DISADVANTAGED SOCIAL GROUPS, LIVELIHOODS AND SELLING KIDNEYS: STORIES FROM NEPAL'S "HYULSA VILLAGE" IN KAVREPALANCHOK DISTRICT

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LETTER OF RECOMMENDATION

This is to certify that Ms. Sanjila Moktan has completed her dissertation entitled **Disadvantaged Social Groups, Livelihoods and Selling Kidneys: Stories from Nepal's "Hyulsa Village" in Kavrepalanchok District** under my guidance and supervision in partial fulfillment of the requirements for the degree of Masters of Arts in Sociology. I hereby recommend this dissertation for final approval and acceptance.

………………………………..

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LETTER OF APPROVAL

This dissertation entitled **Disadvantaged Social Groups, Livelihoods and Selling Kidneys: Stories from Nepal's "Hyulsa Village" in Kavrepalanchok District**submitted by Ms. Sanjila Moktan has been evaluated and accepted by the following evaluation committee as a requirement for the partial fulfillment of the requirements for the Masters of Arts in Sociology.

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DECLARATION

I hereby declare that dissertation entitled **Disadvantaged Social Groups, livelihoods and Selling Kidneys: Stories from Nepal's "Hyulsa Village" in Kavrepalanchok District** submitted by me to the Central Department of Sociology, Tribhuvan University, is an entirely first hand work under the supervision of Youba Raj Luintel, PhD, Head of Department. I have given proper consent to all the sources during writing the thesis. I have not presented the findings of the study anywhere for the award of any degree or other causes. I will be solely responsible if any evidence is found against my declaration.

……………………

Sanjila Moktan

June, 2022

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LIST OF ACRONYMS

CBS	Central Bureau of Statistics
CEO	Chief Executive Officer
CTIP	Combating Trafficking in Persons
IDSN	International Dalit Solidarity Network
INSEC	Informal Sector Service Centre
MA	Master of Arts
MoCPA	Ministry of Cooperatives and Poverty Alleviation
NFDIN	National Foundation for Development of Indigenous Nationalities
NGO	Non-Governmental Organization
NLC	Nepal Law Commission
NLSS	Nepal Living Standards Survey
NPC	National Planning Commission
NRs.	Nepalese Rupees
NSIS	Nepal Social Inclusion Survey
PAF	Poverty Alleviation Fund
PM	Prime Minister
PPR	Nepal Forum for Protection of People's Rights
TAF	The Asia Foundation
USAID	United States Agency for International Development
VDC	Village Development Committee

CHAPTER ONE:
INTRODUCTION

1.1 Overview

This research explores why do people sell their own body organs, its reasons and motivations. In addition, it explores underlying social realities that made male and females ready to sell their kidneys. Besides, it examines social groups that are at the most risk of selling kidneys in Hyulsa village.

"Hyulsa", a small and hilltop village in Kavrepalanchok(afterwards Kavre), is infamous as "kidney village" or "bank of kidneys" in the international media (Al Jazeera, 2017).[1] Local people from the villages of Kavre have been selling kidneys for more than two decades. According to a study (TAF, 2015) more than 100 of different villages of Kavre have sold their kidneys.[2] I have studied one of thesevillages, which I have nicknamed as "Hyulsa" village to maintain the anonymity of the research participants and their location. To collect data, I have taken 11 case studies and five key informant interviews.

Existing literature on selling kidneys show that developing countries are a major source of human organs in the world (Scheper-Hughes, 2000; 2004; Steiner and Trespeuch, 2013). There is inequality within nations, caste, ethnicity, race, gender and class in terms of receiving and donating kidneys. The kidneys have been circulating from developing to developed countries, disadvantaged to advantaged groups, black/brown color to white, females to male and poor males to rich males.

