Guidelines for Nursing Care: Effect on Quality of Sexual Life among Women with Vaginal Prolapse

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Abstract

Background: Sexual activity plays a crucial role in intimate relationships and is a vital aspect of overall health. Vaginal prolapse, a condition characterized by the descent of pelvic organs into the vaginal canal, can severely impact sexual function and the overall quality of life for many women. Effective management of this condition necessitates a comprehensive approach that combines medical and nursing care to address both the physical and psychological dimensions of the disorder. **Aim: to** assess the effect of guidelines for nursing care on quality of sexual life among women with vaginal prolapse. **Design:** A quasi-experimental research design was utilized in this study. **Settings:** Menoufia University Hospital and Shebin El-Kom Teaching Hospital's obstetrics and gynecological outpatient clinics served as the study's settings. **Sample:** A purposive sample of 88 women was selected. **Instruments:** Four instruments were used for data collection: a structured interviewing questionnaire, women's compliance with the recommended nursing instructions sheet, the Female Sexual Function Index, and the Female Sexual Quality of Life. **Results:** The nursing guidelines interventions significantly improved women's adherence to practices regarding vaginal prolapse and enhanced quality of sexual life. After three- and six-months post-intervention, the results indicated highly significant changes ($P \leq 0.001$). Before the intervention, only 11.4% of women reported sexual desire, increasing to 38.6% after three months and 61.4% after six months. Similar trends were seen in sexual arousal, with an increase from 18.2% pre-intervention to 45.5% and 65.9% in three and six months, respectively. Lubrication improved from 15.9% to 59.1% and 86.4%, and sexual orgasm increased from 15.9% to 63.6% and 84.1%. Sexual satisfaction rose dramatically from 13.6% to 84.1% in both three and six months. Pain during sexual activity decreased significantly, from 25.0% reporting pain pre-intervention to 9.1% in three months and 13.6% at six months. **Conclusion:** The nursing guidelines interventions significantly improved women's adherence to practices regarding vaginal prolapse and enhanced quality of life. The intervention group also showed notable improvements in sexual function, demonstrating the effectiveness of pelvic floor exercises, lifestyle changes, and guideline-based care. **Recommendations:** Offer comprehensive education about vaginal prolapse, emphasizing the significance of maintaining a healthy weight, avoiding heavy lifting, and optimizing bowel habits to manage symptoms.

Keywords: Guidelines for nursing care; quality of sexual life; stress; vaginal prolapse.

Introduction

Vaginal prolapse is a prevalent condition that affects a considerable number of women, especially those who are older or have experienced multiple childbirths. This condition involves the descent of pelvic organs, such as the bladder, uterus, or rectum, into the vaginal canal, often resulting in discomfort, urinary and bowel issues, and a reduced quality of life. Effective management of vaginal prolapse requires a comprehensive approach that includes both medical and nursing care to address the various aspects of the condition (Huang et al., 2023).

Vaginal prolapse stands as a significant and prevalent gynecological health issue that severely impacts women's quality of life. This condition involves the descent of the anterior or posterior vaginal wall or the cervix from their normal anatomical positions. Vaginal prolapse affects around 30% of women of childbearing age and more than half of women over the age of 50. This high prevalence is often compounded by cultural factors, traditional beliefs, and sexism, leading many women to avoid seeking medical care (Bharati & Gupta, 2023).

The incidence of vaginal prolapse varies globally, with notable prevalence rates: 56% in Egypt, 5.5% in Italy, 53.6% in Iran, 1.9% in California, and 19.1% in Pakistan. Young mothers who have recently given birth

to one or two children exhibit significantly higher rates (5-8%) (Jones & Roberts, 2022). In Egypt, the frequency of genital prolapse is underreported due to high birth rates and early marriages. Women suffering from vaginal prolapse may experience a range of symptoms, including vaginal protrusion, dyspareunia, urinary incontinence, frequent and incomplete bladder emptying, and gastrointestinal issues like gas or fecal incontinence and straining during bowel movements (Smith & Johnson, 2022).

Given the widespread nature of vaginal prolapse and its profound impact on women's lives, it is essential to explore effective management strategies. Evidence-based nursing care is a systematic approach to clinical practice that integrates the best available research evidence, clinical expertise, and patient preferences to achieve optimal health outcomes. In the context of vaginal prolapse, evidence-based nursing care involves interventions that are tailored to the specific needs and circumstances of each patient, ensuring that the care provided is both effective and efficient. This personalized approach helps in managing the symptoms, reducing complications, and enhancing the overall quality of life for affected women (Murray & Williams, 2023).

Research has demonstrated that evidence-based nursing care can significantly improve the quality of life for women with vaginal prolapse. By focusing on individualized care plans, education, and support, nurses can help manage symptoms, alleviate discomfort, and support women in regaining their normal activities and intimacy. This holistic approach not only addresses the physical symptoms but also the emotional and psychological impacts of the condition, thereby promoting overall well-being (Lee & Park, 2023).

