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Lived Experiences of Women after Uterovaginal Prolapse Surgery in Gumer District, Central Ethiopia: An Interpretive Phenomenological Qualitative Study

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ABSTRACT

Background: Although uterovaginal prolapse surgery benefits physical health and social reintegration, some women experience negative outcomes, including limitations in physical activities and relational, psychological, and emotional health. These issues affect the quality of their lives, particularly if their personal concerns are neglected by healthcare providers and if they lack counseling about postoperative lived experience expectations. But little is known about the experiences of women in the study district. Therefore, this study aimed at exploring the lived experience of women after uterovaginal prolapse surgery, which helps in physical health and psycho-social reintegration interventions.

Methods: An interpretive phenomenological qualitative study was conducted between November and December 2025 in the Gumer district, Central Ethiopia. Eleven participants were purposefully selected from their register (at the Gumer district health office), and in-depth interviews were conducted individually at participants' compounds in a quiet place using a semi-structured interview guide. Audio recordings and field notes were also used. Then the interviews were first transcribed and coded, and categories and themes were generated by applying thematic analysis.

Findings: Five major themes with their many subthemes were identified: physical, psychological, relationships, sexual life, and general health perception changes.

Conclusion: Post-uterovaginal prolapse surgery, women experience many issues that negatively impact the quality of life, which emanate from their personal perception and emotion, relationships (husbands and others), and physical or physiological changes. Thus, it is essential to counsel women about common expected issues and follow-up mechanisms post-surgery. Furthermore, multi-perspective research involving husbands, families, and health professionals is essential to having the general view of their experiences, and developing culturally sensitive and inclusive programs for patients, families, and health systems is essential to address them.

Keywords

Uterovaginal prolapse surgery, Gumer.

Immunodeficiency Virus, HIV: Human Immunodeficiency Virus, SDGs: Sustainable Development Goals.

Abbreviations

UVP: Uterovaginal prolapse (UVP), AIDS: Acquired

Introduction

When the pelvic floor muscles and ligaments weaken, the uterus

and cervix sag or fall into the vagina, a gynecological disorder known as utero-vaginal prolapse (UVP) occurs [1,2]. In low-income nations, it is more common and severe due to a number of exacerbating risk factors, including early marriage, many pregnancies, inadequate obstetric care, injuries, starvation and persistent infections [3,4].

Based on its degree of downward drop, UVP is staged as mild (uterus drops into the upper vagina), moderate (uterus descends near the vaginal opening), advanced (uterus/cervix outside the vaginal opening), and complete or procidentia (entire uterus outside the vaginal opening) [5].

Its treatment options range from pelvic floor exercise (Kegels) and vaginal pessaries (support devices) for mild cases to surgery (hysterectomy) for severe cases [2,6].

While surgery for uterovaginal prolapse significantly improves physical health and reintegration of women's psycho-social life, some women might experience long-lasting negative outcomes [3,7,8]. Studies reveal persistent fear of recurrence, dissatisfaction due to unheeded personal concerns, and limitations in their daily physical activities [7,9]. Some women continue to experience physical discomfort or limitations, reducing their quality of life, particularly if they have less extensive social support systems [3,9,10]. Negative experiences are often linked to feelings that their "embodied knowledge" or personal concerns were ignored by healthcare providers, or that they received inadequate information about what to expect after surgery [3,4,7,8].

Support systems, like lack of social support or family help during the postoperative period, intensify their negative experience. Some experiences lead to anxiety, frustration, and sadness, reducing their quality of life [3,7,10]. Cultural factors, like considering the whole event a shameful secret, with recovery involving a complex, long-term process of regaining affect, affect women's confidence in their social interaction [7,8,11,12].

Independent of place of residence, such events could negatively affect the quality of life, including sexual function and body image, and some social consequences, including the possibility of divorce and discrimination affecting women post-UVP surgery [8,10,11].

Besides, some women still feel the burden of their past, including memories of stigma or reduced ability to participate in their previous life roles. In some contexts, women with limited access to resources struggled with the financial or social cost of the recovery period [8,11].

Even though uterovaginal prolapse surgery aids physical health and social renovation, some women experience undesirable consequences, including restrictions on physical activities and relational, mental, and emotional health [1,2,10]. These issues affect the worth of their lives, predominantly if their personal concerns are neglected by healthcare providers and if they lack

counseling about postoperative lived experience potentials [9,11,12]. But little is known about the experiences of women in the study district. Therefore, this study aimed at exploring the lived experience of women after uterovaginal prolapse surgery, which helps in physical health and psycho-social reintegration interventions.

