abdominal pressure, and chronic constipation are additional factors that could cause POP. . (Chung, S.H. and Kim, W.B., 2018).

Clinical Manifestations:

POP patients with prolapsed organs frequently experience bearing-down sensations, heaviness during urination or feces, or lower-abdominal discomfort. In extreme circumstances, the uterus or bladder may even protrude out of the vagina in a graphically obvious manner. Patients with POP frequently experience pressure, a bearing-down sensation, and other symptoms in the pelvis or vagina, although it is still unclear if the severity of the sensation is related to the stage of prolapse.The hymen appears to represent an anatomical boundary for prolapse symptoms. Specificity for a bearing-down sensation in prolapse beyond the hymen is 99% to 100%, but because some cases of more severe prolapse are asymptomatic, sensitivity is only 16% to 35%. In situations of bladder prolaspe, symptoms are more severe and appear at the leading point of the prolaspe regardless of the hymen. Due to a weakened anterior vaginal wall or vaginal apex, POP may also affect the function of the bladder or urethra. Due to direct pressure on the urethra, the majority of patients complain of stress incontinence, and those with severe POP beyond the hymen complain of voiding problems. Patients' main complaints are constipation or tenesmus, though they may also feel uncomfortable after going to the bathroom. Coital function may also be impacted because POP patients are more prone to avoid sexual engagement out of concern for fecal and/or urine incontinence. . (Chung, S.H. and Kim, W.B., 2018).

When protrusion, bowel, urinary, or sexual dysfunction, as well as other symptoms, are present, POP is managed. Asymptomatic POP patients typically don't need to be treated. Patients with symptoms may receive either conservative or surgical care, depending on their preferences. Patients who are at high risk of problems and recurrence following surgical care or who refuse to undergo surgical interventions should get conservative management. Pessary insertion, pelvic floor muscle exercises, hormone therapy, and other methods are available as treatments. (Chung, S.H. and Kim, W.B., 2018).

Up to 30% of women who attend gynecology outpatient clinics and up to 50% of women over 50 may have uterovaginal prolapse, which is a prevalent disorder.Although only 20% of parous women are symptomatic, it has been estimated that 50% of parous women have some degree of vaginal prolapse. According to a 1990 study conducted in the United States, vaginal prolapse was the most typical reason for hysterectomy in women over the age of 50.As a result, it is a significant contributor to morbidity in women. The coexistence of anterior, posterior vaginal wall prolapse and/or an enterocele is frequently linked to uterine descent. Urinary frequency, urgency, incontinence, inconsistent flow, straining to urinate, the perception of an incomplete bladder emptying, and inadequate stream are among the symptoms of anterior vaginal wall prolapse that are frequently present. The difficulty defecating with significant straining to empty the bowels, the sensation of incomplete bowel emptying, constipation, and manual evacuation with electronic help are symptoms of posterior vaginal wall prolapse. Prolapse symptoms are typically defined as the sense of "something coming down," urine, digestive, and/or sexual symptoms. There is, however, very little information linking certain symptoms to prolapse of the anterior, posterior, and central compartments or the relationship between those symptoms and physical findings (Digesu. G. A et al., 2005).

Stress urinary incontinence (SUI) is a complication of surgery for pelvic organ prolapse (POP) that affects 40% of women. An important risk factor for postoperative SUI is preoperative SUI. However, after prolapse correction, de novo SUI can also occur in women from the continent. When occult SUI is present, this risk is considered to be at its maximum. Urinary leakage that is only detected during a stress test in a woman who does not have any symptoms of SUI is called occult or masked

SUI. SUI is thought to be concealed by urethral kinking or compression caused by the POP (van der Ploeg et al., 2016).

POP is very common and can have a bad effect on a woman's quality of life. The etiology is multifaceted and includes disorders linked to increased abdominal strain, connective tissue abnormalities, growing age, obesity, hysterectomy, and established risk factors for pregnancy and childbirth. Since many women with mild prolapse are asymptomatic, prevalence estimates can vary. women in the Women's Health Initiative between the ages of 50 and 79. In the US, 11% of women will have surgery for prolapse or urine incontinence by the time they are 80 years old, while nearly 25% of women experience pelvic floor issues. Every year, almost 200,000 women in the US alone have prolapse surgeries, and about 29% of them need additional procedures due to recurrent prolapse. According to recent predictions, 250,000 more women are expected to get POP surgeries by the year 2050. Women who have prolapse frequently describe feeling their vagina protrude, seeing or feeling a bulge, or experiencing pelvic pressure or weight. In addition to bulging symptoms, women with prolapse may also experience sexual dysfunction, defecatory dysfunction (such as constipation or fecal incontinence), urine incontinence, and voiding dysfunction. Since bulging sensations are the sole identifiable prolapse symptoms, these related symptoms could be caused by either prolapse or other concurrent pelvic floor diseases. Not all women with prolapse experience symptoms, despite the potential discomfort and symptoms that go along with it. The hymenal remnant appears to be a key marker for prolapse symptoms since they worsen with descent to or beyond this level, despite the fact that there is no evident anatomic threshold that correlates with troublesome symptoms. Women who have prolapses but have no symptoms can continue living their lives under supervision. However, symptomatic women have a variety of therapeutic options available to them, including pelvic surgery, the use of a pessary device, or expectant care (Siddiqui et al., 2014).

Chapter-III METHODOLGY

3.1: Study Design:

It was a descriptive type of cross sectional study carried out with the objective of assessing the quality of life among women having genital prolapse.

3.2: Study place:

Data were collected from the women with genital prolapse attending gynae ward, Sher-E-Bangla Medical Hospital , Barishal.

3.3: Study area:

The sample were collected from Barishal city,Bangladesh.

3.4: Study period:

The duration of the study was 12 months from 1st July 2023 to 30th June 2023.

3.5: Study Population:

The women with genital prolapse.

3.6: Sampling Technique:

Purposive sampling technique was applied to select the study subject for this study.

3.7: Sample Size: Formula of one sample population will used calculating sample size.

n= sample size

z= Confidence level at 95% (standard value of 1.96)

p=70% (p=prevalence)

=0.70

q=1-p

d=margin of error at 5% (standard value 0.05)

n= $\frac{z2pq}{d^2}$

$n=\frac{(1.96)^2}{(0.05)^2}\times 0.70(1-0.70)$

$=323$

3.8: Method of Data collection:

Data were collected through the face to face interviews with participants using the pretested questionnaire.

3.9: Data analysis:

Data will be analysis by using statistical package for social sciences (SPSS 25 version. Analysis of data was carried out according to the objectives. Descriptive statistics included frequency, percentage, mean and SD were used to describe quality of life. Spearman correlation was used to determine the association between activity limitation with age and age with psychological status.

3.10: Eligibility criteria:

3.10.1: Inclusion Criteria:

- Women of age more than 25 years.
- Discomfort feeling of genital area.
- Patients willing to give informed consent.
- Urinating difficulties.

3.10.2: Exclusion Criteria:

- Women who not willing to participate.
- Mentally unstable.
- Severe neurological disorder.
- Male.

3.11: Instrument and tools of data collection:

PQOL questionnaire. It is a genital prolapse questionnaire that contains the questions on relevant variables used for assessing the quality of life of the women with genital prolapse. A pre-tested structured questionnaire was used to collect socio-demographic information, weight machine, and measurement tape.

3.12: Procedure of data collection:

Before collecting the data from the participants, the researcher obtained permission from the concerned authority of Sher-E-Bangla Medical Hospital in Barishal. Then the women with genital prolapse were approached by the researcher herself and explained the aims and objectives of the study in details. The patients who agreed to participate were included for the study. Obtaining written informed consent, the researcher started interview with the individual participant using PQOL questionnaire to elicit information on quality of life. After completing the interview the researcher thanked the respondents.

3.13: Data management:

At the end of the day the collected questionnaires were checked for any error or inconsistency. Necessary corrections were done accordingly.

3.14: Ethical Consideration:

The investigator will obtain written permission from ethical review board (SCMST). Ethical review board informed by written document about aims and objectives of the study and that the patient of the study will not harmed and the clients name ,address and personal information will be kept confidential by the investigator mentally and the dates will not be shared with others.

3.15: Limitation of the study:

1. The calculated sample size was 323. Due to shortage of the time of data collection, there data were collected from 117 participants. The result of the study were not representatives of the study population because of the small number of participants. So, generalization of the findings could not be achieve by the present study.

2. Data were collected from one place for this study. More place needed for better result. If participants could be selected from other part of the country than the result would more genuine.

3. In the present study convenience sample technique was applied to select the study subjects for this study. Because of this, the representativeness of the participants could not be ensure.

4. A good number of participants were contacted at the initial stage of data collection but later on many participants did not take part in the interview, despite repeated requested. For this condition the number of participants became less than estimated and many data were cancelled.

5. The researcher is a student of the 4th year B.Sc. in physiotherapy. This thesis is her first research work. So a number of deficiencies are in the thesis.

Chapter: IV RESULTS

The objective of the study was to assess the level of quality life among women having genital prolapse. The data was collected by the researcher himself. Data were collected through the face to face interviews. Structured questions were used with open and close ended questions in the PQOL questionnaire. The data were analyzed with the Microsoft office Excel 2019 with SPSS 25 version software program. In this study, researcher used tabular form and graph or pie chart to outline the results of this study. Because it is easier to make sense of data set.

Part A: Socio-Demographic information:

4.1 Age of the participants:

Table-1: Age of the participants

Age group in years	**Frequency**	
	N	**(%)**
54 and below	60	51.3
55 and above	57	48.7
Total	117	100
Mean ± SD	54.22 ± 13.580	

In the study , it was revealed that 60 (51.3%) participants belonged to the age group of 54 and below 54 years and 57 (48.7%) participants belonged to the age group of 55 and above 55 years. The mean age and SD was 54.22 years and 13.580 respectively (Table 1).

4.2: Living area of the participants:

Table-2: Living area of the participants

Living area	Frequency	
	N	%
Urban	9	7.7
Semi urban	3	2.6
Rural	105	89.7
Total	117	100

It was found that, out of 117 participants there 105 (89.7%) participants were lived in rural area, 9 (7.7%) participants lived in urban area and 3 (2.6%) participants lived in semi urban area (Table 2).

