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1 **Lessons learned from developing a Samoan health education video on Pelvic Organ Prolapse**

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30 **Title – Lessons learned from developing a Samoan health education video on Pelvic Organ Prolapse**

31 **Abstract**

32 Pelvic Organ Prolapse affects an estimated 40% of parous women in developed countries, but there is
33 no prevalence data in Samoa. The impacts of Pelvic Organ Prolapse include urinary incontinence and
34 bowel incontinence, with many women being asymptomatic. Samoan women have high prevalence of
35 risk factors for pelvic organ prolapse, such as obesity and parity. There are non-surgical and surgical
36 interventions for pelvic organ prolapse. Limited sexual and reproductive health education in Samoa
37 hinders women’s knowledge of the pelvic organs and what is considered normal. This short report
38 describes the process of developing and producing an educational video on Pelvic Organ Prolapse in
39 Samoan and English and the lessons learned from the process.

40 **Keywords**

41 Education; Pelvic Organ Prolapse; Samoa; Sexual and Reproductive Health; Video

42 **Introduction**

43 Health communication materials, be they in printed, visual or auditory formats are designed with the
44 intention to inform, empower and affect health behaviors and decisions. Pelvic Organ Prolapse (POP)
45 affects an estimated 40% of parous women in developed countries ¹. Symptoms of POP include urinary
46 and/or bowel incontinence, back pain and a bulge ². Treatment of Pelvic Organ Prolapse include non-
47 surgical interventions such as pelvic floor training exercises, or use of pessaries, or surgical interventions
48 if required³. The prevalence of risk factors for Pelvic Organ Prolapse, such as parity ([the total fertility rate](#)
49 of approximately [4 live births over a woman’s reproductive life](#), is higher than the global average)⁴ and
50 obesity (58.4%)⁵, are high among Samoan women, but there is no prevalence data on the condition for
51 the country. Sexual and reproductive health education in the country is limited⁶, as this area of the body
52 is considered “sensitive” and “taboo”. The team comprised of researchers from a Samoan tertiary
53 institution and two UK institutions, translated and piloted the Pelvic Organ Prolapse Symptom Score
54 (POP-SS) ⁷ with thirteen Samoan women in 2020. Limited anatomy and physiology knowledge of the
55 pelvic system was highlighted among the pilot participants and they expressed a desire to know more,
56 leading to the decision to develop this educational video on Pelvic Organ Prolapse. This short
57 communication piece outlines the development of a health education video [in Samoa](#) on a condition
58 about which little is known in the Pacific Region, Pelvic Organ Prolapse.

59 **Methodology**

60 This project did not require Ethics Approval. An English script was developed by the Samoan and UK
61 teams, which covered the risk factors for Pelvic Organ Prolapse, the organs affected, the signs and
62 symptoms of the condition, the treatment options and additional links for information. The script was
63 then passed to a bilingual registered nurse midwife and nursing instructor for translation into Samoan.
64 The value of competency in translation and subject knowledge has been highlighted in the work by Behr
65 ⁸ the principles of which were used in the translation of the POP-SS⁷. A bilingual Samoan nurse
66 instructor and medical student was the presenter and narrator for both the English and Samoan versions
67 of the films. A local Samoan filmmaker was contracted to produce a Samoan and an English version of
68 the video, with each version subtitled in the same language and with sign language. Due to difficulties in
69 accessing existing licensed illustrations, as the Samoan team did not have access to a credit card, all of

70 the illustrations were drawn by the film maker as well. [The filmmaker also used a Do It Yourself](#)
71 [approach to make a teleprompter as this equipment was not available locally](#). The English script was
72 provided to the local Deaf Association to provide sign language services, as many deaf people in Samoa
73 learn sign language using the English language. It was challenging for the sign language team as several
74 terms and phrases were unfamiliar, this required additional research and practice. Signing was video
75 recorded one sentence at a time, due to the speed of the narration compared to the rate of signing. This
76 process was agreed with the signing individual.

77 The drafts of the English version of the video and the Samoan version of the video were piloted with
78 three groups, each comprised of five members. These were health workers (nurses and doctors), a
79 mixture of women who worked at the university (different education levels, demographics and non-
80 health workers) and women with disabilities (blind, deaf, intellectual disabilities). The pilot viewings
81 were moderated by the narrator and presenter of the films and took place in a mixture of Samoan and
82 English. No names or identifying information were recorded. All participants were provided with a
83 mealofa (gift) of 20 WST for their time and 10 WST to cover a small refreshment. Questions were posed
84 to the group and notes taken, on the quality of the audio and video, what did they learn from the video,
85 would they watch the video again and would they share it with others. Recommendations on how to
86 improve the video were provided to the film maker for final edits.

87 Discussion

88 The feedback from the pilot groups was positive, with many asking when they could get access to the
89 videos to share them. Although there was some willingness to share the video on social media platforms
90 openly like a Facebook post, several indicated they would be willing to share as a link to others through
91 private social media such as Facebook messenger. There was also willingness to view the video again.
92 Despite the sign language and subtitles making the videos inclusive for the pilot group of women with
93 hearing disabilities, for the woman who was visually impaired in the pilot group, it was difficult to
94 picture the illustrations. Recommendations for improvement were to increase the color contrast
95 between illustrations and labels and to slow down the speed at the labelled diagrams.

96 The filmmaker used the feedback to amend the colors on the labels, to provide time stamps where the
97 labelled illustrations were found in the videos, and inserted the links at the end of the video which was
98 deemed as being helpful by the audience. The videos were publicly launched at an event in November,
99 2021, and the video uploaded onto YouTube. A media release with the accompanying YouTube links
100 [were](#) emailed to local NGOs, as well as local and regional networks. The Samoa and UK teams will work
101 on distribution through online platforms, and to deliver seminars using the videos. The English version
102 can be accessed at <https://youtu.be/HMcDKqmK7wo> (viewed 371 times) and the Samoan version at
103 <https://www.youtube.com/watch?v=aZ-dUWhEE5c> (584 times).

104 The article on the

105 National University of Samoa's website was viewed 1887 times ([https://nus.edu.ws/launch-of-ata-
106 puupuu-ile-pau-poo-le-oso-ese-o-totoga-o-le-suilapalapa/](https://nus.edu.ws/launch-of-ata-puupuu-ile-pau-poo-le-oso-ese-o-totoga-o-le-suilapalapa/)). A newspaper article on the launch was
107 published on the 17th of November 2021 (<https://www.samoobserver.ws/category/samoa/94740>).
108 Further research is required to assess the efficacy of the educational videos as teaching tools.

109 Conclusion

110 There were several valuable lessons learnt from this experience for the Samoan and UK teams. While it
111 will necessitate additional work, it is recommended to produce [complete](#) videos [in one](#)
112 [language at a time](#)(subtitles and narration), as the run time for the English Version was 5
113 minutes 44 seconds, while the Samoan version was 6 minutes 34 seconds. Sometimes there are simply
114 no words to directly translate from one language to another ⁹and context specific translation skills are
115 invaluable⁸. [The final takeaway is that although all of the ideal equipment may not be available, Do It](#)
116 [Yourself approaches using locally available materials are an option.](#)
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118
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