



A Study on Selected Reproductive Health Morbidities among Women Visiting Reproductive Health Camps in Nepal

**Commissioned by Family Health Division,
supported financially and technically by
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Outline of the presentation

- Objectives of the study
- Study methodology
- Data Collection
- Limitations of the study
- Key findings
- Way Forward
- Acknowledgment

Objectives of the study

- To determine the prevalence of selected RH morbidities among women of reproductive age groups (15-49 years) in Nepal:
 - Pelvic Organ Prolapse (POP)
 - Obstetric Fistula (OF)
 - Cervical cancer
 - Human Papillomavirus (HPV) types 16 and 18.

Specific Objectives:

- To map the selected RH morbidities by urban or rural residence, developmental regions and ecological zones.
- To determine factors associated with RH morbidities

Methodology

- Cross-sectional, camp-based study carried out from September 2014 to December 2015

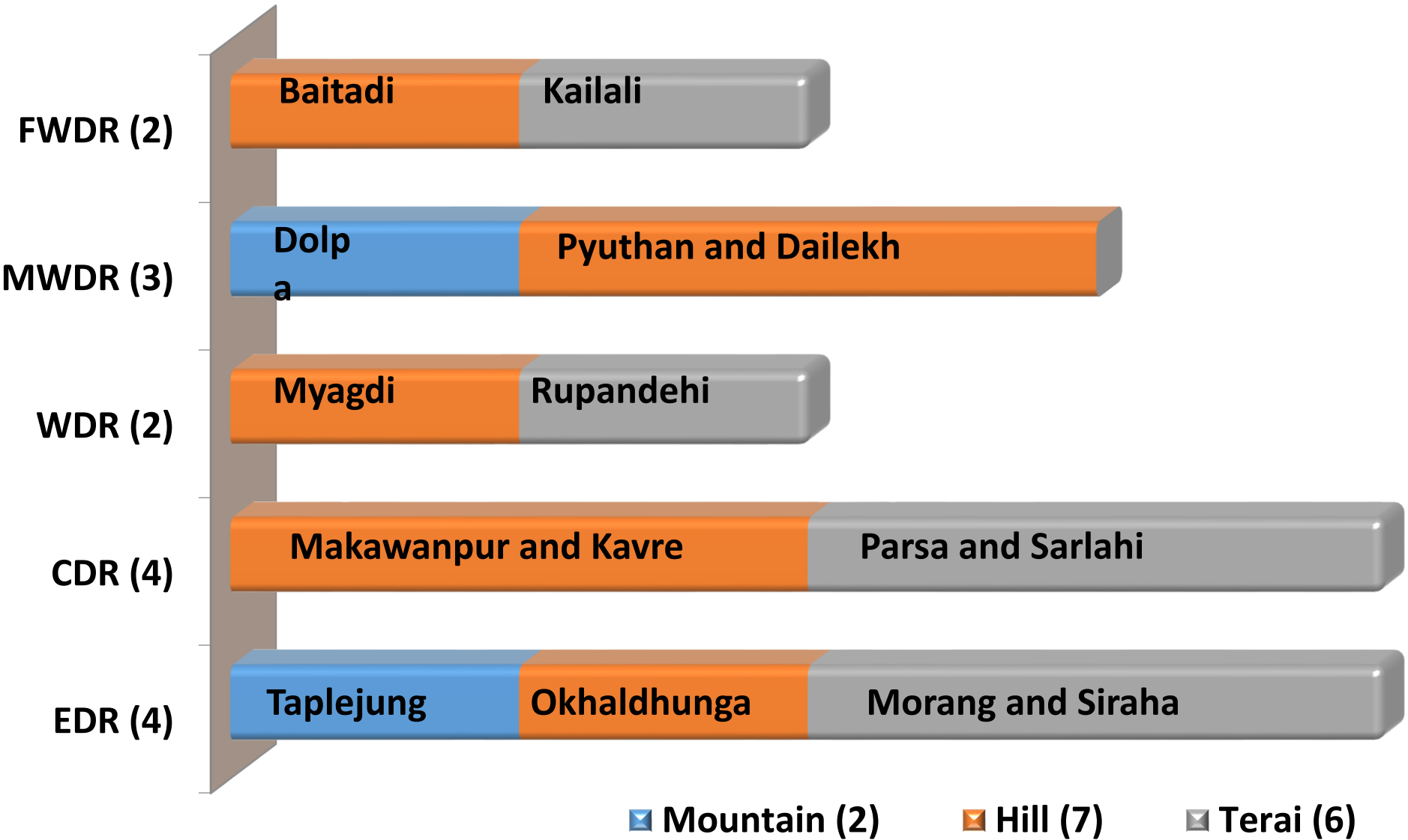
Study Population

- Women of reproductive age group (15-49 years)

Study Sites

- 15 sites; 1 site each in 15 districts
- Representations of 3 ecological regions and 5 development regions

Study Sites



Data Collection

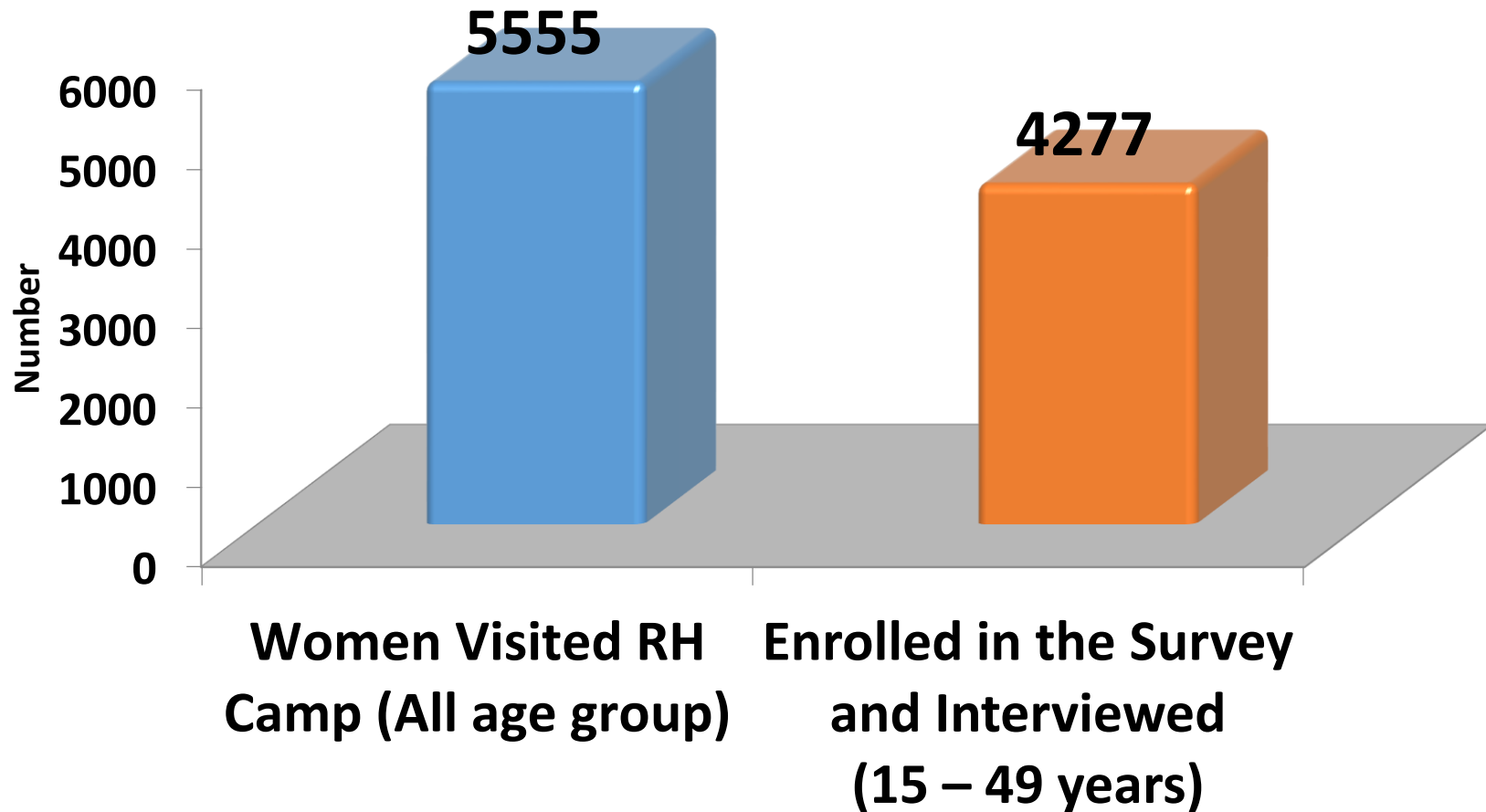
- *Structured Questionnaire*
- *Clinical Examination*
 - Visual inspection with Acetic Acid(VIA) and treatment by Cryotherapy for cervical pre-cancerous lesions
 - Cervical swab samples for HPV types (16 & 18)
- *Key Informant Interviews*
- *Secondary Data Collection*

