



Newsletter

# Kailakuri Health Care Project



(Kailakuri & the Institute of Integrated Rural Development, IIRD)

Village Kailakuri, Madhupur Thana, Tangail District, Bangladesh

## Rupali, Shonali & Moriom: Three Strong Women of Kailakuri

Based on staff interviews (names changed for confidentiality)

RUPALI JETRA

Rupali now aged 38 has been on the Kailakuri staff for the past eight years. Asked why she works here she says that she has to take responsibility for her family and besides it's more peaceful here than at home. She was born in and grew up in the Garo Christian community in Kailakuri village. When she went to high school she was part of a little boarding school group which stayed in the headmistress's home in the village of Thanarbaid three kilometers away. Each day they walked about a kilometer and back to the Catholic mission school at Pirgacha. There she learned many of the songs which we sing at Kailakuri morning prayer. She has a beautiful strong Garo singing voice.

When she was 16 she fell in love with Ponuel (25) from her own village. Their affair went on for about a year. Even though it was OK to go ahead and get married because he was of a different clan (marriages are forbidden within the same clan) their parents did not at first agree, especially Ponuel's father. Rupali came from a poorer family. (The Garos are matrilineal and the boy moves to the family of the girl. Children all take the family name of their mother). However this did not deter them and they attended marriage training at the Catholic mission in Jalchatra 12 kilometers away. But this was in 1981 when a cholera epidemic broke out in Kailakuri and so they came back home and lived together as if married.

Later they went back to get their marriage blessed, taking with them one of the village leaders as a witness. In those days there were no mobile phones. So they had no way of knowing that both priests were absent. They returned home unsuccessfully, Rupali's parents having gone to great expense, killing a pig and inviting many guests. No one from Ponuel's side had agreed to come and he was so angry that he also refused. The village leader however intervened and they got married a few months later. The husband's father gave them money to buy land, and Rupali's father gave them 1/3<sup>rd</sup> acre (subsequently sold by Ponuel!!).

They now have two children, Bimol aged 18, who works in a sweater company in Dhaka, and Lucy aged 13, currently at boarding school. Amongst the Garo it is the women who inherit, hold the land and manage family affairs. After about five years of married life Ponuel began to drink heavily. So marital relationships are now strained and unhappy. Although he does some work in the fields he drinks a lot, both at home and outside. Most Garos drink rice wine but it is home brewed and reserved for special occasions. Ponuel buys alcohol outside and is the worst drinker in the village says Rupali. She has often spoken to him but he gets angry and sometimes beats her. When she rebukes him he says "What is it to you? The money came from my father!" None of Rupali's seven sisters have an alcoholic husband.

Rupali enjoys working at the project hospital and believes it is important to serve the poor. She is a cook and has been kitchen in charge for seven years. Managing the staff can be difficult at times but generally they get along together. She enjoys talking with the patients, and she identifies closely with them, most especially with asthmatic patients, as her own son is also asthmatic.

Outside of work (six days and two nights each week) Rupali is usually busy with household chores such as washing clothes (by hand), smearing mud on the dirt floor, preparing meals etc. When she has free time she likes to watch TV. She looks forward to her daughter's visits every three months.

Rupali believes that the morning prayer time at Kailakuri – shared by the Christians, Muslims and Hindus is important, and that people of the three groups appreciate the opportunity to pray together, especially the Muslims who she says offer beautiful prayers. Before working with us she had no experience of this type of community involving people of different faiths.

## SONALI BORMAN

Sonali belongs to the Borman tribe of Hindus. She is aged 42 and came to work with us 18 years ago. In the Kailakuri Health Care Project we have 26 paramedics and she is one of the top six, with experience in almost all our activities although mostly with general outpatients and inpatients. She can manage ear, eye and skin infections, acute and chronic diarrhea, dysentery, pneumonia, anemia, malnutrition, worms, TB, urinary infections, deliveries, common gynecological problems, peptic ulcer, diabetes, asthma, hypertension, etc. She feels our work is very important. If the poor have a serious illness in the family they would otherwise have to sell off even the little piece of land on which their home is built in order to get treatment. Most medical treatments can be given quite satisfactorily by paramedics without a doctor, and they are much less costly, although they still need adequate pay. In fact they can give better care than doctors if the doctors do not give enough time to each patient.

Sonali says that in both Hindu and Muslim communities women must obey their husbands in all matters. She was born and grew up about eight miles north of Kailakuri. She and her brother both went through high school but were unable to sit school certificate because the family was short of money. There were only about three or four Borman homes in their otherwise Muslim village and it was difficult because sometimes Muslim men came into the home and just sat together meeting and talking on their verandah. Her father became an Adventist preacher and all the Borman families became Adventist. Only Sonali is still Hindu.

She was married off by her parents immediately after she left school, at the age of 17. Her husband Dipok was aged 40, had passed school certificate and made an income by giving tuition to school children. As time went by this was no longer sufficient and so Sonali came to work with us. Since then she has always been the main income provider.

Previously Dipok used to beat her but no longer does so. They have three children. Ronita 23 has passed university entrance and would like to do further study but funds are short and so she is doing sewing. Biplob will sit school certificate in two years time and Susil is one year behind him.

22 years ago when Sonali and Dipok came to our area the Bormans were by far the poorest and most backward of the three communities here. Thanks to education and to health care from the Thanarbaid and Kailakuri projects, they have now improved considerably.

