

PELVIC ORGAN PROLAPSE AWARENESS AND ITS ASSOCIATION WITH REPRODUCTIVE PROFILES OF WOMEN IN DUHOK GOVERNORATE

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ABSTRACT

Background: Pelvic organ prolapse is a gynecological condition affecting women post-childbirth, causing herniation of the uterus, cervix, vaginal wall, bladder, and rectum, leading to symptoms like pelvic pressure, vaginal bulging. The study seeks to identify the socio-demographic and obstetric profiles of the women, evaluate their awareness regarding pelvic organ prolapse, determine the relationships between these characteristics and their awareness.

Methods: A cross-sectional descriptive study was conducted among 400 women during the period from September to December 2024. A structured questionnaire was administered to collect data related to socio-demographic and obstetric characteristics, along with women's awareness pelvic organ prolapse. Analyses were done using SPSS version 26, an IBM program.

Results: Most participants were aged 30–39 years (49%) and lived in urban areas (76.2%). The majority were housewives (63.7%), and nearly half were overweight (48%), with 27% obese. Education levels varied, with 31.3% holding higher education and 25.3% being illiterate. Obstetric data showed early marriage (mean age 20.98) and childbirth (mean age 22.40), with most women having 2–4 children and delivering vaginally. A family history was reported by 26.8%, and 20.5% had been previously diagnosed. Awareness was higher among diagnosed women, with 53.7% showing good awareness versus 13.2% in the control group.

Conclusion: The majority of women, particularly those without prior diagnosis, have low awareness about pelvic organ prolapse. However, those with more children, previous diagnoses, or a family history of pelvic organ prolapse have higher awareness.

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Keywords: Pelvic Organ Prolapse; Awareness, Reproductive age women.

Pelvic organ prolapse (POP) refers to the displacement of one or more pelvic organs, such as the bladder, uterus, or vagina, from their usual anatomical position towards or through the vaginal opening. This condition is a significant gynecological issue that predominantly impacts women who have given birth and those who are post-menopausal⁽¹⁾.

This condition is a prevalent health issue that impacts a large population of women. The causes of this condition are multifaceted, and it can greatly diminish an individual's quality of life⁽²⁾.

Clinically, POP presents with a variety of symptoms ranging from a sensation of pelvic pressure or fullness to more severe manifestations such as vaginal bulging, urinary incontinence, and sexual dysfunction. The manifestations of these symptoms can greatly affect an individual's overall well-being, resulting in bodily pain, mental anguish, and feelings of social embarrassment⁽³⁾.

Incidence increases with age, with a projected (46%) growth reach 4.9 million by the year 2050, with a lifetime risk of developing the condition estimated between (12%) and (19%), but therapeutic

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effectiveness is limited, with over 10% requiring reoperation after 5 years (4). The prevalence of POP varies widely, with studies suggesting that up to (50%) of women who have had vaginal deliveries experience some degree of pelvic organ prolapse during their lifetime⁽⁵⁾.

The reasons of POP are multifaceted, with several factors including childbirth trauma, aging, chronic pressure, genetic predisposition, hormonal changes, and lifestyle choices, particularly during vaginal deliveries⁽⁶⁾.

Pelvic organ prolapse, a benign disease mainly affecting elderly women, involve displacement of vaginal walls, vault, and uterus, leading to cystocele, rectocele, and enterocyste⁽⁷⁾.

The diagnosis of POP is primarily clinical, based on a thorough pelvic examination. Grading systems, such as the Pelvic Organ Prolapse Quantification (POP-Q) system, are used to assess the extent of prolapse and guide management decisions⁽⁸⁾.

Imaging studies, such as Magnetic Resonance Imaging (MRI) and Translabial Ultrasound (TLUS), have been used to diagnose POP in gynecologic clinics since the 21st century. MRI is costly and has limited accessibility, while TLUS is a cost-effective, non-harmful diagnostic method suitable for pre-existing ultrasonography machines⁽⁹⁾.