Limitations

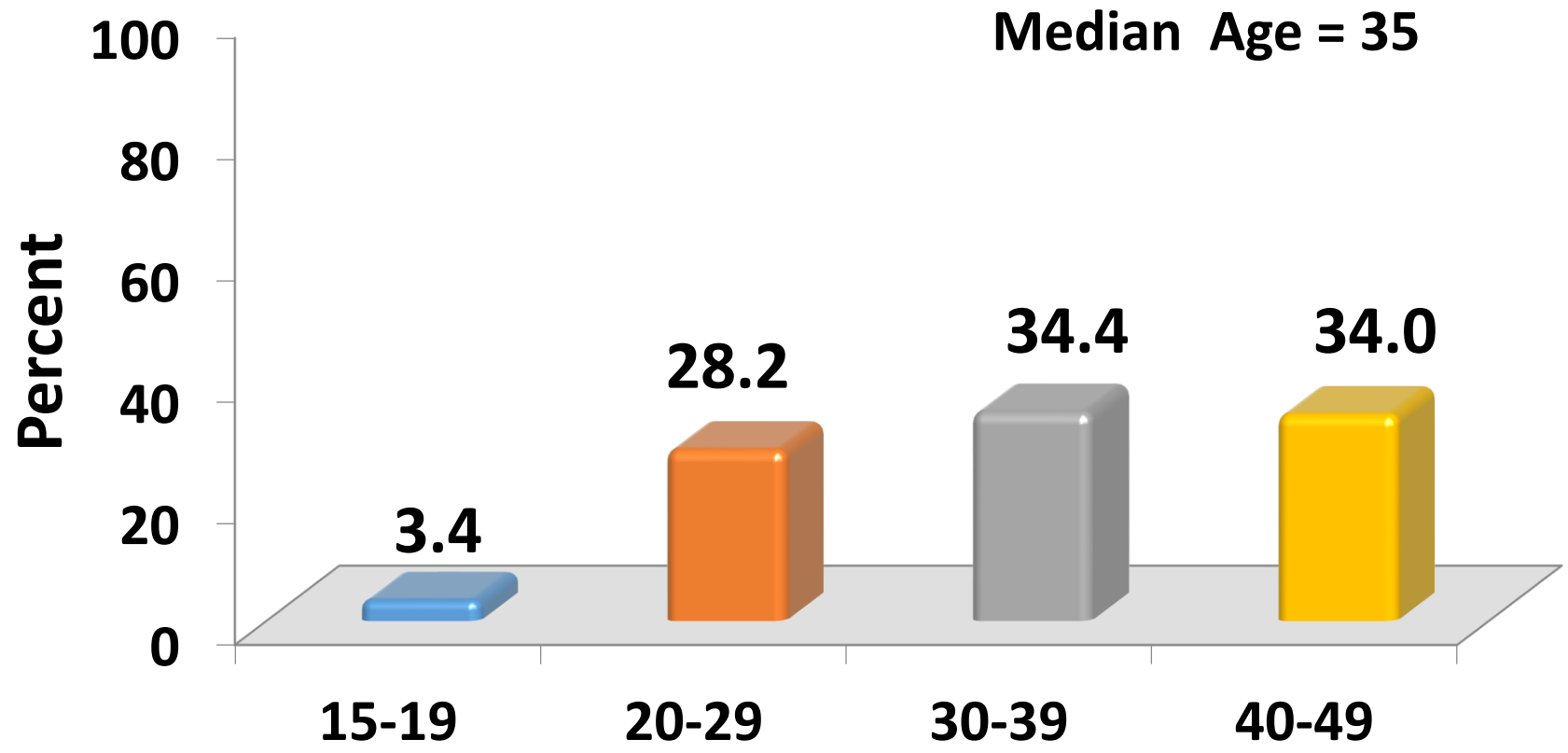
- Camp based study- cannot be generalized to the national level
- Difficulty in following up with some patients who had been referred to higher institutions for further management, especially for cervical cancer.
- Low number of OF cases especially due to stigma and isolation.
- Long waiting time in the RH camp leading to drop out for the clinical examination
- Laboratory investigations quite lengthy
- Geographical constraints and unfavourable weather conditions contributed to the delay in the completion of study

Key findings

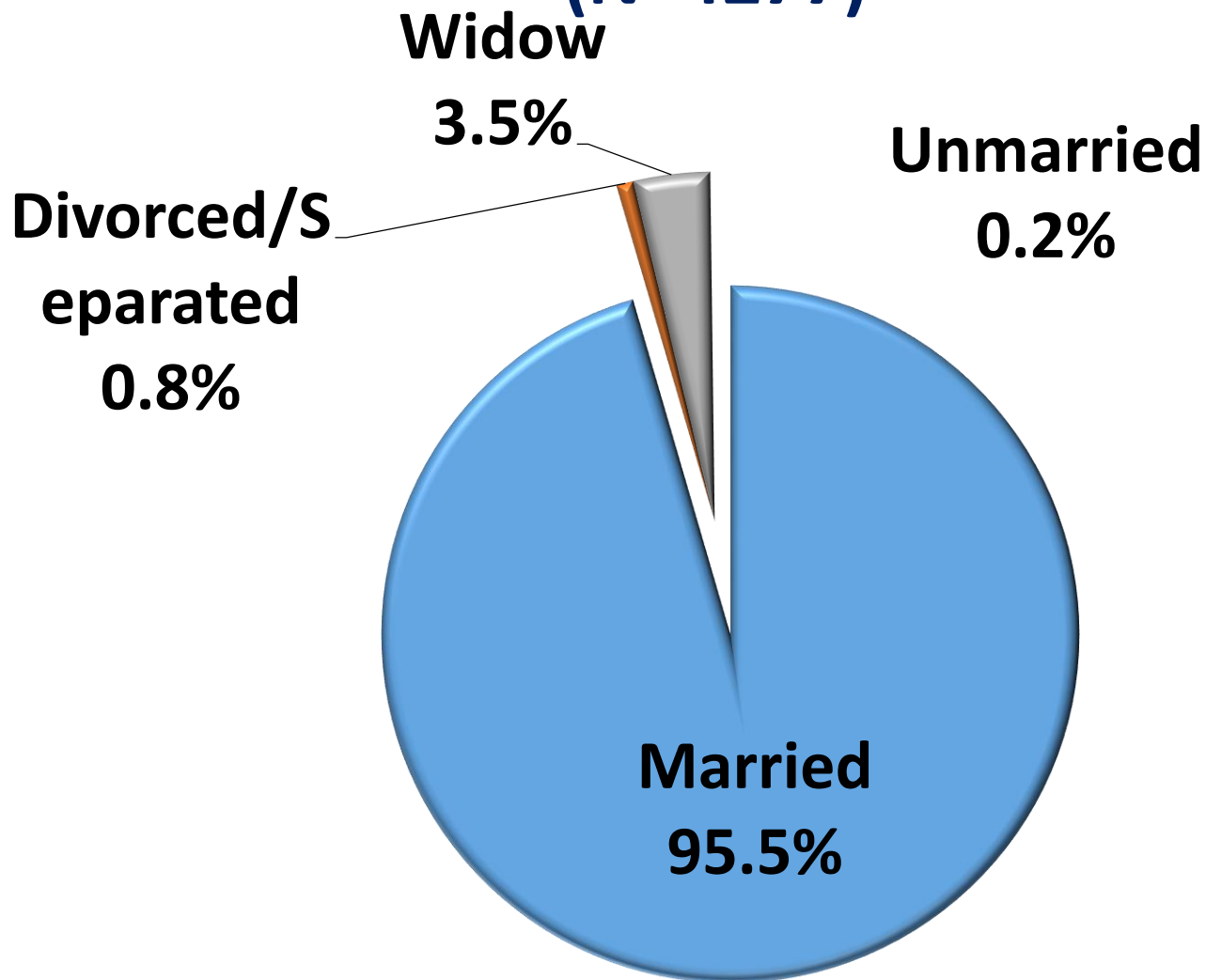
Participants Enrollment Status



Age group of the Study Participants (N=4277)

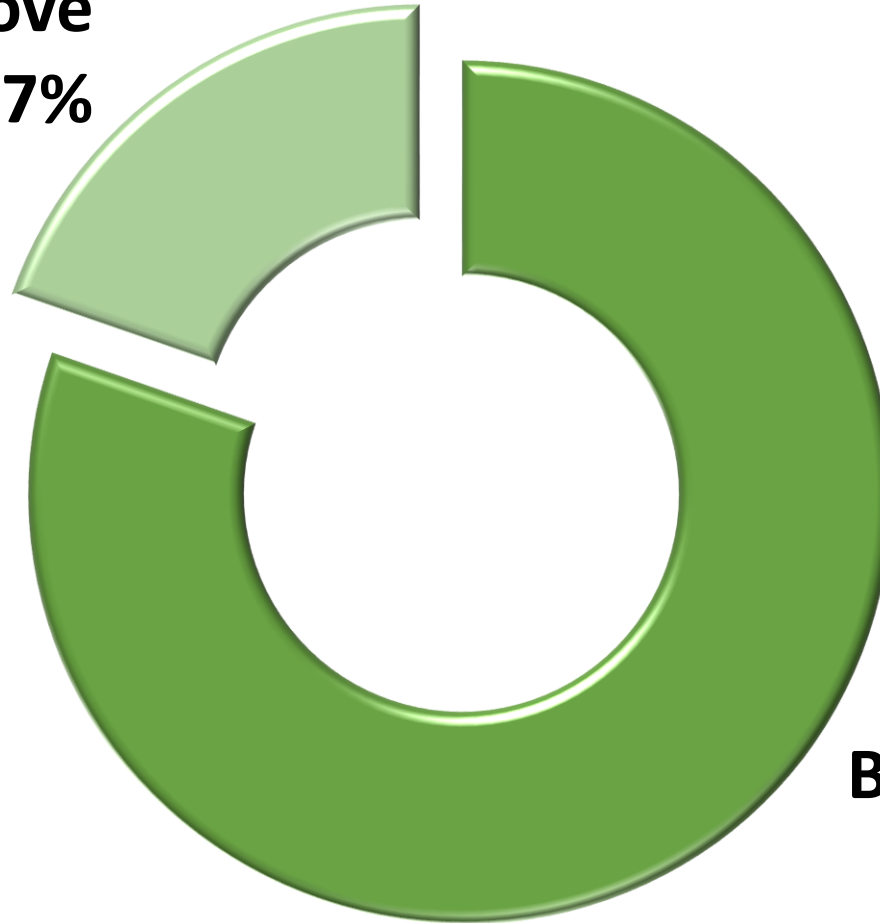


Marital Status of the Study Participants (N=4277)



Age at Marriage (N=4268)

