



M A T E R N A L H E A L T H



POOR PREGNANT WOMEN HAVE NO ACCESS TO ESSENTIAL HEALTH SERVICES

Banu Khatun, a landless and helpless pregnant woman, lives in a rented hut in southern part of Biratnagar. She has two children. Her husband lives in Bihar, India with his second wife. Five years ago, her husband had married a woman from Bihar without the knowledge of Banu. It was only last year that she came to know about it. Occasionally, he comes to visit Banu, but he doesn't support her. Instead, she has to provide him food and shelter when he comes to her.

Previously, Banu used to wash clothes for a landlord to make some money. But after suffering from TB a year ago, she gave up such work. She has since then been begging in the streets. She makes about Rs. 30-100 a day. With her earnings, she eats and feeds her kids. When there is no money, they could go hungry for several days.

She cannot walk for several hours now as she is 10 months into her pregnancy. Sometimes, her elder son goes begging and collects a few rupees. Her delivery

date is nearing, but she has never been to a health post for a pregnancy check-up. She, however, visited the health post last year to seek treatment for her TB. She received medicines from the DOTS centre situated in Ward no. 22 of Biratnagar.

"After completing the course, I went to the health post to consult the health staff. I told them I was pregnant, and the staff scolded me. They told me I should have avoided it since I was weak, and I could suffer from other health problems," she said. "I hear that the health post provides iron tablets for pregnant women. But due to the fear of the staff, I have not gone there. The health workers and volunteers are not concerned about our health. They distribute Jeevan Jal, deworming and iron tablets to those who may not need them."

Banu is expecting a baby within a week, and so she stays home. "I have not collected rice and dal for the postpartum period. I don't have a single rupee. I have not had any food since yesterday. I feel weak. I cannot go out begging. Tomorrow I will send my elder son to beg," she said.



A day before, she had met the traditional birth attendant (TBA) and requested her to assist her during delivery. But she asked for some money in advance. Since she had none, the TBA told her to seek the assistance of the women volunteers.

Her neighbours are also poor, and she doesn't expect anything from them. Her husband does not look after her. She is banking on her son to bring some money home so that she can have rice and vegetables. "I will live only if my relatives assist me during delivery, otherwise I will die," she said.

KEY MESSAGE

For desperately poor mothers, care during pregnancy and safe delivery are hard to come by. Very poor mothers who are landless and homeless have no access to the different kinds of health services. Their health problems do not come to the notice of the health workers and volunteers such as TBAs and FCHVs.

Her younger son is also suffering from a mild fever and diarrhoea. She has no money and so is not seeking any treatment for him. She has no idea if the FCHVs (Female Community Health Volunteers) provide Jeevan Jal free of cost because she has never received medicines or help from the health volunteers. The TBA and an NGO worker suggested that she consult a FCHV about her health and her son's illness. But Banu is not interested as she knows that the FCHV will not come to her home to offer any kind of assistance. She is mentally prepared to face any problem that may arise at the time of delivery.

Banu does not expect much from the government. She does not know much about the efforts being made by the government to improve the health of infants and mothers. She knows only that the government provides iron tablets to pregnant women and pills (contraceptive) for married women.

She does not want to be a beggar. She wants to do something for a livelihood. Were the government or an NGO to provide her with some money, she wants to start a small business such as a retail shop or teashop.

"I urgently need some food and clothes for my delivery. I would appreciate if someone could help and feed me for at least a week after delivery. After a week, I could go out begging," she said.

EFFORTS TO GIVE BIRTH TO A HEALTHY BABY TURN FUTILE

Lila Niraula is a 28-year-old married woman. She lives with her husband in Letang VDC, located at the foothills of the northern part of Morang and western part of Jhapa district. It is inhabited by migrants from the hills. She is a Brahmin by caste. Due to poverty and lack of employment in the country, her husband left for Saudi Arabia to work immediately after marriage. He returned home in April last year. On six katthas of land, they have built a small hut where they have been living since last winter.

Last year, she became pregnant but gave birth to a still baby. During the entire pregnancy period, she did not face any health or pregnancy-related problem. As a woman who has passed high school, she is quite aware of the need to take good care during pregnancy.

