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Palestinian Women Knowledge towards Pelvic Organ Prolapse in West Bank, Palestine: Across sectional study

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Dedication:

بسم الله الرحمن الرحيم

"يَرْفَعِ اللَّهُ الَّذِينَ آمَنُوا مِنكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ"

الحمد لله الذي بفضله أتممت متطلبات الحصول على درجة الماجستير في تخصص صحة الام والطفل. اهدي نتاجي المتواضع هذا الى دماء الشهداء الَّذين سبقونا الى دار الحق والسلام، الى فلسطين الحبيبة.

الى نفسي الطموحة التي نالت ما تريد بفضله وكرمه. الى تلك المنارة التي انارت لنا دروب العلم لنسير فيها على هديٍ من الله، الى دكاترتي في كلية الدراسات العليا والذين بذلوا جهودا عظيمة لأصل لهذه الدرجة العلمية وأخص بالذكر الدكتورة ابتسام دويكات.

الى مصدر قوتي في الحياة والدي الغالي، الى نبع العطاء الذي لا ينضب النعمة المهداة من رب السماء امي الحبيبة، الى اختي ورفيقة روحي وغاليتي، الى اخوتي وسندي في هذه الحياة.

ولا يفوتنيَ أن أهديه الى كل من ساندني ووقف بجنبي، أحبتي المقربين وصديقاتي. وأخيرا الى كل من ساهم في اخراج هذا النتاج المتواضع الى هذا الوجود.

Declaration

I certify that this thesis which is submitted for the degree of master is the result of my own research, except where otherwise acknowledged, and that this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed: 

Name: Doha Khaleel Mahmoud Moheasen

Date: 30/8/2024

Acknowledgment:

I would like to express my thanks and gratitude to Dr. Ibtisam Dwekat for her continued support and for providing her expertise to write and develop this thesis, to all the university doctors who contributed to reaching this day and to the Examiners Committee. I also extend my sincere thanks to my family for their continued support.

Abstract:

Introduction: Pelvic organ prolapse (POP) is a common disorder among women of different ages, although, the prevalence of pelvic organ prolapse is high in developing countries and its negative impact on women life who have this problem, previous research detected a lack of knowledge and awareness among women as well as limitation in their seeking care behaviors towards POP.

Aim: to assess women's knowledge about Pelvic organ prolapse in the southern area of West Bank, Palestine.

Methodology: A cross-sectional study was conducted among 317 married women of different ages. The sample of this study was convenient. Women from Hebron and Bethlehem areas were invited to participate in this study. A questionnaire in Arabic language was developed by the researchers and then was validated to achieve the purpose of the study. Data collection was conducted by using electronic and paper questionnaire. SPSS version 25 was used for data analyses, Kruskal-wallis H and mann whitney u test was used.

Results: Approximately, 208 (65.6%) of the participants had low level of knowledge about POP in term of risk factors, diagnosis and treatment. The major source of knowledge with regards the POP is the surrounding community 95 (30%). Moreover, around 89 (28.1%) did not aware and did not hear about POP. Medical science education and report sign and symptoms (S&S) of POP and the awareness about POP had strong relationships with the level of knowledge of pelvic organ prolapse. The prevalence of women who had POP symptoms is 182 (57.4 %), 151 (82.9 %) of them didn't seek health care regarding POP symptom. There are no relationships between demographic and obstetrical data and presence of POP symptoms. The highest mentioned reason 106 (70.19%) for not seeking health care was that the symptoms are not annoying", the next reason 103 (68.2%) is the belief that the condition they suffer is normal.

Conclusions: There are low level of knowledge and awareness among Palestinian women regarding POP as well as high level of POP symptoms and high level of not seeking health care among women who had symptoms of POP151 (82.96). intervention needed to improve Palestinian women knowledge towards POP risk factors, treatment, prevention and early detection and promote their seeking care behavior by encouraging them to visit the gynecologic clinics.

Keywords: Pelvic organ prolapse (POP), knowledge of POP, risk factors, symptoms of POP, prevalence of POP, health care seeking behaviors and health care seeking behaviors about POP.

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List of abbreviations:

Abbreviation	Full term
POP	Pelvic organ prolapse.
PFD	Pelvic floor disorder
BMI	Body mass index
NVD	Normal vaginal delivery
C/S	cesarean section
WHO	World Health Organization
SPSS	Statistical Package for the Social Sciences

Chapter one

Introduction

1.1 Introduction

Pelvic organ prolapse (POP): Is the descent and herniation of one or more of the anterior and posterior vaginal wall, the uterus, cervix, or the apex of the vagina (Haylen et al., 2016). In developing countries, the prevalence of POP can be notably high. Reports indicate that the prevalence ranges from 3.4% to 64.6% across various regions; In contrast, developed countries generally report lower prevalence rates. For example, studies have indicated that the prevalence of POP in developed regions can be around 15% to 20% (Wang et al., 2022). Moreover, the prevalence rate of POP in a systematic review which currently conducted through 12 studies and among 9905 participants was 39% (Elbiss, H.M., Rafaqat,W and Khan, Kh.S, 2023).

There are several factors associated with the occurrence and severity of POP symptoms such as educational status, socio-economic conditions, and menopausal status (Shi et al., 2023). Moreover, older age women, multipara (who have 2 or more delivery), women a lower educational level, who engaged in heavy physical activity and body mass index (BMI) >25 kg/m2. (**Borsamo et al., 2021**; Weintraub, Glinter, Braun 2020). Additional risk factors for POP are history of constipation, chronic chest disease, birth weight of their babies (Elbiss, Osman, Hammad 2015) .

Studies reported the associated symptoms with pelvic organ prolapse including vaginal symptoms such as sensation of vaginal or pelvic pressure and heaviness and seeing or

feeling a bulge. Moreover, urinary symptoms such as urinary incontinence and urinary urgency, frequency, bowel symptoms such as incontinence of flatus or stool, and feeling of incomplete emptying. These symptoms were reported in the previous studies through the assessment of women with POP (Hammad et al., 2018; Barber M.D 2016). Sexual symptoms such as dyspareunia and decreased sensation were also reported by (Barber M.D 2016).

The quality of life among women with POP is also affected due to the seriousness of the symptoms of POP that interfere with different activities. It Interferes with their Prayers, social activities, sexual relationships, and Physical activities (Hammad et al., 2018). Therefore, early detection of POP is very important because it promotes the management of the disease and prevents complications. It also reduces the material costs of health institutions and individuals resulting from the complications and repetitive intervention of the disease. (Dubinskaya et al., 2019).

On the other hand, previous studies from different countries concluded that considerable percentage of women have lack of knowledge about POP, its risk factors, and preventive measures (Ibrahim,S ., Elbhlwan Gh., Ali,S., 2023).

This lack of awareness extends not only among women in old age but also to young women (Prudencio., et al 2022). Additionally, previous studies highlight that education level plays a crucial role in enhancing knowledge about uterine prolapse, with a majority of respondents exhibiting poor knowledge in this area (Giri, S 2023; Mandimika,C.L, 2014.

According to Hammad et al. (2018) and Borsamo et al. (2021), many factors might influence healthcare-seeking behavior among women with symptoms of pelvic organ prolapse. Examples of these factors are embarrassment from the doctors, and women's believes that POP is normal and can resolve spontaneously. Unawareness of the existence of treatment, Lack of support, low income, and stigma were considered as factors associated with delay in seeking treatment. Moreover, deficit knowledge is one of the factors that effects health care seeking. (Jackson et al., 2017).

This study was conducted to assess women's knowledge, percentage of POP reported symptoms, risk factors and factors that affect women's seeking care behaviours among women in Hebron and Bethlehem governorates in the south of West Bank, Palestine.

1.2 Problem statement:

Pelvic organ prolapse considers annoying and shameful issues in women's life; women prefer to hide it and not even like to talk about it. Refrain from seeking care absolutely resulted in serious complications and negatively affected the quality of those women's life .
The prevalence among Palestinian women still not exactly known, POP is a neglected issue from both the women and the health care providers. Insufficient women knowledge regarding the symptoms of POP, diagnosis and treatment will expose the women to complications and interfere with their life daily activities.
lack of knowledge among women regarding POP is also one of the contributing factors that refrain women with POP from seeking health care behaviour and dissatisfaction with care provided to them. Low knowledge about POP and refrain health care contribute to serious complications and negatively affecting the quality of those women life.
According to Palestinian context, there is lack of studies in Palestine talking about the knowledge and attitude towards POP and the factors hindering healthcare seeking behaviours of pelvic organ prolapse.
Lack of research among Palestinian women regarding these issues exacerbate the problem. This study helps in identifying the women knowledge about POP and exploring the factors contributing to refrain healthcare seeking behaviour among women in the South West Bank – Palestine.

1.3 Significant of the study:

This study is significant because it was assessing the level of women knowledge and factors contributing to refrain healthcare seeking behavior regarding pelvic organ prolapse and draw attention to these factors. As well as it was given an idea about the pelvic organ prolapse based on symptoms among Palestinian women, as long as there is no clear picture about this subject in Palestine. However, there is no data available concerning the actual prevalence, and associated factors in Palestine. Understanding the factors that refrain women with POP from health-seeking behaviour will help to overcome these factors and manage them in future.
Moreover, assessing the knowledge about POP and knowing the factors that influence

health-seeking behavior, opening the way for research and studies to find solutions to these barriers, and explore how best to educate and improve women's awareness about POP. Additionally, the results of this study will enrich the literature in the field of prevalence and health-seeking behaviours in women with POP.

Accordingly, handling the contributing factors to refrain women with POP from health-seeking behavior will reduce the material costs of health institutions and individuals resulting from the complications and repetitive intervention of the disease after symptoms worsen as a result of neglect. (Dubinskaya et al., 2019).

Raising the awareness and increasing knowledge of POP that contribute to their early detection, and understanding the factors that affect women's health-seeking behaviour will help in overcoming these factors and managing the problem, preventing complications and improving symptoms. (Dubinskaya et al., 2019).

1.4 Aim of the study:

To assess women's knowledge about Pelvic Organ Prolapse in the southern area of West Bank, Palestine.

1.5 Objective:

1. To assess the obstetrics, gynecology and medical history among Palestinian women living in Hebron and Bethlehem in the south west bank, Palestine.

2. To assess the level of knowledge about Risk factors, diagnosis, and treatment of POP among Palestinian women living in Hebron and Bethlehem in the south west bank, Palestine.

3. To assess the Palestinian women's awareness about the signs and symptoms of POP that they might have, and identify the factors that hinder them from seeking health care behaviors in Hebron and Bethlehem in the southwest bank, Palestine.

4. Assess the relationships between sociodemographic (like: Age, marital status, educational level, economic status, residency, …) and the level of knowledge about

POP. in Hebron and Bethlehem in the southwest bank, Palestine.

5. Assess the relationships between obstetrics, gynecology and medical history and the level of knowledge about POP. in Hebron and Bethlehem in the southwest bank, Palestine.

1.6 Research question:

Q1 What is obstetrics, gynecology and medical history among Palestinian women living in Hebron and Bethlehem in the south west bank, Palestine?

Q2 What is the level of knowledge about Risk factors, diagnosis, and treatment of POP among Palestinian women living in Hebron and Bethlehem in the south west bank, Palestine?

Q3 Are Palestinian women's aware about the signs and symptoms of POP that they might have? and what the factors that hinder them from seeking health care behaviors in Hebron and Bethlehem in the southwest bank, Palestine?

Q4 Are there any relationships between sociodemographic (like: Age, marital status, educational level, economic status, residency, …) and the level of knowledge about POP. in Hebron and Bethlehem in the southwest bank, Palestine?

Q5 Are Is there any relationships between obstetrics, gynecology and medical history and the level of knowledge about POP. in Hebron and Bethlehem in the southwest bank, Palestine?

1.7 Research hypothesis:

There is no relationship between women demographic data and Knowledge about POP and healthcare seeking behaviors, among Palestinian women living in Hebron and Bethlehem in the South West Bank, Palestine.

1.8 Conceptual definition:

- **POP:** Pelvic organ prolapse: Is the descent and herniation of one or more of the anterior and posterior vaginal wall, the uterus (cervix), or the apex of the vagina (Haylen et al., 2016).

- **Cross-sectional Studies:** Cross-sectional study design is a type of observational study and the investigator measures the outcome and the exposures in the study participants at the same time (Setia,M,S 2016)

- **Stress incontinence:** It is the involuntary loss of urine when pressure on the abdomen increases due to effort or physical exertion such as sports activities, or when sneezing or laughing (ICS committees, 2018).

- **Body mass index (BMI):** Is a person's weight in kilograms divided by the square of height in meters. A high BMI can indicate high body fatness. BMI screens for weight categories that may lead to health problems, but it does not diagnose the body fatness or health of an individual. (CDC, 2024).

- **Healthcare seeking behavior (HSB)**: defined as any action or omission taken by individuals who consider themselves to be suffering from a health problem or to be sick for the purpose of finding appropriate treatment (Latunji O O, Akinyemi OO, 2018)

- **Knowledge:** Understanding or information about a topic that a person gains through experience or study, either known by one person or known to people in general. (Oxford dictionaries).

Chapter two

Literature review

2.1 Introduction

This chapter will summarize and analyze the literature review about the knowledge of POP and associated factors that contributing to refrain women with POP from healthcare seeking behaviour. An electronic literature search was conducted to identify the literature available on the various variables of this study and to select relevant resources for the review. The search was performed using various electronic databases: PubMed Central (PMC) and Google Scholar search engine was also utilized.