Treatment alternatives differ based on the intensity of symptoms and the extent of prolapse. These options can include conservative approaches such as pelvic floor exercises and the use of pessaries, as well as surgical procedures designed to restore the normal structure and functionality of the pelvic organs⁽¹⁰⁾.

A pessary is a device placed within the vagina to provide support for the vaginal walls and pelvic organs; alleviating symptoms associated with prolapse. There are two main categories of pessaries: support pessaries and space-occupying pessaries. Various healthcare professionals, including general practitioners, nurses,

physiotherapists, and gynecologists, can perform the insertion of these devices⁽¹¹⁾.

SUBJECTS AND METHODS:

Study setting and design

A cross-sectional descriptive study was conducted among reproductive age women who had at least one vaginal delivery to assessing their awareness regarding pelvic organ prolapse in Duhok governorate. The study was conducted at the Obstetrical and Gynecology Hospital in Duhok and Zakho cities. The survey was conducted from September to December 2024. Convenience sampling was applied to 400 married women.

Study sample

married women aged between 18 and 45 years who visited the Obstetrics and Gynecology Hospital in the Zakho city and Duhok city. The sample was selected according to the following inclusion criteria: All ever-married women of reproductive age, willing to participate in the study. Exclusions criteria included women who were: Single and aged < 18 and > 45 years. Also, pregnant and postmenopausal women was excluded that may confound the results.

Study tool:

Data were collected by the researcher through direct interview (face to face) with women using a structured and validated questionnaire. First part includes demographic characteristics data of studied women such as (age, residency, occupation, level of education, body mass index (BMI) with Obstetric characteristics data such as (age at married, age at had first child, parity, type of delivery, place of delivery). Second part assesses the awareness and knowledge of women regarding POP, including the risk factors, symptoms, prevention and treatment. It examines their knowledge of the diagnosis of POP like the pelvic examination and ultrasound, and identifying symptoms such as tissue bulging, urinary issues, and pelvic pain. It also checks whether they are willing to go

for medical advice and their knowledge of pelvic floor strengthening exercises.

Validity and reliability:

The questionnaire was validated by a committee of 12 experts in different fields (Maternity and community health) to evaluate the contents of the questionnaire, and all comments and opinions of the experts were taken into consideration when reviewing and modifying, and the experts agreed that the questionnaire was appropriately arranged and designed. A pilot study was conducted to examine the reliability of the main factors measured by the researcher. In this regard, both the researcher and the reference measured the primary factors of the study. Statistical analyses were performed, confirming that there was no significant difference in outcomes between the measurements taken by the researcher and those by the reference. This non-significant difference demonstrated the reliability of the researcher's work.

Statistical analysis

Data from the present study were analyzed using frequency, percent, mean, and standard deviation as descriptive methods. For the analytical method, the Chi-square,

Fisher exact test, and t-test were used to compare the control and case groups. These analyses were done using SPSS version 26, an IBM program.

Ethical considerations

Ethical approval was obtained from the Ethical Committee of the General Directorate of Health in Duhok and Zakho Cities, and approvals were also obtained from the Administration of Gynecology and Obstetrics Hospital in Duhok and Zakho Cities, allowing the researcher to collect data in both hospitals.

RESULTS

1. Socio- Demographic characteristics of women

The majority of participants (49%) were aged between 30–39 years, with a majority in urban areas (76.2%). Most women were housewives (63.7%), indicating better access to health services and exposure to health-related information. Educational attainment varied, with (31.3%) completing university or postgraduate studies and (25.3%) illiterate. The average participant was overweight (48%), with obese (27%), as shown in Table 1.

