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Pelvic Organ Prolapse: Are Conventional Ways of Managing the Ailment Sufficient?

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Abstract

Beginning with how women know about the particular condition of having pelvic organ prolapse, this article examines what women do when they know about this medical condition. The paper specifically addresses the customary management of this health problem by women. In the process, it also clarifies how people come to possess this knowledge. It also looks at whether this knowledge is enough to treat the diseases or if they also need to stay away from alternative forms of therapy. While doing so, this article also examines whether women with uterine prolapse have narrower healing pathways that only go in one direction or if there are other options in a plural healing context. The ethnographic data from an anthropological study carried out in Nepal's middle hills served as the basis for the development of this essay.

Keywords: *uterine prolapse, medical anthropology, traditional knowledge, ethnography, nepal*

Introduction

In Nepal, women are thought to suffer from pelvic organ prolapse (POP), a frequent and troublesome health ailment. This illness also affects women who are of reproductive age, regardless of age, even relatively young women. As a result, it is now a serious and widespread social and public health issue. Its prevalence may range from 17% to 27%, according to one of the earlier research based on several districts (Gurung, 2007). On the other hand, 10% of people in Nepal have POP, according to reports from the Ministry of Health and Population of the Government of Nepal and the United Nations Population Fund (2016).

In contrast to the pervasive prevalence of POP, the situation of knowledge about the ailment is quite different. Shrestha et al. (2014) conducted a cross-sectional descriptive

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study aiming to assess the POP knowledge among married reproductive women and also to find the association between such knowledge and the socioeconomic characteristics of the patients. Their study examined in 25 districts from all of the then time five administrative regions in three ecological zones, including both urban and rural areas. Interestingly, 53 per cent of the research participants had never heard about POP, and its knowledge level was satisfactory only in 37% of those who had heard about it. They claim that POP-related knowledge was associated with educational attainment, urban/rural setting, and age group on the other hand satisfactory knowledge was related to caste/ethnic affiliation, geographical location and, age group.

In the context of the high prevalence of the ailment and relatively lower level of knowledge and understanding of the ailment, it is imperative to explore what these women do when they have the POP problem. This paper depicts my interest in understanding people's knowledge and how they are embedded in their social and cultural whole, as well as how it influences people's choices about getting rid of the ailment they experience. I believe that the "explanatory models" (Kleinman, 1980:24) of people are largely shaped by their ethnomedical aetiological logic embedded in their social and cultural realm. It is also worth noting that communities in different socio-ecological contexts harbor the idea that turning to traditional healthcare practices can promote their reproductive health (Naidu, 2017).

Research Objectives and Questions

The primary objective of this paper is to expand the social and cultural knowledge base about the understanding and management of POP among the women of the reproductive age group in Nepal. It is imperative to know about this, considering the high prevalence of this disease among Nepali women. The following are the specific questions this article aims to address:

1. How do women know that the particular condition they experience is uterine prolapse?
2. What do women do conventionally when they know that their uterus has prolapsed?
3. How do they get such traditional knowledge? and
4. What alternative options do they find if and when they realize that their conventional knowledge is not sufficient to get rid of this ailment?

Research Methods

This article is based on a micro-level ethnographic study that was conducted to explore, comprehend and analyze women's ideas, beliefs and practices regarding their problematic uterine health condition in their local context. It is a qualitative research in which the researchers dug out the layers of meanings (Geertz, 1973) behind the experiences of these women and their significant others. Thus the study can be considered as both exploratory and descriptive in nature. It deals with the emerging illness situation and its consequences on the lives of the women undergoing this.

This study depends basically upon the primary qualitative information generated through the anthropological (research) fieldwork in the community settings. To comprehend the understanding of POP and its conventional way of management, as well as alternative ways of handling them, in-depth and holistic information about these aspects was extracted through qualitative medical anthropological study. The research team involved in exploring this knowledge comprised a medical anthropologist as a researcher and two local female anthropologists as field researchers. The researchers extracted information from women of heterogeneous groups based on their age, economic status, geographical location, and the self-rated severity of the problem.

