



**COLLEGE OF HEALTH SCIENCES**

**SCHOOL OF NURSING AND MIDWIFERY**

**DEPARTMENT OF MIDWIFERY**

**POSTGRADUATE PROGRAM**

**EXPERIENCE OF WOMEN WITH UTERO VAGINAL  
PROLAPSE IN SELECTED PUBLIC HOSPITALS, ADDIS  
ABABA, ETHIOPIA, 2024: AQUALITATIVE STUDY**

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## STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this is entirely that this thesis is my original work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis, and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis. This thesis has been accepted as a partial fulfillment of the requirement for graduate degree from the Addis Ababa University, College of Health Sciences, School of nursing and midwifery, Department Midwifery. It has never been presented and submitted in a whole or in part, in this or any other university for the award of degree, diploma or other qualification certificates.

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## **LIST OF ABBREVIATION AND ACRONYM**

AAU: Addis Ababa University

EDHS; Ethiopian Demographic Health Survey

GYN; Gynecology

LMIC; low-middle income country

OPD; Outpatient department

POP; Pelvic organ prolapse

UTI; Urinary tract infection

UVP; Uterovaginal prolapse

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## ABSTRACT

**Background;** Globally, 2-20% of women are affected by Utero-vaginal prolapse (UVP). It is a major women's health concern throughout the world. It can lead to obstacles in daily life and work and harm women physically, psychologically, and socially. To date, the majority of research on UVP has been quantitative, primarily concentrating on prevalence studies and placing less emphasis on the experiences of women who live with this condition.

**Objectives:** To explore the lived experience of women with Utero-vaginal Prolapse at selected public hospital, Addis Ababa, Ethiopia, 2024

**Methods:** This study was conducted by descriptive phenomenological research design. A total of 12 Women who were diagnosed with any degree of UVP except first stage in the gynecology ward and OPD during the study period were selected using purposive sampling. Semi-structured interview guides through in-depth interviews were used to collect data. Data was collected in Amharic using an audio record, transcribed verbatim, translated into English, and at the end imported to ATLAS. ti software for coding. The deductive method was used in the analysis.

**Result;** the finding of this study revealed that women with UVP face challenges every day that affect their quality of life. The finding include three main themes; conceptualizing the condition, social and psychological aspects of UVP and associated subthemes are ;lack of knowledge, cause of prolapse, relationship with partner and social interaction, societal attitude toward UVP, social support, afraid disclosure, emotional burden and resilience are the subtheme in this finding.

**Conclusion and recommendation;** the experience of women with UVP is complex and multifaceted, impacting various aspects of lives. In order to address this issue and to prevent the consequence it is important to acknowledge the problem and create awareness among public and HCPs.

# 1. INTRODUCTION

## 1.1. Background

Uterovaginal prolapse (UVP) is a type of pelvic organ prolapse that occurs when the uterus and a portion of the upper vagina protrude into the vaginal canal and, in severe cases, through the opening of the vagina(1). It results from defects in the uterosacral ligaments, cardinal ligament complex, and urogenital membrane connective tissue, which supports the uterus and vagina(2).

According to reports, 2-20% of women are affected by UVP worldwide(3). The incidence of UVP is 14.2% in the United States, 8.5% in France, and 27% in Turkey(4,5). It is estimated to be greater than 20% (range 3.4-56.4%) in low- and middle-income countries (LMICs). In Ethiopia, the prevalence of UVP is 18.55% of all major gynecological operations(6).

A number of factors contribute to the development of UVP, including obstetrics-related factors such as mismanagement during delivery, injuries during childbirth, multiple pregnancies, delivery of macrosomic fetuses, and other factors such as aging-related loss of muscle tone, obesity, chronic coughing, and chronic constipation (7,8). UVP is classified into four phases by the Pelvic Organ Prolapse Quantification System: The first stage is when there is no prolapse; the second is when there is most distal prolapse between the hymen and 1 cm above; the third stage is when there is most distal prolapse below the hymen but 2 cm shorter than the total vaginal length; and the fourth stage is when there is complete version(9).

UVP presents with symptoms of pelvic pressure or heaviness, feeling or seeing a bulge in the vaginal region that is related to vaginal pressure, increased frequency or urgency of urination, urinary incontinence, the perception of incomplete bladder emptying, difficulty with bowel symptoms, sexual dysfunction, backache and vaginal bleeding or discharge(10,11).

It has a variety of challenges that can significantly impact the physical, emotional, and social well-being of women living with it (12,13). These challenges can vary depending on the severity of the prolapse and individual circumstances. Women are typically reluctant to seek therapy for

these issues because of factors such as cultural stigma, personal silence, misconception, and potential embarrassment(14–16).

The importance of social support in enhancing the quality of life for women affected by UVP cannot be emphasized, even while medical interventions such as surgery and pelvic floor exercises are necessary for its management (17).

Social support refers to the assistance, encouragement, understanding, and comfort that individuals receive from their social networks, including family, friends, colleagues, and healthcare providers(18). There are three types of social support which are emotional, technical, and information. Emotional support is showing compassion, empathy, and understanding which helps to provide people a sense of comfort. Instrumental support entails providing tangible assistance such as money assistance, transportation, and help with everyday duties. Informational support entails providing them with information, direction, or advice pertinent to their situation so they are able to make informed decisions(19–22). Every kind of social support is viewed as integral to health promotion as it assists in satisfying an individual's physical and emotional needs, as well as buffering the effects of stressful events on the quality of life(17).

## **1.2. Statement of the problem**

The World Health Organization (WHO) estimates that 33% of all diseases that affect women worldwide are related to reproductive health issues (23). Uterine prolapse is one of the most common causes of morbidity in reproductive health, particularly for adults and elderly women in developing countries(24).

Physical symptoms of UVP disrupt daily life that include difficulties in walking or standing up for long periods, lifting heavy objects, and the ability to perform job duties effectively (25,26). The changes in the pelvic area and pain during sexual activity affect the sexual function of women and decrease libido for both of the partners. Problems related to sexual health can strain intimate relationships and affect overall sexual and emotional intimacy. It can also be difficult to discuss problems with partners and the absence of open communication and support from a partner results in misunderstanding, and emotional distance and even leads to divorce(27,28).

Visible protrusion of the organ and the appearance in the vaginal area affect women's self-esteem and body image and that leads to feelings of embarrassment, guilt, and self-consciousness(29). Furthermore, due to the discomfort and social taboos associated it can also affect social interactions. Women may isolate themselves from social engagements they once enjoyed(30). Social isolation can worsen feelings of loneliness, depression, anxiety, and negatively impact mental health and well-being (31,32).

Social support is a critical need to manage many difficulties that occur due the disease. It emphasizes the significance of engaging in self-care, offers helpful support, eases access to healthcare resources, aids in making well-informed decisions regarding available treatments, and helps to remove social stigmas related by fostering an atmosphere of acceptance and compassion (19,20,33). Emotional burdens increase in the absence of social support, which may lead to increased anxiety, depression, and decreased feelings of well-being (34).

Socioeconomic factors, cultural and societal norms, high birth rates, inadequate infrastructure, and a lack of comprehensive sexual and reproductive health education are all predicted to contribute to the worsening of the burden of UVP in developing countries (35). Ethiopia is one of the developing nations with a high prevalence of UVP and where discussions concerning

reproductive health issues especially those related to the pelvic floor disorder. Because of social norms and existing cultures, many women with UVP hid their issues and refused treatment, which might result in complications (36–39).

In Ethiopia, there is not much literature on the experience of women with UVP up to date (37-39). Most studies are quantitative and mostly focus on prevalence rates and also there is methodological gap in this area .Therefore this is an area of interest to study since conducting this qualitative research can help understand the problem and support needs from the perspective of women, which is highly helpful in identifying the gaps and planning and implementing interventions based on the needs of women.

### **1.3. Significance of the study**

Exploring the experience of women with UVP will contribute to gaining insight into the psychological and social impacts of the condition. Doing this qualitative research will contribute to a more comprehensive understanding of these challenges women face and getting information in this area will help shape more informed and empathic practices. This also helps to break down barriers by fostering open discussions and raising awareness about the condition which will decrease the embracement and shame women face.

Findings of this study may guide future researchers by providing extra information on the experiences of women with UVP.

## **2. LITERATURE REVIEW**

This literature review is conducted and structured to provide a comprehensive analysis of the experience of women with UVP. The review begins by discussing the prevalence of UVP and subsequently, the literature is organized according to the psychosocial model which includes experience of women in terms of social and psychological aspects. It is to determine whether there is a gap in the literature and what knowledge is lacking by reviewing and examining the pertinent available evidence.

### **2.1 Epidemiology of uterovaginal prolapse**

A study done in South Indian women in 2017 G.C. reported that the prevalence of uterovaginal prolapse is 1.6%. Nearly 21% of the study population was above 50yrs. 10% presented with prolapse in the age group below 35 years. The mean age of the patients in the study was 49 years. Only 2% of the patients were nulliparous and 94% of women were multiparous. Twenty-nine (60.5 %) of women with prolapse were post-menopausal, Stage of prolapse reported as; Stage I 4.2%, Stage II 4.2% and Stage III 8.5%, Stage IV 80.8% (40).

In Nepal a community-based descriptive cross-sectional study was conducted in 2018 G.C. Among the 153 married women, the Prevalence of uterine prolapse was 13.7%. Nearly half (48.4%) of the respondents were over 35 years and fifteen (9.8%) of respondents lie below 25 years of age. The mean age of the respondents was 35.38 years; almost all were married before the age of 20 years. Illiterates and low-family-income women were the most affected (41).

According to another study conducted in southeast Nigeria, the prevalence of uterovaginal prolapse accounts for 3.9% (42). Research conducted in 2019 G.C. in Gonder by using a retrospective study the prevalence of uterine prolapse was 22.3%, while another study conducted at Addis Ababa city's governmental hospitals found that the prevalence of uterovaginal prolapse accounted for 12.8% of cases (24,43)

### **2.2. Conceptualizing the condition**

According to a study done in Saudi Arabia on an exploration of the perspectives of Saudi women living with pelvic organ prolapse findings showed that women generally did not know prolapse

before their experience. Various causes, including pregnancy and childbirth, housework, aging, early marriage, and family history, have been listed by women as contributing to their prolapsed (44). Also, A study conducted in Rhode Island similarly revealed that there was a lack of awareness concerning the disease (45).

In a study conducted in Nepal and Ethiopia, the majority of the interviewees stated that physical strain on their bodies from labor, childbirth, and starvation was the reason behind their prolapse (46,47). On the other hand, a study conducted in India found that prolapse is not commonly caused by physical strain(48). The difference may be attributed to the fact that labor work is less common in these high-income nations.