Table 1: Socio-demographic characteristics of reproductive age women

Items of Socio-demographic characteristics	N	%	
Woman's age (years)	20-29	91	22.8
	30-39	196	49
	40-45	113	28.2
Mean: 34.88, (SD): 6.091			
Residency	Rural	49	12.3
	Suburban	46	11.5
	Urban	305	76.2
Occupation	Housewife	255	63.7
	Manual worker	29	7.2
	Non-manual worker	103	25.8
	High-rank occupations	10	2.5
Level of education	Student	3	0.8
	Illiterate	101	25.3
	Primary school graduate	88	22
	Secondary school graduate	86	21.4
BMI	University Graduate and postgraduate	125	31.3
	Underweight (BMI below 18.5)	2	0.5
	Healthy weight (BMI 18.5 to 24.9)	98	24.5
	Overweight (BMI 25 to 29.9)	192	48
	Obese (BMI 30 or more)	108	27
Mean: 27.663, (SD): 4.098			

2. Obstetric characteristics of women

The mean age at marriage was 20.98 years (SD: 3.973), with (52.8%) of women marrying between 12-20 years. The mean age at first childbirth was Mean: 22.40 years, (SD): 4.025, with most giving birth between 13-30 years. The majority (72.7%) had 2-4 children, and most deliveries were vaginal (55.5%), with (44.5%) having both caesarean section and vaginal birth. Most

births were in hospitals (95.7%). The study also found that (26.8%) had a family history of pelvic organ prolapse, and (20.5%) had been diagnosed of POP. Most source of information of POP came from relatives or friends (51.7%), with minimal information from mass media (3%), as shown in Table 2.

Table 2: Obstetric characteristics of reproductive age women

Items of Obstetric characteristics	N	%	
Age at marriage (years)	12-20	211	52.8
	21-29	180	45
	30-39	9	2.2
	Mean: 20.98, (SD): 3.973		
Age at first childbirth (years)	13-21	187	46.8
	22-30	201	50.2
	31-40	12	3
	Mean: 22.40, (SD): 4.025		
Number of parties	Two-Four	291	72.7
	≥ Five	109	27.3
Type of delivery	Vaginal labor	222	55.5
	C/S& Vaginal labor	178	44.5
Place of delivery	Home	17	4.3
	Hospital	383	95.7
Family history of pelvic organ prolapse	No	293	73.2
	Yes	107	26.8
Previous diagnosed with pelvic organ prolapse	No	318	79.5
	Yes	82	20.5
Heard about pelvic organ prolapse	No	99	24.8
	Social media	54	13.5
	Relatives or friends	207	51.7
	FCHV	28	7
	Mass media	12	3

3. Women's awareness levels regarding POP

Table 3 presents the distribution and comparison of awareness levels regarding POP between women diagnosed with POP (cases) and those without a diagnosis (controls). In the control group, (49.1%) demonstrated low awareness, (37.7%) moderate awareness, and only (13.2%) good awareness. Conversely, among the cases, (53.7%) showed good awareness, (42.7%) moderate awareness, and only

(3.7%) low awareness. The mean awareness score was 29.19 (SD: 9.036), and the difference between the two groups was statistically significant ($p \leq 0.001$), as shown in Table 3.

Table 3: Distribution of difference in the case and control awareness about organ prolapse in reproductive age women

Awareness about Pelvic Organ Prolapse	Have you been diagnosed with POP before		Mean (SD)	Sig. (2-tailed) t-test
	Control Freq (79.8%)	Case Freq (20.3%)		
Low	156(49.1)	3 (3.7)	29.19	≤ 0.001
Moderate	120(37.7)	35 (42.7)	(9.036)	
Good	42(13.2)	44 (53.7)		

* Independent Samples Test

4. Association between women's awareness with socio-demographic characteristics

Although differences in awareness levels were observed across various age groups, residency, education levels, and BMI categories, these associations were not statistically significant ($p \Rightarrow 0.05$). However, a significant relationship was

found between occupational status and awareness levels ($p = 0.037$), with (8.1%) of women in high-rank occupations and (27.9%) of non-manual workers demonstrating good awareness, compared to only (4.7%) of manual workers and (59.3%) of housewives, as shown in Table 4.

