

the silent cries

Stories of Nepali women who have found
healing in the midst of suffering.



BY RAMA BASNET

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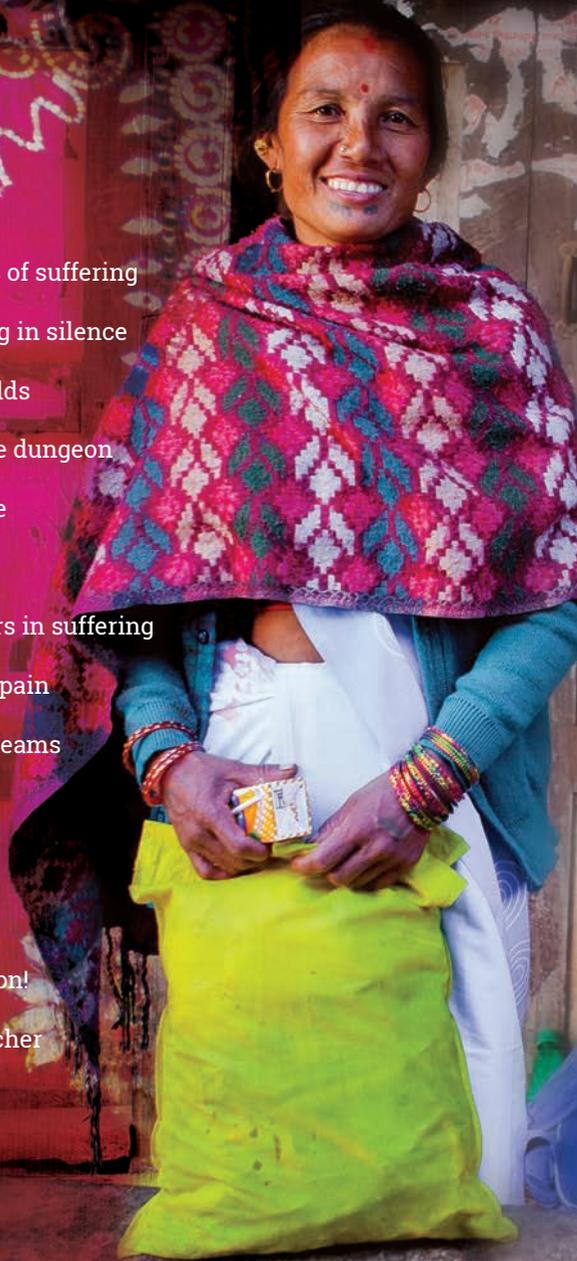
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healing in the midst of suffering.

BY RAMA BASNET

Director, Community Service Academy Nepal (COSAN),
Asian Aid's partner in Nepal

DEDICATION

The Silent Cries is dedicated to Nepali women who have
found hope after suffering in silence.

This book is also a tribute to those – in Nepal and abroad – who have
gifted 'second life' to thousands of women in Nepal.



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The photos in this book have been taken by Asian Aid and COSAN staff and represent the
lives of women in Nepal. To protect the privacy of the women in these stories, the photos are
not of the women in the stories.



Prologue

The house looked beautiful. The flower garlands were hanging from every door and window. The freshly painted mud walls were adorned with leaves and branches of sacred trees. The water pots topped with marigold were placed beside every entrance. The ceremony fireplace was burning in the middle of the yard, creating a festive ambience suffused with smoke and incense. The whole village – the young, the old, the rich and the poor – was present, donning their best attire. The married women, draped from head to toe in red attire and jewelry, were busy preparing meals and serving the guests. The men, clad in traditional Nepali *daura surwal* and *dhaka topi*, were deep in discussion. And the children were running around laughing and screaming. Faces shone with excitement.

The faint sound of *Panche Baja* coming from afar signaled the groom's arrival. Immediately, the women stopped the cooking, the men got up on their feet and the children pushed and rushed to the front of the crowd. Everyone wanted a glimpse of the groom as he entered the house. Everyone, except the little girl.

Decorated in a heavy and expensive saree, a blouse and a red shawl, the little girl was wearing ornaments too heavy for her tiny hands and feet. She stared at the red nail polish on her tiny nails and then tried to peek out of the window to see what the hustle was all about.

Her father, the *zamindaar* (landlord) of the village, had brought her up well and she was among the few girls in the village who had received some education. Her classroom was in the shade of a banyan tree, and her books were made of stone slates.

She was taught by her guru to obey her elders, and maybe that

is why she dutifully obeyed her father when he decided to give her into marriage. She was only eight years old.

Excited by the care and attention she was being given that day, she was unaware of the importance of these rituals, and the difficult and painful journey that was ahead of her. She was happy to be dressed beautifully, and glad to be wearing the gold ornaments and the makeup. The smell of good food and incense, and the twinkle of her jewelry, made her heart joyful. Her father did not leave a shoe unturned. This was his chance to show the villagers how lavishly he could give his daughter into marriage. And having his daughter given off in marriage before her *menarche* (first menstrual cycle), he and his wife are now assured that the gates of heaven will be open for them when they die.

Moments later, an inconspicuous groom dressed in an elegant *daura-surwal* and *dhaka topi*, walked into the yard. The ten-year-old almost disappeared amidst the following crowd. His entourage comprised of musicians playing the *panche baja*, relatives and neighbors dancing to the sound of the *baja*, people carrying gifts, food, fruits and nuts, and a huge crowd from his village that had come along to receive the bride.

When the ceremony was complete, the time came to say goodbye to her loved ones and family. The bride saw tears in her family's eyes but did not understand what they were for. Her father carried her on his back and put her on the *doli*, which was beautifully decorated with flowers and velvet linen. She left for her groom's village, her new home, in the *doli*, along with the groom and his relatives. Too tired to comprehend the day's events and too young to understand where she was heading, she fell asleep.

Suddenly she was woken by the noise of drums, and the sound of singing and dancing of women awaiting the new bride. All too soon she found herself in a new household, with a rich and reputed family. There were more than twenty people from three generations, all living together,

in a big house with many servants. Like all daughters-in-law in Nepal, the new bride accepted her responsibilities dutifully, entering her adult life at a young age.

In due time the young couple shifted to a separate house nearby. At 18 years of age, she gave birth to her firstborn – a healthy baby boy. In the following years she also had three daughters, completing her family. It was a happy household but all too soon a dark shadow enveloped them, shattering the plans and dreams she had for her family. Her husband caught tuberculosis, an incurable disease at the time, and died shortly after at the age of 30. Her world crumbled apart. She was 30, with four children depending on her and she was alone.

They wiped off the *sindoor* (red marks) from her brow, the pride of her womanhood. They took away her jewelry and broke the beautiful wedding *churi* (bangles) from her wrists – mercilessly hitting them together and leaving her wrists to bleed. She cried. Not because of the pain in her wrists – but in her heart. Her beautiful body was wrapped in a white dress, to signify her state of mourning. Her heart ached at the thought of never putting a *sindoor* on her brow or hearing her clinking *churi* again. But what hurt her most was the loss of her partner and protector. Now, she had to be the shield of her family, and take the responsibility of raising her four children alone.

The bitter reality stood before her mockingly. She was to sail in a boat of uncertainty in tumultuous waters, with no one but her four little children as comfort. The oldest of her children was ten years old and the youngest was only fifteen months old. She tried to recompose her life but it was difficult, especially without the support of her family. To live a lonely life without the support of family can be devastating. But she did not let the scar of widowhood drag her down. She carried her family on her shoulders walking with her head held high.

The food wasn't scarce, neither was the labour needed to work

in the fields, but what drained her spirit everyday was social stigma that came with being a widow. She knew that in her society the word “remarrying” did not exist, and that she would have to live the rest of her life alone. A major challenge was getting education for her children. Her eldest son was sent to school, but when it came to sending her daughters to school, society questioned her. They accused her of breeding girls that would bring disgrace to society. She was breaking the rules and bringing shame to everyone in the village. Girls were supposed to stay at home and learn the household work and not go to a public place carrying books and pens. She was able to train her eldest daughter at home from whatever remained of the home tuition that she received as a child. But when her daughter told her she wanted to go to a real school and study further just like her brother, her heart broke.

When her eldest daughter turned 12 years old, according to tradition, it was high time to give her off in marriage. But when she refused to give her daughter in marriage, the villagers questioned her and accused her of trying to defile the longstanding tradition. Standing her ground, she turned a deaf ear to the world. “I won’t let society ruin my daughters’ lives the way they ruined mine. I will educate them and let them make their own choices,” she claimed. The elders of the village were outraged by her defiance. “Wait until your daughters elope! They’ll bring disgrace to the whole Brahmin clan,” they exclaimed. In retaliation she presented her in-laws a condition – if any of her daughters failed at school, she would stop their education and send them off in marriage.

Her daughters also agreed to this condition and were determined to do well. When her daughters were offered scholarships by the District Education Office because of their performance at school, she was happy. But her in-laws were not. They were constantly looking for an excuse to chase her out of the house, and to get hold of the land and the property she owned.