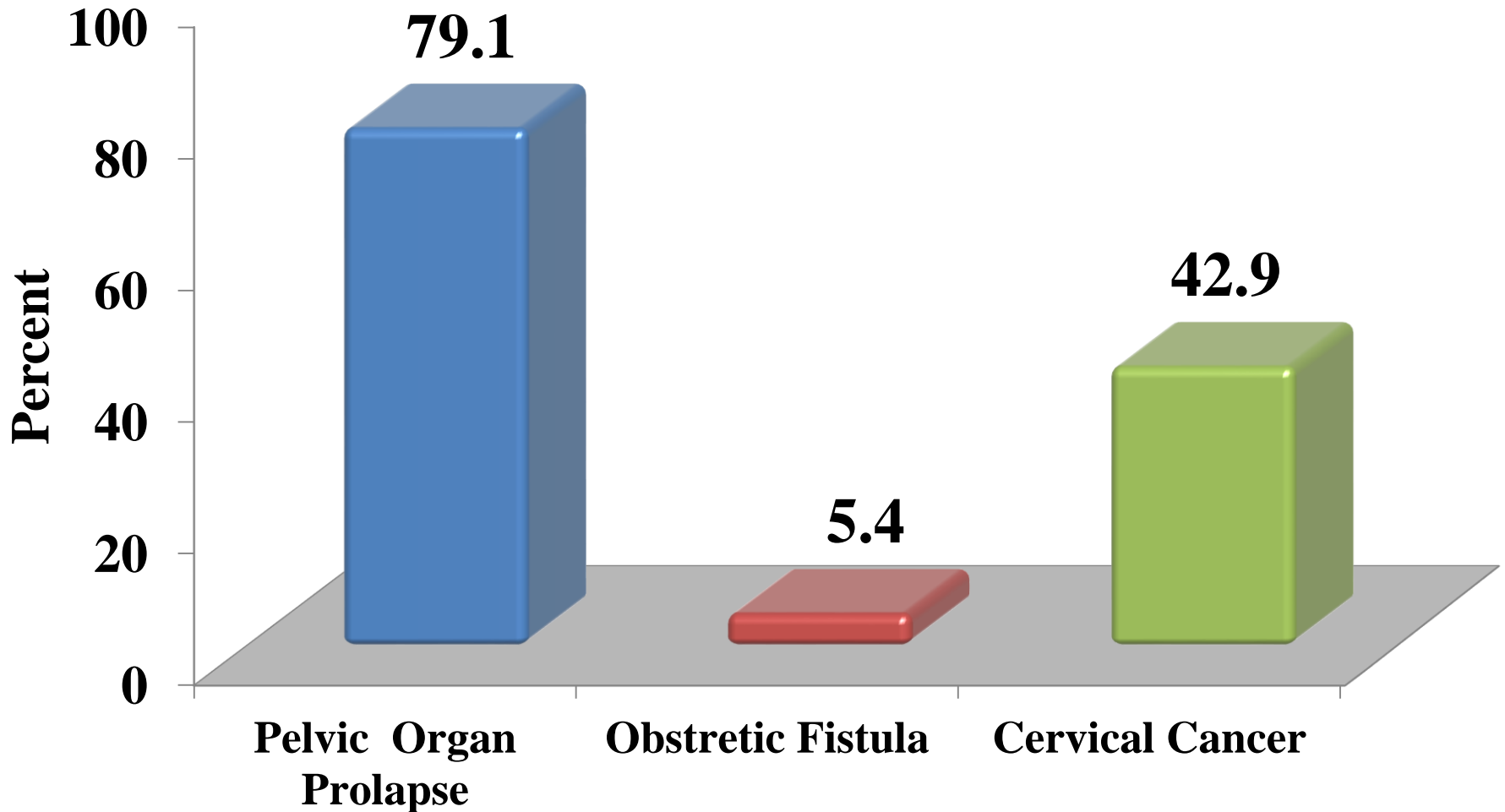
**20 years and
above
19.7%**



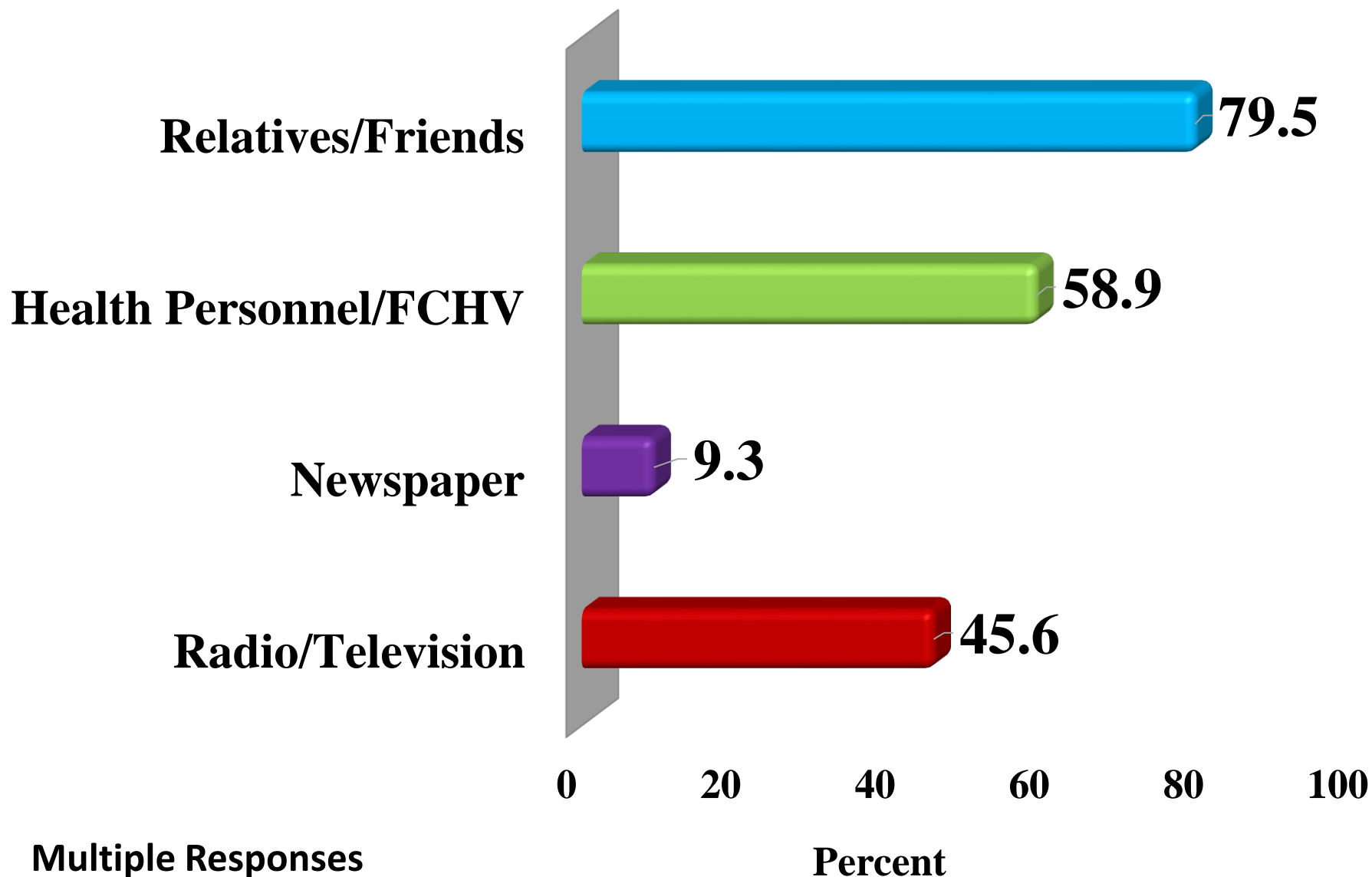
**Below 20
years
80.3%**

Median age (Range) = 17 (8 – 48)

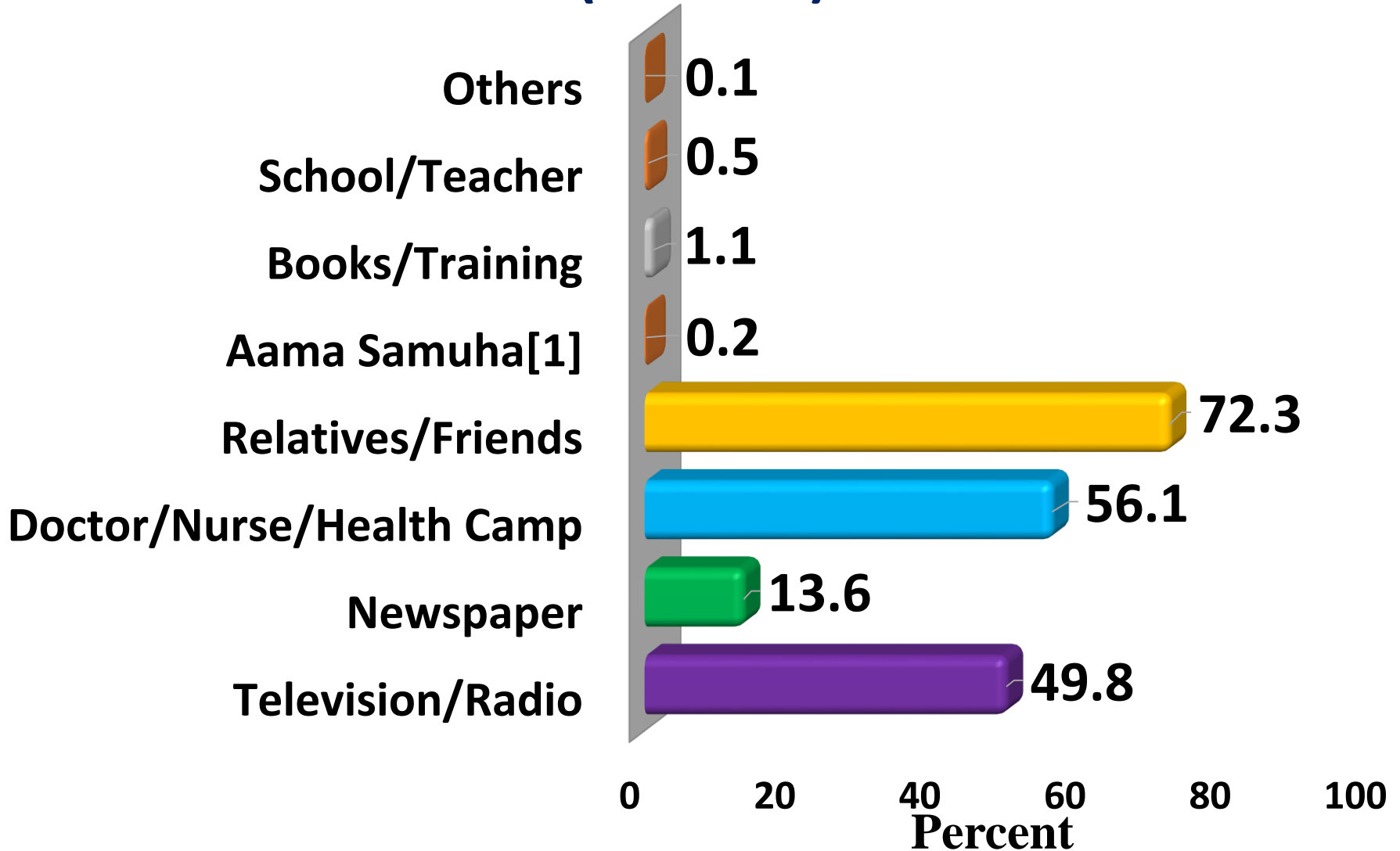
Knowledge on different RH Morbidities (N=4277)



