Neglect of pelvic organ prolapse and urinary incontinence are exemplary of human rights violations towards women: moving towards a resolution

Pelvic organ prolapse (POP) and female urinary incontinence (UI) extend beyond physical discomfort and highlight health disparities facing women globally. The resulting shame and isolation reflect health inequities, sociocultural disparities, and gender discrimination. This is particularly amplified in low- and middle-income countries (LMICs) where the pronounced experience of shame extends into human rights violations.[1,2] POP and UI emphasise the intricate interplay of health and human rights calling for an urgent need to address this through the lens of women's rights. It has been almost 30 years since the Report of the Fourth World Conference on Women – yet the intersection between POP, UI and global health inequities must still be bridged.[3]

Right to dignity

Dignity is the right to be valued, respected, and treated ethically. Women experiencing POP and/or UI have significant adverse impacts on their quality of life.[1,2,4,5,6] Furthermore, research has confirmed that these physical symptoms are often accompanied by emotional distress, including feelings of shame, embarrassment and reduced self-esteem.[1,2,4,5,7] Shame is a complex emotion shrouded by cultural norms and societal attitudes towards women.[8] This perception shapes the behaviour of women and can mean they feel inadequate and do not seek help or advocate for themselves. This shame further leads to social isolation. Shame and dignity are at opposite ends of the spectrum.

In LMICs, where cultural norms and resource constraints intersect, shame becomes a significant barrier to seeking health care for POP and UI.[6] The lack of trained medical professionals and weak health care infrastructure is often compounded by dismissive behaviour, misdiagnosis and/or mistreatment.[2,9] This further perpetuates the cycle of shame. The right to dignity is intertwined with women's right to be free from all forms of discrimination, including stigma based on health conditions.

Right to autonomy

POP and UI have many causes but are strongly associated with childbirth, heavy lifting and ageing.[2,10,11] Any intrabdominal straining (Valsalva) or injury/weakness to the pelvic supporting structures will increase the likelihood of this occurring. Although estimates of POP prevalence differ by country and method of diagnosis, it is estimated that globally up to 50% of women will experience POP in their lifetimes, with 11.1% of women undergoing prolapse surgery in high-income countries.[12,13]

Care begins with empowering women through knowledge and shared decision making, beginning with preventative strategies followed by conservative and/or surgical management. Because of its strong association with childbirth, reproductive rights are intertwined with POP and/or UI prevention. The advocacy work done by FIGO's Division of Sexual and Reproductive Health and Wellbeing delves into the multifaceted challenges of addressing reproductive rights. In addition,

since parity is the strongest predictor of developing POP and UI, access to maternal care and trained birthing attendants offer the opportunity to protect the pelvic floor and allow postpartum education and care aimed at ensuring recovery.

FIGO's Division of Maternal and Newborn Health outlines the continued need to implement changes and to consider the impact of pregnancy on the long-term health of women. Globally, women continue to do most of the unpaid labour and care. Labour often includes working in fields, heavy lifting and return to manual work early after childbirth.[2,6] Not only are these predisposing factors for POP, but this work is usually not valued highly in society while having significant impact on women's rights to care.

Age is another strong predictor of POP and UI. Re-envisioning women and health throughout the lifespan is very much needed.[14] This is further exemplified as life expectancy is increasing worldwide and yet ageing women are more vulnerable to health disparities.[15]

Gender-based discrimination is directly associated with the risk factors for developing POP and UI. Compounded by stigma, shame and cultural norms, this leads to societal isolation and further hinders the ability of women to access health care. This aligns with the United Nations call for an end to gender discrimination.[16,17]

Equity in health care

The World Health Organization (WHO) emphasises that achieving health for all is a fundamental human right.[18] Comprehensive health care for POP and UI begins with reproductive rights, birthing, postpartum and post-reproductive care across the lifespan. Post-reproductive care could entail symptomatic treatment by trained health care professionals. Resource inequities including access to trained professionals and adequate health care infrastructure for both prevention and management continue to be a barrier. However, in LMICs, where resources are limited, shame-induced barriers to health care access further impede women's right to health care.[2,17,19] This is exemplified by Nepal's well-meaning initiative to address the problem of POP without adequately trained health care professionals or understanding of the fundamental human rights inequities.[20] Developing comprehensive health care systems, in line with WHO's goal of equitable and quality healthcare for all, is crucial.[17] This includes strengthening health care infrastructure, training medical professionals, and ensuring equal access to affordable, comprehensive and culturally sensitive services.

Female UI and POP are not mere health conditions of women to be referred to a urogynaecologist. They are a significant part of the post-reproductive morbidity of women. They often affect women at the prime of their productive life and represent violations of WHO recommendations and violations of women's rights. These violations perpetuate shame, inequality and disparities in health care access, particularly in LMICs. It is vital to acknowledge these violations to begin rectifying these disparities.

Targeted public health campaigns and educational programmes can challenge cultural stigmas and raise awareness about POP and UI in LMICs.[2,21] By engaging communities, health care professionals and policy makers, these initiatives can help reduce shame and encourage early health care seeking. Collaborative efforts involving governments, international health organisations and non-governmental organisations (NGOs) can train health care professionals and build

appropriate health care infrastructures. Success is dependent on a multipronged approach that equally prioritises women's right to dignity, challenges societal norms that perpetuate gender discrimination, and allocates equitable resources for gender-sensitive health care.

