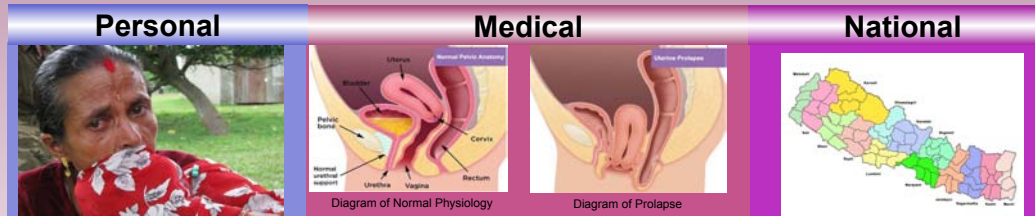


# Nepal's Silent Tragedy: Perspectives on Uterine Prolapse

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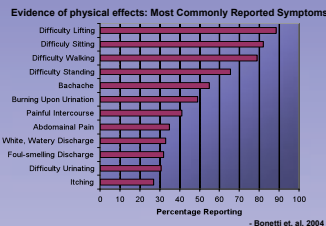
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## Physical effects

UP is a debilitating condition that causes pain and heaviness in the lower abdomen and back, difficulty walking, urinating & defecating, incontinence, infections, and painful intercourse. Though UP is found around the globe among high-parous or post-menopausal women, in Nepal it frequently occurs among women with only 1 or 2 births and in their early reproductive years.

*"It [my uterus] used to come out while I was carrying loads, working at the farm and sometimes while I just walked. I always pushed it back."*



**Due to lack of information, healthcare access, and stigma, women routinely endure this condition for decades. When they told a close family member over 60% of women reported being ignored, looked down upon, scolded, or beaten. Just over 10% were taken for treatment.**

## Psycho-social effects

Social ramifications compound debilitating physical effects. Less productive in manual labor and/or sexually debilitated, women become at significant risk of domestic violence and communal stigma. Driven by fear of conjugal abandonment, isolation, shame, and lack of emotional support, women often suffer in silence, leading to a progressive decline of the condition. Since the uterus often "goes back inside" when women lay down, they often bear the pain and hide the problem from their husbands for years.

*"If people know about our problems they don't take it good. They tease. They say 'God is punishing you because you haven't done the right thing. You are not a good person. That is why you have this problem.'"*

## Role of poverty

Even in supportive family environments, treatment may not be accessible or affordable, leading to progression of the condition. Due to a variety of life factors women from poorer backgrounds have relatively higher risk of developing prolapse.



*"My husband wants me to get the treatment. But when we went to the health post, we could not afford the cost of the pessary ring."*

## What is uterine prolapse (UP)?

UP occurs when uterine ligaments and pelvic floor muscles atrophy, causing the woman's uterus to fall into her vagina. If unaddressed the condition degenerates until a woman's uterus hangs completely between her legs, disposing her to infection and tissue decay.

## What causes UP?

- Direct Causes** (lead the uterus to actually "fall"):
- Excessive and repeated strain on the uterus during birthing (pressing directly on the abdomen)
  - Premature return to heavy manual labor in the post partum period
  - High Parity & low birth spacing
  - Aging and estrogen reduction
- Indirect Causes** (environmental factors which predispose women to prolapse):
- Early marriage & pregnancy
  - Insufficient nutrition
  - Lack of access to medical care
  - Violence against women
  - Secrecy/stigma/taboo



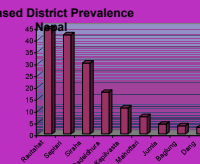
## How is UP treated?

The earliest stages are treated with exercises that can help the ligaments and muscles heal. Middle stages require insertion of a ring pessary to hold the uterus in place during daily activity and prevents degeneration. Later stages are treated through surgery (typically hysterectomy).

Stage	Medical Definition	Treatment	Unit Cost
Stage I	initial descent of the uterus into the vaginal canal	Exercises	= no materials cost, only human resources
Stage II	moderate descent of the uterus into the vaginal canal	Insertion of Pessary Ring	= \$3.00-5.00/per 3 mths
Stage III	descent of the uterus outside of the vagina	Surgery (hysterectomy)	= \$200-300
Stage IV	descent of the uterus completely outside the vagina		



## Population-Based District Prevalence Throughout



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## National Prevalence

In 2006, a study on maternal morbidity published by the Nepal Institute of Medicine, the WHO, and UNFPA identified UP as Nepal's major maternal morbidity and estimated to it to affect 10% of women nationally. However, a combination of studies reveals district prevalence ranges from as low as 2.8% up to 42%. The 2006 study estimated 600,000 Nepalese women with the condition of which 200,000 require immediate surgical treatment.

## Healthcare Facilities

Due to Nepal's difficult terrain healthcare is widely unavailable outside of urban centers. 86% of the population lives in rural areas and typically must travel for 1-2 days to reach healthcare facilities. Currently, healthcare providers serving rural populations often lack the supplies and knowledge to treat even the earliest stages of UP.

## Response of Government & Civil Society

The government is working to create policies to increase the ability of health workers to provide services for women in need. To compensate for the lack of healthcare in rural areas, the government offers mobile surgery camps, despite the many imperfections of this model. An approach for providing prevention or early stage treatment is yet to be developed.

NGOs are working to provide women with needed services and pressure the government into action.

Volunteers sort equipment in preparation for surgery during a mobile hysterectomy camp



Women crowding in the hallway to see the doctor during a mobile camp



## Global Agenda Setting

As Nepal is heavily dependent on international donor funding and technical support the priorities set at the International level often drive national focus and fund allocation. Currently, international maternal health work focuses on reducing death rates (mortality), with little attention given to chronic maternal disability (morbidity). UP is not on the agenda of international agencies.

## Human Rights Implications

The right to health has been clearly established and supported by a tradition of human rights doctrine spanning Alma Ata to Beijing. The most recent human rights framework is the Millennium Development Goals. Goal #5 calls for global improvements in maternal health. To fully realize the spirit of this goal UP, along with other major maternal morbidities, must be addressed.