4.3: Family type of the participatns:

Regarding family type, it was found that, out of 117 participants, 86 (73.5%) participants from extended family and 31 (26.5%) participants from nuclear family.

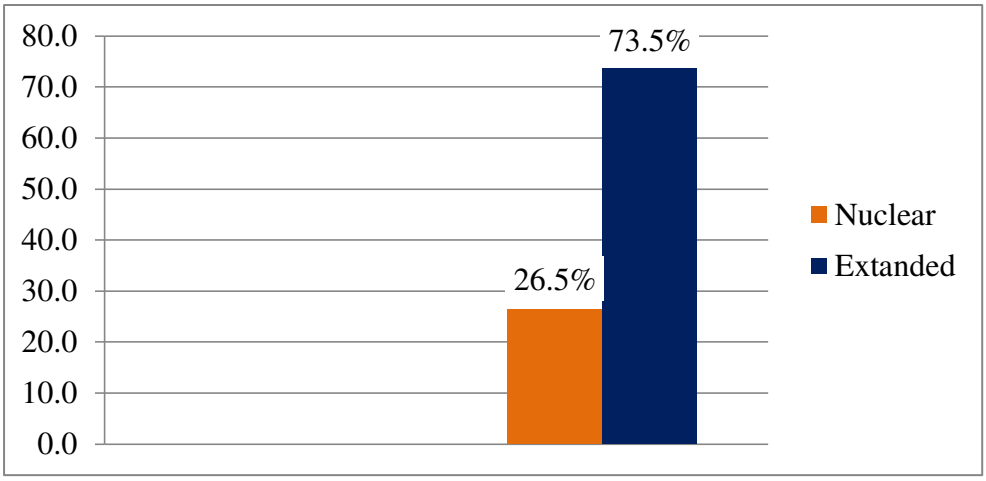


Figure-1: Family type of the participant

4.4: Religion of the participants:

The study showed that, out of 117 participants, 105 (89.7%) participants were Muslim and12 (10.3%) participants were Hindu.

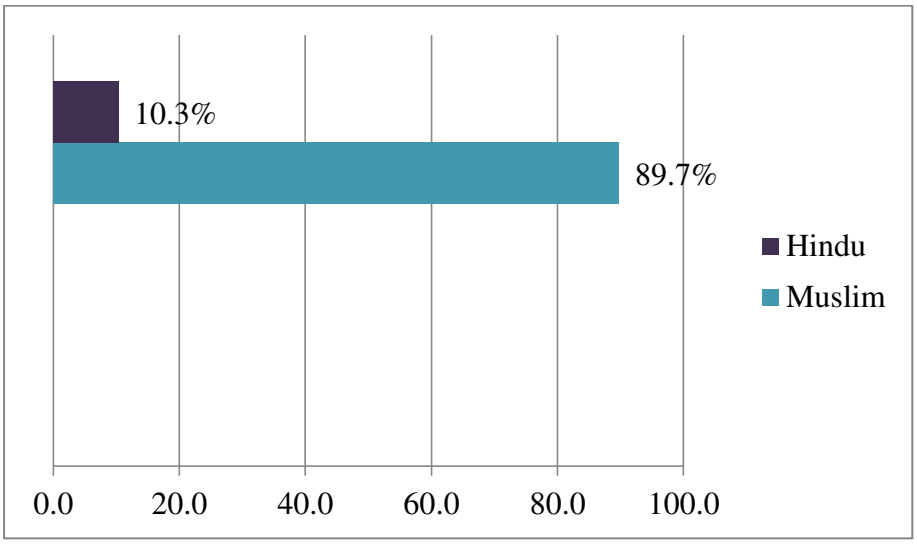


Figure-2: Religion of the participants

4.5: BMI of participants:

Table-3: Frequency distribution of the respondents by BMI

BMI	**Frequency**	
	N	**%**
<18.5 (Under weight)	8	6.8
18.5-24.9 (Normal weight0	99	84.6
25-29.9 (Over weight)	9	7.7
>30 (Obese)	1	0.9
Mean ± SD	22.25 ± 2.39	

About BMI of the participants, it was revealed that, 8 (6.8%) participants were under weight (<18.5). It was also found that 99 (84.6%) participants were normal weight (18.5-24.9), 9 (7.7%) participants were over weight (25-29.9) and 1 (0.9%) participant was obese (>30). The mean BMI was 22.25 and SD was 2.39 (Table 3).

4.6: Health of the participants:

Regarding the health of the participants, it was found that 65 (55.6%) participant's health was poor; 49 (41.9%) participant's health was fair and 3 (2.5%) participant's health was good.

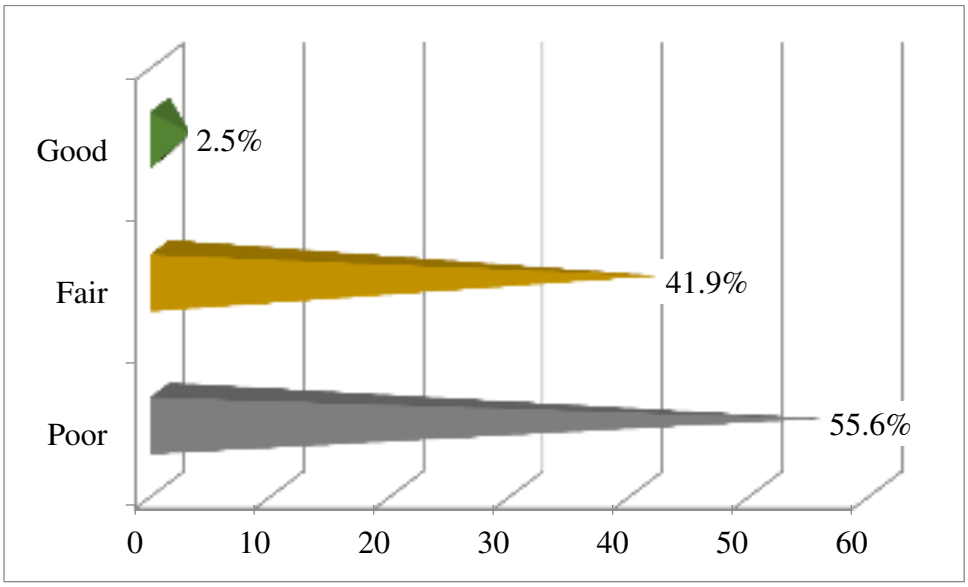


Figure-3: Health of participants

4.7: Prolapse problem affects in life of participants:

Table -4: Prolapse problem affects in life of participants:

Prolapse problem affects in life of participants	Frequency	
	N	%
A little	2	1.7
Moderately	37	31.6
A lot	78	66.7
Total	117	100

The study was revealed that, prolapse problem affects 78 (66.7%) participants a lot; 37 (31.6%) participants moderately and 2 (1.7%) participants a little (Table 4).

Part- B. Physical difficulties faced by respondence's genital organ:

4.8: Going to the toilet to pass urine very often:

The study showed that participants going to toilet to pass urine very often, where 70 (59.8%) participants going to toilet a lot, 28 (23.9%) participants moderately, 6 (5.1%) participants a little and 13 (11.1%) participants none.

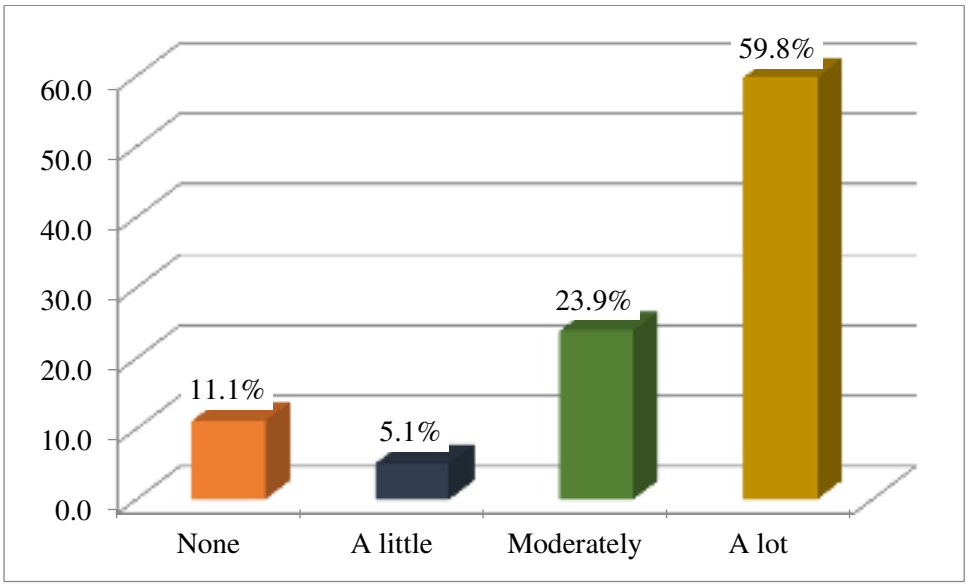


Figure-4: Going to toilet to pass urine very often

4.9: Strong desire to pass urine:

Table-5: Urgency: strong desire to pass urine:

Urgency	Frequency	
	N	%
None	11	9.4
A little	14	12.0
Moderately	63	53.8
A lot	29	24.8
Total	117	100

The table showed that strong desire to pass urine of participants.11 (9.4%) participants did not have the desire or none; 14 (12.0%) participants a little; 63 (53.8%) participants moderately and 29 (24.8%) participants a lot (Table 5).

4.10: Urinary leakage associated with a strong desire to pass urine:

Table- 6: Urinary leakage associated with a strong desire to pass urine

Urge incontinence	Frequency	
	N	%
None	42	35.9
A little	23	19.7
Moderately	6	5.1
A lot	46	39.3
Total	117	100

This table revealed the urinary leakage associated with a strong desire to pass urine and showed that 42 (35.9%) participants did not have urinary leakage or none, 23 (19.7%) participants a liitle, 6 (5.1%) participants moderately and 46 (39.3%) participants a lot urge incontinence (Table 6).

4.11: Urinary leakage associated with coughing:

This figure showed the stress incontinence of participants ,where for 1(0.9%) participants not applicable, 62 (53.0%) participants none, 7 (6.0%) participants a little, 10 (8.5%) participants moderately and 37 (31.6%) participants a lot.