Most of the advantaged and developed countries travel to so-called "donor countries" to get kidneys, especially South Asian countries of India, which is known as "organ bazaar" in the world (Scheper-Hughes, 2000; Kumar, 2020). The study shows that kidneys have

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[1]Al Jazeera English report (2016) shows that Nepal and India are playing a big role in sellingorgans. Most of Nepali people went to India to sell their kidneys. So Nepal to the India cities is known as the great kidney bazaar. See video published on September 7, 2016 on the title of Asia's Kidney Black Market. Retrieved December 27, 2018 (www.youtube.com/watch?v=V6yRKosE2MI).

[2]"Kidney Trafficking in Nepal" research carried out by the USAID funded CTIP program implemented by The Asia Foundation in 2013. This empirical research assesses the status of organ selling. This research investigates the causes, the process, and the impact of selling kidney by doing a quantitative study.

circulated from Hyulsa to Kathmandu and Kathmandu to different cities of India (TAF, 2015). According to Anthropologist Nancy Scheper-Hughes (2000) and Sociologist Philippe Steiner and Marie Trespeuch (2013) the reason behind selling kidney is "structural exclusion", which is mostly associated with low socio economic standards, higher level of unemployment, low level of education and awareness. Moreover, my study explores that people have sold their kidneys to fulfill daily needs, such as food consumption and asset building. In addition, disadvantaged social groups have often sold kidneys in Hyulsa village.

1.2 Statement of Research Problem

Most of the research on organ selling has been published globally since 2010. This indicates that it is emerging. However, there is inequality in terms of receiving and donating kidneys. Popular television channels like Al Jazeera found Nepal as a vulnerable country for selling kidneys. Al Jazeera explores Asia's organ black market, from the villages of Nepal to the Indian city. It has been an underground business. The brokers made the village a hub of selling kidneys. Most of their kidneys end up in India, which has been nicknamed "the great kidney bazaar" while Calcutta is "the hub of illegal kidney trade to east Asia". However, there is a strong opinion that financial incentives play an important role in the decision to sell organs (Al Jazeera, 2016).

The study of The Asia Foundation (2015) also indicates that Nepal, particularly Kavre District, is the most prone country for selling organs. Its network has extended from villages to Kathmandu and Kathmandu to Indian cities of New Delhi, Madras etc. It has reported that kidneys sold up in India up to NRs. 150,000 by Nepali brokers whereas Indian brokers sell it from NRs. 700,000 to NRs. 1,800,000 (TAF, 2015).

The Informal Service Sector (INSEC) 2017 report shows that poor families and the disadvantaged groups are mainly victimized for selling kidneys. Besides in Kavre, such incidents have been reported from Sindhupalchok and Nuwakot districts as well. The poor and the disadvantaged women have been more victimized. Generally, kidney brokers get married to women and take them into India and lure them to sell kidneys. Likewise, it is increasing mainly by poverty, open border system, lack of employment

opportunities, illiteracy, the excessive ambition of money and the low confidence and skills. All castes, religions and gendershas affected by selling kidneys (INSEC, 2017).

There might be the first case of selling kidneys by Hyulsa people in 1995. Then, it flourished in Hyulsa and other villages of Kavre as well. There was Maoist insurgency in Nepal 26 years ago (Joshi and Mason, 2010).[3] The reason behind the people's war was fundamentally the historical relation of oppression in Nepal. It has been variously argued that relative poverty, landlessness, food insecurity, unemployment etc. was the primary causal factor of the emergence of Maoist movement in Nepal. We can also relate that in the same period selling of human organs started in Hyulsa. However, it cannot find in-depth study by the Nepali context of selling organs, which needs to be explored.

1.3 Research Questions:

Globally, the literature has focused on organ selling as the outcome of structural exclusion. There is inequality within nations, class, race, ethnicity, gender, law and medical system. Low socioeconomic standards, higher levels of unemployment, low level of education and awareness and poverty are the major factors that contribute to the selling of kidneys in the world. However, developing countries are a major source of human organs, particularly south Asian countries. Most of the kidneys of Nepal are sold and transplanted in India. The kidneys have been circulating from Hyulsa village to Kathmandu and Kathmandu to India. Nonetheless, caste is a missing component in available literature. Caste is the most prominent social structure in the context of Nepal. Likewise, there is no in-depth and qualitative study of selling kidneys in the context of Nepal. Hence, this research explores the underlying social realities, reasons, motivations of selling kidneys in Hyulsa village.