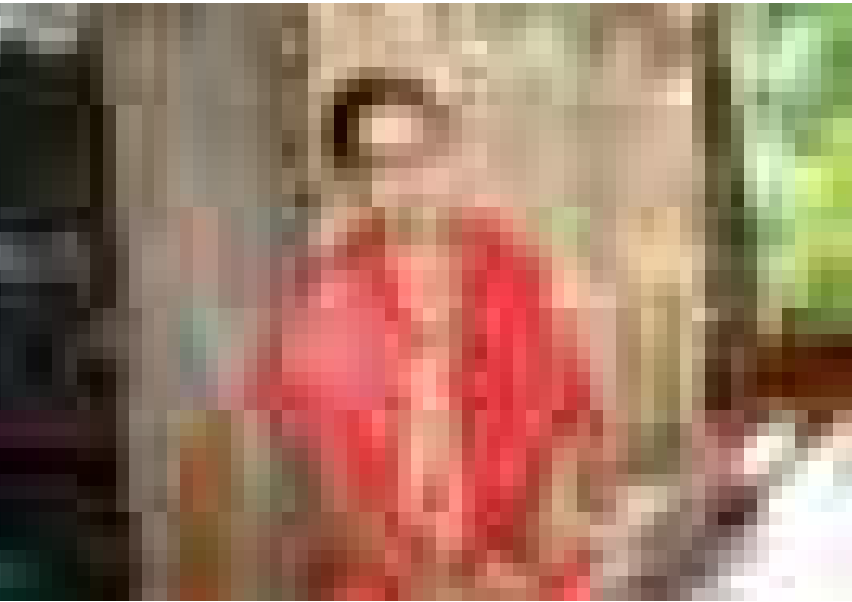
“I visited the PHC in Letang to have check-ups more than four times. My husband also took me to a private clinic in Biratnagar twice,” she said. “The doctor told me that my health and condition of the foetus were both alright and I did not have to worry

about my pregnancy. I was happy that I would have a healthy baby soon. But my dreams were dashed...”

The delivery did not take place on the date given by the doctor. She began to fear something was wrong. She consulted the nurse at the PHC who said that normal delivery could take place 15 days after the delivery date even, and she was told not to worry. The nurse advised her to come to the PHC when the labour pains began. On the ninth day, she felt pain around the lower belly at about 3 in the afternoon. She decided to go to the PHC for a safe delivery.

Her husband went to arrange for an ambulance. Within an hour of the labour pain, she was in the PHC. The nurse and doctor told her that the foetus was well and that she would give birth to a baby in 3-4 hours. But after two hours, the nurse told her husband that she should be rushed to the nearest hospital.

Half an hour later, an ambulance arrived to take her to the Amda Hospital in Jhapa, a



journey of nearly two-and-a-half hours. The doctor there, upon examining Lila, told her that she had arrived late. There was no heart beat in the foetus. After an hour, doctors took out the dead baby.

KEY MESSAGE

Literate women know about the need for care during pregnancy and about safe delivery. In order to ensure safe delivery, peripheral health facilities need to be equipped with delivery facilities and modern equipment.

“I felt very sorry and wept. The doctor told me that had I arrived in the hospital just an hour early, the baby could have been saved,” she said.

Lila could not figure out what led to the death of the baby all of a sudden. “Nobody goes to the hospital before the labour pain begins. There was no delay from our side in seeking medical help.”

In addition to the regular health check-up, Lila had avoided heavy work such as carrying and lifting things during pregnancy and took good rest at home. She consumed fruits, Horlicks, green vegetables and other nutritious food items. She visited the PHC several times although she had no health problem. Fourteen days after the unsuccessful delivery, she bled heavily and became senseless. She was rushed to the Koshi Hospital in Biratnagar where she was hospitalised for three days. She is well now.

“We did the maximum we could to have a healthy baby, but all our efforts turned futile,” she says. She, however, does not want to blame anyone. Last year, her neighbour faced a similar problem and gave birth to a still baby. She says the hospitals should do research to find out why the foetus passed out excrement and died.

MARGINALISED PREGNANT WOMEN RARELY VISIT HEALTH FACILITY

Phulmaya Darai, 21, who lives in a Darai settlement in Gaurigunja, Bharatpur municipality is eight months pregnant. She comes from a marginalised ethnic community of Chitwan. Her husband is a tractor driver. Her mother-in-law and father-in-law sell their labour to the landlord during the planting and harvesting seasons because they have only a small plot of non-irrigated land that supports them for only about three months.

Phulmaya married Aitaram Darai last year, and they rented a room at Bharatpur Bazaar. So she did not have to work in the fields. Immediately after marriage, she conceived a child. Although she is literate, she never visited any hospital for a clinical check-up until she had some problems.