2.2 Prevalence of Pelvic organ Prolapse, symptoms and risk factors

2.2.1 Prevalence of Pelvic organ Prolapse:

Globally, the prevalence of POP is reported to be around 40% for women aged 50 and older, with variations depending on geographic and socioeconomic factors. In high-income countries, studies suggest that about 25% of women report experiencing at least one pelvic floor disorder. (Wang et al., 2022)

The prevalence of POP symptoms in Arab countries; a study conducted in Riyadh, Saudi Arabia, revealed that 20.9% of participants reported symptoms of prolapse. The overall prevalence of pelvic floor dysfunction was 60.2%, with urinary dysfunction at 44.1% and sexual dysfunction at 55.4% among the surveyed women (Malaekah et al., 2022).

Another study that conducted in Beirut, Lebanon among women who visited clinics at the Medical University, the study result showed that 20 – 43 % of participants reported at least one symptom and (35 %) of the participants reported no symptoms at all (Ghandour et al., 2016). In United Arab Emirates, to assess the prevalence of POP among women, the results showed that 29.6 % of women in the study reported symptoms of POP (Elbiss, Osama, Hammad,2015).

Another study conducted in Egypt among women, reported that approximately 36% of women in Egypt experienced symptoms of pelvic organ prolapse. This highlights a significant health issue that requires attention and intervention (Siyoum et al., 2024).

It is difficult to determine the prevalence of POP, the reported prevalence of POP is highly varied related to differences in study design, inclusion criteria, and accompanying indicator symptoms used among studies. The prevalence ranges from 3% and 50%. The prevalence of POP also increases as women increases with age. Women between the age of 20-29 the prevalence of POP for 6%. while women aged 50-59 years account for 31% with POP and close to 50% of women with POP are aged 80 years or older (Weintraub, Glinter, Braun, 2020) .

According to a systematic review (SR), meta-analysis (MA) study that currently conducted in 2023; the prevalence of Pelvic organ prolapse in the Eastern Mediterranean region rate through 12 studies and among 9905 participants was 39% (around a little over a third of women) (Elbiss, H.M., Rafaqat,W and Khan, K.S., 2023).

2.2.2 Symptoms of POP:

According to Jady, Nashee and Mahmood (2024), the study done in Iraq, the main aim of the study was presented and analyzed the basic criteria in terms of causes, symptoms, and risk factors which related to POP. the most symptoms of POP included mass descending per vagina, a feeling of bulge in the vagina, vaginal bleeding, as well as urinary incontinence. And according to Elbiss, Osama, Hammad (2015) the symptoms of pelvic organ prolapse that: vaginal soreness, insert finger into vagina to start or complete

urination and insert finger into vagina to empty bowel.

2.2.3 Risk factors for POP occurrence:

Various studies conducted to assess the prevalence and the factors associated with the occurrence and severity of POP symptoms such as educational status, socio-economic conditions, and menstrual history (Shi, F et al,2023), women age, multipara, women who engaged in heavy physical activity and body mass index (BMI) >25 kg/m2. (Zaman, R., Zaman, L., Rashid, A. 2022; Weintraub, Glinter, Braun, 2020; Ghandour et al., 2016).
According to Brito et al (2021), in a systematic review study including 11 cross-sectional, 6 cohort and 2 case-control studies. The author conclude that age of woman had a moderate risk factor for pelvic organ prolapse that was with every additional year after 35 years, the risk of POP increases about 10% .

As for the body mass index (BMI), which is another risk factor of POP revealed in some previous studies (Weintraub, Glinter, Braun 2020 and Ghandour et al., 2016), history of constipation, chronic chest disease, birth weight of their babies (Elbiss, Osman, Hammad, 2015), on the contrary, a systematic review and meta-analysis, included 14 articles with 53,797 study participants sowed that BMI doesn't have statistically significant association with pelvic organ prolapse. (Zenebe et al 2021). This result is also consistent with a cross-sectional study that conducted in India; in a rural teaching hospital in the Gynaecology & Obstetrics department which include 150 POP women (Ansari, Sharma and khan 2021).

2.3 Women knowledge about POP and associated factors:

According to study which conducted at Obstetrics and Gynecology outpatient clinic at Benha University Hospital, there is deficit of knowledge, more than two- thirds of studied women had inadequate knowledge regarding uterine prolapse. The aim of this Descriptive study was assess women's knowledge, practices, and attitudes regarding uterine (Abd El-hamid et al., 2023).

A cross-sectional survey done in 2024, which aim to evaluate Hungarian women's knowledge about pelvic floor disorders and to assess health care-seeking behavior. The study conclude that Hungarian women had limited knowledge about urinary incontinence and pelvic organ prolapse (Szatmári et al., 2023).

According to Farihan et al (2022) in a cross-sectional study that currently conducted to determine the prevalence and to assess the knowledge and awareness of pelvic floor disorder (PFD) among pregnant women in a tertiary center in Malaysia, the study used Prolapse and Incontinence Knowledge Questionnaire (PISQ) to assess mother knowledge about POP, which consists of 24 items. A total of 424 participants agreed to participate. the study concluded that the knowledge about pelvic floor disorder was lacking among pregnant women in this study. Having tertiary education and receiving antenatal specialist care were associated with better knowledge proficiency.

A Systematic Review study, which aimed to investigate whether women present adequate knowledge of pelvic floor disorders (PFDs) (urinary incontinence – UI, fecal incontinence –FI, and pelvic organ prolapse – POP. Nineteen studies were included with comprising 11,512 women, the result of the study showed that most of the women in the reviewed studies have a deficit of knowledge of pelvic floor muscle dysfunctions, and did not understand their treatment options, and were not able to identify risk factors for these disorders. Based on this study the African-American
ethnicity, low educational level, low access to information and low socioeconomic status, it is considered risk factors for lack of knowledge of pelvic floor dysfunction (Fante et al, 2019) .

A qualitative study which conducted in the National Health Service "NHS" in UK, by using focus groups and interviews to elicit women's experiences of seeking and receiving care for prolapse. There is a need for education among women and professionals about treatment options for pelvic organ prolapse. (Abhyankar et al 2019).

In contrast to the previous studies, a cross-sectional study that conducted to assess the awareness regarding pelvic organ prolapse among women attending in a teaching hospital, Chitwan - Nepal Showed that there is more than half of the women (65.5%) aware regarding pelvic organ prolapsed and age of having first child was statistically significant with the level of knowledge. (Subedi et al 2019).

2.4 Healthcare seeking behaviors:

2.4.1 Healthcare seeking behaviors in general:

Previous studies talked about the healthcare seeking behavior and the factors associated with not seeking care behaviors. A qualitative study was conducted by using in-depth interviews with 21 Palestinian Arab Bedouin village residents. 14 women and 7 men. Which aim to understand the barriers of not accessing health care among Arab Bedouins. The results of that study summarized that there are many barriers that prevent receiving health services, the most important of which is the difference in language (because most service providers in health care centers speak Hebrew) and thus the loss of privacy if there is someone translating the language. Lack of transportation to health care places, prefer to use herbs and alternative medicine instead of seeking health care (Shibli, Daniel, and Feder-Bubis 2021).

Another community-based cross-sectional study that done in Shanghai, China by Du et al., (2020), to identify the prevalence of menopausal symptoms among middle-aged women and factors associated with women's perimenopausal healthcare seeking behaviour in Shanghai, China. The study concludes that only a small percentage of the participants seeking to get healthcare without explaining the reasons for refraining from seeking health care .

A qualitative study was held in Ramallah villages by Majaj, N and Allegri (2013) to explore women's health seeking behaviour among rural Palestinian women which involved 30 individual, among the reasons that impede seeking health care: social and cultural norms, for example, it is forbidden to complain, preference for traditional medicine such as herbs, the issue of early marriage and preoccupation with responsibilities, lack of awareness of health problems, low education, religious beliefs (trusting Allah makes them not worried about illness).The financial obstacle that pushes them to receive health care in government centers and hospitals, which expressed their dissatisfaction with the medical staff and the way of dealing there, and the factors that encourage women to seek health care is the presence of the husband and in law in case the mother needs help or receive treatment in the hospital.

2.4.2 Healthcare seeking behaviour regarding POP and the factors associated with not seeking care behaviours

Astudy conducted in in Bale Zone, Southeast Ethiopia aim to assess factors associated with delay in seeking treatment among women with POP at public hospitals. The study results showed that 76.9% were delayed in the treatment of POP and there are multiple factors for refrain healthcare seeking behaviors such as living in rural area, autonomous decision-making, a lack of support, an embarrassment to see male health care providers, and a lack of knowledge of present successful treatment. This factors according to Ejigu et al., (2024).

A cross-sectional study was conducted in Southern Ethiopia on 123 women with POP, that study aimed to assess the factors associated with the delay in seeking health care in Ethiopian hospitals, the results concluded that women were not seeking health care due to lack of support, difficulty of transportation and financial issues, belief that POP is natural phenomenon, fear of losing social value, stigma, and fear of disclosure. The age of the mother and the low level of education constituted major associated factors in the delay in seeking health care. (Borsamo et al 2021).

Another cross-sectional study that also done in east Ethiopia by Dheresa et al., (2020), and among 704 ever-married women reported symptoms of PFDs, which aim to assess associated factors, and deterrents for health care seeking for PFDs. Women prefer traditional medicine over modern for several reasons, including the physical discomfort associated with diagnosis and treatment, the ineffectiveness of modern medicine, the cost of traditional medicine is lower and they consider it as effective as modern medicine. Privacy matters, inaccessibility of health care services social taboos, lack of information about treatability of the symptoms and their economic burden.POP consider a stigma and sensitive issue among women everywhere, previous studies showed that several factors prevent women from seeking care accordingly.

A Qualitative study that conducted also in Ethiopia (Amhara Region), the purpose of the study was to explore factors influences choices of health care and the influence the public health services compared with other healing options. A group of 24 women with severe symptomatic pelvic organ prolapse. Which clarified the reason for not seeking health care that health care was sought from the health sector and beyond the choices of POP women with health care seeking care were influenced by religious beliefs, extreme poverty, lack of knowledge, and shame about the problem. (Gjerde et al., 2018) .

According to Hammad, Elbiss and Osman (2018) in their cross-sectional study that conducted in the Emirates in United Arab Emirates, aim to study the social impact and degree of bother of symptoms of POP and the determinants limitation of healthcare seeking behaviour in gulf country. 429 consented to fully participate in the study. Out of these, 127 women (29.6%) reported symptoms of POP. The study mentioned that women with POP were affected by at least one social activity, prayer or sexual intercourse. Out of 127 women, 38% had a moderate effect and 14% were severely affected by these activities. Of this percentage, 54% did not seek medical advice because of embarrassment, lack of knowledge and hope for an automatic solution to the problem. The main factor which makes women to seek medical advice was the interference of the POP symptoms with daily physical activities and effect the ability of women to meet their personal and family commitments .

Moreover, a cross-sectional Study that conducted in Australia to assess the health seeking behavior of women over 55 years who were living independently in Australia with pelvic floor dysfunction (PFD) by using (electronic and paper questionnaires) on 376 women. The findings of this study showed that health-seeking behaviors were not associated with age or educational levels. The main obstacles to seeking care were; the belief that these symptoms are part of aging (28.8%), the possibility of managing the symptoms themselves, the lack of danger for these symptoms, the embarrassment of seeking help (Tinetti et al., 2018).

2.5 Summary

It is difficult to determine the prevalence of POP, the reported prevalence of POP is highly varied related to differences in study design, inclusion criteria, and accompanying indicator symptoms used among studies. The prevalence of POP also increases as women increases with age. In general, there is a multiple factor effect Knowledge and the health care seeking behavior among women, many studies conclude: there is deficit of knowledge among POP. One study mention: more of half of women have a good awareness regarded POP. according to previous study the main factor limited health seeking: Lack of transportation, low income, belief that POP is normal and problem automatically solution, part of aging and lack of danger for these symptoms, fear of losing social value, stigma and problem. The age of the mother and the low level of education constituted another major

factor in the delay in seeking health care. These studies concentrated to the limitation one study mention the accessible factors “present extended family and support from them”, accordingly Awareness sessions should be conducted for women exposed to POP such as the menopausal women, grand multipara, and other women that include talking about risk factor, symptoms, how to diagnose, treatment options and the prognosis of POP, and encouraging them to talk about symptoms for diagnosis and treatment. Semi-free health services must be provided with the help of public and private institutions to assist in obtaining medical services.

