

Research Paper

Women of Nepal and post-earthquake humanitarian responses: An observation of three months

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ABSTRACT

The devastating 25 April, 2015 earthquake in Nepal has affected a total of 1.4 million women and girls of reproductive age in the 14 most affected districts in which 93,000 were pregnant at the time of the earthquake, with 10,000 delivering each month requiring emergency obstetric care and 1,000 to 1,500 at risk of pregnancy related complications necessitating cesarean sections. Malnutrition and poverty hit women the hardest due to their longer working hours at work and home with limited access of education, health care, and involvement in local and state government. The midwifery society of Nepal (MIDSON) has established Help Desk for a week in national maternity hospital and served 100 women with the various problems of miscarriage, less fetal movement, bloody discharge, false labor pain, transportation problem to back home etc. Latter on MIDSON has expanded with support of UNFPA to conduct mobile RH camps with Minimum Initial Service Package (MISP) to protect women and girls in Nuwakot district. 25 nurse midwives were deployed in six affected districts for 3 months with support of UNICEF.

1. Background

The geography of Nepal has wide ecological diversity and land locked in-between two gigantic nations, Republic of China in the north and India in the south. Nepal is one of the world's most beautiful countries; years of rich history of socio-culturally diverse population and hard-working people but suffer from poverty and low literacy rates especially of women with 47 % compared to the male counterpart who has 71 % (2011 estimate).

1.1 Status of women and children

The status of women in Nepal has varied throughout the history and generally subordinate to men in virtually every aspect of life being an entrenched patriarchal society. Patriarchy is deeply rooted and continues to

jeopardize the position of women in society, at home and in the workplace. Women are also victimized by several norms and traditions. Chhaupadi a tradition in the western part of Nepal for Hindu women that prohibits a woman from participating in normal family activities during menstruation subjects to isolation. Malnutrition and poverty further hit the women and also they worked harder and longer than men. Dowry related violence, child marriage, teenage pregnancy, gender based domestic violence, and obstetric morbidities are the common problems that Nepalese women face.

1.2 Education and empowerment

The educational attainment of the girls and women is very low compared to males. Although the constitution offers women equal educational opportunities, many

social, economic, and cultural factors contributed to lower enrollment and higher dropout rates for girls. Some provisions to uplift status of women, the constitution says that a daughter can get equal parental property as son if she asks, even a woman can divorce with husband and get 50 % of property of husband after divorce. A child can acquire citizenship in the name of his/her mother too, in every governmental office 20 % quota for female must be preserved and 33 % of seats are preserved in parliament for women. These all efforts are done so that women can be in mainstream politics of country and else be socially and economically strong.

1.3 Reproductive Health issues and needs

Generally, reproductive health status of Nepalese women is very poor because of socio-cultural taboos and superstitious belief talking about sexual and reproductive related issues. Nepalese women body is under the controlled of their parents and husband. Because of such socio-cultural practice they cannot make any decision for their reproductive health rights and choices that they inherited by birth. The reproductive health access and utilization among the Nepalese reproductive age women is very limited as shown in **Table 1** that has led to high maternal mortality and morbidity.

1.4 Nepal earthquake

The 7.8 magnitude earthquake rocked the country on 25 April 2015 and powerful aftershocks caused widespread destruction and loss of lives. Day was started out as any other ordinary Saturday; it was a weekend no one would've ever thought of the devastating disaster that awaited them; an earthquake destroyed several national heritages and people's households, but also severely affected the lives of the ones that were spared; physically and mentally. Nearly 9000 people were killed and more than 22000 were injured. It affected 4.5 million people of Nepal in 14 most affected districts where historically marginalized communities mainly reside (**Table 2**).

1.5 Effect in Health System

The earthquake has severely disrupted the health system combined with the public health risks of displacement and greater risk of morbidity and mortality. Nearly 84 % of completely damaged health facilities were from affected districts including central level of maternity hospital (400 beds) and Bir Hospital. Human resources in these health facilities were shortage and access of

sexual and reproductive health for women and adolescents were compromised putting further risk for special group of pregnant, newborns and post-natal mothers which was further worse in the winter season.

1.6 Women and children as vulnerable group:

To address the sexual and reproductive health needs of women and girls "Dignity First" was the services provided in the affected areas and prioritized when a disaster strikes.

A total of 1.4 million women and girls of reproductive age were affected during earthquake among them 93,000 have been estimated as pregnant at the time of earthquake with 10,000 delivering each month and 1000-1500 is at risk of pregnancy complications requiring emergency obstetric care (UNFPA Nepal Earthquake: 5 month response report, 2015).

In addition, there was likelihood of gender based violence. Many women have lost their unborn babies (still birth) because of psychological stress and physical injuries. There were in needs of skilled maternity care, emergency obstetric care, contraceptive supplies, dignity kits, female friendly spaces, trained health personnel like midwives and psychosocial counseling.

