

## **Preface**

Women's Rehabilitation Centre (WOREC) Nepal has been working on women's health at the community level since the last 18 years. During our course of work, we experienced that violence against women was continuously practiced in the community. Despite the government policies with regard to women's sexual and reproductive health, and its international obligation as a signatory to the international human rights instrument on Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) and International Covenant on Economic, Social and Cultural Rights (ICESCR) to ensure women health rights, violation of women rights is still an ongoing process and no effective implementation procedure and monitoring mechanism has been put in place to address women's health problems. Widespread women's health problems, such as prolapsed uterus, white discharge, anemia and other cases related to malnutrition of women are an indicator of violence against women. These health problems, mostly in the countryside, are not only because women have limited access to health care centers, but also due to the fact that the majority of women do not identify them as health problems. In most of the cases, they see health problems like prolapsed uterus as a part of bodily changes with time as they see women in their community, even their mothers, living with such problems. The very few who identify it as a problem cannot step outside their home due to social taboos that prohibit women from discussing their sexuality and reproductive health problems. Even if one dares to step out from home, risking her life and security, she cannot get the services she needs. This can be demonstrated by following case, which Dr. Renu from WOREC experienced in course of her work.

In a health camp in the countryside, Dr. Renu met with a woman 56-57 years of age complaining of backache and white discharge. She was afraid even to talk with the doctor as she turned up late at the camp. She was requested to lie down for check up. Smelly discharge, very dirty body parts and extremely dirty sari which she was wearing forced the doctor to ask why she was in such a situation. Her answer was disheartening. According to her, she was not allowed even by the women in the village to take a bath at the public tap because of her smelly discharge. She had to allow other women to fill their water tanks for drinking purposes before she could take a bath. Shocked with her reply, Dr. Renu proceeded with the internal inspection, which was even more shocking. Dr. Renu felt some resistance inside her vagina. However, she dared to pull it out and after that the scene was unimaginable. Her whole uterus (prolapsed part) came out with a fountain of smelly dark yellowish watery discharge and the element which obstructed her passage was a piece of a rubber slipper.

That lady had inserted it inside her vagina with a hope to get ease for walking as it kept her uterus inside. She further shared her story where she was discriminated against by all members of society; she mentioned that she was married at the age of 12; had her first child at 15 and her uterus prolapsed after the birth of her third child at the age of 20. She had neither attended any health personnel nor received any information about her health. Five years later her husband abandoned her with 5 children and married another lady. After that, along with the worsening condition of her health, the difficulties of her life began. She went to see several local health institutions for treatment, but all denied her saying they did not have medicines for WOMEN'S DISEASE.

This case changed WOREC's working direction and since then WOREC has incorporated a women's health program from women's perspective, taking guidance from books such as *Our Bodies, Ourselves (OBOS)*, and adopted the concept of barefoot gynecologist in its program and training. The training continued and created a pool of barefoot gynecologists at the community level. Feminist friends like Sabala and Kranti from India supported the training. The journey of women's health then began as a movement. It was very difficult at the beginning as this challenged social norms and practices and provided skill to community women to look at their body, collect their experiences, explore their sexuality and strengthen each others skill to take care of their own. This journey demanded more systematic information in the form of booklets, which could be shared with others and used as a tool to train thousands and be shared with thousands of women. In this journey, we were lucky to meet OBOS teams, especially Sally, in Canada during a women's health meeting. This meeting was the perfect match to find a source of information that we required to strengthen our movement. Feminist bond got strengthened and OBOS gave permission for adoption of the book in the form of booklets. Thus, we adapted *Our Bodies, Ourselves*, developed by Boston Women's Health Collective to the needs of Nepalese women. It incorporates information and sharing collected from discussions with women belonging to different communities, groups, and sectors.

Divided into 6 booklets, it provides information on factors that have affected women's health, directly or indirectly, in their everyday life. After an in depth discussion with women from all walks of life, it has come to our knowledge that certain factors that affect women's health are under our control and by using effective mechanisms we can improve our health, while other socio-economic factors, political policies, cultural values and foreign policies are not under our control and these are the vital ones that have not only affected our health but also health policies.

## **The 6 booklets are**

- ✚ Women Health and Factors affecting it
- ✚ Violence against Women and Its Impact on our Health
- ✚ Sexuality
- ✚ Our Body and Our Rights
- ✚ Our Problem and Our Solution
- ✚ Health Policy and Network

Similarly, the booklets include information on how we can have control over our own body using our skills and knowledge. Further, we have also tried to incorporate information regarding the national health policy, the health service mechanism available in the country, government policies and programs. We believe that with this information women of all communities will be able to acquire information regarding the places where they can obtain health service. Besides the above information, we have also included information regarding the state policies that have negative impact on our health; how our health rights have been violated and what can be done to improve our health. We are confident that these booklets will add momentum to the women's health movement of Nepal, which has gained a lot from its start. At this moment in Nepal everyone talks about women's health, prolapsed uterus, and sexuality. The discussion has begun, but requires more strength to grow.

This journey has achieved its goal to some extent but it was not very smooth and still there are many ups and downs. Beside logistical difficulties, the transitional phase of our country, Nepal, has made the adaptation process very slow, but at the same time very meaningful also. WOREC believes that democracy is the bottom line for any person to demand their rights. Thus, WOREC has been very much involved in political transformation process of the country in some areas. Health trainings also served as a tool to organize women for democracy. Beside the overwhelming response from women, rich life stories made us sometimes emotional and it was difficult to put together. Talking about sexuality was very difficult not only among women but also among those who were quite closely observing the process. Several times the collective

responsible to produce the booklets were labeled as “characterless<sup>1</sup>” women who are making other women “characterless”. Nevertheless, the collective took this as learning and strengthening sisterhood exercise and took their step forward. WOREC as an institution came forward to publish the *OBOS* booklets in the context of Nepal and different women groups and institutions took a role to disseminate the booklets. Now, there is demand for a radio program based on these booklets, from different communities, and we are optimistic that we can do it soon.

The adaptation process established a clear link between women from grassroots with national and international feminist movement, and built a sense of solidarity and sisterhood. Thus, we can say that the journey of adaptation of the booklet has been overwhelming.

Thank you everyone for making this happen!

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<sup>1</sup> a person whose character does not match the perceived notion of how a person should have certain criteria such as a woman who defies the conceived notion of how a woman should behave, for example; talking about sexuality is still taboo in Nepal so if a women talks about her sexuality than she is regarded a characterless women.