Table 4: Association of women's awareness toward pelvic organ prolapse with socio-demographic characteristics

Socio-demographic characteristics	Awareness about Pelvic Organ Prolapse			P-Value	
	Low	Moderate	Good		
Woman's age (years)	20-29	38(23.9)	37(23.9)	16(18.6)	0.167
	30-39	84(52.8)	75(48.4)	37(43)	
	40-45	37(23.3)	43(27.7)	33(38.4)	
Residency	Rural	26(16.4)	19(12.3)	4(4.7)	0.115
	Suburban	16(10.1)	18(11.6)	12(14)	
	Urban	117(73.6)	118(76.1)	70(81.4)	
Occupation	Housewife	108(67.9)	96(61.9)	51(59.3)	0.037
	Manual worker	14(8.8)	11(7.1)	4(4.7)	
	Non-manual worker	35(22)	44(28.4)	24(27.9)	
	High-rank occupations	1(0.6)	2(1.3)	7(8.1)	
	Student	1(0.6)	2(1.3)	0(0)	
Level of education	Illiterate	45(28.3)	32(20.6)	24(27.9)	0.152
	Primary school graduate	41(25.8)	36(23.2)	11(12.8)	
	Secondary school graduate	31(19.5)	36(23.2)	19(22.1)	
	University Graduate and postgraduate	42(26.4)	51(32.9)	32(37.2)	
BMI	Underweight	1(0.6)	0(0)	1(1.2)	0.097
	Healthy weight	38(23.9)	47(30.3)	13(15.1)	
	Overweight	80(50.3)	69(44.5)	43(50)	
	Obese	40(25.2)	39(25.2)	29(33.7)	

* Chi Square, ** Fisher Exact Test.

5. Association between women's awareness with obstetric characteristics

According the obstetric characteristics the variables such as age at marriage, age at first childbirth, type and place of delivery

did not show statistically significant associations with awareness levels ($p > 0.05$), a significant relationship was observed with the number of parities ($p = 0.014$), where women with five or more

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children had higher awareness levels. Notably, family history of POP, previous diagnosis of POP, and having heard of POP before were all strongly associated with higher awareness levels ($p \leq 0.001$).

Additionally, the source of information significantly influenced awareness, with most women reporting relatives or friends as their primary source, as shown in Table 5.

Table 5: Association of women's awareness toward pelvic organ prolapse with obstetric characteristics

Obstetric characteristics	Awareness about Pelvic Organ Prolapse			P-Value	
	Low	Moderate	Good awareness		
Age at marriage (years)	12-20	87(54.7)	74(47.7)	50(58.1)	0.430
	21-29	67(42.1)	78(50.3)	35(40.7)	
	30-39	5(3.1)	3(1.9)	1(1.2)	
Age at first child birth (years)	13-21	76(47.8)	65(41.9)	46(53.5)	0.297
	22-30	76(47.8)	86(55.5)	39(45.3)	
	31-40	7(4.4)	4(2.6)	1(1.2)	
Number of parities	Two-Four	123(77.4)	116(74.8)	52(60.5)	0.014
	≥ Five	36(22.6)	39(25.2)	34(39.5)	
Type of delivery	Vaginal labor	82(51.6)	94(60.6)	46(53.5)	0.247
	Cesarean Section & Vaginal labor	77(48.4)	61(39.4)	40(46.5)	
Place of delivery	Home	6(3.8)	6(3.9)	5(5.8)	0.719
	Hospital	153(96.2)	149(96.1)	81(94.2)	
Family history of POP	No	142 (89.3)	102 (65.8)	49 (57)	≤ 0.001
	Yes	17 (10.7)	53 (34.2)	37 (43)	
Previous diagnosed with POP	No	156 (98.1)	120 (77.4)	42 (48.8)	≤ 0.001
	Yes	3 (1.9)	35 (22.6)	44 (51.2)	
Heard about pelvic organ prolapse?	No	98 (61.6)	0 (0)	1 (1.2)	≤ 0.001
	Yes	61 (38.4)	155 (100)	85 (98.8)	
If yes, what is the source of information	No	98 (61.6)	0 (0)	1 (1.2)	≤ 0.001
	Social media	14 (8.8)	26 (16.8)	14 (16.3)	
	Relatives or friends	37 (23.3)	112 (72.3)	58 (67.4)	
	Family Community	3 (1.9)	12 (7.7)	13 (15.1)	
	Health Volunteer	7 (4.4)	5 (3.2)	0 (0)	
	Mass media				