General research questions:

- What are the underlying social realities that made people in Hyulsa vulnerable to organ sale?
- What are the social structural bases of selling organs in Hyulsa village?

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[3]The year 1996 to 2006 was called Maoist insurgency period in Nepal. The year 1996 marked the launch of the "people war" against Nepali state while Nepal was a democratic country.

Specific research questions:

- Does caste/ethnicity have implications on selling organs? If it does, what implications do it result?
- Do the level of education and lack of social awareness have an implication on selling organs? If they do, how do literate and self-aware people keep themselves safe from the risk of selling organs?
- Are poor people in Hyulsa village most at risk of selling organs compared to their non-poor counterparts? If so, does the "commerce" thesis prevail in Nepal?

1.4 Research Objectives:

There are two main objectives of this research. First, the research explores underlying and hidden social realities, in other words what makes men and women ready to sell their body organs in Hyulsa. Second, it explores the social groups who are at most risk of selling kidneys and who have sold more kidneys in Hyulsa village.

- What makes men and women ready to sell their body organs in Hyulsa?
- Which social group are at most risk of selling kidneys in Hyulsa?

CHAPTER TWO:
STRUCTURAL EXCLUSION, VULNERABILITY, LIVELIHOODS AND SELLING ORGANS IN NEPAL

2.1 Overview of Literature on Organ Selling

This section presents an overview of literature on organ selling.[4] The global phenomenon of organ selling has created inequality between developed and developing countries of receiving and donating organs. Developing countries have been a major source of human kidneys. Especially organ selling is associated with low socio economic standards, unemployment, low level of education and awareness, medical system, transplant technology, logic of organ donation (incentive vs. altruism) and law etc.

2.1.1 Developing countries: a major source of human organs

This section illustrates developing countries as the main source of human organs. There is larger variation between developed and developing countries in terms of donating and receiving human organs. The world has largely separated into two populations by organ donors and receivers. Organ receivers are often rich, well off, advantaged and from developed countries, in opposition to organ receiver, organ donors are poor, excluded, minority, disadvantaged and from developing countries.

There is inequality between developed and developing countries of donating and receiving organs. The world has been divided into two parts, organ receivers and organ donors as a whole, whereas developing countries as the major source of human organs and developed countries as organ receivers (Scheper-Hughes, 2004). The countries that provide raw materials like human kidneys, livers, skin, tendons, heart valves and other body parts are developing countries, Romania, Manila, Moldova, Johannesburg, Ukraine, Peru, Philippines, Brazil, Russia, China and India, in contrary to those countries, that are

[4] To access the existing literature on selling kidneys, I have searched articles on selling kidneys in the world which are available free on the internet. For which "organ trafficking/selling in the world", "kidney selling in developed and developing countries", "organ selling in South Asia", "kidney selling in Nepal", "poverty and kidney selling", and "illegal organ transplant and donation" keywordshave been searched on the internet. I have used Jstor, Google Scholar, Sci-Hub etc. to search articles. I found numerous articles on selling kidneys, though I have selected the articles written from sociology, anthropology and other social science disciplines.

the recipients of these body parts are developed countries USA, UK, Australia, Canada, Japan and Israel.

According to Anthropologist Nancy Scheper-Hughes (2000), organ selling started from developing countries, especially from India four decades ago.[5] She has further explored that in the early 1990s, about 2,000 kidney transplants were done each year in several states of India by living donors, which is also perceived as an organ bazaar over the world. Indian Nephrologist Ramesh Kumar (2020) also stated that India became a kidney bazaar in the 1980s after the approval for kidney transplantation and the commencement of the practice. India became an infamous hunting ground for kidney transplants from the richest people in the world in the 1970s and 1980s due to the lack of provisions of kidney transplant law. India introduced the transplantation of human organs act, 1994 at the first time. Broadly, the act recognized organ transplantation from brain death donors and made the sale of organs a punishable offense. Despite the law, the chain of kidney selling in India could not break (Kumar, 2020).

