

Sakhubai's Story

(Information on uterine prolapse)

MASUM Health team

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March 2002



Mahila Sarvangeen Utkarsh Mandal (MASUM)

Purandar Taluka, Pune District * Parner Taluka, Ahmednagar District

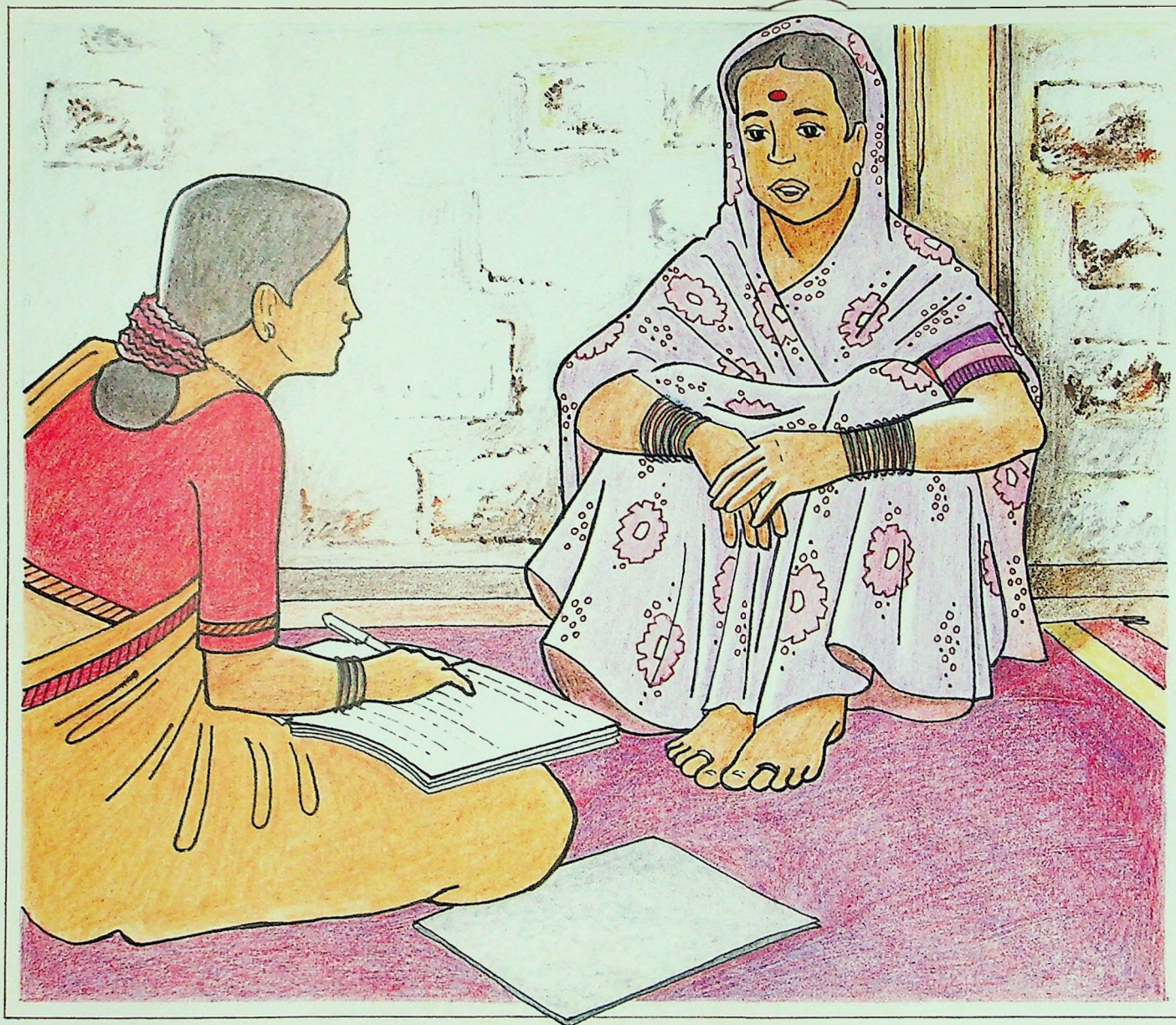
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1. We will be sharing Sakhubai's health concern with you today. Sakhubai is a 40 year old woman and has approached the health centre with some complaints that she has been suffering for a long time. She tells the health worker, "My lower back hurts a lot and I also have some white coloured fluid coming out of my body (vagina). Whenever I sit in a squatting position something comes out of my body (vagina). I have come to you because it has become so unbearable now".





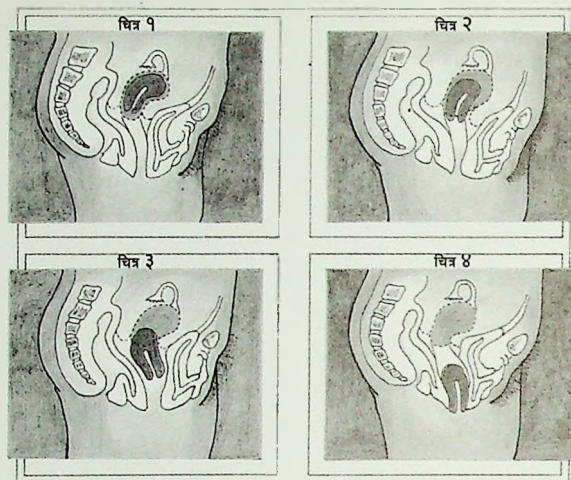
2. The health worker asks Sakhubai to sit in a squatting position and cough. On examining her internally, she tells Sakhubai, "Your uterus has shifted and is coming out through the vagina."





3. On hearing this information Sakhubai is very worried. She asks the health worker, "What do you mean by that? How can the uterus come out of the vagina? What has happened to me? Will I die?"

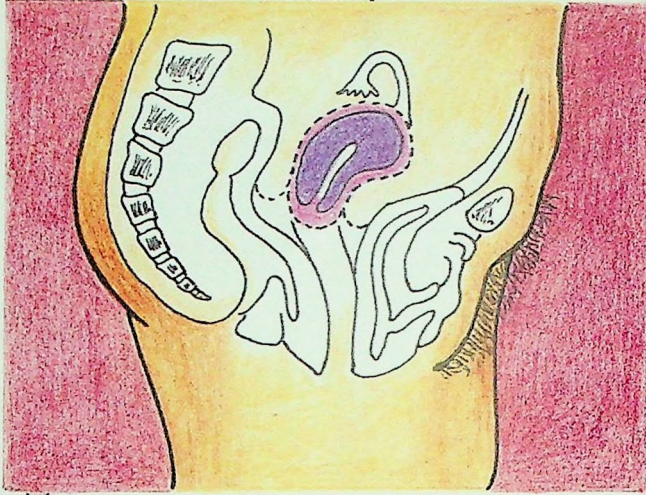




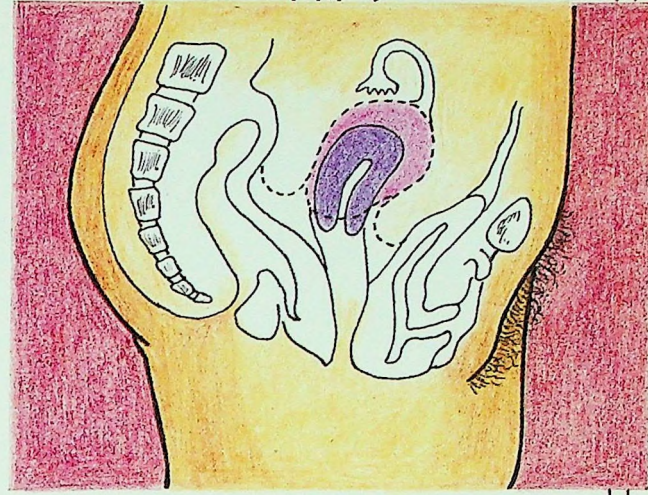
4. The health worker explains, "This illness causes a lot of pain and suffering but it is not fatal. Uterine prolapse means the uterus has shifted from its original position. It occurs in three stages or degrees".

- When the cervix descends into the vagina it is called the first stage of uterine prolapse. Picture one shows the uterus in the normal position and picture two shows the first degree of prolapse.
- When the uterus slides further down to the level of the vulva it is the second stage or second degree of uterine prolapse. See picture three.
- Stage three is characterised by the uterus coming out of the vagina especially when coughing or sitting in a squatting position. See picture four.

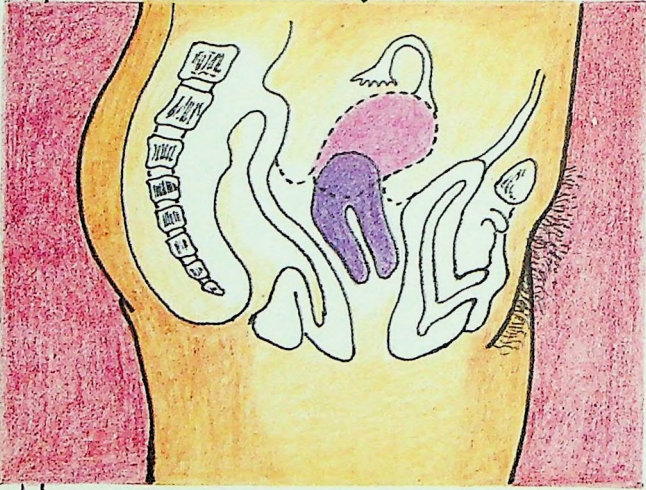
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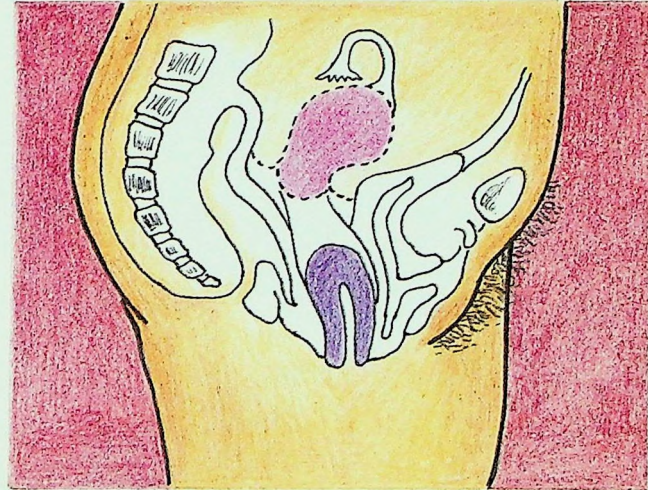
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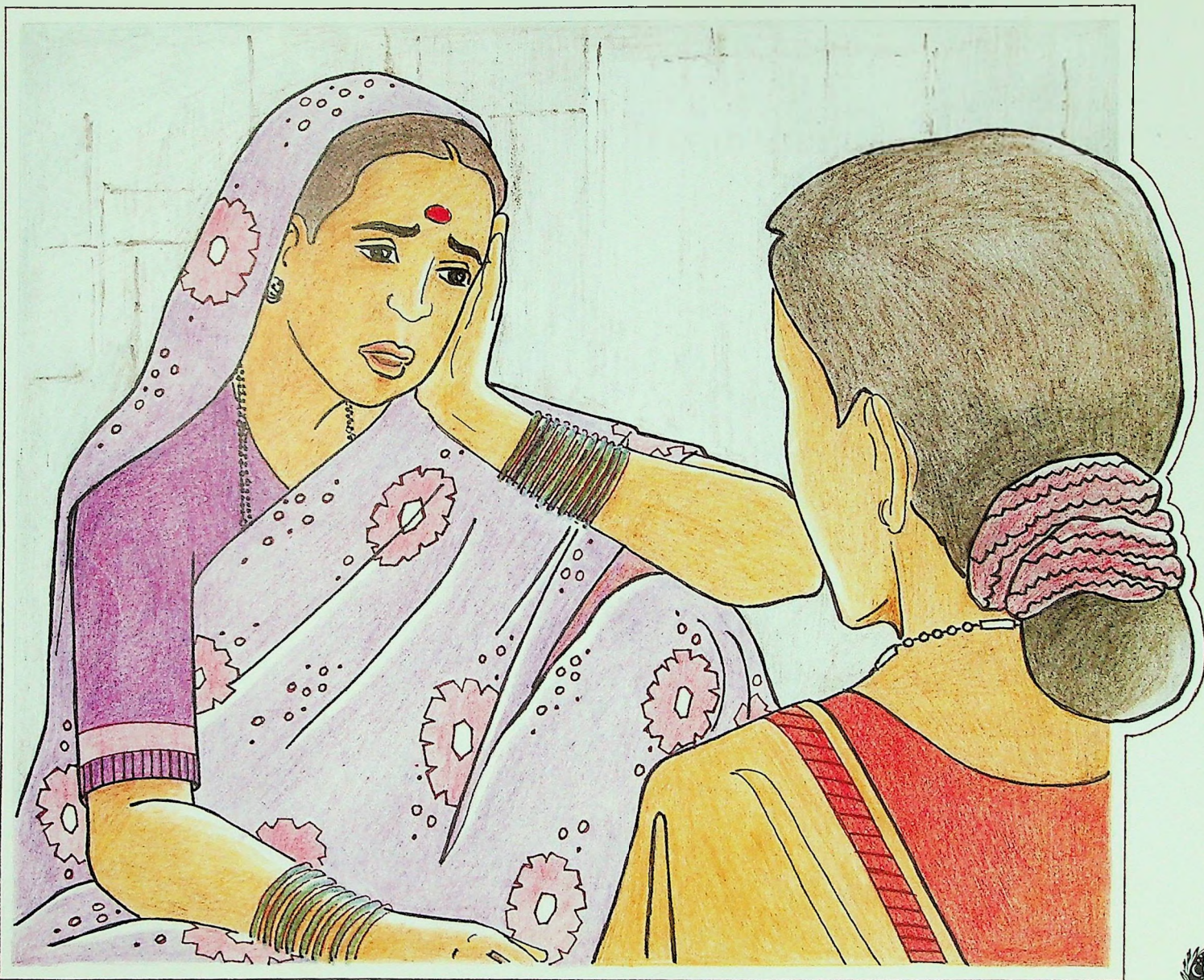