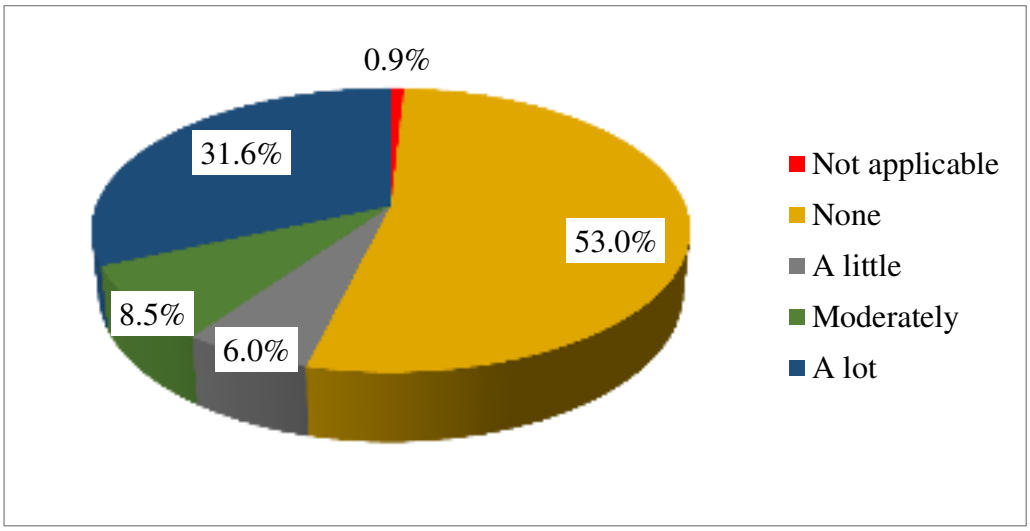


Figure-5: Stress incontinence

4.12: Feeling of lump from or in vagina:

About the feeling of lump from or in vagina of the participants found that there 78 (66.7%) participants had feeling of lump a lot, 27 (23.1%) participants moderately, 8 (6.8%) participants a little and 4 (3.4%) participants had none.

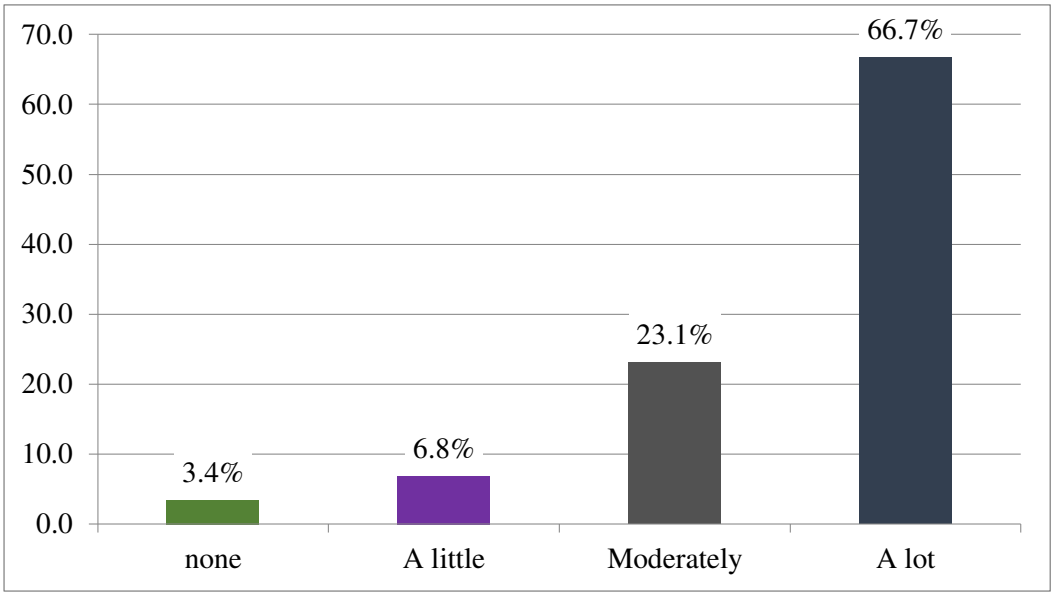


Figure-6: Feeling of lump from or in vagina

4.13: Heaviness feeling in the vagina or lower abdomen:

This study showed heaviness feeling in the vagina or lower abdomen of the participants ,where 36 (30.8%) participants had heaviness feeling a lot, 12(10.3%) participants moderately, 21 (17.9%) participants a little; 44 (37.6%) participants had none and for 4 (3.4%) participants were not applicable.

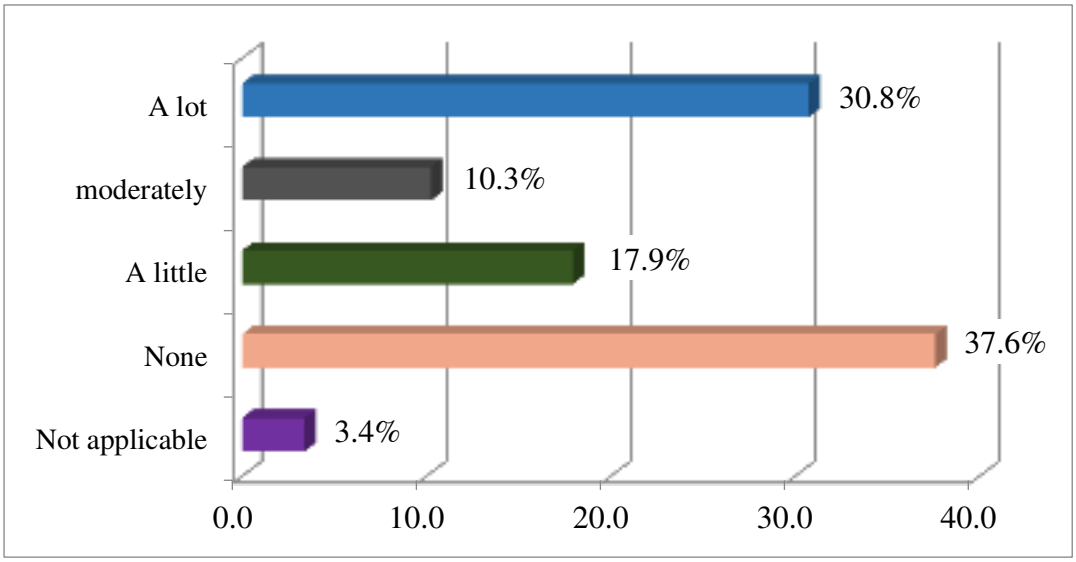


Figure-7: Heaviness feeling in the vagina or lower abdomen

4.14: Discomfort in the vagina which is worse when standing and relieved by lying-down:

This figure showed participant's discomfort in the vagina, where 18 (15.4%) participants felt discomfort a lot; 41 (35.0%) participants moderately; 23 (19.7%) participants a little; 33 (28.2%) participants felt none and for 2(1.7%) were not applicable.

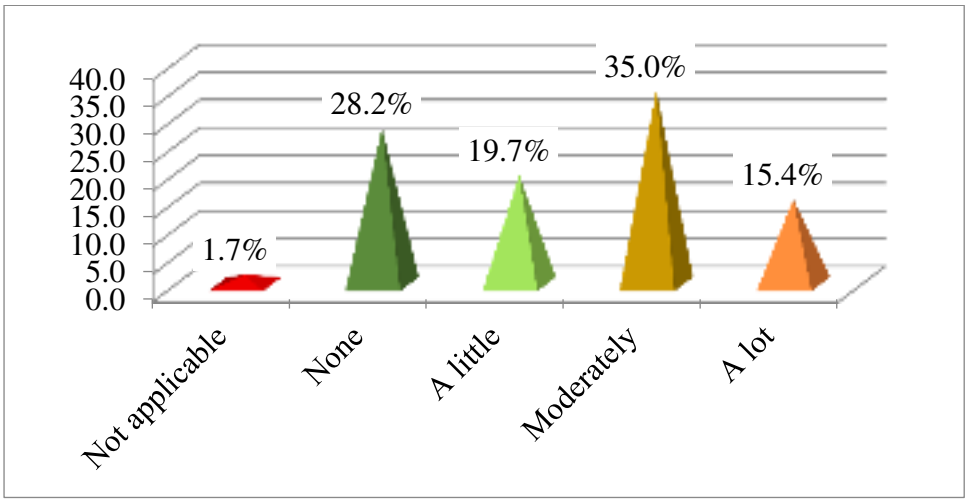


Figure-8: Discomfort in the vagina

4.15: Poor urinary stream:

This study showed the poor urinary stream of the participants, where 4 (3.4%) participants had poor urinary stream a lot, 32 (27.4%) participants moderately, 50 (42.7%) participants a little; 29 (24.8%) participants none and for 2 (1.7%) participants were not applicable.