## **2.3. Psychosocial impact of UVP**

### **2.3.1 Social Impact of UVP**

#### **2.3.1.1 Relationship with partner and social interaction**

UVP causes sexual dysfunction like decreased libido, pain during sexual activity, and trouble reaching an orgasm. These problems might make both partners feel less satisfied sexually and exacerbate feelings of annoyance and discomfort (11,48–50). According to a study conducted in the Netherlands on women with pelvic floor dysfunction, women expressed that due to disturbed sensation, it was discovered that they did not have a satisfactory overall sex experience. They have concerns that having sex would worsen their insecurities and difficulties with penetration. They also complained of having trouble getting an orgasm because of diminished feeling (51).

The study in Iran investigated the sexual experiences of POP women. It was discovered that prolapse did cause sexual discomfort in some of the women and the reactions of women's husbands to prolapse and how it affected their ability to function sexually varied, ranging from support to indifference. This study concluded that women were more disturbed by the sexual implications of prolapse than were their spouses (28).

According to a study done in Uttarakhand, India, and Uganda women frequently stated that they avoided interactions that would increase their discomfort: In terms of relationships and social roles, women stated that UVP had a detrimental effect on their ability to connect with others and they described that the physical symptoms associated with the prolapse make them embarrassed

to engage with activities they have stopped to participate in social activities due to the discomfort (48,50).

### **2.3.1.2 House Work and Professional life**

Women have difficulty managing household chores that require physical exertion and taking care of their children (37,52,53). A study conducted in Italy and Nepal revealed that participants experienced notable limitations in performing household activities such as lifting heavy objects, bending, and prolonged standing. These limitations were attributed to pelvic discomfort, pain, and fear of exacerbating prolapse symptoms. Due to discomfort or being mentally preoccupied with their symptoms, they said that they are unable to care for their children. They reported being unable to or worried about lifting or carrying their children and doing their role in the family (26,54).

In a study done in Sweden, women reported that physical symptoms such as pressure, heaviness, fullness, and a feeling that something was falling out of the vagina severely interfered with their daily lives. Results showed that a significant number of POP women stated pelvic discomfort and related symptoms as a cause of absenteeism, decreased productivity, and difficulty carrying out work-related duties (16).

### **2.3.1.3 Social Attitude towards UVP**

Women are unable to discuss reproductive health issues because of a culture of shame and silence. There is a negative perception of UVP in society and it is one of the perceived barriers to seeking medical attention early. As a result, they choose to keep quiet and hide from their families and communities out of fear of being condemned (34,49,55). Similarly, according to a study done in Spain on Exploration of the Perceptions of Women Living with Pelvic Floor Disorders and Factors Related to Quality of Life women reported that the social stigma associated with incontinence challenges their self-image and societal roles, leading to feelings of humiliation and a profound loss of dignity. This embarrassment is not only a source of emotional distress but also a barrier to seeking help and discussing their condition openly (49).

According to a study done in Ethiopia on life after pelvic organ prolapse, some participants reported that hat they had been suffering from prolapse before surgery because it was thought to be highly shameful and that revealing the condition could have serious consequences. However,

some women also stated that, despite their fear of rejection or discrimination from those close to them, over half had chosen to disclose to mothers, sisters, or children (56).

#### **2.3.1.4 Social support**

In a study done in Saudi Arabia some women were given informational support while discussing treatment options, several women received informational support from family members who shared the same experience with them and encouraged them to get help from professionals. Other women said that they received emotional support because their family was aware of their physical state and relieved them from household chores and marital duties. Some women received more tangible support they said that when it was difficult to schedule their appointments through a mobile phone application, their children frequently made the appointments for them, giving some women more direct assistance when they were brought to hospitals for treatment (44).

Half of the women with pelvic organ prolapse did not receive any support from their husbands, and several divorced as a result of disclosing their condition, according to a Ugandan study on treatment-seeking behavior and social status of these women (23). Similarly, research conducted in Nepal revealed that some women had been subjected to abuse and humiliation by their husbands and other family members(23). Similarly research conducted in Nepal revealed that some women had been subjected to abuse and humiliation by their husbands and other family members (41).

### **2.3.2. Psychological impact of UVP**

#### **2.3.2.1 Emotional burden**

Women frequently experience severe emotional discomfort, such as shock, sadness, depression, and worry. People may experience insecurities or feelings of lack of attractiveness (15, 57–59). This is supported by a study conducted in the United States women claimed that the consequences had mentally damaged them, and it was frequently believed that psychological effects outweighed the physical effects. Some expressed anger that they were the targets of this and sadness over their lack of knowledge about what was going on. Some reported experiencing more intense feelings of sadness, anxiety, and depression. Anxiety was frequently linked to a sense of uncertainty that "something is wrong"(53). In contrast to this, in a study done in Spain,

women reported having little to no feelings associated with prolapse. They said that Their experiences were mostly on the physical symptoms (30).

The study conducted in Ethiopia explored the experience of women aged between 24-70 years with grade two prolapse or more. According to their reports, they were filled with irritation, despair, and a sense of being inadequate mothers because they had to give up certain activities and were worried about the situation getting worse (47).

### **2.3.2.2 Distorted body image**

In a study conducted in Sweden women reported that sPOP negatively affected women's body image and they saw no beauty in themselves. Living with sPOP was seen as having "an old lady's disease", and feelings of disgust and embarrassment with themselves were highlighted in the thread. Comparing themselves before and after birth nurtured a negative attitude and an overt dissatisfaction towards their vagina and difficulties accepting the new appearance of their genitalia, as one woman expressed: often expressed and at the same time women experienced feelings of hopelessness at being far too young to be living with a nonfunctional body (60). In contrast to this, a study conducted in Brazil on the Assessment of Body Image, Sexual Function, and Attractiveness in Women With Genital Prolapse the finding described that the anatomic features of the prolapse do not seem to interfere with their genital body image or with sexual function (8).

According to a study conducted in Uganda Women reported being self-conscious, different, and disgusting, and reported that they tended to isolate themselves from social interactions. Women expressed that they felt less feminine, less desirable, and less attractive which made them avoid intimacy (50).

### **2.3.2.3 Resilience**

A study done in northern Sweden explored the adaptation of women with utero vaginal prolapse using qualitative methods. The participants discussed various coping mechanisms for prolapse symptoms. The participants successively adjusted, consciously or unconsciously, to alleviate the worsening symptoms. A few participants decided to "keep the lump in place" by wearing tight underwear. They said that heavy lifting exacerbated their prolapse symptoms, so they asked family members to assist with heavy lifting and other tasks like grocery shopping. Instead of

walking or jogging, they switched to less straining forms of physical activity like cycling. Certain informants chose different positions during sexual activity to make the act more ease (61).

According to a study done in Iran on the experience of women with pelvic floor disorder despite the difficulties of having PFD, the women showed great self-management techniques to accept and tolerate the condition. These included attempting to control negative emotions, hiding the disease, trying to change their lifestyle, and trying to adopt sexual conflicts. The results show that women attempt to hide their illness by limiting their social engagements and activities and making intentional disclosure decisions based on their preferences (28).

The study conducted in Ethiopia explored women's use to manage the condition. Several practical strategies for managing their condition were employed they rested in between activities, pushed their uterus in when urinating, rubbed with oil, and pushed themselves to sit on folded clothes to reduce pain and moisten. Delegating work-related tasks to children or occasionally coming up with reasons not to complete specific tasks were other useful strategies (47).

### **2.3. Theoretical framework for lived experience of UVP**

UVP is complex and multifaceted, impacting various aspects of lives. The psychosocial model is a comprehensive approach that considers the challenges women with UVP face every day. It was first conceptualized by George Engel in 1977. It takes a systematic approach to understanding health, illness, and the provision of healthcare by taking into account psychological and social factors along with their complex interactions (62).

Louise et al. used the model to study the biopsychosocial profile of women with pelvic organ prolapsed (63). This model is used in this study to explore the experience of women with UVP. The social aspect of UVP will be explored in this study in terms of relationship with partner and social interaction, housework and professional life, social attitudes toward UVP, and social support. Psychological aspects will be explored in this study including emotional burden, distorted body image, and resilience.

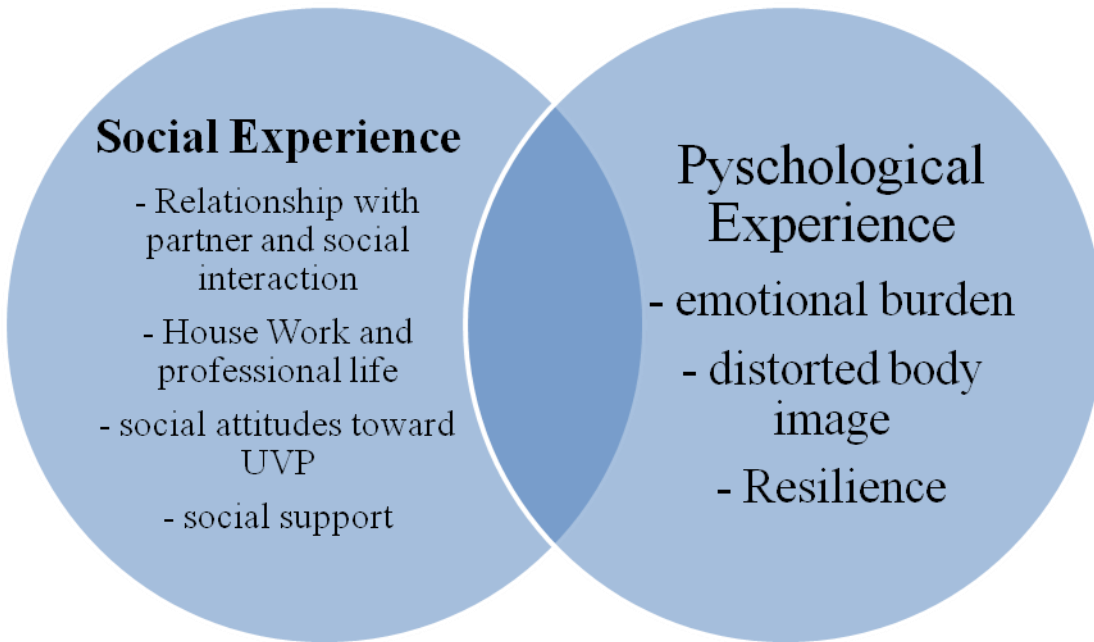


Figure 1; psychosocial model for experience of women with UVP in Addis Ababa, Ethiopia, 2024 (63).