Methods

Study Area and Design

The study was conducted between November and December 2025 in the Gumer district, Central Ethiopia. Gumer district is located in the central region of Ethiopia. It is 65 km from Wolkitie town, the capital of the Gurage zone (zones are a 2nd level subdivision of Ethiopia, below regions and above districts) and 220 km from the Ethiopian national capital, Addis Ababa. This district has 18 rural kebeles (the smallest political administration units in Ethiopia) with 10501 total population, four public health centers, eighteen health posts (three comprehensive and 15 basic), with no hospitals and 2 small urban towns (Bad and Bole) [13]. An interpretive phenomenological qualitative design was used. This study design was chosen because of its 1. good contextual depth: it accounts for how social, cultural, and environmental factors in the community influence recovery, which is essential when looking at post-surgical life outside a hospital. 2. Its Meaning-Making: It goes beyond mere description to interpret how women make sense of their "new normal," pain, and limitations. 3. Empathy and Complexity: It is well-suited for deeply emotional or complex health experiences, allowing for the interpretation of nuanced, lived realities [14].

Selection of Participants and Recruitment

The participants were recruited using a purposive sampling technique. Participants were identified through information taken from their registration (Gumer District health office, which collected all over 18 kebeles through four health centers and covers their treatment costs by making an annual agreement with Atat Hospital). After selection, participants were asked for their voluntariness by community health extension workers after explaining the objective of the study and confidentiality issues. Eleven volunteer participants were involved in the interview and interviewed after obtaining their verbal informed consent and all information obtained was kept confidential during all stages of the study. Participants were eligible to participate in the study if they were after UVP surgery after but between 1 year and 6 months to get their adequate experiences. However, those who were severely ill or non-volunteers for the interview were excluded.

Data Collection Methods

The qualitative data were collected by conducting an in-depth interview using a semi-structured interview guide among purposively selected women. The interview guide was adapted from works of literature.

Data collection tools

A semi-structured interview guide, audio recording, and field notes were used to gather the data. An interview guide was

used, translated into local language (Amharic), and designed by qualitative experts. The interview guide was unbiased and not a lead-in. The interview guides are available in the appendices (Appendices I and II).

Data collectors: Data was collected through in-depth qualitative individual interviews by two trained interviewers who have training and experience with qualitative data collection and are fluent in local languages (Amharic and Guragigna).

Data collection procedure: At first, participants were informed of the purpose of the interview, field note, and audio recording and that every piece of information they gave would remain confidential (their identities and answers would remain confidential) and would be used for research purposes only. Participants were oriented to the study by interviewers who explained the aims and objectives in local languages (Amharic and Guragigna). Ethical clearances were obtained (from the District Health office), and verbal informed consent was secured from individual participants. Interviews were conducted at the participants’ compound in a quiet place, individually. In-depth interviews were recorded using an audio recorder, and field notes were taken. A total of 11 eligible participants were interviewed. After completing the interviews, participants received no incentives. The interview (data collection) continued until it was adequate and complete, and little or no new information came from the interviewees. The interviews were then transcribed verbatim within a week and analyzed using an inductive thematic approach. Research teams aided the entire procedure; they supervised, facilitated the interviews, and worked on audio recording and field note-taking.

Operational definitions

Lack of psychosocial support: Those women who perceived do not have a person who supports them financially, materially and emotionally [13-17].

Data Management and Analysis

All interviews conducted in the local dialect were translated into English and transcribed verbatim. The data analysis method used in this study was Maguire and Delahunt's six-step approach {Maguire, 2017 #884}. The data were transcribed verbatim, and thematic analysis was used to code the data. During the data analysis, the authors read the transcripts line by line to identify codes. The codes were then collapsed into themes, and the themes were linked to literature, and finally, thematic analysis with open code software resulted in five main themes emerging from the data.