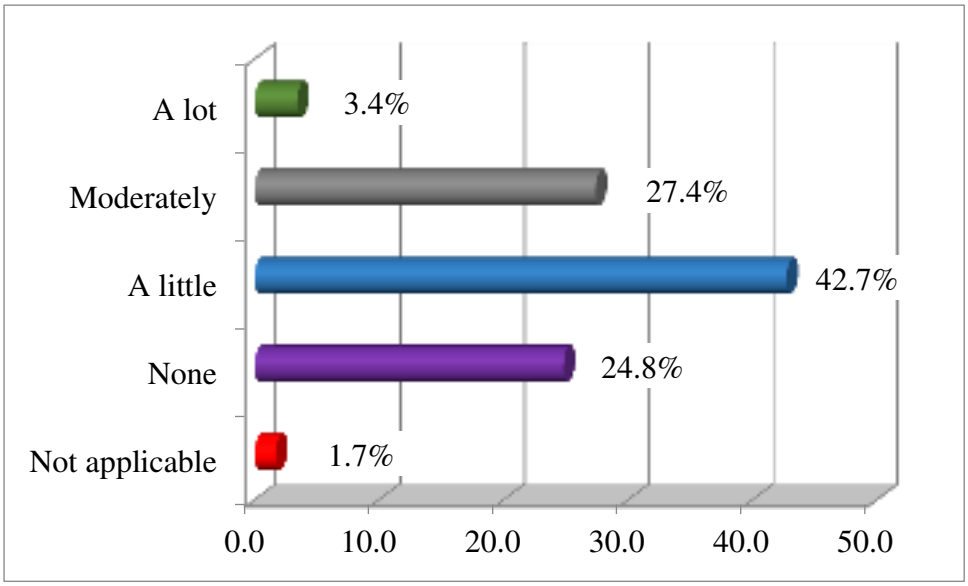
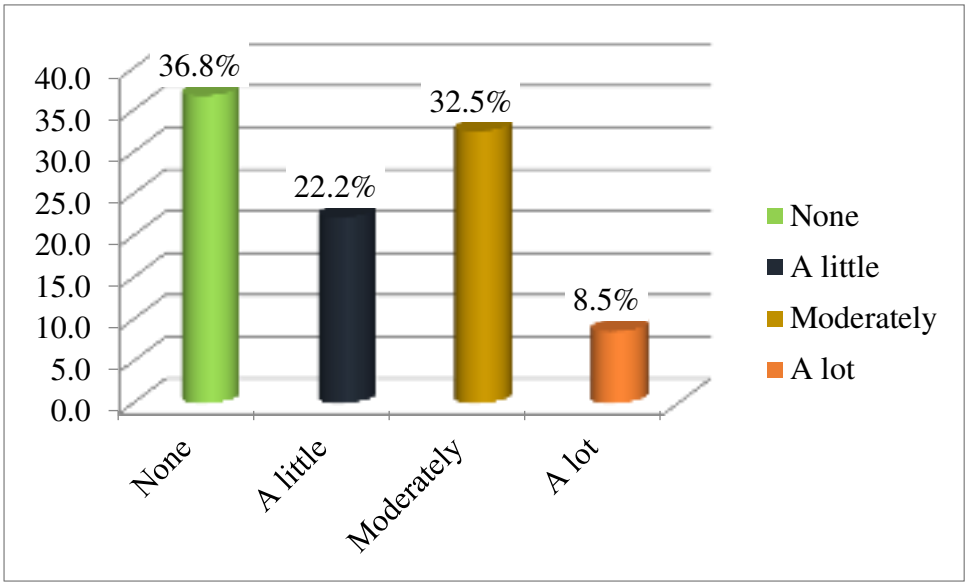


Figure-9: Poor urinary stream

4.16: Straining to empty bladder:

There straining to empty bladder of participants were showed by the figure. where 43 (36.8%) participants felt none; 26 (22.2%) participants felt a little; 38 (32.5%) participants moderately and 10 (8.5%) participants felt a lot.



Figur-10: Straining to empty bladder

4.17: Urine dribbles after emptying bladder:

Table-7: Urine dribbles after emptying bladder

Urine dribbles after emptying bladder	Frequency	
	N	%
A lot	2	1.7
Moderately	28	23.9
A little	15	12.8
None	71	60.7
Not applicable	1	0.9
Total	117	100

This table showed urine dribbles after emptying bladder of the participants. This condition was present in 2 (1.7%) participants a lot; 28 (23.9%) participants moderately; 15 (12.8%) participants a little; 71 (60.7%) participants none and for 1 (0.9%) was not applicable (Table 7).

4.18: Bowels do not feel completely empty after opening:

This figure showed bowels do not feel completely empty after opening of the participants. Where bowels of 11 (9.4%) participants did not feel completely empty after opening a lot, 42 (35.9%) participants moderately; 20 (17.1%) participants a little and 44 (37.6%) participants felt none.

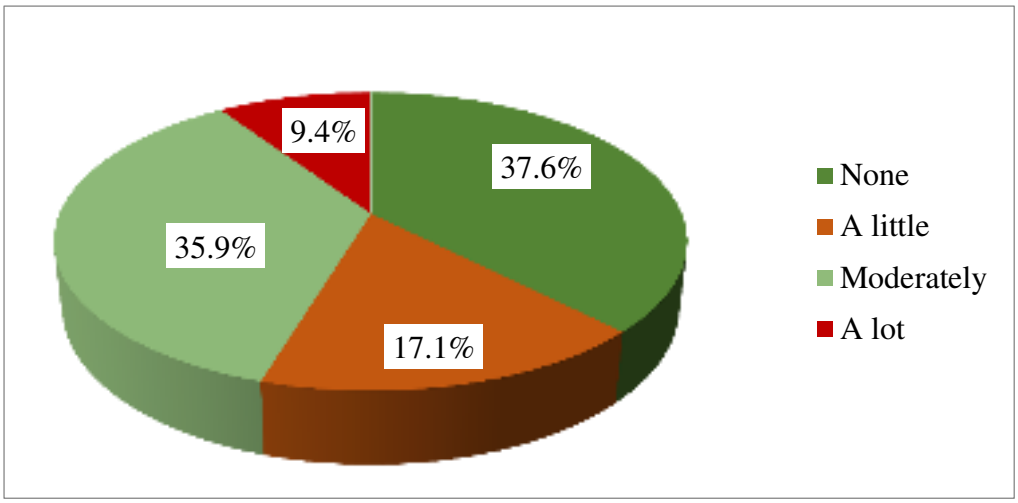


Figure-11: Bowels do not feel completely empty after opening

4.19: Constipation:

This figure showed constipation of the participants , where constipation was present in 29 (24.8%) participants a lot; 11 (9.4%) participants moderately; 33 (28.2%) participants a little; 39 (33.3%) participants none and for 5 (4.3%) participants were not applicable.

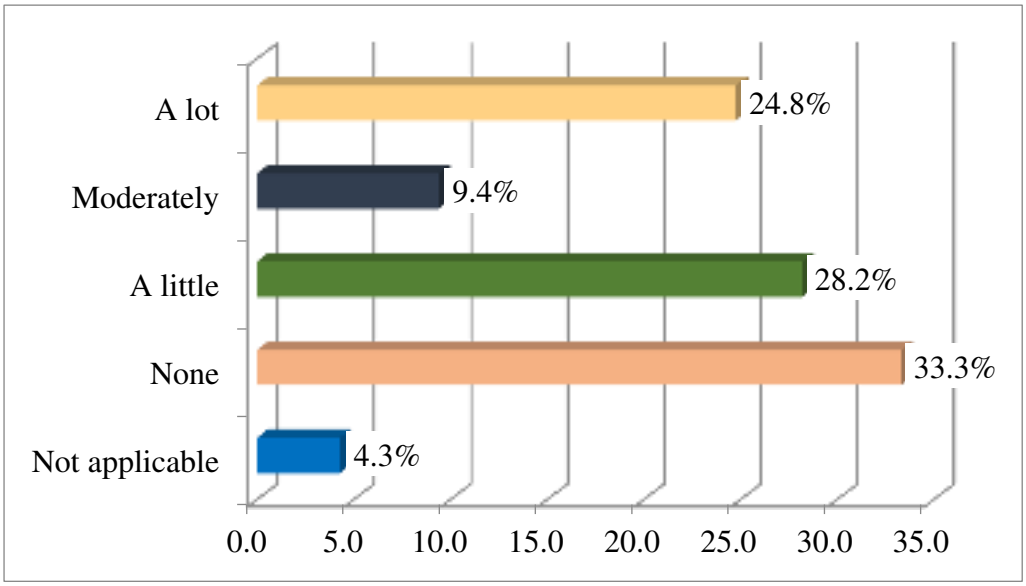


Figure-12: Constipation

4.20: Straining to open bowels:

This figure showed straining to open bowels of participants. where 5 (4.3%) participants not applicable; 31 (26.5%) participants none; 27 (23.1%) participants a little; 26 (22.2%) participants moderately; 28 (23.9%) participants a lot.

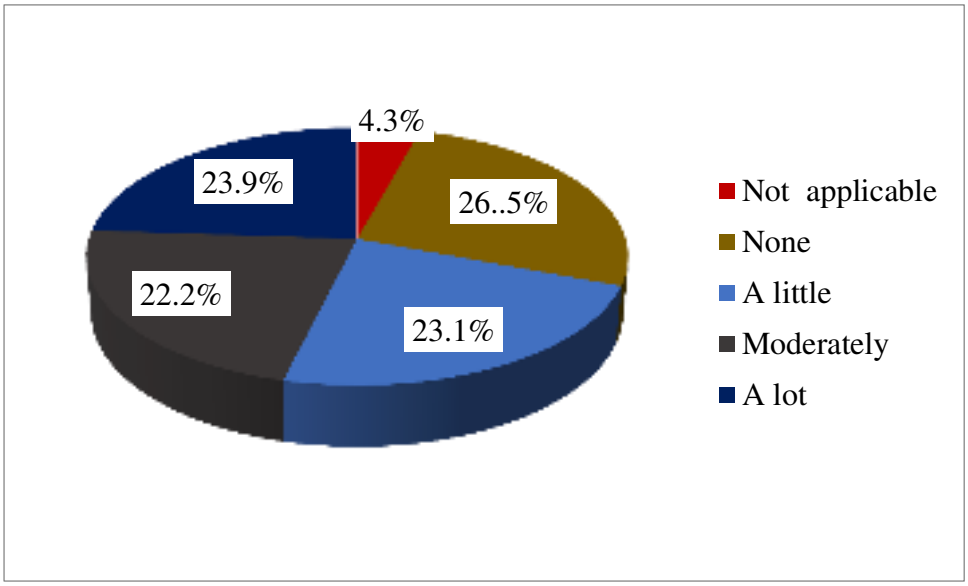


Figure-13: Straining to open bowels

4.21: Vaginal bulge which gets in the way of sex:

Table-8: Vaginal bulge which gets in the way of sex

Vaginal bulge which gets in the way of sex	Frequency	
	N	%
A lot	20	17.1
Moderately	45	38.5
A little	35	29.9
None	13	11.1
Not applicable	4	3.4
Total	117	100

The study revealed participant's vaginal bulge which gets in the way of sex, where 20 (17.1%) participants faced it a lot; 45 (38.5%) participants moderately; 35 (29.9%) participants a little; 13 (11.1%) participants none and for 4 (3.4%) participants were not applicable (Table 8).

4.22: Lower backache worsens with vaginal discomfort:

This study showed lower backache worsens with vaginal discomfort of the participants, where 43 (36.8%) participants were bear it a lot; 28 (23.9%) participants moderately; 22 (18.8%) participants a little and 24 (20.5%) participants felt none.