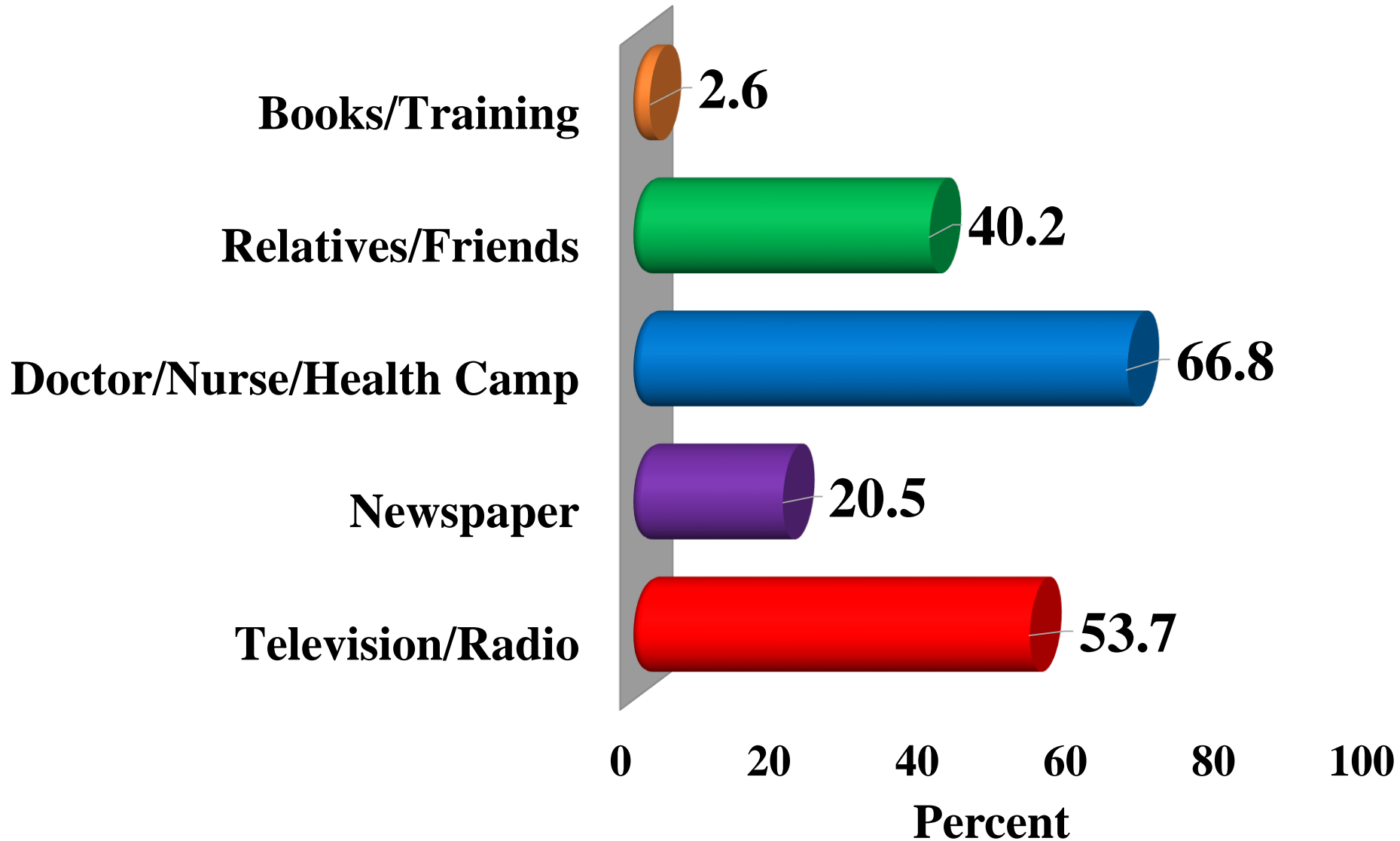
Source of Information about POP (N=3383)



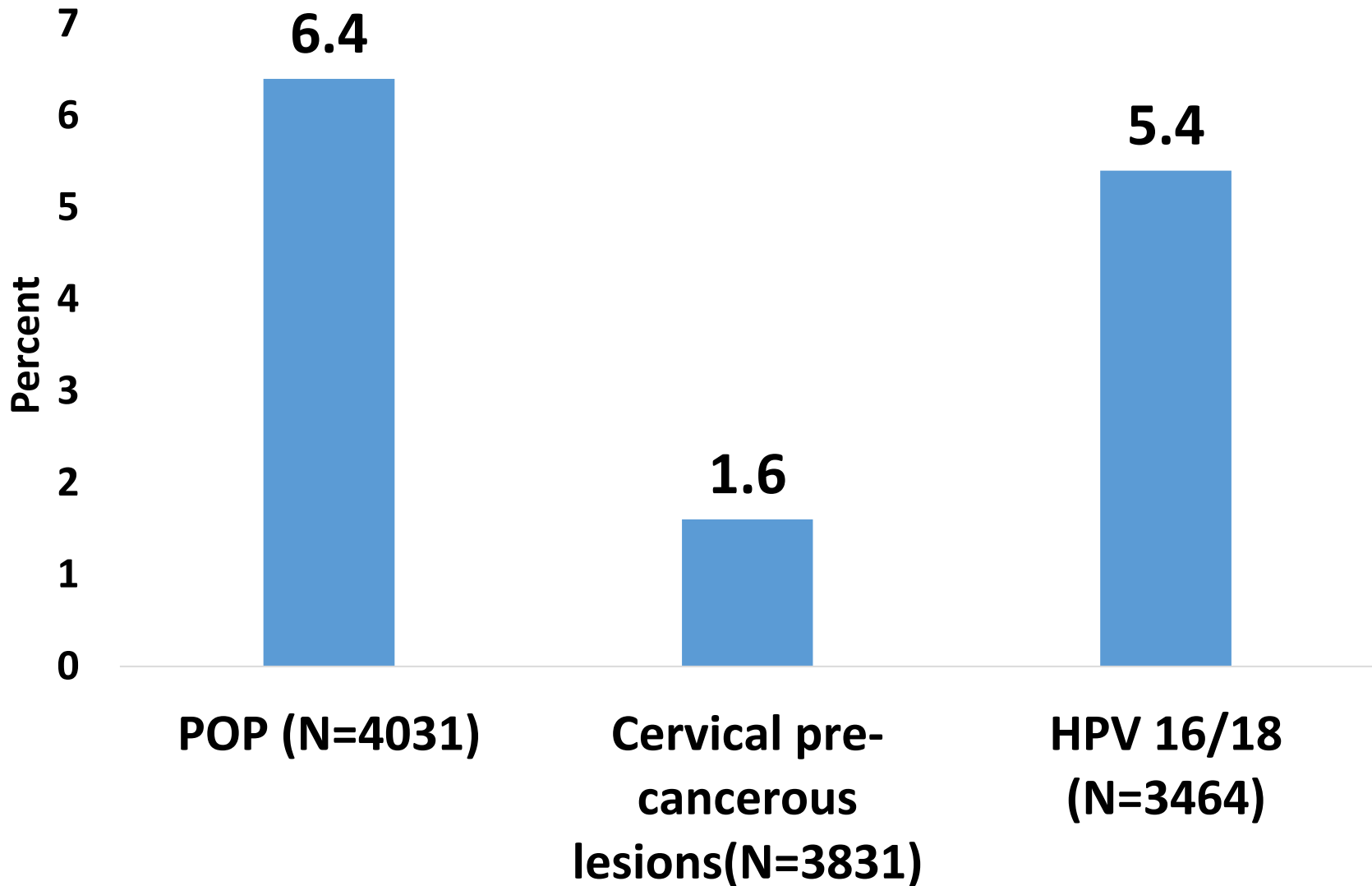
Source of Information about Cervical cancer (N=1836)



Source of Information about OF (N=229)



