

Impact of Different Degrees of Uterine Prolapse on Sexual Function of Women at Teaching Hospitals in Al-Hilla City

أثر مختلف درجات هطول الرحم على صحة النساء في المستشفيات التعليمية في مدينة الحلة

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المستخلص

الخلفية : الاداء الجنسي هو حق اساسي ويلعب دورا مهما في كافة جوانب صحة النساء .هطول الرحم هو احد العوامل التي تؤدي الى اختلال الوظيفة الجنسية حيث ان نسبة حدوثها تزداد بازدياد شدة الهطول .
الهدف : تقييم أثر مختلف درجات هطول الرحم على الوظيفة الجنسية للنساء في المستشفيات التعليمية في مدينة الحلة .
المنهجية : دراسة وصفية تحليلية أجريت للفترة من الأول من شهر شباط الى العاشر من شهر حزيران لعام 2014، لتقييم أثر مختلف درجات هطول الرحم على الوظيفة الجنسية للنساء اللواتي يحضرون للعيادة الاستشارية في المستشفيات التعليمية في مدينة الحلة
النتائج : اظهرت النتائج ان اعلى نسبة 46% من عينة الدراسة تتراوح أعمارهن (35-44) سنة ، 62 %يعملن بوظيفة حكومية ، 22%منهن ربات بيوت، 40% لديهن هطول من الدرجة الثانية و 37%من الدرجة الأولى ، 23% من الدرجة الثالثة لا توجد اعراض في الدرجة الأولى او تكون بسيطة ولكن تزداد شدة الأعراض بازدياد درجة الهطول ، 58%ليس لديهن رغبة جنسية ، 74% ليس لديهن اثارة ، 60% لم تستطيع الوصول للذروة ، 75% لم يشعرن بالرضا.

التوصيات: نتائج الدراسة تشير الى ضرورة ايجاد برنامج لتوعية النساء في سن الإنجاب والياس حول المرض ، العوامل المؤدية اليه والمضاعفات المترتبة والتي من ضمنها تأثيره على المحور الجنسي.

Abstract

Background: Women sexuality is basic right and it plays a major role in women's Health aspects. Up is one of the factors that lead to sexual dysfunction while the incidence of it is rising as UP severity being more.

Objectives: To assess the impact of different degrees of uterine prolapse on sexual function of women at teaching hospitals in AL-Hilla City.

Methodology: A descriptive analytical study was conducted from 1ST Feb to 10th Jun /2014 to assess the impact of different degrees of uterine prolapse on sexual function for women who attend to consultant clinic at teaching hospitals in AL-Hilla City.

Result: The result show the highest percentage was 46% of the study group were at age group range(35-44)yrs.,62% work as employment ,22% housewives ,40% have second degree of prolapse ,37% have first degree and 23% have third degree there is no symptoms at first degree or simple but it is being more severe when the degree of prolapse increased,58% have no sexual desire,60% have no orgasm ,74% have no exciting,75% have no satisfaction.

Recommendations: result finding indicate to necessity for women awareness program at reproductive age about UP and factors that lead to it and its complications which the sexual dysfunction was one of them.

Keywords: different, degrees, function, Impact, prolapse, sexual, uterine, women.

Introduction:

Female sexuality is basic right and it plays a major role in women's wellbeing. UP and sexual dysfunction were closely correlated with the incidence of dysfunction rising as pop worsened⁽²⁰⁾. The changes in the vagina may also result in diminished arousal, infrequent orgasm and pain during sexual intercourse (dyspareunia)⁽²¹⁾. Female sexuality is basic right and it plays major role in women's wellbeing. UP and sexual dysfunction were closely correlated with the incidence of dysfunction rising as UP worsened⁽²⁰⁾. The degree of uterine descent can also be graded as: 1st degree, 2nd degree, 3rd degree. The prevalence of different degrees of uterine prolapse, was 50% for women who have given birth, though most women are asymptomatic⁽¹⁵⁾. Different degrees of uterine prolapse can cause Urinary incontinence, Frequency, urgency, Feeling a sudden urge to pass stools, Incontinence of stools, Passing lots of wind, Incontinence of flatus or stool, Sensation of fullness, Sensation of a bulge/protrusion. Dyspareunia, Vaginal flatus. UP can affect quality of life in women. It can result in sexual lifestyle limitations⁽¹⁹⁾. Despite the fact that POP is ultimately a condition that affects quality of life, its impact on women's sexuality⁽⁵⁾. Sexual wellbeing is an important aspect of women's health. Prevalence of sexual dysfunction among women has reported to be as high as 50%⁽⁸⁾. Although female sexual dysfunction is a common problem among the general population, it has been poorly studied in urogynecological patients⁽⁹⁾. Disorders of desire, arousal, lubrication and orgasm as well as dyspareunia, are typical complaints reported by women. Uterine Prolapse are common physical conditions negatively affecting sexual function and satisfaction^(10,11). Female sexual