The importance of exploring the impact of guidelines in nursing care on the quality of life among women with vaginal prolapse cannot be overstated. As the condition can profoundly affect a woman's day-to-day activities and intimate relationships, understanding and implementing best practices in nursing care is crucial. This research aims to highlight the effectiveness of evidence-based nursing interventions in improving the quality of life for women with vaginal prolapse, emphasizing the need for continued research and the implementation of these best practices in clinical settings (Nguyen & Johnson, 2022).

This study highlights the effectiveness of evidence-based nursing interventions in improving the quality of life for women with vaginal prolapse. It emphasizes the need for continued research and the implementation of these best practices in clinical settings. By providing valuable insights into various nursing interventions, this research aims to optimize evidence-based care to support women with vaginal prolapse, enhance patient outcomes, improve quality of life, and ensure that women receive the highest standard of care tailored to their specific needs (Taylor & Bennett, 2022).

Significance of the study

Vaginal prolapse is a global health issue affecting women of all ages, significantly diminishing their quality of life due to symptoms and repeated surgical interventions. The prevalence among women under 45 worldwide is between 2% and 20%, with 30% of those in the U.S. requiring subsequent surgeries after initial pelvic floor surgery (Taylor & Bennett, 2022).

In Egypt, the prevalence is notably high, at 56%. A lack of awareness about vaginal prolapse can lead to severe reproductive health issues, making increased knowledge crucial for prevention. This study assesses knowledge and practices regarding vaginal prolapse risk factors and preventive strategies among women at the Universi of Menofia in Egypt (Murray & Williams, 2023).

Guidelines for nursing care, which integrate research guidelines, clinical expertise, and patient preferences, are essential for managing symptoms, alleviating discomfort, and supporting women in regaining normal activities and intimacy. This holistic approach significantly improves the quality of life for women with vaginal prolapse by addressing the physical, emotional, and psychological impacts of the condition. Understanding and implementing these best practices in clinical settings is crucial for enhancing patient outcomes and ensuring women receive tailored, high-standard care (Lee & Park, 2023).

The aim of the study

The aim of this study was to assess the effect of guidelines for nursing care on quality

of sexual life among women with vaginal prolapse.

Research Hypotheses:
- Women with vaginal prolapse who received guidelines nursing care are expected to have a higher practice level towards vaginal prolapse than before intervention.
- Women with vaginal prolapse who receive guidelines nursing care are expected to have a better quality of sexual life than before intervention.

Operational definitions:

Guidelines for Nursing Care: Evidence-based nursing guidelines to evaluate the severity of prolapse, teach patients pelvic floor exercises and lifestyle modifications, and offer symptom management techniques. To slow progression and enhance quality of life, nurses provide advice on preventive measures. To guarantee thorough care, multidisciplinary referrals and routine follow-up are scheduled as needed.

Quality of Sexual Life: The degree to which a person is satisfied with their sexual life, considering relational, emotional, psychological, and physical aspects. Tool III of the Female Sexual Function Index was used to evaluate this.

Vaginal Prolapse: A disease occurs when the walls of the vagina or other pelvic organs fall or protrude from their natural position. This is frequently caused by weak pelvic floor muscles. This can be categorized according to the extent of prolapse and evaluated using symptom-based questionnaires or clinical examinations.

Method

Research Design: This study utilized a quasi-experimental research design. This design allows for the comparison of pre-, post-, and follow-up intervention impacts, which are essential given the nature of the study topic (Ramirez & Green, 2023).

Setting: The study was conducted at the obstetrics and gynecological outpatient clinics at Shebin El-Kom Teaching Hospital and Menoufia University Hospital. These hospitals were selected due to their high female patient flow and their provision of comprehensive services, including family planning, maternity care, and gynecological treatments. The hospitals serve both rural and urban populations, offering a mix of free and paid services.

Sample:

A purposive sample of 88 women was included in the study, with 44 participants from each hospital. Previous research, such as Al-Ateeq et al. (2022), which indicated significant differences in outcomes, guided the determination of this sample size. The calculation was based on a 95% confidence level, 90% power, and a 5% significance level, resulting in 88 cases per group. The participants were randomly assigned to either the study group or the control group using sequentially numbered, sealed, opaque envelopes to prevent bias and sample contamination.

The researchers used Yamane's formula to calculate the required sample size.

$n = N / (1+N (e)^{2})$

The components in this formula are as follows: n represents the sample size; N represents the total number of individuals in the study; e = the margin of error in the calculation = 5%. The sample size was determined to be 88 women.

Inclusion Criteria

- Married women under 40 years old
- Medically diagnosed with vaginal prolapse
- Sexually active
- Free from other medical conditions affecting urinary and sexual function
- Able to use mobile phone applications (Zoom)

Tools for collecting data:

Tool I: A structured interview questionnaire: It was created by researchers based on a literature review (Al-Ateeq et al., 2022) to collect demographic and obstetric history data. It consists of:

- **Part 1:** Personal data, including age, education, residential location, and occupation.
- **Part 2:** Obstetric history, including gravity, parity, delivery methods, and related issues.

