Development and Evaluation of a Pain Management Program in Rural Nepal

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Introduction

- Since 2015, the UBC Nepal Health Education Partnership, in collaboration with Creating Possibilities Nepal, has worked to improve healthcare outcomes for the Tharu community in rural Dang, Nepal. These initiatives have primarily focused on education and screening for Sickle Cell Disease (SCD), a condition with a regional prevalence of approximately 14.7%, associated with severe pain crises.
- Through community engagement activities, anecdotal reports highlighted significant gaps in pain management for SCD and broader healthcare accessibility challenges.
- A16-question Pain Experience and Knowledge Survey was conducted in 2023 to assess the need for pain management education. Responses from the community and healthcare workers revealed a high burden of chronic pain in Dang, along with widespread gaps in knowledge regarding pain management strategies and the use of medications.
- In response, our team developed a targeted educational program designed to improve the **recognition**, **assessment**, and **management** of pain, tailored to the specific needs and available resources in the Dang rural communities.

Methodology

1. Program Development and Implementation

- Three modules related to pain **Recognition**, **Assessment**, and **Treatment**, followed by 3 case examples. Participants received a "How to Manage Pain" flowchart (Fig.1) and a program summary pamphlet.
- The program and flowchart were adapted from the Essential Pain Management (EPM) Lite manual and modified to match the resources and needs of the area.
- Participants: Local community health volunteers (CHVs) selected by the health authority
- Program delivery: Conducted by a local physician in the Tharu language May and August 2024.

2. **Program Evaluation and Feedback**

- A 12-question pre- and post-workshop survey was developed and distributed to participants
- Themes: comfort and perceived knowledge with pain management (CPM), attitudes and biases towards pain (A&B), and general knowledge of pain management strategies(GN), feedback.
- Statistical analysis: McNemar-Bowker test was used for CPM and A&B and paired t-test was used for GN. P<0.05 was considered statistically significant.





Participant Feedback Highlights



100% of participants agreed the program was useful, increased their knowledge, and recommended it to



others. 1. Focus on nonpharmacological techniques

- 2. Concise presentation 3. Integration of sickle cell education
- 4. Insights into pain management strategies and medication side effects.
- 1. Expand workshops to grassroots levels 2. Involve more CHVs
- 3. Include additional health 4. Utilize videos to teach
- pain management methods.

- responses post-program.
- tailoring.
- in the community.





Figure 3. Pre- and post-program improvement in pain management knowledge. (red: pre, blue: post)

Figures 4 & 5. Pre- and post-program changes in perceived knowledge, comfort, and attitudes and biases toward pain management topics (p < 0.05).

Discussion and Conclusions

• Significant improvements in scores were observed across 11 of the 12 survey questions, indicating a meaningful increase in correct

• In addition to enhancing knowledge, this program fostered engagement and dialogue around non-pharmacological and pharmacological pain management strategies, integrating cultural values and local practices.

• Our initiative addressed immediate educational gaps and provided a replicable pain education program framework that can be administered independently by local physicians in resource-limited settings given appropriate translations and culturally sensitive

• Further research is important to identify whether post-test knowledge improvement leads to meaningful behavioral changes

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