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5. Having heard this information Sakhubai tells the health worker, "Only when I saw the uterus outside the vagina did I realise that something was wrong. So I must be in the third stage now. How could I have known about my problem in the earlier stages?"

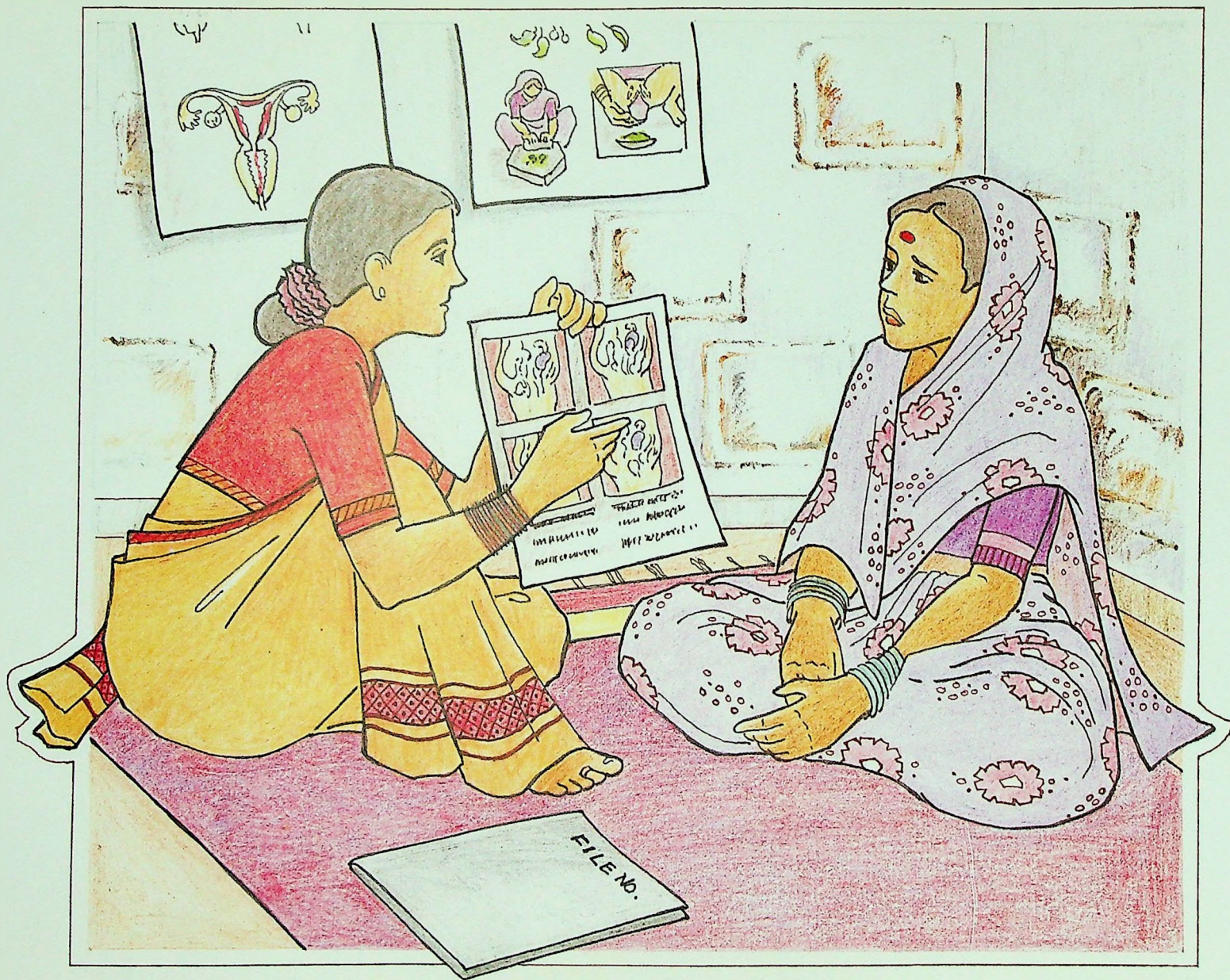




6. The health worker replies, " Prolapse has certain symptoms even in the first and second stage. A woman needs to get herself examined if she notices any of the following symptoms."

- In the first stage (when the cervix descends into the vagina) a woman experiences acute lower backache, pelvic heaviness, excessive white discharge and painful or difficult sexual intercourse.
- In the second stage (when the cervix descends to the level of the vulva) the woman experiences acute lower backache, pelvic heaviness, feeling of something having fallen out, feeling the existence of a foreign body in the vagina, tugging or pulling of the pelvic and or calf muscles, excessive white discharge and painful or difficult sexual intercourse.
- The third stage is easy to recognise as the uterus comes out of the vagina especially when coughing or sitting in a squatting position. A woman also experiences all the symptoms mentioned in stage two namely acute lower backache, pelvic heaviness, feeling of something having fallen out, feeling the existence of a foreign body in the vagina, tugging or pulling of the pelvic and or calf muscles, excessive white discharge and painful or difficult sexual intercourse.







7. Sakhubai's eyes filled up with tears. The health worker was concerned and so she asked "Why are you crying? Please tell me what is bothering you. Are you experiencing a lot of discomfort?" Sakhubai replied, " I experience a lot of pain during sexual intercourse. It is sometimes intolerable but how do I refuse my husband? Do you think he'll take no for an answer? What would happen to me if he got another woman to fulfill his needs?"

Points for discussion:

- How do you feel about Sakhubai's fears? Are they real?
- Can a woman refuse to have sex with her husband?
- What would the consequences be if she refused sex?
- Why is it that a husband can take a second wife if he so desires? Are women allowed the same sexual freedom?





8. The health worker says, "Sakhubai, I know some other women who also have uterine prolapse. This condition is rather common in our area. These women have formed a group where they share their problems and discuss remedies or options. You too can be part of this group."

Points for discussion:

- Do you think that forming a group for women with similar problems is beneficial?
- What would the benefits of such a group be?





8. The health worker says, "Sakhubai, I know some other women who also have uterine prolapse. This condition is rather common in our area. These women have formed a group where they share their problems and discuss remedies or options. You too can be part of this group."

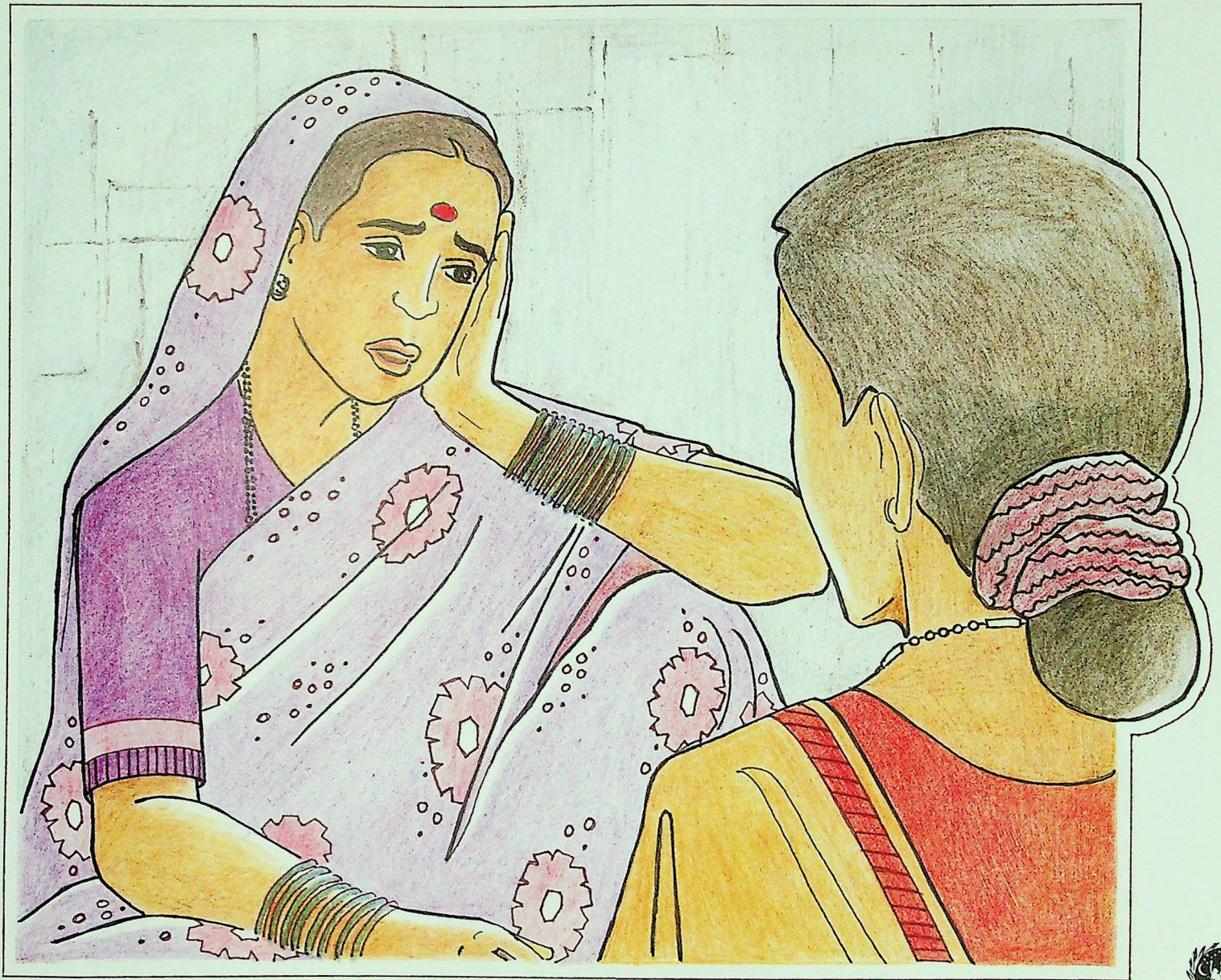
Points for discussion:

- Do you think that forming a group for women with similar problems is beneficial?
- What would the benefits of such a group be?