Her children were everything to her. She concentrated on bringing them up well, educating them, and making sure they didn't have to endure scarcity. She stood proudly in the crowd at the school when her daughter received the School Leaving Certificate. Her daughter was the first female in the family, and village, to pass the tenth grade. She could not hide the excitement and joy in her eyes. Her daughter proudly proclaimed to everyone around her that she was her mother's daughter. Her struggle and fight had eventually paid off.

Her son became the headmaster of the same school. Her firstborn daughter became a nurse and went on to gain a master's degree in public health. And her youngest daughter, continued her studies to hold a double master's degree in education and humanities.

She never married again, for it was and still is prohibited. No widow can ever think of a second marriage in a reputed Brahmin family. Her children never brought disgrace to the family. They loved and respected her and were always grateful for the sacrifices she made for them.

This is just a glimpse of the life of a girl and woman in Nepal. Early marriage is still common in most villages. A girl does not have the right to make decisions for herself and has to wait on her elders to decide for her. She has to sacrifice everything for her husband, her in-laws and her children, but she never demands anything in return.

Like all the stories portrayed in this book, this story is also true – and is based on the life of my mother.

Despite the many troubles and difficulties she endured in her lonely life, she was very grateful to have avoided Utero-Vaginal Prolapse (UVP) – a problem common to women in Nepal. This book explores in detail, the very real struggles of many Nepali women who have faced the added hardship of uterine prolapse.



Chapter One

Gomati: Twenty-five years of suffering

"I never imagined that I would walk with so much comfort and ease in this very life...you are truly like a god, and you have totally changed my life." Gomati whispers these words to herself as she walks through the hospital aisle. In one hand she is carrying a bag of things she needs for her stay at the hospital: clothes, a glass, a plate, a sari and a blouse. In the other, she carries a piece of paper that reads: "Post hysterectomy diagnosis: procedentia (total Utero-Vaginal Prolapse). The patient is stable and comfortable with no complication. Care to be taken after surgery is well explained to the patient. Follow up in one week."

The tears in her eyes, which blur her vision, slowly flow down her cheeks. She doesn't try to hide them, instead, she looks at the people around her and smiles. The tears are filled with joy and mark the victory over a curse that has been taunting her for 25 years. She firmly holds the railing on the wall as she paces through the aisle. She thinks if she were to let go, she might fly. Not being able to remember the last time she walked with so much comfort and ease, she sits on the stairs and cries.

Gomati Khadka had been suffering from procedentia – a total prolapse of the womb – for the last 25 years. She could not express the joy she felt as she left the hospital, cured from the illness she had endured for so many years.

At the tender age of nine, Gomati was forced to marry a 20-year-old man. The world of her in-laws that she now had to adopt had 14 members living under the same roof. Her new home was in a far away

village, distant from the world she had known. She immediately found herself in charge of all the household chores, from making fire for cooking to fetching water from a spring an hour's walk away. She had to gather fodder and carry the load twice her size for miles. Working in the fields, feeding the cattle, washing dishes and clothes, mud-painting the house and making her in-laws happy, were all part of her duties as a newly-wed daughter-in-law.

Being the last member to be served food at night, she would always be anxious to get some rest. She would have to wake up early the next morning, while the moon and the stars were still visible in the sky, and start the routine again. Her tiny body yearned for rest. Sometimes she would take rests on her way back from the jungle, weary from carrying the heavy load of firewood on her back. She desperately looked forward to the festivals – an opportunity for her to visit her mother's house for a day or two, which lifted the burden off her shoulders for a few days.

Gomati was 15 years old when she became pregnant with her first child. The labour lasted for eight days, at the end of which the exhausted baby stopped moving. She was too young to have known the danger signs of pregnancy, so she did not tell anyone that the baby had not moved. Finally, a witch doctor was called to help pull the baby out. Sadly, the baby was dead. Gomati was left cursing her fate.

Usually in her caste, if the baby survives, they keep the mother and baby together in a separate place during "the unclean period". This period happens during the initial 11 days following the delivery, after which the mother resumes her chores. The family would have given her the due attention if the baby had survived, but without a baby to take care for and to breast feed, she had to immediately resume her household chores. Within a week, she was back working in the fields.

One day as Gomati was returning home carrying a load of fodder, she felt something slipping out of her private part. She could not figure

out what was wrong. She hurried back home and took the fodder to the cattle. She then went to her room to check what had happened. She was horrified by the mass she saw. She wondered if it was a part of the baby that was left behind, or if it was a deadly disease. She panicked, but all she could do was cry in her room. Her cries echoed back from the walls around her, causing only more desperation. No one else heard her cry. She cursed her fate, and lamented on being a girl – a woman. Gomati had Utero-Vaginal Prolapse.

Gomati was 47 years old when she came to our Community Service Academy Nepal (COSAN) clinic at Thumpakhar, near the China boarder, about 160km from the capital city, Kathmandu. Thumpakhar is on top of a mountain, with a breathtaking view all around. The snow-capped mountains look so close that it seems you could touch them by stretching your hand. When standing on the mountain, the cold Himalayan winds blow. There are waterfalls and streams everywhere, filling the mountain with the soft sound of water travelling downhill to meet a bigger river. Tall pine trees and seas of wild flowers overlook the Himalayas and sway to the breeze. In one of these mountains lives Gomati. Resilient Gomati.

Gomati had suffered for 25 long years of her productive life with intense discomfort. A frequent dragging pain on her lower abdomen and severe backaches were just a few of the complaints she mentioned. To add to her physical pain, the mental stress of constant ill treatment had left her sad and depressed. Despite the pain, she bore three more children at home, all without complication.

When she came to the COSAN screening clinic she could hardly walk. For many years she had been unable to eat a full stomach, because if she did, the increased intra-abdominal pressure made it feel like all of her internal organs would fall out. She looked thin and under-nourished. She had the biggest Utero-Vaginal Prolapse ever seen till date by our team. It looked like an inflated balloon, but was too hard and stiff to be

inserted into the body because of the ulcers caused by continuous friction from walking. After her surgery, for the first time in 25 years, she was able to walk freely without any discomfort.

The gynecologists at the hospital who examined her were all amazed by the size of the prolapse. While Gomati was being prepared for the operation, the doctors were having a meeting to discuss the case, since it required special precautions and operating methods. It was the first time that they were operating on such a big prolapse. The extraordinary size of the prolapse did cause some concern for the team, however, seeing her in comfort after the operation made all the effort worthwhile.

With the support of Asian Aid Australia, COSAN has been reaching out to women facing this unspoken illness for many years. We go to villages and conduct health camps, and help spread health awareness. These women would never come to a hospital or visit a health specialist in the city. Many women walk for hours just to get to an outreach camp and clinic.



Chapter Two

Uterine Prolapse: Suffering in silence

Working with hundreds of innocent women like Gomati, and listening to the stories of their hidden pain, agony and punishment for a crime they did not commit, has been a life-changing experience for me. I have heard countless stories of deep and gnawing pain and suffering that took away comfort, happiness and peace from these women's lives. Here I share a few such stories out of the thousands of silent cries from the lonely valleys of Nepal – the cries that never cross the high mountains but echo back with a guise of humiliation.

Utero-Vaginal Prolapse (UVP) is one of the major causes of morbidity among Nepali women. Due to various reasons, the ligaments and the muscles holding the uterus become loose – allowing the uterus to descend from its normal position and fall out of the body. Among the many causes of the condition, the major ones are early marriage, multiparous (having a high number of deliveries), frequent deliveries, resuming heavy work soon after a delivery, poor nutrition especially during and after childbirth, and other hereditary factors. However, the main contributing factor is lifting heavy loads immediately after a delivery without resting properly during the post-partum period.

Women of every status, religion, age group and region are affected by this condition. There have even been cases of women visiting the clinic after having suffered from the condition for more than 50 years. UVP is not a life threatening condition. In many cases, women have endured it for many years before sharing the problem with anyone. Being a very conservative society, talking about reproductive health problems can be

considered shameful so women prefer to stay silent and hide the condition as much as possible. Some do share their pain with their mothers and their sisters, who themselves could be suffering with the same problem. Some of the reasons for not seeking timely medical help are illiteracy, lack of awareness on the preventive and the curative interventions available, and associated shame and social stigma. There are many women in Nepal unaware of maternal health rights. With UVP solely a female issue, it has resulted in women often being left to suffer alone.

In a male dominated society, women barely have a say. Women are blamed for their sufferings, which are often referred to as a curse. There are various other problems that result from UVP, including foul smelling discharge and urinary incontinence. Because of these problems, women are looked at with contempt, even at home. They are deserted by their families and detested by their husbands. These women are even excluded from social functions and public gatherings. There have been cases where the husband leaves the wife with the in-laws, who treat her like a slave. Going back to her parents' house is not an option anymore. It would be disgraceful to go back after being married – her parents and the society would likely reject her.

