

The Silent Pain of Fallen Womb

By Anna Adhikari; April 10, 2011

'I married at the age of fifteen. After one year, I gave birth to my first child, a son. I gave birth to the second son when I was twenty-one. My work is to look after all the children and serve all the members of the family. In villages, the chores are numerous. I need to fetch water, firewood and fodder every day. I have to prepare meals, wash the dishes, clothes and clean the house. While working I started to feel tired very fast and I could not walk well. I had backaches while carrying loads. During sexual intercourse, I felt severe pain and I had excessive bleeding during my periods. I had uterine prolapse and I was in a big trouble.'

'I used to stuff the half of my sari (the total length of a sari is 5 meters) into my vagina to hold up my fallen womb. It was such a desperate situation that I could not share openly with my husband or mother-in-law due to the apprehension of being ostracized. There are cases in our village of women being traumatized, ridiculed and abandoned by their spouses after knowing that they are uterine prolapsed. There is no awareness amongst villagers here about uterine prolapse and women even do not know whether it is a disease or deformity.'

'I have had uterine prolapse and endometriosis for nearly ten years. I could not tell it to anyone, not even my husband. I was scared he would marry another woman and leave me. Had he done so, I would have had a miserable life. He could not guess because I used to push the uterus inside before sexual intercourse and I did not admit that it was painful.'

Carrying heavy loads has been my everyday life but it was a big problem for me. When I lifted anything heavy my uterus would start bleeding. To make things worse, we have been going in groups to fetch firewood and fodder for livestock from the jungle. Those times I used to walk at the end of the group and if my uterus created trouble, I pushed it inside. All this I did in secret and I had to be very careful. In case of bleeding, I used the cloths I wore. I washed them at night so that no one would see the bloodstains.'

Stories similar to those are only too familiar to those working in women's health in Nepal. They are revealed to the media or on NGO's websites periodically and it seems like there is no end to them. Uterine prolapse is a form of pelvic organ prolapse quite common everywhere in the world. Our mothers, aunts and grandmothers suffer from it and get treatment but they don't talk about it. They don't know how. My own mother had a surgery but only vaguely said it was 'gynecological' I figured out only a few years later what it was. There was no point of asking she wouldn't have explained it anyway.

If women suffer everywhere why no talk about one problem around the world instead of about the situation in individual countries? Like all preventable or partially preventable health problems the biggest difference can be seen between northern and southern hemispheres. In the developed world few gynecologists have recognized the complete fall out in home countries. And when we talk about uterine prolapse in Nepal and its treatment people in the West often imagine that we are talking about some kind of discomfort; they don't realize that we are talking about complete and often prolonged dislodgment. The number of women suffering, their age, and the various degrees of damage are beyond anything known to us in the developed world. (To give you a better idea how far it is from our reality, we are talking about a country where one of the major causes of deaths among children is diarrhea!)

Why is uterine prolapse at least partially preventable? Its development is closely related to the social context of the life cycle of women in Nepal. Discrimination against the girl child can begin early in Nepali families. Girls are married as early as ten and often give birth before the uterus is ready. They do

not get enough nutrients in general but especially during pregnancy which results in weakening the muscles (including muscles holding uterus). They resume heavy work within days of giving birth.

Domestic abuse may also contribute to prolapse. A 2008 study by UNFPA found that 74% of the women questioned had been forced to have sex against their will. According to a 2006 Demographic and Health Survey, uterine prolapse has afflicted 600,000 women and 200,000 need immediate corrective surgery. It crosscuts every social, ethnic and geographic group in Nepal and even occurs in girls as young as 16.

Though nobody understands the seemingly bigger prevalence of uterine prolapse in Nepal compared to other countries in the region where women are exposed to similar risks, field medical personnel I spoke to in previous years repeatedly pointed to traditional birthing practices as the main culprit. Several doctors and nurses I've spoken to were convinced that lack of skilled birth assistance is indeed the main reason and other factors are more conditional. During deliveries at homes women are often asked to push too early and almost as a rule the placenta is pulled out incorrectly.

During post partum in most of the places in Nepal, women are isolated because of the taboo of 'dirty blood' and given inappropriate food because there are many superstitions related to feeding a new mother. In some regions a person performing food massage is called; this involves *walking on the abdomen few hours after delivery* to help the bad blood be expelled faster! In other regions women use very tight non-stretchable waist wraps. It holds the spine while carrying heavy loads but pushes the recovering uterus out.

Though the atmosphere around uterine prolapse in Nepal is changing there is still not enough talk about the interrelation between the social situation of women and investment in skilled birth attendants as preventive measures. The government hasn't shown enough commitment to address the root causes of prolapse, particularly the disempowerment of women and girls. The number of women suffering is constant even though government is spending some money on free surgeries and despite reservations, allowing various (I)NGOs to provide medical help (screening through mobile camps, information, rings pessary, surgeries). The government would be glad to have the NGOs out of the scene but they continue the cooperation because of the state inability to deliver basic services. As various senior officers of the Ministry of Health explained on several occasions- the NGOs create demand for services that government is not able to fulfill after they close their projects. Surely there is a point to it but these arguments have been repeated for at least 20 years so what has the government have been doing all this time? Almost every year there is an issue of unspent money in the budget.

The government allocated money for uterine prolapse surgeries is often not fully utilized because in Nepal paying for a surgery is only a tip of an iceberg. From my own experience, I know that even in the best private hospitals you need somebody from your family to serve as your attendant; there is no culture of hospital staff helping you with basic needs. The second issue is topography and scarcity of hospitals able to provide treatment; women need to get money for transport. Then the monitoring- merely enlisting patients for free services is not enough- the family will rarely allow it, they need women working at home and as long as she is still walking and alive they consider her healthy. So the NGOs often link with local health volunteers or hire their own to make sure that women who need help get to the hospital (visit and talk to family, help organize, etc.) and check on their medication and progress afterwards.

Special thanks to Anna Adhikari
Communications Specialist and Consultant-Organisation Development Centre, Kathmandu