*Chi Square, **Fisher Exact Test.

DISCUSSION

The majority were aged 30–39 years (mean age: 34.88), lived in urban areas (76.2%), and had moderate to high education levels. In contrast, the study by Merge’s conducted in two public hospitals located in the Illu Aba Bor Zone of Southwest Ethiopia, involved a broader age range with many participants from rural settings (69.7%) and a high illiteracy rate (65.1%). Despite better education in Duhok, (24.8%) of participants had never heard of POP, and (20.5%) had been diagnosed—suggesting underdiagnosis or lack of awareness.

Obesity and overweight were highly prevalent (75%), compared to just (6.4%) Merge’s study, indicating higher lifestyle-related risks in Duhok. Early marriage (52.8% married by age 20) and early childbirth remain common in both settings, which are recognized risk factors for POP. Additionally, Duhok had significantly higher rates of institutional deliveries (95.7%) compared to Merge’s finding of 30.4%, showing improved access to maternal health services⁽¹²⁾.

Regarding the awareness levels about POP in the present study, according the control

group the low awareness was found in (49.1%), moderate awareness in (37.7%), and good awareness in only (13.2%), while in the case group, good awareness was (53.7%). These percentages were lower than those reported in a study conducted at Chitwan Medical College by Subedi, where (65.5%) of women were classified as aware. However, the awareness among diagnosed women in our study was higher compared to the Chitwan study. This difference may be due to the fact that the Chitwan study was hospital-based, where women might have had more exposure to health education, while our study included women from the general community⁽¹³⁾.

The analysis showed no statistically significant association between awareness levels and age, residency, education, or BMI ($p > 0.05$). However, **occupation** was significantly associated with awareness ($p = 0.037$), with high-rank occupation women showing better awareness. This aligns with previous studies indicating that women in professional or educated roles have better access to health information⁽¹⁴⁾. Contrary to expectations, education level did not significantly influence awareness ($p = 0.152$), differing from studies that found higher education correlated with better POP knowledge⁽¹⁵⁾. This discrepancy may be due to cultural differences in health education or limited POP-related content in formal education.

A significant association was found between **parity** and awareness ($p = 0.014$), with women having **five or more children** showing lower awareness. This contrasts with studies suggesting that multiparous women are more aware due to increased exposure to maternal health services⁽¹⁶⁾. The lower awareness in high-parity women in this study may reflect limited postpartum counseling in certain settings.

Women with a family history of POP or prior diagnosis had significantly higher awareness ($p \leq 0.001$), consistent with findings that personal or familial

experience with POP increases knowledge⁽¹⁷⁾. This highlights the role of lived experiences in health awareness.

The primary sources of POP information were relatives/friends (72.3%) and social media (16.8%), with only a small proportion citing female community health volunteers (7.7-15.1%). This differs from studies in Nepal emphasizing FCHVs as key health educators⁽¹⁸⁾. Suggesting a need for stronger community-based health campaigns.