Tool II: Women's practice Toward Recommended Nursing Instructions Questionnaire: Developed to assess compliance with recommended nursing instructions to reduce vaginal prolapse's symptoms. It included six areas, including

compliance with pelvic floor muscle exercises, weight reduction, avoiding prolonged sitting or standing, avoiding heavy lifting, consuming fiber to prevent constipation, and avoiding high-impact activities.

Scoring system: Compliance was rated on a three-point scale (comply = 2, sometimes = 1, not comply = 0). The total score ranged from 0 to 12 and was categorized as low (0–4), moderate (4–8), or high (8–12).

Tool III: Female Sexual Function Index (FSFI): It was adopted by Owiredu and colleagues (2018). There were nineteen elements on the Female Sexual Function Index (FSFI). This self-report questionnaire was used to evaluate female sexual function. It comprised six domains: desire [two items], arousal [four items], lubrication [four items], orgasm [three items], satisfaction [three items], and pain [three items].

Scoring system: Each domain's score is weighted and summed to produce a total score ranging from 2 to 36, with higher scores than 85% of the total indicating better sexual function.

Tool VI: Sexual Quality of Life-Female (SQOL-F)

It was adopted from Symonds et al. (2018) to evaluate the relationship between female sexual dysfunction and quality of life. A particular self-reporting tool that focuses on interpersonal, emotional, and sexual self-esteem is the SQOL-F questionnaire. It consists of 16 items, rated using a six-point scale (completely agree to completely disagree). Each item on the scale is scored between 1 and 6 (1 = I completely agree, 2 = I mostly agree, 3 = I partially agree, 4 = I partially do not agree, 5 = I mostly disagree, 6 = I completely disagree).

Scoring system: Total scores ranged from 16 to 96, with higher scores than 75% indicating a better sexual quality of life as:

- More than 75%: Good quality of life
- 60–75%: Average quality of life
- Less than 60%: Poor quality of life

Validity and reliability

To ensure the validity and reliability of the tools used in the study, several steps were undertaken. **Validity** was assessed by three experts: one from the Obstetrics and Gynecology Department and two from the Maternal and Newborn Health Nursing and Family and Community Health Nursing Departments. These experts reviewed the instruments for internal validity and content adequacy, providing feedback on item clarity and completeness. Based on their recommendations, revisions were made to enhance the instruments' effectiveness. **Reliability** was measured using the test-retest method on two occasions within a two-week interval. The instruments demonstrated strong internal consistency, with Cronbach's alpha values of 0.82 for the women's practice toward recommended nursing instructions questionnaire, 0.86 for the Female Sexual Function Index, and 0.90 for the Sexual Quality of Life-Female, indicating acceptable and desirable reliability levels.

Administrative Approvals

In June 2022, approval for the study was granted by the Committee of Research and Ethics at Menoufia University's Faculty of Nursing. Official letters were sent from the dean of the nursing faculty to the directors of Menoufia University Hospital and Shebin El-Kom Teaching Hospital, requesting their support and permission to conduct the study. Both hospital directors provided official authorization to proceed with the research.

Ethical Considerations

Prior to participant recruitment, the researchers provided a detailed introduction about the study and its objectives to ensure informed consent. Confidentiality and ethical practices were rigorously maintained: participant identities were anonymized using coded numbers, and data was securely stored. Participants were informed that their data would be used solely for statistical analysis and presented as aggregated results. Oral informed consent was obtained from all participants, who were made aware that their involvement was voluntary and could be withdrawn at any time. Participants were also given the opportunity to ask questions and clarify any concerns about the study.

Pilot Study

A pilot study was conducted to test the practicality, suitability, and clarity of the instruments. This preliminary investigation involved 8 women, representing 10% of the total sample size. The feedback from the pilot study led to further refinement of the instruments. The participants from the pilot

study were not included in the final sample for the main study.

Procedure

The study was carried out in accordance with the previously stated eligibility requirements and was divided into the following phases: a preparatory phase, an interviewing phase, an implementation phase, an evaluation and a follow-up phase. These phases were implemented at Menoufia University Hospital and Shebin El-Kom Teaching Hospital during a six-month period, starting in July 2022 and ending in December 2022. Data were collected two days per week from the obstetrics and gynecology outpatient clinics (Monday and Wednesday) from 9:30 a.m. to 12 p.m. (5 to 10 women per day), according to the availability of the women who met the inclusion criteria. This protocol of data collection was followed until the sample size needed was reached.

The preparatory phase

A thorough assessment of accessible books, journals, and electronic dissertations was done to create a knowledge base pertinent to the subject field. Every instrument underwent testing for reliability and validity, as well as preparation. After conducting a pilot study, the appropriate adjustments were made. The guidelines for nursing care were prepared and formulated to be presented in two forms: a) an evidence-based nursing intervention booklet, and b) an educational session for nursing care guidelines. The booklet was in simple Arabic with colored diagrams and photos to clarify the written information, then revised and modified according to the experts' comments. Many PowerPoint presentations and multimedia materials covering evidence-based nursing care were prepared to be used during the sessions.

