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Prevalence of Pelvic Floor Dysfunction among Reproductive Age Group Married Women

S Jayashree[1], M Hemamalini[2]

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Author's Affiliations: [1]Assistant Professor, [2]Principal, Hindu Mission College of Nursing, (Affiliated to the Tamil Nadu), The Tamil Nadu Dr MGR Medical University, 69, Anna Salai, Rd, Guindy, Chennai, Tamil Nadu 600032, India.

Corresponding Author: M Hemamalini, Principal, Hindu Mission College of Nursing, (Affiliated to the Tamil Nadu), The Tamil Nadu Dr MGR Medical University, 69, Anna Salai, Rd, Guindy, Chennai, Tamil Nadu 600032, India.

E-mail: hemasrini1979@yahoo.com

Abstract

Introduction: Pelvic floor dysfunction can have a devasting effect in women's life which may result in urinary incontinence, fecal incontinence and uterine prolapse. A descriptive study was conducted to assess the prevalence of pelvic floor dysfunction among reproductive age group married women. *Methods:* A quantitative research approach with descriptive research design was adopted for the study.100 reproductive age group married women were selected through non-probability convenient sampling technique. *Results:* The study result showed that 54% of reproductive age group married women had moderate prevalence, 32% had minimal prevalence and 14% had high prevalence.

Keywords: Pelvic Floor Dysfunction; Reproductive Age Group Married Women.

Introduction

The post partial period refers to the 6week period after child birth. It is a time of maternal changes that are both retrogressive and progressive1. Problems women can experience during the postnatal period include: tiredness, perineal pain, breast problems, backache, hemorrhoids, constipation, depression, anemia, headache and pelvic floor dysfunction.[2]

Pelvic floor dysfunction refers to a condition in which the pelvic floor muscles of a woman's lower pelvis-that surround the rectum, do not function normally. Causes of pelvic floor dysfunction can include; chronic faulty posture with weak core musculature, trauma, inflammation, pelvic organ disease, hernias, chronic constipation, pregnancy or vaginal delivery3.The symptoms of pelvic floor dysfunction are pelvic pain, urinary incontinence, fecal incontinence4. Evidence shows that postnatally the incidence of urinary incontinence is 6% to 32% and fecal incontinence is 13-25%.[5]

Pelvic floor dysfunction can have a devastating effect in women's life. The postnatal women must know about the knowledge of the disease, preventive aspects and home care management. A women needs knowledge of pelvic floor dysfunction would enable them to realize the factors contribute to incontinence, and offers advice on preventive measures. It is important for every woman to understand what she can do to keep her pelvic floor strong and protect it from injury. Therefore, the researcher decided to conduct the study to assess the prevalence of pelvic floor dysfunction among reproductive age group married women.[6]

Statement of the problem

A study to assess the prevalence of pelvic floor dysfunction among reproductive age group married women at Saidapet Primary Health Centre - Chennai.

Objectives

To assess the prevalence of pelvic floor dysfunction among reproductive age group married women.

To find the association of prevalence of pelvic floor dysfunction among reproductive age group married women with selected demographic variables.

Null hypothesis

H_0: There will be no significant association between the prevalence of pelvic floor dysfunction among reproductive age group married women in the selected demographic variables at 0.05 level of significance.

Materials & Methods

Quantitative research approach and descriptive research design was used for the study. After obtaining permission from the hospital authorities, the study was conducted in the postnatal outpatient department at Saidapet Primary Health Centre – Chennai. 100 reproductive age group married women were selected through non-probability convenient sampling techniques. The data was collected using demographic variables and self-structured questionnaire to assess the prevalence of pelvic floor dysfunction. The data was collected for 18-20 reproductive age group married women in a day from 8a.m to 12p.m.In the descriptive statistics frequency and percentage distribution were used to determine demographic variables and level of prevalence of pelvic floor dysfunction among reproductive age group married women. In the inferential statistics chi square was used to associate the level of prevalence of pelvic floor dysfunction among reproductive age group married women.