Government of Nepal in coordination with partners have launched minimum initial service package (MISP) for the survivors with dignity kits and conducted dignified mobile reproductive health camps in affected districts. Many transition homes were established, health professionals were trained for clinical management of rape and gender based counseling.

The country was not in rest during the period of August to end of January 2016 with many political issues and India blockade to Nepal hit socio economic of the country and difficult life for basic needs of survivors.

They suffered through a lot of irreversible psychological trauma during the disaster time. Statistics show upsetting results of the quake; 404,000 children suffering from malnutrition, 200,000 pregnant and breast-feeding women are malnourished, 1.5 million school-aged children are in need of education in emergency support. Many people are vulnerable on the basis of socio-economic, language, religious, caste, ethnic and geographic structures, according to Nepal Flash Appeal Revision. The vulnerable group of women and children are particularly forced to human trafficking, significant increase in prostitution, high risk of sexual violence and exploitation, as well as, early marriage.

A short cross sectional observation study was carried out during humanitarian RH mobile clinic run by MIDSON in Nuwakot district and deployment of 25 nurse midwives

Table 1. South Asian country-specific characteristics related to maternal health and under-five mortality rate*.

Country	Maternal mortality ratio	Perinatal mortality rate	Neonatal mortality rate	Under-five mortality rate	Total fertility rate	% of women received four or more antenatal care visits	% of births delivered at a health facility	% of births attended by skilled attendants	Contraceptive prevalence rate
Afghanistan	327	42	25	71	5.1	16	32	36	21.8
Bangladesh	194	50	24	41	2.3	26	29	44	61.2
Bhutan	148	40	18	36	2.3	77	65	63	65.6
India	174	49	29	53	2.7	37	39	67	64.0
Nepal	258	37	33	54	2.6	50	35	36	49.7
Pakistan	178	75	55	89	3.8	37	48	52	35.4
Sri Lanka	30	20	6	10	2.3	93	98	99	68.4

*Source: Compiled data from each of the seven South Asian countries' latest National Demographic Health Surveys; Who's Trends in maternal mortality, 2015; UNICEF Country specific Statistic Webpage, 2013; WHO's Neonatal and Perinatal Mortality: Country, Regional and Global Estimates, 2006 and WHO Statistics, 2015.

Table 2. Earthquake damage districts' health institutions status and affected pregnant and lactating mother focused for re-strengthening.

Districts	Total Health Facilities	Hospitals damaged		*PHCCs damaged		Health Post damaged		Affected Women	
		Completely	Partially	Completely	Partially	Completely	Partially	Pregnant	Lactating
Sindhupalchowk	83	1	0	1	2	62	17	7,351	6,230
Kathmandu	63	0	0	1	7	7	33	8,969	7,606
Nuwakot	68	1	0	1	1	43	19	7,380	6,258
Dhading	52	0	1	1	1	33	12	7,517	6,375
Rasuwa		1	0	0	1	14	3	1,113	944
Gorkha		0	1	1	2	35	24	6,036	5,116
Bhaktapur	22	-	-	-	-	-	5	3,187	2,702
Kavre	100	0	1	1	2	32	50	8,765	7,432
Lalitpur	44	-	-	-	1	7	15	2,729	2,314
Dolakha	57	-	-	-	1	25	18	5,461	4,632
Ramechhap		1	0	1	1	20	28	5,302	4,497
Makwanpur	45	-	-	-	1	8	1	4,169	3,536
Okhaldhunga	56	0	0	0	0	17	17	1,629	1,381
Sindhuli	55	0	1	1	3	23	7	3,176	2,693
Total of 14 districts		5	6	10	26	348	268	72,784	61,716

Source: GoN, 2015, Nepal Earthquake 2015, Post Disaster Needs Assessment Vol. A & Vol. B

Note: *PHCC: Primary Health Care center; HP: Health Post (All PHCCs and most of the Health Posts are upgraded as birthing service facilities. Therefore, they are also called birthing center)

Partially Damaged House=178,275/272,232 (65.49 %)

in six earth quake affected districts of Nepal during June-October, 2015.

2. Objectives and methodologies/processes

2.1 Objectives

The main objectives are to strengthen comprehensive outreach RH clinics in Nuwakot district with special focus on vulnerable group of pregnant women, adolescents and newborns. And, to strengthen midwifery services by deploying additional 25 trained nurse midwives in 6 earth quake districts with onsite coaching and monitoring.

2.2 Methodologies/processes

Immediate humanitarian response was made with establishing Help Desk at maternity hospital to provide care and counselling to the pregnant women and postnatal mothers for a week. A Total 100 women with the various complain were managed (miscarriage, less fetal movement, bloody discharge, false labor pain, transportation problem to back home etc.

The service was further expanded via ten mobile reproductive health camps in Nuwakot which were provided by the team of doctors, nurse midwives and counsellors. The services included with gynaecological treatment, care for pregnant women, mothers and newborns including counselling and distribution of Dignity kits.

