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UTERINE PROLAPSE AND ITS IMPACT ON THE QUALITY OF LIFE OF WOMEN IN NAWABSHAH, SINDH

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Abstract

Background: *Uterine prolapse is a common gynecological condition that negatively impacts women's physical, emotional, and social well-being. Despite its high prevalence, many women remain unaware of the condition, and its impact on quality of life is underreported.*

Objective: *To assess the impact of uterine prolapse on the quality of life of women attending the Gynecological and Obstetric Unit of Peoples University Hospital, Nawabshah.*

Methods: *A descriptive cross-sectional study was conducted from April to June 2025 at the Gynecological and Obstetric Unit of Peoples University Hospital, Nawabshah. 75 participants were selected using a non-probability purposive sampling technique. Data were collected using the Prolapse Quality of Life (P-QOL) questionnaire, administered face-to-face by the researcher and a trained nurse. Descriptive statistics summarized frequencies and percentages, while associations between participant characteristics and quality-of-life domains were assessed using the Chi-square test or Fisher's exact test, with $p < 0.05$ considered statistically significant.*

Results: *Participants were primarily aged 31–50 years (89.3%) and had four to six children, with 92.0% having vaginal deliveries. Frequent urination was reported by 53.9%, urgency by 56.6%, urge incontinence by 59.2%, stress urinary leakage by 42.1%, and vaginal bulge by 64.5%. Uterine prolapse moderately affected household tasks (60.5%), physical activity (60.5%), travel (67.1%), social life (46.1%), and sexual activity (50.0%). Psychological impacts included anxiety (59.2%), low self-esteem (51.3%), sleep disturbance (56.6%), and fatigue (51.3%). The number of children was significantly associated with quality of life ($p = 0.04$), while age, mode of delivery, and self-rated health showed no significant associations.*

Conclusion: *Uterine prolapse significantly impairs the physical, social, psychological, and sexual quality of life of women, with a greater impact observed among women with a higher number of children. Early detection, education,*

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pelvic floor rehabilitation, and psychosocial support are essential to improve daily functioning and overall well-being.

INTRODUCTION

Uterine prolapse is a common gynecological condition and a significant public health concern that negatively affects the physical, emotional, and social well-being of women(1). It is a type of pelvic organ prolapse (POP), which is defined as the descent of pelvic organs, including the uterus, bladder, or rectum, into or beyond the vaginal canal due to weakening of the pelvic floor muscles, ligaments, and connective tissues that support them(2). POP can lead to symptoms such as pelvic pressure, visible bulge, and functional disturbances affecting daily life (3). POP affects millions of women globally, with an age-standardized prevalence rate of approximately 27.7 per 1,000 women, and symptom-based studies indicate up to 40 % lifetime prevalence among women, especially in those with high parity and limited obstetric care access(4). In Pakistan, a large community-based study conducted in rural populations demonstrated a 10.3 % prevalence of clinically verified pelvic organ prolapse among women aged 15 years and older. Among affected women in this study, 60.8 % reported a moderate or significant reduction in quality of life, and 78.7 % had never consulted a doctor for their condition, highlighting important gaps in awareness, healthcare access, and cultural stigma(5). Uterine prolapse predominantly affects women with a history of multiple vaginal deliveries, prolonged or obstructed labor, advancing maternal age, and short birth spacing(6). In low-resource settings, these risk factors are often compounded by limited access to skilled obstetric care, inadequate postpartum support, and sociocultural barriers, leading to delayed diagnosis and management. Despite not being immediately life-threatening, uterine prolapse is associated with considerable morbidity that can significantly diminish quality of life (7). Symptoms of uterine prolapse can include pelvic heaviness or pressure, vaginal bulging, urinary or bowel dysfunction, and discomfort during sexual activity(8). These physical symptoms often lead to emotional distress, including stress, embarrassment, anxiety, and low self-esteem (9). Many affected women also experience limitations in daily activities, reduced participation in social life, and decreased productivity due to physical discomfort and social stigma(10). Understanding the impact of uterine prolapse on women's quality of life in Nawabshah is essential for informing prevention strategies, raising awareness, improving care access, and developing interventions to enhance women's health outcomes. Therefore, this study aims to assess the impact of uterine prolapse on the quality of life of women in Nawabshah, Sindh.