### **3. OBJECTIVES**

#### **3.1. General objectives**

- ✓ To explore the experience of women with utero-vaginal prolapse at selected public hospitals, Addis Ababa, Ethiopia, 2024

#### **3.2. Specific objectives**

- ✓ To explore the challenges women with utero vaginal prolapse face in daily life at selected public hospital, Addis Ababa, Ethiopia, 2024
- ✓ To examine the supportive care they get to adapt with the condition at selected public hospital, Addis Ababa, Ethiopia, 2024

## **4. METHEDODOLOGY**

### **4.1. Study setting and period**

#### **4.1.1. Study setting**

The study was conducted in Addis Ababa which is the capital city of Ethiopia. The city has 11 sub-cities and 126 Woredas. There are more than 52 hospitals, 12 of them are public and more than 40 are private. The study was conducted in **Gandhi Memorial Hospital** (the hospital has 21 beds in gynecology ward and 30 admissions on average per month), **St Paul's Hospital Millennium Medical College** (the hospital has 32 beds in gynecology ward and 95 admissions on average per month), and **Tikur Anbessa specialized hospital** (the hospital has 34 beds in gynecology ward and 80 admissions on average per month), which was selected purposively due to the high flow of UVP cases.

#### **4.1.2. Study period**

The data collection period was from February 24 up to March 28, 2024.

### **4.2. Study design**

A qualitative phenomenological research design was used to conduct the study.

### **4.3. Study population**

All women who were diagnosed with UVP at selected public hospitals during the data collection period.

### **4.4. Study participants**

Women who met the inclusion criteria and were diagnosed with UVP at the selected public hospital during the data collection period were included.

## **4.5. Eligibility criteria**

### **4.5.1. Inclusion criteria**

Women with UVP who fulfill the following criteria were included;

- Age >18 year
- diagnosed with any degree of uterovaginal prolapse except 1<sup>st</sup> stage in the gynecology ward and OPD during the study period

### **4.5.2. Exclusion criteria**

- Women with known mental problems were excluded from the study

## **4.6. Sampling Methods and sample size**

The study used purposive sampling to recruit participants .12 participants were selected by Age, residence area, and degree of prolapse from Gandhi Memorial Hospital, St Paul's, and Tikur Anbessa specialized hospital. Data was collected by face to face interview until data saturation at which the data collection process no longer offers any new or relevant data.

## **4.7. Data collection tools and procedures**

The data was collected through in-depth face-to-face interviews using semi-structured questionnaires, with the aim of allowing participants to express themselves freely (64). The data was collected by the principal investigator and with help of one research assistant. The interview was done in Amharic in a quiet and private place without interruptions. with the participants' consent, the audio tape recording was used to document and record the conversation during the interview. Based on the semi-structured interview guide, women were asked open-ended questions and the interview lasted approximately 40 minutes. The questions were first developed in the English language and then translated into the Amharic language by the principal investigator. In order to determine whether the Amharic translation complies with the original text, the questions were translated back into English before the data collection. In order to get a

deeper knowledge of the participants' opinions we provided more explanation and also posed probe questions to them during the interviews.

#### **4.8. Trustworthiness**

The criteria of credibility, transferability, dependability, and conformability were taken to assess the reliability and accuracy of the data.

##### **4.8.1 Credibility (Truth Value)**

The investigator employed several strategies in order to establish the study's credibility. The first strategy involves using peer debriefing, wherein the researcher receives feedback from colleagues or staff members. This feedback aids in the development of the conclusion. The second strategy was using an audio recorder during the interview.

##### **4.8.2 Transferability (Applicability)**

The investigator gave a detailed description of the study setting, methods, participants, and final report in order to guarantee transferability. The alternative approach was purposive sampling, which enabled the researcher to concentrate on a particular group of participants who were especially able to provide rich information about the topics being studied and to optimize the variety of in-depth results derived from purposefully selected participants.

##### **4.8.3 Dependability (Consistency)**

Various methods were employed to ensure dependability. The first was to request an explanation for any modifications made. The second involves keeping the verbatim transcription, notes made during the interview, and audio recordings of the participants' interviews in order to cross-check the procedure and maintain consistency in the interpretations.

##### **4.8.4 Conformability (Neutrality)**

Through careful examination of interview transcripts, code comparisons with raw data, and several confirmations of the results with participant opinions, the investigators' own opinions won't influence the research data.

#### **4.9. Method of data analysis**

The researcher used systematic approach to analysis the data. Descriptive statistics was used to summarize the socio-demographic characteristics of participants. Analysis began once the first interview was conducted and emerging ideas and new questions were added in the subsequent interviews throughout the data collection process. The audio recordings were transcribed verbatim in the language of the interview i.e. Amharic. Transcribed verbatim was translated into English and imported to ATLAS. ti software, to aid the coding process and data was coded line by line. The coding framework was updated continuously by developing a code book to ensure coding consistency.

During the presentation of study findings, quotations of the participants' expressions were used. In presenting findings participants were identified with a code assigned to their interview and quotations as participant - PAR and number from 1-12 according to the number of recording, in order of 1 indicates participant 1.

#### **4.10 Ethical Consideration**

Ethical clearance was obtained from Addis Ababa University, College of Health Sciences, school of Nursing and Midwifery and submitted to Addis Ababa Health Bureau, St Paul's Hospital Millennium Medical College, and Tikur Anbessa Specialized Hospital. A cooperation letter was written to the selected public hospitals.

The researcher makes sure that participants understand the information before they sign the consent form. Then Consent papers granting permission were given to the study participants to sign. The participants were guaranteed that all of the information they provided was treated in strict confidence and used only for the purpose of the study.

#### **4.11 Dissemination of the result**

The findings of this study will be submitted to Addis Ababa University, College of Health Science and Medicine, Department of Nursing and Midwifery Postgraduate Programs. After the document has been updated with all the feedback, it will be distributed and reported to the hospitals where the data was collected. Finally, the findings will be sent to peer-reviewed and

reputable journals to both national and international research publishing institutions for publication.

## 5. RESULT

### 5.1 Participant demographics

Semi structured interviews were conducted with 12 women's diagnosed with UVP. All participant women aged from 40 – 75 years.

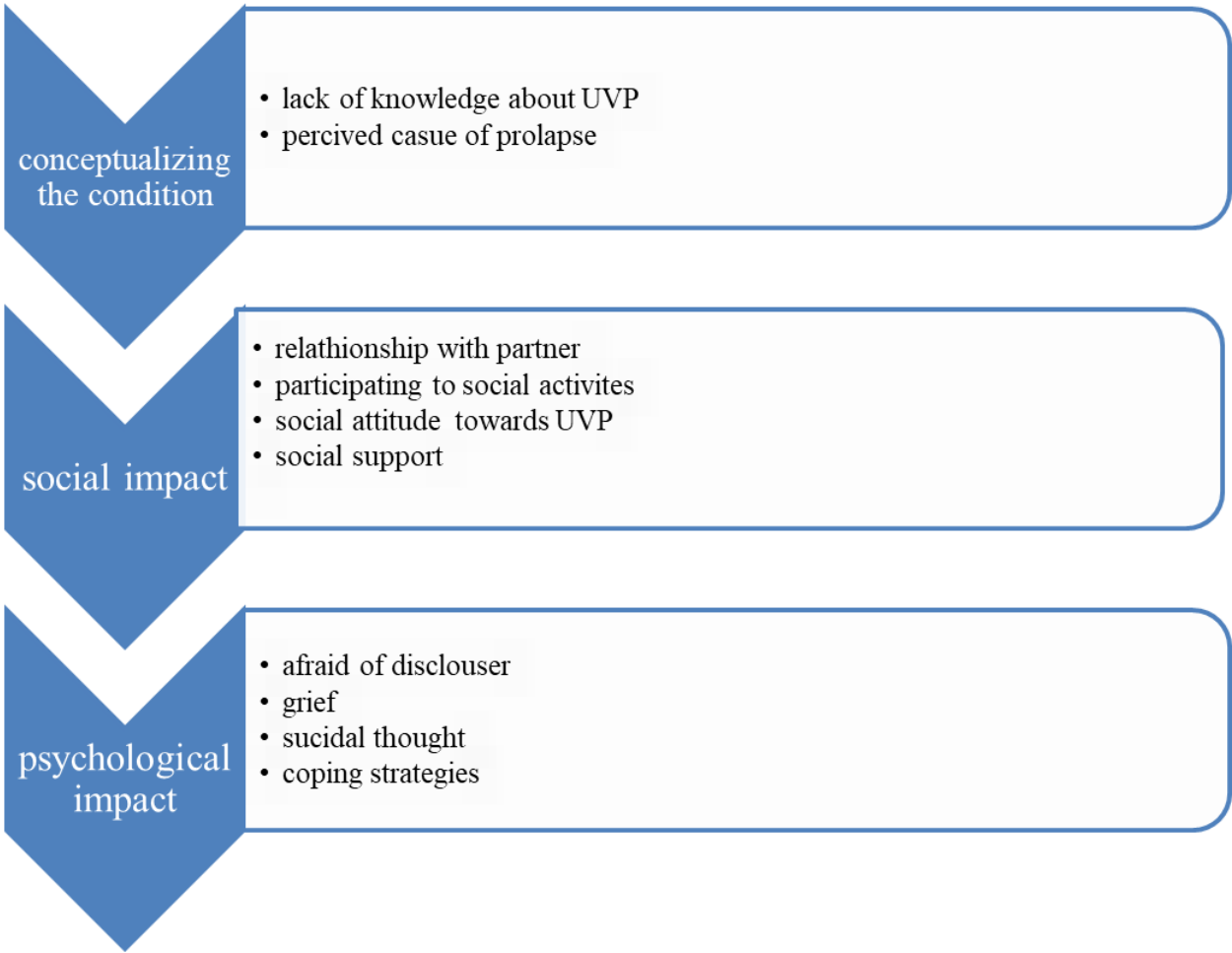
**Table 1 Background information of participants on women who live with utero vaginal prolapse at selected public hospitals in Addis Ababa, Ethiopia, 2024**

Pa. No.	Age (years)	Marital status	Educational status	Occupational status	Number of children	Residency area	Stage of prolapse
1	55	Widowed	Illiterate	Housewife	4	Gurage	3
2	68	Married	Secondary	Merchant	10	Gurage	4
3	40	Widowed	Primary	Merchant	3	Woliso	2
4	65	Married	Illiterate	Retirement	4	Addis Ababa	4
5	60	Widowed	Primary	Housewife	8	Agena	3
6	61	Divorced	Illiterate	Self employed	4	Addis Ababa	4
7	61	Widowed	Illiterate	Cultivation	6	Selale	3
8	83	Married	Primary	Making injera	8	Addis Ababa	3
9	65	Married	Primary	House wife	8	Addis Ababa	3
10	75	Married	Secondary	House wife	9	Addis	4

						Ababa	
11	60	Married	Illiterate	Merchant	6	Hosana	3
12	45	Married	Illiterate	housewife	9	Agena	4

### 5.2 Emerged Themes

Following the analysis of the data from the in-depth interviews, three main themes that are in line with the objectives of the research emerged: conceptualizing the condition, social impact, and psychological challenge. The topics have been identified to provide in-depth descriptions of the experience of women with UVP.