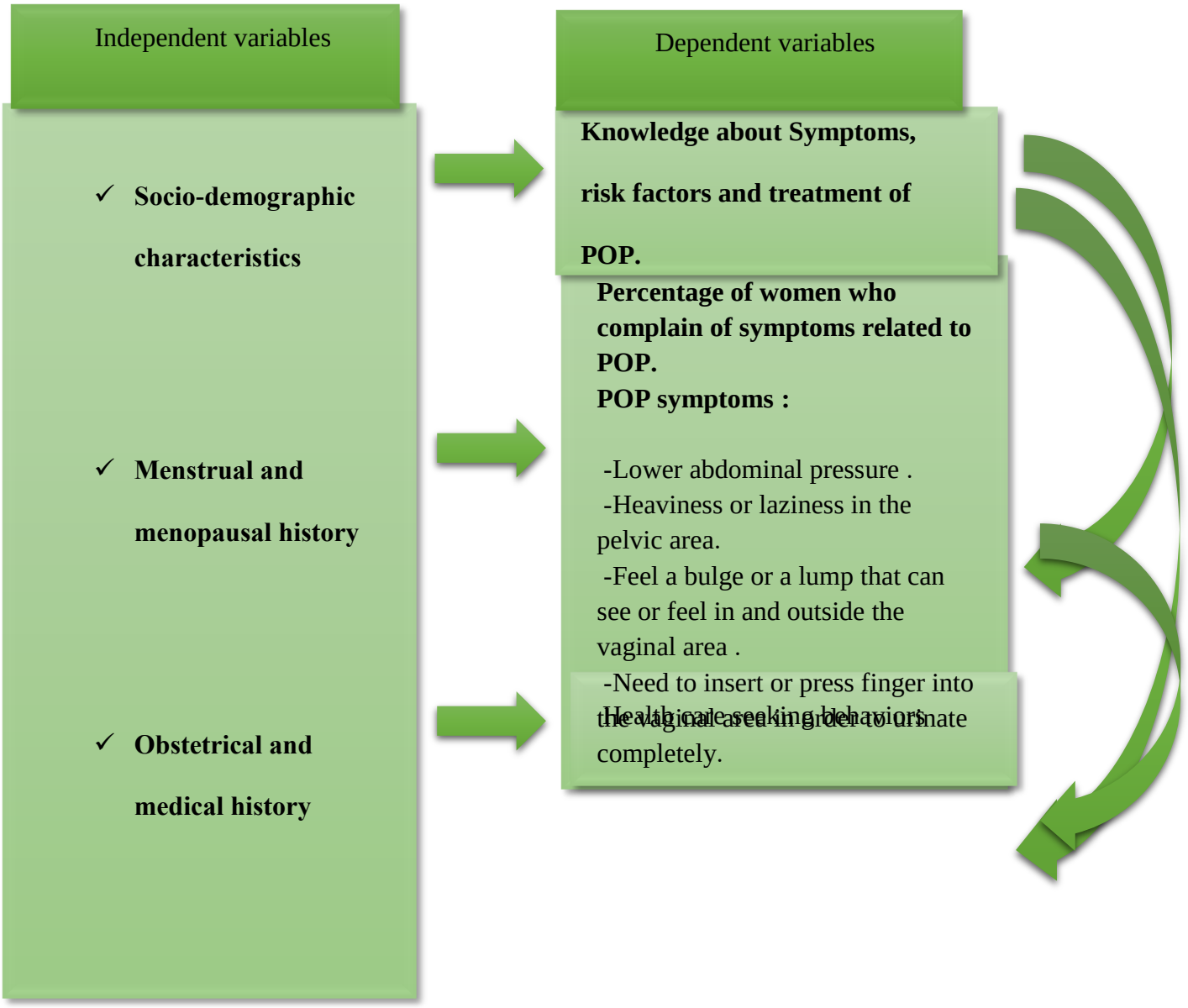
Chapter three

Conceptual framework

3.1 Introduction

The purpose of this study is to assess women's knowledge, prevalence of POP symptoms, and the factors affect women's seeking care behaviours among women with symptoms of POP in Hebron and Bethlehem governorates in the south of West Bank, Palestine. The conceptual framework of this study concern about the assessment of the level of knowledge about Symptoms, risk factors and treatment of POP and the Socio-demographic characteristics (Age, residence, level of education, study related to medical field education, study related to medical field education, study related to medical field education, study related to medical field education, occupation, source of information about POP, and monthly family income) and Present POP symptoms. And it concerns about the Prevalence of POP symptoms and demographic characteristics and obstetrical history (Age, occupation, monthly family income, place of residency and body mass index (BMI)), obstetrical history, medical and menstrual history (Stress incontinent, had previous surgery for stress incontinent, had previous surgery for POP, chronic chest illness, constipation, diabetes and cigarette or Nargileh smoking), menstrual and Menopausal history. Finally, the study concerns about healthcare seeking behaviours and demographic characteristics (Age, occupation, monthly family income, place of residency, level of education and study related to medical field education) and obstetrical history .

Figure 3.1: The conceptual framework is



3.2 Variables of the study:

3.2.1 Dependent variables:

- Women knowledge about pelvic organ prolapse.
- Percentage of women who had POP symptoms.
- Health care seeking behaviors for POP symptoms.
-

3.2.2 Independent variables:

- **Demographic data:** Age, body Mass Index, residency, educational level, university major related to medical specializations, occupation and monthly family income .
- **Obstetrical history:** Menstrual history, reach Menopausal period, gravidity, parity, number of normal vaginal delivery (NVD), number of cesarean section (CS) deliveries, number of instrumental deliveries (vacuum and forceps delivery) and history of births weighing over 4 kg.
- **Medical and gynecological history:** Stress incontinent, previous surgery for stress incontinent, previous surgery for POP, chronic chest illness, constipation, diabetes, cigarette or Nargileh smoking and cancer in the Pelvic area.

3.3 Operational definition :

- **Knowledge:** Levels of awareness and understanding about POP among Palestinian women regarding pelvic organ prolapse, in terms of the risk factors, diagnosis and treatment.
- **percentage of POP symptoms:** The proportion of women who have symptoms of POP: (experience pressure in the lower abdomen, experience heaviness or dullness in the

pelvic area, have a bulge or something falling out that you can see or feel in your vaginal area, , have to push on the vagina or around the rectum to have or complete a bowel movement, experience a feeling of incomplete bladder emptying, have to push up on a bulge in the vaginal area with your fingers to start or complete urination). Any woman answers yes on any of these symptoms, this mean woman has POP symptom.

- **Body mass index calculation formula:** Weight (kg) / [height (m)]2, under 18.5 – This is described as underweight, between 18.5 and 24.9 this is described as the healthy range, between 25 and 29.9 this is described as overweight, between 30 and 39.9 this is described as obesity and 40 or over this is described as severe obesity. (CDC 2024).

- **Demographic data:** Is the study of a population-based on factors such as sex, race, and age and place of residence. Demographic data refers to socioeconomic information expressed statistically, including income, education employment, marriage rates.

Chapter four

Methodology

4.1 Introduction:

This chapter discusses research design, identification of population and sample, setting, purpose of the study, instrument, pilot testing, data collection, method of data analysis and timeline.

4.2 Research design:

A cross-sectional study, based questionnaire electronic and paper questionnaire.

4.3 Study location and setting :

This study was conducted in south West Bank, Palestine mainly at Bethlehem and Hebron governorates. Outpatient clinic in Alia Hospital is a place that used for collecting part of the data at Hebron another part of data and for Bethlehem area; online questionnaire was used for data collection.

4.4 Study Duration :

The whole study commenced between February 2023 and August 2024.

4.5 Population and sample:

The population of the study was women over 18 years old and who live in the southern West Bank (Hebron and Bethlehem), 217 women from Hebron (133 Self-administered questionnaire at out-patient clinic at Hebron governmental hospital and 84 online questionnaire), and 100 women from Bethlehem all of them online questionnaire).

4.5.1 Inclusion criteria:

- Women who seek health care at the outpatient clinics at Alia governmental hospital in Hebron or any women who were from the community in Hebron and Bethlehem who met the inclusion criteria.
- Married women.
- Women age above 18 years .

4.5.2 Exclusion criteria:

- Women unable to understand or read the Arabic questionnaire.
- The midwives and doctors
- Pregnant women.

4.6 The sampling Method and sample size :

4.6.1 Sampling methods :

Convenient sampling method was used among women who fulfilled the inclusion criteria to achieve the purpose of the study. Convenient sample from women who visit the outpatient clinic in Alia governmental hospital in Hebron. In Bethlehem and other areas of Hebron governorates, online questionnaire was used purposefully to reach the women who met the inclusion criteria because of the restrictions and difficulty in mobility related to political instability and the war in Gaza. Through social media, groups of mothers in south of West Bank were mainly included in online questionnaire.

The purpose of choosing convenient sampling methods was to save the time and cost and minimize the difficulties in data collection and achieve the needed sample size. So, 317

women were participated in this study.

4.6.2 Sample size :

The estimated sample size calculation was done by using single proportion formula considering the prevalence rate of POP, based on previous study that conducted in Al Emarat as there is no previous study in Palestine, the prevalence rate was 29.6%. (Elbiss, O, Hammad, 2015)

The calculation of sample size done as the following

$n = (z/\Delta)^2 p(1-p)$

Z value based on 95% CI = 1.96

Absolute precision (Δ) = 5%(0.05)

P = prevalence rate for POP= 29.6%

$n=(1.96/0.05)\ ^2 0.296(1-0.296)= 316$

Tab 4.1 the estimated sample size from each governorate:

Place of data collection	**Hebron**	**Bethlehem**
No. of sample	217	100

Table 4.2 distribution of data collection

Place of data collection	**Hebron**	**Bethlehem**
No. of sample	217	100
self-administered questionnaire	133	----
Online	84	100

4.7 Research Tool :

4.7.1 Development of a new questionnaire

A new self - administered questionnaire was developed to achieve the study purposes of the study to assess women's knowledge about Pelvic Organ Prolapse in the southern area of West Bank, Palestine.

As for development of the questionnaire, relevant literature and previous studies were

reviewed, then the study developed appropriate tools to investigate the problem under study. The review of literature was commenced by reviewing qualitative and quantitative studies related to POP prevalence, knowledge, associated factors and factors that prevent women from seeking care behavior. In addition, the available questionnaires were also reviewed to identify important items, determining the measurement scale and validation process used. Key words used in database search were "prevalence of POP", "knowledge about POP, health care seeking behavior", associated factors of POP"." The databases used included the Cochrane Library, PubMed, Scopus, and Google scholar. Finally, the questionnaire development achieved based on the purpose of the study and review of the literature .

The questionnaire includes four parts, the first part includes demographic, menstrual history and obstetric characteristics such as Age, Marital status, level of education, place of residence, occupation status, Economical status, menopausal stat, Parity and medical history.

The second part includes knowledge about pelvic organ prolapse, the Prolapse and Incontinence Knowledge Questionnaire (PIKQ) wase reviewed and 11 items was adopted from it, additionally, 6 items were added from previous studies. The questionnaire was divided into 3 parts: risk factors, management of POP and diagnosis of POP. 7 items talking about the risk factors of POP (Ghandour et al., 2016; Weintraub, Glinter, Braun 2020; Elbiss, Osman, Hammad 2015; Vergeldt et al., 2015). As for the management of POP; 7 items were added from a previous study (Fleischer and Thiagamoorthy 2020), and; 3 items for diagnosis of POP (Weintraub, Glinter and Braun 2020). Likert scale was used in this part of the questionnaire (Agree, disagree and I don't know) .

The third part of the questionnaire contains 6 questions about symptoms of pop which quoted from The Pelvic Floor Questionnaire "which is reliable, valid, and sensitive to change according to Baessler et al., 2009 and Pelvic Floor Disability Index (PFDI-20) "which is reliable, valid and feasible to evaluate the symptoms according to Mattsson et al., 2017. Likert scale was used (Always, most of the time, sometimes and never). The Pelvic Floor Questionnaire is an international scale, used by many other studies and available online .

Finally, the fourth part includes ten items about the factors affect women's seeking care behaviors among women with symptoms of pelvic organ prolapse. Some of the items were adopted from previous studies (Borsamo, O and Worku, 2021; Dheresa et al., 2020; Gjerde

et al., 2018; Hammad, E and Osman,2018 and Tinetti et al., 2018). Other items were suggested from the experts and women who reviewed the questionnaire items during development and validation process. Dichotomous scale was used (Yes and No) .

The items of the questionnaire were adopted and written in Arabic to be understandable by the women. The Arabic language was proofread by two Arabic and English language experts. Appendix presents the questionnaire in Arabic .

4.8 Validity of the questionnaire:

4.8.1 Content validity :

To ensure the validity of the questionnaire items, after development of the questionnaire achieved, the Arabic version of the questionnaire was sent to 6 experts of midwives, Reproductive health officer and consultant for maternal and child health care and Faculty of Nursing and midwifery department at Al-Quds university and Bethlehem University. Expert validation was conducted to ensure the validity of the instruments. Validity of the instrument refers to the degree to which an instrument measures what it supposed to measure (DeVon et al., 2007).

The experts were emailed the questionnaire with the objectives of the study after their agreement to participate in the validity process. These experts were asked first, to review the domains and their items and provide feedback on each item if possible. One of the experts suggested to add more items in the knowledge part, so more items were added on the Prolapse and Incontinence Knowledge Questionnaire (PIKQ and the items were arranged and divided into 3 sections (risk factors, diagnosis and management and treatment of POP). Another expert asked to clarify some items to be clearer in the questionnaire such as the meaning of the “hard work” point was clarified, all comments from the experts were valuable and enrich the content and clarity of the questionnaire items, all are taken into consideration to refine the domains and their items.

4.8.2 Face Validity:

After the content validity step achieved with the experts and the questionnaire items have improved, the revised draft of the questionnaire was gone through face validity. Face

Validity also done with 10 women from different ages to ensure understandability and clarity of the items of the questionnaire. Women were also asked to provide any verbal or written comments related to questionnaire items. The questionnaire items were understandable and clear .