Trustworthiness of the Data

Trustworthiness involves the following factors: 1) credibility (in preference to internal validity); 2) transferability (in preference to external validity or generalizability); 3) dependability (in preference to reliability); 4) confirmability (in preference to objectivity) [19,20]. Thus, in this study, to enhance trustworthiness, the pilot interview guide was tested two weeks before the actual interview with four participants. A day of training was

provided for interviewers regarding procedures, how to approach participants, interviewing and discussing sensitive issues, and using voice recordings and field note-taking. The data collected were stored on a secured and password-protected computer of the principal and co-authors. All data were unidentified. No names or specific identifiers were used in the data processing, analysis, or dissemination of research results. Responses from the participants were anonymous on the tape.

Findings

Participants' sociodemographic and obstetric profile: Eleven participants were involved in the study. The age of participants ranged from 44 to 56 years old and the majority (82%) were married (Table 1).

Table 1: Participants' sociodemographic and obstetric characteristics, Gumer District, Central Ethiopia, 2025.

Characteristics	Category	Frequency (percentage)
Age (in completed years)	<50	2(18%)
	50 and above	9(82%)
Residence	Urban	1(9%)
	Rural	10(91%)
Marital status	Married	9(82%)
	Widowed	1(9%)
	Divorced	1(9%)
Education level	No formal education	8(73%)
	Primary level (1-8)	3(27%)
Occupation	Housewife	6((55%)
	Merchant	5(45%)
Religion	Muslim	2(18%)
	Orthodox	5(45%)
	Protestant	4(37%)
Parity	<5	2(18%)
	5 and more	9(82%)
Place of past child deliveries	Home	0(0%)
	Health facility	11(100%)
Counseled about potential issues post UVP surgery	Yes	5(45%)
	No	6(55%)

Themes

Five major themes and many more sub-themes emerged from the data: physical Changes, psychological changes, relationship changes, sexual life and general health perception.

Theme 1: Physical Changes

Role limitation in daily home-based work activities

The physical changes in daily life activities include household work and immobility for work activities like going to market and funerals. This is due to their perceived pain or fear of damage to the surgery part; as a result, they limit work-based activities, and this affects an integral part of women’s daily life.

A participant stated that "I am unable to wash clothes, cook, clean the home, fetch water, or do anything else without the support of my daughter."

Mobility limitation to market, funerals, and others

More than half of the participants were found to be extremely concerned about how their condition was limiting their physical activity. Some women were restricted from walking and travelling and were not doing their regular physical activity each day.

A participant narrated, "I am not that old, but after my surgery, I have trouble standing, sitting, or moving for an extended amount of time. I am unable to go a little farther distance for market or social events like funeral and birthday ceremonies".

A participant explained, "I used to work as a laborer preparing food for people in building construction; I don't feel good enough yet to start work. I can't even walk long distances or lift anything, and I don't have anyone to help me. I ask neighbors to help me".

However, few stated good relief after being told to have physical exercise by doctors during post-surgery follow-up.

A participant explained, "I have had limitations in moving far distances for seven months, and the doctor recently advised me to walk and exercise. Since the past two months, I have felt better".

"I sometimes feel pain and limit mobility. But now I am doing slight foot walk exercise, and it is not more likely to have an impact on my general health. If I exercise more, I'm hoping it will improve even more".

Physiological changes

Participants experienced both physical and psychosocial pain after their UVP surgery.

Some women experienced pain associated with the movement or flexion when performing daily life activities. Some experienced abdominal muscle cramps and abdominal colic, and others reported avoidance of work activity due to associated pain.

A participant stated, "I cannot do anything alone unless supported by my daughter or maid".

A participant described, "I had never felt like this construction in my abdomen in my life. When I start to change sleeping sides, I feel painful abdominal cramps and colic".

Another participant described pain, saying, "I had never felt like this pain in my abdomen day or night; I feel pain in a little flexing or sleeping aside and trying to wake up".

Participants disclosed as they experienced psychological or emotional pain, which is an "introspective, diffuse, subjective experience of negative emotions such as shame, guilt, fear of blocked love, and loneliness".

A participant explained, "I feel pain whenever I start to think about what my and my husband's relationship will be after all...."

Another one said, "My neighbors and some of my family members reduced their relation with me, so I sometimes feel loneliness and shame; this creates pain for me..."

Sleep pattern

More than half of the participants explained that they suffer from a lack of sleep on time, especially at night post-UVS surgery, women looked mildly troubled to get sleep.

A participant described, "No sleep approaches me; I see my deceased hope and gladness while I'm asleep. Ehhhh..... When I'm unable to sleep, I have problems falling asleep and feel bad or bored." A participant said, "I cannot sleep as I want. When I am trying to sleep, but my brain is thinking all the time ..."