Many such women are hiding their sufferings from others, including their own family. They know that once people know about the prolapse, they will not be wanted at home or in the community. Many times the mother-in-law is responsible for making decisions for the family, and would often have a similar story herself. She holds within her own pains from the past – scars of abuse from her mother-in-law. Yet instead of showing mercy to her daughter-in-law, she repeats the same treatment she received. Perhaps illiteracy, narrow-mindedness and conservative traditions have a role to play in this cycle that keeps repeating.

Utero-Vaginal Prolapse or Uterine Prolapse has many names. In western Nepal; it is called "*Dheuki*" but is mostly known as "*Aang Khaseko*",

meaning “a part of the body falling out”. The small but important part of a woman’s reproductive anatomy – the uterus, the structure within her that gives birth to new life – falls out from her private part. It grows larger in size with time, making it harder to push inside. It remains between her thighs, causing physical discomfort, mental pressure and emotional havoc.

These women are often humiliated and called unpleasant names, with family members and society turning a deaf ear and a blind eye to them.

Community Service Academy Nepal (COSAN) comes across many such suffering women, who have been left behind by their husbands. Some of the women are in their late teens, some have just had their first baby, while others are in their middle age – sick and lonely as their husbands have left them to suffer alone and to wait for death. “Death would have been much easier than to carry on with life this way” is a common rhetoric by suffering women. Cries go unheard for years, without any offers of solace for their souls. The husbands leave many wives alone, with their babies and children to take care of. The husbands usually find other women and live with them, or go abroad forsaking the suffering women, leaving them to face the harsh world by themselves. On rare occasions, there are a few husbands who do stay with their wives and try to seek help for them.

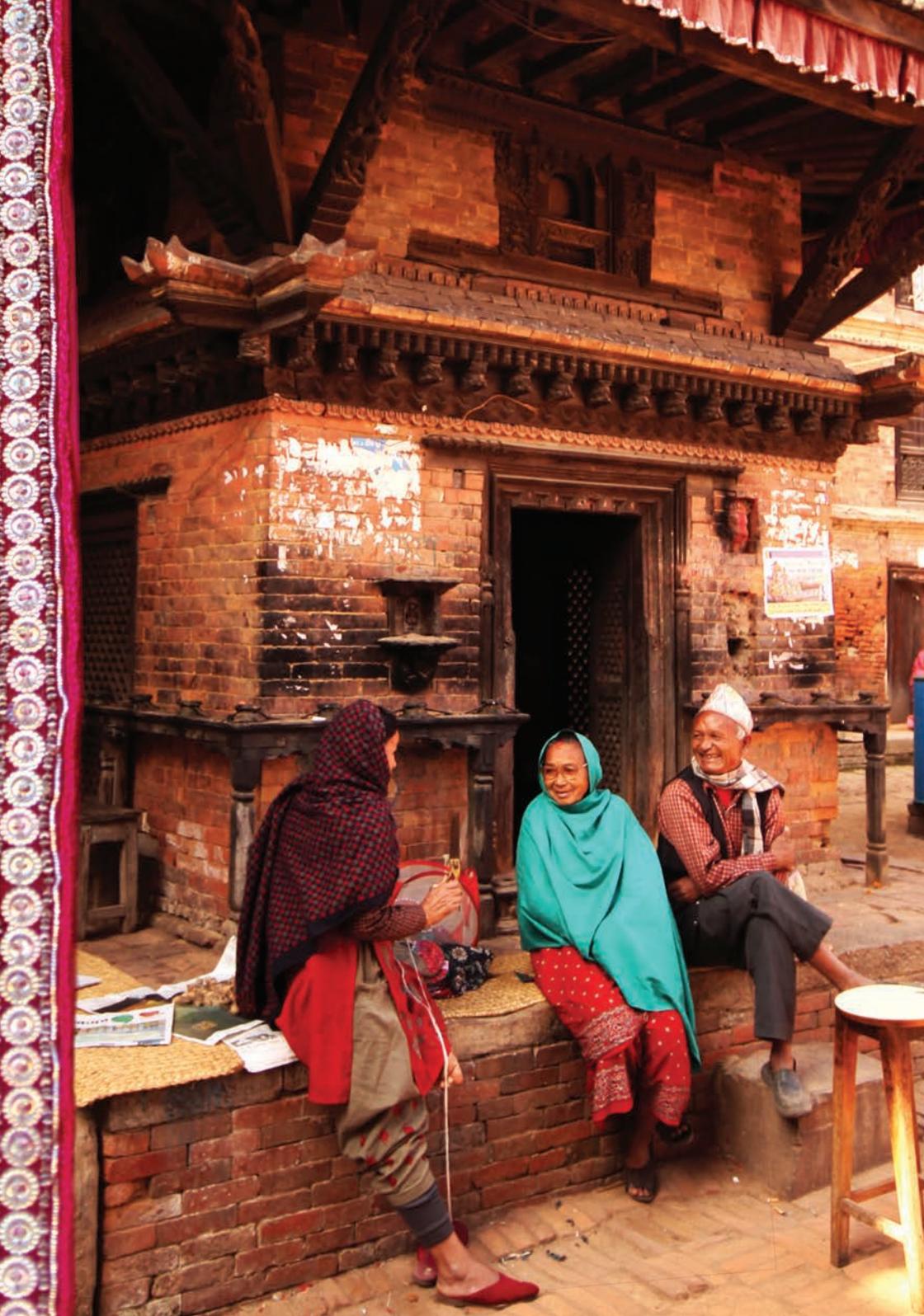
In the community, such women are despised and treated as outcasts. They are not called to work in other people’s farms for daily wages or exchange of labor. When asked why people avoid being close to a woman, a common response is: “Because of the offensive odor and wet patches she leaves everywhere she sits”. Even if she does not smell, they treat her as an outcast because of her problem. However, such harsh thinking has been slowly changing in recent years through education and awareness programs in villages. The people in the society, especially the volunteer health workers and other grassroots level health workers,

are now looking towards these suffering women with compassion and sympathy, with genuine effort to ease their problems. There are many non-government organisations (NGOs) now trying to support these women with curative and preventive services.

A woman with UVP can often be recognized by the way she walks and the way she sits. She cannot sit down straight and has to lean on one side as sitting straight in an upright position is not possible with her prolapsed uterus. Most of these ladies carry a wet patch because of the infection of their prolapsed uterus. Sometimes they use rags, which get stuck to the prolapsed uterus, and when they try to remove the cloth, the skin peels off, causing laceration and bleeding on the prolapsed uterus. With these chronic lacerations, there are high chances of developing cancer in the uterus and the cervix, which is common in Nepal.

COSAN, with the support of donors from abroad, mainly from Asian Aid, have been able to reduce the heavy yoke of such suffering women in Nepal for many years. COSAN provides various educational programs in communities, like classes focusing on causes and preventive measures, safe delivery, and cautionary measures to be taken during post-partum period. The organization has also been training local health workers on UVP and the available measures. It has also been providing women suffering from UVP with financial assistance for hysterectomy operations. COSAN has been one of the pioneer organizations in Nepal working to serve women suffering from UVP. Since COSAN's work began in the late 1990s, over 9,000 women with third-degree UVP have been supported with operations. Following the surgery, these women claim to have received a "second life".

With this background of UVP, here are some stories shared by the women with COSAN staff during their visits to the clinics, screening camps and post-operative follow-up clinics all over Nepal.



Chapter Three

Sita: Hope against the odds

The first case operated by COSAN in the late 1990s at the Seventh-day Adventist Mission Hospital in Banepa, sheds light on the difficult life and the suffering faced in many remote parts of Nepal. The breathtaking landscape of Nepal, with mountains and hills, pose a variety of challenges to people who live here, especially women. The patriarchal and conservative society, alongside the prevalence of gender discrimination, has given rise to many obstacles for women.

Sita Acharya comes from an area near the Chinese border. She had suffered much agony for many years, and here is her story:

“I am Sita Acharya. I am 62 years old. I was married when I was 14 years old, and my husband was ten years older than me. In those days there was a tradition of letting the girl stay with her parents for a year before they moved into their in-laws house, as most of the girls were given off in marriage at a very young age. I also had the opportunity to live at my parents’ place for a year after my marriage, but while I was there, I was told that my husband had left his home and gone to India. I did not care much back then, as I was still young. Later one day, one of my uncles came to get me and told me it was bad to stay at my parents’ home for so long after marriage. Soon after this, my family decided that I should go to my in-laws’ home. I spent the next four years at my in-laws’ home without my husband, working and serving them.