Scheper-Hughes (2004) further explored that the sale of human organs increased by the role of suppliers, certain disadvantaged individuals, populations, and even nations. Similarly, Israel, Saudi Arabia, Oman and Kuwait's patient used to transplant kidneysin India for the last 38 years. Later, they traveled to Turkey, Iran and Iraq, Romania, Moldova and Georgia, Brazil and South Africa, where they found kidney sellers easily, recruited from army barracks, prisons, unemployed offices and shopping malls. Scheper-Hughes (2004) said:

> In general, the circulation of kidneys follows the established routes of capital from south to north, from poorer to more affluent bodies, from black and brown bodies to white ones, and from females to males, or from poor males to more affluent males (p. 37).

Sociologist Kiran Healy (2004) observed that Europeans travel to so-called donor countries to get a kidney from the black market. Most focused on Southeast Asia where transplant has been conducted more openly and organs found easily at the cheap price. In

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[5] Her major areas of research are “anthropology of the body” and “organ transplant”.

2010, South African court convicted that 100 illegal kidney transplants took place in a single hospital, where most of the recipients were from Israel (Healy, 2004). It also indicates that organ donors are from poor, developing countries and receivers are from rich and developed countries.

In summary, it clearly indicates inequality between developed and developing countries of receiving and donating kidneys. Developed countries are organ receivers whereas developing countries are organ donors. Likewise, kidney receivers are advantaged, well off and with health insurance, whereas kidney donors are disadvantaged, poor and have no insurance support. Therefore, the poor of developing countries have been exploited by developed countries in order to get kidneys at cheap prices.

2.1.2 Is poverty a driving force of selling kidney?

People have been selling organs to pay debt, build houses, buy land, educate children, and get treatment, marriage expenses and so on. Moreover, higher levels of unemployment, illiteracy, low socio-economic standard and low level of education has been associated with selling kidneys. Therefore, poverty is a vital component that makes people sell their own organs.

Most of the literature indicates that poverty as a strong causal factor of selling organs (Scheper-Hughes, 2000; Scheper-Hughes, 1996; Scheper-Hughes, 2011; Steiner and Trespeuch, 2013). The important point by sociologist Philippe Steiner and Marie Trespeuch (2013) noticed that in Iran 62 percent of kidney sellers "were living below the poverty line" (p. 824). The money received from the organ selling in 56 percent of cases to pay off debts and 63 percent of cases to handle economic status of the donor's life. This shows that stress, financial distress, and poverty are high in Iranian population, which forced them to sell kidneys.

Scheper-Hughes (1996) also argues that selling kidneys is related to poverty, debt and the inability to provide for their families. She writes that the bodies of the poor increasingly turned into commodities to circulate on an international market. Poor are often selling their organs, especially kidneys, through the black market. Most of the donor countries are suffering lower socio-economic standards, higher unemployment rates, low levels of

education and awareness than organ receiving countries. Kidney recipients are independently wealthy, supported by private insurance companies whereas donors are inevitably poor, illiterate and have no insurance support (Scheper-Hughes, 2000; Steiner and Trespeuch, 2013).

Ethnic/religious minorities, immigrants and laborers have mostly targeted to sell kidneys. Most of the poor and lower class, black and brown, have sold kidneys to white color. Many females have donated kidneys to male. Children, poor people, and prisoners are considered more vulnerable to the sale of kidneys and to exploitation (Steiner, 2008).

Scheper-Hughes (1996) opined that "organ transplantation takes place within specific historical, social, medical and political contexts" (p. 10). In some parts of South Africa and Brazil the dead bodies of many poor were collected without permission. The tissues corneas, skin, and heart valves collected for wealthier countries. The body parts of the poor have been distributed to surgical and medical units for transplantation in public and university teaching hospitals (Scheper-Hughes, 1996).