MATERIAL AND METHODS

This descriptive cross-sectional study was conducted at the Gynecological and Obstetric Unit of Peoples University Hospital, Nawabshah, from April to June 2025. The sample size was calculated using the Raosoft® online sample size calculator, considering a 95% confidence level and a 5% margin of error, resulting in 75 participants. A non-probability purposive sampling technique was used to recruit married women aged 15–60 years who were diagnosed with uterine prolapse and provided informed consent. Pregnant women, women diagnosed with any type of uterine carcinoma, those who had undergone hysterectomy, and women who did not provide consent were excluded. Data were collected using a structured and validated questionnaire, the Prolapse Quality of Life (P-QOL) tool, which assesses the physical, emotional, social, and sexual impacts of uterine prolapse. The P-QOL questionnaire was interviewer-administered in the local language to ensure participant comprehension. Face-to-face interviews were conducted by the researcher, with assistance from a trained staff nurse, to ensure clarity, completeness, and accuracy of responses. Collected data were coded and analyzed using SPSS version 27. Descriptive statistics summarized categorical variables in terms of frequencies and percentages, and associations between variables were assessed using the Chi-square test or Fisher's

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exact test, as appropriate. A p-value <0.05 was considered statistically significant. Approval for data collection was obtained from the Medical Superintendent, Peoples University Hospital, Nawabshah. Written and verbal informed consent was obtained, and participant confidentiality was maintained.

RESULTS

Most women had 4–6 children (68.0%), while 1–3 children were reported by 29.3% and 7–9 children by 2.7% (Figure 2). Vaginal delivery was the predominant mode of childbirth (92.0%), with cesarean sections and instrumental-assisted deliveries each reported by 4.0% of participants (Figure 3). Regarding self-rated health, most women reported "Fair" (68.0%), followed by "Good" (28.0%), with very few indicating "Poor" (2.7%) or "Very Good" (1.3%) (Figure 4). Urinary and pelvic symptoms were prevalent among participants, with frequent urination reported by 54.7%, urgency by 57.3%, urge incontinence by 60.0%, stress urinary leakage by 42.7%, and vaginal bulge or lump by 64.5%. Heaviness or dragging in the lower abdomen and vaginal bulge interfering with bowel function were reported by 65.3% and 57.3%, respectively. Other common symptoms included straining to empty the bladder (73.7%) and urine dribbling after urination (56.6%) (Table 1). Functional limitations due to uterine prolapse were notable. Moderate interference with household tasks and physical activities was reported by 61.3% of participants, while job-related activities were moderately affected in 49.3%. Travel was moderately limited in 68.0% of participants, social life in 46.7%, and visiting friends in 52.0%. Intimate relationships were also impacted, with 57.9% reporting moderate limitations in relationships with partners and 50.0% reporting moderate interference in sexual activity. Psychological impacts were significant, with 60.0% of women feeling anxious or nervous, 52.0% experiencing low self-esteem, 57.3% reporting sleep disturbances, and 52.0% feeling fatigued or worn out. Pain or discomfort due to prolapse was moderate in 49.3% and severe in 16.0% of participants. Coping strategies, such as using pads or firm knickers, were employed sometimes (45.3%) or often (44.0%) (Table 2). Analysis of associations using Chi-square and Fisher's exact tests showed that the number of children was significantly associated with limitations across physical, social, psychological, and sexual quality of life domains (Chi-square/Fisher's exact test, $p = 0.04$), indicating that women with a higher number of children experienced greater impairment (Table 3). No significant associations were observed for age (Chi-square, $p = 0.72$) or mode of delivery (Chi-square, $p = 0.13$). Self-rated health showed a borderline association with quality of life ($p = 0.05$), although trends suggested that women with older age or poorer self-rated health experienced slightly greater limitations in quality of life domains.