Last month, she felt weak and giddy and had a slight pain in the lower belly. So her husband took her to the Bharatpur Hospital for a pregnancy check-up on a Tuesday at the end of the month of Shrawan (August). But she could not get a check-up as the clinic is not open for mothers on that day. She was asked to visit the MCH clinic after

three days. Instead, she and her husband went home so that his mother could take care of her problems. For the last one month, she has been staying at home with her mother-in-law.

Phulmaya told her in-laws about her health condition and the date due for delivery. Her mother-in-law asked her if she had received a pregnancy check-up and TT vaccination in hospital. She knew that Phulmaya did little for her health. So the mother-in-law told her son to take his wife to a health post for a medical check-up.

“I feel that the political parties and civil society organisations have only used the Darai community (for their interest) and have not worked for us. They always force us to join demonstrations, protests and campaigns, but the gains are not shared with us.”

Mangal Ram Darai
Chairperson, Nepal Darai Utthan Sangh
Bharatpur, Chitwan, Nepal

Phulmaya felt somewhat awkward to go to the health post and said that she was alright and that there was no need to go there. But her mother-in-law insisted. After a few days, Aitaram and Phulmaya visited the health post. But they did not meet the doctor or other health staff there because they were on strike. There was only a peon who gave her iron pills.

They returned home and told the mother what had happened. A week passed, but the giddiness, weakness and slight pain in the lower abdomen persisted. So her mother-in-law took her to a lady doctor's clinic located near the village. After a physical examination, the doctor said that she had no health problems and the giddiness was due to weakness. She gave Phulmaya a TT injection and prescribed some vitamins, and advised the mother-in-law to feed her nutritious food such as meat, beans, dal and green vegetables.

Said Phulmaya's mother-in-law, "I know pregnant women should eat meat and other nutritious food. But we can have meat only when we earn some money. We usually consume green vegetables which we collect in the jungles and from the river banks or grow on the farm. The doctor prescribed vitamin syrup, but we could not buy it because we had no money. Sometimes, we do not even have money to buy flour to make porridge. Sometimes we work on an empty stomach. Had there been a lot of money, I could have purchased meat, eggs and vitamins for my pregnant daughter-in-law.

"When we can rest depends upon the work burden and the season. In September, we

do not get any wage work. Therefore, we stay home. During the paddy transplantation and harvest season, we are busy, and we do not even have time to talk to each other. Even pregnant women have to work on the farm at the risk of their health."

She said that the life of the poor is uncertain. There is no fixed schedule of what they will eat or do. The care of the pregnant women depends on the family income and the burden of work.

Phulmaya is going to have a baby next month. She is not sure if she will deliver the baby at home or in hospital. Her mother-in-law had delivered all of her babies at home, and no one went to hospital for delivery then. The mother-in-law is not thinking of taking Phulmaya to a hospital for delivery. It is beyond her means because the hospital charges more than Rs. 2,000 for a delivery. She will, therefore, seek the help and assistance of the TBA or a nurse who lives in the village. Most pregnant women have no problem delivering babies at home. Sometimes the delivery will take place on the farm or on the way home because poor women must work in the fields until the labour pain begins.

But both Phulmaya and her mother-in-law know that they need to go to hospital for a safe delivery. The health post lacks a delivery room and other facilities. The hospital, however, does not provide anything. All things required before and after delivery must be bought. If all the money is spent in the hospital, then the family cannot buy food and meat for the mother. "Therefore, we do not think of going to the hospital for delivery," said both Phulmaya and her mother-in-law.

Phulmaya says pregnancy check-ups and delivery services in hospital should be free for the landless and the poor. In addition, nurses and ANMs should be assigned to work in the villages so that the villagers can avail of their services any time.

KEY MESSAGE

The socio-economic status influences the care of pregnant women and mothers. There is very little awareness that women should have check-ups before, during and after delivery. Knowledge and information alone may not lead to any change in the health seeking behaviours due to factors such as family income, occupation, affordability, and distance and accessibility to a health facility.

NEPAL *BANDH* LEADS TO MATERNAL DEATH

Muna Bharati of Shaktikhor VDC died at the age of 17 immediately after giving birth to a baby due to lack of health services in August 2005.