Change in eating habit

Changes in the participants' appetite were reported as decreased, including the desire to eat and amount. Few reported no change, and very few experienced it as their eating habit increased. However, very few of the others claimed that their appetite had no change in any way.

A participant stated that "My appetite decreased; my desire is so poor".

Another said, "My appetite is good; I even gained weight after surgery." A participant said, "Nothing is new before and after; my eating habit is the same."

One third of participants expressed experiencing symptoms like abdominal pain, constipation, difficulty of defecation, and decreased appetite.

A participant explained, "I get a lot of stomach aches and difficulty in defecation, and I sit more to defecate in the toilet."

"I limit some foods because I feel serious abdominal pain...this occurs after surgery; there was none before it."

Urinary tract symptom

Some women experienced urine frequency, and a few others reported that they experienced repeated urinary tract infections.

A participant said, "I frequently have a small amount of urine leakage and an urge to urinate. Sometimes burning" Another said, "I experience urine leaks while I'm sleeping or doing a little work activity...and sometimes I can't hold my urine till I get to the toilet."

Another described, "I lost a lot of money going to clinics; the doctors told me I have infections in the bladder or vaginal area and prescribed medications".

"After my surgery, I went to the health center three times, and all three were infections of the genitalia...."

Theme 2: Psychological changes

Affected general emotion, interest, anxiety, and depression, accompanied by aggression and, as a result, de-socialization, are the most common complications women experienced after UVP surgery from this finding.

General emotion

A majority of participants disclosed that they experienced bad emotion and blamed themselves.

A participant stated, "I feel terrible about it and am disappointed that it happened, and I blame myself. Because it may result from overworking, and I feel alone. ...cried."

A participant described that "I feel angry with simple things or even with nothing **and emotional sensitivity. I don't know why....**"

The other said, "I easily become nervous, but I do not know the reason. I try to smile but am easily affected by silly events".

Interest

A participant said, "I lack interest in life activities in general and have a low desire for eating, playing with others, coffee ceremonies...so I feel low interest for home and social works also."

A participant said, "I lack interest in talking with people, whether they are people I know or not, family or neighbors. I simply live, but interest in life is weak after the surgery."

Anxiety

A participant described her experiences as, "I feel fatigue when I try to plan or take action on home activities like cooking, home cleaning, and washing utensils."

Another one stated, "I repeatedly experience lack of concentration and unwanted thoughts."

A participant explained that "I feel excessive worry, just thinking about being empty from the removal of my uterus."

Depression

The current study also noted that depression is the most common psychological complication after UVP surgery. A participant said, "I feel in a bad mood after surgery. I do not know why; maybe because I'm...am not able to get more children. Sometimes I'm crying, other times I'm shouting, and so on. You know...er...in our culture, the more male babies you get, the more respect you will gain from your society. But I have no males, only five female daughters."

A participant stated, "I face persistent feelings of sadness and hopelessness simply thinking about the surgery event."

Aggression

A participant described that "I feel angry with simple things or

even with nothing **and want to attack another person, animal, or object in my home or neighbor's. As** a result, I prefer to dissocialize."

Another one stated, "I feel like beating or insulting my husband and grandchildren for silly reasons."

Another participant explained similarly, "I feel like divorcing my husband even though he does not explain that. I just think of an empty life, and I use abusive words to my husband. This is also true with neighbors and friends and brought me obvious isolation."

Perception of overall health

Some of the respondents expressed a concern that their general health had been compromised after the UVP surgery, and they perceived that their UVP surgery affected their overall health.

A participant stated, "I am ill now that I am aware of the surgery issue in my health, and I am unable to feel better..." Some of the informants claimed that having exceedingly embarrassing issues and telling people about them seriously harmed their general health and acceptance. It has a considerable negative effect on the affected women's ability to function and emotional health.

A participant said, "Since the beginning of my surgery, I have not experienced any peaceful health conditions and have suffered from many things... feeling regret."

But some expressed feeling good as average.

"Although I worried about my husband's sexual desire, I feel good for my health right now; it is somewhat better compared to before surgery."

Theme 3: Relationship Changes

Personal relationship

The participants' self-perception of others towards them is the perceived barrier that makes women limit their interaction. The other is the perception of others towards participants, which is also the other barrier that could limit interaction. Both were experienced by the study participants, and both make them exhibit desocialization behavior in this study. They experienced silent stigma and perception of sinfulness by society.