4.8.3 Pilot study and Reliability of the questionnaire :

Pilot study was conducted to examine for suitability of the item, and reliability of the questionnaire as well as to evaluate the procedures for participants recruitment, usability of the scale, duration and data collection processes, and cost before implementing the full scale in order to decrease the chance of failure in a final study. Pilot testing was conducted to test the research approach with 30 women met the study criteria. the snowball method was used to collect the data at this stage and the questionnaire was sent to them electronically by messenger, WhatsApp and Gmail. They were asked about the clarity of the questionnaire items, time needed to fill the questionnaire, any technical problems or difficulties with the questionnaire form. Feedback from the women was taken into account
To ensure reliability of the questionnaire, Cronbach's alpha was the calculated for each domain of the questionnaire as the followings; for knowledge: 0.933, sign and symptoms: 0.702 and for health care seeking behaviors :0.848. which means that the questionnaire is reliable and valid.

Table 4-3 shows the no. of items, domains of questionnaire and value of Cronbach's alpha

Items	**Cronbach's alpha**	**No. of items**
Knowledge about POP	0.933	17
Symptoms of POP	0.702	6
health care seeking behaviors related to POP	0.848	10

4.9 Data collection:

The process of data collection started after it had been permitted by the ministry of health officer and the letter of permission is sent to Alia hospital in Hebron governorates in order to facilitate the process of data collection. Data collection was done by the main researcher through using the new developed questionnaire.

The women who accept to participate in this study and meet the including criteria were included in this study; 317 women fulfilled the questionnaire either paper or online questionnaire. As for the data collection in Hebron governorates around 133 self-administered questionnaires distributed by the main researcher to the women who seek care in the outpatient clinic at Hebron government hospitals in the south west bank, Palestine. The participant take space to answer the questions in complete privacy. The purpose of the study was explained to the participants before starting the data collection. Moreover another 184 questionnaires were filled online from the Hebron and Bethlehem governorates because of the inability of the women to reach the hospital due to the war and closures and check points. As well as the difficulty of the main researcher to travel from Hebron to Bethlehem. Of 184 online questionnaires; 100 questionnaires were distributed online to the women residents in Bethlehem governorates, the rest of the questionnaires; 84 were distributed electronically to the women resident in Hebron. The online method of data collection conducted after contacting the key persons in the community and they help in contacting the women there. After that, the researcher contacts each woman on social media such as WhatsApp for those women who meet the including criteria. The main researcher was sent the questionnaire to them after they agree to participate with the aim of the study was explained through sending massage to the participants through social media. Moreover, the aim of the study and its criteria were present within the questionnaire sent itself. The online and the self-administered questionnaire took around 10 minutes to be filled.

4.10 Method of data analysis:

After the data collection were completed, all the collected questionnaires paper and online (317) were given numbers and then information was entered to the Statistical Package for Social Sciences (SPSS) version 25 by the main researcher. The data analyzed after Data entry and management done by used SPSS. All the data were checked by over viewing the

filled questionnaires, coding of questionnaires, designing data entry model, defining variables, coding variables, data cleaning, frequency table for the study variables, cross tabulation of results and conducting statistical procedures .

4.10.1 Descriptive Characteristics of participants

Descriptive statistics were used to summarize participant sociodemographic characteristics, menstrual and obstetrical history, gynecological and medical history. and start analysis, the data checked and showed that it did not follow a normal distribution, so nonparametric test " kruskal – wallist H and Mann Whitney u test" were used The categorical variables, they were described in frequency and percentage.

4.10.2 Knowledge of POP among participants and the relationships between the level of knowledge, awareness about POP and Sociodemographic data

As for a knowledge domain, to find level of knowledge about POP; it was calculated by finding the mean of knowledge domain and the frequencies and percentages of the participants who answer correctly and those who have wrong answers percentages. The coding was done as the following; those who answered correctly were given two points, and those who chose "I don't know" or answered incorrectly were given one points. Then the mean response to all questions in general and knowledge about risk factors, knowledge about diagnosing of symptoms, and knowledge about treatment of POP was determined. The answers resulting from calculating the mean were divided into two parts: less than 1.5, they have low knowledge, and more than 1.5 they have high knowledge about POP.

kruskal-wallist test was used, to find the relationships between the level of knowledge, awareness about POP and Sociodemographic. Mann - Whitney test was conducted to find relationships between the level of knowledge, awareness about POP and "monthly family income and present POP symptoms."

4.10.3 The number of women who complain of symptoms related to POP and the relationships between it and demographic characteristics and obstetric history

According to the symptoms related to POP calculation, it was calculated by percentages and frequency by taking the mean of the total items answers after coding the response as

those who answered “never” were given one point, those who answered “sometimes” were given two points, those who answered “often” were given three points and who answered “always” were given 4 points. a scale was developed such that those who received a score of 1 were counted as not suffering from symptoms, while those who scored more than 1 were counted suffering from symptoms.

kruskal-wallist test was used, to find the relationships between the number of symptoms of POP and demographic characteristics and obstetric history. Mann - Whitney test was conducted to fined relationships between the symptoms of POP and “monthly family income and medical menstrual history.”

And for relationships between factors associated with not seeking care behaviors among women with POP symptoms and demographic characteristics kruskal-wallist test was used except monthly family income which Mann - Whitney test was used.

4.11 Ethical considerations

4.11.1 Consent and voluntary participation:

Verbal informed consent from all participants sought throughout the research. Voluntary participation through all the study phases was ensured, the participants assured their right to withdraw from the research at any time with no consequences or embarrassment and participants knew that there was no harm on them from non-participation in this study. Explanation of research objective in simple language was done for the participants, the research information sheet includes the purpose of the study was available on the top of the questionnaire.

4.11.2 Confidentiality:

Participant information was secured, the participant knew previously that the search result was being used without using the individual name. The data is secured and used for scientific purposes only. All data (during analysis) were stored in password-protected computer files. Paper copies of the questionnaires were stored securely in a locked cabinet. The names were not written in the questionnaire, no personal information was recorded at all.

4.11.3 Ethical approval:

Ethical approval for this proposal was obtained from the Ethical Committee at Al-Quds University with the Ref No: 285/REC/2023.

4.11.4 Procedure and permission

Permission was obtained from the ministry of health for the data collection That part of it conducted at Alia hospital- outpatient clinics.

Chapter five

Result

5.1 Introduction:

This chapter presents the findings of this cross-sectional study which was conducted to **assess** women's knowledge about Pelvic Organ Prolapse in the southern area of West Bank, Palestine. The findings include demographic data, menstrual and obstetric history, medical and gynecological history, source of knowledge about POP, degree of knowledge and its association with variables, symptoms of POP and its association with variables, finally, factors associated with not seeking care behaviours among women who had POP symptoms will be presented.

5.2 Socio-demographic characteristics of the participants:

A total of 317 women who meet the inclusion criteria had responded to the self-administered questionnaire across the two governorates in the south of West Bank (Hebron and Bethlehem). All the participants were Palestinian, around 125 (39.4%) of the participants age ranged between 30 and 40 years, out of the total 112 (35.3%) were 40 years old and above. As for weight, most of the participant was overweight 135 (42.6%). Almost half of them 151 (47.6%) were living in villages. The majority of the participants 196 (61.8%) completed their university education and 159 (81.12%) of them their studies were not related to the medical fields. Around 198 (62.5%) of the participants were

housewives and do not have did not have any formal occupation that require strenuous physical activities such as lifting heavy weights. Nearly half of the participants 166 (52.4%) had an estimated monthly family income of more than 3,500 NIS. Table 5.1 Summarizes the sociodemographic data for the participants.

Table 5.1. Socio-demographic characteristics of the participants (n = 317)

Variables	**N**	**(%)**
Age		
18 – 30	80	25.2 %
30 – 40	125	39.4%
above 40	112	35.3%
Body Mass Index:		
Underweight	6	1.9%
Normal	81	25.6%
Overweight	135	42.6%
Obese	93	29.3%
Residency:		
City	108	34.1%
Village	151	47.6%
Camp	56.	17.7%
remote area	2	0.6%
Educational level:		
Basic education	16	5%
High school	94	29.7%
College or university	196	61.8%
Other	11	3.5%
University major related to medical specializations		
Yes	37	18.9%
No	159	81.1%
Occupation:		
Housewives	198	62.5%
Office job	95	30%
Jobs require strenuous physical activities	24	7.6
Monthly family income:		
Less than 3500 NIC	151	47.6%
More than 3500 NIC	166	52.4%

5.3 Menstrual and obstetrical history :

The majority of the participants 238 (75.1%) had regular menses, 286 (90.2%) did not reach the menopausal period yet but 31 (9.8%) of the participants reached menopause. Among the total participants 9 (2.8) had no pregnancy in their life time, 22 (6.9%) had 1 pregnancy, 80 (25.2%) had 2 to 3 pregnancies, and 206 (65 %) had 4 times or more pregnancy .

Regarding the number of births participants experienced; more than half of the them 183 (57.7%) had experience 4 time of birth and above. 10 (3.2%) didn't have given birth before, 23 (7.3%) had one birth, 101 (31.9%) had 2 – 3 births .

As for the type of childbirth, approximately, half of the participants 144 (45.4%) had 4 birth and above by normal vaginal delivery (NVD), 101 (31.9%) had 2 -3 birth by NVD, 28 (8.8%) had one NVD and 44 (13.9%) didn't have NVD. The majority of participant 209 (65.9%) didn't experience cesarean section (CS) in their life time and 108 (34.1) experienced CS birth in their life time

Most of the participants didn't experience vacuum or forceps delivery 277 (87.4%), but 40(12.6) experienced from 1-3 delivery by vacuum or forceps delivery as the following; 35 (11%) had one vacuum or forceps delivery, 5 (1.6%) had 2-3 vacuum or forceps delivery. As for birth weights; the majority of their newborn weight 254 (80.1%) were less than 4 kg. The Table 5.2 describe menstrual and obstetrical history for the participants.

Table 5.2A Menstrual and obstetrical history of the participants (n=317)

Variables	N	(%)
Menstrual history:		
Regular	238	75.1%
Irregular	79	24.9%
Reach * Menopausal period		
Yes	31	9.8%
No	286	90.2%
**** Gravidity:**		
Nulligravida	9	2.8%
Gravida 1	22	6.9%
Gravida 2 – 3	80	25.2%
Gravida 4 and above	206	65%
**** Parity:**		
Nullipara	10	3.2%
Para 1	23	7.3%
Para 2-3	101	31.9%
Para 4 and above	183	57.7%

Table 5.2B Menstrual and obstetrical history of the participants (n=317)

Variables	N	(%)
Number of NVD:		
1	28	8.8%
2 -3	101	31.9%
4 and above	144	45.4%
Number of CS deliveries:		
1	66	20.8%
2 -3	30	9.5%
4 and above	12	3.8%
Number of ** instrumental deliveries:**		
1	35	11%
2 -3	5	1.6%
4 and above	------	---------
Births weighing over 4 kg		
Yes	53	16.7%
No	254	80.1%

* **Menopause**: The time of life when a woman's ovaries stop producing hormones and menstrual periods stop, no period for 12 months in a row. (NIH, 2021)

** **Gravidity** (The total number of pregnancies, regardless of outcome).

*** **Parity** (The total number of pregnancies carried over the threshold of viability).

**** **Instrumental delivery** (when forceps or a ventouse suction cup (vacuum) are used to help deliver the baby).

5.4 Gynecological and medical history:

Around 118 (37.2%), of the participants had stress urine incontinent and 6 (1.9%) had history of surgery for stress incontinent treatment. Moreover, the participants who had experience surgery for POP treatment were 6 .(%1.9)

As for medical history among the participants; women who had chronic chest illness was 33 (10.4%), chronic constipation history was 62 (19.6%) and history of diabetes was 23 (7.3%). The cigarette or Nargileh smoking among women were 32 (10.1%). One woman (0.3%) had cancer in the pelvic area. The table 5.3 summarize the previously mentioned information.

Table 5.3 Gynecological and medical history (n=317):

Variables	N	(%)
*** Stress incontinent**		
Yes	118	37.2%
No	199	62.8%
Previous surgery for stress incontinent		
Yes	6	1.9%
No	311	98.1%
Previous surgery for POP		
Yes	6	1.9%
No	311	98.1%
Chronic chest illness		
Yes	33	10.4%
No	284	89.6%
Constipation		
Yes	62	19.6%
No	255	80.4%
Diabetes		
Yes	23	7.3%
No	294	92.7%
Cigarette or Nargileh smoking		
Yes	32	10.1%
No	285	89.9%
Cancer in the Pelvic area		
Yes	1	0.3%
No	316	99.7

* **Stress incontinence:** occurs when urine leaks as pressure is put on the bladder, such as during exercise, coughing, sneezing, laughing, or lifting heavy objects. (NIH, 2022).

5.5 Source and degree of knowledge about POP

5.5.1 Source of POP knowledge and awareness:

According to the participants answers; the major source of knowledge with regards the POP is the surrounding community 95 (30%), followed by the social media 53 (16.7%) and the health care provider 42 (13.2%). Approximately, 28 (8.8%) acquired their knowledge through their university study. On the other hand, 89 (28.1%) did not hear about POP. Table 5.4 Summarizes the findings.