Her maternal home is in Gorkha district, and she got married when she was 16 to a man who was constructing a road in Gorkha. After their marriage, she went to live in her husband's home in Shaktikhor village. The husband also stayed home and engaged in agricultural labour in the village. According to Devi, Muna's sister-in-law, and other relatives, Muna and her husband loved each other very much and led a very happy life. But their happiness was cut short within a year of marriage.

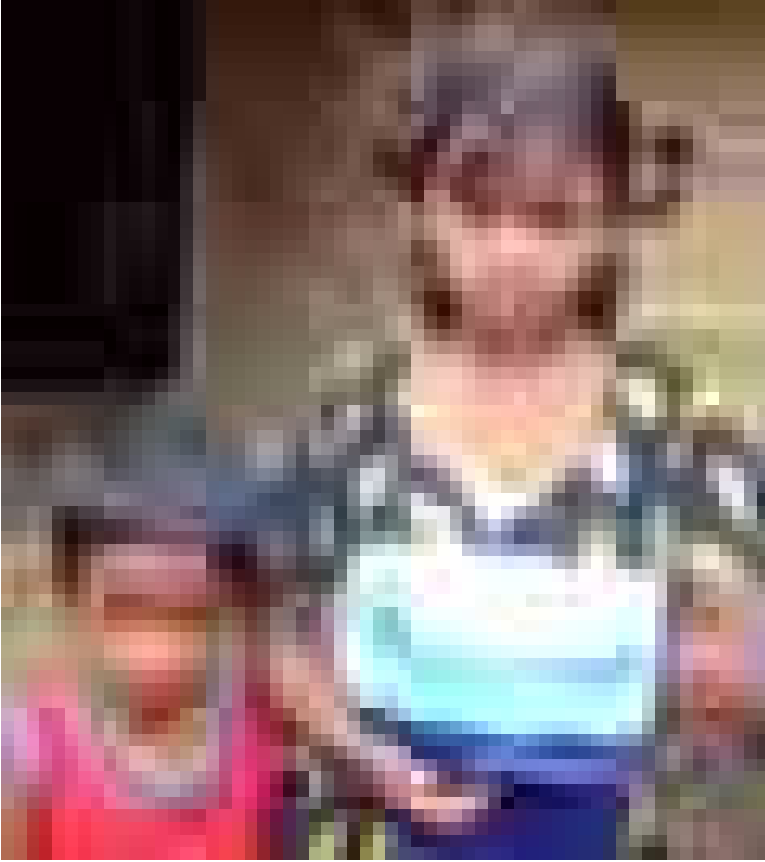
Muna's husband took great care of her during the pregnancy period. Both husband and wife visited the sub-health post several times for check-ups. She was vaccinated against tetanus and received iron tablets from the health post. She also consumed meat, beans, milk and green vegetables available in the village. Devi said that Muna was healthy and happy. At the end of the eighth month of the pregnancy, she

had febrile illness. Her husband took her to the SHP for consultation. Despite the treatment, she did not recover.

After two weeks, Muna complained of a pain in the lower abdomen. Her husband brought home a MCHW of the SHP for a check-up. The MCHW told Muna's husband that it was not yet delivery time because the delivery date was more than 30 days away. The MCHW suggested he take her to hospital as she had some health problems.

Muna's husband accepted the MCHW's advice and tried to rush her to Bharatpur Hospital. Unfortunately, there was not a single bus running on the road because of a five-day *bandh*. There was no telephone service to contact an ambulance. There was no way of reaching her to Bharatpur Hospital, which is 20 km from the village. The next day, she had labour pain and gave birth to a baby.

Her health condition was not bad till the time of delivery. However, immediately after delivery, Muna became restless and fell



unconscious. Her health started gradually deteriorating. Her husband and neighbours tried to coax a bus driver and the owner to take Muna to hospital, but they were unwilling to take the risk. After an hour, her husband brought a local health worker who tried to inject saline water into the veins. Only one bottle was used up. After three hours, she breathed her last.

Devi and other relatives said that Muna had been suffering from a fever for several days and that the febrile illness had affected the internal parts of the abdomen that stimulated the premature birth. They also said that she ate meat, chilly, sour curd and cow's milk that caused *kuphat*, a severe form of febrile illness in which the internal parts rot. Traditionally, people with fever avoided meat, eggs, fish, curd, sour food and cow's milk. Devi sees no obvious reason for Muna's death because there was no massive bleeding after delivery.

Muna had given birth to a live girl. Her husband and Devi tried to save the baby by giving her cow's milk. But the baby could not drink the milk in adequate quantity and also could not digest it. The baby girl died on the 18th day of her birth.