## **Figure 2 Schematic presentation of emerged themes and subthemes of experience of women with UVP in Addis Ababa, Ethiopia**

### **Theme 1 conceptualizing the condition**

#### **Sub-theme 1; Perceived Causes of prolapse**

Most of the women said a potential factor that caused them to have prolapse is the difficulty of labor, giving birth at home, multiple pregnancies, and childbirth;

*“...When I give birth during labor I had difficulty then this happens to me.”( PAR4, Age 65)*

*“...I think this happened to me when I gave birth at home.”( PAR 3, Age 40)*

*“Eeee.. The doctor told me that this thing happens only when you give many births and when you do labor works. I believe that because I do labor work and I give birth to many children “(PAR 8, Age 83).*

Weight loss, doing labor work, and lifting heavy things have also been described by women in this study as another potential cause of prolapse;

*“When I live in rural I used to carry teff and in here I carry water from a distant place I think this happens because of that. They told me that one of the causes is lifting heavy things” (PAR 2, Age 68).*

*“...It gets worse Within these 3 years because I kept losing weight and also I have cough and pneumonia and that aggravate it”( PAR 6, Age 61)*

*“...Because of the dryness of the stool when I strain it pushes my uterus down.”(PAR 4, Age 65)*

#### **Sub-theme 2 Lack of Knowledge about UVP**

Most women expressed their reaction as Panicked, shocked, and frightened the first time they noticed that they had uterine prolapse. Most of the women did not know or heard about uterine prolapse before and they were amazed by what happened to them.

*“I did not know like this thing before and I have not talked to anyone.”(PAR 3, Age 40)*

*“Went to urinate I saw that my uterus had protruded, I was panicked when I first saw it. I asked myself that what is, what I am going to say to people I was afraid at that time and I did not tell to anyone.”(PAR 9, Age 65)*

## **Theme 2: Social challenges**

Three sub-themes have been identified under this main theme. These are relationships with partners, participating in social activities, and Social attitudes toward uterovaginal prolapse.

### **Sub-theme 1: Relationship with partner**

Participants reported that UVP affected their relationship with their partner because they experienced pain during intercourse which leads to decreased sexual desire. They also reported avoiding sexual activity due to fear of pain and because of the appearance of the genitalia area.

*“...There is pain... I have pain during sexual intercourse”. (PAR 8, Age 83)*

*“...After this, I lost my sexual desire . I did not want to have sex and when he asked me, I distracted him with something. You know women are capable of everything.”(PAR 2, Age 68)*

*“...Eee...I did not want to have sex. My uterus is outside even though it goes back in when I sleep you know you don't feel good to have sex and I don't have any interest.”(PAR 12, Age 45)*

Some women also reported that the prolapse did not affect their intimacy and they were sexually active their husbands knew about it and he was supportive of everything and they communicated effectively.

*“We have sexual relationships and it doesn't inhibit us from doing that. Eee...when my husband heard about it he was very angry with me for not telling him earlier. He is the one that took me to the hospital after this he has been helping me with everything.”(PAR 9, Age 65)*

### **Sub-theme 2: Participating in social activities**

Most of the women stated that they were unable to participate in social activities because of difficulty in mobility. The pain and the offensive smell of the discharge are also some of the factors that inhibit them from participating in social activities.

*“...After this, I did not go anywhere I stayed at home, and also I did not participate in any social activities. I only went to a hospital other than that I did not go anywhere. Because I was unable to walk and I had dizziness I stayed at home. Because of that, it has been a long time since I participated in any social activities .....”(PAR 8, Age 83)*

*“...I have offensive discharge how can I go somewhere? People say I smell like urine . My urine comes every minute and I have to go toilet and you cannot do that when you are with someone”.(PAR 10, Age 75)*

Despite the discomfort associated with this condition, some women are determined not to let it isolate them from their social circle. They stated that they modify their activities and take breaks when needed. One woman said she participated in the activities because she did not want anyone to know her condition.

*“...Even though it was very hard to participate in social activities, I always went because I didn't tell anyone about it so I don't want them to know.”(PAR 1, Age 55)*

*“...Yes ...I went to social activities...I don't want to sit and feel lonely. I attend important events and on the days I am not well I take breaks”. (PAR 2, Age 68)*

### **Sub-theme 3: Social attitudes toward uterovaginal prolapse**

Women said that there are positive and negative perceptions of society. Some of the women said that there is stigma, misconception, and embarrassment about people with uterine prolapse.

*“...after she had uterine prolapse no one wanted her. If there was “eder” in her place the people would not be happy to attend and to eat and to drink what she prepared even for me I did not want anything she did. Because I know this I did not tell to anyone I don't want to be isolated from the social circle” (PAR 5, Age 60)*

*“...People think that it is a bad thing. Is there any other disease which worse than this? It inhibits you from doing everything and people have negative feelings toward you. they embarrass and isolate you.”(PAR 6, Age 61)*

Some women said that people who knew about their condition did not see them as different people and it is known in their area and they have no negative feelings toward that.

*“...They don’t have any bad perception because they know about prolapse even they told me to go to hospital and get treated” (PAR 11, Age 60)*

*“...most of my neighbors don’t know about this but people who know they didn’t say any bad thing in front of me.”(PAR 1, Age 55)*

#### **Sub Theme 4 Social Support**

##### **Informational support**

Some women said that they have received informational support on the cause, the aggravating factor, and the treatment from the health care providers and from women who have the same disease. They said that people advised them to get treatment immediately and told them that it could be cured. They said that it helps them to be knowledgeable about their condition and helps them to make informed decisions.

*“After I told my families they told me to go to the hospital immediately and told me this happens because I have been doing labor work then I went to the hospital immediately and got information about the treatment option.”(PAR 1, Age 55)*

*“There are women in my neighborhood who have the same disease as me and she told me about everything she has been through That really helps me to know about my condition.”(PAR 10, Age 75)*

##### **Emotional support**

Some women said they have received emotional support from their partner and offered them empathy and understanding. They also said that their family members and children have been giving them emotional support and that it is going to be fine.

*“I was able to pass all this with the help of my husband, my daughter, and my close neighbors they told me it was going to be just fine and would get treated and they helped with the household chores. “(PAR 9, Age 65)*

*“Everyone has been supporting me. My friends and my families come to my house to spend time with which was something that really helps me.”(PAR 3, Age 40)*

### **Material support**

They said that they have been receiving technical support in access to treatment. They also said that their children and neighbors have been supporting them with money and helping them with household work when they are not fine.

*“My son is the one that took me to hospital. the doctors said that it took months to get the surgery and I was worried but I don’t how he convinced them to put my schedule next week. He has been there and helped me with every appointment. If he was not with me I wouldn’t be able to come to the hospital. He is such a good son.” (PAR 1, Age 55)*

*“When I came here to get treatment my neighbor is the one that took care of the cattle and looking for the house.” (PAR 5, Age 60)*

Some women describe that they have not received any support from anyone they have been through this with themselves..

*“If I told him that I did not want to have sex he would think that I want to go to another person so I have no choice and I remain silent Men only understand their own feelings they don’t care about you. And I did not get any support from my husband . (PAR 6, Age 61)*

*“Do you think that there is support from the neighbors nowadays? No there is no one that supports me. I have no one to support me with the household work.” (PAR 5, Age 60)*

### **Theme 3: Psychological challenge**

Under this theme, four sub-themes were identified. These are afraid of disclosure, worry, suicidal thoughts, grief, and resilience.

### **Sub-theme 1: Afraid of disclosure**

Women describe that they are afraid to disclose their condition because of worry about being judged or misunderstood by others. The fear of stigma and being new to the condition prevent them from disclosing the prolapse even to close friends and family members.

*“...Then I said to myself ‘I haven’t seen this thing before how am I supposed to tell to people’ Then I hid it from even my son. I did not know this thing would happen to a person and I have not heard such a thing in my area before so how am I going to tell anyone?...” (PAR 1, Age 55)*

*“..I hid it for a long period of time and I was afraid and thought what am I supposed to tell to anyone? I did not even tell to my relatives...” (PAR 3, Age 40)*

*“Eeee... I did not tell to anyone ...You know nowadays no one is good they may say something bad in your back so I don’t want this and I remain silent”. (PAR 4, Age 65)*

### **Sub-theme 2: worry**

As they stated, they worry about how their condition will evolve in the future and that it might be cancer. They said that they worry about how it will affect their ability to engage in everyday activities and that they will become bedridden and become dependent on other people. One woman describes that she fears t what I didn’t like before, what if I remain like this.

*“I was very worried about this thinking that it might cause me something in the future and also I was worried that it might be something like cancer.” (PAR 3, Age 40)*

*“what worries me is this disease like I told you what am I going to do if there is a discharge what am I going to do I was bedridden what if it causes me fistula I cannot be able to interact with anyone because I was smell bad. I worry about what if I remain in the house... .” (PAR 8, Age 83)*

*“I have heard about a disease that is related to the uterus is very hard because of that I am very afraid. If you got something in your hand or face you might wash it and put medication on that because it is easy but uterus disease is very hard.”(PAR 8, Age 83)*

### **Sub-theme 3: Suicidal thoughts**

Impaired daily functioning, being isolated, lack of awareness, and not knowing what to do after this leads to feelings of hopelessness and increased risk of suicidal thoughts. Some women stated that they wanted to die rather than be like this.

*“To tell you the truth all I want was to die because shame in what happens to me.”(PAR 7, Age 61)*

### **Sub-theme 4: Grief**

Loss of physical function evokes feelings of grief. Women say they cry every time because they are unable to be like before. They said that it inhibits them from everything and life has been hard for them after this.

*“One day, I cried when they told me that it was twenty birrs to draw a water in a jar and I cried thinking that may I be able to work as I used before? It was a tough time for me.”(PAR 6, Age 61)*

*“I cry every day for being like this, for not being able to do anything and for not participating in any social activities like my friends.”(PAR 7, Age 61)*

### **Sub-theme 5: coping strategies**

Despite the difficulties they face, many women maintain a positive outlook. These are like expressing acceptance, praying, spending time with loved ones, and seeking help from health care providers. Some women said that being strong and capable of everything helped them to pass that time.