To determine which study represents a strong and powerful guidelines intervention, a thorough examination and analysis of all relevant studies was conducted in order to prepare evidence-based nursing care. The subsequent actions were performed: finding studies, using a continuum to evaluate the research guidelines that are currently available, establishing standards to determine the quality of the studies to be included in the planned interventions based on the level of evidence that has been chosen, conducting a systematic review of the literature, identifying gaps in the knowledge and practice that has been reviewed, identifying the limitations of the reviewed literature, and ultimately choosing the evidence-based interventions. The accompanying continuum was used to illustrate several levels of evidence before selecting the strongest level, due to the substantial number of papers addressing the current study concerns.

Interviewing phase

The researchers selected eligible women and evaluated their level of knowledge and practice about vaginal prolapse, which were the main goals of this phase. The researchers gave a brief introduction and outline of their study at the first visit. Participating women who met the inclusion criteria were asked for their informed consent before being interviewed to gather information about their sociodemographic, past obstetric history, and educational needs (using instrument I). Instruments II, III, and IV were used to conduct an initial assessment. For each participant, the interview took about fifteen to twenty minutes to complete. After obtaining contact details, a timetable for the upcoming training sessions was established.

Study Group: A WhatsApp group was organized to facilitate contact with women, send messages to ensure adherence to exercises, and send recorded sound for the mindfulness sessions and their demonstration. A schedule for conducting the educational sessions was set, and the sessions were conducted online through the Zoom application. Women were instructed to download the Zoom application to attend the sessions. Four sessions were scheduled, each lasting about 30-45 minutes. The researcher met the study group participants again during their follow-up visits to the obstetrics and gynecological outpatient clinics for handing out the evidence-based nursing care educational booklet and then for evaluation after 3 and 6 months.

The implementation phase: The researchers gave the study group guidelines outlining evidence-based nursing care. Over the course of two weeks, 30- to 45-minute evidence-based nursing care sessions were used to carry out the intervention. A subgroup of five to ten women was included in the session to demonstrate and then reapply the exercises.

First session: provided an overview of pelvic floor anatomy and the types and stages of vaginal prolapse. It covered preventive

measures and management strategies, including nursing interventions such as weight loss, avoiding prolonged sitting or squatting, and refraining from heavy lifting. Measures for preventing or reducing constipation were also discussed. Diagrams and a model pelvis were used for visual demonstrations.

Second session: focused on physical interventions to brace pelvic floor muscles against increased intra-abdominal pressure. Participants were instructed on techniques to engage and support these muscles effectively.

Third session: centered on the practical application of pelvic floor muscle exercises. Women were guided through the correct exercise techniques, including slow and fast squeezes. The session included hands-on practice with immediate feedback to correct any mistakes, and participants were encouraged to practice the exercises at home 4-5 times daily.

Evaluation and follow-up phase: In this phase, the study group was evaluated during follow-up visits to the clinics, which took place three and six months after the initial appointment. The study group was then assessed using study instruments (II, III, and IV). Women were thanked for their participation and informed that the social media group of contact would be available to call for help at any time.

Statistical Analysis: Data was entered and analyzed using the Statistical Package for Social Sciences (SPSS) version 25.0. Descriptive statistics (frequency and percentages) and inferential tests (chi-square, Fisher's exact test) were applied. Significance levels were set at $p \leq 0.05$ for statistical significance and $p \leq 0.001$ for highly significant differences.

Results:

Table 1: The personal characteristics of the 88 women in the study. It shows that 43.2% of the women aged 30–40 years, 34.1% of them had secondary education, 86.4% were housewives, and 68.2% resided in rural areas.

Table 2 presents the obstetric characteristics of the study participants. It shows that 47.8% of the women had been pregnant more than three times, followed by 31.8% of those pregnant three times. In terms of deliveries, 63.6% of the women had three, while 29.5% of them had two or none (6.9%). The predominant mode of previous delivery was vaginal (88.6%), with a minority having undergone caesarian sections (11.4%). Regarding complications, a significant number experienced lacerations during delivery (81.8%), with fewer reporting prolonged labor (11.4%) or precipitated labor (6.8%).

Table (3) shows significant improvements in the practices of women towards managing vaginal prolapse following an intervention. Initially, compliance with pelvic floor muscle exercises, weight reduction, avoidance of squatting or long-standing, lifting heavy objects, consuming fiber-rich foods, and avoiding high-impact activities was very low. After three- and six-months post-intervention, compliance rates increased dramatically across all categories, with most women adhering to recommended practices.

Figure 1 shows the women's self-reported change in vaginal prolapse symptoms from the start of the study. It reveals that before intervention, 1.13% of the participants had high compliance, 5.68% had moderate compliance, and 93.19% of them had low compliance. Also, after three months, 93.19% of the participants had high compliance, 5.68% had moderate compliance, and 1.13% of them had low compliance. Additionally, after six months, 90.91% of the participants had high compliance, 6.82% had moderate compliance, and 2.27% of them had low compliance.

