

Booklet on
Uterine Prolapse

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Publisher:

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First Publication:

April 2007

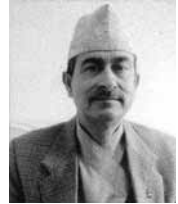
Lay-out & Printing Management:

M'sMouse



Government of Nepal
Ministry of Women, Children and Social Welfare

Singh Durbar, Kathmandu



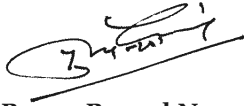
Foreword

Approximately six-hundred thousand women suffer from Uterine Prolapse, a common disease among Nepali women that is often kept from the purview of Nepali society. Uterine Prolapse is a condition related to reproductive health that has been inadequately addressed in accordance with its prevalence in our country. As such, the Ministry of Women, Children and Social Welfare views this issue with grave concern.

In recent times, the media has published some materials on Uterine Prolapse in various forms and has proved that it can play a very important role in generating awareness about Uterine Prolapse and all the negative impacts the disease has on the lives of those afflicted. As Uterine Prolapse is a very sensitive issue among the women, families and communities of Nepal, it is ironic that not more information has been spread about it in comparison to other female health conditions. Throughout the country, many examples exist of how women affected by Uterine Prolapse have hidden this from their families as they were too embarrassed to tell anyone and as a result, suffered many personal problems, including domestic violence. It is our belief that the media can help prevent these consequences by sending out the message that Uterine Prolapse is a common condition and thus, generating open discussions on early treatments and required precautions.

We have produced this information booklet targeting media personnel with the idea in mind that they can play a pivotal role in generating awareness around the issue. The booklet includes information on the impact of Uterine Prolapse, the realities of the

condition, special legal provisions that women should be aware of, themes that media personnel should pay attention to while reporting on Uterine Prolapse, etc. We hope that this information booklet will be useful for all media personnel. Last but not least, the Ministry would like to thank UNFPA and Sancharika Samuha for their partnership in developing this booklet.



Punya Prasad Neupane

Acting Secretary

Ministry of Women, Children and Social Welfare



Foreword

Uterine prolapse is one of the most widespread reproductive health and social problems in Nepal. It has become a national tragedy.

All over Nepal, hundreds of thousands of women are suffering from uterine prolapse. Its prevalence among women at reproductive age exceeds 10%; and is as high as 24% among women between the ages of 45 and 49¹.

This debilitating condition exposes the women to rejection by their husband, family, and sometimes even by the whole community. As a result, they are completely deprived of their rights to participate actively in society, including in the community's development and peace process. This deprivation has great consequence and implications, especially now, when Nepal is undergoing significant and important socio-political changes, and is trying to become an inclusive society for all its members. Women have suffered for years in silence, not having the knowledge or resources to seek treatment for prolapse. It is high time that their concerns be recognized and duly addressed.

The study *Status of Reproductive Health Morbidities in Nepal*, executed by the Institute of Medicine, Tribhuvan University and supported by UNFPA and WHO, demonstrated the high prevalence of uterine prolapse and the urgency of the situation. Consequently, UNFPA has partnered with the Government of Nepal and Sancharika Samuha to develop this information kit and organize a nationwide media campaign.

¹ *Reproductive Health Morbidity Needs Assessment in Nepal*, Institute of Medicine, Tribhuvan University Teaching Hospital, 2006

We are certain that by working together with the media to raise awareness of uterine prolapse and increase access to information, we could significantly improve the lives of the poor women who are suffering from fallen wombs, and protect them from social discriminations so that they can lead healthy life with dignity; and exercise their rights for participation in the peace process and social transformation in Nepal.