*“I have never felt lonely. Even though my gender is female, I work like a male. I am strong like a man. I did not lose hope. I work more than men. Even though I did not participate in any social activities recently, people come to me because I am a strong woman. They learn from me and also people who lose hope come to me to learn from me. Because the time I lose hope I face many troubles so I became strong after that.”(PAR 6, Age 61)*

*“By spending time and drinking coffee with my neighbors that makes me forget about my situation.”(PAR 3, Age 40)*

*“In my nature, I love to go to the hospital when I am not feeling well. When I saw this I went hospital and the health care providers have been taking care of me and this helps me to pass those times.” (PAR 8, Age 83)*

*“I have been always praying to God to save me from this and I know that he saved me I believe in him and those times when I am not feeling well I read the bible and ...he is the only one that cured me of this and that is why I don't lose hope. Eeee...thanks to God that is how I was able to cope with the problem.” (PAR 6, Age 61)*

## 6. DISUCUSION

This study aimed to explore the experience of women with UVP. Participants narrated their experience on living with UVP. Women with UVP face challenges every day in social and psychological aspects. Social support helps them to cope with this.

According to the finding many women have reported that due the physical symptoms associated with UVP they have difficulty to sit and stand and in able to walk long distance which makes it very difficult to perform daily tasks. In line with findings of the current study in Nepal and Italy women have reported feeling full, felt like something was falling out of their vagina ,Pain and a range of bladder, bowel, and sexual issues such as urgency, incontinence and dyspareunia(55,65).

The sign and symptoms associated with prolapse makes daily life activities difficult for the women as they said. They were unable to raise their children and do house work activities like farming, cultivation, washing clothes and lifting things and it cause decreased productivity which leads financial problem which in line with other researches done Italy, Sweden, and Nepal (16,26,54). In contrast in this finding some women said that they continue to do the activities at home even though managing the household chore was difficult due to the prolapse, because they responsible to take care the house and to raise their children.

The pain and discomfort during sexual intercourse make them to loss sexual interest and they have been avoiding sexual activity due to fear of pain and because of the appearance in the genitalia area. They were also afraid to tell to their husband because of fear of divorce. This is in line with study done in Netherland, India, and Iran they reported avoiding sexual activity because of pain or fear of pain, low libido because of self-consciousness about their body or needing a health professional to confirm it was safe(28,48,51).

Women reported that pain, discomfort and negative perception on UVP in the society make them to hide their problems from family members and friends because of fear of discrimination and shame. Due to this They reported that they have been avoiding social activities that could expose their condition and they withdraw from social engagements that they once enjoyed and being isolated from this not only affected their social life but also their mental health. In line with study

done in Spain, Nepal, and Ethiopia where social stigma associated with the condition and challenges their self-image and societal roles, leading to feelings of humiliation and a profound loss of dignity and as a result, they choose to keep quiet and hide from their families and communities out of fear of being condemned(26,49,56)

Women have been experiencing consistent worrying about how their condition will evolve in the future and that it might change to cancer and worry about not getting treatment and become bedridden and fall into the hand of other people. They also said that they think they are different from other people and change the way they see themselves. Because of the consequence of UVP that interpreted their daily routine life they said that they have been crying and thought about suicide rather than being like this. This finding is in line with the literatures in above women reported experiencing more intense feelings of sadness, anxiety, and depression. They were more likely to experience feelings of being inferior, loneliness, less feminine, less desirable, and being different (50,53,60).And which is inconsistent with the study done in spanish in women experience little or no emotion(30).

Most the women said that social support they have been getting from their family, friends and neighbors helped them pass these difficult time. Some women said that they have received informational support on the cause, the aggravating factor and about the treatment from the health care providers and from women who have the same disease and also they have received emotional support from their partner and he has been offering them empathy and understanding. Some women reported that they have been receiving technical support in access to treatment. They also said that their children and neighbor has been supporting them with money and helping them with the household work when they are not feeling well, as also described by other authors(44).

Despite the challenges many women applied adaptive strategies like praying, spending time with their loved ones, and acceptance of the condition and being strong, rest and self management like pushing by hand and sitting on sofa. A study done in northern Sweden , Iran, and Ethiopia explored the adaptation women with UVP used .Women successively adjusted, consciously or unconsciously, to alleviate the worsening symptoms(28,47,61).

## **6. STRENGTH AND LIMITATION**

### **STRENGTH**

These study findings are meaningful in providing useful information on experience of women with uterovaginal prolapse. This study helps to explore the challenges women face everyday due to the prolapse social and psychological aspect and the social support they get to adapt with the condition. The researcher tried to include participants purposively with different background to get diverse ideas and information saturation of the data was assured. As this is a qualitative study which is better in exploring the women lived experience regarding UVP from their perspective.

### **LIMITATION**

As this is a qualitative study and, generalizability of the results is limited to similar situations and the views expressed are that of the participants and may not necessarily reflect the views held by every women.

## **7. CONCLUSION AND RECOMMENDATION**

### **CONCLUSION**

This study done on the experience of women utero vaginal prolapse which tried to give an in-depth in sight in their experience. It includes 12 women who diagnosed with UVP. The findings provide information from women perspective challenges they face every day in social and psychological aspect and social support .The physical symptoms associated with UVP have impact in daily activity and restricts participating in social participation. Limitation on this creates emotional distress and affects the well being of mental health. The result also provided information on social support women receive from family, friends, and health care provider like information, emotion and technical support which helps women to pass this challenging time.

### **RECOMMENDATIONS**

#### **To healthcare sector and government**

The government and health care sector should work on creating awareness in UVP and providing effective education for women to recognize symptoms early, seek appropriate treatment, and adhere to preventive measure.

#### **To Researchers;**

Further research should be done on to explore the attitudes and knowledge of healthcare providers towards UVP. To promote interdisciplinary research collaboration involving healthcare professionals, public health experts and community stakeholders to address the complex dimensions of UVP.

## REFERENCE

1. Doshani A, Teo REC, Mayne CJ, Tincello DG. Uterine prolapse. *BMJ*. 2007 Oct;335(7624):819–23.
2. Masenga GG, Shayo BC, Rasch V. Prevalence and risk factors for pelvic organ prolapse in Kilimanjaro, Tanzania: A population based study in Tanzanian rural community. *PLoS One*. 2018;13(4):e0195910.
3. Thapa B, Rana G, Gurung S. Contributing factors of utero-vaginal prolapse among women attending in Bharatpur Hospital. *J Chitwan Med Coll*. 2015;4(3):38–42.
4. Basazin Mingude A, Derbie Habtegiorgis S, Getacher L. Determinants of pelvic organ prolapse in Ethiopia: Systematic review and meta-analysis. *Int J Africa Nurs Sci* [Internet]. 2022;16(August 2021):100396. Available from: <https://doi.org/10.1016/j.ijans.2022.100396>
5. Brown HW, Hegde A, Huebner M, Neels H, Barnes HC, Marquini GV, et al. International urogynecology consultation chapter 1 committee 2: Epidemiology of pelvic organ prolapse: prevalence, incidence, natural history, and service needs. *Int Urogynecol J*. 2022 Feb;33(2):173–87.
6. Addisu D, Mekie M, Belachew YY, Degu A, Gebeyehu NA. The prevalence of pelvic organ prolapse and associated factors in Ethiopia: a systematic review and meta-analysis. *Front Med*. 2023;10.
7. Alehegn K, Kassaw C, Mareg M, Sisay D. Magnitude and associated factors of utero-vaginal prolapse among women ' s visiting gynecology ward from 2016-2019 at Dilla Referral Hospital , southern AFRICAN JOURNAL OF HEALTH SCIENCES AND MEDICINE Magnitude and associated factors of utero-vaginal prol. *Afri J Heal Sci Med* [Internet]. 2020;01(02). Available from: <http://www.du.edu.et/duj>
8. Moroni RM, Alves da Silva Lara L, Ferreira CHJ, de Mello Constantino M, Oliveira Brito LG. Assessment of Body Image, Sexual Function, and Attractiveness in Women With Genital Prolapse: A Cross-Sectional Study With Validation of the Body Image in the Pelvic Organ Prolapse (BIPOP) Questionnaire. *J Sex Med*. 2019 Jan;16(1):126–36.

9. Persu C, Chapple CR, Cauni V, Gutue S, Geavlete P. Pelvic Organ Prolapse Quantification System (POP-Q) - a new era in pelvic prolapse staging. *J Med Life*. 2011;4(1):75–81.
10. Badacho AS, Lelu MA, Gelan Z, Woltamo DD. Uterine prolapse and associated factors among reproductive-age women in southwest Ethiopia: A community-based cross-sectional study. *PLoS One* [Internet]. 2022;17(1 January):1–10. Available from: <http://dx.doi.org/10.1371/journal.pone.0262077>
11. Antosh DD, Kim-Fine S, Meriwether K V, Kanter G, Dieter AA, Mamik MM, et al. Changes in Sexual Activity and Function After Pelvic Organ Prolapse Surgery: A Systematic Review. *Obstet Gynecol*. 2020 Nov;136(5):922–31.
12. Mirskaya M, Lindgren E-C, Carlsson I-M. Online reported women’s experiences of symptomatic pelvic organ prolapse after vaginal birth. *BMC Womens Health* [Internet]. 2019;19(1):129. Available from: <https://doi.org/10.1186/s12905-019-0830-2>
13. Gonzalez G, Vaculik K, Khalil C, Zektser Y, Arnold C, Almario C V, et al. Using Digital Ethnography to Understand the Experience of Women With Pelvic Organ Prolapse. *Female Pelvic Med Reconstr Surg*. 2021 Feb;27(2):e363–7.
14. Ramage K, Ducey A, Scime N V, Knox E, Brennand EA. “Broken”-How Identities as Women, Mothers and Partners Are Intertwined with the Experience of Living with and Seeking Treatment for Pelvic Organ Prolapse. *Int J Environ Res Public Health*. 2022 Apr;19(9).
15. Drage K-J, Aghera M, MacKellar P, Twentyman R, Jacques A, Chalmers KJ, et al. The relationship between symptom severity, bother and psychological factors in women with pelvic organ prolapse: A cross-sectional observational study. *Neurourol Urodyn*. 2022 Jan;41(1):423–31.
16. Gyhagen M, Al-Mukhtar Othman J, Åkervall S, Nilsson I, Milsom I. The symptom of vaginal bulging in nulliparous women aged 25-64 years: a national cohort study. *Int Urogynecol J*. 2019 Apr;30(4):639–47.