CONCLUSION

The results of this study align closely with existing literature on pelvic organ prolapse and offer valuable insight into the awareness and associated risk factors among reproductive-age women. The findings emphasize several socio-demographic and obstetric characteristics that significantly influence POP awareness. Notably, occupational status emerged as a key socio-demographic determinant, with women in non-manual and high-ranking positions showing greater awareness than housewives and manual laborers. Although age, education, and BMI did not show significant associations, the trend toward higher awareness among better-educated participants and urban residents suggests the influence of information accessibility.

In terms of obstetric factors, women with five or more children exhibited significantly better awareness, echoing the hypothesis that personal reproductive experience increases health literacy. A strong association was also observed between awareness levels and having a family history or previous diagnosis of POP, highlighting the role of personal and familial health history in shaping knowledge. Women who had heard about POP—especially those informed by relatives or friends—had notably higher awareness, while formal sources like mass media and health professionals were underutilized. This underscores the urgent

need for more structured health education and community-level interventions.

The overall low awareness among undiagnosed women points to a gap in early recognition and prevention, which may contribute to delayed diagnoses and worsening of the condition. These findings highlight the necessity for targeted awareness campaigns, especially for housewives and younger women, as well as the importance of integrating POP education into maternal health services. Future research could adopt longitudinal designs and include diverse populations across different regions to deepen understanding of cultural, environmental, and systemic factors affecting POP awareness and risk. Promoting effective educational strategies and increasing the involvement of healthcare providers in disseminating information could improve outcomes and reduce the burden of POP in the long term.

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پوخته

هشياربوون سهارهت نزمبوونا نهدامين حموزئ وگرئدانا وى ب تايهتهدنديهكانى ههبوونئ ل دهف نافرهتان ل پاريزگهها دهوكئ

پيشهكى و نارمانج: نزمبوونا نهدامين حموزئ دنئته هژمارتن و هك نساخيهك دژوار ل دهف نافرهتان كارتتكرنا خوه ههيه ل سهر نافرهتان پشئي دايكبوونئ و پشئي قهتعبوونا زفروكا ههيقانه(حموزئ)، نهف چهنده كارتتكرنئ دكهت ل سهر زئدهبوونا ههقال بجيكي و ههفكا ههقال بجيكي و رمخين مههيهلى(زئ) و ميزدانكئ و ريقيكا ريخهلوكئ ، نهف چهنده دببت نهگهر ژبو دياربوونا هندهك نيشانان و هك فشارا حموزئ و پقبوونا مههيهلى(زئ) و نهكنترولكرن ل سهر دهست ناڤا زراف، و تيچوونا نهركئ سيكسى، نهف قهكوليه ههول ددهت ژبو دهست نيشانكرنا خهسلهتئن كومهلايهتى و ديموگرافى و بوونئ ل دهف نافرهتان، و پيشكيشكرنا ناستئن هشياربوونا وان سهارهت نزمبوونا نهدامين حموزئ و دهست نيشانكرنا پهيوهنديئ دناڤهرا فان خهسلهتان و هشياربوونا نافرهتان.

ريكنن قهكولينئ: توئزينهك زانستى و هسفى بربرمى هات نهدامدان ل سهر (400) نافرهتان ماوئ ههيقا (نهيلولئ) تا (كانينا نيكي) سالا 2024 پرسنامهك ريخستى هاته دابهشكرن ل سهر ههمى داتايئن گريدايئ ب خهسلهتئ كومهلايهتى و ديموگرافى و ههبوونئ، زئدهبارئ هشياربوونا نافرهتئ سهارهت نزمبوونا نهدامين حموزئ.