Junko Sasaki

UNFPA Representative



Preface

The health situation of Nepali women leaves much to be desired. Women's health, and in particular their reproductive health, is severely affected by their low familial and social status, patriarchal perspectives, traditional values, illiteracy, poverty, etc. Among the health problems faced by women related to reproductive health, Uterine Prolapse is a complex condition that is often kept in secret because of the shame of the condition affecting a sensitive part of the woman's body. Many women fear condemnation from their communities and families and until today, discussion and debate surrounding the disease does not openly occur within the family and society. Women who suffer from Uterine Prolapse continue to remain silent on the matter.

Statistics reveal that there are more than six-hundred thousand women affected by the disease, out of which two hundred thousand require immediate treatment. Uterine Prolapse, is widespread across the country and has affected women in the mountains, hills, plains and the valleys of Nepal. In addition, Uterine Prolapse makes no distinction between young and old women, and women as old as eighty have been found to be among the sufferers.

This information kit has been published in order to raise awareness of Uterine Prolapse, in especially among media personnel who can play an important and effective role in generating mass awareness. We hope that this kit will help expose the hidden disease and make it a topic of discussion in the society and the family. We are very

thankful to the Ministry of Women, Children and Social Welfare and the United Nations Population Fund (UNFPA) for this joint endeavour.

Sincerely,

Babita Basnet
President
Sancharika Samuha

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I. Facts about Uterine Prolapse

Uterine Prolapse is a disease that affects the reproductive health of women.

- At present, 6,00,000 women are affected by the disease; and Among them, 2,00,000 require immediate treatment.

(WHO, UNFPA & TU Teaching Hospital)

A 2004 study of field-based health camps in 10 districts of Nepal conducted by the Safe Motherhood Network revealed the following statistics about women afflicted by Uterine Prolapse:

- Among the 415 patients who came for health check-ups, 70 percent represented women from the hilly region and 30 percent represented women from the plains;
- Fifty-eight percent were Brahmin/Chettris, while the rest were from indigenous groups and Dalits;
- Although the disease is usually detected among Nepali women aged 25 to 50 years, the study found that a 16 year-old girl and 80 year old woman were also among the patients;
- 86 percent of the women were already married by the age of nineteen and among these women, 31 percent were women between the ages of 20 and 24 and 19 percent were women between the ages of 15 and 19;
- Ninety-five percent of the women had carried large and heavy loads within 45 days of child birth;

- Sixty-one percent of the women had between three and five children;
- Among the women who visited the health camps, 40 percent had one child while 22 percent had two children;
- Among the 2900 women who went through a health check-up, 10 percent were affected by the disease; (Medical Study Institution, 2006)
- Uterine Prolapse was more prevalent among women who were deprived of general health services;
- Generally Uterine Prolapse occurred because of a lack of nutritious food, appropriate rest, and health services and care; and
- Lack of health education was also one factor for the high prevalence of the disease.

II. About the Kit

This information kit has been developed with the objective of generating information and news around Uterine Prolapse through various media sources. It is expected that the kit will involve the media in helping to spread messages about matters including the guarantee of women's rights to health and precautions required to be taken to decrease the number of victims. The following are additional facts about the kit:

- The kit includes basic information about Uterine Prolapse. The main objective is to generate awareness about the disease, as well as provide support, particularly to the media. It also aims at facilitating a smooth process to bring this hidden disease out into the open with the hope that this kit can make it easier to publicise the disease;
- The kit will also support the conduction of interactions and advocacy on why the media needs to prioritise publishing information about the issue. In this regard, the objective is to facilitate the media's role in applying pressure at the policy-making level; and
- The information, news and statistics in this information kit serve as a few examples of the impact Uterine Prolapse has on women. The kit has been published with the hope that it can decrease the impact of the disease as early as possible through information dissemination to all concerned sectors.