Sonali started work at the Thanarbaid Health Care Project. We later opened Kailakuri as a subcentre of Thanarbaid and when the two separated she continued on at Thanarbaid until it closed in 2011. Then she joined us at Kailakuri. Besides having to re-orientate to the health- for- the- poor- by- the- poor system and its standard treatments she also had to learn to ride a bicycle because her home is 4 km. away. She has to ride through forest to get here, but she is not afraid.

Sonali thinks it is good for Hindus, Muslims and Christians to pray together, work together and mix together. Although there are many different manifestations there is only one God, common to the three groups. She works at Kailakuri six days and three nights every week. She enjoys the work and is pleased to have the opportunity of employment. At home she worries, here she enjoys mixing with patients and staff and gaining clinical experience.

When she gets home her husband often rebukes her because she lies down and rests when she should be cooking. And he does not like her to take leave because they need the money. He is aged 65 now but still does several hours tuition each morning. He understands home finances better than she does.

Kailakuri needs another doctor. Sonali feels the doctor must be someone who wants to work with the poor. He or she must learn to give low cost treatments and follow the standard treatment book of the project. The doctor should not do private practice or meet with drug company representatives, but should mix with the paramedics, eat together with everybody else and should be polite and friendly.

## MORIOM BEGUM

Moriom is aged 32, Bengali Muslim, and has worked at Kailakuri since 2005, for the last six years as a paramedic. She likes working here because the three different religious groups are able to work together in harmony and are well accepted by the patients, Muslim, Garo and Borman, especially because they are poor working with the poor. She gets joy working with them. They speak to each other from the heart. Staff and senior paramedics work with sincerity. Like Rupali and Sonali she thinks it is very good to pray together. When I asked Moriom what she felt were the main differences between the three communities her first answer was that the Garos (Christians) often seem to get married because they have got pregnant. If this happened with Muslims they would be put out of the community. Her second comment was that Christians drink a lot of alcohol. Hindus drink less. However now the Muslims are also drinking. The status of women she said was best by far amongst the Christians. Gambling is a problem in all three communities

Moriom grew up in a village four kilometers from Kailakuri. Both she and her husband got education until two years short of school certificate. She is one of four brothers and two sisters. The family did not have enough money for her to study further. It went to her older brother who now works in a bank.

Her marriage to Mukshed (then 20) was arranged when she was 16. She was not afraid and was happy with her in-laws. Of course she must obey her husband but he has never beaten her. Even before they got married he used to gamble and that was what put a stop to his education. About six years ago after their son was born it became serious. There came a time when she was going to divorce him but I (the doctor) was away and she decided to wait and discuss it with me. Now she is glad she did not go ahead.

After three years of marriage they became independent of his parents. Her family had given 20,000 taka (100 days' wages) as dowry for the marriage and they bought some land but it was lost by Mukshed's gambling. Likewise a 200,000 taka shop was also lost. It is only because of Moriom's salary that they have been able to survive, although her husband is now away working in a rice mill in another district and sometimes sends money home. They have a 12 year old son and a six year old daughter.

Marion says it is by-and-large acceptable in our area for Muslim women to work outside the home. When she started work with us she did mother-child care traveling to the homes by bicycle. Since working at Kailakuri she has saved many lives and that makes her very happy. In particular she remembers one delivery. It was very easy and the placenta came out easily but ten minutes later the mother had severe bleeding and the pulse and blood pressure were lost. Moriom elevated her legs and gave her two bags of intravenous saline and intravenous ergometrine and she made a good recovery.

Moriom has had both midwifery and village doctor training from Caritas, which she says is the same as what we teach. Every week teaching afternoons are given at Kailakuri by the senior paramedics and are very good. Marion has probably conducted about 150 deliveries, normal, breech and twins and she can do manual removal of the placenta and resuscitation of the newborn baby. She has also had a wide experience in outpatient and inpatient care. Most patients at Kailakuri recover because of correct treatment, good care and conscientious staff. Staff in other hospitals are less conscientious. This is particularly manifest in burns and diabetic ulcer dressings. She feels that the project's standard treatment book is very necessary and it is followed by the paramedics. However she is afraid when she has to cope with very serious patients (e.g. with eclampsia).

The village people she says are very happy with our work. Our entire effort should go to the poor. The rich are able to go elsewhere. Our patient fees are low but the poor cannot pay more. If instituting improvements were to increase running costs then it would make Kailakuri inaccessible to them. Her great concern is for the future of Kailakuri which needs more doctors. When I asked her what kind of doctor, she said one who would stay at least five years, not want to give costly treatment, would not do private practice and would mix well with the paramedics.

## SOLAR PANELS

Karl and his son Eric came here to install Solar Panels. It took them only 3 days and we have electricity even when we have a power cut. So no bike rides any more to Pargachi to recharge the laptop or our mobiles. Karl and Eric have fixed this problem for us for ever. Even when we are having our dinner in the Nutrition ward and the electricity cuts out it is just one switch and we have solar power. Also in the inpatient administration building, one switch only. We are so grateful and can't thank the father and son enough.



## DENTAL CAMP



Naomi and her team of 11 dentists and 4 assistants swarmed in from the Soppora Dental Hospital in Dhaka and treated 75 patients with various dental problems. What an efficient team, so impressive, but also impressive is the organizational talents we have here amongst our staff. In no time the outpatient diabetic treatment room was transferred from a diabetic to a dental treatment room.

We welcomed the dental team with a welcome song and a hibiscus flower, which was followed up by songs from the Japanese and Bengali members of the team and Edric and Helena having to sing the NZ National Anthem in Maori. Big hilarity

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Our greatest need is gifts towards on-going running costs.*

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