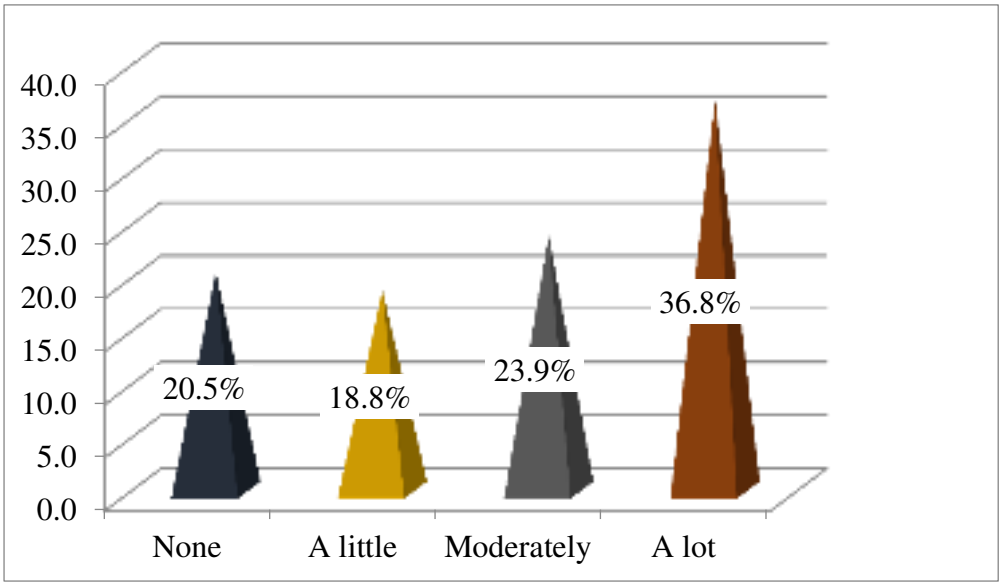


Figure-14: Lower backache worsens with vaginal discomfort

4.23: Help emptying bowels with fingers:

This figure revealed that participants help emptying bowels with fingers. Where 19 (16.2%) participants done that a lot; 35 (29.9%) participants moderately; 26 (22.2%) participants a little; 32 (27.4%) participants none and for 5 (4.3%) participants were not applicable.

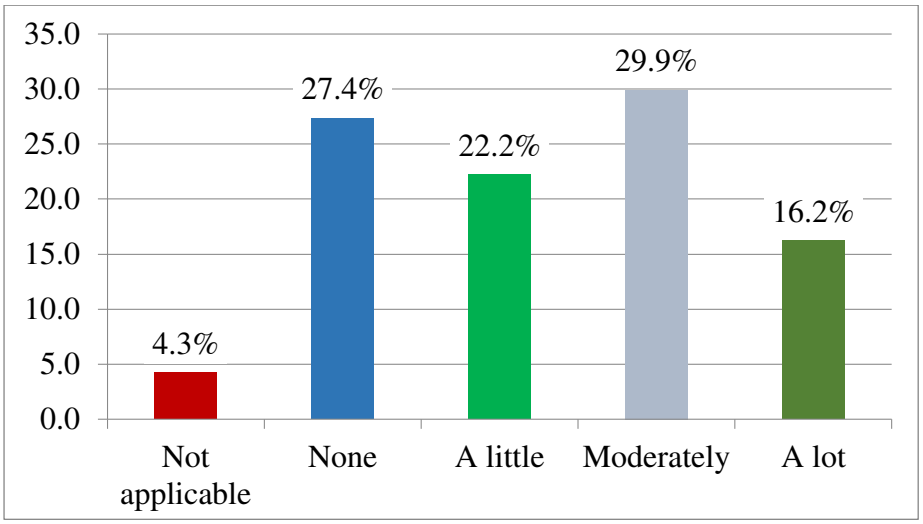


Figure-15: Help emptying bowels with finger

Part-C. Correlation between the age and activity limitations of the participants : (Spearman correlation co-efficient):

This table showed correlation between age of the participants with their activity limitations for genital prolapse. Spearman correlation co-efficient was performed and it revealed there was a negative but significant correlation between them (r) = (-0.307) and (P value) = (0.001). So the result was significant and indicated that participants age has increased but their activity has significantly decreased (Table 9).

Table-9: Relation between the age and activity limitation of the participants

Value	Correlation Coefficient (r)	P value
Age / Activity limitation	-0.307	0.001*

(Significant at 95% confidence level)

Part-D. Correlation between the psychological status and the age:

This table showed correlation between the psychological status of the participants with their age among the woman having genital prolapse. Spearman correlation co-efficient was performed and the result revealed there was a positive correlation between them (r) = (0.039) and (P value) = (0.676). So that the result was not significant and indicated participant's psychological problems were increased with their age (Table 10).

Table-10: Relation between psychological status and the age of the participants

Value	Correlation Coefficient (r)	P value
Age / Psychological Status	0.039	0.676

Chapter-V DISCUSSION

The study aims to assess the quality of life among women having genital prolapse. The pathophysiology of pelvic organ prolapse is multifactorial. Multiparity, trauma, obesity, and aging are associated with connective, muscular, and neuromuscular alterations of the pelvic tissues that are linked to the development of POP. Besides the role of these environmental factors, intrinsic connective tissue disorder is an important contributing factor to the pathogenesis of POP.

Among 117 participants, the most participants were attended from 54 and below 54 years, where 60 (51.3%) ; and other age group was 55 and above 55 years. The mean and standard deviation of the study was 54.22 ± 13.580 . Out of 117 participants, 105 (89.7%) religion Islam; 12 (10.3%) was Hindu.

According to other review, Regarding the respondents' ages, 47 (47%) of them were between the ages of 51 and 65, while 4 (4%) or less were over the age of 80. Age of respondents was 59.14 years on mean, with a standard deviation of 11.44 years. (Thapa et al.,2014). In another study revealed that, the mean age of the respondents was 38.83 years. Mejority of the respondents (30.7%) were of age between 21-30 years and only 3.3% were of below 20 years. Majority of the respondents were Brahmins having 39% of the total respondents. The major source of more than half (51%) of the respondents was agriculture and 52.3% were living in joint families. (Tamrakar. A.,2012). In this study 89.7% were living in rural area, 7.7% living in urban area and 2.6% living in semi urban area. This study showed that, out of 117 participants, 86 (73%) extended, 31 (26.5%) was nuclear and mean and standard deviation of participant's BMI, where mean ± SD =2.03 ± 0.425; about 8 (6.8%) participant's BMI <18.5, which were under weight: 99 (84%) participant's BMI 18.5-24.9, which were normal weight: 9 (7.7%) participant's BMI 25-29.9, which were over weight and 1 (0.9%) participant's BMI >30, which were obese.

In other survey, in the 387 participants, 187 (48.3%) were nonobese, and 200 (51.7 %) were obese. The mean BMI was 25.7 ± 2.41 for the nonobese participants and 34.9 ± 3.92 for the obese participants.(Bilgic et al.,2019). By the research found that, prolapse problem affects 78 (66.7%) participants were affected a lot; 37 (31.6%) participants moderately and 2 (1.7%) participants a little and also showed participants going to toilet to pass urine very often, where 70 (59.8%) participants faced the

problem a lot, 28 (23%) moderately, 6 (5.1%) a little, 13 (11.1%) participants none. There was strong desire to pass urine of participants 11 (9.4%) participants none; 14 (12.0%) participants a little, 63 (53.8%) participants moderately and 29 (24.8%) participants a lot.

Urge incontinence of the participants, 42 (35.9%) participants none; 23 (19.7%) participants a little; 6 (5.1%) participants moderately; 46 (39.3%) participants a lot. Stress incontinence was a common condition in women with genital prolapse. Result of stress incontinence among the participants, were 1 (0.9%) participant with not applicable; 62 (53.0%) participants none; 7 (6.0%) participants a little; 10 (8.5%) participants moderately; 37 (31.6%) participants a lot. Feeling lump from or in vagina of the participants were present in 78 (66.7%) participants a lot; 27 (23.1%) participants moderately; 8 (6.8%) participants a little and 4 (3.4%) participants none. Heaviness feeling in the vagina or lower abdomen of the participants, where 36(30.8%) a lot, 12 (10.3%) moderately, 21 (17.9%) a little, 44 (37.6%) none and 4 (3.4%) not applicable. Discomfort in the vagina, where 18 (15.4%) a lot, 41 (35.0%) moderately, 23 (19.7%) a little; 33 (28.2%) ; 2 (1.7%) not applicable.

The poor urinary stream of the participants, where 4 (3.4%) a lot, 32 (27.4%) moderately, 50 (42.7%) a little; 29 (24.8%) none; 2 (1.7%) not applicable. Straining to empty bladder of participants, where 43 (36.8%) none; 26 (22.2%) a little; 38 (32.5%) moderately; 10 (8.5%) a lot. Urine dribbles after emptying bladder of the participants ,where 2 (1.7%) a lot; 28 (23.9%) moderately; 15 (12.8%) a little; 71 (60.7%) and 1 (0.9%) not applicable. Bowels do not feel completely empty after opening of the participants, where 11 (9.4%) a lot, 42 (35.9%) moderately; 20 (17.1%) a little; 44 (37.6%) none. Constipation of the participants , where 29 (24.8%) a lot; 11 (9.4%) moderately; 33 (28.2%) a little; 39 (33.3%) none; 5 (4.3%) not applicable.

Straining to open bowels of participants, where 5 (4.3%) not applicable; 31 (26.5%) none; 27 (23.1%) a little; 26 (22.2%) moderately; 28 (23.9%) a lot. Vaginal bulge which gets in the way of sex, where 20 (17.1%) a lot; 45 (38.5%) moderately; 35 (29.9%) a little; 13 (11.1%) none; 4 (3.4%) not applicable. Lower backache worsens with vaginal discomfort of the participants, where 43 (36.8%) a lot; 28 (23.9%) moderately; 22 (18.8%) a little; 24 (20.5%) none. Help emptying bowels with fingers, where 19 (16.2%) a lot; 35 (29.9%) moderately; 26 (22.2%) a little; 32 (27.4%) none; 5 (4.3%) not applicable.

