Lack of Occupational Health Research in Nepal

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In his article on occupational health research in developing countries, Nuwayhid emphasized that many developing countries need to translate scientific findings into effective actions with regard to occupational health. Nuwayhid suggested that to improve the situation, we should focus on social and political contexts first and then address the particularities of the workplace—that we should start with the “external-contextual domain” and move to the “internal domain” of occupational health.

In Nepal, the second long-term health plan (1997–2017) has identified occupational health as one of the emerging priority health issues. However, the long-term health plan document has not dealt with this issue in depth. Thus, little specific action has been taken in Nepal. We hypothesized that in such a situation, the existing scientific findings would be useful in formulating a specific strategy. Therefore, we undertook a literature review to assess the situation of occupational health research in Nepal.

On November 17, 2004, we searched MEDLINE for articles published from 1966 to 2004, using the keywords “Nepal” and “occupational health.” Then we searched for articles published from 1999 to 2003, using the keyword “Nepal.” We assessed each of these articles independently to check their relevance to occupational health in Nepal.

We found that 2 of 2325 (0.08%) articles published from 1966 to 2004 were relevant to occupational health in Nepal. However, when we assessed their focus, we found that one was about the control of Taenia solium infection in Nepal, and the other was about improving occupational safety and health in Asian countries in general.

Of 681 articles published from 1999 to 2003, 5 (0.7%) were relevant to occupational health in Nepal. Three were about the health of Gurkha soldiers based in the United Kingdom, and 2 were about the health status of Himalayan porters in Nepal.

Our results indicate that translatable scientific findings have been extremely limited in Nepal. Although more than 81% of economically active Nepalese people aged 10 years and older are engaged in farming, and 4.2% are engaged in production, very little information is available on their workplaces and their work-related health problems. Obviously, occupational health–related information would be useful in designing interventions to improve the health of these people. Therefore, in a country where the number of occupational health research studies is limited, such as Nepal, research is needed that addresses “external-contextual domain” and “internal domain” simultaneously.

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NUWAYHID Responds

Poudel and colleagues report that the number of published articles on occupational health in Nepal is very limited, and they call for occupational health research in Nepal that addresses the “internal domain” (workplace hazards, work organization, exposure–disease spectrum, and occupational health services and programs) as well as the “external-contextual domain” (social, political, and economic context) of work and health.

I agree that research on the external-contextual domain should not displace research on the internal domain, and I concur that Poudel et al. may be more equipped and better placed to define the occupational research agenda in Nepal. In my article, however, I did not call for a research preference. Instead, I argued that for research findings to translate into policy, occupational health researchers should link their projects to the wider public and environmental health concerns of the country.

In a recent publication, Singh reported that Nepal is one of the poorest countries in the world, with 90% of its 25 million people living in rural areas, and that health services in Nepal are inadequate, hurting the poor and most vulnerable, especially women and children. The political conflict is further worsening the situation. Under such conditions, one would expect that workplaces are not being inspected, that child labor is common, and that workers are being exposed to severe work hazards. Of course,
this can and should be documented. The challenge remains in the “what next.”

Documenting the miserable working conditions in most developing countries is necessary but not sufficient to put occupational health in the limelight. Occupational health researchers should step out of their technical/disciplinary isolation and integrate their research within a wider social justice agenda. Hence, examining the impact of working in hazardous conditions on the health of working children, women, and men is not an aim in itself but rather a means to improve these workers’ livelihood and quality of life. This cannot be achieved unless we join hands with researchers from other disciplines, labor unions, and community organizations who share the same objective.

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