The field research was conducted in the community as well as in the hospital setting among the women who had consulted or had POP surgery at Sheer Memorial Hospital in Kabhre. Therefore, the study design comprised conventional community ethnography as well as hospital ethnography (van der Geest and Finkler, 2004). The field research was conducted in Jeevanpur VDC in Dhading District and Nala and Panauti areas in Kabhre District. As part of the community study, the researchers visited the women in their respective homes and had conversations with them and also with their spouses. When a patient did not have time, sometimes they asked the researchers to visit her place in the evening or the following day. Despite being busy during the rice cultivation season, the research participants were quite cooperative and availed of their time to talk to the researchers and contribute to the process of knowledge production about their illness and healing experience.

For the generation of information, the research team paid adequate attention to the diversity of the cases. In addition to tape recording, field notes were part of information collection during the observation and interview process. All the interviews were conducted in Nepali, and later on, the researchers transcribed and translated them into English. The researchers used key informant interviews,

observation, and in-depth interview techniques to generate information. The application of various techniques has helped a lot to deliver comprehensive and holistic information. Informed consent, in the form of oral consent, has been sought from the patients before conducting the interviews.

The information generated by the researchers has initially been translated and compiled by the researchers themselves. The researchers handed over their draft research to the team leader. The team leader scrutinized, thematically classified, and analyzed the information collected by him and the researchers. Themes were identified based on the grounded information generated by the researchers and the issues raised or encountered during the consultations with medical professionals and in light of the objectives of the study. Since this study was dealing with sensitive issues in women's lives, it demanded carefulness from the researchers. I was fully aware that the disclosure of their identity could be harmful to their social situation. Accordingly, pseudonyms have been used for anonymity and confidentiality whenever someone needs to be cited or simply mentioned when discussing sensitive topics (Bernard, 1995).

Discussions

This part of the article deals with women's ideas and practices related to their new bodily condition of uterine prolapse, what they do to manage such conditions, and how they navigate through different healing trajectories. Moreover, it also sheds light on the values system that governs such ideas and practices.

Acknowledgements of and Stigma Related to the Disease

Sabita Bhurtel, 54-year-old Chhetri woman from Kabhre realized that there was some problem in her uterus after having her first childbirth at the age of 21. She did not dare to tell anyone even in the family till she had got third child when she was about 26 years old. Finally, when the severity of the problem increased and became difficult to bear on her own, she told about her condition to her mother-in-law. Her mother-in-law, taking it as a normal condition told her "This happens to everyone, after giving birth".

Our field data showed that what Sabita went through was a common phenomenon in the study areas. This makes women keep silent about their ailments. The high prevalence of the disease up to 27% (Gurung, 2007) matches with the widespread ideas as iterated by Sabita. This makes women keep quiet as much as they can about the disease. There are some other factors which have also contributed to making this disease invisible. The extensive prevalence of stigma as the disease is related to

the sexual and reproductive organs of the women, contributes to speaking less about it. Much stigma is also associated with this ailment.

Over the years they have been hiding the disease as a proper way of managing it in the context of widely prevailing stigma (Jacoby, 1994; Scrambler and Hopkins, 1986). Their efforts were to hide, not expose, and not talk about the disease. They have tried to silence the disease as much as they can. Through silencing, they have been practising the denial of the existence of the disease. Most of the women tried their best to *Khapnu* (bear) the pain. With bearing the problem, they also denied it as a major health problem but rather carried it with them as a personal physical discomfort. Their efforts were to manage their everyday work despite the difficulties they faced. Along with the accomplishment of their everyday work, they believed that they were able to hide it. However, the hiding was not an easy task. As shown below, it is reflected in the narrative of a woman from Kabhre.

I always felt inconvenienced by walking, carrying a load and even while in sitting. This made me lag behind others while working together pretending to feel weakness. I doubt that others were fully convinced by my act of hiding. (Newar woman, 51, Kabhre)

Adoption of Traditional and Folk Healing Methods

Once the disease is known, usually to the few people in the family, they look for locally available, and culturally appropriate ways of healing. For many women adoption of traditional healing practices becomes the first choice. Embedded with their cosmological whole of understanding of their body, considering the possibility of the activeness of harmful agents which make them sick, and available healing options, most of the women take the help of local shamans. The dynamic interactions between "the shamans, the invisible supernatural being, the patients, and the family members of the patient" (Sidky, 2009) take place through the shamanic performance, generally, held at the house of the patient by the *Jhakri*, the shaman.