“I had my first baby when I was 20. I had labor pain for eight days. My mother-in-law kept asking me if I felt better so I could return and get fodder for the cattle. My husband was angry that I didn’t fetch water from

the well, which was half an hour away from our house. One of my cousins was passing by our village, and she stopped by to see how I was doing. I was lying on the floor drenched in sweat, the last thing I remember is her offering me water and helping me to sit up against the wall before she left. I had been unconscious for three days when my mother and brother arrived. My mother pulled the dead baby out, and I was separated from my baby before the cremation. On the fourth day, I woke up drenched in blood. I slowly got back to my daily work routine, since I did not have a baby to care for. And at that time, I had the first symptoms of uterine prolapse.

“Within a year of the incident, I had another child. I gave birth to all my children alone without any assistance. I gave birth to my second child in a cowshed and crawled into the house to call my mother-in-law to help me clean up the baby. The son that followed was born with a cleft palate and lip. After a prolonged labor and a painful childbirth, which I bore all alone in the cowshed, my mother-in-law arrived. She screamed at me saying that I had given birth to a demon without a mouth, and left without helping me. That day I cleaned my child all by myself, washing him off with my tears. I had another son after this who passed away when he was two years old. My youngest daughter was born while I was coming back home carrying a pot full of water on my back. I left the vessel on the way, wrapped my daughter in my saree, and walked back home.

“I suffered for 27 long years like this. Until one day, I saw children returning early from school. I asked one of them, ‘Why was the school closed today?’. He told me that a health camp was being conducted by an organization named COSAN in their school. I had been experiencing a severe toothache for several days, so I went to the school to get some medicine. When I arrived they had already finished their camp and were packing to go back. I approached one of the nurses and asked if they could give me some medicine for my teeth. She happily offered me the medicine and told me they were here especially for women’s problems

and asked me if I had such problems. I told her about my prolapse. I was examined and was referred for surgery. I came back home and told my husband. He got upset and told me not to waste my time in all these unnecessary things and to do my work properly. However, I was determined, so I left for town with the 300 rupees I had saved.

“I was sad that my husband, who knew the town well and knew where to go, would not help me. When he saw me going alone, he did follow, and later accompanied me. When I came home after the operation, I felt like I would never die, like I was immortalized.

“Since my operation, I have helped many women from my village suffering with similar problems. Sometimes the women are scared and reluctant to go ahead with the operation. At such times, I tell them that I will be responsible if anything happens to them. I know the suffering that a condition like prolapse can cause, and also the difference a simple procedure to cure it can make in the lives of women.

“The eldest of my seven sisters also had a similar problem. Her husband left her when he found out she had uterine prolapse. This was after they had their first baby. She suffered a lot too, and had given up on any hope of living a normal life. After my operation, I met her and told her about the help available. I took her to the hospital and got her treated. Now she has been accepted back into the family. She is healthy, happy, and is able to work and make a good living.

“Both my sister and I would like to thank you for the help you offered us. You gave us a new life. I am now determined to help other women going through the same hell that I had been through. The uterus is a women’s gem – we create new life within it – but it can also prove to be a curse if timely care is not taken.”



Chapter Four

Kashi Maya: Free from the dungeon

“For the last 15 years, my mother has been confined to the basement – a dark, cold, damp and mold-filled room where she stays all alone,” says Hari Maya with tears in her eyes. “She has been there for the last 15 years now.” Hari Maya is from Bhaktapur, a popular tourist destination and a historical place, famous for its temples, *Newari* architecture, royal courtyards and shrines. People living in this ancient town are mostly farmers, craftsmen and traders. Here the streets are narrow, and the houses are congested. There are several resting places behind the narrow back alleys of Bhaktapur, called *sattals*, where the elders gather in the mornings and evenings for tea and to chat. The houses are closely built, allowing for little sunlight into the rooms – causing diseases like rickets and tuberculosis. The houses in general are cold, dark and damp. One can only imagine what their basements must be like. A chill runs down my spine thinking of someone being confined to a basement in a city like Bhaktapur for 15 years.

Hari Maya’s mother, Kashi Maya, was not allowed to go up to the family kitchen, or to see or visit members of her own family. Kashi Maya was living with her only son, for whom she had made many sacrifices just to make sure he was brought up well and would live a good life. But despite the sacrifices, Kashi Maya’s son felt embarrassed by his mother when he had a family of his own. He could not bear to carry the tag of being the son of a woman who was suffering from a shameful disease. He thought she must have done something bad in her previous life, for which she had been cursed.

Hari Maya had come to our clinic to talk to us about her mother. She was married and lived with her husband in another town, which made her unable to help her mother. Like many other married Nepali women, she had to quietly follow what her husband said and couldn't talk about her own problems.

Kashi Maya had gotten married when she was 13 years old. When she was 23 years old tragedy struck. Kashi Maya's husband passed away leaving behind his wife, who was six months pregnant, along with a two-year-old son. She lived in a joint family where there were about 15 people living in the same house. It was a peasant family where both men and women worked in the fields from early in the morning until late in the evening.

After her husband died, the family members started looking down on her. In many parts of Nepal, when the husband dies, the wife is blamed for his death. In some cases, she is even accused of practicing witchcraft and bringing bad omen to the house. She was made to work hard in the fields digging and carrying heavy loads immediately following her delivery. Due to these conditions, she began to experience early symptoms of uterine prolapse.

Kashi Maya's prolapse did not cause her many problems during the initial years but later, as the workload kept on increasing, the symptoms became more and more severe, especially during the last 15 years. Because of the bad smelling discharge, people – including her own family members – avoided her. They would not eat with her or come to her room. The distance slowly grew to the extent where she was taken somewhere else to live. Her son and daughter-in-law decided she could live in the basement so the people who came to visit them would not have to see her. She would receive food twice a day through a half open door. She was allowed to go to the toilet only at night when everybody had gone to bed. If she was caught sneaking outside, she would immediately be told

to go inside and hide herself. She was not allowed to visit other people. This mental torture and punishment continued for 15 long years.

Bhaktapur is an ancient town with more than 100 annual festivals. But for Kashi Maya every day was the same. For her festivals meant sitting in the dark room, listening to the beautiful music played out in the streets. How she would wish to go out, sit in the *sattals* and chat with friends. She wished she had someone she could talk to about her problem, and find a comforting hand to hold. Kashi Maya would just sit quietly by herself and remember how they used to celebrate when her husband was still alive. During festivals she would rise early, preparing delicacies for the family and the guests.

Hari Maya made visits to her mother occasionally. Her heart would break to see her loving mother imprisoned inside the room, but she could not do anything about it. Hari Maya could not take her mother to her house; it would be considered disgraceful to do so. She was desperately looking for a way to rescue her mother from the dungeon.

One day, Hari Maya found out from her sister-in-law about COSAN and how they help women with problems like her mother's. Without wasting any time she rushed to her mother's basement and together they took the 20 minute bus ride to Gathhaghar where COSAN is located. Both women were overjoyed to know that treatment was available, and walked out of the gates of COSAN with tears of joy. This would mean freedom. Finally, Kashi Maya would not have to spend her days in the basement.

The operation took place the following week. Her son and daughter-in-law visited her at the hospital, and after the operation, they took her back home. She could now go up to the kitchen, and even cook and serve her children and grandchildren.

Once again, Kashi Maya could visit her relatives and attend festivals. And finally she could walk out to the *sattals* where she found her long-lost friends, sitting on the same old *gundri*, waiting for her with a cup of tea.

Chapter Five

Sabina: A new lease on life

A thin and pale young girl appeared at our clinic one day. She looked too young to be visiting a uterine prolapse clinic. From her attire we could tell she was from the Terai region – the southern part of Nepal that borders with India. Previously, there was an assumption that women from Terai were less affected by uterine prolapse. The reasons being: it is located in the plains and thus travelling is not as challenging as in the hills, the Terai has better road facilities, and vehicles and bullock carts are available for transportation and carrying loads. Also, the culture and tradition in the plains is different compared to the mountains and the hills. Here the men work in the fields, and the women do most of the household work. Another striking difference is that in Terai, women carry their loads on the head instead of the back. The water supply here is good, as there are water pumps in every other house – so the women don't have to walk for miles carrying heavy jars of water. Nonetheless, in Terai, the prevalence of uterine prolapse was found to be equally high. The causes include early marriage, frequent deliveries and bad practices during delivery.

The government does have birth centers and health posts in villages, but the ladies are reluctant to visit these centers. In recent years, a policy has also been introduced that allows only trained health persons to deliver babies in communities, health posts and sub-health posts. However, the locals still have a belief that babies should be delivered at home, sometimes even without the proper assistance of a traditional birth attendant. These traditional birth attendants have years of experience in conducting deliveries and are indigenous care providers. However, these

birth attendants are not medically trained and sometimes follow their own traditional methods, which might be hazardous to the mother and the newborn.

Sabina Shah was only 19 years old, and had been married for three years, when she came to the clinic with her problem. She looked desperate, and her relatives looked equally concerned and worried. After a medical examination, Sabina was told she had large Utero-Vaginal Prolapse. She was experiencing an extreme pulling sensation in her lower abdomen and severe discomfort. The prolapsed uterus looked red and painful, as if it was going to burst and bleed. It was hard to contemplate the strength with which the girl was bearing the pain at such a tender age.

