An Assessment of Women's Reproductive Health in Nepal

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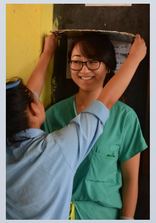
INTRODUCTION

- We are part of the Jai Nepal Medical Team created in 2013 that focuses on providing sustainable, quality medical care to underserved Nepalese communities through various health programs.
- The medical team consists of current medical students and physicians from UC Davis School of Medicine along with Nepalese physicians, nurses, and health workers.
- The team works with a community partner, Hands and Hands Volunteer Society, a Nepalese-run NGO, to provide general medicine, obstetrics and gynecology, dental, and pharmaceutical services at various health camps. The health camps are in urban Kathmandu valley and rural villages such as Bhotang.
- In 2012, 84% of the Nepalese population was living in rural areas. Reproductive health care services are often scarce in rural areas and women have to travel far distances to obtain care. Women and infant mortality rates are higher in rural areas because many women choose to birth at home rather than using institutional delivery services.
- Previous studies have shown maternal education to be predictive of accessing reproductive health care by demonstrating that higher maternal education leads to increased health care utilization in urban and rural areas.
- The Jai Nepal Medical team aims to promote maternal education by providing culturally informed reproductive educational programs to the Nepalese community. In order to implement effective and sustainable educational models, a community-based needs assessment is paramount.



OBJECTIVES

- To gain a qualitative understanding of the reproductive health of the female population in rural and urban Nepal via an open discussion forum and preliminary survey questions
- To assess the women's prenatal/antenatal/postnatal knowledge, practices, resources, reproductive challenges, and barriers to reproductive care
- To determine community needs for future medical teams planning to implement maternal education programs in Nepal

METHODS

- Two health camps were conducted, one in a rural village (Bhotang) and another in an underserved government school in Kathmandu. During intake and registration for the health camps, women were asked if they would like to participate in a discussion about reproductive health concerns with a UCDSOM student and a Nepalese translator provided by HHVS. Topics included their family background, contraception use, reproductive challenges, and barriers to care.
- Women were also asked for their feedback and opinions regarding our data collecting tool. It is a 7-page survey and a modified version of the "Reproductive Health Assessment for Conflict-Affected Women" created by the Centers for Disease Control and Prevention.

RESULTS

- Of the 520 attendees at the health camps, 21 women were interested in discussing their reproductive health concerns with the team.
- 12 women expressed interest in Bhotang and 9 in Kathmandu. Two women had never been pregnant; all others had at least one child.
- 100% of the women who claimed to have given birth at home were from Bhotang.
- 100% of the women who had never attended school were also from Bhotang.

Bhotang

Number of Attendees

- 2014: 409
- 2015: 219
- 2016: 311

Kathamandu

Number of Attendees

- 2014: 185
- 2015: 271
- 2016: 209

DISCUSSION

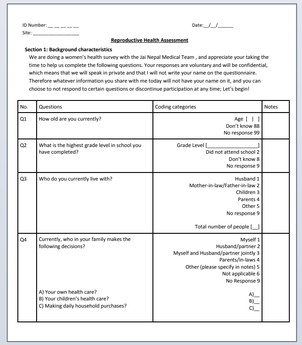
- Overall, pregnancy related problems were a major concern for women in Kathmandu and Bhotang. Other concerns included uterine prolapse, thyroid problems, emergency care, and violence in the family. The women's struggle with reproductive autonomy was a common theme for the urban and rural women (eg- burden of contraception resting on females due to male partner declining vasectomy).
- Surprisingly, many of the rural women used contraception and almost all had access to contraceptives (condom, Depo, IUD). This was likely due to the efforts of the community health volunteers in the villages.
- We were successful in obtaining a qualitative understanding of reproductive health in Nepal and a better prediction of the likely success and cultural sensitivity of our surveys that our partner physician will administer at the Ob/Gyn clinic at Patan Academy of Health Sciences.

CHALLENGES

- Only a small sample of women expressed interest in speaking with the UCDSOM team. This may be due the limited number of health camps conducted and/or the cultural reserve when discussing reproductive and sexual topics even with healthcare providers.
- The majority of communication was via interpreters. No standardization of reproductive vocabulary was provided to the interpreters and some of the terminology was not easily translated from Nepali to English or vice versa (eg- stillbirth).