III. Social, Economical and Educational State of Nepali Women

The situation of Nepali women is much worse in comparison to the situation of Nepali men. Women's participation is minimal in the country's political, economical, educational, administration, social as well as other sectors. Although Parliament put forth a declaration in May/June 2006 to include 33 percent participation of women in all sectors of the state structure, this has never been practically implemented. The largest percentage of women (17.75%) in Nepali history participated in the Interim Parliament. The following table reflects additional facts about the status of women participating in various other sectors:

Topic	Men	Women
% of Population	49.6	50.03
Average Life Span (in years)	61.8	62.2
% Literacy above 15 years	62.23	34.6
% in Administration	91.45	8.55
% in Legal Services	97.93	2.04
% in Teaching	74	26
% Involved in Media	88	12
% in Foreign Employment	89.15	10.85
% of Land Owners	89.16	10.83
% of Building Owners	94.49	5.51
% in Agriculture	39.5	60.5

Source: National Planning Commission (Tenth National Plan)

Nepal is an agriculturally-based country in which eighty-five percent of the population is involved in semi-traditional agriculture. Thirty-eight percent of the population falls below the

poverty line and Nepal has the highest maternal death rate among all of the South Asian countries. In general, women in Nepal have remained economically poor as a result of their traditional social values, superstition, poverty and lack of knowledge. Women must live in their husband's home after marriage where their rights are limited. Women also do not have access to property, despite the hard work they put into its keeping and maintenance. Instead they are pressured to give birth to healthy sons, though they are ironically deprived of nutritious food and appropriate care during pregnancy. In reality, women do not have free control over decisions on matters related to their own bodies; the timing and spacing of pregnancies are often not up to them, and they neither have free reign over decision-making in regards to child birth nor the selection of nutritious food nor receiving appropriate rest. They are often deprived of safe motherhood services and they do not have access to family planning methods.

Eighty-five percent of country's population survives on agriculture in villages where the human development indicator is very low. Most of the women living in the rural settings have many different responsibilities including looking after the household, cutting wood, fetching water, washing dishes and clothes, cooking, farming, looking after the animals, taking care of children, etc.

IV. Background

In Nepal, Uterine Prolapse is a reproductive health condition distinguished by the protruding of the womb out of the genitals. This disease has spread massively; a study has identified the need of treatment for 6,00,000 women who are affected by the disease. But families and communities still refuse to speak about the disease and it is often a secret kept within the home.

According to the latest statistics of the Government of Nepal, 85 percent of the population lives in rural areas where basic health services are very limited due to geographical, economic, social and cultural barriers. In addition, Nepal's health services were further pushed back after the decade-long people's war in which basic health services, treatment centres, machineries, and treatments were targeted. Even the health services that have reached the rural community have not been sufficient.

The reality for most Nepali women is even more harsh. They are deprived of their basic rights to choose their own sexual partner, when to become pregnant, security from any kind of violence, eating when they desire food, education, treatment facilities, etc. Only a limited number of women know about their physical and mental health rights and the Government of Nepal has not effectively addressed this issue. Awareness-raising programmes on health rights have not been effectively implemented and the State has also been unable to address issues related to Uterine Prolapse despite the fact that this disease affects the lives of hundreds of thousands of women throughout the country.

V. Introduction

A. Definition of Reproductive Health

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes” The following components fall under reproductive health:

- Safe sex;
- Capability to reproduce and the freedom to decide if, when and how often to do so;
- Full information and access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other legal methods for regulation of fertility; and
- Access to appropriate health-care services that will enable women to go safely through pregnancy and child birth and provide couples with the best chance of having a healthy infant.

Source: International Conference on Population and Development - Work Plan

B. National Policy on Reproductive Health

The National Policy of the Government of Nepal explains that “in the reproductive health service programme, emphasis will be given to family planning, maternal and child services, prevention and control of sexual disease and HIV/AIDS and other diseases related to reproductive health as well as health education and publicity “

The following services are targeted through integrated reproductive health package:

- Family Planning;
- Safe Motherhood;
- Infant child care;
- Control and treatment of the complexities of abortion;
- Infection of sexual organs and sexual disease and HIV/AIDS;
- Control and treatment of infertility;
- Reproductive health of youth; and
- Health problems of elderly, school going children and adult women

Source: Ministry of Health, Nepal Government

VI. Uterine Prolapse

A. Definition

Uterine Prolapse is a reproductive health condition in which the uterine protrudes or shifts from its normal position on the pelvic floor. In this situation, the uterus gradually extends outside of the body as there is no source of support for the uterus. In Nepal, Uterine Prolapse is becoming more common and is on an increasing trend, as more women carry heavy loads after child birth, work strenuously and do not maintain a nutritious diet.