Sabina had delivered a baby boy at home about two months previous. However, the placenta did not come out after the delivery, and after two days a traditional birth attendant (TBA) in the village was called for help. The TBA pressed her lower abdomen so hard that her womb fell out. The TBA removed the placenta manually and the uterus was pushed inside, but the next day it fell out again. She was taken to a health post nearby, where she was given some painkillers.

Sabina's family heard about COSAN from their neighbor. The whole family travelled all the way from the Indian border to Kathmandu carrying our address. They arrived at our Wednesday clinic, where we found Sabina in intense pain. She was immediately referred to a hospital where she was admitted and was administered antibiotics. When COSAN staff visited Sabina, she was sound asleep in the ward. The antibiotics and the painkiller had worked miracles on her. When the inflamed uterus had improved slightly, our surgical team fixed her displaced uterus by a repair surgery. Her prolapsed uterus was put back in its place and fixed firmly to prevent it from falling down again. In seven days, Sabina was able to go back home – proud and happy, with her baby on her lap.



Chapter Six

Sharmila: Living the curse

Some of the patients who have come to the COSAN clinic have had some very unique experiences to share. Often, the lack of knowledge and understanding of the problem can lead to strange interpretations and consequences. The way the community and the family members handle the situation can often cause a woman to suffer beyond belief.

“My mother-in-law says I am turning into a man because I have an organ coming out from my private part,” explained Sharmila. “She says that it will develop and I will slowly turn into a man. I will lose my female identity. I will never be able to bear another child. And as I only have a daughter, if I am not able to have a son, my mother-in-law will get another wife for my husband. What can I do to stay with my family and let my baby girl grow up with her father?”

Sharmila wept as she sat across the table holding her nine-month-old baby girl on her lap. She explained that she had been having the problem since the delivery of her baby. On examination, a swollen and infected uterus was seen out of its place. She was not able to stand-up straight due to the pain and discomfort. And even while she sat, she sat on the edge of the chair to avoid sitting on the uterus. The pain reflected in her eyes.

Sharmila was bold enough to tell her mother-in-law about her problem and how it was bothering her in her daily work. She asked her if she could see a doctor. Instead, her mother-in-law blamed her for it and told her that she was no longer a normal woman. She was even accused of being a disgraceful daughter-in-law for not being able to bear a son for

the family.

There is a belief in Nepali society that when the parents die, the son has to burn their bodies. Having such beliefs, her husband agreed to abandon Sharmila and the baby daughter for a new wife. Sharmila comes from a tribal family – an underprivileged and deprived group, in which the majority of the people are uneducated and are driven by superstitions. In a community that is driven by construed norms and beliefs, knowing that her family was planning to abandon her and send her back to her parents terrified her. She shared her problem with a friend from the village, who was also a local Community Health Volunteer (CHV). The friend told Sharmila that there was an organization that helped women with problems like hers and advised her to visit COSAN's clinic in a town nearby.

Sharmila's parents had given her in marriage at the age of 13, before she reached her menarche. Her husband was the same age. When she was only 17 years old, Sharmila delivered a healthy baby girl at home. Prior to the delivery she suffered for three days with labor pain. Five days after her delivery, when the unclean period had passed, Sharmila resumed her household work. However, soon after, as she was running after one of the goats while herding in the meadows, the first symptoms of uterine prolapse surfaced.

She started having physical discomfort, causing her constant stress. She did not get any comfort from her family or her husband; instead they blamed her for the illness and humiliated her. They asked her to leave the house with her daughter.

After seeing Sharmila's condition when she visited a COSAN health clinic, we referred her to a hospital nearby. Her uterus was in such a bad shape that the gynecologist thought it would be best to remove it. But since she was young and looking to bear more children, a repair surgery was planned. When her husband was told about the condition

and the available treatment, he regretted the way he had behaved towards her. He later accompanied Sharmila to the hospital. After a successful operation, he, along with the rest of the family, took Sharmila back to their home.

There are various superstitious beliefs that are rooted deep in the Nepali society. Instead of trying to find a solution and a way out, people often enjoy bathing in old ways – preserving their cultures and traditions even if they are illogical and harmful.

Sharmila came to our clinic on her post-operative visit. Her face was glowing as she walked in, and her husband entered after her, holding their baby girl.



Chapter Seven

Sabitri and Kunti: Sisters in suffering

One day two sisters, 56-year-old Sabitri Pokhrel and 52-year-old Kunti Pokhrel, visited us at the clinic. The two women showed an air of optimism and cheerfulness. Their positivity made us curious about their past.

The elder sister smiled as she told us that she was married at six, but quickly added that she was lucky – or at least luckier than her younger sister who was four when she was married. Sabitri retells the story of their wedding day.

“It was like a game for us, like playing wedding games. But we did not mind – nice clothes, nice food, and plenty of loud music around. It actually seemed lively and fun. It was like going to a temple, or like attending festivals. After a long day’s ceremony, our parents carried us on their back and put us both in the *doli*, but we had no idea where we were being taken to. We were lifted in the *doli* and taken away, but our parents did not come with us. I turned back and tried to see if our parents were following us, but they weren’t. All I saw was them getting smaller and smaller until I couldn’t see them anymore. We were left by ourselves surrounded by strangers, being carried to a strange land. I looked at the other *doli* in which my sister was being carried. She was sound asleep. I was nervous thinking about how she would react when she woke up and would not find mother by her side. Everyone around us was happy. People were dancing, playing the flute and drinking. I watched them with a lump in my throat, but I had to be strong – at least for my sister.

“When we reached our new home it was already dark. My sister

cried the whole night – she kept calling out for mother to come and sleep with her. I cuddled her and held her hoping she would fall asleep. The next day was even more terrifying. The house was full of strangers, and they did not look friendly. Both of us were homesick and were missing our parents.”

They were given in marriage to brothers from the same family from another village. Sabitri’s husband was six years older than her and Kunti’s was four years older. They came from a strict Brahmin family where girls are given into marriage before menarche. After being married on the same day to brothers from the same family, they entered a big house with a joint family with more than 20 members. Since the younger daughter cried a lot, they were allowed to return and live with their parents for two more years. After the two years, they were sent back to their in-law’s house.

Having come from an upper-class family, they had never had to work hard at their parents’ home. Here at their new house, life was not easy. Sabitri had to do household chores, and Kunti had to help her. The day started at four in the morning while the stars were still in the sky. The chores entailed fetching water from the well, milking the cows, getting fodder for the cows, cooking for the family, washing dishes, mud-painting the house, herding the cattle and working in the fields. These chores went late into the night. After the day’s work, they had to wait until the in-laws had their meal, and they would have to eat what was left on their husbands’ plates. They would do all sorts of things to diminish their hunger. While cooking the maize, they would keep it in the fire until it was half roasted – so it would be hard and they could chew on it for longer.

In the midst of their work and heavily burdened life, there was comfort – the two sisters were always together. They could share their happiness and sadness with each other. The husbands knew how hard their lives were and how much they were suffering, but they could do little about it, since their mother-in-law was the head of the family. Eventually,

both the sisters had their first child and both delivered at home without any assistance from health care workers. In Brahmin families, the unclean period following the delivery lasts for 11 days. So on the twelfth day after delivery, they had to get back to their busy schedules.

One day, while they were out in the fields, Sabitri noticed her sister walking with discomfort. On inquiry, she discovered that her sister had uterine prolapse. With a heavy heart, she told her that she too had a similar problem. The two of them decided to keep it to themselves, and they did not share it with anybody at home. Sabitri had four more children, and her younger sister Kunti delivered three children altogether.

With time, life in the mountains became even more difficult. Gradually the discomfort increased. And in one occasion, while they were visiting their family, they shared their problem with their mother. It turned out that even their mother had been suffering from the same problem for many years. She had the first symptom right after the birth of her youngest daughter, Kunti.

Besides the difficult work at home and marriage at an early age, genetic predisposition played a crucial role in developing this condition in these two sisters. Even though these women came from an upper-class family, their suffering was the same as any other woman suffering from uterine prolapse.

One day, COSAN visited their village with a free screening camp. The two ladies came to the camp with their husbands – and found hope. They were referred to a hospital where they both underwent a hysterectomy operation. By the ninth day after the operation they were discharged having completely recovered. When they visited us during their post-operative follow-up session, they both looked happy and healthy. Their smiles and spirits lit up the whole room. It was a beautiful story of two sisters who had shared their sorrows and happiness all their lives.



Chapter Eight

Kumari: Four decades of pain

It was a normal morning for Kumari. There was work to be done, cattle to be fed, fodder to be collected and water to be fetched. She had a joint family of 12 members to look after. The only difference was that today she had discomfort and an unusual sensation in her abdomen. Kumari did not live far from the capital city, but the bad roads and the mountainous terrain made any travel difficult.