9. Sakhubai asks the health worker, "What causes prolapse?" The health worker answers, "Prolapse is caused by a number of factors. Let us look at them one by one".





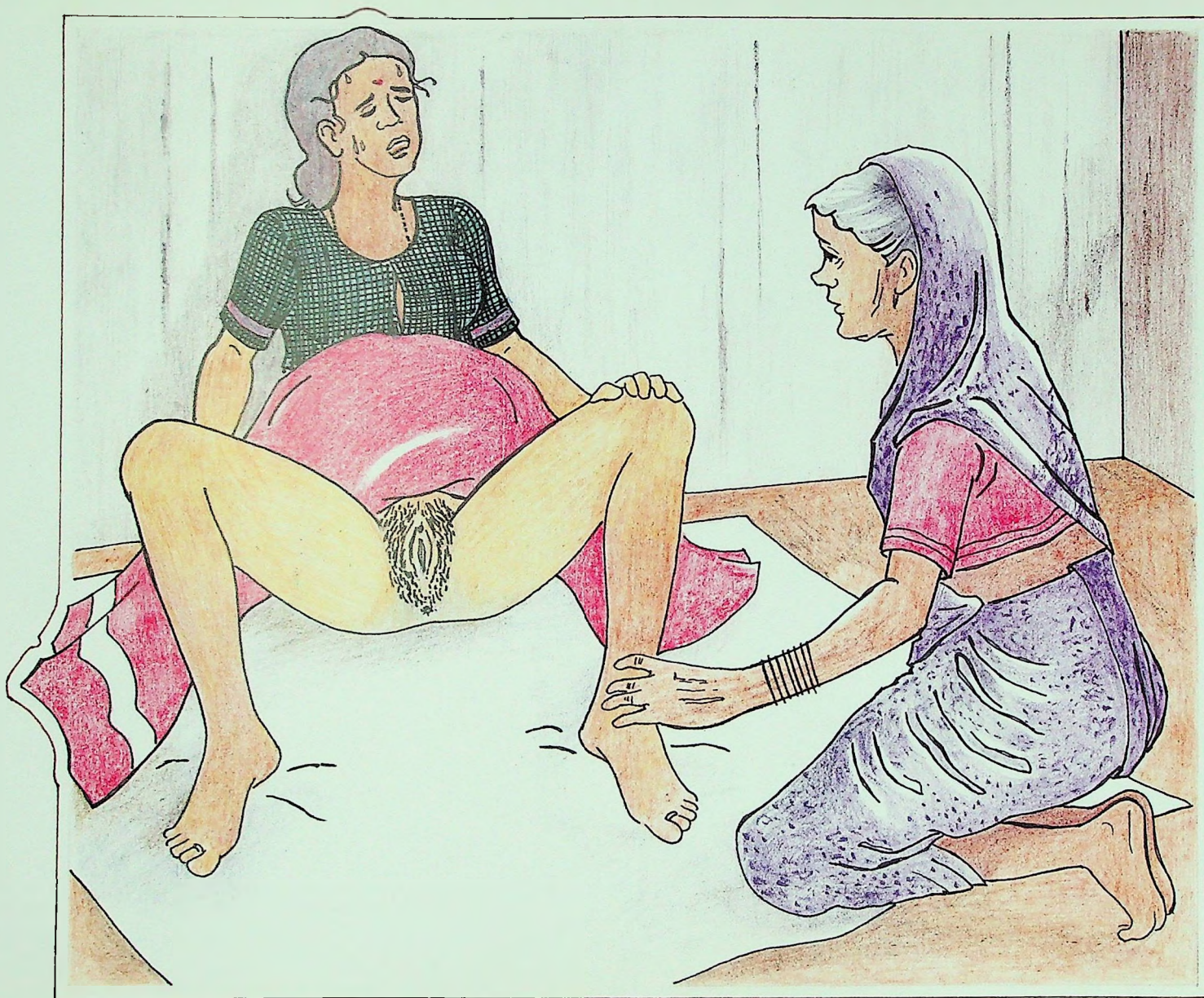
10. "Women in labour are asked to push as soon as the contractions begin, which might sometimes be more than twelve hours before the child is actually delivered. This is especially true when the woman is giving birth for the first time. This stresses the uterine ligaments and can cause prolapse.

During labour a woman should not start pushing as soon as the first contraction starts. Childbirth has three distinct stages. The first stage is characterised by contractions which occur every three to five minutes and each contraction lasts for a minute. In this stage a woman should NOT push, because the cervix has not yet opened fully. It is only when the contractions occur in rapid succession that she should start pushing.

The pressure while pushing should not be on the vagina, but on the rectum, the way we push when we are constipated."

Points for discussion:

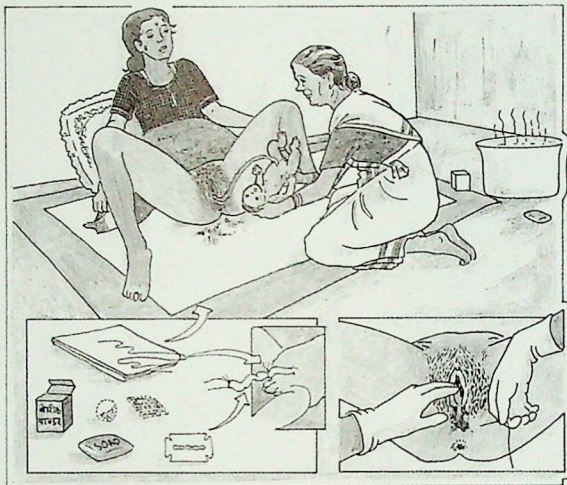
- Women's experiences related to the time required for delivery from the time contractions start during the first childbirth and the consequent deliveries.
- Women's positive and negative experiences related to pushing during labour.



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11. "Delivery should be performed by either a trained dai (trained birth attendant) or in a government hospital. The trained dai (trained birth attendant) should use the safe delivery kit provided by the government. This kit contains the following items:

soap- to wash the dai's hands with

sterilised thread- to tie the cord

sterilised blade- to cut the cord

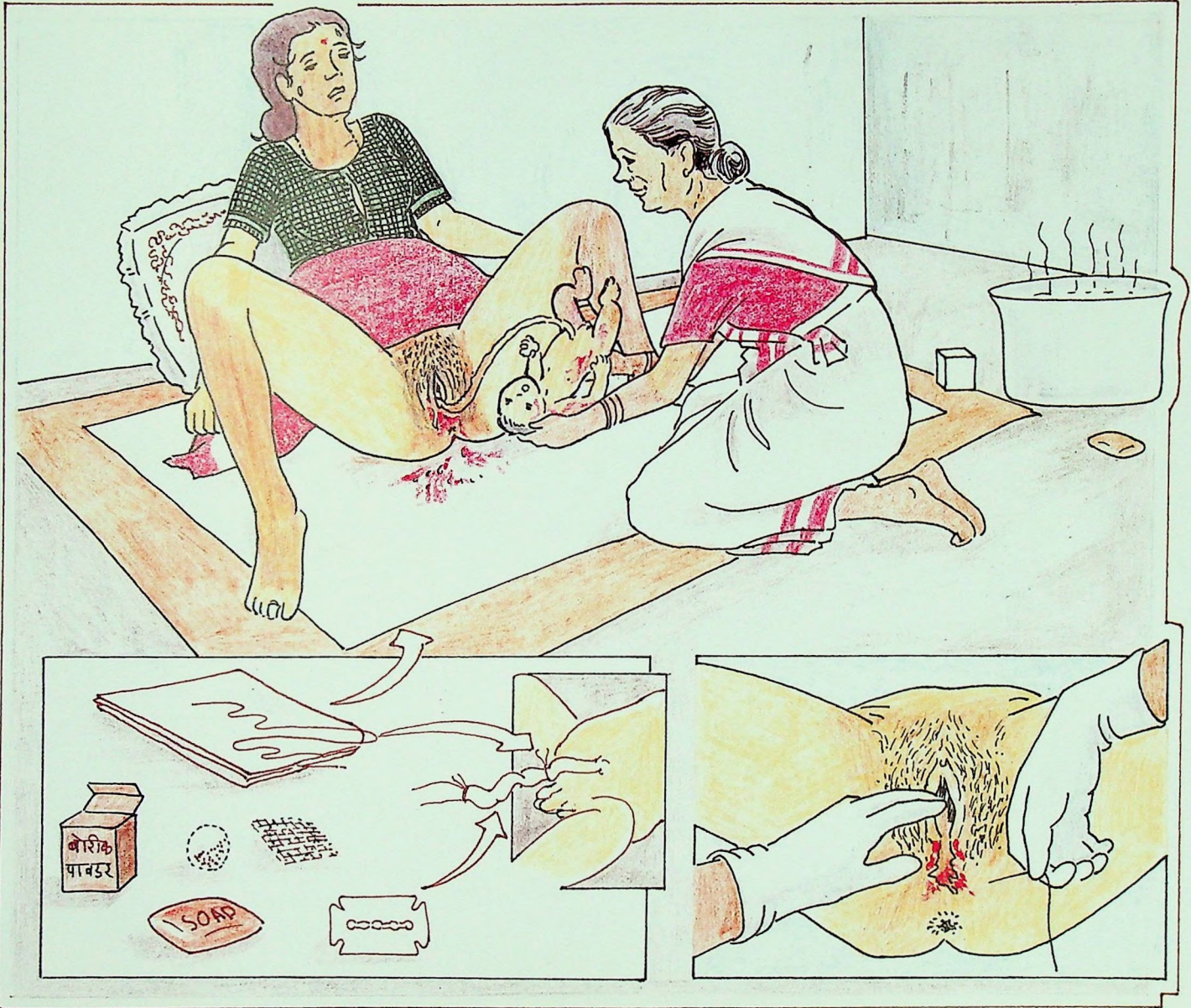
antiseptic powder- to sprinkle on the cord after it has been cut

cotton- for dressing

If the area between the vagina and the anus (perineum) tears during delivery it should be stitched as soon as possible by taking the woman to a hospital or getting a nurse to stitch it."

Points for discussion:

- Right to health care
- Do women have access to safe deliveries and post-delivery care?
- What needs to be done to increase access to such care?





12. "Some simple postnatal exercises help the uterus move back to its original position. After childbirth, a woman needs to exercise her pelvic floor muscles to strengthen them. We can locate our pelvic floor muscles by trying to stop and start the flow of urine. Tighten the muscles (as you would hold the flow of urine) and hold them that way until you count ten. Release the pressure slowly.

Repeat upto five times. Do this three or four times every day. We can slowly increase the time of holding the muscles to twenty counts. This exercise can be done anytime and anywhere without anyone realising it."

Demonstrate the exercise. Get women to do it and share their experiences with others.





13. "Getting back to strenuous work soon after delivery can also cause prolapse, because the pelvic muscles are still weak. A woman needs to rest for at least seven weeks after childbirth or abortion. During this period she should avoid lifting heavy goods or undertake any strenuous activity which would hamper the uterus from getting back to its original position or stress it further."

Points for discussion:

- Is it possible for women to rest for two months after delivery?
- What needs to be done so that women can have an opportunity to rest?
- Can the rest of the family members help in the household work?
- Can we discuss sharing of household responsibilities at home?