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Figure 1. Age Distribution of Study Participants

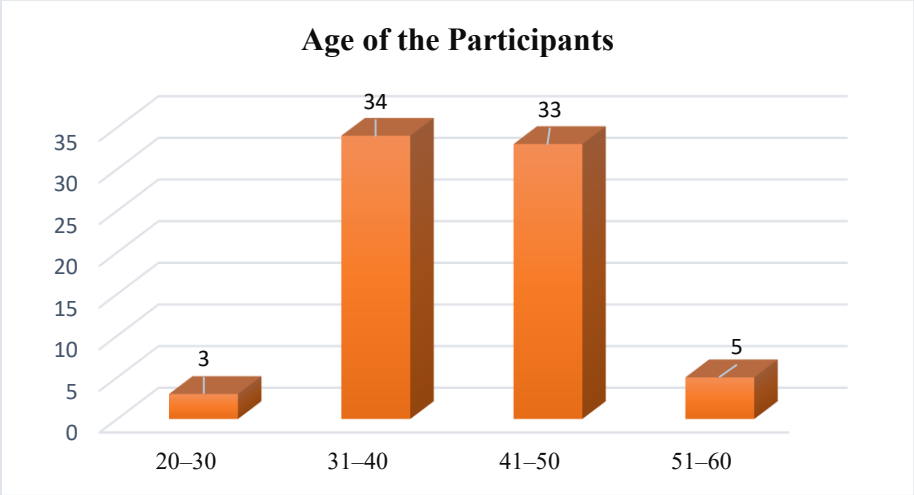

Figure 2. Number of Children of Study Participants

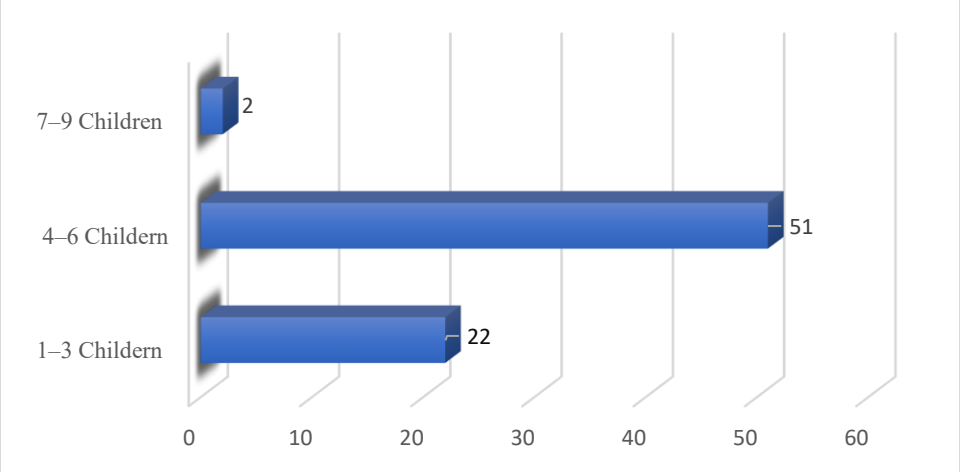

Figure 3. Mode of Delivery among Study Participants

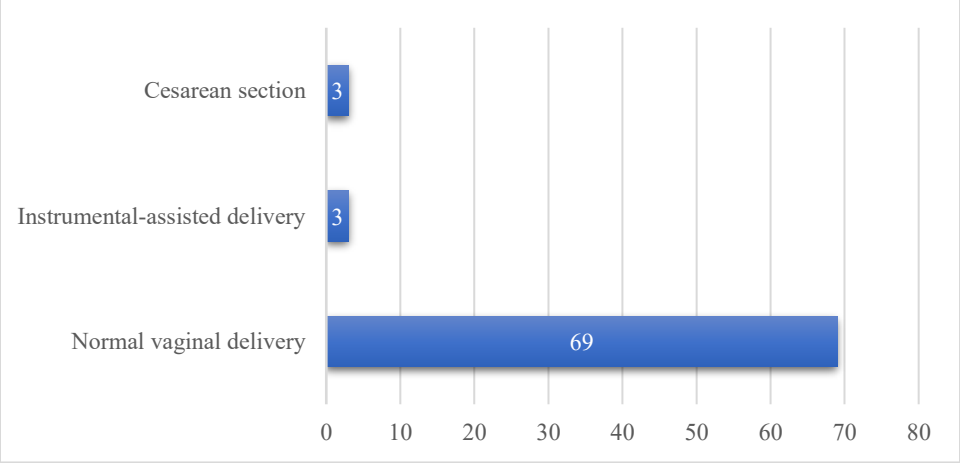

Figure 4: Self-Reported Health Status among Study Participants

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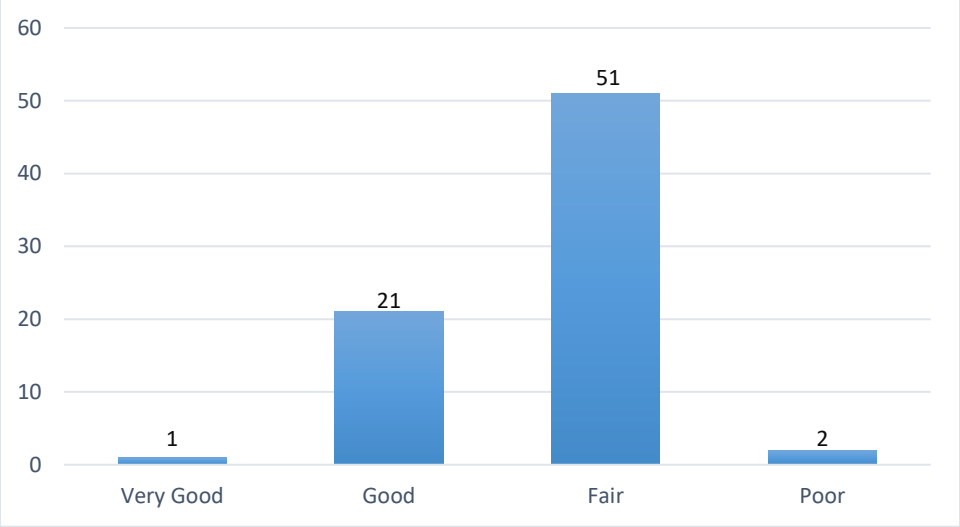

Table 1: Urinary and Pelvic Symptoms Among Participants

Symptom	Not Applicable f (%)	None f (%)	A little f (%)	Moderately f (%)	A lot f (%)
Going to the toilet very often	2 (2.6)	29 (38.2)	41 (53.9)	1 (1.3)	1 (1.3)
Urgency: strong desire to pass urine	1 (1.3)	24 (31.6)	43 (56.6)	7 (9.2)	0 (0)
Urge incontinence	6 (7.9)	24 (31.6)	45 (59.2)	0 (0)	0 (0)
Stress continence (leakage when coughing)	5 (6.6)	32 (42.1)	32 (42.1)	6 (7.9)	0 (0)
Vaginal bulge/lump	0 (0)	15 (19.7)	49 (64.5)	10 (13.2)	1 (1.3)