17. Salakari M, Pylkkänen L, Sillanmäki L, Nurminen R, Rautava P, Koskenvuo M, et al. Social support and breast cancer: A comparative study of breast cancer survivors, women with mental depression, women with hypertension and healthy female controls. *Breast*. 2017 Oct;35:85–90.
18. Bedaso A, Adams J, Peng W, Sibbritt D. Prevalence and determinants of low social support during pregnancy among Australian women : a community - based cross - sectional study. 2021;1–11.
19. Li F, Luo S, Mu W, Li Y, Ye L, Zheng X, et al. Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic. *BMC Psychiatry*. 2021;21(1):1–14.
20. Battulga B, Benjamin MR, Chen H, Bat-Enkh E. The Impact of Social Support and Pregnancy on Subjective Well-Being: A Systematic Review. Vol. 12, *Frontiers in psychology*. Switzerland; 2021. p. 710858.
21. Acoba EF. Social support and mental health: the mediating role of perceived stress. *Front Psychol*. 2024;15(February):1–12.
22. Harandi TF, Taghinasab MM, Nayeri TD. The correlation of social support with mental health: A meta-analysis. *Electron physician*. 2017 Sep;9(9):5212–22.
23. Tugume R, Lugobe HM, Kato PK, Kajabwangu R, Kanyesigye H, Masembe S, et al. Pelvic Organ Prolapse and Its Associated Factors Among Women Attending the Gynecology Outpatient Clinic at a Tertiary Hospital in Southwestern Uganda. *Int J Womens Health*. 2022;14:625–33.
24. Dessalegn Mekonnen B. Prevalence and Factors Associated with Uterine Prolapse among Gynecologic Patients at University of Gondar Comprehensive Specialized Hospital, Northwest Ethiopia. *J Women’s Heal Care*. 2020;9(4):1–8.
25. Krause HG, Natukunda H, Singasi I, Hicks SSW, Goh JTW. Treatment-seeking behaviour and social status of women with pelvic organ prolapse, 4th-degree obstetric tears, and obstetric fistula in western Uganda. *Int Urogynecol J*. 2014 Nov;25(11):1555–9.

26. Shrestha B, Onta S, Choulagai B, Poudyal A, Pahari DP, Uprety A, et al. Women's experiences and health care-seeking practices in relation to uterine prolapse in a hill district of Nepal. *BMC Womens Health*. 2014;14(1).
27. Iglesia CB, Smithling KR. Pelvic Organ Prolapse. *Am Fam Physician*. 2017 Aug;96(3):179–85.
28. Hadizadeh-Talasaz Z, Khadivzadeh T, Ebrahimipour H, Khadem Ghaebi N. The Experiences of Women who Live with Pelvic Floor Disorders: A Qualitative Study. *Int J community based Nurs midwifery*. 2021 Apr;9(2):159–71.
29. Ali A, Yadeta E, Eyeberu A, Abdisa L, Bekana M, Dheresa M. Pelvic organ prolapse and associated factors among women admitted to gynecology ward at the Hiwot Fana Comprehensive Specialized Hospital, Harar, eastern Ethiopia. *SAGE Open Med*. 2022;10.
30. Ghetti C, Skoczylas LC, Oliphant SS, Nikolajski C, Lowder JL. The Emotional Burden of Pelvic Organ Prolapse in Women Seeking Treatment: A Qualitative Study. *Female Pelvic Med Reconstr Surg*. 2015;21(6):332–8.
31. Tefera Z, Temesgen B, Arega M, Getaneh T, Belay A. Quality of life and its associated factors among women diagnosed with pelvic organ prolapse in Gynecology outpatient department Southern Nations, Nationalities, and Peoples region public referral hospitals, Ethiopia. *BMC Womens Health [Internet]*. 2023;23(1):1–8. Available from: <https://doi.org/10.1186/s12905-023-02507-9>
32. Kindie W, Yiheyis A, Aragaw A, Wudineh KG, Miskir D. Quality of life among women with a diagnosis of pelvic organ prolapse at Felege Hiwot Comprehensive Specialized Hospital, Bahir Dar, Northwest Ethiopia: an institutional based cross-sectional study. *Int Urogynecol J*. 2023 Jan;34(1):225–30.
33. Cobo-Rendón R, López-Angulo Y, Pérez-Villalobos MV, Díaz-Mujica A. Perceived Social Support and Its Effects on Changes in the Affective and Eudaimonic Well-Being of Chilean University Students. *Front Psychol*. 2020;11(December).
34. Dheresa M, Worku A, Oljira L, Mengiste B, Assefa N, Berhane Y. One in five women

- suffer from pelvic floor disorders in Kersa district Eastern Ethiopia: a community-based study. *BMC Womens Health*. 2018 Jun;18(1):95.
35. Wang B, Chen Y, Zhu X, Wang T, Li M, Huang Y, et al. Global burden and trends of pelvic organ prolapse associated with aging women: An observational trend study from 1990 to 2019. *Front public Heal*. 2022;10:975829.
  36. Muche HA, Kassie FY, Biweta MA, Gelaw KA, Debele TZ. Prevalence and associated factors of pelvic organ prolapse among women attending gynecologic clinic in referral hospitals of Amhara Regional State, Ethiopia. *Int Urogynecol J*. 2021 Jun;32(6):1419–26.
  37. Gedefaw G, Demis A. Burden of pelvic organ prolapse in Ethiopia: A systematic review and meta-analysis. *BMC Womens Health*. 2020;20(1):1–9.
  38. Henok A. Prevalence and Factors Associated with Pelvic Organ Prolapse among Pedestrian Back-Loading Women in Bench Maji Zone. *Ethiop J Health Sci*. 2017 May;27(3):263–72.
  39. Shitu AW, Wana EW, Darebo TD, Mune ZB. Delay in seeking treatment and associated factors among women with pelvic organ prolapse in Wolaita zone, Southern Ethiopia: Hospital based mixed method study. *BMC Womens Health*. 2023 Apr;23(1):191.
  40. Budi RFS, Suparman. Uterovaginal Prolapse- A Study In South Indian Women. *Sch J Appl Med Sci*. 2013;15:1–8.
  41. Pathak K, Khanal S. Factors Associated with Uterine Prolapse among Married Women of Reproductive Age Group of Gorkha District. *Int J New Technol Res*. 2018;4(3):72–7.
  42. Ansari MK, Sharma PP, Khan S. Pelvic Organ Prolapse in Perimenopausal and Menopausal Women. *J Obstet Gynaecol India*. 2022 Jun;72(3):250–7.
  43. Mekuria Z, Mengesha A, Seyoum G. Prevalence and Associated Factors of Utero-Vaginal Prolapse in AddisAbaba, Ethiopia: A Cross-Sectional Study. 2021;1–16. Available from: <https://doi.org/10.21203/rs.3.rs-144888/v1>
  44. Alshiakh FM, Kingdom U. THE LIVED EXPERIENCE OF PELVIC ORGAN

PROLAPSE IN SAUDI ARABIA : AN EXPLORATION OF THE PERSPECTIVES OF SAUDI WOMEN LIVING WITH PELVIC ORGAN PROLAPSE . “ I am really embarrassed to say these things to. 2022;(June).

45. Sung VW, Rogers RG, Barber MD, Clark MA. Conceptual framework for patient-important treatment outcomes for pelvic organ prolapse. *Neurourol Urodyn*. 2014 Apr;33(4):414–9.
46. Shrestha B, Onta S, Choulagai B, Paudel R, Petzold M, Krettek A. Uterine prolapse and its impact on quality of life in the Jhaukhel-Duwakot Health Demographic Surveillance Site, Bhaktapur, Nepal. *Glob Health Action*. 2015;8:28771.
47. Gjerde JL, Rortveit G, Muleta M, Adefris M, Blystad A. Living with pelvic organ prolapse: voices of women from Amhara region, Ethiopia. *Int Urogynecol J*. 2017;28(3):361–6.
48. Prateek S, Mundhra R, Bahadur A, Kunwar K, Jha P, Chawla L. Women’s experiences and perception of symptomatic pelvis organ prolapse: A Cross sectional study from Uttarakhand, India. *J Fam Med Prim care*. 2021 Jan;10(1):449–53.
49. Rodríguez-Almagro J, Hernández Martínez A, Martínez-Vázquez S, Peinado Molina RA, Bermejo-Cantarero A, Martínez-Galiano JM. A Qualitative Exploration of the Perceptions of Women Living with Pelvic Floor Disorders and Factors Related to Quality of Life. *J Clin Med*. 2024 Mar;13(7).
50. Byamugisha J, Justus B, Kakaire O, Haddy N, Susan O, Korn A, et al. Characteristics and outcomes of patients with pelvic organ prolapse: an analysis of data from Mulago National Referral Hospital from 2007-2016. *Afr Health Sci*. 2023 Mar;23(1):410–6.
51. Roos A-M, Thakar R, Sultan AH, Burger CW, Paulus ATG. Pelvic floor dysfunction: women’s sexual concerns unraveled. *J Sex Med*. 2014 Mar;11(3):743–52.
52. AVCIBAY VURGEÇ B, KIZILKAYA BEJİ N. Quality of life and sexual life in women with advanced stage pelvic organ prolapse. *Cukurova Med J*. 2018;43(Ek 1):230–9.
53. Esparza AO, Tomás MÁC, Pina-Roche F. Experiences of women and men living with

- urinary incontinence: A phenomenological study. *Appl Nurs Res.* 2018 Apr;40:68–75.
54. Kinjo M, Yoshimura Y, Kitagawa Y, Okegawa T, Nutahara K. Sexual activity and quality of life in Japanese pelvic organ prolapse patients after transvaginal mesh surgery. *J Obstet Gynaecol Res.* 2018;44(7):1302–7.
  55. Carroll L, O’ Sullivan C, Doody C, Perrotta C, Fullen B. Pelvic organ prolapse: The lived experience. *PLoS One [Internet].* 2022;17(11 November):1–24. Available from: <http://dx.doi.org/10.1371/journal.pone.0276788>
  56. Gjerde JL, Rortveit G, Adefris M, Belayneh T, Blystad A. Life after pelvic organ prolapse surgery: A qualitative study in Amhara region, Ethiopia. *BMC Womens Health.* 2018;18(1):1–8.
  57. Ai F, Deng M, Mao M, Xu T, Zhu L. Screening for general anxiety disorders in postmenopausal women with symptomatic pelvic organ prolapse. *Climacteric.* 2018 Feb;21(1):35–9.
  58. Carty JN, Ziadni MS, Holmes HJ, Tomakowsky J, Peters K, Schubiner H, et al. The Effects of a Life Stress Emotional Awareness and Expression Interview for Women with Chronic Urogenital Pain: A Randomized Controlled Trial. *Pain Med.* 2019 Jul;20(7):1321–9.
  59. Jokhio AH, Rizvi RM, MacArthur C. Prevalence of pelvic organ prolapse in women, associated factors and impact on quality of life in rural Pakistan: population-based study. *BMC Womens Health.* 2020 Apr;20(1):82.
  60. Lowder JL, Ghetti C, Nikolajski C, Oliphant SS, Zyczynski HM. Body image perceptions in women with pelvic organ prolapse: a qualitative study. *Am J Obstet Gynecol [Internet].* 2011;204(5):441.e1-441.e5. Available from: <https://www.sciencedirect.com/science/article/pii/S0002937810024701>
  61. Pakbaz M, Persson M, Löfgren M, Mogren I. “A hidden disorder until the pieces fall into place” - a qualitative study of vaginal prolapse. *BMC Womens Health.* 2010;10.
  62. Kusnanto H, Agustian D, Hilmanto D. Biopsychosocial model of illnesses in primary

- care: A hermeneutic literature review. *J Fam Med Prim care*. 2018;7(3):497–500.
63. Carroll L, O' Sullivan C, Perrotta C, Fullen BM. Biopsychosocial profile of women with pelvic organ prolapse: A systematic review. *Womens Health (Lond Engl)*. 2023;19:17455057231181012.
64. Korstjens I, Moser A. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *Eur J Gen Pract*. 2018 Dec;24(1):120–4.
65. Adhikari R, KC R. Uterine prolapse and treatment seeking behaviour among women. *Front Women's Heal*. 2018;3(2):1–5.