dysfunction, another common health problem affecting approximately 43% of women, is defined as "disorders of libido, arousal, orgasm, and/or sexual pain leading to personal distress or interpersonal difficulties" and has a reported prevalence of 19%–50%^(12,13). UP can also affect sexual function. Women with UP may experience lower libido, are less likely to be sexually active, and more likely to have vaginal dryness compared to their counterparts without prolapse⁽¹³⁾. The incontinence of urine or stool that can occur during intercourse may also impact both frequency and enjoyment of sexual activity⁽⁶⁾. Female sexual dysfunction: is a condition that describes patients with low libido, problems with sexual arousal, inability to achieve orgasm, and dyspareunia. Sexual complaints are common in women with pelvic organ prolapse⁽¹⁹⁾.

Objectives: to assess the impact of different degrees of uterine prolapse on sexual function of women in counseling clinic, obstetric and gynecologic wards at two teaching hospitals in AL-Hilla city.

Methodology: A descriptive analytical study was conducted from 1st Feb to 10th Jun /2014. Questionnaire format and checklist utilizing interview technique as mean of data collection process with no probability (purposive) sample consists of (100) women were diagnosed by a specialist with different degrees of uterine prolapse and all of them were married and live with their husbands.

A pilot study was carried out for the period From 1st Feb to 10th Jan /2014. The validity of the questionnaire and checklist was estimated through a panel of experts related to the field of the study, and its reliability was estimated through test and re-test which statistically accepted. The study instrument consisted

of two parts as the following: first part is demographic data which include: age, educational level, occupational status ,residency , type of family ,and socio economic status. Second part checklist include one item concerning different degrees of uterine prolapse. The procedure was performed by using instrument with validity and reliability include 12 items concerning female sexual function. The instructional checklist was rated to scale as (yes, and no) and it was scored as two for yes , one for no, so the cut-off point=1.5. Less than 1.5 MS=negative item, More than 1.5 =positive item. Assess the impact of different degrees of uterine prolapse was based on: No. of items x cut off point =12 x1.5=1.8, Score to assess sexual function items equal to 1.8 or more considered the item was positive indicated(P) through score while if score of item below 1.8 is considered negative indicated(N).

Data were analyzed through the application of descriptive statistical data analysis approach such as frequency, percentage, mean of scores and inferential data analysis approach such as (chi-square).

Results:

Table1. Distribution of the study sample according to socio demographic characteristics

List	Demographics Characteristics Variables	Classes	Study	
			F	%
1	Age Groups	15 – 24	17	17
		25 – 34	16	16
		35 – 44	46	46
		45 – 54	21	21
2	Occupation of wife	House Wife	22	22
		Employment	62	62
		Free job	16	16
3	Occupation of Husband	Don't work	18	18
		Employment	81	81
		Free job	1	1
4	Educational level of wife	Illiterate	15	15
		Read and write	19	19
		Primary school	3	3
		Intermediate school	3	3
		Secondary school	24	24
		Institution graduate	17	17
		University graduate and more	19	19
5	Educational level of husband	Illiterate	16	16
		Read and write	2	2
		Primary school	16	16
		Intermediate school	16	16
		Secondary school	24	24
		Institution graduate	20	20
		University graduate and more	6	6
6	Type of Family	Nuclear	60	60
		Extended	40	40
7	Residency	Urban	67	67
		Rural	33	33
8	Parameter	Classes	Study	
	Socio-Economic Status	Low : 89 - & less	43	43
		Mod. : 90 - 120	55	55
		High :121 – 150	2	2
		Mean ± SD	90.71±19.93	

#: Percentage, S.D: Standard Deviation, F:Frequency,Mod:Moderate

This table demonstrates that the highest percentage were 46% for study group at age group range(35-44) yrs. They were employment , 43% of them at moderate level of economic status .

