Women's journey to food and health in Mugu, Nepal

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The blue sky is dazzling. Far off in the distance, being sharply shaken in a light airplane having only seven seats, passengers can see beautiful snowy mountains on the right side and the deep blue Rara lake on the left. Isolated villages are dotted amongst the valleys. This is Mugu, the most vulnerable and food insecure of Nepal's 75 districts, despite receiving food aid for decades. When the passengers step on the ground, at an altitude of some 3,000 meters, Mugu women welcome them, expecting to carry their luggage. Some passengers suffer from altitude sickness, while others enjoy the natural beauty, a gift given by God.

v5n201.jpgTwo helicopters arrived at about the same time as us, carrying rice from the World Food Program (WFP). Other women were waiting to carry these 50kg parcels of rice, food aid provided as a 'work for food' program. I wondered if the WFP was aware that a woman who may not eat enough rice or other food items today, is carrying 50kg of rice. Since the WFP launched its food aid in 2008, had the WFP ever thought of making a rice parcel smaller than 50 kilograms? Other women, regardless of their age, stare at you. Carrying heavy loads on their backs seems to be a punishment given by God.

We tried to look for strong boys to carry our luggage, but ended up handing over them to women and girls. There were no boys; only women and their daughters are willing to carry anything. We regretted not dividing our luggage in small bags. The biggest suitcase is given to a 35-year-old woman, a mid-size bag for her daughter, and a small bag for an old woman. The 35-year old-woman wanted to carry all the luggage to earn more money, confidently saying, "I used to carry more than this, I can carry all. No problem!" We suggested that for the price of three bags, she carry the biggest one only.

It was a steep and sometimes rocky path to the town of Mugu where we could find a place to stay. Mugu has no road for vehicles; your feet are the only means of transportation. While men can ride a horse, women are traditionally not allowed to do so. Beautiful pine trees surround the area, but the villagers do not appreciate them as they do not produce oxygen. We met another group of women on the way to headquarters carrying firewood collected from the nearby forest. Some said their load weighs around 80kg, requiring them to rest on the rocks from time to time. We walked for about three hours.

v5n402.jpgAnother three to four hours by foot from the town is the Ruga village of the Ruga Village Development Community (VDC), where 118 households live. Most of them belong to Dalit communities. Unlike Dalits living in Nepal's terai (plain area mostly located along the Nepal-Indian border), Dalits living in Mugu have some land for their house and cultivation, as the limited resources in the hill area are shared between

the upper and lower castes. However, land here is less fertile than in the plains, and cultivation is totally dependant on rain.

While high caste groups are also poor and deprived of basic resources and rights, it is the Dalits who are the poorest in Mugu. In Ruga, some high caste families and individuals share the same living condition as Dalits. Regardless of their caste, all of them go to the temple together, and sit and chat together. There are some discriminatory customs against women, a few of which are only practiced by high caste villagers.

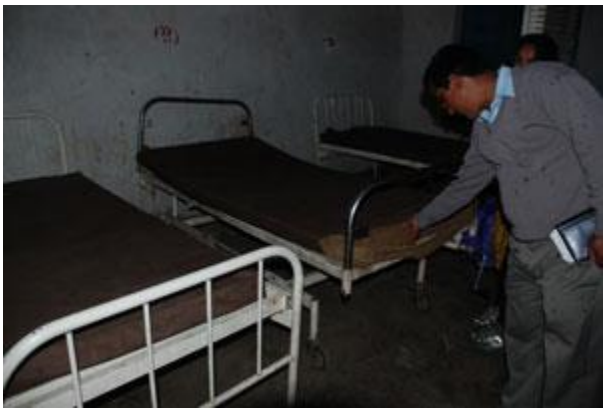
“Women wash their husbands’ hands and feet every morning and evening, and drink the water afterwards,” says one high caste man for instance. A Dalit man responds, “We don’t practice it, only they do.” They both laugh, as if it is not a big deal. Sitting behind men, women say nothing. It is common practice for women to be kept in isolation after giving birth—for five days after the birth of a son and 10 after the birth of a girl. Immediately after that, women go back to work. Women also have to stay at another place during their menstruation period. This is based on the belief that women pollute the ‘sacred’ while performing anything related to reproduction. Although this practice is being disappeared in Nepal, it is still practiced in remote areas.

“Did you bring medicines,” an old woman asked. When I said no, she asked, “Why did you come here then?” In fact, many women asked us if we had any medicine. One old woman showed me her stomach, asking for medicines for her stomachache and headache. I took out some herbal balm from my bag and applied it to her forehead and around her nose. What else could I do? The other women also asked me to apply the balm on their faces, which I did one by one. They seemed happy with it. They also wanted contraception to control the frequency of pregnancy, which they are unable to obtain. A few years back, some were given contraception by a female foreign doctor funded by an international agency, while others obtained it from a Nepali male doctor. The former was used successfully without any side effects, while the latter caused the women some discomfort. In accordance with their experience, the women therefore now prefer female foreign doctors for medical assistance.