Prevalence of RH Morbidities

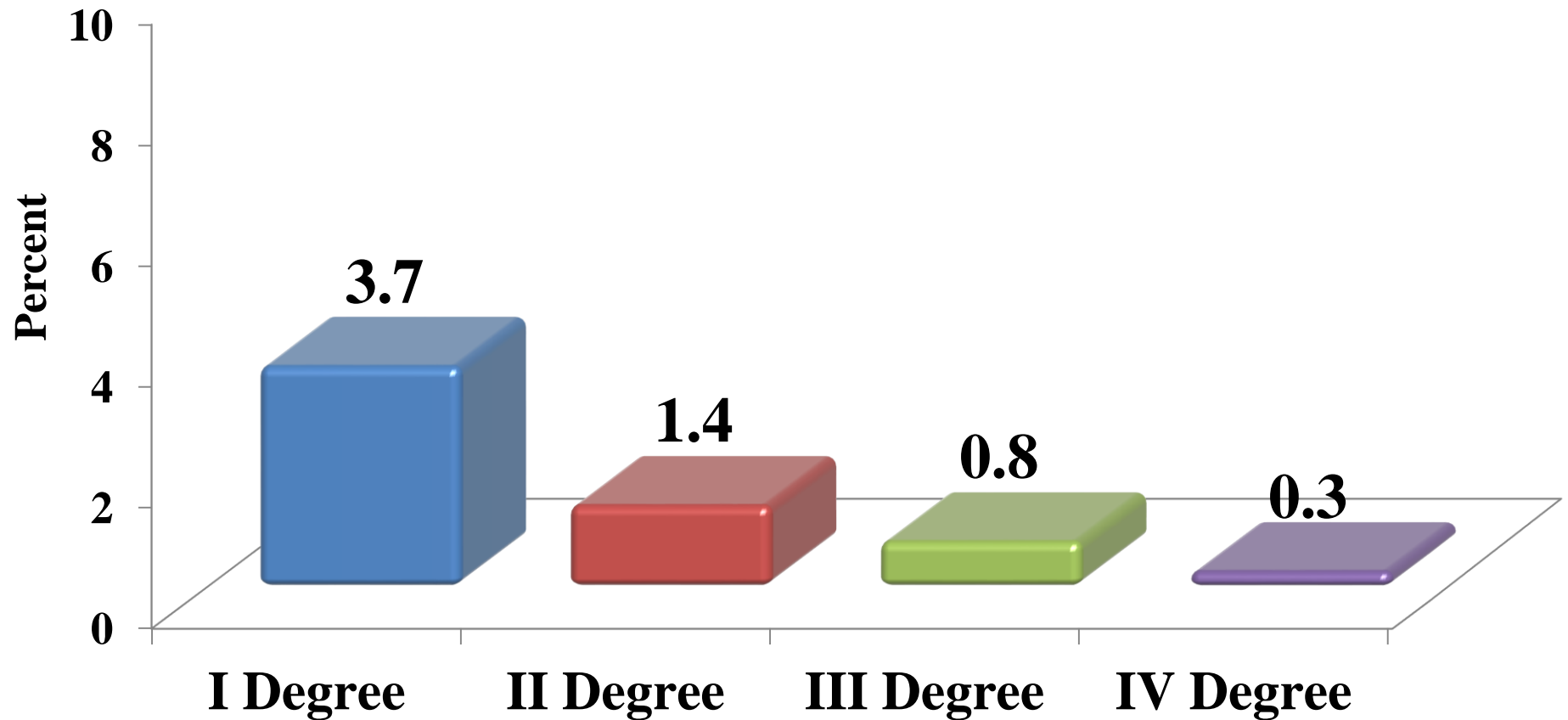


Key Findings

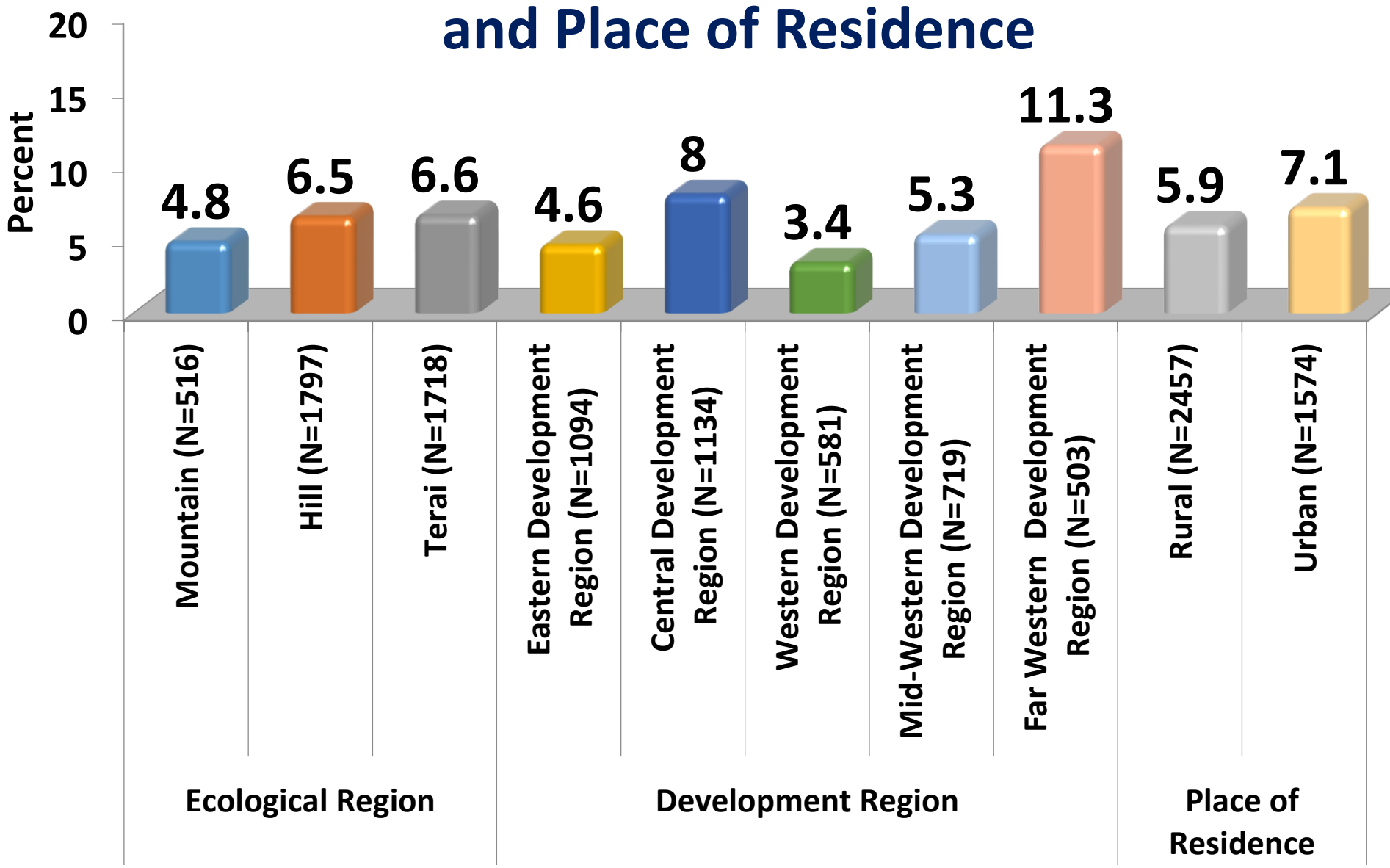
Pelvic Organ Prolapse

Prevalence of POP by Degrees (N=256)