Nevertheless, we also found that the other traditional healers in the localities do not claim themselves as Jhankri, nor do the patient parties regard them as Jhankri. Still, they perform the healing through *phukne*, the simultaneous blowing up of the air as well as chanting *Mantra*, the sacred utterance. People with the knowledge and thus the power of *Phukne* can be priests or any other common person, usually the man who knows the appropriate *Mantra.*

Some others did *bhakal,* promising the God/Goddesses, that they would offer a sacrifice of chicken, egg, or goat for the recovery of ailment. Such *Bhakal* is done

usually ahead of the actual sacrifice of the animal and later on, usually, after the recovery of the ailment, the sacrificial ritual is performed for instance at the temple or the shrine, based on the ethnocosmological knowledge of the residence of the concerned deity. For the accomplishment of *Bhakal*, the family usually takes the help of the shaman or the priest.

Among the traditional healing practices, different kinds of herbs and other locally available goods, which are otherwise used in various tasks in everyday life, are employed to get rid of such problems. The medicinal traits are believed to be derived from the proper use of the thing or combination of things used in the process. The women have been using various sorts of methods which they consider to relieve at least the pain, if not the cure. Some of them massaged the stomach and outcoming part of the uterus with hot oil to relieve the pain and let it easily enter inside into its place. Others took the help of a warmed green *Saal* (Shorea robusta) leaf to warm the outcoming part and insert it. Some others thought that increasing the intake of nutritious food, both available at home and bought from the market would relieve the problem. As a means of crisis management, while working in a group or alone or simply being with others such as having commutation together, others pushed it inside by the Sari she was wearing. Such acts were aimed mainly to get relief and often it helped them not to expose the disease to others.

These women have also realized that medication through the traditional healing method may also not last for a long time. In such cases, they have to consult the traditional healers repeatedly for the healing of the ailment. Ram Maya Shrestha, 45, from Kabhre, had illustrated it clearly. She had realized the healing of the shaman always may not last for a long time. It depends upon the condition of the patient. She has experienced that it works only for a few weeks and again she had to consult the *Jhankri*.

Seeking Biomedical Treatment

Although some women consider that there is no traditional method of treatment for the POP. Pointing to what she regards as the shortcoming of traditional healing practices, Santamaya Tamang, 43, from Kabhre states “We have disease inside our body and what is the use of praying outside and sacrificing chicken and egg?” Though Santamaya’s articulation is not common in the locality, however, she is not alone with such ideas. Local people have observed that women have begun to consult the medical doctor for POP. Mr Bimal Adhikari, a Brahmin in his early fifties from Dhading, states:

Earlier people used to adopt only the traditional healing approaches. Now, because of the increasing availability of hospitals and their domination, people are not satisfied with traditional healing practices. The use of herbal medicines and taking help of shamans has declined significantly.

Moving beyond what Bimal has stated, some women question the appropriateness of traditional healing methods for the treatment of uterine prolapse. Bidya Khanal, in her sixties from Kabhre had clearly articulated-

Women are more vulnerable to diseases than men, mainly due to childbirth and the heavy work that they have to do. Uterine prolapse is a disease that affects only women and there is no traditional treatment for uterine prolapse.

Research participants in the field areas have realized the primacy of social structure in shaping the ailment of uterine prolapse (Dahal, 2017). Similarly, people interpret certain diseases as curable by specific therapy whereas other therapies may not be appropriate for this kind of ailment. As a bodily problem, which entails the body parts and often comes out from inside the body; this is the condition which requires biomedical healing. Even if these women take the support of traditional healers at the beginning, considering the severity and associated risk of the ailment, as in the case of Dhani, frequent advice from relatives and neighbours shapes the women's consciousness to go for medical consultations-

Nowadays, many people advise me not to keep this ailment otherwise it can lead to cancer. Therefore, I came here. My husband also advised me to go to the hospital. (Dhani, 60, Dalit woman from Kabhre)

With the failure of all of the efforts at home/locality, they consult the doctors/ medical professionals.