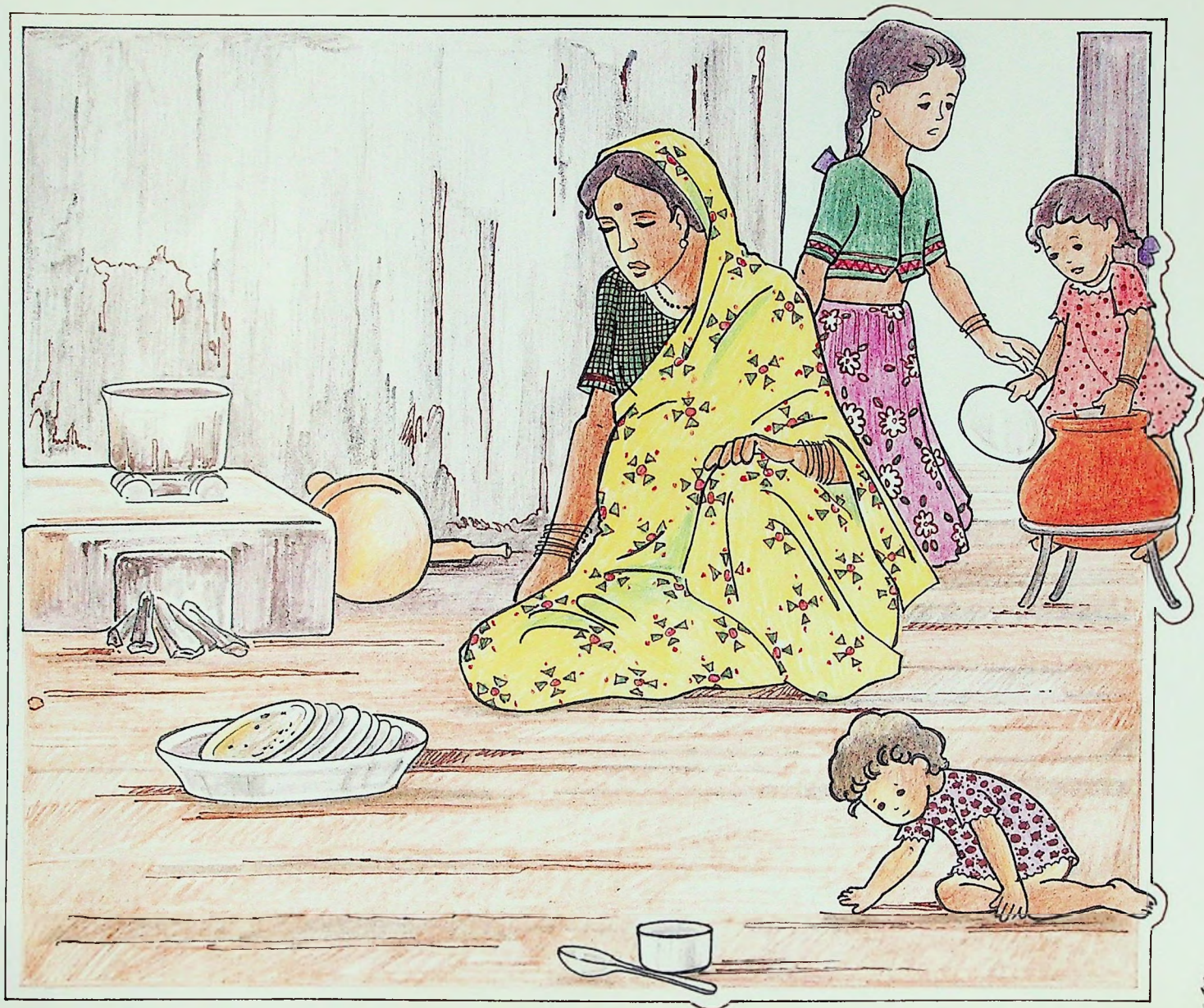


14. "Pregnancy at a young age, a number of successive deliveries with very little gap between them is also one of the reasons for prolapse. Often women have to undergo many deliveries until a son is born"

Points for discussion:

- Why does the family and society consider it so important to have a son? Do we think the same?
- What consequences does a woman have to face when a son is not born? Are these fair?
- Can a woman decide that she does not want any more children even if she does not have a son?
- Can she decide when she wants to have a child or the number of children she wants to have?
- How can we increase women's decision-making about her own body?

(If this discussion is taking place with elderly women, one can talk about giving support to the daughter in law and speaking with the son on her behalf.)



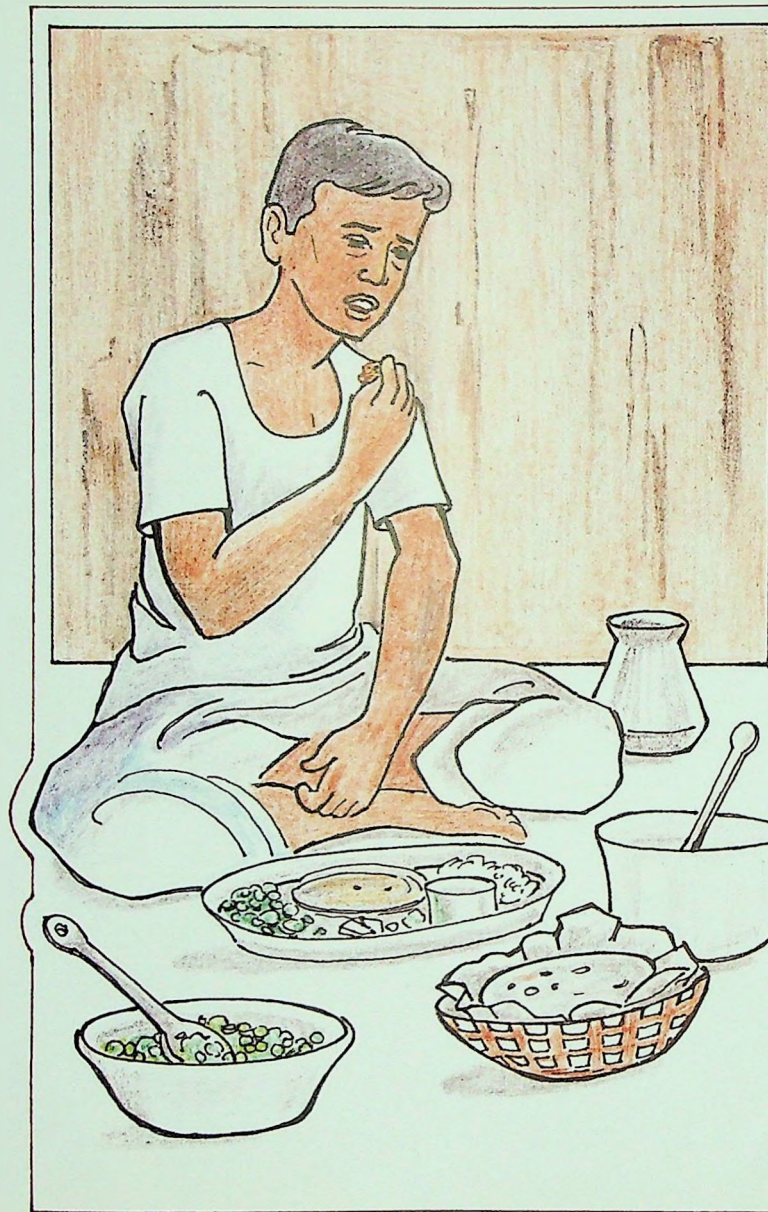


15. "Lack of a balanced and nutritious diet can also be a contributory factor to prolapse. Generally women's diet lacks in nutrients required for her growth. To support the processes of menstruation, pregnancy and childbirth it is necessary to have a wholesome diet. Sometimes, the diet needs to be supplemented with additional nutrients such as iron, folic acid, vitamins and calcium."

Points for discussion:

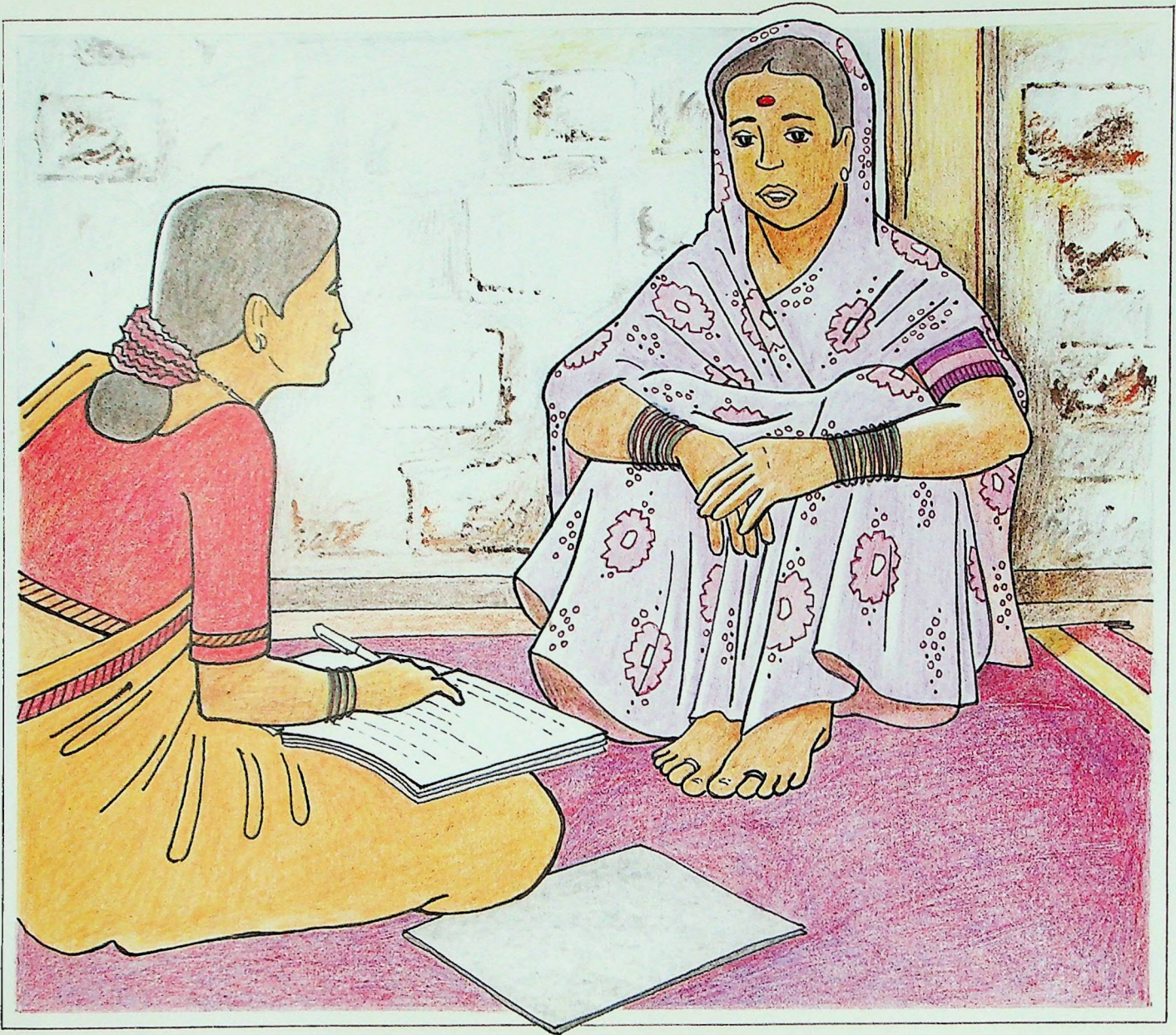
- What do women generally eat? Is the food sufficient and fresh?
- Who eats first? How much of what was served to the first person remains for the last person?
- Is there a difference in the diet of men and women? If so what?
- What would be a wholesome diet? (taking into consideration food available in our area)?
- Discuss misconceptions about food intake during pregnancy and after childbirth.
- Why do women not get enough food? (Discuss poverty and gender discrimination)

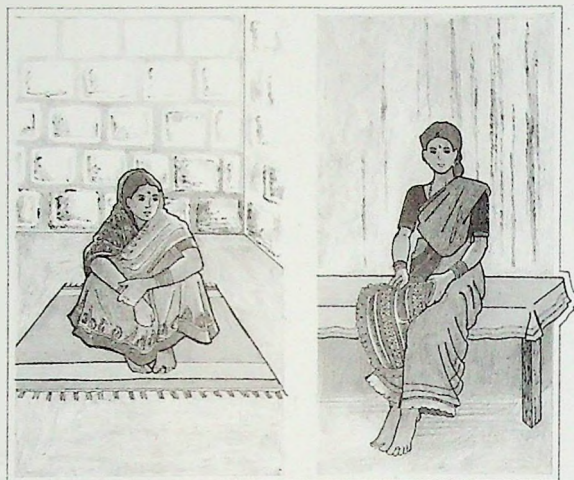






16. The health worker continues saying, "We have just seen the causes of uterine prolapse as well as the precautions which need to be taken to prevent it. Let us now see the various options available if the uterus has already prolapsed."