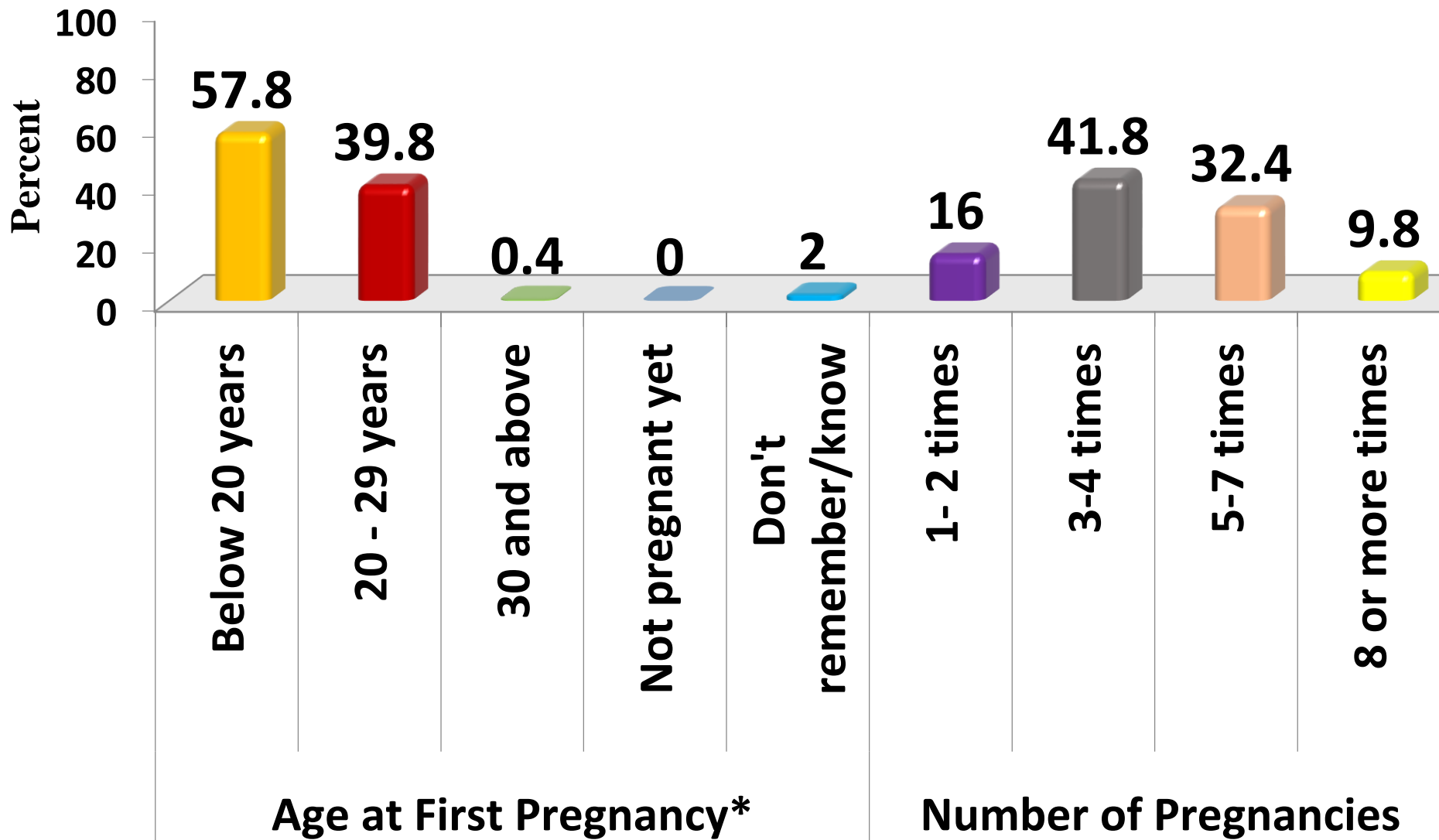
Overall Prevalance - 6.4%



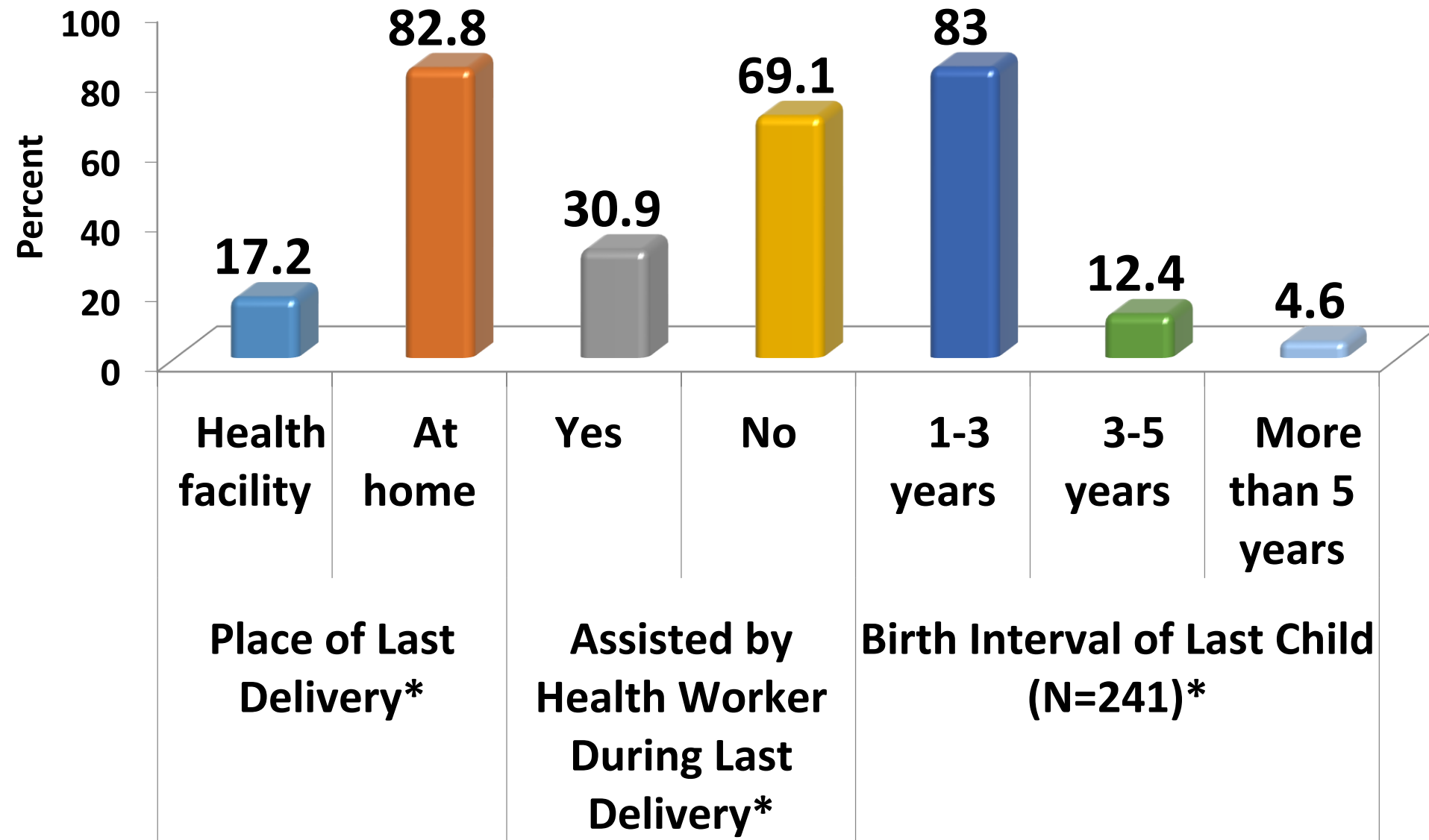
Prevalence of POP by Region and Place of Residence



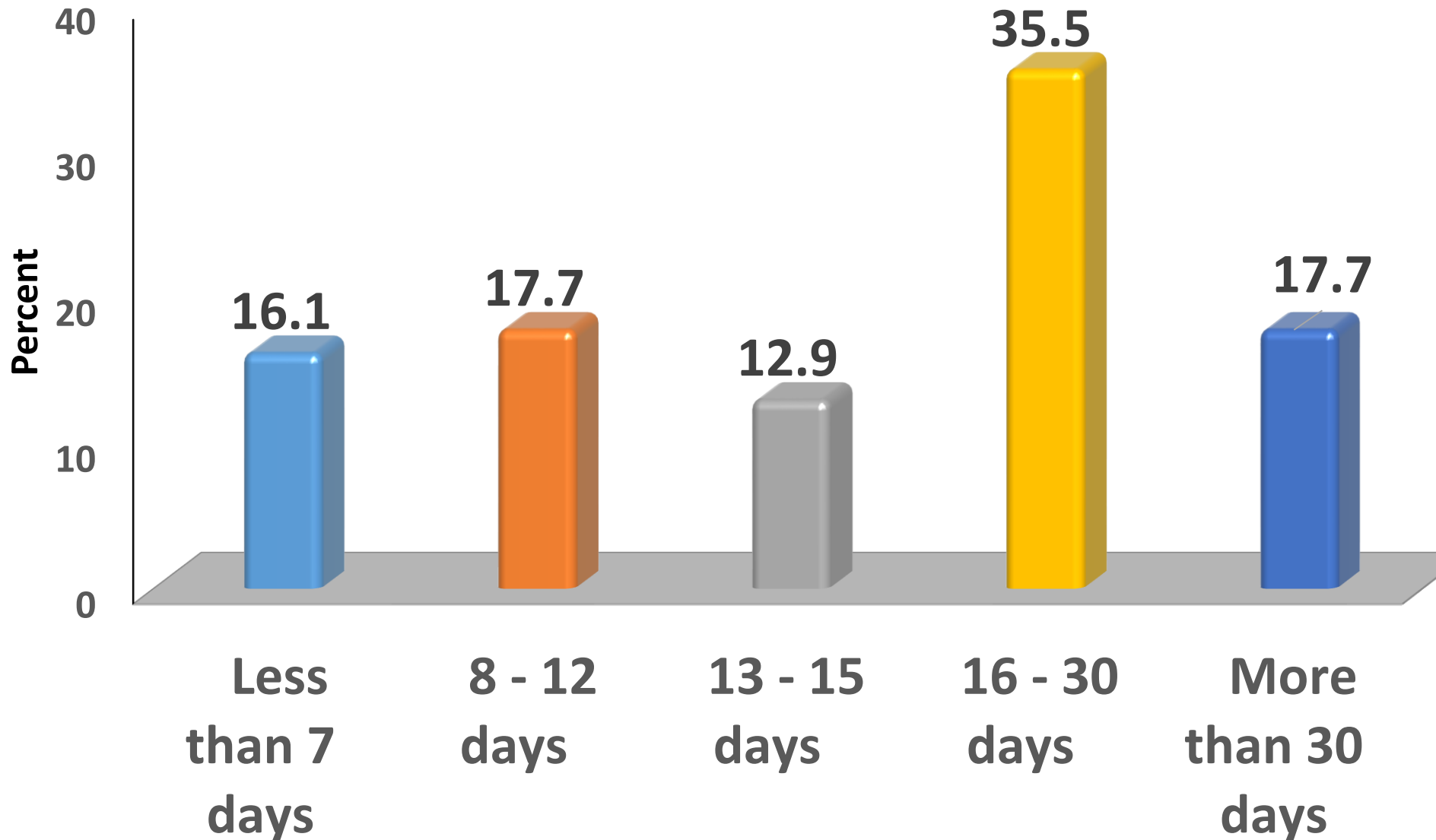
Fertility Related Information of Women diagnosed with POP