References

1. Gjerde JL, et al. Living with pelvic organ prolapse: voices of women from Amhara region, Ethiopia. International urogynecology journal. 2017 Mar;28:361-6.
2. Singh AD. Pelvic Organ Prolapse Management in Nepalese Women: An Exploration of Factors Effecting Quality of Life and Implications for Policy and Practice. University of Northumbria at Newcastle. 2019.
3. Beijing, 4–15 September 1995 United Nations publication, Sales No. E.96.IV.13
4. Robinson D, et al. International Urogynaecology Consultation chapter 1 committee 4: patients' perception of disease burden of pelvic organ prolapse. International Urogynecology Journal. 2022 Feb 1:1-22.
5. Dunivan GC, et al. Pelvic organ prolapse: a disease of silence and shame. Female pelvic medicine & reconstructive surgery. 2014 Nov;20(6):322.
6. Jokhio AH, Rizvi RM, MacArthur C. Prevalence of pelvic organ prolapse in women, associated factors and impact on quality of life in rural Pakistan: population-based study. BMC women's health. 2020 Dec;20(1):1-7.
7. Elenskaia K, et al. The greatest taboo: urinary incontinence as a source of shame and embarrassment. Wiener Klinische Wochenschrift. 2011 Oct 1;123.
8. Kammerer A. The scientific underpinnings and impacts of shame. Scientific American. August. 9;9.
9. Kruk ME, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. Lancet Glob Health. 2018 Nov;6(11):e1196-e1252. doi: 10.1016/S2214-109X(18)30386-3. Epub 2018 Sep 5. Erratum in: Lancet Glob Health. 2018 Sep 18;: Erratum in: Lancet Glob Health. 2018 Nov;6(11):e1162. Erratum in: Lancet Glob Health. 2021 Aug;9(8):e1067. PMID: 30196093; PMCID: PMC7734391.
10. Walker, GJA, Gunasekera, P. Pelvic organ prolapse and incontinence in developing countries: review of prevalence and risk factors. *Int Urogynecol J* **22**, 127–135 (2011). https://doi.org/10.1007/s00192-010-1215-0
11. Bump RC, Norton PA. Epidemiology and natural history of pelvic floor dysfunction. Obstetrics and gynecology clinics of North America. 1998 Dec 1;25(4):723-46.
12. Barber MD, Maher C. Epidemiology and outcome assessment of pelvic organ prolapse. International urogynecology journal. 2013 Nov 1; 24(11):1783-90.
13. Olsen AL, et al. Epidemiology of surgically managed pelvic-organ prolapse and urinary incontinence. Obstetrics and gynecology. 1997 Apr 1;89(4):501-6.
14. Langer A, et al. Women and health: the key for sustainable development. The Lancet. 2015 Sep 19;386(9999):1165-210.
15. 9789241563529_eng.pdf (who.int)
16. Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979 | OHCHR
17. Beijing Declaration (un.org)
18. Human rights (who.int)
19. State of World Population 2017 (unfpa.org)
20. Rethinking Nepal's uterine prolapse treatment - Nepal. Relief.
21. Borsamo A, Oumer M, Asmare Y, Worku A. Factors associated with delay in seeking treatment among women with pelvic organ prolapse at selected general and referral hospitals of Southern Ethiopia, 2020. BMC women's health. 2021 Dec;21(1):1-8

About FIGO

FIGO is a professional membership organisation that brings together more than 130 obstetrical and gynaecological associations from all over the world. FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. Our work to achieve this vision is built on four pillars: education, research implementation, advocacy and capacity building.

FIGO leads on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia. We advocate on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and wellbeing, and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation in achieving their reproductive and sexual rights, including through addressing female-genital mutilation (FGM) and gender-based violence (SDG5).

We also provide education and training for our Member Societies and build capacities of those in low-resource countries through strengthening leadership, translating and disseminating good practice and promoting policy dialogues.

FIGO is in official relations with the World Health Organization and a consultative status with the United Nations.

About the language we use

Within our documents, we often use the terms 'woman', 'girl' and 'women and girls'. We recognise that not all people who require access to gynaecological and obstetric services identify as a woman or girl. All individuals, regardless of gender identity, must be provided with access to appropriate, inclusive and sensitive services and care.

We also use the term 'family'. When we do, we are referring to a recognised group (perhaps joined by blood, marriage, partnership, cohabitation or adoption) that forms an emotional connection and serves as a unit of society.

FIGO acknowledges that some of the language we use is not naturally inclusive. We are undertaking a thorough review of the words and phrases we use to describe people, health, wellbeing and rights, to demonstrate our commitment to developing and delivering inclusive policies, programmes and services.

For enquiries FIGO Communications and Engagement team
communications@figo.org +44 (0) 7383 025 731

Referencing this statement

International Federation of Gynecology and Obstetrics. *Neglect of pelvic organ prolapse and urinary incontinence are exemplary of human rights violations towards women: moving towards a resolution*. 2023. Available from: www.figo.org/pop-ui-human-rights