

## **HEALTH-NEPAL: Mobile Camps Treat Uterine Prolapse**

by Marty Logan

DADELDHURA, Dec 11, 2006 (IPS) - While women in the capital Kathmandu fight for representation on the political bodies designing the 'new Nepal', in the remote western region Bhakti Oli has just claimed her right to health care after more than 35 years.

It was after her third child was born at her home in Ganeshpur village that Oli suffered a uterine prolapse. "Everything came out," she says at a mobile health camp where she has finally sought treatment. "Everybody knew it but there was no hospital so...I put it back in myself."

Oli, 65, has just had a pessary ring inserted in her vagina to stop her uterus from descending. Suffering from third degree prolapse, the most severe form, she might have been a candidate for surgery to remove the uterus, but a doctor at the camp has counselled her against it because she is over 50.

"She might not be fit to overcome the risks associated with surgery," says Chandeshwari Tamrakar of the Adventist Development and Relief Agency (ADRA), which, along with the NGO Public Health Concern Trust, is running the two-day reproductive health camp -- one of 84 planned in six of Nepal's 75 districts.

Other partners in the year-long project are the United Nations Fund for Population Activities (UNFPA) and Nepal's health ministry, while funding is provided by the European Commission's Humanitarian Aid office (ECHO).

"There's a little bit of pain but overall it feels good," says Oli recovering on a wooden bench following the 10-minute procedure. The mother of eight says she was married at 20, a late age even by today's standards -- the national average for women is 17. She had her first child after two years, at home, like the seven that followed. Only 13 percent of Nepali women give birth with the help of trained attendants.

Days later, Oli was back on her feet running a house of 16 people and tending to the fields and livestock. After the prolapse she did not consider seeking medical help. "The health post is close by, but they have nothing," says her adult daughter sitting next to her. "Everyone just thinks that this is a problem that happens to at least half of the women her age, so they just hide it. It's normal here to ignore women's health," adds the daughter.

A study released earlier this month estimated that 10 percent of Nepali women need treatment for pelvic organ prolapse, a common problem worldwide but one that strikes women here at a much younger age, and which is rarely treated. Many factors are behind the high incidence: women marry and get pregnant at an early age; they bear many children but receive poor pre- and post-natal care; do excessive heavy work during and immediately after delivering and most have little or no access to health care.

The situation worsened during the 10-year Maoist insurgency that ended after April's "people's movement": delivery of medicines was often blocked and women and their families were scared of meeting Maoists en route to health centres.

In the rural areas where more than 85 percent of people live, many health staff stopped reporting for work. Today, Dadeldhura is short of seven health assistants, seven staff nurses and one doctor, according to acting district health officer Gopal Ganwali. "There are people in many parts of Nepal who wait all year for mobile health camps so they can get services," he told a group of journalists who travelled from Kathmandu with UNFPA to observe a camp.

The most severe cases from this district are referred to the Seti-Mahakali Zonal Hospital, a five-hour zigzagging bus ride through the steep, forested hills of Dadeldhura interrupted by tiny, terraced fields where farmers plough behind buffaloes.

Twenty-five to 30 percent of reproductive health cases at the hospital concern genital prolapse, says acting medical supervisor Ganesh Bahadur Singh, a gynaecologist. The main reason for the condition is lack of post-natal care. "After delivering, women are not given any sutures, they are not taking antibiotics; they are not cleaned properly; infections occur and can cause other problems," he tells journalists.

"In the hill areas there are lots of uterine prolapse cases," Singh adds. "Women are adopting their own treatments. In Baitadi (District) they take off a bangle (worn on the arms by almost all married Hindu women) and put it inside their uterus to act as a pessary ring. I've taken out one that was in there for five years; it was embedded in the tissue. I had to take a saw and cut it out."

"In another case a woman took leaves from a Sal tree and made a thick ring that she put inside. It was so smelly you couldn't go near her. She said, 'I was in the forest getting wood when I felt severe pain and the uterus coming out.' My god, it was horrible," he said.

Despite such stories, Singh says things have improved tremendously. "Health education has had a tremendous impact: people are aware and they want to come to the hospital." Where five years ago the hospital registered 100-150 patients a day, today it sees 300-350.

Dadeldhura too is seeing progress, says district health officer Shiva Dutta Bhatta. Last year its health centres delivered 2,500 babies, compared to about 1,000 in preceding years. One reason is that the government now provides financial incentives for both mothers and health workers who deliver in those centres.

At the health camp, on the grounds of a school, organisers expected around 350 women to show up, but by 1:30, 325 have registered and another 200 are waiting to sign up. They sit on benches chatting with their neighbours, many holding infants.

UNFPA says it expects more than 14,000 Nepalis to receive reproductive health services at the 84 camps and about 600 health workers to be trained in such skills as replacing pessary rings. The agency is now talking with the ministry of health about it taking on the task of holding similar camps once this project ends.

"We'll never be able to equip every health office but at least these camps allow us to take the equipment to the poor people," says UNFPA monitoring and evaluation Officer Mireille Guiraud.

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+UN Population Fund (<http://www.unfpa.org/profile/nepal.cfm>)