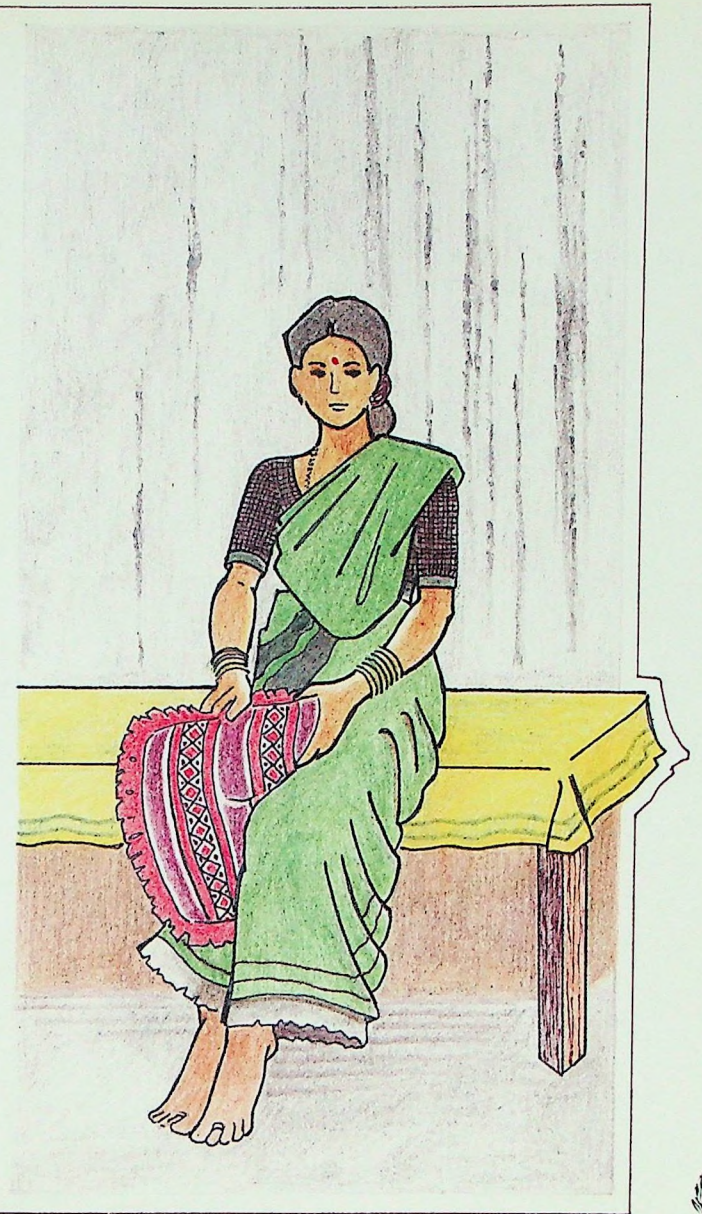




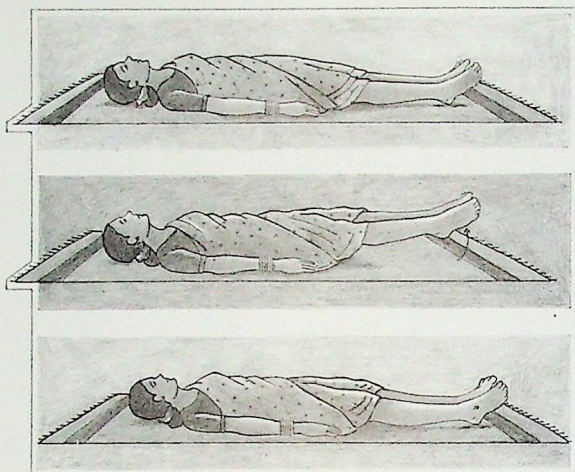
17. The following exercises will prevent the uterus from further prolapse.

Note: All the exercises described below will have to be demonstrated by the facilitator. The group should also be encouraged to participate.

- a) "Exercise the pelvic floor muscles regularly by tightening them as described earlier.
We can locate our pelvic floor muscles by trying to stop and start the flow of urine. Tighten the muscles (as you would hold the flow of urine) and hold them that way until you count ten. Release the pressure slowly. Repeat upto five times. Do this three or four times every day. We can slowly increase the time of holding the muscles to twenty counts."
- b) "Sit on the edge of a chair or bed or stool with a pillow between the knees and press knees together as tight as possible and for as long as possible then release. This exercise should be done at least four times every day."



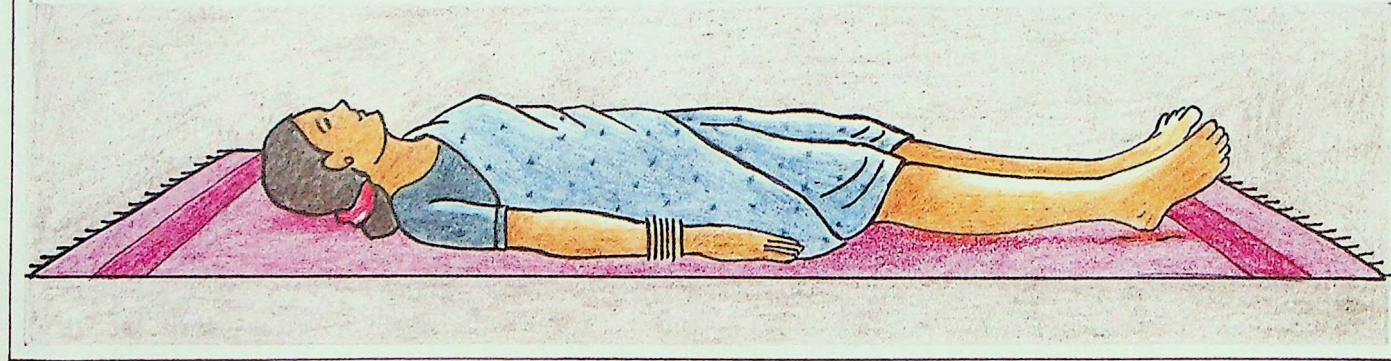
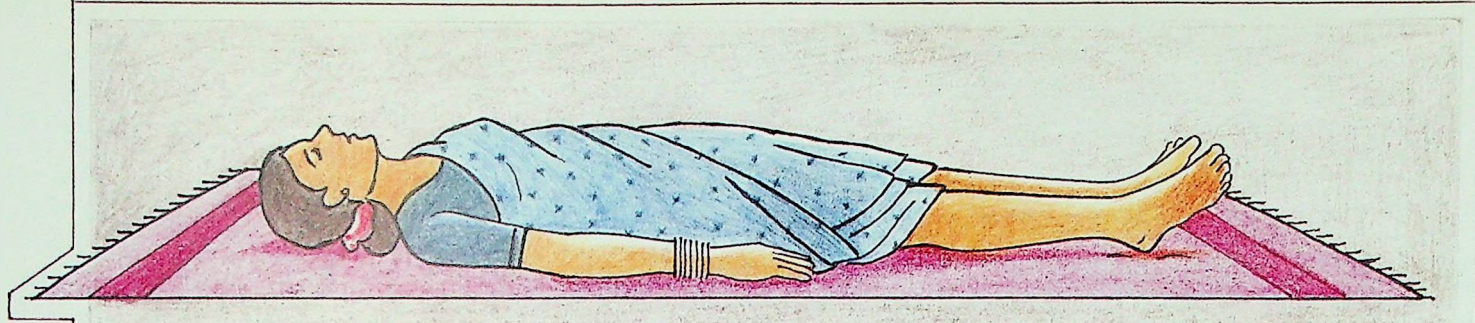
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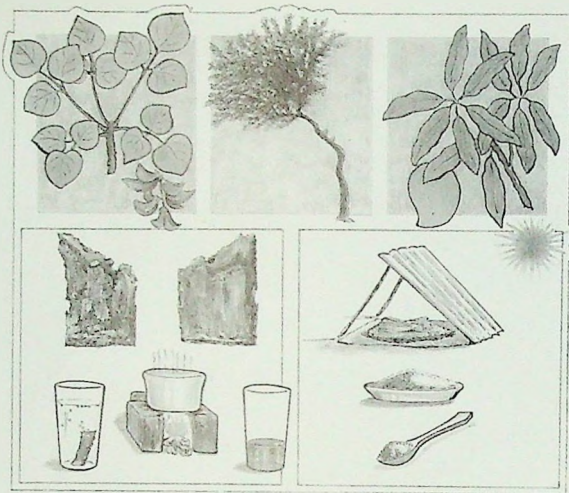


18. One more exercise:

Note: The exercise described below will have to be demonstrated by the facilitator. The group should also be encouraged to participate.

c). "Lie on the back with arms on the side and lift both feet without bending the knees upto six inches above the ground, hold your breath and count upto ten, exhaling slowly. Return to original position. Gradually increase the count to twenty. This exercise should be done a minimum of four times every day."





19. "Along with these exercises the following interventions are also necessary":

a) herbal decoction:

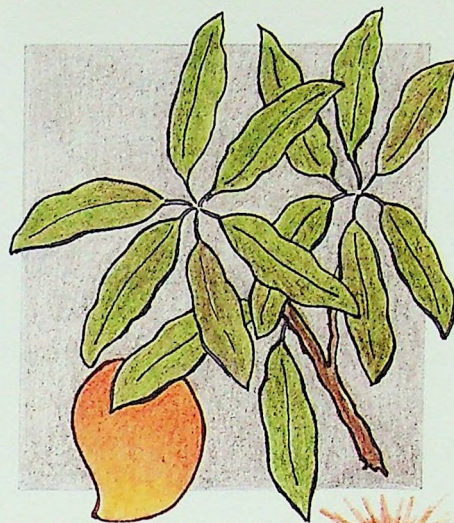
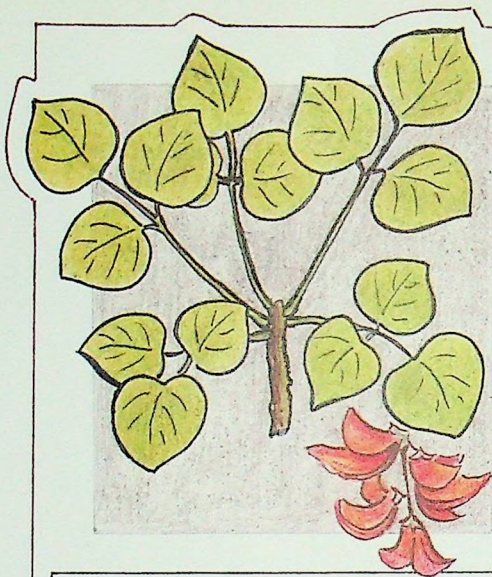
Note: The preparation of the decoction will have to be demonstrated by the facilitator. The group should be encouraged to prepare the decoction on their own.

The decoction of the bark of either the Palash (flame of the forest) or Mango or Black Babool tree should be taken every morning for a period of three months.

The decoction is prepared by boiling a two-inch piece (half a finger length, *show the bark of appropriate length*) of the inner bark of any one of the above trees in a glassful (250-ml) of water until the water reduces to a cupful (one third).

The decoction should be taken fresh as it loses its properties when stored. If getting a fresh piece of bark everyday is not possible, then one can get a sufficient amount of the bark, dry it in the shade, grind it into a fine mixture and swallow a spoonful of this dry powder every morning instead of the decoction.

