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

Ramona Boodoosingh¹, Uila Lima², Saunima’a Ma Fulu-Aiolupotea³, Melanie Dembinsky⁴, Suzanne Hagen⁵

¹Phd, MSc. School of Nursing, National University of Samoa, To’omatagi Samoa. Phone - 685-20072. Email - r.boodoosingh@nus.edu.ws

²BN. Doctor of Medicine in Progress. School of Nursing, National University of Samoa, To’omatagi Samoa. Phone - 685-20072. Email – u.lima@nus.edu.ws

³Post Graduate Diploma, BN. School of Nursing, National University of Samoa, To’omatagi Samoa. Phone -685-20072. Email - m.aiolupotea@nus.edu.ws

⁴PhD, MA. Pathfoot Building, G.10, University of Stirling, Stirling, FK9 4LA, Phone +44 7795092280. Melanie.Dembinsky@stir.ac.uk

⁵Prof, PhD, Nursing, Midwifery and Allied Health Professions Research Unit (NMAHP RU), Govan Mbeki Building, Glasgow Caledonian University, Cowcaddens Road, Glasgow, G4 0B. +44 141 331 8104. S.Hagen@gcu.ac.uk

Corresponding author information
Ramona Boodoosingh
National University of Samoa
PO Box 1622
Lepapaigalagala Campus
Toomatagi
SAMOA
Phone: +685 20072 ext 402
Email: r.boodoosingh@nus.edu.ws
Pelvic Organ Prolapse affects an estimated 40% of parous women in developed countries, but there is no prevalence data in Samoa. The impacts of Pelvic Organ Prolapse include urinary incontinence and bowel incontinence, with many women being asymptomatic. Samoan women have high prevalence of risk factors for pelvic organ prolapse, such as obesity and parity. There are non-surgical and surgical interventions for pelvic organ prolapse. Limited sexual and reproductive health education in Samoa hinders women’s knowledge of the pelvic organs and what is considered normal. This short report describes the process of developing and producing an educational video on Pelvic Organ Prolapse in Samoan and English and the lessons learned from the process.

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

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

Methodology
This project did not require Ethics Approval. An English script was developed by the Samoan and UK teams, which covered the risk factors for Pelvic Organ Prolapse, the organs affected, the signs and symptoms of the condition, the treatment options and additional links for information. The script was then passed to a bilingual registered nurse midwife and nursing instructor for translation into Samoan. The value of competency in translation and subject knowledge has been highlighted in the work by Behr, the principles of which were used in the translation of the POP-SS. A bilingual Samoan nurse instructor and medical student was the presenter and narrator for both the English and Samoan versions of the films. A local Samoan filmmaker was contracted to produce a Samoan and an English version of the video, with each version subtitled in the same language and with sign language. Due to difficulties in accessing existing licensed illustrations, as the Samoan team did not have access to a credit card, all of
the illustrations were drawn by the film maker as well. The filmmaker also used a Do It Yourself approach to make a teleprompter as this equipment was not available locally. The English script was provided to the local Deaf Association to provide sign language services, as many deaf people in Samoa learn sign language using the English language. It was challenging for the sign language team as several terms and phrases were unfamiliar, this required additional research and practice. Signing was video recorded one sentence at a time, due to the speed of the narration compared to the rate of signing. This process was agreed with the signing individual.

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

Discussion

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

The filmmaker used the feedback to amend the colors on the labels, to provide time stamps where the labelled illustrations were found in the videos, and inserted the links at the end of the video which was deemed as being helpful by the audience. The videos were publicly launched at an event in November, 2021, and the video uploaded onto YouTube. A media release with the accompanying YouTube links were emailed to local NGOs, as well as local and regional networks. The Samoa and UK teams will work on distribution through online platforms, and to deliver seminars using the videos. The English version can be accessed at https://youtu.be/HMcdKqmK7wo (viewed 371 times) and the Samoan version at https://www.youtube.com/watch?v=aZ-dUWhEEsc (584 times).

The article on the National University of Samoa’s website was viewed 1887 times (https://nus.edu.ws/launch-of-ata-puupuule-pau-poo-le-oso-e-se-totoga-o-le-sullapalapa/). A newspaper article on the launch was published on the 17th of November 2021 (https://www.samoaobserver.ws/category/samoa/94740).

Further research is required to assess the efficacy of the educational videos as teaching tools.

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

**Funding** – This Project was funded by the Global Challenges Research Fund

**Disclosure Statement** – Authors declare no potential competing interests

**Acknowledgements** – This project would not have been possible without the excellent work of Samoa Grassroot Studio

**References**