B. Phases of Uterine Prolapse

The development of Uterine Prolapse can be seen in the following categorical division:

First Phase: The uterus leaves its place but is still inside the vagina.

Second Phase: The uterus leaves its place and comes upto the opening of the vagina.

Third Phase: The uterus comes out of the vagina.

C. Symptoms of Uterine Prolapse

The following are symptoms of Uterine Prolapse:

- A feeling of heaviness in the lower abdomen;
- Pain in the lower abdomen;
- Vagina remains open; and
- Pain or uncomfortable feeling during sex.

D. Reasons for Uterine Prolapse

Uterine Prolapse has yet to be addressed because of the lack of understanding of gender concepts among people in the concerned bodies, policy-making level and the implementation level. As discrimination against women and the continued lack of awareness among women themselves persist, Uterine Prolapse cases continue to increase day by day. The main reasons for Uterine Prolapse are the following:

- Carrying heavy loads or strenuously working six weeks after child birth;
- A large number of child births or spacing successive child births too close to each other;
- Giving birth at a tender age;
- Lack of nutritious food during pregnancy and after child birth;
- Unsafe abortions;
- Applying pressure before the delivery stage;
- Pressing of the lower abdomen after child birth;
- Weakening of the pelvic floor where the uterus rests;
- Separation of the pelvis from the pelvic floor while giving birth, child-birth using tools, giving birth to a large baby through the vagina;
- Attempts to give birth by pressing the stomach in longer duration of the delivery period;
- Continuously coughing after child birth;
- Applying more pressure than required before the time of child birth;
- Lifting heavy objects after child birth;
- Malnutrition, dysentery for a long period, lack of blood; and
- Lack of rest after child birth.

E. What kind of women get Uterine Prolapse?

Uterine Prolapse can occur in women from a variety of backgrounds (e.g. plains or hills) ages (i.e. young and old), and characteristics (e.g. fat or thin), but the following women are more susceptible to the disease:

- Women who have not eaten sufficiently nutritious food;
- Women who carry heavy loads within six weeks after child birth;
- Women who give birth to many children and/or space successive births in inadequately short durations;
- Women who persistently smoke and/or cough; and
- At times but rarely, women who give birth for the first time sometimes find that their uterus can drop down during delivery or right after the delivery. This is also possible but again rare in women who have never given birth;

F. Why does the Uterus drop down?

Medical professionals and researchers have put forward the following explanations for why the uterus drops down from the pelvis:

- The uterus drops when there is too much pressure and the stomach and the vaginary muscles are stretched;
- The muscles are weakened when heavy loads such as carrying wood or fodder, rice bags, water buckets, etc. are carried after birth;
- At times when women take a longer time to deliver, the muscles stretch and become weaker through exerted stress on the muscles. Although it may seem that nothing has happened immediately, with time, this has an impact on the uterus which can then fall;
- In the rural areas, women are pressured to give birth prior to their delivery time which weakens the muscle;

- Sometimes the stomach is pressed to give birth faster which weakens the muscles due to the stress exerted on the muscles. This may result in the falling of the uterus at a later period;
- The problem can also arise if women are not given sufficient food or nutritious food and the body cannot adequately develop. This can then result in the weakening of the muscles which can then no longer support the uterus;
- The uterus can also drop if defecation takes longer than usual. This action can result in the stretching and weakening of the muscles;
- The vaginal muscles can stretch when a woman gives birth to many children or successively gives birth in which a short span of time exist between each birth; and
- A persistent cough can stretch and weaken the muscles and result in the uterine falling out.