Table 4 compares the sexual function of women in the study group before, three months after, and six months after an intervention using the Female Sexual Function Index. Significant improvements were observed across all variables of post-intervention. Before the intervention, only 11.4% of women reported sexual desire, increasing to 38.6% after three months and 61.4% after six months. Similar trends were seen in sexual arousal, with an increase from 18.2% pre-intervention to 45.5% and 65.9% in three and six months, respectively. Lubrication improved from 15.9% to 59.1% and 86.4%, and sexual orgasm increased from 15.9% to 63.6% and 84.1%. Sexual satisfaction rose dramatically from 13.6% to 84.1% in both three and six months. Pain during sexual activity decreased significantly, from 25.0% reporting pain pre-intervention to 9.1% in three months and

13.6% at six months. These findings indicate that the intervention significantly enhanced various aspects of sexual function and reduced pain, highlighting its effectiveness in improving sexual health among the participants.

Table 5 shows the total mean Sexual Quality of Life-Female score of the study group before**,** three and six months after the intervention. The study group exhibits high levels of frustration, depression, feelings of inadequacy, sadness, anxiety, and embarrassment related to their sexual quality of life, with similar proportions reporting these issues. The nearly identical responses across all SQOL-F variables (all P values ≤0.001) indicate that the baseline sexual quality of life is comparable between the two groups. This similarity ensures that any changes observed post-intervention can be attributed to the effects of the intervention rather than pre-existing differences in sexual quality of life.

Table 1: Personal Characteristics of the Studied Women (n=88)

Variables	Study group (n=88)	
	No.	%
Age (years)		
< 20	14	15.9%
20 – < 30	30	34.1%
30 – 40	44	50.0%
Educational level		
Illiterate	16	18.2%
Basic education	26	29.5%
Secondary	30	34.1%
University	16	18.2%
Occupation		
Housewife	76	86.4%
Working	12	13.6%
Place of residence		
Rural	60	68.2%
Urban	28	31.8%

Table 2: Obstetric History of the Study Participants (n=88)

Variables	Study group (n=44)	
	No.	%
Number of pregnancies		
One	6	6.8%
Twice	12	13.6%
Three times	28	31.8%
More than three times	42	47.8%
Number of deliveries		
Two	26	29.5%
Three	56	63.6%
No one	6	6.9%
Mode of previous delivery		
Vaginal	78	88.6%
Caesarian section	10	11.4%
Problems associated with delivery		
Precipitate labor	6	6.8%
Prolonged labor	10	11.4%
Lacerations	72	81.8%

Table (3): The Women's Practice Towards the Recommended Nursing Instructions in the Study (n=88)

Variables	Before intervention		After three months		After six months		FET	P value
	No.	%	No.	%	No.	%		
Practicing the pelvic floor muscle exercises correctly and regularly								
Comply	0	0.0	84	95.4	84	95.4	66.33**	0.001**
Sometimes	8	9.1	4	4.6	4	4.6		
Not comply	80	90.9	0	11.1	0	0.0		
Weight reduction							82.33**	0.001**
Comply	0	0.0	0.0	0	0.0	0.0		
Sometimes	7	7.6	18	19.4	80	90.9		
Not comply	81	92.4	70	80.6	8	9.1		
Avoidance sitting in a squatting position or standing for long hours								
Comply	1	1.13	66	75	84	95.4	77.22**	0.001**
Sometimes	30	34.09	22	25	6	4.6		
Not comply	57	64.7	0	0.0	0	0.0		
Avoid lifting heavy things								
Comply	4	4.5	70	79.5	70	79.5	63.55**	0.001**
Sometimes	14	15.9	10	11.3	8	6.09		
Not comply	70	79.5	8	6.09	10	11.3		
Food that contains fiber to avoid constipation								
Comply	8	6.09	75	85.22	74	84.09	49.42**	0.001**
Sometimes	10	11.3	10	11.3	11	12.5		
Not comply	70	79.5	3	3.40	3	3.40		
Avoidance of high-impact activities or exercises								
Comply	0	0.0	70	79.5	70	79.5	59.42**	0.001**
Sometimes	6	6.7	11	12.5	10	11.3		
Not comply	82	93.3	7	7.95	8	6.09		
Total score								
High compliance	1	1.13	82	93.19	80	90.91	67.44**	0.001**
Moderate compliance	5	5.68	5	5.68	6	6.82		
Low compliance	82	93.19	1	1.13	2	2.27		

FET: The Fisher's Exact Test ** Highly statistically significant difference ($p \leq 0.001$)

Figure 1: Women's self-reported change in vaginal prolapse symptoms from the start of the study (n=88)