Muna's husband and Devi said that Muna could have been rushed to the Bharatpur Hospital and her life saved had there been no strike or *bandh* over several days. Although her husband was poor, he took good care of his pregnant wife and was ready to rush her to hospital regardless of the expenses.

KEY MESSAGE

In the rural areas, pregnant women are dying during delivery time as they have no access to a hospital and skilled birth attendants. Political conflicts and repeated *bandhs* badly affect the villagers in accessing health services. Especially pregnant women and children fall victim to the conflict and *bandhs*.

PREGNANT WOMEN WORK TILL THE LABOUR PAIN BEGINS

Phulmaya Tamang, 29, of Kankra Bari village in Nangkhel VDC-4 is expecting a baby. Her family consists of her husband, father-in-law and two children. She has four ropanis of terraced land on a steep slope below the community forest. The unproductive land yields very little grain, which is hardly sufficient to feed her family for three months. She, therefore, works as a labourer in and around the village. Her husband goes to the *bensi* (low land) of Bhaktapur to work as a seasonal agricultural labourer. She is busy with her household chores, farm work and wage labour.

She has been pregnant four times. The first pregnancy ended in a miscarriage in the eighth month. The following two years saw her giving birth to two babies. Next month, she will be having another baby after an interval of two years. She has not visited the health post for a check-up, although a FCHV had advised her to do so.

Says Phulamaya, “I have not taken any vitamins or iron tablets. I have not been vaccinated either. I am alright till now and don’t see the need to visit the health post.

I also feel ashamed to talk to the health post staff because they ask about my pregnancy and sexual organs. During my second pregnancy, I visited the health post once, but they asked shameful and personal matters in front of other people. So I do not like to attend the health post.

“Moreover, I have no time to go to the health post because I have to work from early morning till evening, and I have many responsibilities to attend to such as looking after the children, cattle, poultry and crops. I do not have time to think of my body and health. I am always thinking of what needs to be done and what to eat.”

Phulmaya has heard from the health worker that pregnant women should take meat, eggs, beans, fruits and green vegetables, and not lift or carry heavy loads. But it’s hard for her to follow these instructions. “We sometimes eat *dhido* (a dough made from water mixed with cornflour) with ground chilly and salt. Sometimes, we eat one meal a day. We have no money to buy food. How can we afford meat, eggs and other nutritious foodstuffs?” she questioned.

However, she collects green vegetables, including nettle leaves and edible ferns, from her *bari* (terraced land) and the jungle. “I have to carry bundles of grass and fodder on my back everyday and water from the tap in a vessel. If I stopped working because I am pregnant, who will work and feed me? I must work until my labour pain starts,” she said.

Her delivery date is just a month away, but she has made no preparations. “We do not make any preparations to deliver a baby. And I do not even know what preparations should be made or where the delivery will take place. It could happen in the *bari/khet* (farmland) or on the way home.” Her first baby was born in a courtyard, and the second one on the floor just outside the door.

According to Tamang culture, a postpartum mother must be given plenty of meat, particularly chicken, soup and rice beer. Better-off households feed a woman several chickens during the postpartum period. Poor people give only one or two.

Phulmaya’s husband said that five months back, he had bought five chicks to raise them, but only two are alive. He said it was necessary to prepare beer and chicken for delivery. He also knows that delivery kits (*Sutkeri Samagris*) are available in the market.

But her husband said that the money that goes to buying the delivery kit could be used to buy chicken as meat is most essential. Women gather at the home when the delivery time arrives. Usually the older women attend and assist in the delivery. After the birth, they cut the umbilical cord and dispose off the placenta, and take care of the baby.

Even after delivery, Phulmaya will hardly be able to rest for more than two weeks. During her previous delivery, she went out on the 16th day to bring home manure in a basket from the farm. She could not breastfeed the infant regularly after a month because she was mostly working outside the home. She said that she had no time, money and the resource to take care of her body and the kids.

Her children have been immunised against all major diseases as the immunisation teams visit the village each month. But she has no intention of going to the health post even for delivery. “I may have a health check-up and take iron tablets and vitamins and other services if the health workers come to our village to help poor pregnant women like me,” says Phulmaya.

KEY MESSAGE

Access to a health facility in the rural areas is constrained by not only distance and the location of the facility, but also by socio-cultural factors and the burden of work. Some pregnant women are embarrassed to visit a health facility and talk about their pregnancy. They still consider pregnancy and delivery as normal processes that do not require medical assistance. Moreover, poor women do not have the time to take care of their health and consult the health personnel.