G. Problems arising out of Uterine Prolapse

The following problems arise from the development of Uterine Prolapse:

- Pain or difficulty while using the toilet as a result of the pulling of the urinary bladder along with the uterus;
- Pain or difficulty during intercourse. In addition, the possibility exists of the transmission of a sexual disease since the husband might have sex with other women if the uterus is large and fully outside;
- The delivery period may be difficult and longer as it will be very difficult for a woman who has Uterine Prolapse to give child birth. Therefore, many women must undergo child birth in a health institution or receive the assistance of health workers;
- Pain and difficulty while walking as at times, the uterus can come out while walking and due to friction of the two legs, a painful injury can occur which can be painful;
- Pain and difficulty while doing physical work as this can cause

pressure to the stomach muscles which then push the uterus further down;

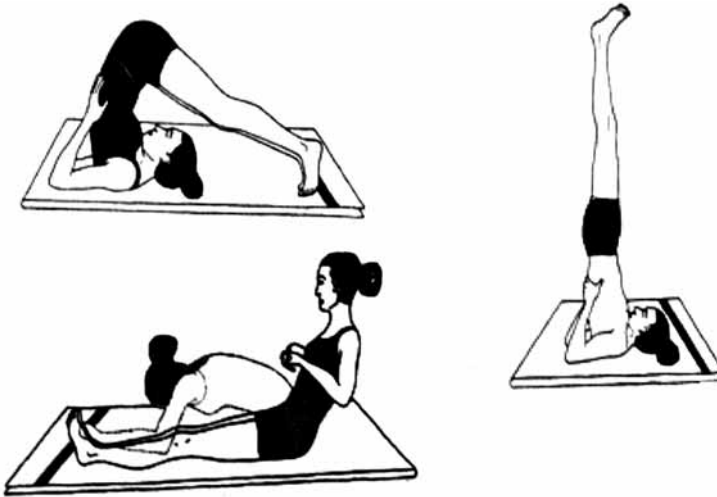
- When the uterus drops down, a balloon-like package comes out of the vagina and this can become attached or get rubbed against the inner part of the woman's clothes which may result in injury and discharge of foul-smelling water and blood;
- Pain can occur in the waistline area because of the pressure on the muscles when the uterus drops down; and
- The lower abdomen can also start to become painful because of the reasons aforementioned.

H. Prevention

The following suggestions are offered in the prevention of Uterine Prolapse:

- **Eating nutritious food:** Women must eat nutritious food such as spinach, beans, milk, yoghurt, fruits, eggs, fish and meat, etc. Nutritious food is very important for pregnant women and for women after child birth which is widely available in the villages;
- **Large liquid intake:** The intake of liquid is very important because this can clear the stomach and ease pressure on the muscles;
- **Not carrying heavy loads:** If there is a need to lift a heavy load, the knee should be used to lift the weight instead of the whole body. Alternatively, it is best to ask someone nearby to help lift the weight unto woman's back.
- **Receiving proper rest:** There is a need to receive appropriate rest during pregnancy and after child birth. Only light work should be done and heavy loads avoided. More rest should be taken during these times with a minimum of six weeks of rest after child birth.
- **Short-delivery period:** If the delivery period exceeds more than 12 hours, a health worker must be consulted. Longer delivery periods will put pressure on vaginal and stomach muscles which will weaken them and possibly result in the dropping of the uterus;

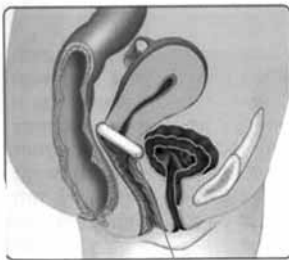
- **Special exercise:** In order to prevent the uterus from dropping, special exercise called 'Kegel' can be practiced. Please see the picture for a detailed look into how to perform this exercise.