Table 5.4 Source of knowledge and awareness about POP (n=317)

Source of knowledge about POP and awareness	N	(%)
Social media	53	16.7%
Health care provider	42	13.2%
Surrounding community	95	30%
Through university study	28	8.8%
I did not hear about POP	89	28.1%
Heard about POP from other sources	10	3.2%

5.5.2 Level of knowledge regarding POP in term of risk factors, diagnosis and treatment:

Based on the participants responses to the knowledge items in this study; 208 (65.6%) of the participants had low level of knowledge and 109 (34.4%) of the participants had high level of the knowledge. Moreover, the percentage of participating women who had low level and correct answers of knowledge about risk factors 121 (38.2%), diagnosing of symptoms 120 (37.9%), and treatment of POP 126 (39.7%), the table 5.5 describe the level of knowledge regarding POP in term of risk factors, diagnosis and treatment.

Table 5.5 The level of knowledge regarding POP in term of risk factors, diagnosis and treatment (n=317):

Variables	No. of participants who have high knowledge (correct answers)	(%)	No. of participants who did not have (incorrect answers)	(%)
level of knowledge about risk factors.	121	38.2%	196	61.8%
level of knowledge about diagnosing of symptoms.	120	37.9%	197	62.1%
level of knowledge about treatment of POP.	126	39.7%	191	60.3%
Total level of knowledge about POP.	109	34.4%	208	65.6%

According to the participants answers to the items related to the knowledge about POP, Table (5.6) shows all the questions that were asked, which shows the lack of knowledge

among participants regarding POP in general, including knowledge of risk factors, diagnosis and treatment.

Table 5.6A the women's knowledge about POP and their answer for each item

items	% and number of correct answers:		% and number of false answers + "I don't know:	
	N	(%)	N	(%)
Knowledge regarding risk factors for pelvic organ prolapse				
Pelvic organ prolapse is more common in young women	88	27.8%	229	72.2%
Multiple births may lead to pelvic organ prolapse	117	36.9%	200	63.1%
Pelvic organ prolapse can occur at any age	153	48.3%	164	51.7%
	N	(%)	N	(%)
Knowledge regarding risk factors for pelvic organ prolapse				
Lifting heavy objects daily can lead to pelvic organ prolapse	121	38.2%	196	61.8%
Elderly women are more likely to suffer from pelvic organ prolapse	128	40.4%	189	59.6%
Overweight can lead to pelvic organ prolapse	146	46.1%	171	53.9%
Genetics may play a role in the development of pelvic organs	171	53.9%	146	46.1%
Knowledge regarding the diagnosis of pelvic organ prolapse:				
A clinical examination conducted by a doctor is a good way to diagnose pelvic organ prolapse	123	38.8%	194	61.2%
A blood test can diagnose pelvic organ prolapse	122	38.5%	195	61.5%
0 Magnetic resonance imaging (MRI) and computed tomography (CT) can be used to diagnose pelvic organ prolapse	132	41.6%	185	58.4%
Knowledge regarding the treatment of uterine prolapse:				
Once a woman has prolapsed pelvic organs, not much can be done to help her.	122	38.5%	195	61.5%

Table 5.6B the women's knowledge about POP and their answer for each item

items	% and number of correct answers:		% and number of false answers + "I don't know:	
	N	(%)	N	(%)
Knowledge regarding the treatment of uterine prolapse:				
In the early stages of pelvic organ prolapse, lifestyle modifications, such as losing weight in the case of obesity and stopping smoking, can reduce and possibly treat the symptoms.	108	34.1%	209	65.9%
Certain exercises "Kegel exercise" can help prevent pelvic organ prolapse from getting worse.	91	28.7%	226	71.3%
There are medications help treat pelvic organ prolapse.	170	53.6%	147	46.4%
Surgery is an option for treating pelvic organ prolapse.	130	41%	187	59%
A rubber ring, called a pessary, may be used to treat symptoms of pelvic organ prolapse.	224	70.7%	93	29.3%
Hysterectomy is the only possible correction of pelvic organ prolapse.	136	42.9%	181	57.1%

5.5.3 Relationships between the level of knowledge, awareness about POP, symptom of POP and Sociodemographic

In this study, participants who had medical education had strong relationships with the level of knowledge of pelvic organ prolapse. Participants whose university studies are related to the medical field except midwives and doctors had low level of knowledge about pelvic organ prolapse (P value= 0.00, df = 2) .

Moreover, there are significant relationships between knowledge and the presence of pelvic organ prolapse symptoms (P value= 0.00, Z Score = -3.481), women with lower level of knowledge about POP have higher rate of symptoms of pelvic organ prolapse.

On the contrary, there is no significant relationships detected between Knowledge and the age (P value= 0.436, df = 2), residence (P value= 0.409, df = 2), level of education (P value= 0.587, df = 3), occupation (Those who engaged in strenuous work such as lifting weights), (P value = 0.165, df = 2), Source of information about POP (p value 0.688, df =

3) and monthly family income (P value = 0.335, Z= - 0.964). Table 5.7 Relationships between the level of knowledge and sociodemographic and source of information about POP.

Table 5.7A Relationships between the level of knowledge, awareness about POP, symptom of POP and Sociodemographic

Variables		No.	Mean ranks	Statistical values	p-value
Age	18-30 years	80	152.05	H=1.660 Df= 2	0.436
	30-40 years	125	165.36		
	40 years and above	112	156.86		
Residence	City	108	165.75	H=1.787 Df=2	0.409
	Village	151	153.52		
	Camp	56	155.13		
Level of education	Basic education	16	173.84	H=1.931 Df= 3	0.587
	High school	94	165.20		
	College or university	196	154.64		
	Other	11	162.14		
Study related to *medical field education	Yes	40	108.46	H=20.626 Df= 2	0.00*
	No	159	165.31		
	University education not completed	118	167.63		
	No	159	107.17		
Study related to medical field education	Yes	40	57.48	U= 1479.000 Z=-4.422	0.00*
	University education not completed	118	86.97		
Study related to medical field education	No	159	138.14	U= 1479.000 Z=-4.422	0.805
	University education not completed	118	140.17		
Occupation	Housewives	198	161.34	H=3.602 Df= 2	0.165
	Office job	95	161.23		
	Jobs require strenuous physical activity	24	130.92		
Source of information about POP	Social media	53	113.79	H= 1.475 Df= 3	0.688
	Health care provider	42	113.55		
	Surrounding community	95	106.80		
	Through university study	28	104.46		

Table 5.7B Relationships between the level of knowledge, awareness about POP, symptom of POP and Sociodemographic

Variables	No.	Mean ranks	Statistical values	p-value	Variables
Monthly family income	Less than 3500 NIC	151	163.28	U= 11886.500 Z= - 0.964	0.335
	More than 3500 NIC	166	155.11		
Z	No S&S	135	176.12	U= 9974.000 Z= - 3.481	0.00*
	There is S&S	182	146.30		

* **Medical field:** all medical field except midwives and the doctors.

H= kruskal – Wallist H

U= Mann-whitney

5.6 The POP symptoms and its severity:

In this study, the **occurrence of POP symptom** was 57.4 % (182). The lower abdominal pressure is the most reported symptoms, approximately (43.8%) of the participants complains of it, while the second highest reported symptom by the participants consecutively are feeling of heaviness in the pelvic area (35.7 %) and feeling of incomplete bladder emptying (35.3 %). However, the needs to insert or press the finger into the vaginal area in order to urinate completely is the lowest percentage of symptoms (9.2%). The percentage of severity of symptoms is as shown in the table 5.8 show the percentage of women who complain of symptoms related to POP (n=317).

Table 5.8 Percentage of women who complain of symptoms related to POP (n=317).

Symptom	**Percentages (100%)**				
	Never (n)%	**Sometimes (n)%**	**Often (n)%**	**Always (n)%**	**Total percentage of symptoms**
Do you suffer from lower abdominal pressure?	(178) 56.2 %	(98) 30.9 %	(25) 7.9 %	(16) 5.0 %	(139) 43.8 %
Symptom	**Percentages (100%)**				
	Never (n)%	**Sometimes (n)%**	**Often (n)%**	**Always (n)%**	**Total percentage of symptoms**
Do you suffer from heaviness in the pelvic area?	(204) 64.4 %	(83) 26.2 %	(19) 6.0 %	(11) 3.5 %	(113) 35.7 %
Do you have a bulge or lump that can be seen or felt in or outside the vaginal area?	(238) 75.1 %	(45) 14.2 %	(18) 5.7 %	(16) 5.0 %	(79) 24.9 %
Do you need to insert or press your finger into the vaginal area in order to urinate completely?	(288) 90.9 %	(18) 5.7 %	(7) 2.2 %	(4) 1.3 %	(29) 9.2 %
Do you suffer from a feeling of incomplete bladder emptying?	(205) 64.7 %	(86) 27.1 %	(15) 4.7 %	(11) 3.5 %	(112) 35.3 %
Do you need to apply pressure on the vagina or around the rectum to defecate?	(222) 70.0%	(71) 22.4 %	(10) 3.2 %	(14) 4.4%	(95) 26.7 %
Total prevalence of POP symptoms					(182) 57.4 %

5.6.1 Relationships between the percentage of participant women with POP symptom, demographic characteristics and obstetric history :

There is no difference in the presence of symptoms in relation to demographic characteristics age (p value = 0.398), occupation (p value = 0.635), monthly family income (p value = 0.453), Body mass index (p value = 0.249) and obstetrical history (P value more than 0.05). Table 5.9 shows Relationships between percentage of participant women with POP symptom and demographic characteristics and obstetrical history.

Tab 5.9A Relationships between percentage of participant women with POP symptom and demographic characteristics and obstetrical history (n=317)

Variables		**No.**	**Mean rank**	**Statistical values**	**p-values**
Age	18 – 30 years	80	149.23	H= 1.841 Df= 2	0.398
	30 – 40 years	125	164.37		
	40 years and above	112	159.99		
Occupation	Housewives	198	157.66	H= 0.908 Df= 2	0.635
	Office job	95	158.09		
	Jobs require strenuous physical activity	24	173.67		
Monthly family income	Less than 3500 NIC	151	162.47	U= 12009.00 Z= -0.751	0.453
	More than 3500 NIC	166	155.84		
Place of residency:	City	108	157.42	H= 2.068 Df= 2	0.356
	Village	151	153.57		
	Camp	56	171.06		
Body mass index (BMI)	Underweight	6	119.50	H= 4.115 Df= 3	0.249
	Normal	81	146.72		
	Overweight	135	162.67		
	Obese	93	163.53		

Tab 5.9B Relationships between percentage of participant women with POP symptom and demographic characteristics and obstetrical history (n=317)

Variables		No.	Mean rank	Statistical values	p-values
Obstetrical history					
Gravidity	Nulligravida	9	156.06	H= 3.295 Df= 3	0.348
	Gravida 1	22	132.84		
	Gravida 2 – 3	80	155.18		
	Gravida 4 and above	206	163.41		
Parity	Nullipara	10	147.25	H=2.627 Df=3	0.453
	Para 1	23	136.91		
	Para 2 – 3	101	157.45		
	Para 4 and above	183	163.27		
Number of normal vaginal delivery (NVD)	1	28	124.25	H= 1.195 Df= 2	0.550
	2 – 3	101	137.09		
	4 and above	144	139.42		
Number of cesarean section delivery (C/S)	1	66	54.64	H= 0.042 Df= 2	0.979
	2 – 3	30	54.80		
	4 and above	12	53.00		
Number of instrumental delivery	1	35	20.21	H= 0.265 Df= 1	0.606
	2 – 3	5	22.50		
	4 and above	0	0		
Birth weight more than 4 kg	Yes	53	172.25	U= 5763.500 Z= -1.757	0.079
	No	254	150.19		

H= kruskal – Wallist H

U= Mann-whitney

5.6.2 Relationships between the percentage of participant women with POP symptom, medical and menstrual history

There are four variables that have significant relationships with percentage of participant women with POP symptom which are Stress incontinent, constipation, menstrual history and menopausal history. The participants who suffer from stress incontinent has significant relationships with POP symptom (P value= 0.000), as well as those who had chronic constipation suffer more from symptoms of pelvic organ prolapse (P value= 0.000). With regards to menstrual history; participants who had irregular menstrual cycles have significant relationships with POP symptoms, (P value= 0.011) and menopausal women had significant relationships with POP symptoms, (P value= 0.047).

On the other contrary, there is no significant relationships between the percentage of participant women with POP symptom and previous surgery for stress incontinence, have Chronic chest illness, had previous surgery for POP, diabetes and cigarette or Nargileh smoking. p value more than 0.05. Table 5.10 relationships between percentage of participant women with POP symptom, medical and menstrual history.

Tab 5.10A Relationships between percentage of participant women with POP symptom, medical and menstrual history (n=317)

Variables		**N0.**	**Mean ranks**	**Statistical values**	**P- Value**
Stress incontinent	Yes	118	186.20	U= 8531.000 Z= -4.751	0.00*
	No	199	142.87		
Had previous surgery for stress incontinent	Yes	6	200.08	U= 686.500 Z= -1.294	0.169
	No	311	158.21		

Tab 5.10B Relationships between percentage of participant women with POP symptom, medical and menstrual history (n=317)

Variables	N0.	Mean ranks	Statistical values	P- Value	
	No	311	158.21		0.169
Chronic chest illness	Yes	33	178.47	U= 4043.500 Z= - 1.505	0.132
	No	284	156.74		
Constipation	Yes	62	206.05	U= 4988.000 Z= -5.262	0.00*
	No	255	147.56		
Diabetes	Yes	23	164.48	U= 3255.000 Z= -0.348	0.728
	No	294	158.57		
Cigarette or Nargileh smoking	Yes	32	176.97	U= 3985.000 Z= -1.366	0.172
	No	285	156.98		
Menstrual and menopausal history					
Menstrual history	Regular	238	152.58	U= 7872.500 Z= -2.528	0.011*
	Irregular	79	178.35		
Menopausal history Menopause Not menopause	Yes	31	185.60	U= 3608.500 Z= -1.986	0.047*
	No	286	156.12		

H= kruskal – Wallist H

U= Mann-whitney

5.6.3 Percentages of participants with POP symptoms and not seeking health care (n=182)

The results of this study revealed that 57.4% (182) had POP symptoms. Of them, 151 (82.96%) did not seek health care accordingly. Only 31 (17.03 %) of women who had

symptoms of POP seek health care. table 5.11 shows the percentages of participants with POP symptoms and not seeking health care.