In other survey ,women with prolapse had difficulty urinating 30.7%, abdominal pain 34.9%, backache 55.0%, painful intercourse 41.1%, burning upon urination 49.0%, white or watery discharge 33.0%, Itching 27.0%, difficulty sitting 82.0%, difficulty walking 79.0% difficulty standing 65.5%. (Bonetti et al.,2004)

In this study, correlation between age of the participants with their activity limitations revealed there was a negative but significant correlation between them (r) = (-0.307) and (p) = (0.001). That was, participants age has increased but their activity has significantly decreased. And also showed that, correlation between the psychological status of the participants with their age revealed there was a positive correlation between them (r) = (0.039) and (p) = (0.676). That was their psychological problems were increased with their age.

Chapter-VI CONCLUSION AND RECOMENDATIONS

6.1: Conclusion:

The aim of the study to assess the level quality of life among women having genital prolapse. This study was provide a glimpse into the quality of life of women with genital prolapse. It was a cross sectional type of descriptive study among women with genital prolapse. The researcher found that respondent's physical limitations make difficulty in their lives. The breadth and frequency of complaints show that prolapse has an overarching negative effect on women's lives. Physical problem such as, Stress incontinence, urge incontinence, constipation, urinating difficulty, abdominal pain, uncomfortable posture give them discomfort in daily life. And also found that psychological effects were present in women with genital prolapse. Difficulty of handling basic activities, the women ability to support their families had a great impact on their social, physical, familial and emotional lives.

6.2: Recommendation:

- A similar study with large sample size can bring better results on the level of quality of life in women with genital prolapse.
- The researcher encourages that, if a future qualitative study can be conducted with large study area, the level of quality of life among women with genital prolapse can be an attractive theme to work on.
- Time for the present study was short. With good time duration the research can be genuine and effective for the population.

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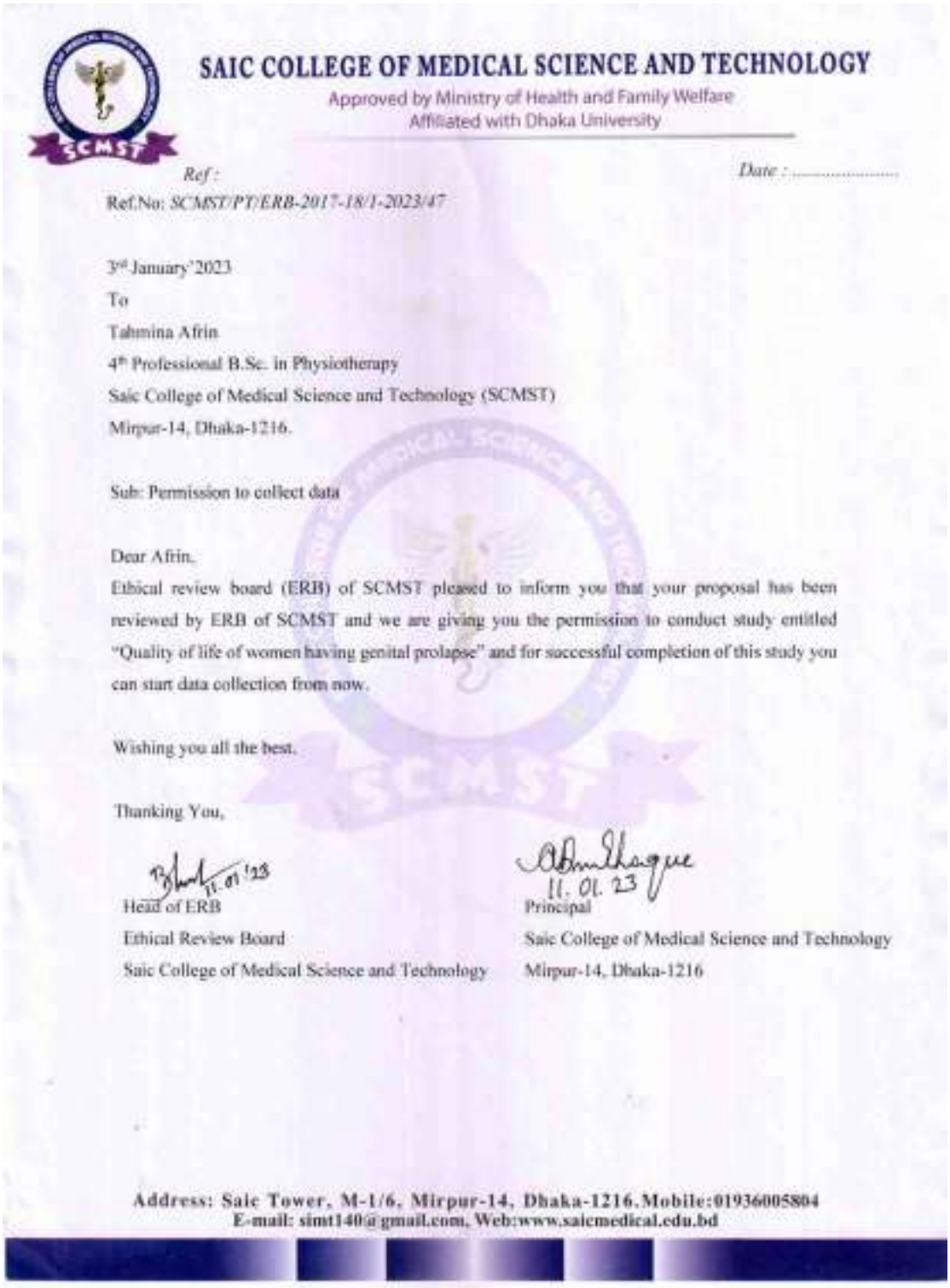
Appendix – A



SAIC COLLEGE OF MEDICAL SCIENCE AND TECHNOLOGY

Approved by Ministry of Health and Family Welfare
Affiliated with Dhaka University

Ref : *Date :* .....

Ref.No: *SCMST/PT/ERB-2017-18/1-2023/47*

3rd January'2023

To

Tahmina Afrin

4th Professional B.Sc. in Physiotherapy

Saic College of Medical Science and Technology (SCMST)

Mirpur-14, Dhaka-1216.

Sub: Permission to collect data

Dear Afrin,

Ethical review board (ERB) of SCMST pleased to inform you that your proposal has been reviewed by ERB of SCMST and we are giving you the permission to conduct study entitled "Quality of life of women having genital prolapse" and for successful completion of this study you can start data collection from now.

Wishing you all the best.

Thanking You,

11.01.23

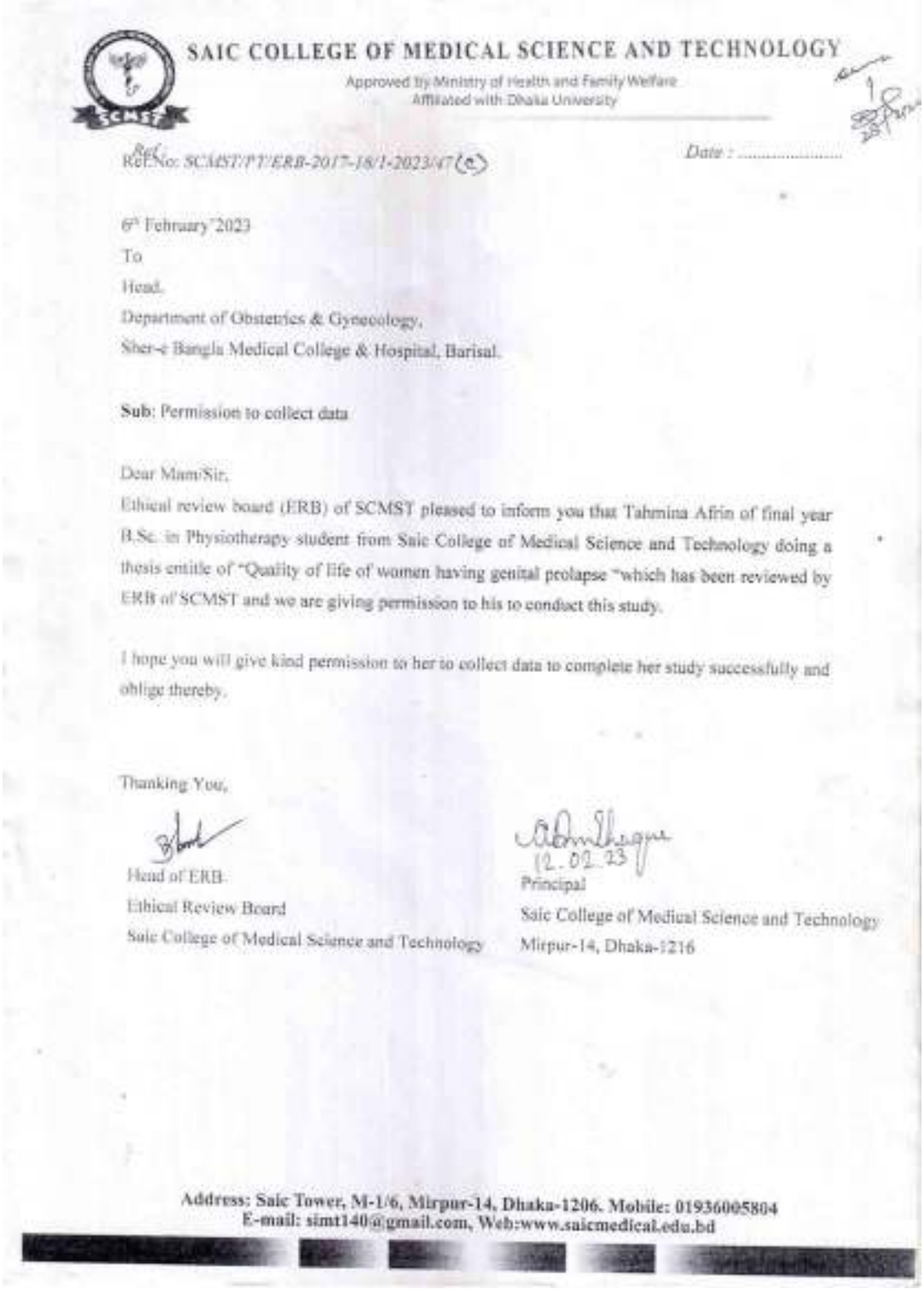
Head of ERB
Ethical Review Board
Saic College of Medical Science and Technology

11.01.23

Principal
Saic College of Medical Science and Technology
Mirpur-14, Dhaka-1216

Address: Saic Tower, M-1/6, Mirpur-14, Dhaka-1216. Mobile:01936005804
E-mail: simt140@gmail.com, Web:www.saicmedical.edu.bd

Appendix – B



SAIC COLLEGE OF MEDICAL SCIENCE AND TECHNOLOGY

Approved by Ministry of Health and Family Welfare
Affiliated with Dhaka University

Ref. No: SCMST/PT/ERB-2017-18/1-2023/47(e)

Date : .....