BADI WOMEN AWARE OF HEALTH PROBLEMS

Renu Nepali, 21, a mother of two children, is an inhabitant of Pragatishil *Tole*, Nepalgunj municipality. She is a Badi woman, whose community earned its livelihood singing, dancing and selling sex. Until recently, they were stigmatised by the society.

“Badi women were forced to become sex workers by the well-off people who invited them to sing and dance on special occasions and festivals,” says Renu. “Badis have now given up their occupation with the support they receive from various organisations including SAFE Nepal.”

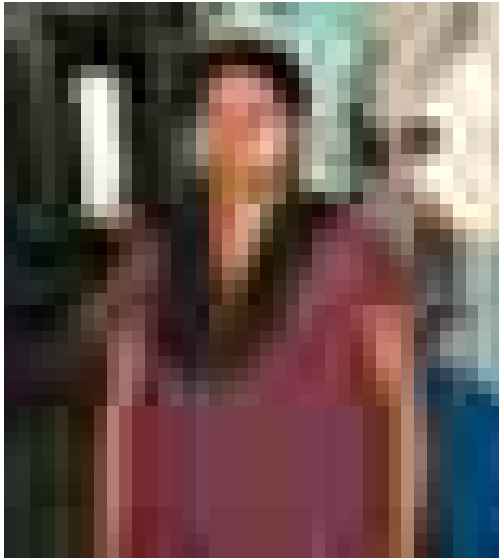
Renu and her family members were never involved as commercial sex workers. She is well informed about family planning methods, pregnancy care, safe delivery, infant and child care, sexually transmitted diseases and HIV/AIDS. She used the DMPA (Depo Provera) injection to avoid unwanted pregnancies after the birth of the first baby. She gave birth to the second baby last year when the first child was four years old.

During her pregnancy, she faced no health problem. She had visited the Bheri Zonal Hospital for a check-up and TT vaccination. Renu says that due to growing awareness, most women now visit a health facility for a pregnancy check-up. Says her mother-in-law, “In our time, there was no such thing as a pregnancy check-up. No one visited the hospital. Now, most women visit a hospital or health facility during pregnancy.”

“Doctors in the government hospital usually make haste and do not look after the patients if they are from a poor and Dalit background. The facilities meant for the poor and disadvantage people, if there are any, are not provided to the poor but to the rich.”

Mina Bagali

Mahendra Nagar Municipality, Kanchanpur



She delivered her second baby at the Bheri Zonal Hospital. There were no complications either during delivery or after. She was discharged from the hospital after one day. She came back home where her mother-in-law took care of her. She had plenty of soup and meat during the postpartum period. However, on the 13th day of delivery, she suffered from massive bleeding from the uterus and fainted. Her husband once again rushed her to the Bheri Zonal Hospital.

Doctors assumed that the bleeding might have been caused by particles or pieces of the pregnancy tissue left behind in the uterus. So they decided to perform a curette to clean the uterus. Three days

later, she was discharged from the hospital. She has had no problems since.

Renu thinks a hospital might not be the best place for normal delivery. “If there is a trained Traditional Birth Attendant in a settlement, there is no need to go to hospital for delivery. I would not have gone to hospital had there been a TBA in our *tole* (area). I went to hospital to give birth only because my husband works there as a peon,” she said.

She was admitted to the ward in the evening and delivered the baby at midnight. “I think the doctors and nurses did not take proper care of me and must have left pieces of placenta behind. This resulted in heavy bleeding,” she said.

The government hospital is always crowded. Doctors and nurses despise the poor and give less attention to patients with a poor family background, she said. “The poor cannot go to a private nursing home or hospital for treatment and delivery, although they provide better care.”

She says that government hospitals should be accessible and affordable to all sections of society. Hospitals must render maternity and delivery services to the poor and landless women who cannot afford them. The TBA or local birth attendant also charges more than Rs. 500 for a delivery. Poor women who are unable to pay the sum must give birth without any help.

Most Badis are landless and jobless. So they face economic hardship and various health problems. Renu says that were it not for NGOs like SAFE, Badi women would have to resort to their traditional occupation. But NGOs cannot render services over a long period of time. The government should, therefore, have a perspective to raise the socio-economic condition of the Badi community and also improve their health status.