Few of the participants stated that they usually felt shameful due to their removed uterus, and they did not want it to be told openly to their family, relatives, or friends.

A participant said, "... I feel like an unwanted woman... and have less hope... so I limit my relationships and easy interactions."

However, very few participants stated that they only talked to kind family people, who understood them and supported them.

A participant said, "...Fearing the issue, I spoke with my mum. She advised me to go to the hospital. She gave me excellent advice as well. She is constantly by my side, and she cares for me and is always by my side. So, I feel good about myself and well in familial or social interactions".

Social life

The majority of the women were found to be extremely concerned about how their condition was limiting them socially. They worried about not being able to interact with religious organizations and social ceremonies. In turn, it worried them about not being able to go away to meet up with their family as they would have liked to. A participant said, "I cannot go to the church. I also cannot go to the funeral home. I limit all these, fearing people murmur about me".

A few of the women feared to go to religious places due to social consequences such as discrimination in their social interaction, and mis conceptually the people didn't understand them, considering their surgery or removal of uterus is due to some hidden big sin."

"I avoid social ceremonies like birthdays and some funerals of near relatives because our rural residents are rude about this issue, considering me the one who is hated by God..."

Participants disclosed the silent stigma and perception of sinfulness by family and society. They disclosed that after surgery, they face societal challenges, including near families considering women who have undergone such uterine surgery as sinful people. They also disclosed families' and society's silent stigma due to families' and society's perception that uterine surgery means women have cancer and can transmit it. Then they followed the stigma secretly. There is a community fear of the word "cancer." This follows stigma and considers uterine surgery for women sinful or due to a woman's sinfulness.

A participant narrated, "Many people consider me to have cancer, although surgery is done, and perceive it as contagious, although they do not say it orally, in familial and societal activities that marginalize me obviously, for example, in a wedding or birth date." The other one stated that "I feel very bad when my neighbors murmur about my uterus surgery as a result of my sin. My neighbors have told me this many times about other societies; I have heard it many times."

Family support (husband, relatives) and social support (neighbors' and friends' support)
Participants disclosed experiences of good support both from families and society.

The response from their husbands, relatives, neighbors, and friends was almost all reported positive; many expressed sympathies and wondered why they had kept the prolapse a secret for so long. All the women expressed great relief related to their newly gained experience of openness:

A participant described, "Why should I feel shame now? I've seen the light. I hid the condition for almost two years. But now that I've had the surgery, I've escaped the pain. I feel relaxed now, and really all my families and even neighbors support me in my work, some with money."

"At an early time, it was shameful for me to eat, drink, and attend community meetings due to societal murmur...but after I observed how my husband and other community members sympathetically supported me, I became happy."

However, very few still claim low support of families and society.

"I stopped attending social gatherings because of murmurs people assigned to me; they think this is due to heavy sin...and support less than I expect from them."

Theme 4: Sexual life

The majority of the participants disclosed that they were bothered about the impact of the surgery on their sexuality. They disclosed experiencing reduced intimacy and sexual dissatisfaction with their sex lives as a result of their uterus surgery. They also experienced a reduction in libido, arousal, and orgasm.

Reduced intimacy

Many participants disclosed experience of reduced intimacy with husband.

A participant described, "Post surgery, obviously my spousal relation with my husband reduced; I mean our discussion on household issues and sexual issues. You know, in our culture, when you talk about sexual issues openly, it's like you're degrading yourself or you've been cheap. It took a long time to unlearn that shame."

A participant described, "We do not have a lot of open communication. We do not talk about what we like and what we don't. It means we live simply together or with fear."

Another one stated, "I am not sure, but my husband is well, but for me for years, sex was something that happened to me, so my approach to him is low..."

Sexual dissatisfaction

A participant explained,

"I sometimes feel that I am not physically attracted to my partner enough, or that we're not sexually compatible. It can make me feel like a failure."

"I switch off completely and don't feel pleasure in my body. I just pretend to enjoy it because I feel it's what's expected of me for my husband."

"I still carry a lot of guilt and shame when I have sexual activity with my surgically removed uterus."