6th February'2023

To

Head,

Department of Obstetrics & Gynecology,

Sher-e Bangla Medical College & Hospital, Barisal.

Sub: Permission to collect data

Dear Mam/Sir,

Ethical review board (ERB) of SCMST pleased to inform you that Tahmina Afrin of final year B.Sc. in Physiotherapy student from Saic College of Medical Science and Technology doing a thesis entitle of "Quality of life of women having genital prolapse "which has been reviewed by ERB of SCMST and we are giving permission to his to conduct this study.

I hope you will give kind permission to her to collect data to complete her study successfully and oblige thereby.

Thanking You,

Head of ERB
Ethical Review Board
Saic College of Medical Science and Technology

12.02.23
Principal
Saic College of Medical Science and Technology
Mirpur-14, Dhaka-1216

Address: Saic Tower, M-1/6, Mirpur-14, Dhaka-1206. Mobile: 01936005804
E-mail: simt140@gmail.com, Web:www.saicmedical.edu.bd

Appendix – C

সম্মতি পত্র

প্রিয় অংশগ্রহণকারী, উত্তরদাতার আইডি নং: | | | |

আমি তাহমিনা আফরিন, ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধীনে সাইক কলেজ অফ মেডিক্যাল সাইন্স এন্ড টেকনোলজি বি.এস.সি ইন ফিজিওথেরাপি বিভাগের শেষ বর্ষের ছাত্র।আমার কোর্সটি শেষ করার জন্য আমিএকটি গবেষণা করছি যার শিরোনাম **" জেনিটাল প্রলাপস আক্রান্ত মহিলাদের মধ্যে জীবন যাত্রার মান।** "এখানে একটি ফর্ম রয়েছে যেটি আপনাকে পূরণ করতে হবে। আমি আমার অধ্যয়ন সংক্রান্ত কিছু তথ্য জানতে চাই। এটি আনুমানিক ১০-১৫ মিনিট সময় নেবে। আমি আপনাকে জানাতে চাই যে এটি একটি সম্পূর্ণরূপে একাডেমিক অধ্যয়ন এবং প্রাপ্ত তথ্য অন্য কোন কাজে ব্যবহার করা হবে না। আপনার দেয়া সমস্ত তথ্য গোপন রাখা হবে এবং তথ্যের উৎস বেনামি থাকবে। এই গবেষণায় আপনার অংশগ্রহণ স্বেচ্ছায় এছাড়াও স্বাক্ষাৎকারের সময় আপনি পছন্দ করেন না বা উত্তর দিতে চান না এমন একটা নির্দিষ্ট প্রশ্নের উত্তর না দেওয়ার অধিকার রয়েছে। আপনি আপনার ফর্মটি পূরণের জন্য গবেষণার বিষয়ে গবেষককে যে কোন প্রশ্ন করতে পারেন। আপনার সদয় সহযোগিতা একান্ত কাম্য ।

অংশগ্রহণকারীর ঘোষণা ,

আমাকে এই জরিপে অংশগ্রহণের জন্য আমন্ত্রণ জানানো হয়েছে । উপরের তথ্যগুলো আমি পড়েছি । এখানে এটা স্পষ্ট যে এই সাক্ষাৎকারে আমি স্বেচ্ছায় অংশগ্রহণ করতে পারবো এবং যেকোনো সময় এটি প্রত্যাহার করতে পারব । আমই এই গবেষনায় অংশগ্রহণকারী হতে সম্মতি প্রদান করছি ।

অংশগ্রহণকারীর নাম : .....

অংশগ্রহণকারীর স্বাক্ষর তারিখ: .....

মোবাইল নাম্বার: .....

গবেষকের স্বাক্ষর: ..... তারিখ: .....

সাক্ষীর স্বাক্ষর: ..... তারিখ: .....

ঠিকানা: .....

Consent form

Dear participant, Respondent ID no: | | | |

I am Tahmina Afrin, student of B.sc in physiotherapy program in the Department of Physiotherapy at SAIC College of Medical Science and Technology (SCMST) which is affiliated by Dhaka University conducting the study entitled **"Quality of life among women having genital prolaps*e*"** as a part my thesis work for the partial fulfillment of Bachelor degree. There is a list of question you need to fill up which include socio-demographic and musculoskeletal problem. For spending your time to participate in this self-administered interview which will take around 10-15 minutes. There is list of questionnaires and you need to fill up each answer. The information gained from this questionnaire will be used for academic purpose and will be kept confidential. Your participation in this study is totally voluntarily and you have the right to withdraw from the interview without any clarification at any moment. You can ask any question to the researcher and/or my research supervisor, looking forward your kind cooperation.

Declaration of the participants,

I have been invited to participate in this survey. The foregoing information has been read to me and that have been answered to my satisfaction. I have noticed that my participation in this study is totally voluntary and I have the right to withdraw from the interview at any clarification. I give my consent voluntarily to be participants in this study.

Respondent name: …… ....

Signature :..... Date:.....

Signature of the researcher: …… Date:.....

Signature of the witness: …… Date:.....

Mobile no: ……

Appendixe - D

প্রশ্নাবলি (বাংলা)

জেনিটাল প্রলাপস আক্রান্ত মহিলাদের মধ্যে জীবন যাত্রার মান।

কোড নম্বর ঃ ☐ তারিখ ঃ

অংশগ্রহণকারীর

নাম:.....

ঠিকানা:.....

মোবাইল নম্বর:.....

বিভাগ ঃ ১। সামাজিক জনসংখ্যার তথ্য (অনুগ্রহপূর্বক খালি জায়গায় নম্বর লিখুন)

ক্রঃ নং	প্রশ্ন	উত্তর
১.	আপনার বয়স কত ?	
২.	আপনি কোথায় বসবাস করেন ? ১। আধাশহর ২। শহর ৩। গ্রাম	
৩.	পরিবারের ধরণ কেমন ? ১। একক পরিবার ২। যৌথ পরিবার ৩। অন্যান্য	
৪.	আপনার ধর্ম কি? ১। ইসলাম ২। হিন্দু ৩। বৌদ্ধ ৪। খ্রিষ্টান ৫। অন্যান্য	
৫.	আপনার বৈবাহিক অবস্থা কি ? ১। বিবাহিত ২। অবিবাহিত ৩। অন্যান্য	
৬.	আপনার উচ্চতা কত ?	
৭.	আপনার ওজন কত?	
৮.	আপনার বিএমআই ?	

বিভাগ ঃ ২। জেনিটাল প্রলাপস স্বাস্থ্য প্রশ্নাবলী।

ক্রঃ নং	প্রশ্ন	খুব ভাল	ভাল	মোটামুটি	খারাপ	খুব খারাপ
১.	আপনি বর্তমানে আপনার স্বাস্থ্য কিভাবে বর্ণনা করবেন ?	○	○	○	○	○

ক্রঃ নং	প্রশ্ন	একেবারেই না	পরিমিতভাবে	সামান্য	অনেক
২.	জেনিটাল প্রলাপস আপনার জীবনকে কতটা প্রভাবিত করে বলে আপনি মনে করেন ?	○	○	○	○

অনুগ্রহ করে নিম্নলিখিত উপসর্গগুলির মধ্যে কোনটি আপনার আছে তা লিখুন এবং এইগুলি আপনার উপর কতটা প্রভাব ফেলে তা চিহ্নিত করুন।

ক্রঃ নং	প্রশ্ন	প্রযোজ্য নয়	না	সামান্য	পরিমিতভাবে	অনেক
১.	খুব ঘন ঘন প্রসাব করতে টয়লেটে যেতে হয় ।	○	○	○	○	○
২.	জরুরী অবস্থা/তাড়া ঃ প্রসাব করার প্রবল ইচ্ছা।	○	○	○	○	○
৩.	অসংযম তাড়ন ঃ প্রসাব করার প্রবল ইচ্ছার সাথে ছিদ্রনির্গত পদার্থ (প্রসাব) নিঃসরণ সংযুক্ত।	○	○	○	○	○
৪.	পীড়ন ঘটিত অসংযম: কাশির সাথে ছিদ্রনির্গত পদার্থ (প্রসাব) নিঃসরণ সংযুক্ত।	○	○	○	○	○
৫.	যোনি থেকে বা তার মধ্যে একটি স্ফীত অংশ বা পিন্ড অনুভব করা।	○	○	○	○	○
৬.	দিন অতিবাহিত হওয়ার সাথে	○	○	○	○	○

	সাথে যোনি বা তলপেটে ভারী/টেনে নেওয়ার অনুভূতি হয়।					
৭.	যোনি স্ফীতি আপনার অন্ত্র খালিতে হস্তক্ষেপ করে।	○	○	○	○	○
৮.	যোনিতে অস্বস্তি, যা দাঁড়ালে আরও খারাপ হয় এবং শুয়ে থাকলে উপশম হয়।	○	○	○	○	○
৯.	দূর্বল প্রসাব প্রবাহ।	○	○	○	○	○
১০.	আপনার মূত্রাশয় খালি করার জন্য চাপ দিতে হয়।	○	○	○	○	○
১১.	আপনার মূত্রাশয় খালি করার পরে প্রসাবের ফোটা ঝরতে থাকে।	○	○	○	○	○
১২.	অভ্যন্ত্র খোলার পর সম্পূর্ন খালি অনুভব হয় না।	○	○	○	○	○
১৩.	কোষ্ঠকাঠিন্যঃ খুলতে অসুবিধা	○	○	○	○	○
১৪.	অভ্যন্ত্র খোলার জন্য চাপ দিতে হয়।	○	○	○	○	○
১৫.	যোনি স্ফীত লিঙ্গের পথে আসে।	○	○	○	○	○
১৬.	যোনির অস্বস্থির সাথে সাথে কোমরের ব্যাথা খারাপ হয়।	○	○	○	○	○
১৭.	অভ্যন্ত্র খালি করতে কি আপনার আঙ্গুলের সাহায্য দরকার হয়।	○	○	○	○	○