Table 5.11 Percentages of participants with POP symptoms and not seeking health care (n=182)

Number of participants with symptom	**(%)**	**Seeking health care**	**(%)**	**Not seeking health care**	**(%)**
182	57.4 %	31	17.03 %	151	82.96%

5.7 Factors associated with not seeking care behaviors in women with POP symptoms:

As for the factors that refrain women with POP symptoms from seeking health care behaviors, there are 10 factors associated with not seeking care behaviors among women with POP symptoms; “The symptoms are not annoying at first” is the most prevalent factor around 106 (70.19%) of the women agree with it, 103 (68,2%) of women who had symptoms and did not seek health care belief that the condition they suffer is normal. The third one which 91 (60.26%), is the Deficit knowledge that this problem is POP .

However, around half of women 73 (48.3%) had lack of knowledge of the existence of a medical treatment for the problem. less than half of the women who had symptoms and not seeking health care 64 (42.38%) didn’t seek care because of the fear that treatment will be limited to surgery. Feel embarrassed to talk about this problem to the doctor, inability to pay the cost of medical treatment, fear of the effect of treatment on pregnancy in the future and societal-cultural reasons is also reason for not seek health care for pelvic organ prolapse symptoms. Table 5.12 shows the factors associated with not seeking care behaviors among women with POP symptoms.

Table 5.12 Factors associated with not seeking care behaviors among women with POP symptoms: (n=151)

	N	(%)
The symptoms are not annoying at first.		
Yes	106	70.19%
No	45	29.8%
Belief that the condition they suffer is normal.		
Yes	103	68.2%
No	48	31.78%
Deficit knowledge that this problem is POP.		
Yes	91	60.26%
No	60	39.73%
Lack of knowledge of the existence of a medical treatment for the problem.		
Yes	73	48.3%
No	78	51.65%
Embarrassment from medical assessment that may be performed.		
Yes	71	47.01%
No	80	52.98%
Fear that treatment will be limited to surgery.		
Yes	64	42.38%
No	87	57.6%
Feel embarrassed to talk about this problem to the doctor.		
Yes	58	38.4%
No	93	61.58%
	N	**(%)**
Inability to pay the cost of medical treatment.		
Yes	44	29.1%
No	107	70.86%
Fear of the effect of treatment on pregnancy in the future.		
Yes	40	26.49%
No	111	73.5%
Societal-cultural reasons.		
Yes	36	23.84%
No	115	76.1%

5.7.1 Relationships between factors associated with not seeking care behaviors among women with POP symptoms and demographic characteristics (n=151)

Based on the analysis, there is no difference in demographic characteristics (age, level of education, relation of the medical field specializations, occupation, and Family monthly income), gravidity and parity, and factors prevent health care seeking among women with POP symptoms, p values more than 0.05.

Tab 5.13A Relationships between factors associated with not seeking care behaviors among women with POP symptoms and demographic characteristics (n=151)

Variables		**No.**	**Mean rank**	**Statistical values**	**p-values**
Age	18 – 30 years	80	169.89	H= 1.895 Df= 2	0.388
	30 – 40 years	125	154.32		
	40 years and above	112	156.45		
Variables		**No.**	**Mean rank**	**Statistical values**	**p-values**
Occupation	Housewives	198	159.00	H= 0.625 Df= 2	0.732
	Office job	95	192.01		
	Jobs require strenuous physical activity	24	147.08		
Monthly family income:	Less than 3500 NIC	151	155.73	U= 12039.000 Z= -0.672	0.502
	More than 3500 NIC	166	161.98		

Tab 5.13B Relationships between factors associated with not seeking care behaviors among women with POP symptoms and demographic characteristics (n=151)

Variables		**No.**	**Mean rank**	**Statistical values**	**p-values**
Place of residency:	City	108	159.90	H= 2.071 Df= 2	0.355
	Village	151	161.91		
	Camp	56	143.80		
Level of education	Basic education	16	167.13	H= 1.717 Df= 3	0.633
	High school	94	157.06		
	College or university	196	160.92		
	Other	11	129.45		
Study related to medical field education	Yes	40	159.65	H= 0.147 Df= 2	0.929
	No	1	157.28		
	University education not completed	118	161.09		
Variables		**No.**	**Mean rank**	**Statistical values**	**p-values**
Gravidity	Nulligravida	9	170.56	H= 4.298 Df= 3	0.231
	Gravida 1	22	183.23		
	Gravida 2 – 3	80	167.94		
	Gravida 4 and above	206	152.44		
Parity	Nullipara	10	178.50	H=4.151 Df=3	0.246
	Para 1	23	179.91		
	Para 2 – 3	101	165.69		
	Para 4 and above	183	151.61		

H= kruskal – Wallist H

U= Mann-whitney

Chapter six

Discussion

6.1 Introduction:

This chapter discusses the study findings; knowledge, percentage of women who complain of symptoms related to POP, and the factors affect women's seeking care behaviors among women with symptoms of pelvic organ prolapse. The study's findings have been evaluated, explained and compared to the findings of other related studies. The goal of the study was to assess women's knowledge about Pelvic organ prolapse in the southern area of West Bank, Palestine.

6.2 level of knowledge and awareness about POP:

According to the study, findings; there are low level of knowledge and awareness among Palestinian women regarding POP. The percentage of participating women who had high knowledge are 109 (34.4%) and approximately, 208 (65.6%) of the participants had low level of knowledge about POP in term of the risk factors, diagnosis and treatment and prevention. As well as (28 %) of the participants did not aware and did not hear about POP. These results are consistent with previous studies that conducted in the Texas, New Haven in USA, and Malaysia. these studies concluded that there were lack of prolapse-related knowledge and awareness among women in those studies (Farihan et al., 2022; Abhyankar et al., 2019; Mandimika et al., 2014 and Good et al., 2013). Moreover, another previous Systematic Review study also showed the same results in the presence of a

knowledge gap of pelvic floor muscle dysfunctions in the reviewed studies, which reported a lack of knowledge about risk factors and available treatment options (Fante et al., 2019). The low level of knowledge among Palestinian women regarding POP of risk factors, diagnosis and treatment could be due to uncommon of this topic and the sensitivity of the subject to talk about it in health care centers or social media, and the fact that pelvic organ prolapse does not pose a direct threat to a woman's life may be overlooked by women and health care providers .

More than one fourth of the participants (28 %) did not aware of the term POP and did not hear about it even in young age women. These results could be explained because of POP is neglected issues from the health care providers and women who had POP didn't talk about it as they consider it shameful, taboo and secret issues especially in the conservative society like the Palestinian one .

The major source of knowledge about POP among participant women is "surrounding community" 95 (30%) and the lowest percentage 42 (13.2%) were from the health care providers. This raises the need to withdraw attention to the managers and health care providers especially the midwives to plan to fill the gap of knowledge regarding POP. lack of knowledge and awareness among Palestinian women regarding POP may delay diagnosis, limit their seeking care behaviors and expose them to complications and negatively impacted their life.

6.2.1 level of knowledge about POP and the relationships with sociodemographic and other factors

The level of education, and place of residence, have no effect on knowledge of POP. While the relationship of university specialization to the medical field, Participants whose university studies are related to the medical field except midwives and doctors had lower level of knowledge about pelvic organ prolapse (P value= 0.00, df = 2). This is contrast to recent study which conclude that who worked in a medical field and who had ever had a problem with POP have lower odds of lacking POP knowledge (Mandimika et al., 2014). The medical field education had lower knowledge, this result can be justified by the small number of medical staff participants, or may by the exclusion of midwives and doctors, who are likely to have higher knowledge of this topic by virtue of their studies.

Another two previous studies concluded that women who have high level of education,

women who had previously seen a specialist and had undergone prior prolapse treatment, had high knowledge about POP (Mckay et al.,2018; Good et al., 2013). Moreover, another systematic review study showed that African-American ethnicity, low educational level, low access to information and low socioeconomic status are considered risk factors for lack of knowledge of pelvic floor dysfunction (Fante et al., 2019).

Additionally, there are significant relationships detected between knowledge and the presence of pelvic organ prolapse symptoms (P value= 0.01), women with lower level of knowledge about POP have higher rate of symptoms of pelvic organ prolapse. This indicated that women who had low level of knowledge about POP may did not know the prevention methods as well as risk factors and this lead to increase their chance of having disease. Knowledge considers a power and kind of prevention .

According to this study, there is no significant relationship between age and knowledge about POP, the results of the current study are close to studies conducted in New Haven County, USA, which concluded that participants more than 79 years had low knowledge but there are no differences in knowledge between participant between 19 – 79 years (Mandimika et al., 2014) .

In contrast to the previous studies, there is more than half of the women (65.5%) aware regarding pelvic organ prolapsed and age of having first child was statistically significant with the level of knowledge in a teaching hospital, Chitwan – Nepal (Subedi et al., 2019).

6.3 Percentage of women who complain of symptoms related to POP:

This study considers one of the first regarding the Percentage of women who complain of symptoms related to POP in West Bank. In this study the Percentage of women who complain of symptoms related to POP =57.4 % (182). This study indicated that more than half of the participants had POP symptoms.

The international prevalence of POP ranges from 3% and 50% among women as the prevalence increases with increase in women age (Weintraub, Glinter, Braun,2020) .

The prevalence of POP in different countries as follows; the U.S 2.9% (Jennifer et al., 2014). In United Arab Emirates the 29.6 % of women who reported symptoms of POP (Elbiss, O, Hammad,2015). The prevalence rate of POP in 12 studies that conducted in the Eastern Mediterranean region and among 9905 participants was 39%. (Elbiss, H.M., Rafaqat,W and Khan, Kh.S. 2023). The highly varied related to differences in study design,

inclusion criteria, and accompanying indicator symptoms used among studies. As well as the different in age and cultures .

In this study, lower abdominal pressure is the highest percentage of symptoms (43.8%), while the need to insert or press your finger into the vaginal area in order to urinate completely is the lowest percentage of symptoms (9.2%). In this study, the reported symptom is considered to calculate the percentages of symptom and the prevalence.

6.3.1 The relationships between Percentage of women who complain of symptoms related to POP and Sociodemographic and obstetric factors

In this study there is no difference in the presence of symptoms in relation to occupation, economic status and obstetrical history, this is consistent with the study conducted by Ansari, Sharma and Khan (2021) which shows that no statistical significance has been found regarding socio-economic condition, resumption of work & parity .

There is also no relationship between age and POP in this study this result is consistent with Elbiss, Osman, Hammad ,2015 which conclude, there was no significant difference in age regarding the presence of symptoms of pelvic organ prolapse. This is in contrast with other studies, which consider increasing age, hard work (lifting weights), and increasing parity as risk factors of developing POP (Ansari, Sharma and khan 2021; Brito et al., 2021; Weintraub, Glinter, Braun 2020; Ghandour et al., 2016 and Vergeldt et al., 2015).

There is no significant relationship between body mass index and Percentage of women who complain of symptoms related to POP. This result is parallel with Ansari, Sharma and khan. 2021 and Zenebe et al., 2021, found in their studies that women's body mass index has no significant effect on the development of pelvic organ prolapse. Women should be recommended to control their weight as overweight increasing the risk of the disease. many previous studies that have found a relationship between high BMI and POP (Weintraub, Glinter, Braun 2020; Ghandour et al., 2016; Elbiss, Osman, Hammad ,2015; Vergeldt et al., 2015), this is the opposite of what this study found .

According to the study findings with regards to the medical history; women who suffer from constipation those women suffer more from symptoms of pelvic organ prolapse and this is could be explained by elevated intraabdominal pressure and untreated constipation and ignorance of the women to their medical problems. This result is consistent with the previous studies (Weintraub, Glinter, Braun, 2020; Ghandour et al., 2016; Elbiss, Osman,

Hammad ,2015). While there is no difference between who had previous surgery for stress incontinence, chronic chest disease, had previous surgery for POP, diabetes and cigarette or nargila smoking. While diabetes and smoking are considered one of the risk factors, according to a Elbiss et al.,2015.

For menstrual history. Participants who suffer from irregular menstrual cycles and menopausal women suffer more from symptoms of pelvic organ prolapse, the explanation for this may be due to the presence of a hormonal imbalance that leads to the increase the chance of occurrence of POP. This is in contrast to Ansari, Sharma and khan 2021), which showed no relationship between irregular menstruation and POP While there is a significant relationship between menopause and pelvic organ prolapse. this result consistent with Brito et al., 2021, which conclude that postmenopausal status was not statistically associated with POP.