KEY MESSAGE

Although Badis are socio-economically deprived and an oppressed community, they have changed their occupation and risky behaviour, and are trying to adopt a new pattern of life with the support of NGOs and INGOs. Since they participate in different activities and discuss their problems, including health ones, in a group, they are aware about the care of the mother and child and prevention of HIV/AIDS. The Badis live in a transitional phase and need support from different sectors.

WOMEN HIDE PROBLEM OF PROLAPSED UTERUS

Sumitra Poudel of Bageswori VDC, who was suffering from prolapsed uterus, was finally treated in a hospital when she was 51 years old with the help of health volunteers and NGO workers. She is a high caste Brahmin of the hills. Her family had migrated to Banke from Myagdi district 30 years ago. She had sufficient land - three bighas - and belonged to a middle class family of farmers.

She is a mother of two sons and three daughters. The elder son and daughter are already married. Her first son was born 34 years ago. Since then, she has had the problem of the uterus.

“After my first born, I did not take proper rest and care. After just 11 days of the delivery, I began working outside the home and lifted and carried heavy loads that caused a partial prolapse of my uterus. Some portion of the uterus came out, and I pushed it in myself,” she said.

Every time she lifted a heavy load, the uterus would come out. But she would not tell anyone, not even her husband. She

thought it was a mild problem that occurred with women. She occasionally felt a mild pain in the lower abdomen. Despite the problem, she gave birth to four babies. “I thought it did not require medical treatment,” she said. She never went to a health post or hospital for medical check-ups.

“Uterus prolapse is a major health problem of mothers. But they are shy to reveal their problem to others. So the government should train health workers, social workers and volunteers to conduct awareness campaigns at the village level and make women aware of their health problems. There should be provision for free operation/surgery and treatment for poor and helpless mothers suffering from such problems.”

Shova B.K.

Social Mobiliser

Manakamana Tole, Bageswori VDC, Banke

Even after reaching 46 years, her menstrual cycle did not stop. Last year she had two periods (menstrual flows). There was excessive bleeding during her menstruation, which could have been due to the problem of the uterus. After bleeding heavily, she became weak, and her legs began to swell. The intensity of the pain around the uterus also increased. This happened during the winter season, and she thought that it was due to the effect of the cold.

She took soup made of cumin seeds with black pepper to neutralise the effect of the cold and correct the swelling problem, but the swelling did not diminish. The uterus would protrude even while doing normal work. Only then did she tell her husband and daughter about the problem.

An operation, she thought, would cure her ailment. But her family was undecided. They did not know which hospital to refer to for the treatment of uterine prolapse. “We normally do not go to hospital until the illness is very serious. We may not have sought treatment had the severity of her problem not increased,” said Sumitra’s husband. “Also a field worker of a local NGO (RSDC), Goma B.K., gave us good advice.”

About two months back, Sumitra’s daughter had mentioned the problem to Goma. After getting all the details of the health problem, she suggested surgery. Goma also assured all the help in getting appropriate treatment. Sumitra’s name was listed among the women with prolapsed uterus and forwarded to the RSDC for consultation and treatment at the Nepalgunj Medical College Teaching Hospital in Kohalpur, Banke. The RSDC and the Teaching Hospital have been co-operating in the treatment of women with prolapsed uterus since the last two years. Two weeks before, Goma took Sumitra to the Teaching Hospital, where Sumitra’s uterus was removed. She is taking bed rest and feels well. She hopes to recover soon.

Sumitra has realised that women should not hide their health problems. Since she was unaware of the consequences of not treating the prolapsed uterus, and shy of revealing it, she hid her problem for a long time. Goma said that many women still hide their problem and feel ashamed and awkward to talk about it in front of others. She said there were more than a dozen women who had uterus problems in the locality, but most of them have already been treated.

Sumitra says the government should identify women who face problems of the uterus and assist them in finding treatment in hospital. And health workers and volunteers must be trained in detecting problems of the uterus so that there is increased awareness.

KEY MESSAGE

The problem of prolapsed uterus is common among mothers living in the rural areas. They do not seek medical help until they are severely ill and then try to get help from the health workers and volunteers. The existing peripheral health services are grossly inadequate to address such health problems of the mother.

WHY VILLAGERS SHY AWAY FROM HEALTH FACILITIES

Khagisara Thapa Magar lives in a joint family of 17 members near the PHC in Dodhara VDC. She belongs to the Magar ethnic group. She has three sons and three daughters-in-law, four daughters and six grandchildren. Only recently, her second eldest daughter-in-law, Reshmi, died two days after giving birth at the PHC. Khagisara blames the death on the mishandling by the birth attendants.