Delivery Related Information of Women diagnosed with POP



Rest after delivery among women with POP

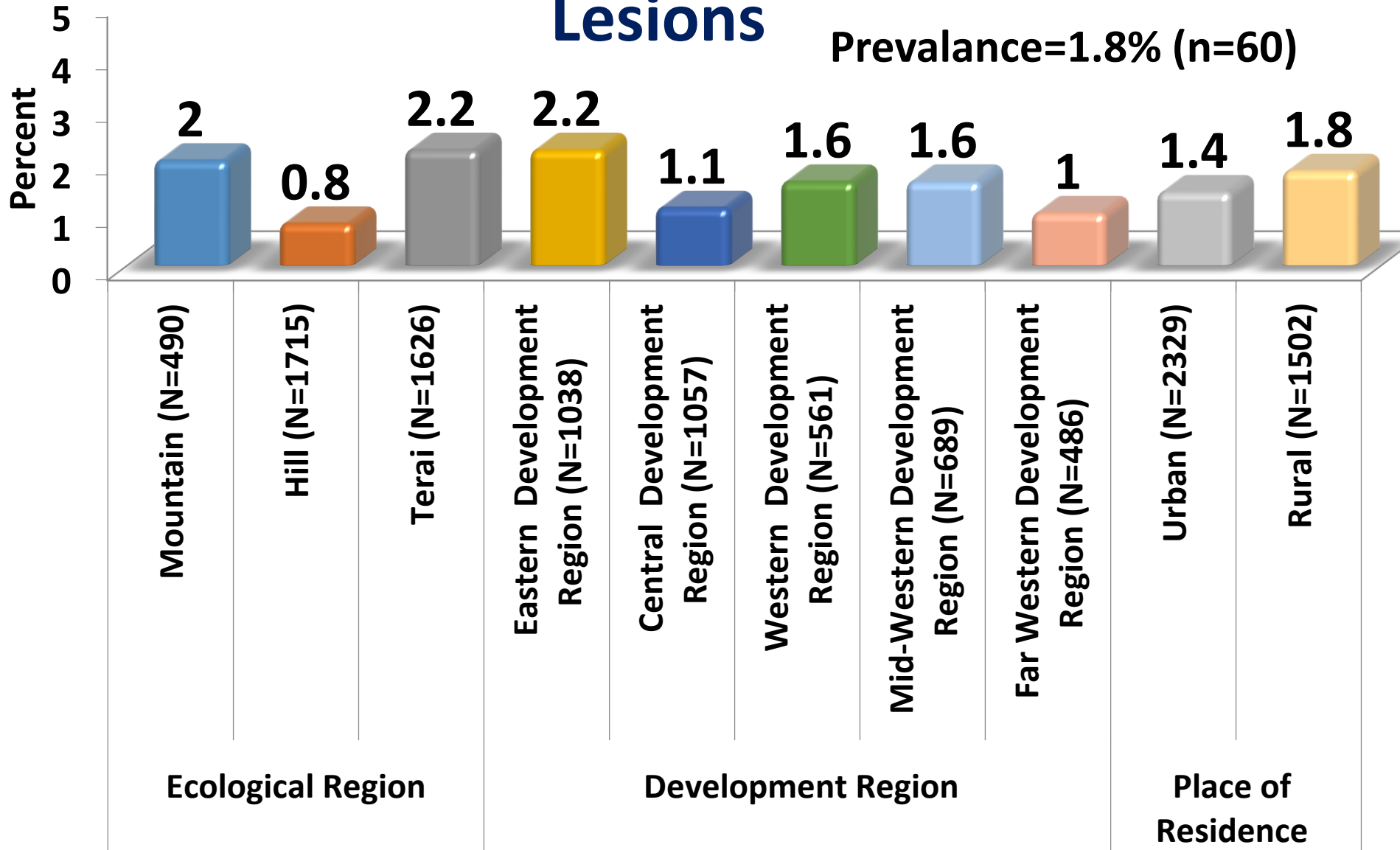


Key Findings

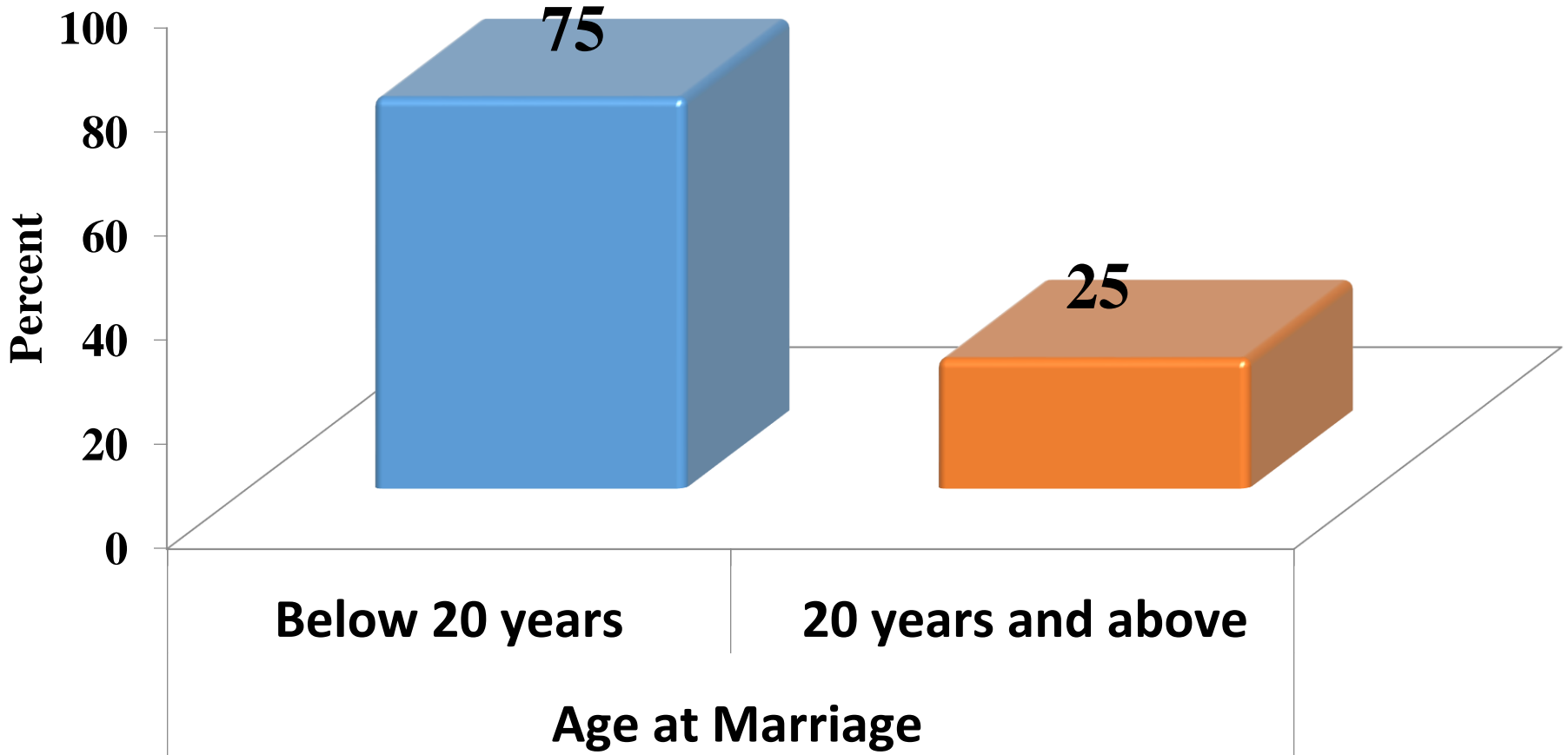
Cervical Pre-Cancerous screening through VIA

Prevalence of Cervical Pre-cancerous Lesions

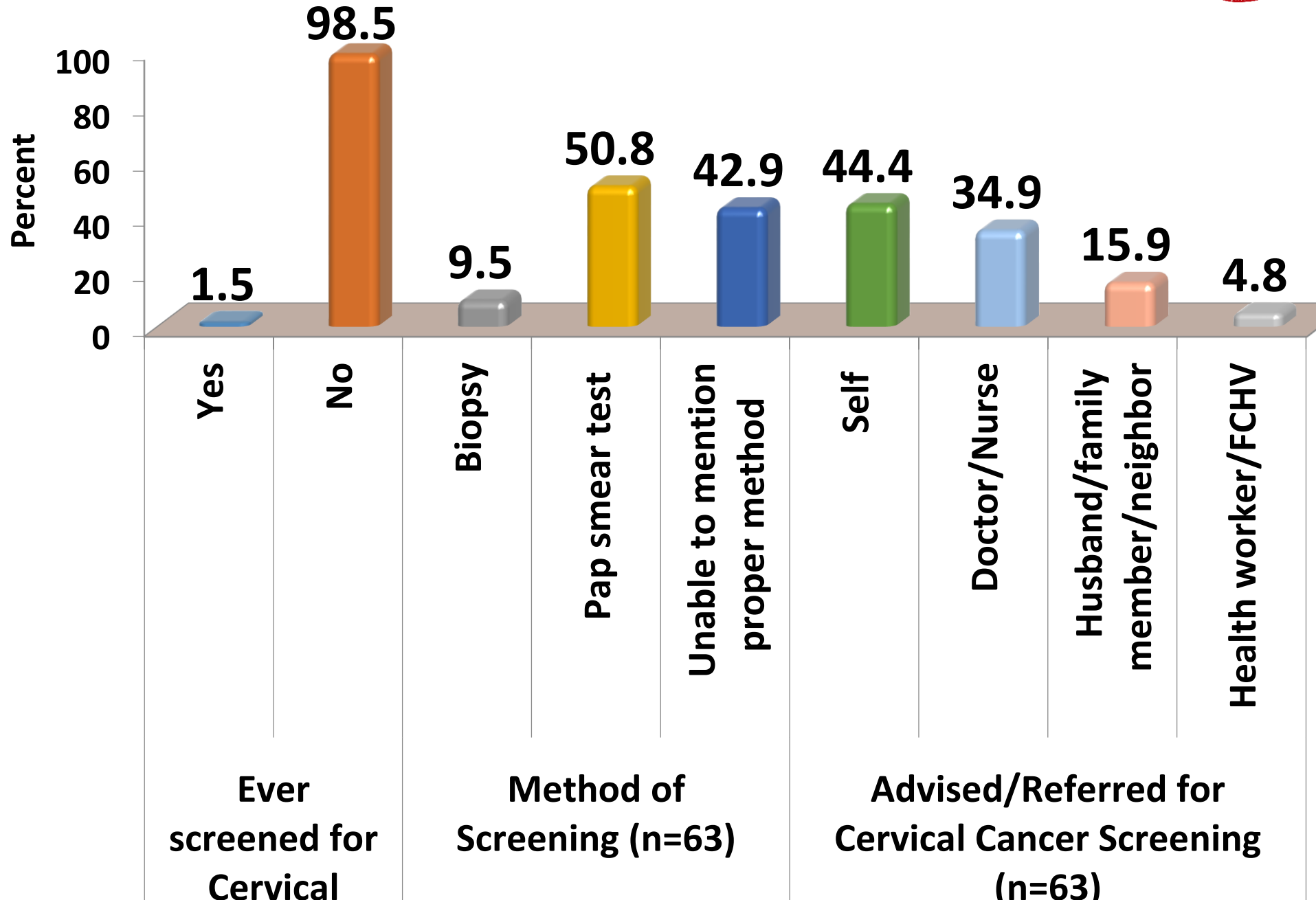
Prevalance=1.8% (n=60)