FUTURE DIRECTIONS

- Using the Nepali women's feedback regarding culturally sensitive language, we refined our data collecting tool upon our return. During our time in Nepal, we initiated a collaboration with an OB/GYN physician at the Patan Academy of Health Sciences and she agreed to deploy our surveys at her women's clinic. We modified our UC Davis IRB proposal to reflect this new partnership.
- We are currently UC Davis IRB approved to conduct the reproductive health assessment surveys in Nepal but are pending approval from Patan Academy of Health Sciences.
- We expect to collect quantitative data to further explore our qualitative observations regarding reproductive care in Nepal. We aim to share the data with future medical teams to guide their community-based interventions specifically maternal education programs.
- We hope that our international experience influences other international medical teams to pursue a needs assessment prior to implementation of community health programs.
- This year we look forward to advising the future Jai Nepal UCDSOM members with their research endeavors.



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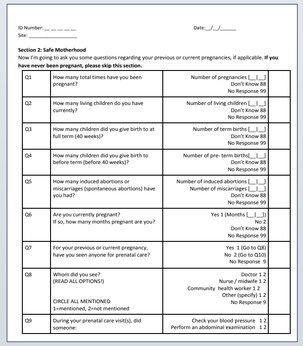
Reproductive Health Assessment

Section 1: Background characteristics

We are doing a women's health survey with the Jai Nepal Medical Team , and appreciate your taking the time to help us complete the following questions. Your responses are voluntary and will be confidential, which means that we will speak in private and that I will not write your name on the questionnaire. Therefore whatever information you share with me today will not have your name on it, and you can choose to not respond to certain questions or discontinue participation at any time; Let's begin!

No.	Questions	Coding categories	Notes
Q1	How old are you currently?	Age [ ] [ ] Don't know 88 No response 99	
Q2	What is the highest grade level in school you have completed?	Grade Level [__] Did not attend school 2 Don't know 8 No response 9	
Q3	Who do you currently live with?	Husband 1 Mother-in-law/Father-in-law 2 Children 3 Parents 4 Other 5 No response 9 Total number of people [__]	
Q4	Currently, who in your family makes the following decisions? A) Your own health care? B) Your children's health care? C) Making daily household purchases?	Myself 1 Husband/partner 2 Myself and Husband/partner jointly 3 Parents/in-laws 4 Other (please specify in notes) 5 Not applicable 6 No Response 9 A) __ B) __ C) __	



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Section 2: Safe Motherhood

Now I'm going to ask you some questions regarding your previous or current pregnancies, if applicable. **If you have never been pregnant, please skip this section.**

Q1	How many total times have you been pregnant?	Number of pregnancies [__][__] Don't Know 88 No Response 99
Q2	How many living children do you have currently?	Number of living children [__][__] Don't Know 88 No Response 99
Q3	How many children did you give birth to at full term (40 weeks)?	Number of term births [__][__] Don't Know 88 No Response 99
Q4	How many children did you give birth to before term (before 40 weeks)?	Number of pre- term births[__][__] Don't Know 88 No Response 99
Q5	How many induced abortions or miscarriages (spontaneous abortions) have you had?	Number of induced abortions [__][__] Number of miscarriages [__][__] Don't Know 88 No Response 99
Q6	Are you currently pregnant? If so, how many months pregnant are you?	Yes 1 (Months [__][__]) No 2 Don't Know 88 No Response 99
Q7	For your previous or current pregnancy, have you seen anyone for prenatal care?	Yes 1 (Go to Q8) No 2 (Go to Q10) No Response 9
Q8	Whom did you see? (READ ALL OPTIONS!) CIRCLE ALL MENTIONED 1=mentioned, 2=not mentioned	Doctor 1 2 Nurse / midwife 1 2 Community health worker 1 2 Other (specify) 1 2 No Response 9
Q9	During your prenatal care visit(s), did someone:	Check your blood pressure 1 2 Perform an abdominal examination 1 2

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REFERENCES

1. Liu, M et al. "Reproductive Health Care and Family Planning among Women in Nepal." *International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics*. U.S. National Library of Medicine, 1 Apr. 2016. Web. 15 Feb. 2017.

2. Freeidoony, L et al. "Predisposing, Enabling, and Need Factors Associated with Utilization of Institutional Delivery Services: A Community-based Cross-sectional Study in Far-western Nepal." *Women & Health*. U.S. National Library of Medicine, 8 Dec. 2016. Web. 18 Feb. 2017.

3. MoHP Nepal, PMNCH, WHO, World Bank, AHPSR and participants in the Nepal multistakeholder policy review (2015). Success Factors for Women's and Children's Health: Nepal.

4. Sharma, D et al. "Antenatal Health Care Service Utilization in Slum Areas of Pokhara Sub-Metropolitan City, Nepal." *Journal of Nepal Health Research Council*. U.S. National Library of Medicine, Jan. 2016. Web. 15 Feb. 2017.

5. UNFPA, ICM, and WHO (2014). The State of the World's Midwifery 2014: A Universal Pathway - A Woman's Right to Health.

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