She had already completed her morning chores, and it was time for her to collect fodder from the forest. It is a common custom for mothers-in-law to take control of the kitchen in the mornings and evenings, while the daughters-in-law are sent to get fodder for the cattle. It was a sunny day in August, so there was plenty of grass in the forest. The discomfort on her lower abdomen was still bothering Kumari.

She wondered if she had reached nine months, as her stomach appeared big enough, though not as big as her friends had told her it would be. But she had lost count of the missed periods. Her in-laws would keep a count of the number of months from her last menstruation (during which women are considered unclean and are made to sleep outside the house), so she assumed her mother-in-law would know the delivery date. Her mother-in-law had been warning her that she was nearing the date and had asked her to be careful.

As the youngest daughter-in-law in the family, she knew to always be respectful and modest. So, she always hid the growing abdomen underneath her saree and shawl. She had never been to a health post or to a hospital, as it wasn't part of her culture. In her village, pregnant women

do not visit health posts. Even if she thought she should, she was in no position to ask her in-laws to take her there. Even today in many places in Nepal, people do not care about Antenatal Checkups (ANC), and the date of delivery.

Kumari had spent the night with not much trouble, just occasional pain in her lower back and lower abdomen. However, she got up early, and started her daily chores on time. She wasn't anticipating it to be the big day. Kumari would head towards the jungle, cut a load of grass, and come back for her morning meal. However, this morning was different. She was not able to cut the grass at her normal pace. The pain was building up and getting more severe. Somehow she managed to cut the grass, bundle it up and prepare to head towards home, thinking she would make it before the baby arrived. But the baby had other plans. Putting her load down beside a tree she sat down on a pile of grass, and gave birth to her baby.

It was a girl. The whole process was not as difficult as she had anticipated. The placenta followed within a few minutes. She cleaned her baby and wrapped her in a shawl. She cleaned herself with her saree, and rested for a while. Looking around she saw the big load of grass resting against a tree. She was worried about how she was going to carry her baby with the load of grass. "If I do not take the grass with me, everybody will be angry with me. They will scold me for my behavior, and they may not give me food. So I must carry the grass, and I can carry the baby as well."

With a sigh, she stared at the basket full of grass and then slowly started to lift the load. When she harnessed the load on her head and lifted it, she felt a warm 'thing' slowly slipping out. Her exhausted uterus had slipped downwards. She thought it was normal after a delivery, and continued her walk home with the load on her back and her precious baby wrapped in a shawl in her hands.

Kumari walked for about twenty minutes to get to her home, leaving a trail of blood on the ground as she walked. This was one of the

most difficult walks of her life. The load seemed heavier than any other day and her home farther than any time before. She collapsed at the doorsteps of her home, unable to bear anymore. The family scolded her for her stupidity. They were also amazed to see her strength, but it was too late. The day she gave birth to her baby all by her own in the middle of nowhere, she also gave birth to an illness that would dwell in her for the next 40 years, worsening as the days passed by.

Her husband left her soon after this and went to India, never to return. The family shifted her to a small hut nearby where she lived with her daughter. When she came to our clinic, her daughter was already married. She had been suffering from a third-degree uterine prolapse for over 40 years. She knew that worse days were waiting for her with her only daughter married and sent off. She was growing old and was not able to work properly with a uterine prolapse condition that was worsening. Now her problem was not only the prolapse, but also the fact that she had difficulties urinating and defecating.

She talked to a few people in her village who told her that it could turn into a cancer. The fear that she would die alone in her hut without anyone to take care of her took grip of her. After visiting one of COSAN's outreach clinics in her village, she was referred to hospital for an operation. After the operation in the Mission Hospital, she was overjoyed and thankful to have her health restored. The biggest relief was discovering that she did not have cancer. Finally, she was free from the pain and suffering that had stolen much of her joy and happiness for over 40 years.



Chapter Nine

Krishna: The life of her dreams

COSAN runs special follow-up clinics for women who have undergone surgery, during which we talk to the women and inquire for any post-operative complications. We also advise them and educate them on the precautions they should take. In one such visit, we had about twenty women gathered in our clinic. Everyone was looking happy as they shared their experiences and what difference the surgery had made in their lives. In the crowd, however, there was one particular face that still looked sad. She was frowning and looked downhearted. She did not talk to the women sitting around her.

Krishna Maya was just 35 years old, but she had the lines on her face of a 60 year old. She had a face that carried the saddest eyes. I went and sat beside her and tried to make conversation with her, but she would not talk. Her neighbor, who she had brought along, told me her story while she sat quietly in tears.

Krishna Maya was the eldest daughter amongst three children. Her family did not have any property in their names. They worked in a brick laying site, which ran for six months a year, during which the workers dig the ground, mix clay, lay wet bricks, clay on the ground to dry and then set them in a furnace to bake. In monsoon, the work is brought to a halt and the factory is closed for the next six months.

The laborers work hard to save money for the six months when they have no work and income. They are paid on the basis of daily wage, the number of hours they work, and the amount of work they finish. So during the working season, everyone is busy working and putting in extra

effort to make extra money. Even the young mothers come with their babies, who are kept in small huts built near the furnace.

Krishna Maya grew up beside one such brick factory. She grew up playing with the clay, running around the furnace and hiding behind the bricks. Both her parents worked there, and since she did not have a school to attend or anyone to take care of her at home, she would come with her parents to their work every day. As soon as she was old enough to hold a lump of clay, she was helping her parents with work. She remembers by the age of five, she was helping her father to carry wet clay. Gradually, she learnt the work and started carrying wet clay on her back to the brick laying site on a *doko*. At the age of eight she was working alongside her parents. With three people from the family working in the brick factory, they had enough to survive a year.

However, their lives became difficult when her father got sick. He worked near smoke all day, which affected his lungs. His condition worsened every day and it came to a point where he could not work anymore. He stayed home coughing and spitting the whole day. They could not afford to take him to a doctor. He started having shortness of breath, which got severe at times. All they could do was open the windows to let in fresh air and offer some water to drink. Krishna Maya said she has no memory of her father as a healthy man – for as long as she could remember, he had a bad cough, which worsened with the passing years. Eventually her father died, leaving the poor wife and young children to suffer alone. She said she now realizes that her father was suffering from occupational lung disease, and if he had received treatment at the right time, maybe he would have lived longer.

The work load on the family increased. They had to work extra hours just to make sure they would have enough food to survive. She was only 14 years old, when one day, while sitting to lay the bricks, she felt an unusual feeling of discomfort. She did not care much as she was busy

trying to make sure she carried a certain number of bricks. As she was trying to stand up with a load of bricks on her back to take to the chimney site, her uterus fell out. She was terrified. She could not understand what was happening as she felt like her entire internal organs were falling out. She headed towards the hut, instead of the furnace, to check what had happened. She could not understand what was happening to her. She hadn't even had her menarche yet. Later in the evening she told her mother about her problem. Her mother did not know what had happened either, but she knew one thing – her daughter would never get married and would remain this way for the rest of her life. She could not hold back her tears at the thought of it, and she cried out loud holding her daughter to her chest.

Despite this, Krishna Maya continued working in the brick laying site. Her condition worsened and the prolapsed uterus grew in size. It developed ulcers and began to bleed at times. She had problems while passing urine and stool. The golden age for her life was passing by and people around her started talking behind her back. "Why is such a fine looking girl not getting married?" And the rumor spread that she had some deadly disease of the uterus before even getting married. They said she must have been cursed by the gods for something bad she did in her past life. It was her fate and a consequence of her sins. Her community started treating her as an outcast, and she was no longer invited to special events and festivals. Krishna Maya made every effort to stay busy at work and avoid people.

When she visited the clinic she was pale with severe lower back pain, which she had been enduring for several years. But more than the physical pain, the pain and despair inside her was reflected through her eyes. Her younger brother and sister were already married but she was still working with her mother in the same place.

Our team told her that she was not cursed, and God still loved

her and cared for her. We told her that the problem could be fixed, and after the surgery she could even find a fine man and get married. She would be able to work comfortably and live a quality life. For the first time since she arrived, we saw a smile on her face. Her eyes glowed and they reflected hope. A repair surgery was done and her uterus was brought back to normal. Finally, after 21 years of suffering, she was free from the debilitating condition. Her burden had finally lifted, and she felt like a new woman.



Chapter Ten

A song of joy

A woman visited our COSAN clinic one day, not for herself but for her 65-year-old mother. She had been confined to bed for the last six months. The daughter shared that her mother had uterine prolapse from the time her mother gave birth to her, and it had been there for the past 45 years. Her father had already died, and she had three younger brothers, who did not care much about their mother. Their wives felt that her condition was disgraceful and it was bothersome to care for their suffering mother-in-law.

The mother had been kept in a separate shed for a year, awaiting her death. She could not pass urine while squatting, so had to stand-up while doing so. Walking and standing had become difficult for her. She was afraid that as she grew older, she would need more support. The thought of always being confined to bed made her fear that she might develop bedsores, and that maggots would eat her up.