Many women in the village have suffered the death of their infants. A 33-year-old Dalit woman lost two children prior to the two she has now, the first at the age of three months, and the second at six months. It is not difficult to understand why they died—her poor living condition provides her with insufficient nutrition, particularly during pregnancy. Rice and roti (local wheat bread) are all that she eats. Even then, she cannot eat her preference of locally produced rice, but only manages to buy cheaper Japanese rice distributed by the Nepal Food Corporation (NFC) at a subsidized price. Most of the women suffer from vomiting or breathing difficulties through the consumption of Japanese rice. The women can only harvest a little local rice, millet, wheat, or beans from their own land. It is particularly difficult to cultivate green vegetables and rice due to limited water resources; they are completely dependant on rain.

Furthermore, this Dalit woman did not have a well-trained midwife who could help her during her labor at home. There are many cases where a woman’s first or second child died early on. Another woman said she lost five of her children, all of whom died of diarrhea. Eight to ten children are dying of diarrhea,

pneumonia, or malnutrition-related sicknesses every year, the women noted. They also observed that their children get sick with vomiting or diarrhea when they try to breastfeed immediately after returning from field work. The women assumed that it could be due to the hot temperature of their milk.



Additionally, the supplement nutrition powder distributed by the WFP does not seem to suit the children. Women were provided with three parcels of it, each containing 90 bags of 10 grams each in December 2010, to be fed to the children after being mixed with rice. As a result of consuming this however, the children suffered from vomiting or diarrhea. Mothers who visited the District Health Centre (DHC) were given free medicines, but complained that the medicines were bad. This reflects the DHC's lack of credibility, and that women are not instructed how to keep the medicines properly.

Despite all the problems women face, no one consults with them and nothing is accurately reported. One can assume that the situation of remote areas must be worse than found in Ruga village.

The health worker attached to the health post comes once a month to give polio injections to the children. At the District Health Centre, we met a senior Auxiliary Nursing Midwife (ANM) Mrs Saroja Chimire who has been working in Mugu for the last 18 years. The other staff include one senior health officer, one senior midwife, two junior assistants who joined last year, and one social health worker from UNICEF. Only the two senior staff are from Mugu, the rest are from elsewhere. As the officers only keep medical records of patients who come for treatment, no one knows how many children or women die of water bone diseases or other sicknesses associated with malnutrition. UNICEF Nepal suggests that half of the country's children are undernourished, and the local staff of UNICEF Mugu asserts that 7-8 percent of the children are severely malnourished in Mugu. However, there is no precise data presenting the real picture.

We saw a few patients lying in beds, and were told that some pregnant women give birth at the DHC. When pregnant women visit the DHC four times a year, they are entitled to 400 Nepali rupees (USD 5), while those who give birth there get 1,500 Nepali rupees (USD 20). The DHC health officers hold seminars on mortality, pregnancy, and nutrition targeting mothers. They aim to reduce mother mortality by encouraging mothers to come to public health institutions for delivery or other medical treatment. The biggest obstacle for women in accessing such institutions is the total absence of transportation. It is almost impossible for mothers who have serious medical issues to come to the DHC on foot. For the same reason, mothers cannot bring their malnourished children to the DHC for treatment.

The villagers of Ruga go to the DHC located at the nearby headquarters instead of the village health post farther away, which requires five hours of walking uphill to reach. Unless it is urgent, villagers find it difficult to go to the public health institutions. Even then, it takes a couple of hours to reach from the

villages located near the headquarter zone, and some days to reach from the remote villages. Although the medicines and treatments are free, the physical distance is the biggest challenge. Furthermore, there has been no doctor posted at the DHC for the past five months; the previous doctor left for personal reasons and no replacement doctor has yet been posted. The patients who require surgery are referred to the hospital in Nepalgunj, which the villagers have to fly to.

Not just medical officers, but all government officers working in Mugu are from other districts. Their term is very short, one to two years, which means they leave before truly learning about Mugu. The remote and undeveloped nature of the district requires these officers to be paid compensation as an incentive, while their short term status encourages them to engage in corruption. This causes further distress to young villagers; the village's one college bears 200 students every year, who find it difficult to find jobs in Mugu, while government and public jobs are filled by external officers.

One good leader can make a considerable difference. The senior ANM's daughter who currently studies at a university in Bangalore says, "I want to go back to Mugu to work for the Mugu people after finishing my studies." While many youngsters today want to go to big cities or abroad, she on the contrary, expresses her dream of becoming a doctor in Mugu. She is likely influenced by her parents, who worked together in Mugu for many years. Her father was also a medical officer in Mugu, but was an alcoholic, and died as a result. "I love my father. He drank every day but gave the poor villagers whatever he had in his hands. That was his character. He was not possessive and lived like the river. I also want to live like the river. I will take whatever comes to me in my life," she says.

We promised to support her, encouraging her to do her best to be a doctor in the future. One day, you will see a lovely and warm-hearted female doctor sitting in the DHC office in Mugu or walking around the remote villages looking after the poor villagers who need medical treatment. She will perhaps make the necessary changes for mothers and children in Mugu.