Libido (sexual desire)

The majority of participants explained that they experienced decreased libido after UVP surgery. They also revealed that they face challenges in their perceptions of their husband, thinking that their husband thinks that the woman is not sexually active. Because of such perception, they again worry that their husband will associate with other women for his sexual interests, divorce, and sexually transmitted infections like AIDS.

Another one said, "My sexual interest is empty, but I do sex for my husband because I worry that if I disagree, he may go to other women and get infected...."

Another stated, "We have not had sex for eight months now, and he hasn't forced me. He hasn't asked me during this time, and I have no such interest".

Sexual excitement (arousal)

The majority of participants believed that they are unwanted for sexual connection for perceiving themselves as empty of a uterus, and after surgery, it became difficult to become sexually aroused.

Orgasm

"...after my surgery, I'm not pleased with the sexual intercourse. I only engage in sexual activity because my husband requests it. I only experience pain during sexual activity, and I don't like it when it does. I think my husband is also not happy...what can I do...?"

Vaginal dryness and pain during sexual Almost half (6 out of 14) reported vaginal dryness and diminished physical sensations for the male partner during intercourse.

A participant said, "...Because I'm not happy, and I think neither is my husband. During sexual activity, I didn't have vaginal discharge during sex as before; it was dry and painful during sex. I worry for the sexual dissatisfaction of my husband".

"I only engage in sexual activity because my husband wants it. I only experience pain during sexual activity, and I don't like it when it does".

Other risks (intention of divorce, worry, and infection)

The participant said, "My husband started a sexual relationship with another woman hiddenly. When I asked him to stop that, he replied, "We can divorce you and me; you are no more functional", meaning a wife who cannot give birth.

Similarly, a participant stated, "I decided to be divorced due to my sexual problem after surgery; my husband felt that I was not sensual as before. Besides, he needs more kids, and I cannot do that anymore. So, he repeatedly talks to me with abusive words. As a result, I decided to divorce, but our son forbade me.

A participant described, "After surgery I become sorrowful thinking that my husband will associate with other women to

satisfy his sexual interest; mine has already died."

Another participant explained, "After my surgery, my husband decreased his sexual connection with me. I also do not have sexual urges, and as a result, I worry for both of us. Sometimes I fear if he divorces me or brings me AIDS..."

Some participants disclosed that after UVP surgery they faced STIs (sexually transmitted infections) because their husbands started hidden sexual relationships with other females.

A participant narrated, "My hope is becoming black; after surgery, I have been infected with HIV/AIDS since my husband went away and had sexual relations with other widowed women." Likewise, the other one narrated, "After surgery, obviously, my husband became imprudent; I mean, he started drinking and having sexual relations illegally with other females; more than five people informed me. After I heard this, I took a test and became positive for HIV infection...cried".

A participant stated, "...I am not interested in sex, so I worry for my husband if he goes to another wife and brings me HIV/AIDS or brings another wife."

Discussion

Although sexuality is an essential item after gynecological surgeries, many participants disclosed that they lack discussions with husbands. Although many of the husbands were said to be supportive, they commonly had a limited ability to assist their wives in reproductive issue discussions.

Some participants experience discussions with husbands that are weak and superficial.

A participant said, "There is no effect on my sexual life; it is still normal without any change. We discuss reproductive issues as usual".

Post surgery Obviously my spousal relation with my husband reduced; I mean our discussion on household issues and sexual issues. You know, in our culture, when you talk about sexual issues openly, it's like you're degrading yourself or you've been cheap. It took a long time to unlearn that shame".

A participant described, "We do not have a lot of open communication. We do not talk about what we like and what we don't. It means we live simply together or with fear".

Theme 5: General health perception

Self-esteem

Post-UVP surgery, women also experience a lack of confidence. A participant explained that "I feel dissatisfaction and lack self-confidence for my surgery".

A participant narrated, "I worry much, feeling less sexually attractive as a woman, the one who lives for nothing without

being needed by her husband. so, I lack self-confidence.” Besides, another participant stated that “I feel that I am not sexually attractive to my husband; my confidence was lower. The other is when I think about what people say about me, considering sinful woman and others....”

Body Image Changes

Surgery of the uterus had a substantial negative impact on participants’ perceptions. These include displeasure with sexual desire, perceived loss of womanliness, and feeling less sexually good-looking. A participant explained, "I feel dissatisfaction when I think of the surgery on my uterus, you know, no one understands the internal worry to me... Due to this, I am dissatisfied with my body generally".