Heaviness/dragging	2 (2.6)	13 (17.1)	49 (64.5)	8 (10.5)	3 (3.9)
Vaginal bulge interfering with bowels	0 (0)	14 (18.4)	43 (56.6)	14 (18.4)	4 (5.3)
Discomfort worse when standing	4 (5.3)	25 (32.9)	42 (55.3)	1 (1.3)	3 (3.9)
Straining to empty bladder	1 (1.3)	16 (21.1)	56 (73.7)	2 (2.6)	0 (0)
Urine dribbles after bladder emptying	8 (10.5)	22 (28.9)	43 (56.6)	1 (1.3)	1 (1.3)

Table 2: Impact of Uterine Prolapse on Daily Life, Psychological Well-being, and Coping

Impact	Not at all f (%)	Slightly f (%)	Moderately f (%)	A lot f (%)
Household tasks	3 (3.9)	17 (22.4)	46 (60.5)	8 (10.5)
Job/normal daily activities	7 (9.2)	28 (36.8)	37 (48.7)	3 (3.9)
Job outside home	1 (1.3)	24 (31.6)	46 (60.5)	4 (5.3)
Physical activities (walk/run/sports)	1 (1.3)	24 (31.6)	46 (60.5)	4 (5.3)
Travel	0 (0)	21 (27.6)	51 (67.1)	3 (3.9)
Social life	8 (10.5)	29 (38.2)	35 (46.1)	2 (2.6)
Visiting friends	10 (13.2)	24 (31.6)	39 (51.3)	2 (2.6)
Relationship with partner	5 (6.6)	26 (34.2)	44 (57.9)	0 (0)
Sex life	4 (5.3)	30 (39.5)	38 (50.0)	2 (2.6)