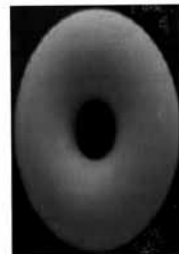
I. Treatment

The following information relates to treatment options for Uterine Prolapse:

- **Pessary:** One way to treat uterine prolapse is with a pessary. A ring pessary is a plastic or rubber device that is inserted into the vagina which holds the uterus. After a health worker inserts this into the vagina, there is no need to do anything for three months.



Ring pessary



Every three months, it has to be taken out, cleaned properly and inserted back after boiling in hot water. If a woman becomes pregnant while the pessary is inserted then it must be taken out in a health institution;

- **Consultation:** A health institution must be consulted if a woman feels that her uterus is dropping or if someone else finds out that the uterus is dropping. It is necessary to find out information about ring pessary and other treatment devices by visiting a nearby hospital, health post or sub-health post;
- **Hospital visit:** The ring pessary cannot hold the uterus in a situation where the uterus is fully out. In this situation, a woman must bring herself to a hospital;
- **Surgery:** Uterine Prolapse can also be treated through surgical procedures. Trained doctors can remove the uterus through surgery; and
- **Post-surgery considerations:** After the surgery, women will be able to perform their normal work but will not be able to undergo menstruation or become pregnant (GTZ, UNFPA and Ministry of Health).

VII. Roles of various sectors in solving the problem

The control and prevention of any problem is not possible through a single effort. Moreover, a complex health problem such as Uterine Prolapse cannot be handled alone by one individual or organisation; it requires economical, social, political and legal support in order to improve the situation of women as a whole. The joint attempts of various sectors will make it easier to solve the problem. Various diverse sectors can play the following roles:

- Develop policies and strategies for advocacy;
- Provide technical support;
- Information flow; and
- Resource mobilisation for expansion of programmes.

A. Role of Government of Nepal

The Government of Nepal can assist efforts by performing the following actions:

- Develop laws which fully protect women from domestic violence, condemnation and discrimination;
- Commit to empower political leadership in the health sector and outside;
- Advocate for Uterine Prolapse with concerned health sectors;
- Develop positive outlook of the problem within the Ministry of Women, Children and Social Welfare, other government departments, governmental and non-governmental bodies;
- Decentralise health, development and educational programmes. Ensure that government policies and programmes are transparent, strengthened and beneficial;

- Arrange required resources and appropriate mobilisation;
- Prioritise Uterine Prolapse in health policies and programmes and develop strategies for its prevention and cure;

B. Role of Non Government Organisations

The following are ways in which Non-governmental organizations can contribute:

- Conduct awareness-raising programme on Uterine Prolapse at the individual, family and community levels;
- Generate interest among women affected to seek consultations, treatment and care to overcome the problem;
- Conduct meetings and awareness programmes for positive changes in the outlook towards women;
- Facilitate and advocate for easy access to health services;
- Use the Conventions and international mechanisms on women and child rights as strategies to fight the problem;
- Coordinate and collaborate with national and local organisations as well as related bodies; and
- Develop and disseminate Information, Education, Communication (IEC) materials.

C. Role of various sectors outside households where women work

Various other sectors outside the household where women work can also make an impact through the following activities:

- Employ women as per their age and health situation;
- Provide ample rest to pregnant women and women after child birth. Develop a policy where women are not allowed to carry heavy loads; and
- Increase awareness among workers in the carpet, garment and other industries in coordination with various health sectors. Arrange regular health check-ups.