Results & Discussion

The study findings revealed that majority of the reproductive age group married women (46%) are of 30-39 years, secondary level and higher secondary education (55%), housewife (56%), 2ndorder child birth (76%), caesarean delivery (53%), 2-3kg weight of previous child (78%), no family history of pelvic floor dysfunction (83%). The level of prevalence of pelvic floor dysfunction are 54% of reproductive age group married women had moderate prevalence,32% had minimal prevalence and 14% had high prevalence of pelvic floor dysfunction. There was a significant association between level of prevalence with educational status of the demographic variable and hence null hypothesis is rejected for educational status and accepted for all the other demographic variables such age, occupation, order of child birth, mode of previous delivery, weight of previous child and family history of pelvic floor dysfunction.

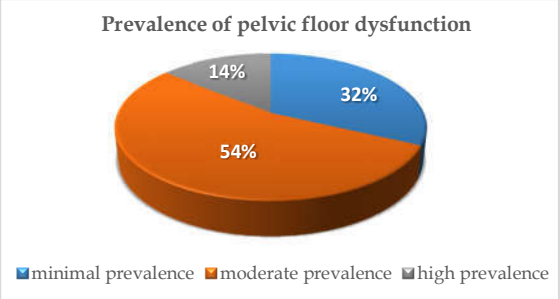

Fig. 1: Distribution of level of prevalence of pelvic floor dysfunction.

Similar studies was conducted based on the topic,

M. Amri (2018) conducted a study on prevalence of pelvic floor dysfunction in Turkey results shows that 67.5% of women experienced pelvic floor dysfunction of at least one major type. The prevalence of each pelvic floor disorder evaluated in this study was as follows: anal incontinence 19.8%, urinary incontinence 50.7%, constipation 33.2%, and obstructed defecation 26.8%. Analysis of risk factors demonstrated that age was the major factor associated with the development of pelvic floor dysfunction. Vaginal delivery and higher parity increased the risk of both urinary and defecatory symptoms. The study concluded that data demonstrate that pelvic floor dysfunction is a common problem among women and it is strongly linked to childbirth and aging.

Devendra raj singh (2016) conducted a descriptive study in November to assess the prevalence of pelvic floor dysfunction among reproductive age group women. The study concluded that out of total 40% of respondents have minimal prevalence and 50% of respondents have moderate prevalence and 10% have high prevalence. The study results explicitly reflects the prevalence of pelvic floor dysfunction is significantly associated with the age of respondent (p=0.021), age at marriage of respondents (p=0.011), education status of respondents (p=0.001) and age at first child birth of respondent (p=0.001).

The above figure indicates that 54% of reproductive age group married women had moderate prevalence, 32% had minimal prevalence and 14% had high prevalence of pelvic floor dysfunction. (fig.1)

Conclusion

Pelvic floor dysfunction is a functional problem in reproductive age group women. It is encountered that all postnatal mothers are under the risk of this condition. The research study concluded that54% of reproductive age group married women had moderate prevalence, 32% had minimal prevalence and 14% had high prevalence of pelvic floor dysfunction. Hence the nurses can play a vital role within the multidisciplinary team to help improve the quality of life for these women's by offering conservative management and prophylactic measures to prevent complications such as bladder training to strengthen the bladder muscles or Kegel exercises, internal massage to address the perineum and dietary modifications can be done to minimize the complications of postnatal period and to ensure a healthy life after postnatal period.

References

1. Adele pillitteri (2000).Maternal and child health nursing, 4th edition; Lippincott publishers.
2. D.C Dutta, Text book of obstetrics including perinatology and contraception, 5th edition, 2001, published by new central agency Calcutta.
3. Diane.M.Fraser, Margerate. A. Cooper (2003). Myles Text book for midwives, 14th edition; Elsevier publication.
4. Lynna.Y. Littleton,Maternal and child health, 4th edition, Elsevier publishers
5. Brien J O, 2002. The American Journal of primary health care, 82(1) : 30-8
6. Kumari S, 2006.Journal of gynaecology and obstetrics, 53(1):200-30