6.4 Factors associated with not seeking care among the participants with POP symptoms:

Based on the results of this study, only 31 (17.03 %) of women who had symptoms of POP seek health care and 151(82.96%) did not seek health care accordingly. This result indicates that the majority of the Palestinian women with POP symptoms did not seek care that may negatively affect their health and life in the future and many complications may arise based on that.

There are 10 factors associated with not seeking care behaviors among women with POP symptoms, the most reported three reasons are “The symptoms are not annoying at first” is the most prevalent factor around 106 (70.19%) of the women agree with it, 103 (68,2%) of women who had symptoms and did not seek health care belief that the condition they suffer is normal. The third one which represents 91 (60.26%), is the deficit knowledge that this problem is POP. These reasons have been mentioned in many previous studies (Borsamo et al., 2021; Dheresa et al., 2020; Hammad, Elbiss and Osman 2018 & 2015; Tinetti et al., 2018; Krause et al., 2014). Multiple factors that may prevent women from seeking care, women believe that this problem is normal with age process, the culture of seeking care just in sever conditions is also dominant in our society, lack of knowledge and embarrassment because of the sensitivity of the subject. Screening to all women should be done to detect the cases early as women will not voluntarily seek care in mild condition.

Awareness campaigns regarding POP and educational program should be started for both health care providers then for women at primary health care centers that provide care for the women.

Strengths of the study:

- There is a lack in previous studies about this essential topic in Palestine.
- This study is among the first studies in West Bank to assess the percentage of women had POP symptoms, associated factors effect health care seeking behaviors and knowledge of Palestinian women regarding this subject.
- The results will provide a baseline data for other Palestinian researchers on POP subject. These data are useful for conducting interventional studies that include raising women's awareness of POP symptoms, risk factors and prevention methods.
- The results of this study will enrich the literature about the topic of POP and provide more understanding of the extent of this problem in Palestine.

Limitations of the study:

- The study included the southern region of the West Bank and did not include the central and northern regions.
- Part of the questionnaires were distributed electronically, and one government hospital was included in the study due to the political conditions and war in Gaza.
- Limited similar studies in Palestine to compare the results.
- This study is cross sectional study based on the reported symptoms, another study based on clinical examination to women who report symptoms is more powerful and gives an accurate calculation of prevalence and more precises results.

Conclusion:

There is low level of knowledge and awareness among Palestinian women regarding POP as well as high level of women with POP symptoms and high number of the participants who are not seeking health care among those who had symptoms of POP. The major source of knowledge with regards the POP is the surrounding community 95 (30%). Moreover, more than one fourth of the participants did not hear about POP concept.

Participants whose university studies are related to the medical field except midwives and doctors had lower level of knowledge about pelvic organ prolapse. Moreover, there are significant relationships between knowledge and the presence of pelvic organ prolapse symptoms. Participants who have constipation, stress incontinence, irregular menses and menopausal women had a higher percentage of pelvic organ prolapse symptoms. The highest mentioned reason for not seeking health care was that the symptoms are not annoying. Intervention needed to improve Palestinian women knowledge towards POP risk factors, treatment, prevention and early detection and promote their seeking care behaviors by encouraging them to visit the gynecologic clinics as soon as they have any symptom.

Recommendations:

Future research:

- A similar study could be conducted on large samples in different regions in the center and the north, and include private and government hospitals for wider generalization. Thus, future studies can be conducted among these groups of women to obtain a clear picture of the situation in Palestine.

Health care providers:

- Increase awareness about the symptoms of POP, how to diagnose and treat it. This is done by health care providers, using social media and awareness leaflets.
- Encouragement to seek health care when symptoms appear, and this is done by increasing awareness about POP in general, since the most common reason for not seeking health care is lack of knowledge about POP .

Women:

- Teaching the women the importance of seeking medical care and advice, reading, and researching about the symptoms they suffer from.

Policy makers:

- Develop a screening system at gynecologic clinics to examine women to rule out symptom to detect problem early

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Appendix 1

Al-Quds University/ Abu Dis

Dear participants:

After Greetings,

This study aims to evaluate Palestinian women's knowledge of pelvic organ prolapse, the prevalence of its symptoms, and the factors that affect health care seeking among Palestinian women in the southern West Bank, Palestine. **Pelvic organ prolapse/prolapse is defined as prolapse of the organs inside or outside the vaginal canal or anus, including: the bladder, uterus, vagina, and rectum**.

Dear participants:

If you agree to participate in this study, your participation is voluntary and you can withdraw from the study at any time. Your participation requires filling out the current questionnaire, and filling out this questionnaire takes approximately five to ten minutes. The information that you will provide us is very useful for achieving the primary goal of this study. Therefore, please be accurate and credible in answering the questions, to reflect the truth of your opinion correctly. Your opinion will be appreciated and taken into account, and your participation in the research will end once you have completed answering the questionnaire.

All information that will be collected during the research will be treated with complete confidentiality, as the information will be collected without mentioning the identity of the participant, nor any information that may indicate her identity.

If you have any questions, you can contact the main researcher:

- Master’s student: Doha Moheasen
- Under the supervision of Dr. Ibtisam Dwekat

Section one:

Demographic data

Age			
--- less than 30 years	--- 30 to 40 years	--- more than 40 years	
Weight ------	Hight ------		
Educational level:			
--- Basic education	--- High school	--- College or university	--- Other
University major related to medical specializations			
--- Yes	--- No		
Occupation:			
--- Housewives	--- Office job	--- Jobs require strenuous physical activities	
Residency:			
--- City	--- Village	--- Camp	--- remote area
marital status:			
--- Single	--- married	--- divorced	--- widow
Monthly family income:			
--- less than 3500 NIC	--- more than 3500 NIC		
Source of knowledge about POP and awareness:			
--- Social media	--- Health care provider		
--- Surrounding community	--- Through university study		
--- I did not hear about POP	--- Heard about POP from other sources		

Menstrual history:

Menstrual history:	Yes	No
Regular		
Reach menopausal period		

Obstetrical history:

	Nothing	One birth	2 -3 births	More than 4 births
Number of pregnancies				
Number of births				
Number of normal deliveries				
Number of cesarian section deliveries				
Number of instrumental deliveries				

Are there any births weighing more than 4 kg?	No births	Yes (there are births weighing more than 4 kg)	No (no deliveries over 4 kg)

Medical and gynecological history:

Medical and gynecological history	**Yes**	**No**
Stress incontinent		
Previous surgery for stress incontinent		
Previous surgery for POP		
Chronic chest illness		
Constipation		
Diabetes		
Cigarette or Nargileh smoking		
Cancer in the Pelvic area		

Section two:

Degree of knowledge about pelvic organ prolapse:

Items	Agree	Disagree	I don't know
Knowledge regarding risk factors for pelvic organ prolapse			
Pelvic organ prolapse is more common in young women.			
Multiple births may lead to pelvic organ prolapse			
Pelvic organ prolapse can occur at any age			
Lifting heavy objects daily can lead to pelvic organ prolapse			
Elderly women are more likely to suffer from pelvic organ prolapse			
Overweight can lead to pelvic organ prolapse			
Genetics may play a role in the development of pelvic organs			
Knowledge regarding the diagnosis of pelvic organ prolapse			
A clinical examination conducted by a doctor is a good way to diagnose pelvic organ prolapse			
A blood test can diagnose pelvic organ prolapse			
Magnetic resonance imaging (MRI) and computed tomography (CT) can be used to diagnose pelvic organ prolapse.			
Knowledge regarding the treatment of uterine prolapse			
Once a woman has prolapsed pelvic organs, not much can be done to help her.			
In the early stages of pelvic organ prolapse, lifestyle modifications, such as losing weight in the case of obesity and stopping smoking, can reduce and possibly treat the symptoms.			
Certain exercises "Kegel exercise" can help prevent pelvic organ prolapse from getting worse.			
There are medications help treat pelvic organ prolapse.			
Surgery is an option for treating pelvic organ prolapse.			
A rubber ring, called a pessary, may be used to treat symptoms of pelvic organ prolapse.			
Hysterectomy is the only possible correction of pelvic organ prolapse.			

Section three:

Symptoms of organ prolapse:

Please answer the following questions

Symptoms	**Never**	**Sometimes**	**Often**	**Always**
Do you suffer from lower abdominal pressure?				
Do you suffer from heaviness in the pelvic area?				
Do you have a bulge or lump that can be seen or felt in or outside the vaginal area?				
Do you need to insert or press your finger into the vaginal area in order to urinate completely?				
Do you suffer from a feeling of incomplete bladder emptying?				
Do you need to apply pressure on the vagina or around the rectum to defecate?				

If you suffered from pelvic organ prolapse or one of the symptoms mentioned previously, did you seek health care **immediately after these symptoms appeared**?

----- Yes ----- No ----- I did not suffer from the symptoms mentioned previously

If the answer is no, please answer the questions in section four:

Section four:

Factors that prevented from seeking medical care for pelvic organ prolapse

Factors that prevented from seeking medical care for pelvic organ prolapse:	Yes	No
The symptoms are not annoying at first.		
Belief that the condition they suffer is normal.		
Lack of knowledge of the existence of a medical treatment for the problem.		
Fear that treatment will be limited to surgery.		
Feel embarrassed to talk about this problem to the doctor.		
Embarrassment from medical assessment that may be performed.		
Inability to pay the cost of medical treatment.		
Fear of the effect of treatment on pregnancy in the future.		
Societal-cultural reasons.		
Lack of knowledge that there is a medical treatment for a problem		

Thank you

Appendix 2

جامعة القدس/ ابوديس

عزيزتي المشاركة:

تحية طيبة وبعد،

تهدف هذه الدراسة إلى تقييم معرفة المرأة الفلسطينية بهبوط أعضاء الحوض ونسبة انتشار أعراضه والعوامل التي تؤثر على طلب الرعاية الصحية بين النساء الفلسطينيات في جنوب الضفة الغربية، فلسطين. **يعرف هبوط أعضاء الحوض / التهبيطة بأنه هبوط أو تدلي الأعضاء داخل القناة المهبلية أو فتحة الشرج أو خارجها، بما في ذلك: المثانة والرحم والمهبل والمستقيم.**

عزيزتي المشاركة:

في حال موافقتك على المشاركة في هذه الدراسة، فان مشاركتُكِ طوعيّة وبإمكانك الانسحاب باي وقت من الدراسة، وتتطلب مشاركتك تعبئة الاستبيان الحالي، وتحتاج تعبئة هذا الاستبيان من خمسة الى عشرة دقائق تقريباً. إنّ المعلومات التي ستزودينا بها مفيدة جداً لتحقيق الهدف الأساسي من هذه الدراسة، لذا، يرجى تحرّي الدّقة والمصداقيّة في الإجابة عن الأسئلة، لتعكس حقيقة رأيُكِ بشكل سليم، وسيكون رأيُكِ محل التقدير والاعتبار، وسوف تنتهي مشاركتُكِ في البحث بمجرد الانتهاء من الإجابة على الاستبيان.

جميع المعلومات التي سيتم جمعها خلال البحث سيتم التعامل معها بسرية تامّة من قبل الباحثة، إذ أنّه سيتم جمع المعلومات دون التطرُّق لهوية المشارِكة، ولا لأيّ معلومة قد تدل على هويتها.

في حال لديك اي استفسار يمكنك التواصل مع الباحثة الرئيسة

طالبة الماجستير: ضحى محيسن

بإشراف د. ابتسام دويكات

شكرا لمشاركتُكِ في تعبئة هذا الاستبيان

القسم الاول:

البيانات الديموغرافية

العمر		
☐ **أقل من 30 سنة**	☐ **من 30 – 40 سنة**	☐ **أكثر من 40 سنة**
الوزن ----------	**الطول----------**	
مستوى التعليم:		
☐ أساسي	☐ ثانوي	☐ جامعي	☐ غير ذلك
في حال اكملت دراستك الجامعية هل تخصصك الجامعي له علاقة بالمجال الطبي (تمريض، طب بشري...)		
☐ نعم	☐ لا	☐ لم أكمل تعليمي الجامعي
العمل:		
☐ ربة منزل	☐ وظيفة مكتبية	☐ تتطلب الوظيفة أنشطة بدنية شاقة مثل رفع الأثقال...
مكان الإقامة:		
☐ مدينة	☐ قرية	☐ مخيم	☐ غير ذلك
الحالة الاجتماعية:		
☐ عزباء	☐ متزوجة	☐ مطلقة	☐ أرملة
ما هو الدخل الشهري المقدر لعائلتكِ؟		
☐ أقل من 3500	☐ 3500 او أكثر	
ما هو مصدر معلوماتك عن تدلي أعضاء الحوض/ التهبيطة؟ (ممكن الاجابة بأكثر من خيار)		
☐ وسائل التواصل الاجتماعي	☐ الجامعة
☐ مقدمو الرعاية الصحية (أطباء، قابلات...)	☐ لم أسمع عن تدلي أعضاء الحوض/ التهبيطة.
☐ المجتمع المحيط (زميلات العمل،الأقارب...).	☐ غير ذلك

تاريخ الدورة الشهرية

تاريخ الدورة الشهرية	**نعم**	**لا**
منتظمة		
انقطعت منذ أكثر من عام (سن الامان)		

تاريخ الحمولات والولادات:

	لا يوجد	ولادة واحدة	3-2 ولادات	4 فما فوق
عدد الحمولات بما في ذلك التنزيل				
عدد الولادات				
عدد الولادات الطبيعية				
عدد الولادات باستخدام الشفط او ملاقط				
عدد الولادات بعملية قيصرية				