According to Philippe Steiner and Marie Trespeuch (2013), the vulnerable population has sold kidneys mostly. People often have financial stress and no way out, so they sold kidneys. They are exploited by commercial intermediaries or brokers who derive advantage from mentoring the market as organ suppliers (Steiner and Trespeuch, 2013). To Scheper-Hughes (2000) one of the last options is organ selling to fulfill people's needs and wants. She found that rural towns in various regions of India, idea of trading a kidney for a dowry. This becomes a strategy for poor parents to arrange a comfortable marriage for their daughter. Sociologist Farhana Ibrahim (2014) also opined that poor and marginalized sections of society sold kidneys who could afford them.

Another form of kidney selling is "transplant tourism". People travel from one country to another country to purchase kidneys. Scheper-Hughes (2011) who used the term "transplant tourism" in the 1990s. She found that:

> The site of the transplant is in one country, while the patients and the kidney suppliers travel to the site from different countries, even from halfway around the world. Not only individual bodies but entire

> communities – the infamous kidney-villas of India and the disgraced 'villages of half men' in central Moldova, the stigmatized slums of Manila, and the slums of Recife – have been recruited into the service of transplant tourism (p. 63).

Scheper-Hughes (2011) further stated that during the first gulf war, there were arranged transplant surgeries at a military hospital in Baghdad for transplant tourists from neighboring Arab countries. They had package of USD 10,000 included surgery, airfare, hotel and a fresh kidney from a guest laborer, and they were usually Palestinian refugees from Jordan or ethnic minorities. According to Steiner (2008), "organ donation is a form of human commerce" (p. 126) where kidneys bought and sold one to another region, class, sex and persons. As stated by Steiner (2008):

> Organ donation is a form of human commerce that occurs on the occasion of a death (the donor's, which is the most general case) and/or in response to the threat of death (the recipient's). I use the term "commerce" in the broad sense it had in the eighteenth century, when it designated relations between persons, the sexes or different regions of the world, regardless of whether those relations were of the market variety, epistolary or on the order of sociability. The word commerce nicely expresses the ambivalence implied in contemporary organ donation (p. 126).

To conclude, the bodies of rural populations, laborers, guest workers, refugees, prisoners, migrants, children, and young soldier's bodies sold in the interests of a more socially advantaged population. Whereas only the well-off and socially advantaged group purchased organs. The term "transplant tourism" also denotes the purchasing and selling of kidneys to another country, female to males, brown and dark color to white, and poor to rich social groups. Besides, selling kidneys has been one form of commerce and profit in the world.

2.1.3 Incentive vs. altruism logic in organ selling

Globally there are two "altruism" and "incentive" logic on organ donation. "Altruism" known as "gift logic" and "incentive" known as "commerce logic" on organ donation.

Both have become intertwined and problematic. Altruism encourages organ donation by lifesaving and heroism whereas incentive encourages selling organs, profit and cost benefit plays a vital role in incentive logic.

There are so many reasons behind people donating their own organs. Among them "transplant stories are generally told from the patient-recipient's view that deeply affect, emotional, rhetorical, even ideological language of gift-giving, altruism, reciprocity, lifesaving and heroism" (Scheper-Hughes, 2000, p. 59). This one belongs to altruistic organ donation. For Anthropologist Donald Joralemon (1995), property rights perceived as ideological support for organ donation in the United States. Joralemon (1995) stated that since it is difficult to get enough kidneys only from related donors, the provision of unrelated kidney donation is recognized ideologically in the United States. According to Joralemon, to reduce shortage of organs and illegal sale of kidneys they support the gift ideology and property right ideology to encourage organ donation in the United States.