“This must be a curse desired by my enemies or perhaps a curse from the gods for the bad deeds of my previous life,” she used to think to herself.

Every day she would pray for a quick death. Then one day, her daughter heard about our clinic. She packed her bags and made the journey to our clinic, travelling for a whole day. When we told her that treatment was available for all, she hurried back to her village and brought her mother along with her. She was immediately referred to the Mission Hospital near her village where she was operated successfully.

Two months after her operation the COSAN team met her during

a post-operative follow-up clinic. The daughter said her mother was no longer bed bound, but she was a healthy woman and was going out to work in the fields, and keeping a cow for companionship. Now the daughter finds her mother busy tending the garden and the small hut now echoing with the sound of her mother's singing. She does not pray for death anymore, but for a longer life, so she can enjoy her health and being with her grandchildren. "Everyone in the family was waiting for her to pass away. It is like she's been born again. Now she walks around the village with a smile on her face and enjoys visiting her neighbors and relatives," says her daughter proudly. "There is always a song on her lips."



One day there was a group of women dancing around in front of the health post when the COSAN team reached the screening clinic site. There were around 25 women – all with wrinkled faces but smiling and giggling – singing in a circle with a few of them dancing at the center. When asked what the celebration was all about, they said they had undergone hysterectomy a few months ago, and when they heard our team was coming, they planned to express their gratitude and happiness by singing and dancing. The songs contained stories of their lives and how they suffered for many years being mistreated by their families and the society. Everyone sat clapping their hands to the rhythm as they sang about how they had given up hope. The sound of their singing echoed through the mountains.

"Yes, I feel like I am born again, this is my second life,
I work as much as I like, I can sing, I can dance,
I can jump around, because this is my second life,
And I feel like I am only 17 years old,
No, no, not even 17, I feel like a 16 year old."

Chapter Eleven

She's not alone

Pabitri represents a group of women who, in hopelessness and desperation, have performed harmful actions against themselves. Married at the tender age of 13 into a farmer's family, her day began at dawn and finished late in the evening. Digging, planting, harvesting, gathering, sowing and reaping. Her days were repetitive. This continued for years, during which time she had seven children. She first had symptoms of uterine prolapse after the birth of her first child – during which time she had a chest infection that was not properly taken care of. She coughed day and night, and the tender muscles holding her uterus, unable to bear the pressure, finally gave way. There was not a day of rest for her tired and worn out body, and the symptoms and discomfort invariably increased each day.

She was desperate to get rid of her problem, but her husband did not care and others would not understand. When she was cleaning the house one day, she came across a ball lying under the bed. She had an idea. When she came to our screening clinic she said she has had uterine prolapse for 30 years. On inspection, there was no positive finding. Embarrassed – but courageously – she told us that a small ball was in there holding the uterus in its place. A rubber ball was found and removed.

Pabitri did not live far from the town. If she had understood what her problem was and the various options of treatment that were available, maybe she would have not suffered the way she did. There are many other Pabitris who insert bangles – sometimes even glass bangles, wire,

paper balls and rags – to prevent the uterus from descending. The most extreme incident was when a couple tried to cut off the falling uterus with a sickle. The neighbors heard the scream and called for help when they found the wife bleeding on the floor. She was immediately taken to a hospital.

Latex ring pessaries – a method used to keep the uterus in place – are easily available and are affordable in Nepal. Because uterine prolapse is not a life threatening condition, many women prefer to wait and endure it, rather than seek help. Some women have suffered for over 40 years without speaking to any health professional about their problem. The negative social stigma means some women are still hesitant to talk about their problem. Instead, they hide their faces behind their saree and have their friends talk for them.

A ring pessary costs between 28-30 rupees and is easy to insert. The health workers in the villages can easily insert it and replace it. Recently, ring pessaries of better quality and durability have also been introduced to women in Nepal.



Chapter Twelve

A sad reality

Every woman who visits our clinic has a story – each unique and sad. Among such stories is one that brings tears to my eyes every time I think about it. Sati Devi Shrestha came to our clinic one rainy day. She sat in a corner, her face covered with her saree. There are certain tribes in Nepal, mostly in Terai, where the ladies cover their heads, especially when they are around their elders and in-laws. From her name I could tell she did not belong to that tribe, but she was covering her face, and she didn't look at me.

After waiting for a few minutes, it was her turn to be examined. As she sat across the table from me, I couldn't help but notice a badly burnt hand that was now scarred. She told me she has been suffering from uterine prolapse for the last 15 years and now it was growing in size and causing her discomfort. I asked her if she would allow me to examine her. She was a bit reluctant to lie down on the examination bed. She had a third-degree prolapse. While getting off the bed, her saree fell off her face, revealing the secret she was trying to hide. There was a huge scar on her forehead extending down to her chin. There was a large bald area on her head. Hastily, she pulled the saree to cover it all. I pretended I did not see it and told her the options that were available to her.

When I signed the referral card and told her it would be best if she got operated, she sat there quietly. I asked her if she wanted to ask anything. Then slowly she asked if it was safe to operate on women with epilepsy. She told me she has been suffering from epilepsy and had

enough problems because of it. Then she showed me her hands. They were tiny and wrinkled. The skin looked shiny and the scar tissue made it difficult for her to make a fist.

“My husband,” she said, “he had a stroke about seven months ago, and was bedridden due to paralysis. That left me alone to do the work at home and earn for both of us. Also, I had to take care of my husband who could not even change position on his own. I was glad he was still alive and that I had someone to talk to at home.

“One evening while I was cooking dinner, I had an epileptic fit. My face fell onto the fireplace along with my hands and I started having a seizure. My husband was lying in a bed right next to me but he could not do anything about it because he could not move. He watched me bury my face in the fire and continue having a seizure. He screamed loudly for help and he called out our neighbours’ names. In a few minutes, the neighbors came running to the scene to find me with my face in the burning fireplace and my poor husband screaming for help with all his might. I was hospitalized for several days and then sent home. I was glad to know my eyes were spared, but since then, I have never walked around without a veil to cover my face. It has been two weeks since my husband passed away and now I’m the only one at home.”

Now I could see her scars clearly. Her fingers were studded, and she had lost her nails. Much of her hand movement was lost. She had a huge scar extending from the forehead, down to her neck, disfiguring her whole face. Her eyes were spared but they had no eyelashes or eyebrows. I held her hands and told her she was beautiful.

We arranged for her hysterectomy operation in a nearby hospital. Following the successful operation, she showed a renewed vigor and confidence. Keeping in touch with her during our post-operative visits, we were able to monitor her recovery, and help her find regular work in a brick factory.

Chapter Thirteen

Laxmi: No more balloon!

The majority of the working population in Nepal undertake manual labor – which can make daily life difficult. The fields are ploughed with oxen, the land tilled with hoes, the paddies planted by hand and cut with sickle, and the loads carried by back. And sometimes, people feel the burden of shame and humiliation from being tied to this way of living. Laxmi was one of such women who dragged around this heavy burden. Married at eight, she missed playing with her friends and living with her mother. With marriage came responsibilities far beyond her age. Eventually, she bore two children before she found herself suffering from uterine prolapse.

She cried as she said, “My husband calls me a balloon.” When her husband found out about her problem, instead of finding a solution, he thought it was funny and called her names. He left her and married another woman from the same village. And he continued living nearby. The humiliation continued. He told his friends why he had left her and laughed with them calling her names. The whole village knew about her problem and taunted her.

Not being able to withstand the taunts and humiliation any longer, she was willing to do whatever necessary to get rid of her problem. Eventually she came to a COSAN clinic, found help, and was operated on. Not only did the physical pain disappear, but so did the humiliation. Now Laxmi walks around the village proudly, and is grateful that no one calls her names anymore.

There are some women we meet who cannot undergo surgery because of complications. Shanta Kumari was a petite woman who visited us during a screening camp. She was selected for surgery and sent with the other women from her village to a nearby hospital. During the pre-operative checkup, she was diagnosed to have some abnormality in her heart. Because of this, the surgery could not be undertaken. She was disheartened. When we visited the hospital, she followed us wherever we went and kept asking us to operate her. She had suffered for many years and she would risk anything to be operated on.

She said she got married when she was nine years old, and her life had been difficult since then. She had multiple miscarriages and had finally given birth to her daughter. Now married, her daughter and her husband were the only people left in her house. She had to do all the work in the house and in the fields, and take care of the cattle. She was old and weak, and the prolapse caused her discomfort every day. She cried, "If I die I will not blame anybody, but please help me. Please help me get rid of this trouble. I do not have any problem in my heart – I am fine. Even if I live just one day without prolapse, I would be so grateful to you all. Please let me have just one breath of relief, one day without this burden."

The doctors refused to operate on her and she had to be sent back home with some drugs for her heart and a ring pessary. She is under our supervision and is desperately hoping for a positive call.