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Family life	13 (17.1)	22 (28.9)	38 (50.0)	1 (1.3)
Feeling anxious/nervous	3 (3.9)	23 (30.3)	45 (59.2)	3 (3.9)
Feeling bad about self	12 (15.8)	21 (27.6)	39 (51.3)	3 (3.9)
Sleep disturbance	2 (2.6)	29 (38.2)	43 (56.6)	1 (1.3)
Worn-out / tired	3 (3.9)	24 (31.6)	39 (51.3)	9 (11.8)
Use of pads / firm knickers	7 (9.2)	34 (44.7)	33 (43.4)	1 (1.3)
Pain / discomfort	3 (3.9)	21 (27.6)	37 (48.7)	12 (15.8)
Prolapse prevents standing	4 (5.3)	38 (50.0)	30 (39.5)	3 (3.9)

Table 3: Associations Between Participant Characteristics and Quality of Life

Characteristic	Category	Physical n (%)	Social n (%)	Psychological n (%)	Sexual n (%)	p-value
Age (years)	20–30	2 (66.7)	1 (33.3)	2 (66.7)	1 (33.3)	0.72
	31–40	22 (64.7)	20 (58.8)	23 (67.6)	18 (52.9)	
	41–50	21 (63.6)	19 (57.6)	22 (66.7)	17 (51.5)	
	51–60	3 (60.0)	4 (80.0)	4 (80.0)	3 (60.0)	
Number of children	1–3	14 (63.6)	12 (54.5)	14 (63.6)	10 (45.5)	0.04
	4–6	32 (62.7)	33 (64.7)	34 (66.7)	31 (60.8)	
	7–9	1 (50.0)	2 (100.0)	2 (100.0)	1 (50.0)	
Mode of delivery	Normal vaginal	44 (63.8)	41 (59.4)	45 (65.2)	35 (50.7)	0.13
	Cesarean	2 (66.7)	1 (33.3)	2 (66.7)	2 (66.7)	
	Instrumental	1 (33.3)	2 (66.7)	2 (66.7)	2 (66.7)	
Self-rated health	Poor/Fair	34 (64.2)	36 (67.9)	37 (69.8)	28 (52.8)	0.05
	Good/Very Good	13 (59.1)	13 (59.1)	14 (63.6)	11 (50.0)	

Fisher's exact test used for small expected counts (<5)

DISCUSSION

In this study, most participants were aged 31–50 years and had four to six children, consistent with previous research identifying age and number of children as significant risk factors for pelvic organ prolapse (POP). As women age, pelvic floor support structures gradually weaken, and repeated vaginal childbirth further increases susceptibility to prolapse (11). Vaginal delivery was the predominant mode of childbirth (92%), aligning with evidence that multiple normal vaginal births are strongly associated with pelvic floor compromise and higher POP risk due to muscular and fascial overstretching (12). Urinary and pelvic symptoms were prevalent, including frequent urination (53.9%), urgency (56.6%), urge incontinence (59.2%), stress urinary leakage (42.1%), and vaginal bulge (64.5%). These symptoms contribute to functional impairment and reduced quality of life, as reported in prior studies (13). Functional limitations due to prolapse were notable. Household tasks, physical activity, and travel were moderately affected in over 60% of participants, while social and sexual activities were affected in nearly half. Psychological impacts were also substantial, with anxiety (59.2%), low self-esteem (51.3%), sleep disturbances (56.6%), and fatigue (51.3%). These findings align with prior research showing that pelvic organ prolapse compromises physical, social, and emotional aspects of quality of life. Cultural stigma and limited health-seeking behavior in Pakistan further contribute to delayed diagnosis and prolonged suffering among affected women. A recent facility-based cross-sectional study similarly reported that women with prolapse experience impairments across these dimensions, with symptoms such as urge urinary incontinence and advanced-stage prolapse associated with poorer overall quality of life (14). Statistical

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analysis revealed a significant association between the number of children and quality of life ($p = 0.04$), indicating that women with a higher number of children experienced greater functional and psychological limitations. Although age, mode of delivery, and self-rated health were not statistically significant, trends suggested slightly greater impairment among women with a higher number of children and poorer self-rated health, consistent with prior research showing that increased childbirths correlate with greater symptom burden and diminished quality of life (15). The study underscores that uterine prolapse is not merely a physical condition but a multidimensional health issue affecting physical, social, psychological, and sexual domains of life. These findings emphasize the need for early detection, patient education, pelvic floor rehabilitation, and psychosocial support to mitigate the impact on daily functioning and overall quality of life.

