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600,000 NEPALESE WOMEN SUFFER THE PAIN AND HUMILIATION OF UTERINE PROLAPSE

August 1, 2007, Kathmandu: Hundreds of thousands of impoverished women in Nepal suffer from uterine prolapse - a painful and humiliating condition in which the uterus protrudes from the vagina, sometimes for years.

Unlike other problems of women's reproductive health, uterine prolapse has been largely ignored, leaving community-based Nepalese organizations to struggle with a response.

Nicole Farkouh, a graduate student at Berkeley University who is volunteering as an Advocacy Project Peace Fellow in Eastern Nepal, attended a recent meeting in Lahan at which the crisis was discussed. The chairman of the Community Development Forum (CDF), a local organization which works on uterine prolapse, passed around graphic pictures of women in various stages of the condition.

According to Ms. Farkouh's blogs, the biggest protrusion was the size of a "small cantaloupe." She continues: "The larger ones had sores on the sides where the delicate tissue of the hanging uterus had become chaffed by walking thighs that rubbed against it."

The presentation deeply affected Ms. Farkouh: "I put the pictures down, stepped outside, sank down in the shade on the concrete porch and sobbed."

Like so many challenges to women's health, uterine prolapse is a product of poverty, social pressure, and inadequate health services. According to some estimates, more than 600,000 Nepali women suffer from various stages of the condition, and of these 200,000 require immediate medical treatment. But their distance from medical clinics, combined with shame, deter them from seeking help.

The problem occurs because women in rural Nepal are under pressure to marry young and produce sons. According to one study, nearly 3% of those affected by uterine prolapse are still in adolescence and young women are often uninformed about the process of childbirth. Only 10 percent are assisted by trained birth attendants and many believe that the first stages of prolapse are completely normal.

Poverty then forces women to return to manual labor soon after childbirth, putting stress on the ligaments of the vagina which are unable to support the womb. According to a UN study, 95 % of Nepali women resume their household work within 45 days of delivery. More than 14% are doing heavy labor within seven days of childbirth.

One woman was reported to be living with a fully prolapsed uterus for 42 years. She lifted a water vessel seven days after giving birth and her uterus fully protruded out of her vaginal canal. She could not stop working, because she needed to feed her family.

The problem requires surgery in its later stages, but can be corrected by exercise if dealt with quickly. This, however, requires community support – yet many victims suffer from social ostracism. According to the CDF, it is widely believed that a prolapsed uterus means the woman has had “too much sex.”

Often the condition will lead to divorce. This, writes Ms. Farkouh, is “a very bad situation for the women because if they are cast out by their husbands, their parents often won’t take them back due to economic hardship. This leaves such destitute women no other choice than to work as a servant in a home that will provide them food and shelter in exchange for their work – often becoming a servant to their husband and his new wife.”

Contacted by the Advocacy Project, Dr Jill Greer, Director General of the International Planned Parenthood Federation in London, said she was not at all surprised by Mr. Farkouh’s report. Dr Greer pointed out that 32% of the diseases that afflict women of child-bearing age are reproductive in nature. “The spending goes elsewhere. Until women’s rights are seen as a priority, we won’t resolve it. These issues are constantly overlooked.”

But at least other reproductive conditions, such as fistula, have aroused outrage and provoked a response. Uterine prolapse, in contrast, has attracted very little attention or funds, from the government of Nepal or the international community.

When Ms Farkouh asked for an explanation, she was told that this is “an issue which only affects women.” Also, women are not encouraged to advocate. Even the Nepalese Minister of Women’s Affairs is a man.

Dr. Greer, from the IPPF, fully agreed that uterine prolapse needs more attention. “We join in the call to publicize this issue,” she said. “This not something that anyone has advocated over. It is time to speak for the speechless.”

- For the blogs of Nicole Farkouh visit <http://advocacynet.org/author/nicole/>
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