The Value of a Sustainable Protocol to Address Uterine Prolapse in Nepal: Health Camp, Education and Employment Synergy

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Background: Pelvic organ prolapse (POP) is a global women’s health concern and one particular type of POP, uterine prolapse (UP), has significant prevalence in Nepal. Nepal has the distinction of being the only country in the world with government initiatives to address this puzzling and challenging health concern. Moreover, however, great stigma is attached to UP in Nepal, and it therefore must be considered from multiple levels in order to reduce deep-rooted physical, emotional, social, and sexual impact on the women of this region.

The Association for Pelvic Organ Prolapse Support (APOPS) is a global initiative to promote awareness, support, guidance, and education related to the physical, emotional, social, and sexual effects of POP, which impacts the lives of millions of women in every country around the world. Women experiencing UP, one of the five types of POP, must navigate multiple physical symptoms that are painful, embarrassing, and difficult to mask. Women in developing countries such as Nepal suffer additionally with significant negative impact to social standing and status within both their families and their societies.

The Challenge: Without doubt, UP is a serious health problem among women in Nepal. A reproductive morbidity study of 2,070 women by the Institute of Medicine and UNFPA (2006) found that 600,000 women in Nepal suffer from UP, the majority of whom are of reproductive age. More than 44% of women older than 20 years of age in the study have UP, while approximately 14 percent of women under the age of 20 have UP. According to Senior Assistant Health Worker Bir Hari Rai, a lack of rest for nursing mothers contributes to UP.4

Subedi (2010) reports that the Government of Nepal has taken some steps to address the issue. The government and other donor organizations provide funds to treat 10,000 to 12,000 women suffering from UP each year, with plans to expand services. But the issue is that many women suffering do not receive treatment because deep rooted socio-cultural perceptions and practices prevent it. Thus, the current treatment-based

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system will not resolve the issue; only a solution that addresses the root of the resistance to treatment will begin to resolve the challenges.

The current standard for addressing this issue is the use of “Health Camps.” Typically, a NGO or INGO sponsors a camp to treat women in a targeted village or region, captures the event in pictures for subsequent use on a website or in promotional materials, leaves without follow-up care or tracking for the women who have been treated, and with no plans to return to continue the mission. In order to address these current sub-standard treatment norms, it is critical to develop a sustainable program that also addresses health education, employment and other related needs of the villages in which the Health Camps are initiated.

Even from the basic treatment perspective, there are enormous challenges. According to Dr. Naresh Pratap KC, the Director of Family Health Division (FHD), “a uterine prolapse operation is a major one. One has to meet all the requirements for the operations. And health camp organizers seldom focus on this… Even after the operations, the patients do not get post-operative services and follow-ups.”

**Seeking a Solution:** APOPS is networking with Hamro Chahana Nepal (HCN) and Global Innovations for Reproductive Health and Life (GIRHL) to develop a three-phase sustainable program. In order to make this program sustainable, it is imperative to incorporate a multi-tiered strategy. In phase 1, a single multi-purpose structure will be utilized as:

- A micro-financed work location for women to generate funds for their families as well as pay for maintenance needs of the structure.
- Village Health Station to address screening for UP.
- A source for health education materials and meetings to educate villagers about UP, reproductive health, healthy work practices, and reduction of false beliefs and social stigma.

The coalition hopes to initiate phase 1 in 2014. This phase will engage Bhalaytar in the Palpa district where HCN has an already-established relationship. Currently, the team is continuing to develop phase 1 by establishing methodologies, approach, timeline, and budget. Regarding UP, the program will address:

- Screening and treatment (pessary fitting and building the base of women who will need surgical intervention during non-rainy season).
- Training and orientation (Healthcare professionals such as FCHV’s)
• Awareness programs (Gender-sensitizing programs involving husbands and mother-in-laws)

Additional concerns that the program will seek to address are: water, sanitation, medical equipment and materials, and employment for women. The team is currently exploring the manufacturing of both washable and/or disposable sanitary pads because there is considerable need for each of these products in Nepal.

The team is developing a series of goals that it will also seek to measure in order to evaluate the continuing success of the program. For UP specifically, goals include:

• Increase awareness of true reality and impact of UP.
• Early diagnosis for less aggressive treatment.
• Post-surgical evaluation for long-term success of POP surgery.
• Long-term tracking of surgical UP repair and pessary use and maintenance.
• Health education regarding UP and reproductive aspects of women’s health.

For more general village issues, goals include:

• Employment for women – financial benefit to family, respect from spouse and mother-in-law, self-esteem.
• Value of employment for women other than farming.

The team will also evaluate the potential for replicating these programs in other villages in Nepal.

**Summary:** In order to address UP concerns in Nepal successfully, multiple aspects of UP dynamic must be incorporated into programs. Initiatives that focus on UP will only become successful when they address the need for long-term sustainability and target both the health condition and the challenging social norms associated with it.

**References**