The study findings showed that women after UVP surgery experience body image changes.

A participant complained, “I lost the desire to do anything; I don't take care of myself or families.”

The other one said, “I lose my uterus; I am not the same woman. I accept myself as an unimportant or less valued woman by my husband and society”.

In contrast, a participant said, "Although a part from my body is removed, I cannot accept the feeling that unwanted woman". Further, another participant stated, “Nothing in my life is going bad; I take it as a life experience, I forget it, and I am a merchant and shopping as usual”.

Regret

Some women experienced regret for UVP surgery; this was related to their worry for husbands' sexual feelings, some sort of social stigma, fear of divorce, and the need for more children.

A participant said, "I previously had hope to have at least eight children; now I have only four. I lost hope for my body and future birth. I am so displeased with myself and regret more.....”

Discussion

This study examined lived experiences of women post UVP surgery in the Gumer District, Central Ethiopia, using a qualitative approach. The findings identified five major themes and many more sub-themes emerged from the data: physical changes, psychological changes, relationship changes, sexual life and general health perception. Understanding these lived experiences is essential for developing effective interventions to support women in the study district, region of Ethiopia and other similar settings.

This study reveals that women after surgery face considerable restrictions in daily activities due to pain and fear of jeopardizing the surgery site. Many reported being unable to carry out necessary tasks like washing, cooking, or fetching water without help, as well as attending markets or social gatherings. According to studies,

they have limits in their everyday physical activities, a persistent worry of recurrence, and discontent from unaddressed personal matters [7,9]. Some participants observed improvements when advised to participate in physical exercises, indicating a possible long-term health benefit. Congruent studies revealed that women may experience ongoing physical discomfort or limitations after UVP surgery, especially those with inadequate social support, suggesting a need for counseling to address the impact of pain and fears on their quality of life [3,9,10].

Participants encountered significant physiological issues, such as sleep disturbances, reduced appetite, gastrointestinal problems (including abdominal pain and constipation), and urinary troubles leading to increased frequency and infections that required additional medical attention.

Psychological changes following UVP surgery among women commonly include negative emotions, anxiety, depression, and aggression, leading to social withdrawal. Participants reported feelings of self-blame, anger, and emotional sensitivity. Many experienced diminished interests in life and activities, including social interactions. Anxiety was characterized by fatigue in daily tasks and issues with concentration. Depression was prevalent, with sentiments of sadness linked to cultural expectations regarding childbirth. Aggressive feelings often directed towards family resulted in isolation. Although some viewed their overall health as compromised post-surgery, a few felt improvements, particularly regarding health stability. Studies show that women may experience psycho-social disturbances following UVP surgery, resulting in long-lasting negative effects. These issues are frequently linked to feelings of unaddressed personal concerns and insufficient information about post-surgery expectations from healthcare providers [3,4,7,8]. This highlights that insufficient support systems, such as a lack of social or family assistance post-surgery, can exacerbate negative emotional experiences, leading to anxiety, frustration, and sadness, ultimately diminishing quality of life.

The majority of participants experienced negative impacts on their sexual lives following surgery, reporting issues such as reduced intimacy, sexual dissatisfaction, and decreased libido. They felt shame in discussing sexual matters, noted a decline in arousal, and often engaged in sexual activities out of obligation. Such events negatively impact quality of life, sexual function, body image, and can lead to social issues like divorce and discrimination against women post-UVP surgery [8,10,11].

Cultural perceptions that regard the event as a shameful secret create a long, complex recovery process, adversely impacting women's confidence in social interactions [7,8,11,12].

Post-UVP surgery, women report significant issues with self-esteem and body image, often feeling less sexually attractive and dissatisfied with their bodies. Participants expressed a lack of confidence related to their femininity and perceived social

stigma, with comments reflecting feelings of unworthiness and regret regarding their surgical outcomes. Research indicates that many women continue to bear the weight of their past experiences, including stigma and limitations in fulfilling previous roles. Specifically, those with restricted resources face difficulties related to the financial and social implications of their recovery period [1,2,10].

Some participants shared that the surgery led to a loss of sexual desire and a diminished sense of identity as a woman, contributing to feelings of inadequacy. This implies that support systems, such as social and familial support, are vital during the postoperative period, as their lack can worsen negative experiences, increasing anxiety, frustration, and sadness, which in turn can reduce quality of life [3,7,10].