Fertility Related Information of Women with VIA Positive Result



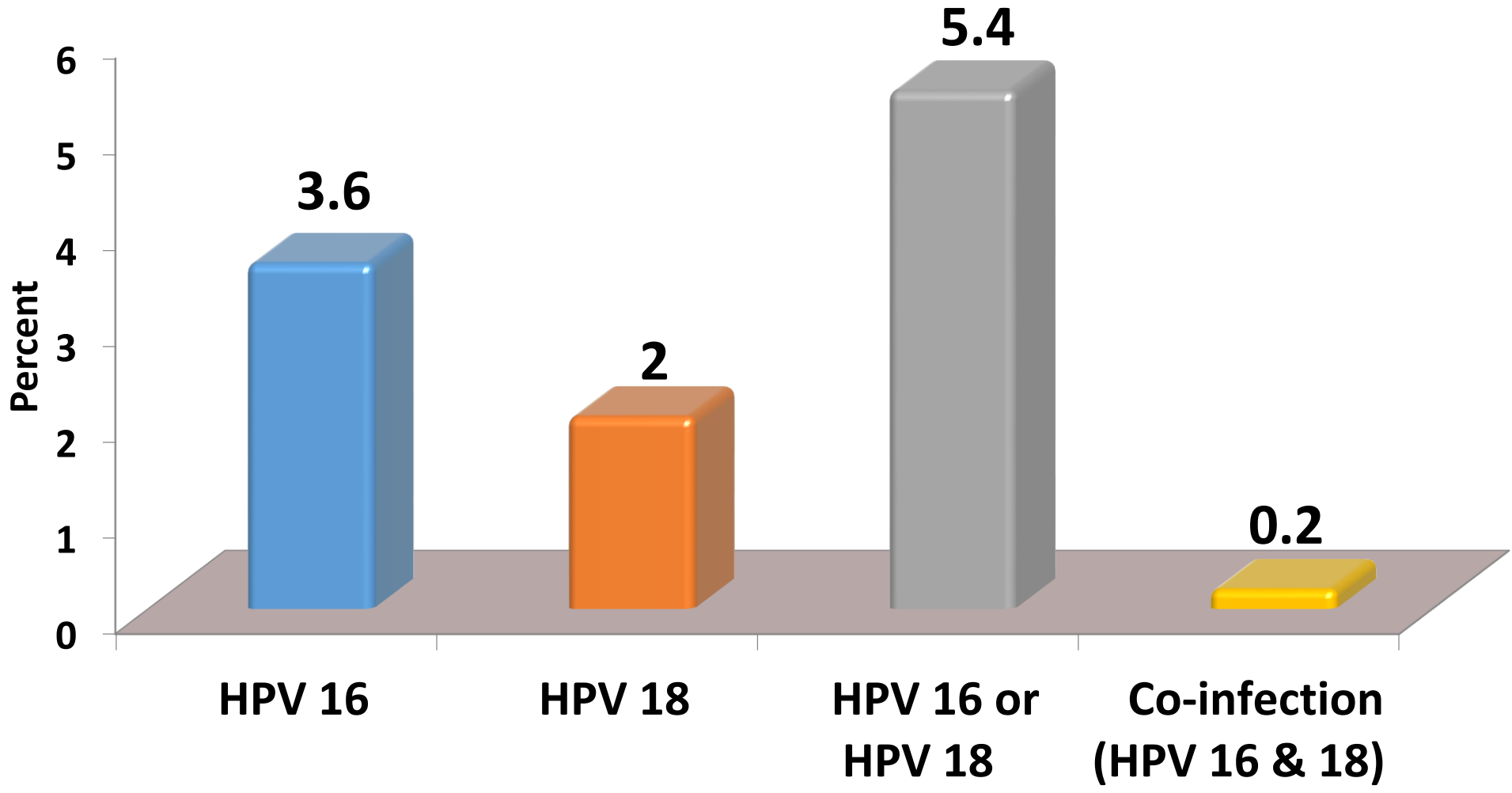
Screening for Cervical Cancer



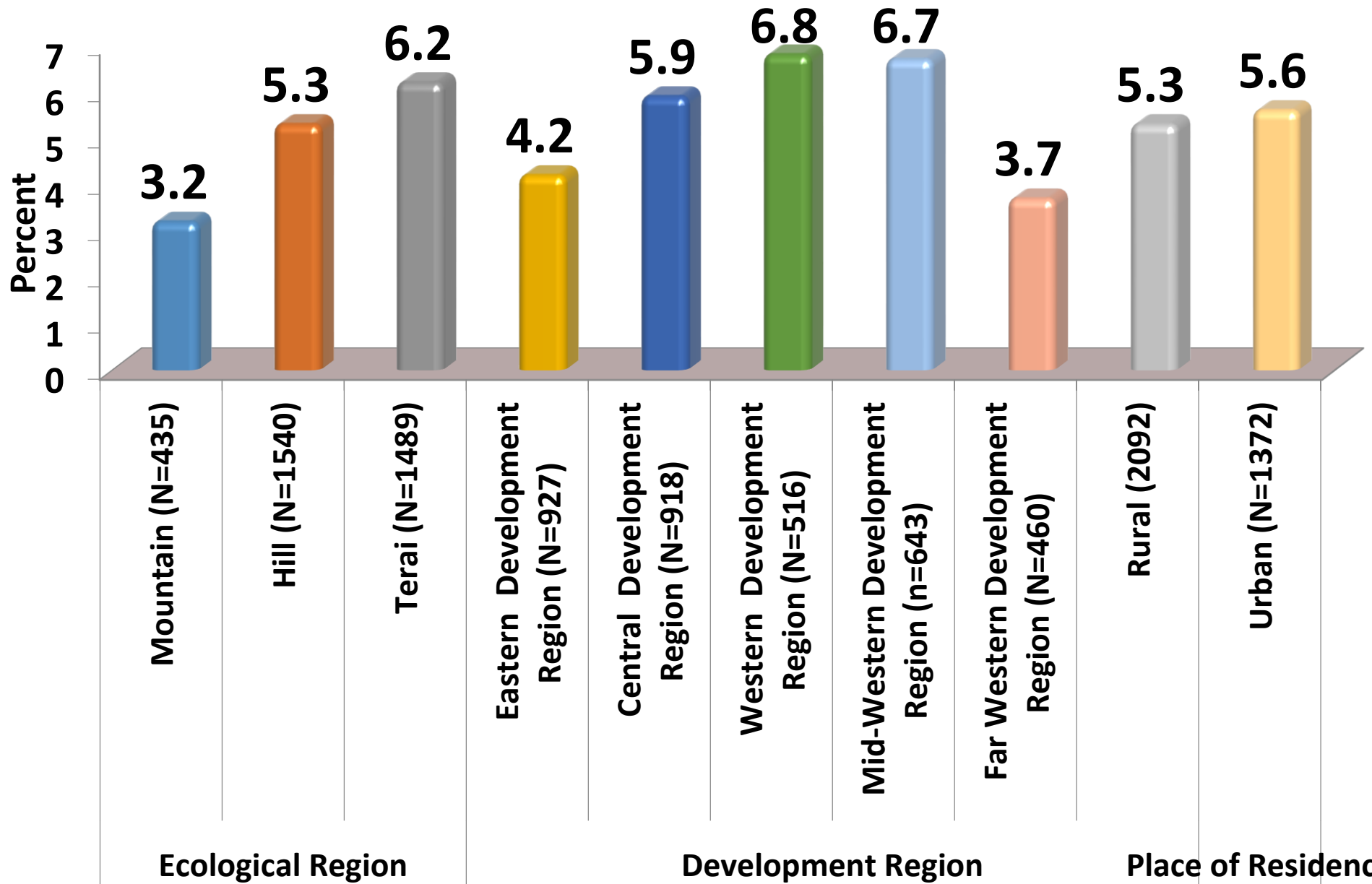
Findings

HPV

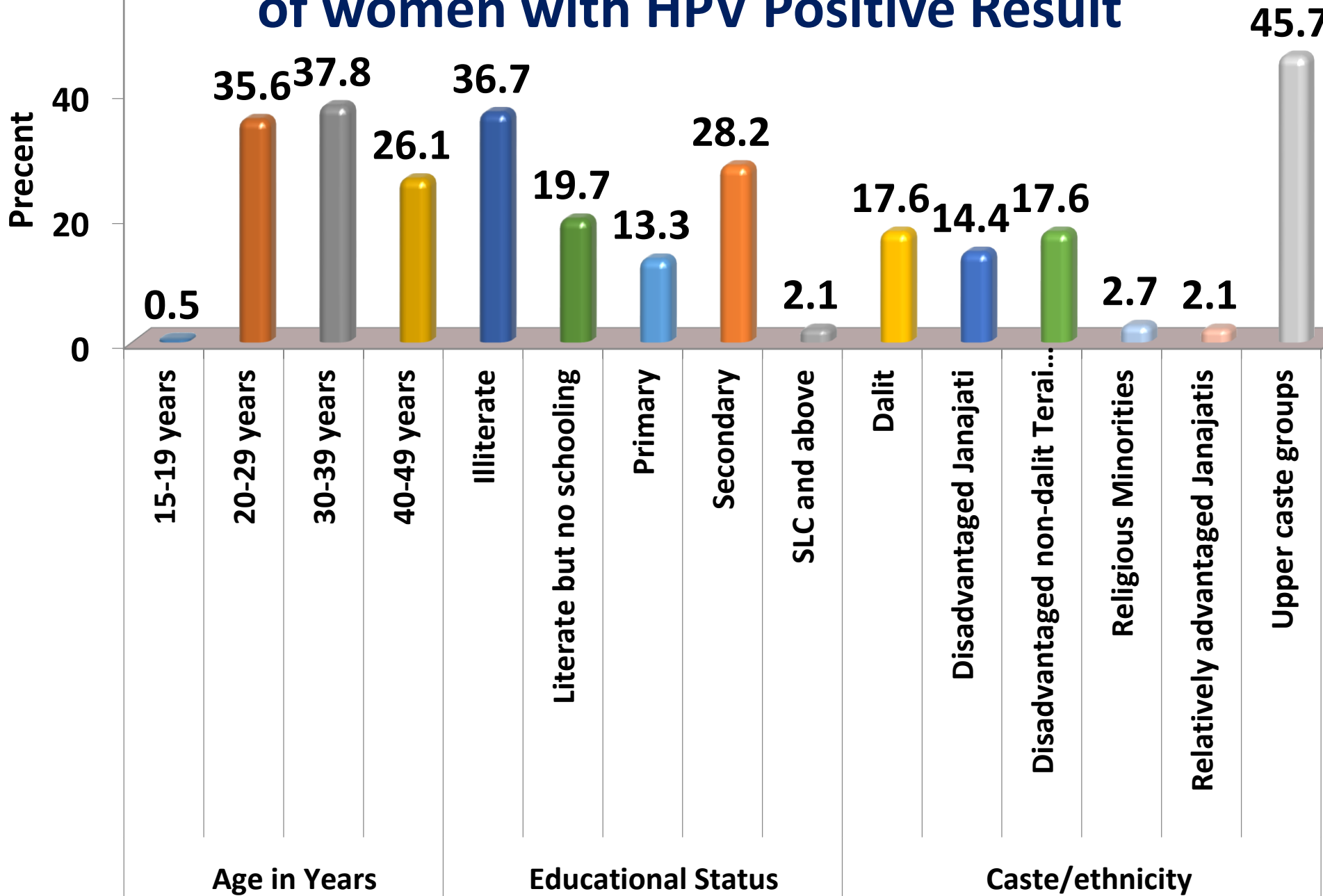
Prevalence of HPV (N=3464)



Prevalence of HPV 16 /18



Socio-demographic Characteristics of women with HPV Positive Result



Way Forward

- Support SRHR, including for the most marginalized, focusing on delaying early marriage and pregnancy, access to contraceptive choices, access to skilled birth attendants and promote gender equality across sectors.
- Focused programmes to increase awareness on different morbidities, including available treatment and treatment sites.
- Expand and strengthen RH Morbidity related services to different level of Health facilities to increase access, including availability of trained human resources
- POP prevalence decreased from 10% in 2006 to 6.4% Still very high. Conservative management of POP needs to be prioritized equally to surgical management.
- Need for focused strategy to increase awareness and identify women with OF.
- Strengthen referral mechanisms from peripheral level Health facilities providing RH Morbidity services to higher centers, particularly for cervical cancer