CONCLUSION

Uterine prolapse significantly impairs the physical, social, psychological, and sexual quality of life of women. Women with a higher number of children experience greater severity of these limitations. Early diagnosis, patient education, pelvic floor interventions, and psychosocial support are essential to improve daily functioning and overall quality of life.

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Funding disclosure: None

Authors' Contributions

FS: Study design, data collection, manuscript drafting.
RP: Literature review, introduction writing.
HBC: Supervision and manuscript revision.
US: Methodology and discussion support, data interpretation.
FMJ: Data management, tables, figures, results drafting.
SKM: Statistical analysis and result validation.

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REFERENCES

Yosef H, Alemu T, Mengesha MW, Adule A. Risk factors for uterovaginal prolapse among women in public hospitals of Sidama, Ethiopia: a case control study. Front Reprod Health. 2025;7:1569449. doi:10.3389/frph.2025.1569449

Zumrutbas AE. Understanding pelvic organ prolapse: a comprehensive review of etiology, epidemiology, comorbidities, and evaluation. Société Internationale d'Urologie J. 2025;6(1):6. doi:10.3390/siuj6010006

Sanchez EJ, Chen J, Zapata I, Brooks BD. Pelvic organ prolapse (POP) symptom progression and treatment satisfaction from the patients' perspective. BMC Womens Health. 2025;25(1):173. doi:10.1186/s12905-025-03716-0

Padoa A, Braga A, Brecher S, Fligelman T, Mesiano G, Serati M. Pelvic organ prolapse: current challenges and future perspectives. J Clin Med. 2025;14(20):7313. doi:10.3390/jcm14207313

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;20(1):82. doi:10.1186/s12905-020-00934-6

Badacho AS, Lelu MA, Gelan Z, Woltamo DD. Uterine prolapse and associated factors among reproductive-age women in south-west Ethiopia: a community-based cross-sectional study. PLoS One. 2022;17(1):e0262077. doi:10.1371/journal.pone.0262077

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

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. 2023;23(1):342. doi:10.1186/s12905-023-02507-9

Soliman HFA, Elkheshen SA, Shehata HS, Abdelgawad H, Aboushady RM-N. Effect of Mayan abdominal massage technique on sexuality and quality of life among women with uterine prolapse. Tanta Sci Nurs J. 2023;28(1):212-26. doi:10.21608/tsnj.2023.291407

Kalata U, Pomian A, Jarkiewicz M, Kondratskyi V, Lippki K, Barcz E. Influence of stress urinary incontinence and pelvic organ prolapse on depression, anxiety, and insomnia—a comparative observational study. J Clin Med. 2023;13(1):185. doi:10.3390/jcm13010185

Carroll L, C OS, Doody C, Perrotta C, Fullen B. Pelvic organ prolapse: the lived experience. PLoS One. 2022;17(11):e0276788. doi:10.1371/journal.pone.0276788

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;20(1):82. doi:10.1186/s12905-020-00934-6

Pop-Lodromanean D, Chicea R, Bratu D-G, Popa L-M, Anderco P, Grigore N, et al. From mesh to modern therapies: an updated narrative review on urogenital prolapse. J Clin Med. 2025;14(22):8254. doi:10.3390/jcm14228254

do Nascimento RGL, Barreto LM, de Oliveira Lima T, Lima AC, Moreira MA, do Nascimento SL. Pelvic floor function, urinary symptoms and impact on quality of life in women with pelvic organ prolapse: cross-sectional study. Braz J Phys Ther. 2025;29:101385. doi:10.1016/j.bjpt.2025.101385

Tega A, Yenealem F, Belay G, Asmare E, Getaneh T, Desalegn M, et al. Quality of life and its associated factors among women with pelvic organ prolapse who attend gynecology clinics, Southern Ethiopia 2022. BMC Womens Health. 2024;24(1):398. doi:10.1186/s12905-024-03238-1

Merdasa MA, Tetema MD, Abdo AS, Tefera M, Derribow AB. Quality of life of women with pelvic organ prolapse and associated factors at public hospitals of central Ethiopia: a multicenter study. J Women Health Care Gynecol. 2025;5(2). doi:10.59657/2993-0871.brs.25.078