ক্রঃ নং	প্রশ্ন	দিনে একবারের বেশি	দিনে একবার	প্রতি দুই দিনে একবার	প্রতি তিন দিনে একবার	সপ্তাহে একবার বা তার বেশি
১৮.	আপনি কতবার আপনার অভ্যন্ত্র খুলেন ?	○	○	○	○	○

নিচে কিছু দৈনন্দিন ক্রিয়াকলাপ রয়েছে যা আপনার জেনিটাল প্রলাপসের কারনে প্রভাবিত হতে পারে। আপনার জেনিটাল প্রলাপসের সমস্যা আপনাকে কতটা প্রভাবিত করে ? আমরা চাই আপনি প্রতিটি প্রশ্নের উত্তর দিন। আপনার ক্ষেত্রে প্রযোজ্য বৃত্তে টিক ($\surd$) চিহ্ন দিন।

কাজের সীমাবদ্ধতা ঃ

ক্রঃ নং	প্রশ্ন	একেবারেই না	সামান্য	পরিমিতভাবে	অনেক
১.	আপনার জেনিটাল প্রলাপস আপনার বাসা বাড়ির কাজকে কতটা প্রভাবিত করে ? (যেমন ঃ পরিষ্কার করা, কেনাকাটা করা ইত্যাদি)	○	○	○	○
২.	আপনার জেনিটাল প্রলাপস কি আপনার চাকরির বা বাসার বাহিরের স্বাভাবিক দৈনন্দিন কাজকর্মকে প্রভাবিত করে ?	○	○	○	○

শারীরিক/সামাজিক সীমাবদ্ধতা ঃ

ক্রঃ নং	প্রশ্ন	একেবারেই না	সামান্য	পরিমিতভাবে	অনেক
১.	জেনিটাল প্রলাপস কি আপনার শারীরিক কাজকর্মকে প্রভাবিত করে ? (যেমন ঃ হাঁটতে যাওয়া, দৌঁড়ানো, খেলাধুলা, ব্যায়াম ইত্যাদি)	○	○	○	○
২.	জেনিটাল প্রলাপস কি আপনার সামাজিক জীবন যাপনকে প্রভাবিত করে ?	○	○	○	○
৩.	জেনিটাল প্রলাপস কি আপনার ভ্রমণ করার ক্ষমতাকে প্রভাবিত করে ?	○	○	○	○
৪.	জেনিটাল প্রলাপস কি আপনার বন্ধুদের সাথে দেখা করতে/ ঘুরতে যাওয়ার ক্ষমতাকে সীমাবদ্ধ করে ?	○	○	○	○

ব্যক্তিগত সীমাবদ্ধতা ঃ

ক্রঃ নং	প্রশ্ন	প্রযোজ্য নয়	একেবারেই না	সামান্য	পরিমিতভাবে	অনেক
১.	জেনিটাল প্রলাপস কি আপনার সঙ্গীর সাথে আপনার সম্পর্ককে প্রভাবিত করে ?	○	○	○	○	○
২.	জেনিটাল প্রলাপস কি আপনার যৌন জীবনকে প্রভাবিত করে ?	○	○	○	○	○
৩.	জেনিটাল প্রলাপস কি আপনার পারিবারিক জীবনকে প্রভাবিত করে ?	○	○	○	○	○

মানসিক অবস্থা ঃ

ক্রঃ নং	প্রশ্ন	একেবারেই না	সামান্য	পরিমিতভাবে	অনেক
১.	জেনিটাল প্রলাপস কি আপনাকে বিষণ্ন বোধ করায় ?	○	○	○	○
২.	জেনিটাল প্রলাপস কি আপনাকে উদ্বিগ্ন/স্নায়বিক বোধ করায় ?	○	○	○	○
৩.	জেনিটাল প্রলাপস কি আপনাকে হীনমন্যতায় ভোগায় ?	○	○	○	○

ঘুম/কর্মশক্তি ঃ

ক্রঃ নং	প্রশ্ন	কখনো না	মাঝে মাঝে	প্রায়ই	সবসময়
১.	জেনিটাল প্রলাপস কি আপনার ঘুমে প্রভাব ফেলে ?	○	○	○	○

২.	আপনি কি ক্লান্ত বোধ করেন ?	○	○	○	○

জেনিটাল প্রলাপস কমানোর জন্য আপনি নিচের কোনটি করেন ?

আপনার জেনিটাল প্রলাপস সমস্যা আছে বলে মনে না করলেও প্রতিটি প্রশ্নের উত্তর দিন। যদি হয় তবে কতটুকু ?

ক্র: নং	প্রশ্ন	কখনো না	মাঝে মাঝে	প্রায়ই	সবসময়
১.	ট্যাম্পন/প্যাড/ফার্ম নিকার ব্যবহার করেন কি ?	○	○	○	○
২.	যৌনাঙ্গের স্ফীত অংশে কি ধাক্কা দেন ?	○	○	○	○
৩.	স্ফীত অংশের কারনে ব্যাথা অস্বস্তি হয় ?	○	○	○	○
৪.	স্ফীত অংশ কি আপনাকে দাঁড়িয়ে থাকতে বাধাগ্রস্থ করে ?	○	○	○	○

ধন্যবাদ পরীক্ষা করে দেখুন আপনি সব প্রশ্নের উত্তর দিয়েছেন কিনা।

English questionnaire

Quality of life among women having genital prolapse

Code No: ..... Date.....

Participant Name: …….....

Address.....

Mobile.....

Section: 1. Socio-demographic information

Q.N	Question	Ans.
1	What is your age?	
2	Where do you live? 1. Urban 2. Semi Urban 3. Rural	
3	What is your family type? 1. Nuclear 2. Joint	
4	What is your Religion? 1.Islam 2.Hindu 3.Buddho 4.Christian 5.Others	
5	What is your Marital Status? 1.Married 2.Unmarried 3.Others	
6	What is your height? (feet)	
7	What is your weight?	
8	Your BMI (Body mass index)	

Section: B Genital Prolapse health Questionnaire:

1	Question	Very Good	Good	Fair	Poor	Very Poor
	How Would you describe your health at present ?	o	o	o	o	o

2	Question	Not at all	Moderately	A Little	A lot
	How much do you think your prolapse affects your life ?	o	o	o	o

Please write down if you have any of the following symptoms and mark how much these affect you.

Sl No	Question	Not applicable	None	A little	Moderately	A lot
1.	Going to the toilet to pass urine very often	o	o	o	o	o
2.	Urgency: a strong desire to pass urine	o	o	o	o	o
3.	Urge incontinence: urinary leakage associated with a strong desire to pass urine	o	o	o	o	o
4.	Stress incontinence: urinary leakage associated with coughing	o	o	o	o	o
5.	Feeling a bulge/lump from or in the vagina	o	o	o	o	o
6.	Heaviness or dragging feeling as the day goes on from the vagina/lower abdomen	o	o	o	o	o

7.	Vaginal bulge interfering with you emptying your bowels	o	o	o	o	o
8.	Discomfort in the vagina which is worse when standing and relieved by lying down	o	o	o	o	o
9.	Poor urinary stream	o	o	o	o	o
10.	Straining to empty your bladder	o	o	o	o	o
11.	Urine dribbles after emptying your bladder	o	o	o	o	o
12.	Bowels do not feel completely empty after opening	o	o	o	o	o
13.	Constipation: difficulty in opening	o	o	o	o	o
14.	Straining to open your bowels	o	o	o	o	o
15.	Vaginal bulge which gets in the way of sex	o	o	o	o	o
16.	Lower backache worsens with vaginal discomfort	o	o	o	o	o
17.	Do you help empty your bowels with your fingers	o	o	o	o	o

18	Question	More than once a day	Once a day	Once every two days	Once every three days	Once a week or more
	How often do you open your bowels?	o	o	o	o	o

Below are some daily activities that can be affected by your prolapse problem. How much does your prolapse problem affect you? We would like you to answer every question.

Simply tick the circle that applies to you.

ROLE LIMITATIONS

Sl No	Question	Not at all	Slightly	Moderately	A lot
1.	To what extent does your prolapse affect your household task?	o	o	o	o
2.	Does your prolapse affect your job or your normal daily activities outside the home?	o	o	o	o

PHYSICAL/SOCIAL LIMITATIONS

Sl No	Question	Not at all	Slightly	Moderately	A lot
1.	Does your prolapse affect your physical activities (e.g. run, walk)	o	o	o	o
2.	Does your prolapse affect your ability to travel?	o	o	o	o

3.	Does your prolapse limit your social life?	o	o	o	o
4.	Does your prolapse limit your ability to see/visit friends?	o	o	o	o

PERSONAL LIMITAIONS:

Sl No	Question	Not applicable	Not at all	Slightly	Moderately	A lot
1.	Does your prolapse affect your relationship with your partner?	o	o	o	o	o
2.	Does your prolapse affect your sex life?	o	o	o	o	o
3.	Does your prolapse affect your family life?	o	o	o	o	o

EMOTIONS:

Sl No	Question	Not at all	Slightly	Moderately	A lot
1.	Does your prolapse make you feel depressed?	o	o	o	o
2.	Does your prolapse make you feel anxious or nervous?	o	o	o	o
3.	Does your prolapse make you feel bad about yourself?	o	o	o	o

SLEEP/ENERGY

Sl No	Question	Never	Sometimes	Often	All the time
1.	Does your prolapse affect your sleep?	o	o	o	o
2.	Do you feel worn-out/tired?	o	o	o	o

Do you do any of the following to help your prolapse problem?

Answer every question even if you do not feel you have a prolapse problem. If so how much?

Sl No	Question	Never	Sometimes	Often	All the time
1.	Use tampons/pads/firm knickers to help?	o	o	o	o
2.	Do you push up the prolapse?	o	o	o	o
3.	Pain or discomfort due to the prolapse?	o	o	o	o
4.	Does the prolapse prevent you from standing?	o	o	o	o

Thank you, now check that you have answered all the questions.

Figure: Data collection at Sher-E-Bangla Medical College & Hospital.