“Prior to this, Reshmi had given birth twice. She usually gave birth within an hour of undergoing labour pain,” said Khagisara. The third time, she experienced labour pain in the evening around eight o’clock. Since she could not give birth even after an hour, she was taken to the PHC for safe delivery. “We thought it would be good for her if she was to be assisted by a doctor and nurses.”

A nurse and an auxiliary nurse midwife (ANM) attended to her case in a delivery room. After an hour, she gave normal birth to a baby girl. After the birth, Reshmi got up and talked. But both the nurse and the ANM were fresh recruits and had little skills in handling the placenta. After cutting the

umbilical cord, the placenta moved back into the uterus. After half an hour of delivery, the nurse and the ANM inserted their hands into the uterus in turns and forcefully tried to draw the placenta out.

“My two sons were outside the delivery room. My youngest daughter-in-law was with the nurse and said she saw the nurse insert her right hand up to the elbow, and you could see the movement of the hand around the navel,” said Khagisara. Being an illiterate woman, the daughter-in-law could say nothing.

Together with the placenta, the nurses also pulled out other things from the uterus. There was massive bleeding, and Reshmi lost consciousness. The nurses were nervous and told Khagisara’s sons that her condition was very serious, and that she needed to be rushed to the hospital in Mahendranagar.

It was around 11 at night, and it was not possible to hire a vehicle. After an hour of massive bleeding, she was driven to the hospital on the back of a motorcycle.

Unfortunately, on arrival at the hospital, she was pronounced dead. The doctors said that a postmortem needed to be performed to find out the cause of the death. But Khagisara's sons refused and brought the dead body home without getting a postmortem done.

The dead body was kept at home for two days. On the day after the incident, the villagers surrounded the PHC to protest against the carelessness of the birth attendants. The relatives and neighbours of Reshmi demanded an investigation into her death before cremating the dead body. The in-charge of the PHC told the people who had gathered there that Reshmi had died due to heavy bleeding after delivery and, therefore, the staff were not at fault. The village leaders also took the side of the PHC staff and would not allow Khagisara and her sons to file a complaint.

"They wanted us to keep silent on the incident. Nobody has heard us as we are poor and illiterate," said Khagisara. "Later, some people told us that an investigation could be launched and a case filed against the nurses. We know that the nurses killed our healthy daughter-in-law. But we are helpless and can do nothing."

Instead of taking action against the nurses, the District Health Office transferred them to another place. They were replaced by the experienced nurses who had previously been working at the

PHC. The villagers were happy to see the highly skilled and familiar staff at the PHC.

Reshmi's baby girl died after a month, probably, because she could not digest buffalo milk. Khagisara could not afford powder milk and did not take her to hospital because she had no money. "Where there is money, there is life and treatment. If we had money, we could have filed a case against the nurses," said Khagisara.

Reshmi's second son has been badly affected by a DPT vaccine. Although he is three years old, he cannot stand and walk. He has been paralysed and crippled. When it was time for the third dose of the DPT vaccine, Khagisara's grandchild had a high fever. So Reshmi took him to the PHC for consultation and treatment. The health staff gave the DPT vaccine on the thigh. After the vaccination, he cried frequently and became sick for several days. He grew lean and thin. The DPT injection affected his nerves, and his body was paralysed. "Other children of the same age play and run around. My grandchild cannot do anything himself."

Khagisara was told by the health workers that giving birth at a health facility reduces the harm and saves the mother's life and that immunisation protects children from disease and paralysis. But her experience says otherwise. For her family, the health facility has not been a good experience.

Khagisara thinks her daughter-in-law would not have died had she not gone to the PHC, and her grandson would have been healthy if he had not been vaccinated during a fever. So she did not send her youngest daughter-in-law to the PHC during the time of delivery. She says that if the government wants to provide quality health services to the villagers, then well-trained nurses and health workers must be appointed. Otherwise, it is better to close down such facilities.

KEY MESSAGE

The PHC is supposed to be the best place for delivery services in the rural areas. But in the absence of medical doctors, it provides sub-standard health services to the villagers. Nurses, ANMs and health workers carry out the delivery. Sometimes, innocent women and children become victims of their inefficiency. The bad behaviour and incompetence of the staff at the PHC or health post discourage the villagers from seeking medical help there.