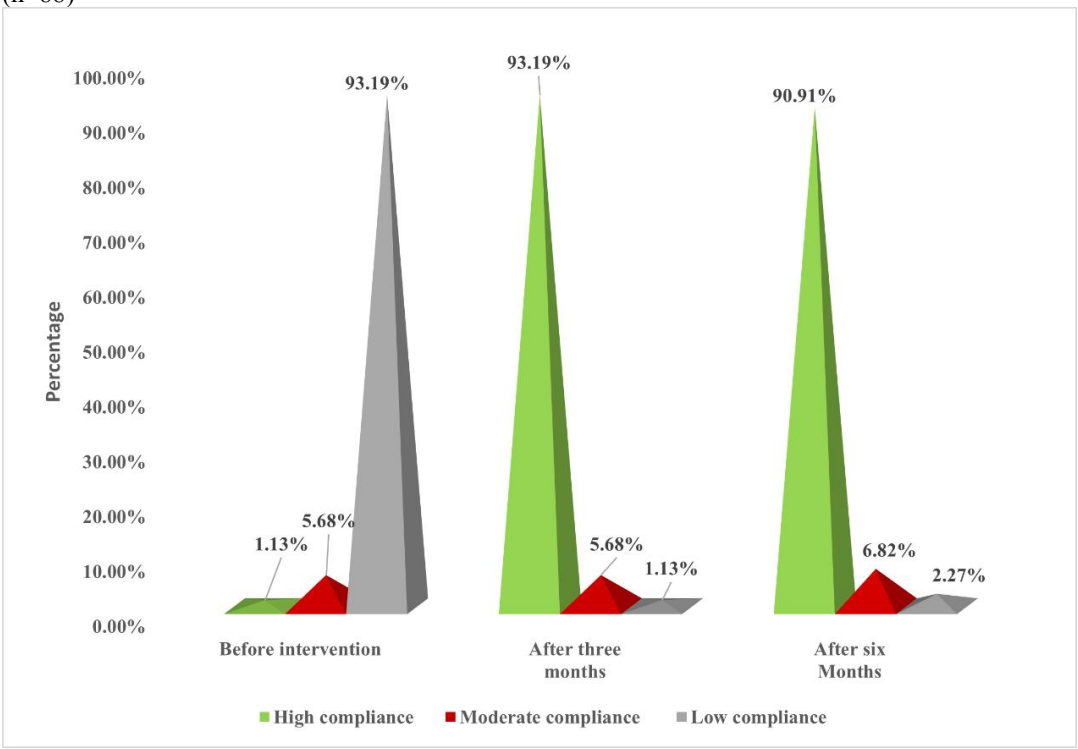

Table 4: Differences between the Study Group's FSFI Before the Intervention, Three and Six Months After the Intervention (n = 88)

Variables	Before intervention (n=88)		After three month (n=88)		After six month (n=88)		FET	P value
	No.	%	No.	%	No.	%		
Sexual desire							26.354**	≤0.001
Yes	10	11.4%	34	38.6%	54	61.4%		
No	78	88.6%	54	61.4%	34	38.6%		
Sexual arousal							25.095**	≤0.001
Yes	16	18.2%	40	45.5%	58	65.9%		
No	52	81.8%	48	54.5%	30	34.1%		
Lubrication							46.545**	≤0.001
Yes	14	15.9%	52	59.1%	76	86.4%		
No	74	84.1%	36	40.9%	12	13.6%		
Sexual orgasm							40.909**	≤0.001
Yes	14	15.9%	56	63.6%	74	84.1%		
No	74	84.1%	32	36.4%	14	15.9%		
Sexual satisfaction							46.642**	≤0.001
Yes	12	13.6%	74	84.1%	74	84.1%		
No	76	86.4%	14	15.9%	14	15.9%		
Pain							11.344**	≤0.001
Yes	22	25.0%	8	9.1%	76	86.4%		
No	66	75.0%	80	90.9%	12	13.6%		

** Highly statistically significant difference (p≤0.001)

Table 5: The Total Mean Sexual Quality of Life-Female Score of the Study Group Before, Three and Six Months After the Intervention (n = 80)

Variables	Before intervention	After three Month	After six Month	t	P value
	X±SD	X±SD	X±SD		
I feel frustrated	2.25 ± 0.56	3.49 ± 0.87	3.49 ± 0.65	11.42**	≤0.001
I feel depressed	3.00 ± 0.93	4.37 ± 0.49	4.21 ± 0.49	13.91**	≤0.001
I feel like less of a woman	2.28±5.45	3.49±4.84	3.45±3.84	10.57**	≤0.001
I feel sad about myself	1.21 ± 0.41	2.3 ± 0.77	2.6 ± 0.76	10.8**	≤0.001
I feel anxious	1.94 ± 0.54	2.54 ±0.50	2.44 ±0.40	7.03**	≤0.001
I have lost confidence in myself as a sexual partner	2.7±3.6	6.56±1.3	6.36±1.1	11.56**	≤0.001
I feel far from my partner	6.16±0.93	9.6±1.39	9.2±1.30	39.03**	≤0.001
I feel anger	2.61±1.19	5.93±1.65	5.53±1.35	31.05**	≤0.001
I worry about the thought of my sexual life	3.7±9.0	6.9±1.1	6.6±1.3	4.911*	≤0.05
I have lost pleasure in sexual activity	6.3±1.0	13.2±1.4	13.6±1.6	27.729**	≤0.001
I feel embarrassed	10.5±1.9	27±2.4	27±2.6	43.137**	≤0.001
I cannot talk to my partner about sexual matters	5.4 ± 1.0	15.8 ± 8.3	15.9 ± 7.3	18.219**	≤0.001
I try to avoid sexual activity	2.65 ± 0.55	3.69 ± 0.99	3.59 ± 0.55	11.42**	≤0.001
I feel guilty	3.01 ± 0.83	4.38 ± 0.89	4.21 ± 0.49	13.91**	≤0.001
I worry that my partner will feel hurt or rejected	2.18±5.55	3.89±4.64	3.45±3.84	10.57**	≤0.001
I feel like I have lost something	1.71 ± 0.61	2.7 ± 0.74	2.6 ± 0.76	10.8**	≤0.001