نهنجام: ژ ههمى بهشداربوويان ريژا (20.5%) ژ وان هاتته دهستنيشانكرن توشى نزمبوونا يان وهرگيرانا نهدامين حموزئ ، توئزينئ ناشكرا كر ريژا (26.8%) ژ وان دزفريت بو ميژووا خيزانى كو توشى قئ حالهتى بووين، ب تنئ ريژا (13.2%) ژ نافرهتان نهوين توشى نزمبوون يان وهرگيرانا نهدامين حموزئ نهبووين، نهوان هشياؤبوونهك باش ههنه، بهراورد دگهل ريژا (53.7%) نهوين حالهتئن وان هاتينه دهستنيشانكرن، رولئ نهمرازين پهيوهنديين كومهلايهتى و نامرازين راگههاندنئ لاوازبوو، هشياربوونئ پهيوهنديهك موكم ههبوو ب دهستنيشانكرنا بهرن، دگهل قئ چهنديئ چ گريدانهك نهبوودگهل تهمنئ يان فيربوونئ و ميژووا خيزانى وژمارا دايكبوويان وپيشه يان جهئ دايك بوونئ.

دهر نهنجام: زوربهئ نافرهتان و تايهت نهوين نههاتينه دهست نيشانكرن بهرى هينگئ ناستئ هشياربوونئ ل دهف وان لاوازبوو سهارهت نزمبوونا يان وهرگيرانا نهدامين حموزئ، سهرهراي قئ چهنديئ هندهكان پتر زاروك ههبوون، يان بهرى هينگئ هاتين دهست نيشانكرن يان ميژووا خيزانى ژ بهر نزمبوونا نهدامين حموزئ، پتر هشياربوون ههبوون، رهوشهنيبريا ساخلهسى و بزاقئن راگههاندنئ دنئته هژمارتن فاكتسر مكي گرننگ يئ پيتهبيدائئ ژبو باشتكرنا هشياربوونئ.

الخلاصة

الوعي بتهدل أعضاء الحوض وارتباطه بالخصائص الإنجابية للنساء في محافظة دهوك

الخلفية والأهداف: يعد هبوط أعضاء الحوض حالة نسائية خطيرة تصيب النساء بعد الولادة وانقطاع الطمث، مسببة انفتاق الرحم وعنق الرحم وجدار المهبل والمثانة والمستقيم، مما يسبب أعراضاً مثل ضغط الحوض، وانتفاخ المهبل، وسلس البول، والضعف الجنسي. تهدف الدراسة إلى تحديد الخصائص الاجتماعية والديموغرافية والإنجابية للنساء، وتقييم مستوى وعيهن بهبوط أعضاء الحوض، وتحديد العلاقة بين هذه الخصائص ووعيهن.

طرق البحث: أجريت دراسة وصفية مقطعية بين 400 امرأة خلال الفترة من سبتمبر إلى ديسمبر 2024. وتم استخدام استبيان منظم لجمع البيانات المتعلقة بالخصائص الاجتماعية والديموغرافية والتوليدية، إلى جانب وعي المرأة بهبوط أعضاء الحوض.

النتائج: من بين جميع المشاركات، شخصت حالة تدلي أعضاء الحوض لدى (20.5%)، وأفادت (26.8%) بوجود تاريخ عائلي لهذه الحالة. فقط (13.2%) من النساء غير المشخصات بهبوط أعضاء الحوض لديهن وعي جيد، مقارنة بـ(53.7%) من اللواتي شخصت حالتهن. جاء معظم الوعي من الأقارب أو الأصدقاء، بينما كان دور وسائل التواصل الاجتماعي ووسائل الإعلام محدوداً. ارتبط الوعي ارتباطاً وثيقاً بالتشخيص السابق، والتاريخ العائلي، وعدد الولادات، والمهنة. ومع ذلك، لم يعثر على أي ارتباط يذكر مع العمر، أو التعليم، أو مكان الولادة.

الاستنتاجات: لدى غالبية النساء، وخاصة من لم يشخصن سابقاً، وعي منخفض بشأن هبوط أعضاء الحوض. مع ذلك، فإن من لديهن أطفال أكثر، أو تشخيصات سابقة، أو تاريخ عائلي لهبوط أعضاء الحوض، لديهن وعي أعلى. يعد التثقيف الصحي والجهود الإعلامية أمراً بالغ الأهمية لتحسين الوعي.