## ANNEXES

### **Annex A: English version of information sheet**

**Title of the Research Project:** experience of women living with utero vaginal prolapse in selected public hospital, Addis Ababa, Ethiopia, 2023/2024

**Name of Principal Investigator:** Mihret Debebe

**Name of the Organization:** Addis Ababa University College of health sciences

**Name of the Sponsor:** Addis Ababa University College of health science

### **Introduction**

This information sheet and consent form is prepared with the aim of to explore experience of women living with utero vaginal prolapse in selected public hospital, Addis Ababa, Ethiopia, 2023/2024

**Purpose of the Research Project:** The aim of this study is to explore experience of women living with utero vaginal prolapse in selected public hospital, Addis Ababa, Ethiopia, 2023/2024

**Procedure:** Women with uterovaginal prolapse and who meet the inclusion criteria was included in this research. We sincerely encourage you to participate in our research. If you are wasing to participate in this study, you must acknowledge this and indicate "Yes" on the consent form. You was then be interviewed following that. Using a coding system, all of your replies and results was kept confidentially, meaning that nobody was able to access them.

**Risk and /or Discomfort;** - You might find it uncomfortable to participate in this research; especially if it takes more than 30 to 40 minutes. But your involvement is very important to understanding what it's like for women who have uterovaginal prolapse. There is no risk associated with taking part in this study.

**Benefits:** - Although there might not be direct benefits for you, your involvement was aid in our investigation of the lived experiences of women who have uterovaginal prolapse. This was enable us to find any gaps and implement the necessary interventions by approved stakeholders.

**Confidentiality:** - The data gathered for this research project was kept private and confidential. Your personal information was saved in a file with a code number instead of your name. It was also be kept locked with a key and disclosed to no one except the investigator.

**Right to Refusal or Withdraw:**- Right of Refusal or Withdrawal: You have the right to refuse from taking part in this study. Additionally, you have the right to leave this research whenever you choose.

**Person to contact:-** The Institutional Review Board (IRB) of Addis Ababa University College of Health Sciences was examine and approve this research study. If you have any question, you can contact any time, and you may ask at any time you want.

Name: Mihret Debebe

Phone No: 0911051495

E-mail: mihretdebebe1991@gmail.com

**Annex B: English version of informed consent**  
**Addis Ababa University**

**College of health Sciences School of allied health science**

**Department of nursing and midwifery**

A semi-structured questionnaire prepared to explore experience of women living with utero vaginal prolapse in selected public hospital, Addis Ababa, Ethiopia, 2023/2024

Dear

Hello, I'm MIHRET DEBEBE I'm studying a master's degree in maternity and reproductive health nursing At Addis Ababa University College of Health sciences. I am interested to do research on women who experience utero vaginal prolapse in selected public hospital for a partial completion of the requirements for a master's degree. It is approved the use of this semi-structured questionnaire. I'm hoping you can help me by responding to these questions. Nobody else was able to access any of your responses. I guarantee to keep all of the information you provide confidential. Any participant who chooses not to participate in the study has the right to discontinue at any time. By having respondents complete the questionnaires in a private, unseen location, confidentiality and privacy are preserved. So, i need your sincere and honest response. It is anticipated that the study's findings was a significant contribution to policy and intervention initiatives.

I appreciate you taking the time to respond to my questions in advance.

Would you be interested in taking part in this research?

1. Yes 2. No

If yes, proceed to the next page.

If no, please stop here.

Name of Researcher: Mihret Debebe

Address: Addis Ababa University College of health science

Phone No: +251911051495

E-mail: mihretdebebe1991@gmail.com

Name of data collector \_\_\_\_\_ signature \_\_\_\_\_

Date of questionnaire interview \_\_\_\_\_ month \_\_\_\_\_ /2016 E. C.

Time of questionnaire administer began \_\_\_\_\_ hours: minutes

Time of administered questionnaire finished \_\_\_\_\_ hours: minutes

Checked on \_\_\_\_\_ date: \_\_\_\_\_ month/2016 E.C.

I, the undersigned, have been informed that this study is going to be conducted to investigate the experiences of women who have utero vaginal prolapse in selected public hospital Addis Ababa. I am aware that the data I provide was kept private and used exclusively for this research. I am also aware that I am allowed to refuse any question without my interest. So, i agree to take part in the study voluntarily.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Annex C: English version of In-Depth Interview Guide

### Part1; socio-demographic data

Age: \_\_\_\_\_

Marital status: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Educational status: \_\_\_\_\_

Current employment/Occupation: \_\_\_\_\_

Stage of prolapse (medical record) \_\_\_\_\_

### Part 2: tell me about your experience with uterovaginal prolapse

1. When did you first notice that you have prolapse?

2. How did you feel about it at the time?

3. Have you heard about uterovaginal prolapse before?

3. Can you tell me about your symptoms? (Probe; have you noticed symptoms such as pelvic pressure, urinary incontinence, or difficulty emptying your bladder or bowels?)

4. How does the symptoms altered your daily routines, including tasks, exercise, or self-care activities?

✓ (Probe) Do they have an impact on your sleep quality?

✓ Are there things that your prolapse stops you from doing?

✓ Have you noticed any specific triggers for your symptoms? If so, what?

✓ Let's talk about your social status and relationships

5. In what ways has this condition affected your intimate relationship and sexual comfort?

6. Have you and your partner had an open discussion about uterovaginal prolapse and its effects on your relationship?

7. Have there been any changes in your partner 's behavior or attitude towards you since the diagnosis?

- ✓ How does it impact your role in your home/family life and in workplace?
- ✓ How does it affect your ability to participate in social activities or hobbies? (What was your social life like before UVP?)
- ✓ Have you experienced any discomfort or stigma discussing it with your family, friends, or healthcare providers?
- ✓ Have you had any financial burden related to this?

6. Have you experienced any feelings of anxiety/fear/worry?

Probe: why do you think you feel this way?

7. How has the consequence affected your emotional well-being and mental health?

8. Have you noticed any changes in your self-esteem or body image since diagnosis?

Probe: how does this relate to your diagnosis?

9. How have you demonstrated resilience in with the challenges posed by UVP?

- ✓ Probe; what strategies have you and your partner found effective in maintaining closeness and connection despite the challenges?
- ✓ what strategies do you use to maintain outlook and sense of hopefulness
- ✓ Have you found any support from others, such as friends, family, or support groups? In what ways do you think society can better support and accommodate the needs of women living with UVP?
- ✓ How has access to healthcare and resources impacted your journey with uterovaginal prolapse?

Finally,

- ❖ What would be your message for women experiencing the symptoms you are experiencing?
- ❖ What changes or improvements do you hope to see in society's understanding and support for women with uterovaginal prolapse?

Thank you!

**Annex D; የመረጃ ቅጽ የአማርኛ ትርጉም**

**በጥናቱ ለሚሳተፉ የስምምነት ዉል እና አጠቃላይ መረጃ**

**የጥናቱ ርዕሰ ጉዳይ:** አዲስ አበባ፣ ኢትዮጵያ በተመረጠ የመንግስት ሆስፒታል ውስጥ የማሕፀን መውጣት ችግር ያለባቸው ሴቶች ልምድ ለመዳሰስ የቀረበ ጥናት ነው።

**ጥናቱን የሚያካሂደዉ ስም:** ምህረት ደበበ

**የተቋሙ ስም:** አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ

**የስፖንሰሩ ስም:** አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ

**መግቢያ:** ይህ የመረጃ ወረቀት እና የስምምነት ፎርም የተዘጋጀው በተመረጠው የመንግስት ሆስፒታል አዲስ አበባ፣ ኢትዮጵያ ውስጥ የማሕፀን በር መውጣት ያለባቸውን ሴቶች ልምድ ለመቃኘት ነው።

**የጥናቱ አላማ:** የዚህ ጥናት አላማ አዲስ አበባ በተመረጠ የመንግስት ሆስፒታል ከማሕፀን በር መውጣት ጋር የሚኖሩ ሴቶችን ልምድ መዳሰስ ነው።

**የጥናቱ ሂደት:** ይህ ጥናት መስፈርቱን ያሟሉ የማሕፀን መውጣት ያለባቸውን ሴቶች ያካትታል። ለመሳተፍ ፍቃደኛ ከሆኑ የመረጃ እና የስምምነት ቅጹን አንብበው መረዳት እና ቅጹ ላይ "አዎ" ይበሉ። ከዚያ በኋላ ቃለ መጠይቅ ይደረጋል ። ሆኖም የእርስዎ ምላሾች እና የተገኙት ውጤቶች ማንም ሰው የእርስዎን ምላሽ የማያገኝበትን የኮድ ስርዓት በመጠቀም ሚስጥራዊ ሆነው ይቀመጣሉ።

**ጉዳት እና/ወይም የማይመች ነገር:** በዚህ የምርመራ ፕሮጀክት ውስጥ በመሳተፍ የተወሰነ አለመመች በተለይም ከ40 -60 ደቂቃዎች አካባቢ ጊዜን በማጥፋት ላይ አንዳንድ ችግሮች እንዳሉ ሊሰማዎት ይችላል። እኛ ለምርመራ ውጤት የእርሶን መሳተፍ ተስፋ እናደርጋለን። በዚህ የምርመራ ፕሮጀክት ውስጥ መሳተፍ ምንም አደጋ የለውም።

**ጥቅሞች:-** ለርስዎ በዚህ ምርመራ ውስጥ መሳተፍ ቀጥተኛ ጥቅም ላይኖረው ይችላል ነገር ግን የእርስዎ ተሳትፎ የማሕፀን መውጣት ችግር ያለባቸውን ሴቶች ህይወት ለማውቅ ሊረዳን ይችላል, ይህም ክፍተቱን ለመለየት እና ባለድርሻ አካል ተገቢውን እርምጃ ለመውሰድ ይረዳል.