	لا يوجد ولادات	نعم (يوجد ولادات أكثر من 4 كغم)	لا (لا يوجد ولادات أكثر من 4 كغم)
هل يوجد ولادات أوزانها أكثر من 4 كغم؟			

التاريخ الطبي:

التاريخ الطبي:	**نعم**	**لا**
سلس البول (فقدان القدرة على التحكم في المثانة، وهي تسريب البول بين الحين والآخر مع العطس او السعال او.....)		
تم اجراء جراحة سابقة لمعالجة سلس البول		
تم اجراء جراحة سابقة لمعالجة تدلي أعضاء الحوض (التهبيطة)		
تاريخ مرضي مزمن في الصدر (/ سعال مزمن)		
الإمساك المزمن		
السكري		
التدخين (السجائر او ارجيلة)		
سرطان بمنطقة الحوض مثل: سرطان الرحم، المبايض		

القسم الثاني: درجة المعرفة حول هبوط أعضاء الحوض (التهبيطة)

البند	لا اوافق	أوافق	لا أعلم
معرفتكِ فيما يتعلق بعوامل الخطر (الأسباب التي قد تؤدي) لهبوط أعضاء الحوض (التهبيطة):			
يعتبر هبوط أعضاء الحوض أكثر شيوعًا عند النساء الصغار بالعمر			
قد تؤدي تعدد الولادات إلى هبوط أعضاء الحوض			
يمكن أن يحدث هبوط أعضاء الحوض في أي عمر			
يمكن أن يؤدي رفع الأشياء الثقيلة بشكل يومي إلى حدوث هبوط في أعضاء الحوض.			
من المرجح أن تصاب السيدات المسنات بهبوط أعضاء الحوض.			
الوزن الزائد يمكن ان يؤدي لحدوث هبوط أعضاء الحوض (التهبيطة)			
ممكن ان تلعب الوراثة دور بحدوث هبوط أعضاء الحوض.			
معرفتكِ فيما يتعلق بتشخيص هبوط أعضاء الحوض (التهبيطة):			
الفحص السريري الذي يجريه الطبيب للسيدة هو طريقة جيدة لتشخيص هبوط أعضاء الحوض.			
فحص الدم يمكن ان يشخص هبوط أعضاء الحوض.			
يمكن استخدام الرنين المغناطيسي والتصوير الطبقي لتشخيص تدلي أعضاء الحوض.			
معرفتكِ فيما يتعلق بعلاج هبوط أعضاء الرحم (التهبيطة):			
بمجرد حدوث هبوط في أعضاء الحوض لدى السيدة، لا يمكن فعل الكثير لمساعدتها.			
في المراحل الأولى من هبوط أعضاء الحوض، يمكن بتعديل نمط الحياة مثل تخفيف الوزن في حالة السمنة والتوقف عن التدخين بتقليل وربما معالجة الاعراض.			
يمكن أن تساعد بعض التمارين في منع تدهور حالة هبوط أعضاء الحوض.			
يوجد ادوية تساعد على علاج هبوط أعضاء الحوض.			
الجراحة هي خيار مطروح لعلاج هبوط أعضاء الحوض.			
يمكن استخدام حلقة مطاطية تسمى pessary ، لعلاج أعراض هبوط أعضاء الحوض.			
استئصال الرحم هو التصحيح الوحيد الممكن لهبوط أعضاء الحوض.			

اعراض هبوط أعضاء الحوض (التهبيطة)

يرجى الاجابة عن الاسئلة التالية

الاعراض	دائما	معظم الوقت	أحيانا	لا ابدا
هل تعانين من ضغط في أسفل البطن؟				
هل تعانين من ثقل أو كسل في منطقة الحوض؟				
هل تشعرين بانتفاخ اووجود كتلة يمكنك رؤيتها أو الشعور بها في منطقة المهبل وخارجه؟				
هل تحتاجين إلى ادخال او الضغط بإصبعك في منطقة المهبل من اجل التبول الكامل؟				
هل تعانين من الشعور بعدم اكتمال إفراغ المثانة؟				
هل تحتاجين إلى الضغط على المهبل أو حول المستقيم للتبرز(الاخراج) ؟				

في حال أنكِ عانيتِ من هبوط أعضاء الحوض او أحد الاعراض المذكورة سابقا، هل لجأت لطلب الرعاية الصحية بهذا الخصوص فور ظهور هذه الأعراض؟
نعم ☐ لا ☐ لم أعاني من الاعراض المذكورة سابقا
ان كان الجواب لا، من فضلك أجيبي عن الاسئلة في **القسم الرابع**:
القسم الرابع:
العوامل التي منعتك من طلب المشورة الطبية بالنسبة لهبوط أعضاء الحوض

العوامل التي منعتك من طلب المشورة الطبية بالنسبة لهبوط أعضاء الحوض	**نعم**	**لا**
لأن الاعراض التي تعانين منها غير مزعجة في البداية		
عدم المعرفة بأن هذه المشكلة هي هبوط في أعضاء الحوض		
الاعتقاد بأن الحالة التي تعانيها هي أمر طبيعي		
عدم المعرفة بوجود علاج طبي للمشكلة		
الخوف من تأثير اخذ العلاج على عملية الحمل في المستقبل		
الشعور بالإحراج من الحديث عن هذه المشكلة للطبيب		
الشعور بالإحراج من الفحوصات الطبية التي قد تجرى		
عدم القدرة على دفع تكلفة العلاجات الطبية		
اسباب مجتمعية – ثقافية		
الخوف من ان يكون العلاج بالعمليات الجراحية		

شكرا على تعاونك

Appendix 3

Al Quds University
Faculty of Health Professions
Jerusalem –Abu Dis

جامعة القدس
كلية المهن الصحية
القدس – أبو ديس

Research Ethics Subcommittee of Faculty of Health Professions
Letter of approval

March 29, 2023
Ref. No.: RESC/2023-21

Dear Applicants, (**Dr. Ibtisam Dweikat, Ms. Doha Moheasen**)

Program: **MSc Nursing Department**

The Research Ethics subcommittee of Faculty of Health Professions has recently reviewed your proposal entitled (**Knowledge of Palestinian women towards pelvic organ prolapse and the factors that affect health care seeking behavior: A cross sectional study in south West Bank, Palestine**) submitted by (**Dr. Ibtisam Dweikat**). Your proposal is deemed to meet the requirements of research ethics at Al-Quds University, but further assessment is required by the Central Research Ethics Committee of Al-Quds University. We wish you all best for the conduct of the project.

Hussein ALMasri, PhD
Associate Professor of Medical Imaging
Research Ethics Subcommittee Chair
Faculty of Health Professions

Hussein ALMasri

CC: File
CC: Committee members

Al-Quds University
Jerusalem
Deanship of Scientific Research

بسم الله الرحمن الرحيم

جامعة القدس
القدس
عمادة البحث العلمي

Research Ethics Committee
Committee's Decision Letter

Date: April 9, 2023

Ref No: 285/REC/2023

Dears Dr. Ibtisam Dwikat, Ms. Doha Moheasen,

Thank you for submitting your application for research ethics approval. After reviewing your application entitled "Knowledge of Palestinian women towards pelvic organ prolapse and the factors that hindering lhealth care seeking behavior: Across sectional study in south West Bank, Palestine", the Research Ethics Committee confirms that your application is in accordance with the research ethics guidelines at Al-Quds University.

We would appreciate receiving a copy of your final research report/ publication.

Thank you again and wish you a productive research that serves the best interests of your subjects.

PS: This letter will be valid for two years.

Sincerely,

Suheir Ereqat, PhD
Associate Professor of Molecular Biology

Research Ethics Committee Chair

Cc. Prof. Imad Abu Kishek - President
Cc. Members of the committee
Cc. file

Abu-Dies, Jerusalem P.O.Box 20002
Tel-Fax: #970-02-2791293
research@admin.alquds.edu
أبوديس، القدس ص.ب. 20002
تلفاكس: #970-02-2791293

Appendix 4

State of Palestine
Ministry of Health
Education in Health and Scientific
Research Unit

دولة فلسطين
وزارة الصحة
وحدة التعليم الصحي
والبحث العلمي

Ref.: ....
Date:..................

الرقم: [illegible]/٤٢٩٤/٢٠٢٢
التاريخ: [illegible]

عطوفة الوكيل المساعد لشؤون المستشفيات والطوارئ المحترم،،،

تحية واحترام...

<u>الموضــوع: تسهيل مهمة بحث</u>

يرجى تسهيل مهمة الطالبة: **ضحى خليل محمود محسن– ماجستير تمريض الام والطفل/ جامعة القدس**، وباشراف د. ابتسام دويكات، في عمل بحث بعنوان:

"معرفة المرأة الفلسطينية بهبوط اعضاء الحوض ونسبة حدوثه والعوامل التي تعيق طلب معرفة الرعاية الصحية في جنوب الضفة الغربية"

من خلال السماح للطالبة بجمع معلومات عن طريق تعبئة استبانة الدراسة من قبل المريضات بعد اخذ موافقتهن، وذلك في:

– مستشفى المحتسب – مستشفى عاليه – مستشفى بيت جالا

على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعد التعرض للمعلومات التعريفية للمرضى.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة الوزارة على نتائج البحث.

مع الاحترام...

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي

نسخة: مشرفة الدراسة المحترمة/ جامعة القدس

Telfax.:09-2333901 scientificresearch.dep@gmail.com تلفاكس: 09-2333901

معرفة المرأة الفلسطينية تجاه هبوط أعضاء الحوض في الضفة الغربية، فلسطين: دراسة مقطعية.

الباحثة: ضحى خليل محيسن

المشرفة: د. ابتسام دويكات

الملخص:

مقدمة: هبوط/ تدلي أعضاء الحوض هو اضطراب شائع بين النساء في مختلف الأعمار، على الرغم من أن انتشار هبوط أعضاء الحوض مرتفع في البلدان النامية وتأثيره السلبي على حياة النساء اللاتي يعانين من هذه المشكلة، فقد كشفت الأبحاث السابقة عن نقص المعرفة والوعي بين النساء بالإضافة إلى القيود في سلوكياتهن في طلب الرعاية تجاه هبوط أعضاء الحوض.

الهدف: تقييم معرفة النساء حول هبوط أعضاء الحوض في المنطقة الجنوبية من الضفة الغربية، فلسطين.

منهجية الدراسة: أجريت دراسة مقطعية على 317 امرأة متزوجة من مختلف الأعمار. تمت دعوة النساء من منطقتي الخليل وبيت لحم للمشاركة في هذه الدراسة. وقد تم تطوير استبانة باللغة العربية من قبل الباحثين ومن ثم تم التحقق من صحتها لتحقيق هدف الدراسة. وتم جمع البيانات باستخدام الاستبيان الإلكتروني والورقي. تم استخدام برنامج SPSS الإصدار 25 لتحليل البيانات، وتم استخدام اختبار كروسكال ويلز واختبار مان ويتني.

النتائج: ما يقرب من 208 (65.6٪) من المشاركين لديهم مستوى منخفض من المعرفة حول هبوط أعضاء الحوض من حيث عوامل الخطر والتشخيص والعلاج. المصدر الرئيسي للمعرفة فيما يتعلق بهبوط أعضاء الحوض هو المجتمع المحيط 95 (30٪). علاوة على ذلك، فإن حوالي 89 (28.1٪) لم يعرفوا ولم يسمعوا عن هبوط أعضاء الحوض. التخصصات الطبية والإبلاغ عن علامات وأعراض هبوط أعضاء الحوض كان لها علاقات قوية مع مستوى المعرفة بهبوط أعضاء الحوض. بلغ معدل

انتشار النساء اللاتي لديهن أعراض هبوط أعضاء الحوض 57.4) 182٪(، 151 (82.9٪) منهن لم يطلبن الرعاية الصحية فيما يتعلق بأعراض هبوط أعضاء الحوض. لا توجد علاقات بين البيانات الديموغرافية والتوليدية ووجود أعراض هبوط أعضاء الحوض. وكان أعلى سبب ذكره 106 (70.19%) لعدم طلب الرعاية الصحية هو أن الأعراض غير مزعجة، والسبب التالي 103 (68.2%) هو الاعتقاد بأن الحالة التي يعانون منها طبيعية.

الخلاصة: هناك مستوى منخفض من المعرفة والوعي بين النساء الفلسطينيات فيما يتعلق بهبوط أعراض الحوض. بالإضافة إلى ارتفاع مستوى أعراض هبوط أعضاء الحوض وارتفاع مستوى عدم طلب الرعاية الصحية بين النساء اللاتي لديهن أعراض. التدخل اللازم لتحسين معرفة النساء الفلسطينيات تجاه عوامل خطر هبوط أعضاء الحوض والعلاج والوقاية والكشف المبكر وتعزيز سلوكهن في طلب الرعاية من خلال تشجيعهن على زيارة عيادات أمراض النساء.

الكلمات المفتاحية: هبوط أعضاء الحوض، المعرفة فيما يتعلق بهبوط أعضاء الحوض، عوامل الخطر، أعراض هبوط أعضاء الحوض، انتشار هبوط أعضاء الحوض، سلوكيات البحث عن الرعاية الصحية وسلوكيات البحث عن الرعاية الصحية حول هبوط أعضاء الحوض.