** Highly statistically significant difference (p≤0.001)

Discussion:

The current study results revealed that women with vaginal prolapse often lose self-esteem, feel embarrassed, are prevented from having sexual intercourse, and ultimately experience negative impacts on sexual satisfaction. This finding was in accordance with Frigerio et al. (2022), who studied the quality of life, psychological well-being, and sexuality in women with vaginal prolapse; Lim et al. (2019), in a study titled "Effect of Vaginal Prolapse on the Sexual Function of Couples and the Quality of Life of Patients"; and Curillo-Aguirre and Gea-Izquierdo (2023), who conducted a study on "Effectiveness of Pelvic Floor Muscle Training on Quality of Sexual Life in Women with Vaginal Prolapse." They found that there was a negative impact on sexual desire and/or sexual satisfaction resulting from insufficient vaginal lubrication, unsatisfying partner relationships, difficulties in reaching orgasm, and worries about prolapse symptoms during sexual activity in the vaginal prolapse group.

Additionally, the study indicated that women with vaginal prolapse had significantly higher overall FSFI levels than healthy women, signifying worse sexual functioning before the intervention. Furthermore, they reported lower scores of the Female Sexual Function Index in women with vaginal prolapse compared to control subjects. These findings agreed with Burzyński et al. (2021), who studied the "Impact of Vaginal Prolapse on Female Sexual Activity" and reported that severe vaginal prolapse is significantly associated with decreased libido, vaginal dryness, decreased interest, and satisfaction with sexual intercourse, including orgasmic dysfunction.

According to the present study findings, significant improvements were shown in women's total level on the FSFI after three months of interventions and six months later. Desire, arousal, lubrication, orgasm, and satisfaction were the highest domains of female sexual function. This improvement can be attributed to the nursing care and teaching sessions provided to the women, which upgraded their practices regarding vaginal prolapse management, resulting in enhanced female sexual function. This finding aligns with Al-Ali et al. (2018), who evaluated the impact of the SPARC sling system on female sexual functions at the Medical University of Graz, Austria, finding that the FSFI score of all pre- and postoperatively sexually active women increased from twenty-five at baseline to twenty-seven at follow-up.

This finding is also in accordance with Frigerio et al. (2022), who studied the quality of life, psychological wellbeing, and sexuality in women with vaginal prolapse, discovering that successful treatment can improve overall female sexual function scores. Specifically, non-surgical management through pelvic floor muscle training and standard care improved sexual life using validated tools such as the FSFI. Similarly, Yousif et al. (2019), who studied "Evidence-Based Nursing Guidelines for Improving Sexual Quality of Life Among Women with Vaginal Prolapse," reported a statistically significant difference between women in the control and intervention groups regarding the subtotal and total scores of the FSFI after implementing evidence-based nursing guidelines, with desire, arousal, lubrication, orgasm, and satisfaction being the highest domains of female sexual function.

While this finding contrasts with Burzyński et al. (2021), who found a significant reduction in sex life, social life, and physical activity-related issues after six months of PFMT compared to controls in a study titled "A Randomized Controlled Trial on the Effect of Pelvic Floor Muscle Training on Quality of Life and Sexual Problems in Women with Genuine Stress Urinary Incontinence," this difference could be related to the researchers' preference for surgical management of vaginal prolapse as the best treatment due to its positive impact on sexual function, as reported by Kim (2019) in their study on lower urinary tract symptoms, sexual function, and quality of life of married women with urinary incontinence in South Korea.

Point of view, the current study underscores the critical impact of vaginal prolapse on women's sexual function and the potential of evidence-based nursing care to significantly improve sexual satisfaction and overall quality of life. These findings highlight the importance of holistic, patient-centered approaches that integrate best practices from both surgical and non-surgical interventions to

address the complex needs of women with vaginal prolapse. By improving awareness, education, and clinical practice, healthcare providers can better support women in managing the physical and psychological challenges associated with vaginal prolapse, ultimately enhancing their sexual health and overall well-being.

The current study findings indicated no statistically significant difference between the study and control groups regarding the Sexual Quality of Life-Female scores before the intervention. However, a significant improvement was observed in the SQOL-F scores for the study group after three and six months of intervention. Initially, women with vaginal prolapse perceived the condition as a negative and stressful experience, leading to feelings of shame, lack of control, insecurity, and suffering. These emotions can result in isolation, social exclusion, low self-esteem, depression, anxiety, and delayed treatment-seeking, all of which adversely affect various dimensions of quality of life, including physical, social, and sexual activities.