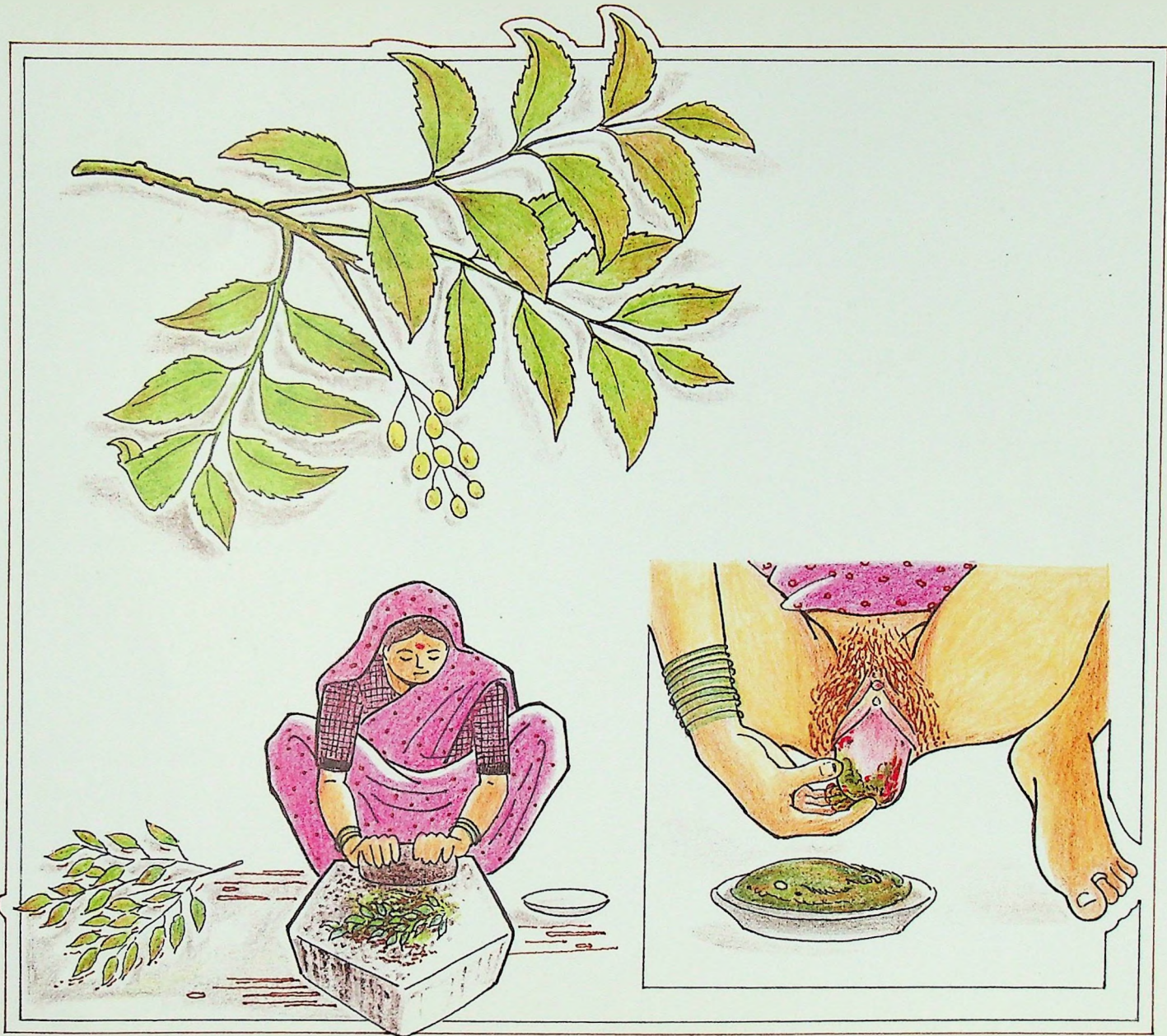
b) A pessary can also be inserted inside the vagina to hold the uterus and prevent it from sliding down. These pessaries are available in government hospitals.

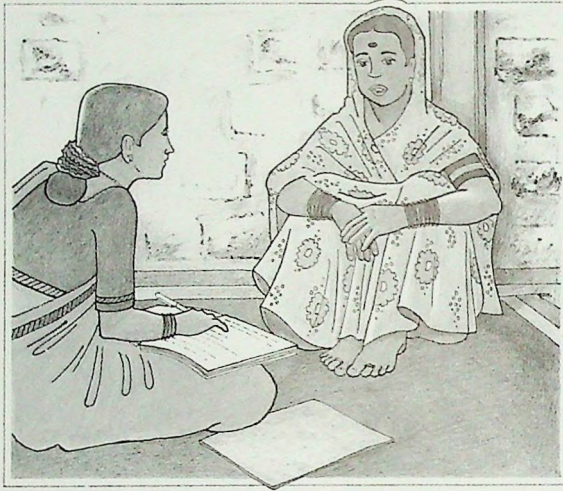




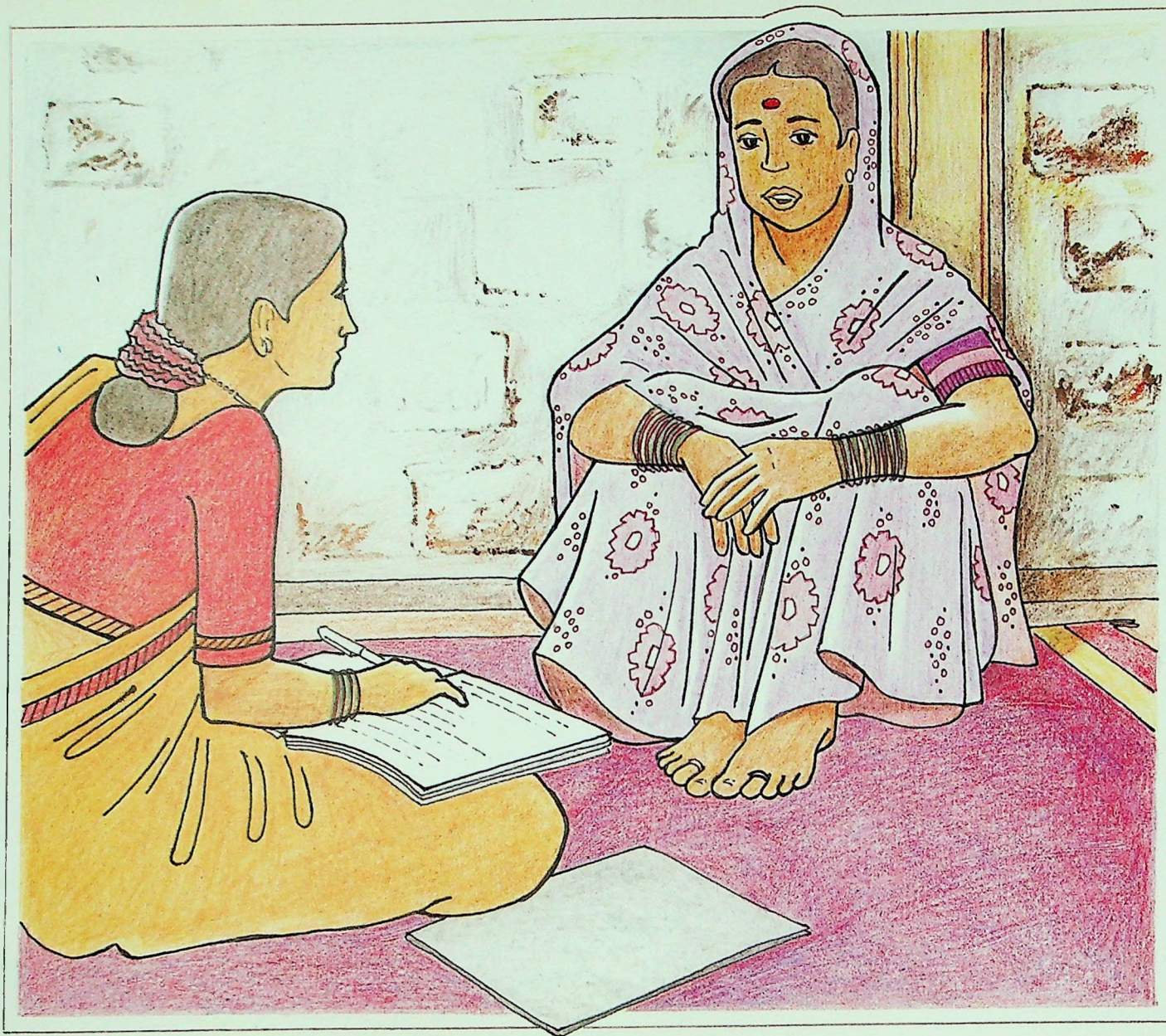
20. When the uterus comes out of the vagina (the third stage) there is also a possibility of infection as the uterus comes in contact with dirt, cloth and other objects. This causes infections in the vagina, which in turn cause irritation, itching, pain and discharge. For prolapse in the third stage the only option today is surgery. However if the uterus has infections it will have to be treated before surgery can be performed.

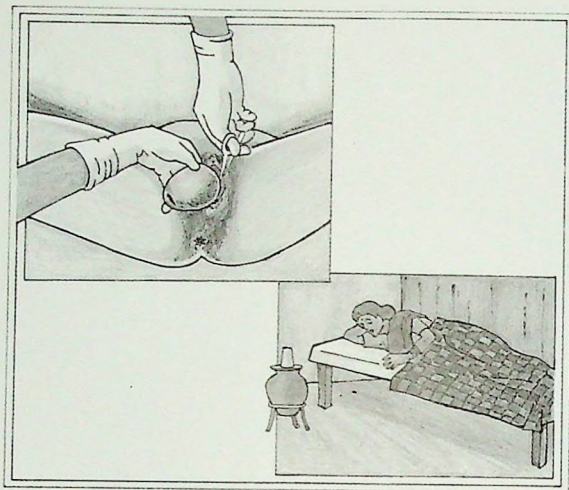
This can be done by applying neem paste on the prolapsed uterus. The paste is prepared by grinding clean neem leaves. This paste has to be applied twice a day after washing the vagina clean and continued for atleast seven days. In case the infection is not cleared with this treatment it is necessary to consult a gynecologist. Remember though, that in the third stage of prolapse, the only option that we have today is surgery. The doctor will decide whether the uterus has to be removed or not.





21. On hearing about surgery Sakhubai was extremely worried. She asked the health worker, "Is this surgery risky? Do I really have to have the operation? I am very scared."





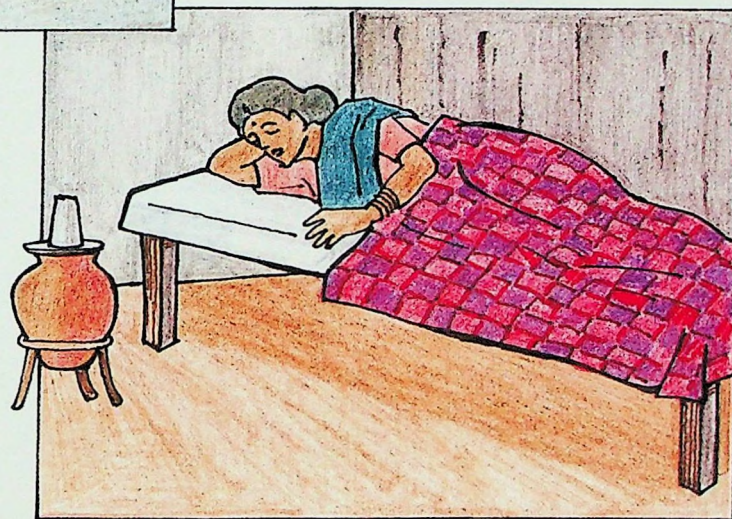
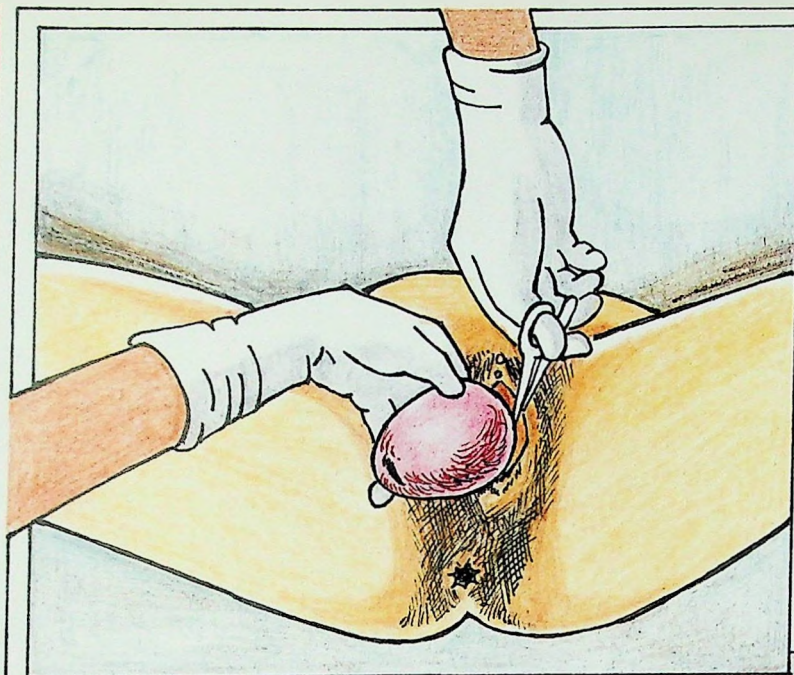
22. The health worker explained, "I can understand how you feel. I shall explain the procedure to you so that you will know what will happen during the surgery.