To re-strengthen the midwifery services, 25 nurse midwives were deployed in most earth quake affected districts of Gorkha, Dhading, Nuwakot, Sindhupalchowk, Rasuwa and Dolkha in coordination of ministry of health and UNICEF. The staffs were assigned at community and district level of hospitals.

3. Findings

Two major findings have been outlined during intensive work on account of devastated earthquake in Nepal.

3.1 RH camp

The findings in **Table 3** shows the total beneficiaries of 3055 women with specific age group of 25-49 years

considering the majority of reproductive age attended in the camp 1086.

Table 4 revealed the beneficiaries of services during health camps where majority of the women 1574 (51.52 %) were treated with general services, gynecological problems 525 (17.18 %), and ring pessaries inserted among the 87 (2.85 %) uterine prolapsed cases including iron prophylaxis for 183 (5.99 %) pregnant women respectively.

3.2 Deployment of 25 Nurse Midwives in six districts for three months

2517 pregnant women were served, 585 child births were assisted and 622 post-natal mothers were cared with their newborns. They were also involved in health education and counselling, out-patient check-up, immunization, outreach clinics including general treatment of the people residing at the respective community level. Further demand of such cadre was made by districts upon their mission report back home.

4. Conclusions

Reproductive health and rights are the fundamental aspects of all women and girls requiring special attention and dignified maternity care. Professional associations can take lead role with passion in routine and during disaster period. We urge all partners to keep efforts to protect the health and rights of women and girls in the current reconstruction phase to increase the prospects for a more stable Nepal in the coming days. During devastated earthquake and aftershocks of 2015 in Nepal, following major remarkable results have been drawn.

- a. The midwifery society of Nepal (MIDSON) has established the Help Desk for a week in national maternity hospital and served 100 women with the various problems of miscarriage, less fetal movement, bloody discharge, false labor pain, transportation problem to back home etc.
- b. Mobile RH camps were conducted with Minimum Initial Service Package (MISP) to protect women and girls in Nuwakot district. 25 nurse midwives were deployed in six affected districts for 3 months with the support of UNICEF.

Table 3. Age and sex distribution in ten camps at Nuwakot District.

Sites	10-19 Yrs		20-24 Yrs		25-49 Yrs		>50 Yrs		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	
Rautbesi	16	13	6	10	14	32	17	22	53	77	130
Bageshwori	8	23	7	20	21	95	44	61	80	199	279
Buddhasing	43	38	25	43	29	69	26	58	123	208	331
Ganeshsthan	8	38	0	29	10	74	30	51	48	192	240
Ghorsyang	5	49	3	74	11	136	51	144	70	403	473
Kakani	5	41	0	55	2	219	4	93	11	408	419
Okharpauwa	15	31	5	34	16	85	18	50	54	200	254
Bungtang	0	17	0	30	0	123	0	52	0	222	222
Sikharbenshi	1	58	0	67	0	115	0	58	1	298	299
Dhikure	0	22	0	70	1	138	0	177	1	407	408
Total	101	330	46	432	104	1086	190	766	441	2614	3055

Table 4. Age and sex distribution in ten camps at Nuwakot District (Continued to next page).

Service Provided	Rautbesi	Bageshwori	Buddhasing	Ganeshsthan	Ghorsyang	Kakani	Okharpauwa	Bungtang	Sikharbenshi	Dhikure	Total
ANC	2	17	9	5	22	11	10	19	34	30	159
PNC	0	2	2	8	2	6	3	6	5	6	40
Referral for complicated pregnancies	0	0	0	0	0	0	0	0	1	1	2
Iron prophylaxis	2	0	14	4	88	0	5	17	53	0	183
STI treatment and management	7	5	0	0	24	7	22	4	32	0	101
Uterine prolapsed	0	2	10	2	8	23	6	0	7	29	87
Ring Pessaries insertion	0	1	1	2	8	17	5	0	7	11	52
Other gynecologic services	1	45	45	17	45	211	20	117	24	0	525
Pregnancy testing	0	0	6	5	5	0	2	9	15	11	171
General healthcare services	0	192	239	174	279	158	183	47	120	182	1574
GBV Counselling	0	0	0	0	9	13	1	0	2	7	32

Table 4. Age and sex distribution in ten camps at Nuwakot District (*Continued from previous page*).

Service Provided	Rautbesi	Bageshwori	Buddhasing	Ganeshsthan	Ghorsyang	Kakani	Okharpauwa	Bungtang	Sikharbesi	Dhikure	Total
GBV Referral	0	0	0	0	0	0	0	0	0	2	2
Oral Contraceptives	0	1	0	1	0	0	3	0	0	0	5
Injectable	0	1	2	2	0	1	0	0	0	0	6
IUD insertion	0	0	0	2	0	2	0	0	8	0	12

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