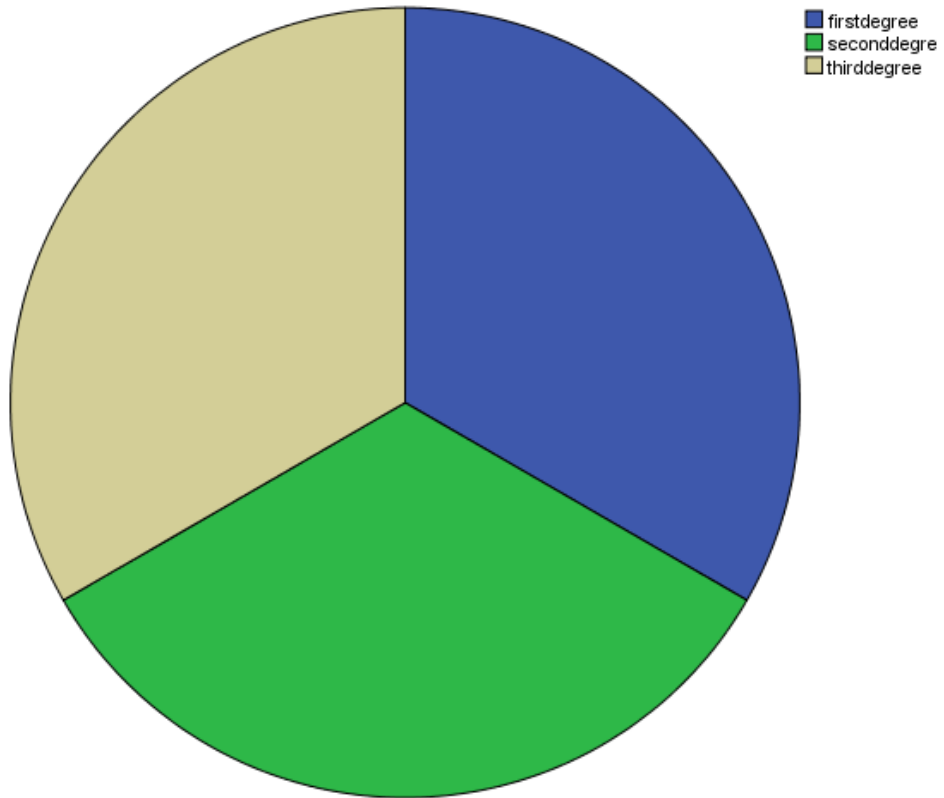


Figure 1. Distribution of patients according to Degrees of uterine prolapse

With respect to subject's degrees of uterine prolapsed, this figure has reported 40% have second degree prolapse ,37% have first degree and 23% have third degree. The classification of degree was diagnosed by specialist.

Table 2 . Descriptive Statistics of Sexual Function items for the study group

Sexual Function Items	Resp.	Study				
		F	%	MS	RS	Ass.
sexual desire	No	58	58	1.42	71.0	N
	Yes	42	42			
Climax (orgasm)	No	60	60	1.40	70.0	N
	Yes	40	40			
sexually excited	No	74	74	1.26	63.0	N
	Yes	26	26			
Satisfied	No	75	75	1.25	62.5	N
	Yes	25	25			
Pain	No	60	60	1.40	70.0	P
	Yes	40	40			
Incontinent of urine with sexual activity	No	53	53	1.47	73.5	P
	Yes	47	47			
Fear of incontinence urine restrict sexual activity	No	22	22	1.78	89.0	P
	Yes	78	78			
Avoid sexual intercourse because of bulging in the vagina	No	55	55	1.45	72.5	P
	Yes	45	45			
negative emotional reactions (shame or guilt)	No	56	56	1.44	72.0	P
	Yes	44	44			
problem with erection	No	74	74	1.26	63.0	P
	Yes	26	26			
problem with premature ejaculation that effect sexual activity	No	75	75	1.25	62.5	P
	Yes	25	25			
Compared to orgasms that had in past ,how intense are the orgasms that have had in the past six month	TML	45	45	1.55	77.5	N
	TMM	55	55			

F:Frequency,%:Percentage,M.S:Mean Score, R.S: Relative Sufficiency TML: Too Much Little ,TMM: Too Much More, P: Positive, N:Negative

Table3:The results concerning sexual functions show there were regarding to desire, orgasm ,exciting, satisfaction , 58% of study group have no sexual desire ,60% have no orgasm ,74% have no exciting,75% have no satisfaction .