I also realized that life is for oneself and not for others. Then, I came here to this hospital, expecting recovery. I also have to take care of my children. When I regain strength, I am sure life will be different. (27-28, Bahun, Dhading)

Conventionally, biomedicine was alternative healing (Dahal, 2023) for this kind of ailment entangled with stigma and lower social status. Usually, women return home with some medicines for the treatment of the part of the problem which they showed to the medics. Sometimes they simply went to the pharmacists and bought the medicines as per his advice. Some of them kept the ring, in different hospitals in the Banepa area and Kathmandu, when the prolapse was at the initial stage. Among them, significant of them have kept the ring for more than a decade. They have mixed experiences with the outcome of the insertion of the ring; some of them have

been relieved by it whereas others have found increasing problems like itching and bleeding.

When other medications could not heal the problem most of the patients and their family members felt helpless. In the meantime, they came to know about the availability of (free) operation of the POP. They knew about this from different sources. Some women came to know during their visits to local health centres for medical consultations for another disease. The way Sheer Memorial Hospital disseminates the information through the channel of local health facilities helps the patients to know more about the availability of treatment facilities.

Nevertheless, despite the increasing trend of consultations with physicians, multiple risks are associated with the biomedical approach as well. Additionally, the question of whether biomedicine can cure or not is always there. The health seekers can also be badly affected by evil spirits or any other harmful agents. Bimala Tamang, 44 from Dhading has experienced that one can get different forms of illness while staying at the hospital-

I did not consult any traditional healer for uterine prolapse. But in my post-operation phase, I lost my appetite. Then, I sought help from *Jhankri* and that helped me to get back my appetite. I knew from him that I lost my appetite because of *Ankha lagne,* evil eyes, in the hospital.

Therefore, the use of traditional healing practices and that biomedicine are not always in the fixed linear order of one ahead of the other. Like Bimala Tamang, we have found that some women have taken the help of both biomedicine and different forms of traditional methods in different orders. Sometimes one of the methods is used earlier and when the woman realizes that it does not work satisfactorily she opts for the next one. Or, sometimes, women even go with hybridity, adopting the combination of more than one healing method. For instance, we have found that some women consume medicine only after doing *a phone* of it by the traditional healer.

Conclusions

Pelvic organ prolapse is widely spread among women of reproductive age in Nepal. About its prevalence, awareness about it and recognition of this disease are not at par with the number of women being affected by this ailment. Once women find that they have a prolapse problem, initially, most women try to manage it in their way in the prevailing social, cultural, economic and health delivery context. They adopt

both curative and protective measures. When they find themselves unable to cure the disease, then they have attempted to cope with the severity and consequences of the disease. The narratives of women regarding how they try to handle this ailment show the wider spectrum of varieties of healing trajectories women chose or went through and their entanglements in the societal whole.

POP as a bodily pathology is a medical problem and thus it has to be addressed medically. However, as the old saying says, the central attention has to be focused on the prevention rather than on the cure. Medical doctors involved in the treatment procedure have also realized that now they have to pay more attention to prevention rather than to the cure. Though the outcome of the surgery for many has been good but significant number of the women with the surgery have had re-prolapse and prevailing physical ailment affecting their body and social life. As a social and public health problem, it has to be addressed considering their broader socio-economic context. Therefore, for the prevention of the next generations of women, programs meant to improve women's living conditions and thus reduce the risk factors (Bodner, 2007) have to be brought into action. Simultaneously, women also need to be made aware of the fact of vulnerability of having POP.

Some of the women who already had POP have been taking precautions for their younger women in different ways considering the risk factors of POP they have realized. They have been trying to reduce the risks and helping their daughters/ daughters-in-law to take much rest and to eat sufficient and nutritious food in the time of pregnancy and delivery. Continuing the local practices, some mothers-in-laws are sending their daughters-in-law to their natal home for rest after childbirth. In light of this fact, it is imperative to conduct further ethnographic research on the role of elders, especially the mother-in-laws and mothers in raising awareness of their younger female family members about the vulnerability of their body and risk factors affecting the health situation. It will be important to know also about the dynamics of inter-general knowledge transmission to younger women in the changing context and whether and how such transmission affects the stock of knowledge of young women, mainly in the areas of traditional healing ideas and practices as well as their applicability in the changing and emerging contexts in which the younger ones find themselves.

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