Moreover, this study identified three key new experiences of women post-UVP surgery: lack of discussion with husbands, regret, and concerns about sexually transmitted infections (STIs) from husbands. Women expressed worries about their husbands pursuing extramarital relationships, including fears of divorce and STIs, with some facing severe consequences such as HIV/AIDS.

Concerns about their husbands seeking relationships outside of marriage and fears of divorce and sexually transmitted infections were common, with a few facing serious outcomes like HIV/AIDS. The lack of open communication regarding sexual health and intimacy was identified as a critical barrier to effectively addressing reproductive health issues.

Regret often stemmed from concerns about their relationships, fears of divorce, and an inability to conceive as many children as desired, highlighting the profound emotional impact of these health changes.

The study highlights significant implications for society, healthcare, and research. Socially, it underscores the importance of addressing rural communities and the need for increased awareness among men regarding women's support needs post-UVP surgery. It advocates for community education to dispel misconceptions and encourage male involvement in reproductive health matters to meet SDGs by 2030. In healthcare, it calls for professionals to acknowledge the unique challenges faced by rural women and provide necessary counseling to bridge awareness gaps. Research-wise, it suggests future studies should incorporate diverse perspectives, including those of spouses, families, and health professionals, to gather comprehensive evidence.

Study strengths

To our knowledge, this study is the first to explore the personal, health system, familial and sociocultural factors experienced by women in the post-UVP surgery life of women, using a qualitative approach in the study district. The study design enabled in-depth data collection about the actual lived experiences of women post UVP surgery. The study used a diverse sample (the study

purposely included participants from rural and urban areas and sociodemographic characteristics (age, marital status, religion), which increased its representativeness. The accuracy of the data was improved by the use of primary data (individual in-depth interviews) supported by voice recordings, field notes, and experienced data collectors.

Study Limitation

The study only included women's perspectives and did not assess the perspectives of health professionals, husbands, family, or community.

Conclusion

Women post-surgery experience significant limitations in daily activities due to pain and anxiety related to their surgical sites. Physiological issues such as sleep disturbances, appetite reduction, gastrointestinal and urinary problems also emerged. Psychologically, prevalent negative emotions, anxiety, and depression often lead to social withdrawal and decreased life interests. Many reported adverse effects on their sexual lives, including reduced intimacy and dissatisfaction, compounded by communication barriers that hinder discussions about sexual health. Furthermore, self-esteem and body image concerns are common, as women feel less attractive and struggle with inadequacy and regret regarding their surgical outcomes and reproductive abilities.

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Ethics Approval and Consent to Participate

Ethical approval was obtained from the Ethical Committee of the Gumer District Health Office (File-GDHO-012/October 03/2025). We confirm that, with regard to human research, we have adhered to the principles set forth in the Helsinki Declaration throughout the research process. All participants provided written, informed consent.

Declaration

We confirm that the manuscript has been read and approved by all named authors and that there are no other persons who satisfied the criteria for authorship but are not listed. We further confirm that the order of authors listed in the manuscript has been approved by all of us.

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Appendix

Appendix I: Preamble

Thank you so much for meeting with me today and agreeing to participate in this interview. I want to remind you that what you say here is confidential and will not be linked back to you or your families in any way. I am recording this interview so that I can transcribe it. This means I will type out the words said in this interview into a secure document for analysis. There will be no identifiers on the transcripts. The identified transcripts will be accessed by other members of the research team to perform the analysis. The purpose of this interview is to explore your experiences post-surgery(uterovaginal prolapse surgery). We are here to learn from you, so anything you have to share is welcome. Nothing you say here will affect me or you in any way. There are no right or wrong answers.

Appendix II: Semi-Interview Guide

Interviewer: ... how is your life after uterovaginal surgery? -----

Interviewer: ... I heard in this area that some married men encourage or support their spouses to go for surgery and after surgery..... your opinion, please? -----

How do they encourage or support their spouses -----

Those married men who do not support their spouses—what prevents married men from supporting their spouses?

How do you see your family or social interaction currently? -----

Are there any challenges that you have after your uterovaginal prolapse? -----

We really appreciate your time and insight. Thank you once again.

Before we wrap up, is there anything that you think is important for us?

If I missed anything when I reviewed our conversation,

Really, to the end, anything you want to say... -----

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Thank you very much!