**ምስጢር ጠባቂነት:** ለዚህ የምርምር ፕሮጀክት ስራ የተሰበሰቡት ሁሉም የእርሶ መረጃዎች ምስጢራዊ ሆነው ይጠበቃሉ እና ያለ ስምዎ ኮድ ተመድቦላቸው በፋይል ይቀመጣሉ። በተጨማሪም ከእርሶ የተገኘው መረጃ ከተመራማሪው በስተቀር ለማንም ሰው አይገለጥም እንዲሁም በቁልፍ እንደተቆለፈ ይቀመጣል።

**ለለመቀበል ወይም ለማቋረጥ ሙሉ መብት-** በዚህ ጥናት ውስጥ ለመሳተፍ ያለመፈለግ ሙሉ መብት አለዎት። ማንኛውንም መብትዎን ሳያጡ ከዚህ ጥናት በፈለጉት ጊዜ የመውጣት ሙሉ መብት አለዎት። ማንኛውም ጥያቄ ካለዎት በማንኛውም ጊዜ መጠየቅ ይችላሉ። ስለ ጥናቱ ተጨማሪ ጥያቄዎች ካሉዎት እባክዎ ያነጋግሩ።

**ለበለጠ መረጃ:** ይህ ጥናት አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ በተቋማት ግምገማ በርድ እዲፀድቅ ይደረጋል። ማንኛውም ጥያቄ ሲኖረዎት በማንኛውም ጊዜ ማነጋገር ይችላሉ በተጨማሪም ማንኛውንም መረጃ በፈለጉት ጊዜ ማግኘት ይችላሉ።

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**Annex E; የስምምነት ቅጽ**

**አዲስ አበባ ዩኒቨርሲቲ**

**ጤና ሳይንስ ኮሌጅ**

**ነርሲንግ እና ሚድዋይሬሪ ትምህርት ክፍል**

**ዉድ የጥናቱ ተሳታፊዎች!**

ጤና ይስጥልኝ፣ስሜ ምህረት ደበበ ይባላል። በአሁኑ ወቅት በአዲስ አበባ ዩኒቨርሲቲ በሚድዋይሬሪ ትምህርት ክፍል የሁለተኛ ዲግሪ ትምህርቱን እየተከታተልኩ እገኛለሁ። የሁለተኛ ዲግሪዬን ለመጨረስ ይረዳኝ ዘንዴ አዲስ አበባ፣ ኢትዮጵያ በተመረጠ የመንግስት ሆስፒታል ውስጥ የማሕፀን መውጣት ችግር ያለባቸው ሴቶች ልምድ ርዕሰ ጉዳይ ላይ ጥናት እያደረኩ እገኛለሁ። ጥናቱ አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ትምህርት ቤት በነርሲንግ እና ሚድዋይሬሪ ትምህርት ክፍል የጸደቀ ነዉ። ስለሆነም ከላይ የተዘረዘሩት የጥናቱ ዓላማዎች ይሳኩ ዘንድ በእናንተ በኩል በእውነታ ላይ የተመሠረተና ትክክለኛ የሆነ መረጃ እንድትሰጡኝ እየጠየኩ ለቃለ መጠይቁ የምትሰጡኝ መልስ ግላዊ እና ስማችሁን ያላካተተ በመሆኑ በከፍተኛ ሚስጥራዊነት የሚጠበቅ ይሆናል። ከዚህም በተጨማሪ በጥናቱ ላይ የምትሳተፉት በፍቃደኝነት ስለሆነ ካልተመቻችሁ ባስፈለጋችሁ ጊዜ ማቆም/ማቋረጥ መብታችሁ ነዉ። እርስዎ ጥያቄ በመመለስ ብትተባበሩኝ ለጥናት መሳካት የራስዎን ጉልህ ድርሻ ተወጡ ማለት ነዉ። መጠይቁን ለመመለስ

ፍቃደኛ ነሽ/ነዎት?

1. አዎ 2. አይደለሁም

አመሠግናለሁ።

ጥናቱን የምሰራዉ፣ ምህረት ደበበ እባላለሁ

ስልክ ቁጥር፡ (+251)911051495

ኢ-ሜል፡mihretdebebe@gmail.com

ጥናቱን የሚሰበሰበው ስም \_\_\_\_\_ ፊርማ

ጥናቱ መሰብሰብ የተጀመረበት ቀን /2016ዓ/ም

ጥናቱ መሰብሰብ የተጀመረበት ሰዓት : ደቂቃ

ጥናቱ ተሰብስቦ ያለቀበት ሰዓት : ደቂቃ

የተጣራበት ቀን 2016ዓ/ም

የጥናቱ ተሳታፊዎች ፍቃደኝነት ቅፅ

እኔ የጥናቱ ተሳታፊ የሆንኩኝ በአዲስ አበባ በተመረጠ የመንግስት ሆስፒታል ውስጥ የማሕፀን መውጣት ችግር ያለባቸው ሴቶች ልምድ ለመዳሰስ የቀረበ ጥናት መሆኑን አውቂያለሁ። የምሰጠውም ግላዊ መረጃዬ በሚስጥራዊነት እንደሚጠበቅ እና ለዚህ ጥናት አላማ ብቻ እንደሚውል ተነግሮኛል። ጥናቱ ውስጥ ያለፍላጎት ተሳታፊ ሆኜ መቀጠል እንደሌለብኝ እና መቀጠል ባልፈለግሁ ጊዜ ማቆም እንደምችል ተረድቻለሁ። በአጠቃላይ ከላይ የተዘረዘሩትን መብቶቼን በማወቅና የእኔ በዚህ ጥናት ላይ መሳተፍ ጥቅም አለው ብዬ በማመን በሙሉ ፍቃደኝነት ለመሳተፍ ተስማምቻለሁ።

**ፊርማ**

**ቀን**

**Annex F; የቃለ መጠይቅ መመሪያ**  
**ክፍል 1 ፤ እባክዎን ስለራስዎ ይገነጥሩ**

- ✓ ዕድሜ \_\_\_\_\_
- ✓ የጋብቻ ሁኔታ: \_\_\_\_\_
- ✓ የልጆች ብዛት (ካለዎት) \_\_\_\_\_
- ✓ የትምህርት ሁኔታ \_\_\_\_\_
- ✓ የአሁኑ የሥራ ሁኔታ/ ሥራ- \_\_\_\_\_

**ክፍል 2 ፤ የማህፀን መውጣት ስላለው ልምድዎ ይገነጥሩ**

1. መጀመሪያ የፕሮላፕስ በሽታ እንዳለበት ያስተዋሉት
2. በወቅቱ ስለ ጉዳዩ ምን ተሰማዎት?
3. ስለ ምልክቶችዎ ሊነግሩኝ ይችላሉ?
4. እነዚህ ምልክቶች ስለጋጠሙዎት ልምድ መግለጽ ይችላሉ?
  - ✓ የማኅጸን ብልት መራባት ተግባራትን፣ የአካል ብቃት እንቅስቃሴን ወይም ራስን የመንከባከብ ሥራዎችን ጨምሮ የዕለት ተዕለት እንቅስቃሴዎችን እንዴት እንደለወጠው።
  - ✓ በእንቅልፍዎ ጥራት ላይ ተፅዕኖ አላቸው ወይንስ በተቃራኒው?
  - ✓ የአንተ መውደቅ እንዳትሰራ የሚያግድህ ነገሮች አሉ?
  - ✓ ለምልክትዎ ልዩ ቀስቅሴዎች አስተውለዋል? ከሆነስ ምን?
5. ይህ ሁኔታ የእርስዎን የጠበቀ ግንኙነት እና የጾታ ምቹት ላይ ተጽዕኖ ያሳደረው በየትኞቹ መንገዶች ነው?
  - ✓ በግንኙነትዎ ተለዋዋጭነት እና ከባልደረባዎ ጋር ያለዎትን ግንኙነት እንዴት ተጽዕኖ አሳድሯል?

6. ስለ ማህበራዊ ሁኔታዎች እና ግንኙነቶች እንነጋገር:-

- ✓ ምልክቶቹ በማህበራዊ አቋም ላይ ተጽዕኖ አሳድረዋል? (ከ UVP ምልክቶች በፊት የእርስዎ ማህበራዊ ሕይወት ምን ይመስል ነበር?)
- ✓ የህመም ምልክቶች በቤት/በቤተሰብ ህይወት ላይ ተጽዕኖ አላቸው? ከሆነ እንዴት?
- ✓ ስለዚህ ጉዳይ ለማንም ተናግረዋል? ማብራራት ትችላላህ?

7. የማኅጸን ነቀርሳ መውደቅ በስሜታዊ ደህንነት እና በራስዎ እይታ ላይ ምን ተጽዕኖ አሳድሯል?

- ✓ · የሕመም ምልክቶች በስሜት ላይ ተጽዕኖ ይኖራቸዋል ብለው ያስባሉ?
- ✓ · በችግሩ ምክንያት የተነሱ ልዩ የስሜት ተግዳሮቶችን ወይም ጭንቀቶችን መግለጽ ይችላሉ?
- ✓ · የፕሮላፕስ ምልክቶች ስለራስዎ በሚሰማዎት ስሜት ላይ ተጽዕኖ ያሳድራሉ?

8. ከዚህ ጋር ለመላመድ የሚረዳዎትን የድጋፍ እንክብካቤ ይገኙ

- ከቤተሰብዎ፣ ከዳደሮችዎ ወይም ከድጋፍ አውታረ መረብዎ ውጤታማ የሆነ ስሜታዊ ድጋፍ የተገነዘቡበትን ልዩ ምሳሌ መግለጽ ይችላሉ
- ዩቲዩቲን እና አመራሩን በተሻለ ለመረዳት እንዲረዳዎት የማህበራዊ አውታረ መረብዎ አባላት ጠቃሚ መረጃዎችን፣ ምክሮችን ወይም መመሪያዎችን በምን መንገዶች ሰጡ
- ሁኔታው የሚያጋጥሙትን ተግዳሮቶች ለማቃለል በማህበራዊ ድህረ ገጽዎ የሚሰጠውን ተግባራዊ እርዳታ እና ተጨባጭ እርዳታ መግለፅ ይችላሉ በመጨረሻም፣
  - ✓ ይህ ለእርስዎ (ለቤተሰብዎ) እንዴት እንደነበረ በትክክል ለመረዳት እንድችል ከእኔ ጋር ሊያካፍሉኝ የሚፈልጉት ሌላ ነገር አለ?
  - ✓ እርስዎ እያጋጠሙዎት ያሉ ምልክቶች ለሚያጋጥሟቸው ሴቶች መልእክት ምን ይሆን?

አመሰግናለሁ።

## Final thesis

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