Chapter Fourteen

A hermit and a stretcher

In one of the camps, a frail-looking old woman was brought to the clinic on a stretcher. Her skin was loose and wrinkled, and her eyes were sad and lifeless. There was a *sadhu* (hermit) standing nearby. Her story was told to me by one of her neighbors.

She was married at the age of ten and bore her first child when she was 15 years old. She had a prolonged labor and was not taken to a health post. She gave birth to a daughter, and she also developed uterine prolapse. Because of this, she did not have any more children.

Her family and husband demanded a son, which she could not bear. Her daughter was eventually given off in marriage, and when she left, the mother started having symptoms of mental illness. She was taken to a nearby clinic where she was heavily dosed with different kinds of drugs for mental illness. She locked herself in the room most of the time and did not talk to anyone. The neighbors would help her with whatever they could.

One day she was rushed to a hospital because she was crying out loud due to a bloated abdomen. In the hospital, she was found to have urinary retention due to her prolapse, but did not realize she could push the mass inside so that she could urinate.

With the whole situation being too overwhelming, her husband decided to seclude himself from society. He grew his hair and beard, gave up normal clothes and wrapped a piece of orange cloth around his waist. He started carrying a stick and a *lota*. He left his home and wandered around places begging.

But one day, he heard that a medical team had come from town, and that the neighbors had carried his wife to the clinic. He followed them. We could see him sitting outside. He had applied ash on his body, and white and yellow powder on his forehead. No matter how detached he appeared from society and the world, he could not hide the concern for his wife. He looked at us with thankful eyes – grateful that his wife would soon be able to live a normal life again.



Bhumi Maya was married at the age of eight. Her husband was of similar age. They lived in a joint family and the in-laws took good care of the young bride. She later gave birth to two children – a daughter and a son. When she was in her twenties she was diagnosed with leprosy, a deadly disease then. The disease rapidly grew, affecting her hands and legs – leaving her deformed. Because she was treated regularly for the disease, the damage was less severe, but still required lifelong treatment.

She was 65 years old and had grandchildren when she arrived at our clinic. Her husband still stayed with her and cared for her. She had been suffering from uterine prolapse for the last 40 years. She looked pale and sick, and she could barely stand. She had problems urinating, along with the other symptoms of uterine prolapse. She had tried a ring pessary but it caused her discomfort and kept falling out. She was desperate to get the operation done. We could tell by her appearance, she was not fit for the surgery but since the surgeries are done under spinal anesthesia under normal circumstances, we gave it a try. We sent her to the hospital to see if they would consider her. The doctors didn't want to take the risk of operating on her, so she was sent back. I inserted a better-fitted ring pessary and sent her home, praying that she feels better.



Chapter Fifteen

If only...

It is a blessing to see the smiling faces of women who receive treatment and whose lives have been changed. But there have also been instances where we have not been able to be of much assistance. Times when – despite every effort – we have not been able to ease the pain, but only watch helplessly. Kanchi is one woman who couldn't be helped, despite all of our efforts.

One day, Kanchi was working in the fields when she saw one of her friends pass by dressed up well. She was carrying some papers in her hands. Kanchi called out to her and asked her where she was heading to. Her friend told her that there was a free camp in the village where doctors from Kathmandu have come and are examining them. It was a special camp for women with uterine prolapse. Kanchi could not hold back her excitement. She threw the hoe to the ground and dusted the mud off her hands. With much excitement, she walked to the clinic with her friend, her feet painted ankle-deep in mud.

Upon reaching the hospital, we could tell she had come directly from the field, as she was still perspiring and had mud all over her. She told us that she had suffered from uterine prolapse for over 20 years. She said she had attended our clinic last year too but could not go to the hospital due to family reasons, but this year she wanted to get operated. A referral card was given to her, which she folded and secured in her *patuka*.

Kanchi went back to working in the fields. She did not mention to a single soul about her visit to the clinic because she had learnt a lesson

from previous year. Previously, when she had mentioned to her husband that she was planning to get an operation for uterine prolapse, he had locked her up in the house to stop her. She tried to explain to him that she was having lots of discomfort and the problem had been growing. She even told him that she was scared that her internal organs might fall out and she would rot and die. Besides that, she also told him that the operation was free and she would be sent back home in a week's time able to resume her household work as normal. But her husband did not listen to her and kept her locked up until the date of the operation had passed. He was worried that she would not be able to satisfy him physically after the operation.

This year Kanchi had come up with a plan. She knew her husband would never understand and it would be a waste of time trying to talk it over with him. So she sneaked to the clinic and got the referral card. She did not talk about it with anyone except her friend.

The dates for the operation were fixed and this information was circulated among the women in the village. When the date arrived, she told her husband and her family members that she wanted to go to Terai to visit her sister. Since Kanchi had not taken a break for a long time and she had been working hard at home, no one objected. The journey to Terai takes about two days, and calculating a few days' stay would buy her a week away from home. She packed her clothes and headed towards the hospital, smiling all the way, since no one was going to stop her this time.

The group was taken to a hospital nearby, which did cause some concerns for her. She wished the hospital was a little bit farther from her home. She was scared that she would run into someone she knew, and her family would find out about it. She was admitted in the ward, and she got her pre-operative checkups done. The hospital was clean with shining floors and the windows overlooked a beautiful garden. The bed was soft and comfortable, and she was given a clean pair of clothes to

wear. She was delighted and excited.

The big day was here and finally she was getting rid of her problem forever. She was asked to remove her nose ring and earrings. She changed into a gown for operation. She couldn't help but smile as she was wheeled into the operation theatre with two other women from her village. While they were waiting in the pre-operative room, they heard a commotion outside in the corridor. There was a man shouting at the top of his lungs – he sounded furious. The sound of the banging of the doors and trolley could be heard inside. And then suddenly, the door of the operation theatre room flung open. Kanchi froze on her bed as she recognized the figure of her husband standing at the door, with a face red with anger.

Kanchi, who had gathered a lot of courage to make an important decision for herself, collapsed in front of her enraged husband. She trembled with fear and tears ran down her cheeks. She could not get up and run away – there was no escape. The infuriated husband held her by the hair and dragged her out into the corridor. The crowd outside just gave way to the furious husband and his defenseless wife, who was crying and pleading her husband to let go.

Kanchi never dared to visit the hospital again. She was disheartened and torn apart.

Who could have told her husband about the surgery? If only he had known about it a bit later, they would have already started the procedure and no one would have been able to stop it. If only the hospital was not so close to her home. If only she had visited a hospital during her pregnancy. If only she had taken precautions after her child birth. If only...



Chapter Sixteen

So close yet so far – COSAN's work in Nepal

Men have travelled to space and walked on the moon. Science and technology have advanced to new heights, opening doors to unlimited possibilities. But living in the same world, a just society where all human lives are considered precious and equal is still inconceivable. Women, who give birth to new life, bring up their children and work hard every day to keep everyone at home happy, are still facing the harsh realities of the society.

There is a saying in Sanskrit: “Yatra Naryastu Pujyante, Ramante Tatra Devata”, which means: “Where women are honored, there the gods are pleased”. Being a patriarchal society, the status of women living in these parts of the world is still low. Their health issues and illnesses are still neglected. Issues of reproductive health – especially uterine prolapse – are some of the most neglected problems among Nepali women. The social stigma bids women to go on with their lives hiding their problems. They are bound to carry the blame and burden for a sin they did not commit.

This book represents just a small portion, like the tip of an iceberg, of the enormous burden that women with uterine prolapse are carrying. The government is stepping forward with the commitment to provide curative services in this regard, but without the help from other relief agencies, it may take many years to bring a notable change among these suffering women.

COSAN has been working on preventive measures by conducting

awareness programs to bring about lasting change. The organization is working to spread awareness on the importance of gender equality, reproductive rights of women, and safe motherhood – focusing on the importance of antenatal check-ups, delivering babies with safe measures and proper nutrition for women. Although these basic health services have been provided to several communities by the government, the prevailing culture has created obstacles in getting these services to all suffering women.

Most women still seek traditional ways of health care. During the course of our program, we have found that a major cause of uterine prolapse is lack of adequate rest during, and immediately after, the delivery. As the percentage of women receiving education is increasing, there is better hope for the future.

COSAN has found it an honor and a great opportunity working in partnership with Asian Aid. Through the organization, thousands of donors have contributed to making a huge difference in the lives of these women, who otherwise would have continued suffering in silence. There are still many more whose names and stories have not been mentioned here. There are also those who have benefitted from the prevention and awareness programs and the training classes.

Here we would like to say in one voice: "Thank You! Thank you for reaching out to us, and providing us with invaluable assistance. Your efforts have helped change countless individuals, families and communities.

Thank you for hearing our silent cries."





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Dheuki uterine prolapse

Aang Khaseko uterine prolapse

Newari a caste in Nepal

Sattals traditional resting place in the middle of the town

Gallis narrow alleys

Gundri mat made out of straw

Sadhu hermit



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