Discussion : It has been known out of such characteristics (table 1) that the majority of the women who affected with UP (study group) in the current study were 46%. This finding reflects indicator that the prevalence of UP is higher in women at gestational age ranged (35–44) Yrs. Xavier⁽²³⁾ reported different results about Median age which are the most of the population were 54 (range 50–61) years. This differences related to that the women at gestational age take great attention with her health because she has desire for being pregnant. While old women don't seek about medical care even though they were suffering from UP symptoms because they don't have desire for being pregnant and delivery.

The distribution of occupation in table 1 indicated that 62% of affected women were "Employee" while 22% of the same group were "Housewife". Such finding may reflect that the high percentage of population were work. This gives indicator that the work plays a role in up. A study presented supportive evidence to this result that found Woodman⁽²⁴⁾ who reported that the prevalence of severe pelvic organ prolapse in the study group was 43% of women who were laborers/factory workers had significantly more severe prolapse than the other job categories ($p < 0.001$).

The high percentage concerning level of education has been reported as secondary school 24% of the sample for both study and control group (table 1). Such finding give indicator that level of education didn't play a role in up. This results was disagree with Adhikary⁽²⁵⁾ who found that most of sample were illiterate, seven were just literate and two had completed primary level education.

The distribution of sample regarding their residency in this study indicates that 79% of affected women were live at

urban table (1). Such finding gives indicator that the rural women don't care with their health and don't seek about treatment. This inconsistent with Zelege⁽²⁶⁾ who reported that the majority of participants 84.0% were of rural residents.

The highest percentage concerning type of family has been reported as 67% of the sample were "Extended" family for both study and control group table (1).

The result of the patients distribution Regarding their economic status had been show that 43% of sample within "low" level for study group table (1). The result in table (1) revealed that there was relationship between economic status and up. A study presented supportive evidence to this result that found Nygaard⁽²⁷⁾ who reported that family poverty income that were significantly associated with at least one pelvic floor disorder were one family poverty income.

The figure 1. showed the distribution of patients regarding to degrees of uterine prolapse has reported 40% of sample had second degree of prolapse, 37% have first degree and 23% have third degree.

Impact of uterine prolapse on sexual function:

The result of patient regarding their "desire" table 2 had been shown that the highest mean score was (1.42) had no desire for sexual activity. A study presented supportive evidence to this result that found Zielinski⁽³⁰⁾ who reported that, there was a statistically significant difference between prolapse with sexual health, in particular sexual desire and satisfaction.

The result of patients' distribution regarding "fear of incontinence restrict sexual activity" table 2 had been shown (1.78) Mean score and 78% was fear of incontinence. Such finding may reflect that patients are avoid sexual activity

because of fear from continence. A study presented supportive evidence to this result that found Handa⁽³¹⁾ who reported the Pelvic floor disorders such as prolapse affect quality of life including sexual health: decreasing sexual desire, decreasing lubrication, as well as increasing potential for pain with intercourse and fear of urinary or fecal incontinence.

The result of patients distribution regarding the "partner erection and ejaculation" had been shown in table 2 that two third (74%) of women's husband have no problem with erection and ejaculation and mean score was (1.40). A study presented supportive evidence to this result that found Shaaban⁽³²⁾ who reported that the mean score for the partner-related domain was high in the case study (9.0).

The result of patients distribution related to patients' "difference between the intensity orgasm before and after six month" had been shown in table (2) that 55% of sample had seen too much more difference in orgasm intensity. A study presented supportive evidence to this result that found Shaaban⁽³²⁾ who reported that the mean score of physical domain which include orgasm intensity was (14.5).

Recommendations:

- 1-Health agency must doing early detection for prolapse as a general test for all women is so necessary for early treatment because delay lead to worsened status.
- 2-Doctor must avoid normal delivery in case of big baby (Macrosomal) and prefer cesarean section. Prevent use assistant device during delivery (forceps and vacuum) if it is not necessary.

3-Community program awareness about sexual function and it's relation with uterine prolapse ,in addition to that demonstrate the symptoms, risk factors ,complications and how to prevent it .Educate women who attend outpatient clinic and who at postpartum period to avoid lifting heavy things and strenuous work Guide postmenopausal women about low level estrogen hormone compensation and practice with(Kegal exercise) special exercise with pelvic formulate simple critical and clear instrument about sexual function impairments as a result of uterine prolapse.

4-Further research for enhancing the relationship between uterine prolapse and sexual activity including body image.

5-Have to emphasize on documentation the incidence of sexual deficiency related to uterine prolapse in the hospitals and

health centers and special clinic in order to evaluate the incidence and take a suitable procedure for treatment and avoidance .

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