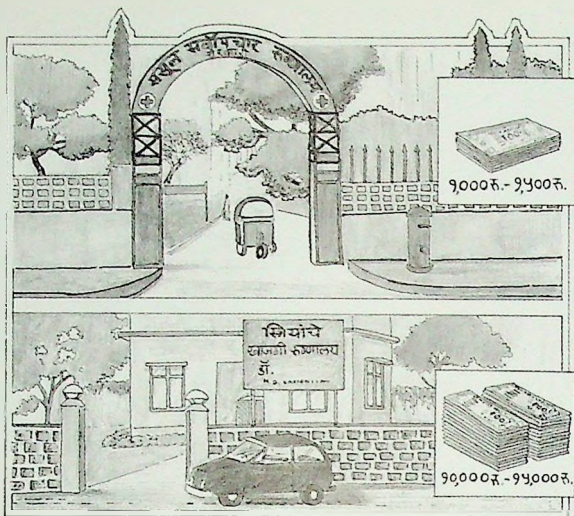
In case the uterus has to be removed (hysterectomy), there are two methods by which this can be done.

One would involve removing it from the abdomen by making a cut on the stomach, whereas the other way would be to take it out through the vagina.

In case of uterine prolapse, most often a vaginal hysterectomy is conducted. Usually there is no risk to life but if a woman is anemic she may need a blood transfusion. Just as a woman needs rest after childbirth so does a woman who has undergone hysterectomy. After this surgery the woman needs to rest for at least a month and a half. This surgery is performed in both government as well as private hospitals."







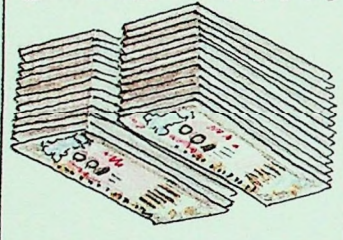
23. "The cost that is incurred in a government hospital is generally not more than Rs 1000 to Rs.1,500 which is inclusive of medicines and expenses required for travel, whereas in a private hospital the cost can be anywhere between 10,000 to 15,000."

Points for discussion:

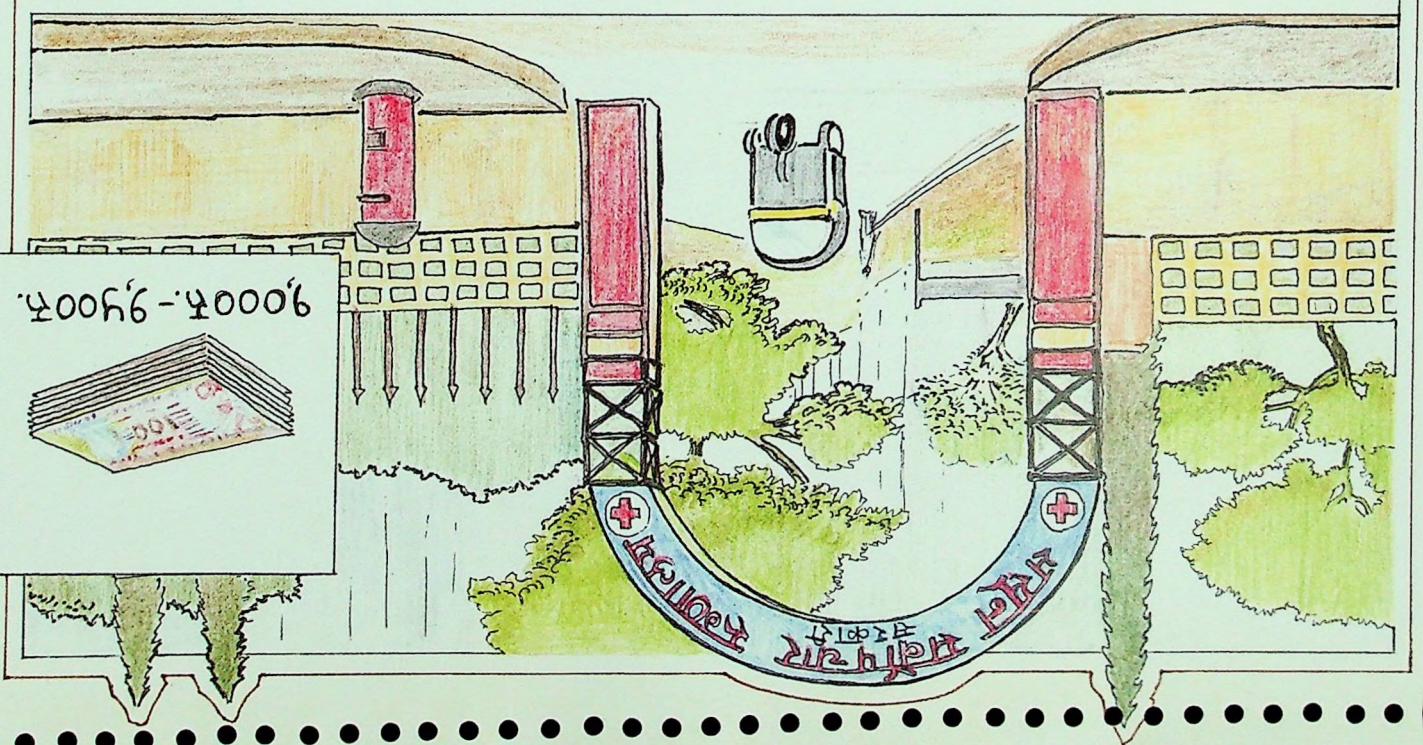
- The benefits of a government hospital.
- Right to health care in government hospitals.
- Indebtedness because of illness



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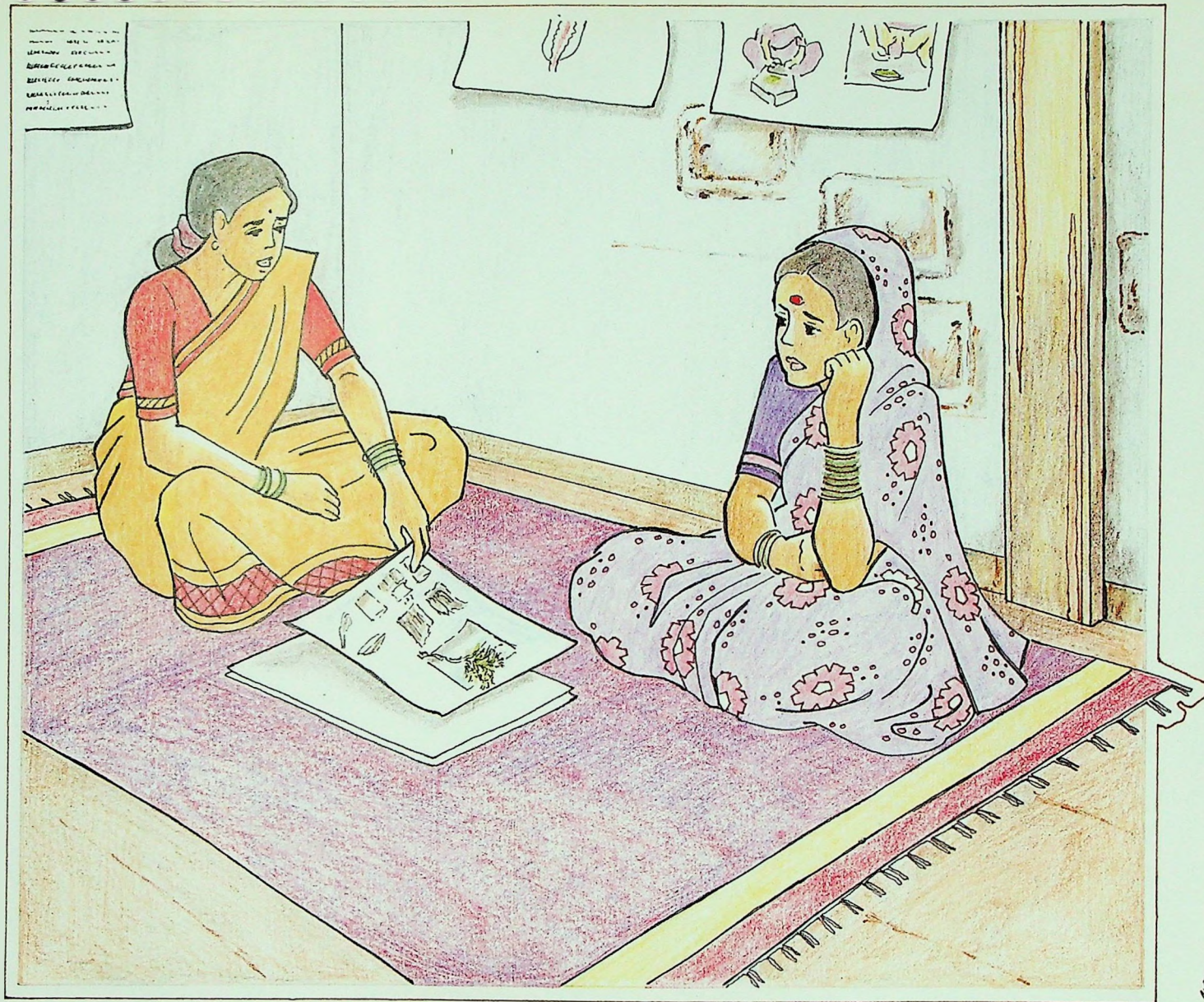


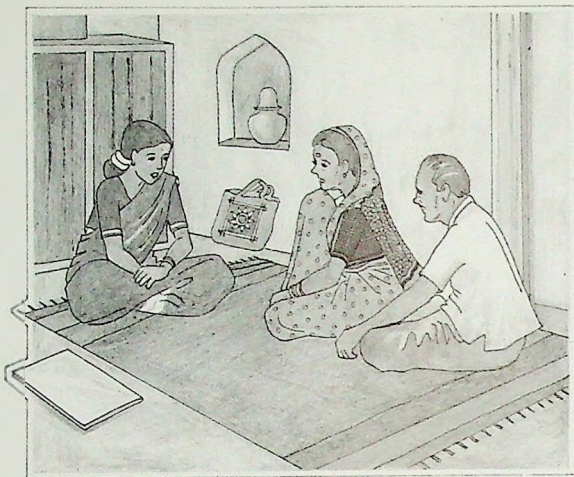


24. After hearing the information about the operation, Sakhubai said, "If I need the operation I will have to speak to my husband. He will want to know why someone as healthy as me needs an operation. He may not listen to me. Will you talk to him?" The health worker replied, "Why don't you try speaking with him first? If he does not listen to you, do come with him to the centre and I shall talk to him. I will explain the importance of the operation to him."