D. Role of family/community

Uterus Prolapse must not be perceived as a problem faced by women only but as a social problem. This problem generally occurs from pregnancy until the child is 6 weeks due to a lack of nutritious food, heavy work, infection, etc. Therefore, the role of the husband and the family is very important in its prevention. The following are some recommendations in this regard:

- The problem should be discussed openly in the family. Until the woman is completely healthy, care must be given to cleanliness, regular check-ups of mother and child, nutritious food intake, and providing a lot of time to the health of the woman;
- Women who have Uterine Prolapse tend to live a lonely life due to embarrassment and fear. In this situation, the husband or the family must not put the blame on the woman. Treatment should be sought with the understanding in mind that the problem is not the fault of the woman and that the problem may have occurred due to some weakness within the family;
- Household chores must be divided among the other members of the family;
- There is a need to eradicate the prevalence of gender discrimination in the society;
- Individuals and families must be motivated to believe that that this disease can be overcome;
- Support should be provided by consulting with health workers;
- Volunteers in the villages should be motivated to develop their capacity through training;
- Women should immediately discuss the problem with their family and go to a health institution without any embarrassment or fear; and

All women who give child birth do not get Uterine Prolapse and therefore precaution and treatment will ensure that no woman will get this disease.

E. Role of Media

Media plays a very important role in raising awareness of many issues in society. In respect to this information kit, it is thought that it will be easier for families and communities to talk about and discuss the issue of Uterine Prolapse if the media first raises it with the public. Already in various places, particularly in the villages, the media has helped to bring out discussion on important issues. Media can also play the role of a forming bridge between the general public and people at the policy-making level.

This information kit was formed with the idea in mind that the media can clarify the pain of Uterine Prolapse and the impact it has on families, society and the nation as a whole, in a way acting as the voice of the voiceless. In this regard, the media can fulfill the following roles:

1. Radio

At present, radio has become a popular source for information distribution in Nepali society. Radio Nepal is heard all over the nation and the FM radios that have been established in various parts of the country provide easy access to information. At present, there are 64 FM stations in Nepal and more are in the process of being established. Radios are cheap so even those at the bottom of the socio-economic level of the villages can afford to buy one and they do not need to leave their places of work to listen to the radio.

(a) Radio Interventions

The following are ways in which radio intervention can make an impact on the status of women and Uterine Prolapse:

- Development of radio programmes, dialogues, discussions, drama, etc;
- Field reports;
- Interactions with experts;
- Formation of listener's clubs;

- Broadcast various attempts made by national, government and non-government bodies, donor organisations, World Health Organisation, etc., as featured;
- Broadcast success stories;
- Broadcast interviews with victims and doctors involved in treating the problem; and
- Broadcast awareness-raising advertisements related to the problem with special discount which falls under the social responsibility of the media.

2. Television

At present, there are six television channels in Nepal and more are in the process of being registered. Television is a source of media in which information and knowledge is gained both through watching and listening. Accurate information about Uterine Prolapse can be seen and heard at the same time. This will benefit the families and communities that have access to television. Therefore, the problem can be publicised through television in the following manner:

- Broadcast information related to Uterine Prolapse;
- Conducting interaction programmes;
- Presenting field reports;
- Developing drama/tele-spots;
- Formation of community TV clubs;
- Developing advertisements and broadcasts related to the treatment and precautions of Uterine Prolapse;
- Conducting youth/women interaction programmes;
- Broadcasting success stories;
- Providing information on the attempts made by national/international communities;
- Broadcasting interviews related to experts on the matter and patients; and
- Broadcasting interviews with officials of various related sectors.

3. Newspaper

One of the sources of print media is newspapers. The publication houses can make communities aware by compiling and publishing regular information on Uterine Prolapse such as publications of:

- Information on Uterine Prolapse;
- Interviews with women who have been affected;
- News which addresses the problem;
- Editorials focusing on exposing the problem;
- Successful treatment of female victims;
- Features on the hidden disease and the risks;
- Feature articles, news, report, etc. on the prevalent government policies and steps to be taken (e.g. applying pressure to the concerned departments);
- Information on the treatment methods and expenditures;
- Letters received from various sectors related to Uterine Prolapse; and
- ‘Case studies’ of survivors.