Recent studies emphasize the detrimental impact of vaginal prolapse on sexual life. For instance, Clarke et al. (2023) in "Sexual Function and Quality of Life in Women with Vaginal Prolapse" reported that women with vaginal prolapse frequently experience reduced libido and sexual dysfunction due to the physical discomfort and psychological distress associated with the condition. Additionally, the stigma and embarrassment surrounding prolapse can deter women from seeking timely medical help, exacerbating the negative impact on their sexual lives.

The study underscores the profound impact of vaginal prolapse on women's sexual quality of life and highlights the importance of timely, holistic interventions. Evidence-based nursing care that addresses both physical and psychological aspects of the condition is crucial in alleviating the distress associated with vaginal prolapse and improving sexual health and overall quality of life. By reducing stigma, encouraging timely medical intervention, and providing comprehensive care, healthcare providers can significantly enhance the well-being of women with vaginal prolapse, enabling them to lead more fulfilling and confident lives.

Post-intervention guidelines for nursing care significantly improved the quality of sexual life for the study group, while the comparison group did not experience significant improvements. Guidelines for nursing care, which include pelvic floor exercises, lifestyle modifications, and educational sessions, can greatly enhance sexual function and quality of life for women with vaginal prolapse.

Pelvic floor exercises, such as Kegel exercises, are effective in strengthening pelvic muscles, alleviating prolapse symptoms and improving sexual function. Recent research by Ahmed et al. (2023) in "Pelvic Floor Exercises and Their Impact on Sexual Health" supports that regular practice of these exercises can enhance muscle tone, reduce pelvic pressure, and contribute to a more satisfying sexual experience.

Lifestyle changes like weight management, avoiding heavy lifting, and optimizing bowel habits can help manage prolapse symptoms and improve overall comfort, positively influencing sexual health. This is supported by Morris et al. (2022) in "Lifestyle Interventions for Managing Pelvic Floor Disorders," which highlights that such modifications can significantly alleviate physical discomfort and improve sexual health outcomes.

Providing education about vaginal prolapse, its management, and its impact on sexual health can empower women to seek appropriate treatment and engage in open discussions about their condition. This approach not only improves knowledge and self-management but also reduces feelings of shame and isolation. A study by Lee and Park (2023) in "Educational Strategies for Managing Pelvic Organ Prolapse" emphasizes that educational interventions significantly enhance knowledge and self-management practices, thereby improving sexual health and reducing stigma.

These findings align with recent research by Thompson et al. (2023) in "Evaluating Quality of Life and Sexual Function in Women with Vaginal Prolapse" and Jackson et al. (2021) in "Impact of Kegel Exercises on Pelvic Floor Disorders." Both

studies reported significant improvements in QoL and sexual function following targeted interventions.

Conversely, Fitz et al. (2023) in "Pelvic Floor Muscle Function and Quality of Life: A Comprehensive Review" noted a reduction in QoL in some domains post-intervention, with some participants feeling embarrassed about seeking medical help. This highlights the complex relationship between sexual function, QoL, and the management of vaginal prolapse.

Overall, the study highlights the substantial impact of guidelines in nursing care on improving sexual quality of life for women with vaginal prolapse. Integrating pelvic floor exercises, lifestyle modifications, and educational interventions into community nursing practice can enhance sexual function and overall quality of life. These findings advocate for incorporating evidence-based nursing education and intervention programs to better manage vaginal prolapse and improve the sexual health and quality of life for affected women.

Conclusion:

The current research findings concluded that the intervention of nursing guidelines effectively improved women's adherence to recommended practices. This outcome supports the first hypothesis of the study. Furthermore, the research findings indicated an enhancement in quality of sexual life during follow-up periods, thereby supporting the second hypothesis. The study also confirmed that women with vaginal prolapse who received guideline-based nursing care experienced an enhancement in quality of sexual life during follow-up periods. The intervention group showed significant improvements in both the Female Sexual Function Index and Sexual Quality of Life-Female scores. These results underscore the effectiveness of pelvic floor exercises, lifestyle changes, and guideline-based interventions in managing symptoms and improving sexual function.

Recommendations:

Based on the findings and discussions related to the management of vaginal prolapse and the improvement of sexual function and quality of life:

- Encourage women with vaginal prolapse to engage in regular pelvic floor exercises, such as Kegel exercises, to strengthen pelvic muscles and alleviate prolapse symptoms.
- Educate women on the importance of maintaining a healthy weight, avoiding heavy lifting, and optimizing bowel habits to manage prolapse symptoms.
- Conduct educational workshops or sessions that inform women about vaginal prolapse, its management, and its impact on sexual health.
- Advocate for regular gynecological exams and assessments to monitor the progression of vaginal prolapse and the effectiveness of interventions.
- Encourage women to seek medical advice and treatment early to prevent complications and improve outcomes.

Further research:

- Support ongoing research to explore new and effective interventions for managing vaginal prolapse and improving sexual function and quality of life.
- Encourage healthcare providers to stay updated with the latest research findings and integrate them into clinical practice.

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