Points for discussion:

- Why is it important to teach women to talk about their needs and rights?
- How can the health worker be a part of this process of communication without reducing the woman's agency? How can she increase women's decision-making?





25. Sakhubai has now come to the centre with her husband after speaking to him. The health worker tells her husband, "Sakhubai may need to have a hysterectomy. She has been silently suffering for a very long time.

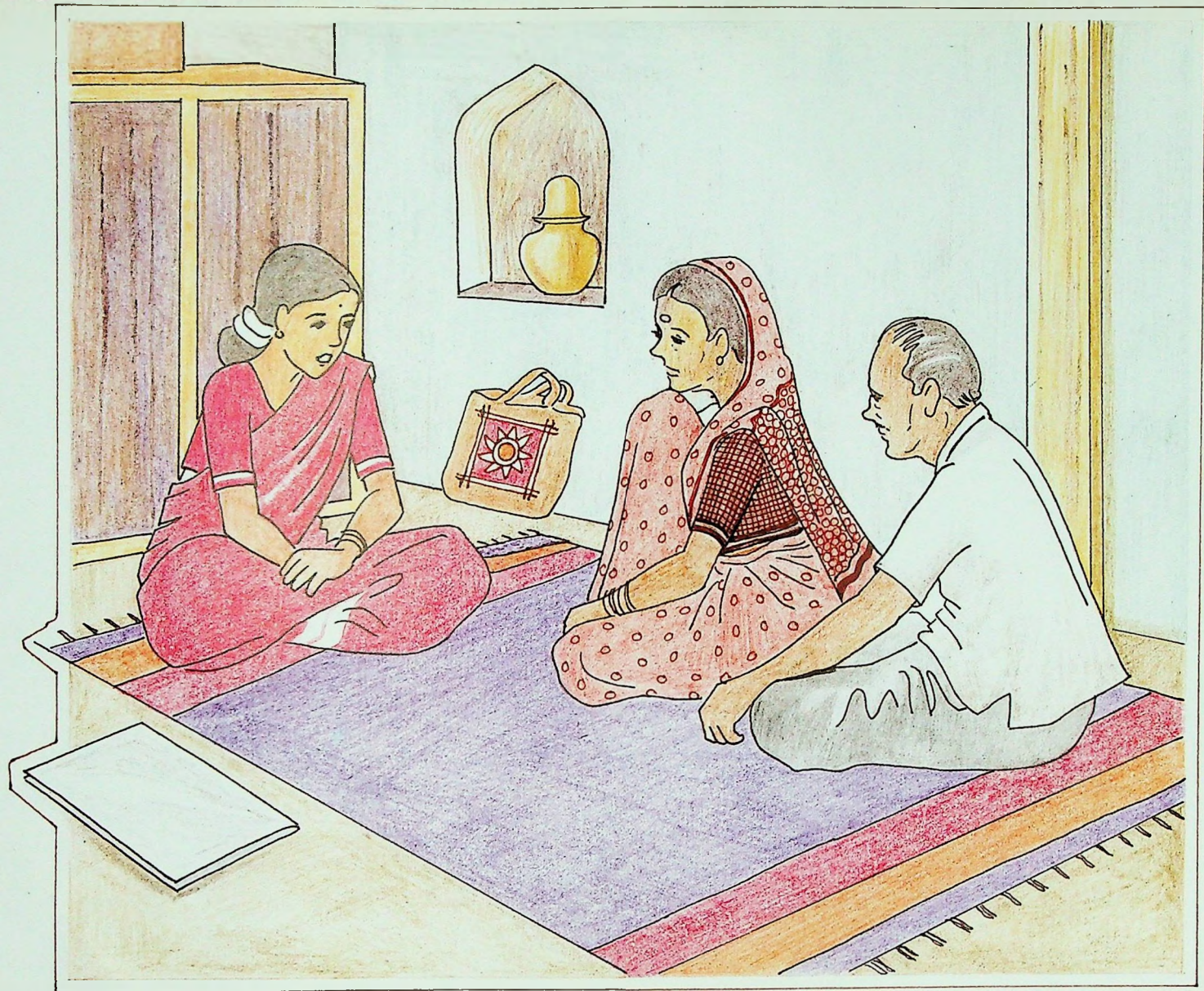
How many more days should she suffer like this?" Sakhubai's husband replied, "If she is operated upon who will take care of the house?"

Treatment in a government hospital also requires money these days. Right now it will be difficult for us to have the operation." To that, the health worker replied, "During her entire married life she has slogged for you and your household. You too need to take care of her and consider her needs. Would Sakhubai have delayed you from undergoing an operation if you needed it? You should get her operation done at the earliest." Sakhubai's husband replied, "You are right. I need to pay more attention to my wife's needs. I will get her operation done at the earliest."

Points for discussion:

- What is the difference in men and women's access to health care? Why?
- In which ways does Sakhubai's husband need to take care of her? (medical expenses, sharing the household work, being sensitive about not demanding sexual intercourse and so on)



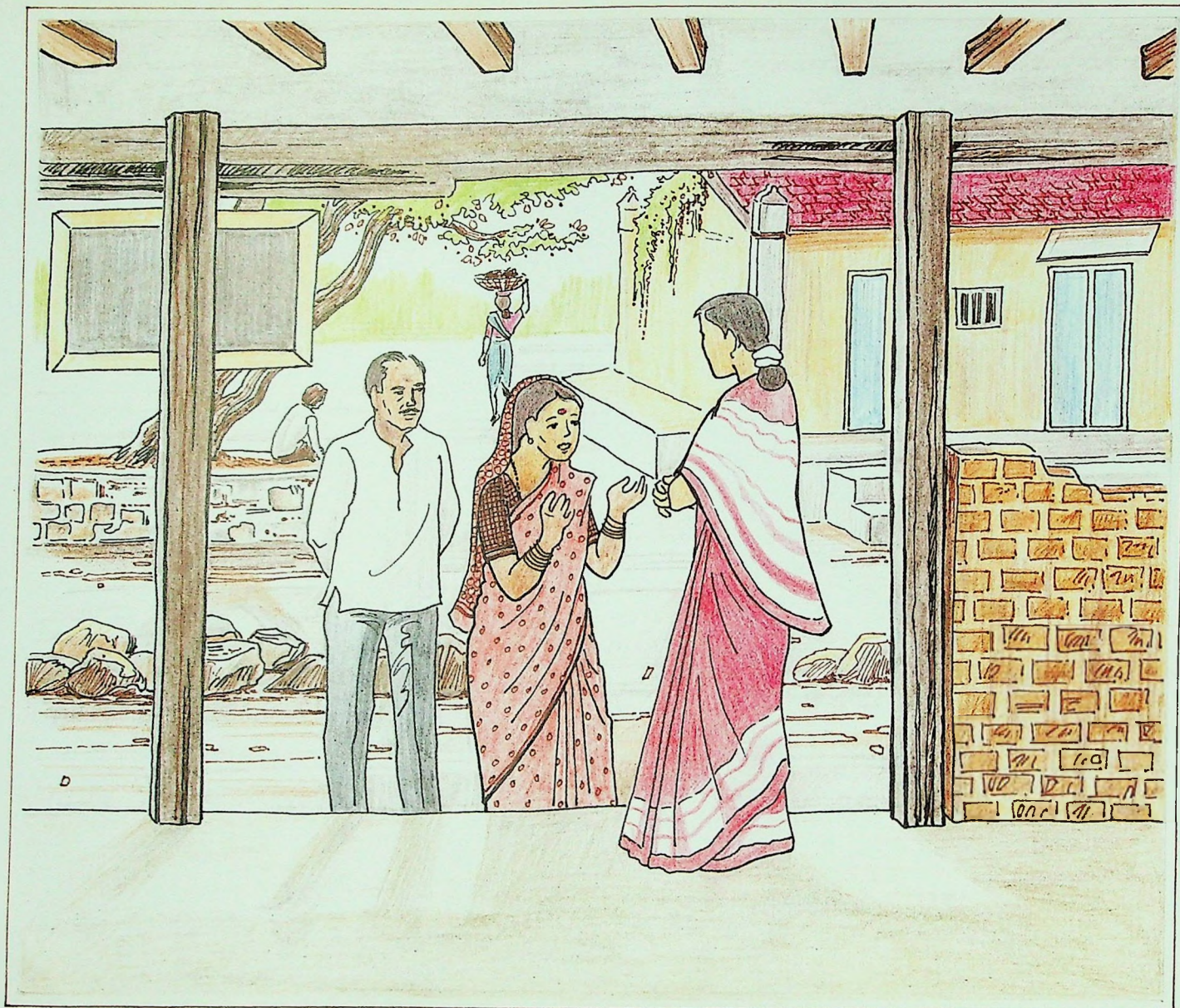




26. The health worker tells Sakhubai, "Take care of your health. I will come to meet you before the operation. Two more women from our village will be going to the government hospital next week. You too could go with them. If you need any help, please come to me. I will accompany you to the hospital."

Points for discussion:

- What help and co-operation will be required once the operation is done? From who?
- What are the benefits of women getting together and going to the government hospital?
- What will we have to do to get good health care services?



MAHILA SARVANGEEN UTKARSH MANDAL (MASUM)

MASUM was formed in 1987 when the women of Malshiras decided to create a space for themselves and address the issues that affected their lives. Most of these women were from the oppressed castes and minority religions. Some had been deserted by their husbands and lacked familial support. Many of them worked as daily wage labourers on the fields of rich farmers where they often faced economic exploitation and sexual abuse. They came together to support each other and collectively fight for their rights. MASUM gradually evolved as a development group with a feminist perspective and a democratic approach.

MASUM works in the eastern part of Purandar Taluka, Pune district and with rural and tribal people of Parner Taluka in Ahmednagar district. All of MASUM's area of work comprises of drought prone and economically poor villages.

MASUM's objectives:

- To make women self reliant and conscious of their human and constitutional rights
- To nurture women's physical and emotional health
- To provide vocational training and credit facilities to women for self employment
- To create a sustainable and humane mode of development through people's active involvement in rural Maharashtra.
- To create a progressive space in society for all its deprived people, and to specifically resist casteism, sexism, religious chauvinism and homophobia

HEALTH PROGRAMME

The focus of our health programme is to enable the most deprived sections in the community to get access to basic health services.

The health programme comprises of village level para gynaec centres called the sadaphuli centres, the rational drug centre called the Lok Seva Aushadhalay and the Feminist Health Centre (FHC) located at the taluka. The health programme has linkages with every other programme of MASUM.

Our village health workers at the **Sadaphuli** (ever blossoming flower / vinca rosea) Centres, located in five villages of Purandar taluka, use self-help techniques to enable women to understand their own bodies and participate in the process of diagnosis and treatment. They conduct whole body, speculum and bi-manual examinations for detection of RTIs and other gynecological problems as well as breast examinations at the village level. The Sadaphulis treat women with traditional herbal remedies available in the neighborhood, allopathic drugs under their generic names, accupressure techniques, dietary innovations and exercises.

The **Lok Seva Aushdhalaya** provides basic medicines, under generic names, at low cost and operates on a no-profit, no loss basis. A local woman specially trained in pharmacology and ethics continues dispenses the medication and explains its purpose, the dosage, the side effects (if any), contra indications and drug food interactions to be expected as well as measures of controlling them.

Located at Saswad the Streewadi Arogya Kendra **Feminist Health Centre** provides a space for women to define their own physical, mental, sexual and reproductive health problems. Two trained nurses provide basic health care, maternal health care, antenatal services and nutrition education to women. Examinations for cervical cancer are also conducted by the nurses as well as the Sadaphulis here. The FHC also implements a health out reach programme in 4 slum areas in Saswad.

The health programme also works with adolescent girls with the objective of politicising the personal and of developing a rights perspective on issues relating to health and violence. It also aims to build life skills such as assertiveness and self-confidence, which will enable one to not only understand but demand ones right.