The gift ideology refers to recycling yourself, and signing up for life. Similarly, the property right ideology refers to the right to sell organs which have been motivated by profit. Property rights encourage the sale of a kidney by calculations of costs and benefits.This is also called inter vivos donation (Steiner, 2008). Since it is difficult to get enough kidneys only from deceased donors and related donors, there was an ideological agreement to donate kidneys by unrelated donors giving some legal provisions. So, Joralemon (1995) notices some kind of financial incentive should be required for an unrelated organ donor, which also saves and secures the life of the organ donor.

Anthropologist Bob Simpson (2014), argued that gift ideology does not fit on ethnic and culturally diverse society. Because of culture rejection, low level of awareness, people do not donate organs. Anthropologist Farhana Ibrahim (2014) opined that most altruistic organ donation is valid in India but enhancing trade in organ donation simultaneously. Ibrahim argued that the middle class has done organ donation most because it is easy to exploit emotionally. Indeed, India is known as an organ bazaarworldwide (Healy, 2004; Scheper-Hughes, 2002; Scheper-Hughes, 2011).

In conclusion, selling kidneys is an emerging phenomenon in developing countries. Poor, disadvantaged, marginalized and excluded social groups have sold kidneys and made one

of the means of making a living. Advantaged and rich countries are getting fresh kidneys and transplanting at cheap prices. Providing little money and incentives, illiterate, poor and unemployed have been trapped and lured to sell kidneys. There is disparity between donating and receiving organs. Therefore, incentive logic becomes intertwined and problematic.

2.1.4 Barriers to voluntary organ donation

This section examines barriers to voluntary organ donation. Due to scarcity of organs or unavailability of organs that pushes sell kidneys. However, selling organs differs by the medical system, transplantation technology and larger social structure.

If the wealthy patients' own families do not match blood groups for kidney transplants, then; they look for unrelated donors in the market (Kumar, 2020). Medical institutions play a crucial role in motivating organ donation (Steiner, 2003). Medical institution supports the dialysis system in France, as opposed to the France, Norway medical institution supports kidney transplantation. In Norway, unlike in France, the entire medical system focused on organ donation. Therefore, Norwegians are perceived as altruistic whereas the French are not (Steiner, 2003). The subject of organ selling is also varying by the medical system.

Professor Megan Crowley (1999) opined that organ selling is seen as the root cause of cultural norms, values and social inequality. For example, there are so many rich countries in which religious beliefs have the strongest opinions against organ donation. There are a maximum Jewish people in Israel and Muslims people in Kosovo. This country has a lower organ donation rate. One of the main reasons for the low rates of donation is religious beliefs that reject transplantation from deceased donors. Therefore, selling kidneys has increased in developing countries, where they could purchase fresh organs easily (Crowley, 1999).

The shortage of organs is a global feature and has been a challenge. Each year, the number of people on the waiting list increasing. People die in a way of looking for organ donation. Scheper-Hughes (2000) focuses on rapid transfer of organ transplant

technologies created artificial needs and invented scarcities of organs. Scheper-Hughes (2000) further stated that:

> This is more dramatically illustrated than in the current markets for human organs and tissues to supply a medical business driven by “Supply and Demand”. The rapid and recent transfer of organ transplant technologies to countries in the East (China, Taiwan, and India) and the South especially in Argentina, Chile, and Brazil has created a global scarcity of viable organs (p. 28).

To Anthropologist Sharon R. Kaufman (2013), age has become a central cause of scarcity. A 75-year-old patient takes a kidney from a 25-year-old donor. In contrast, from a 60-year-old donor to a 25-year-old patient, the recipient may have kidney failure before they reach old age (Kaufman, 2013). Since the 1990s there has been a growing gap between the number of transplants done and number of patients waiting for a transplant. The rate of organ donation and transplantation differs by the world, but a common thing is shortage of organs. That is why organ scarcity is a major cause of increasing organ selling across the globe (Steiner, 2003).

Poor and underdeveloped countries have become a major source of organ. Anthropologist Ciara Kierans and PhD student Jessie Cooper (2011), emphasized the mechanism of organ transplant arises inequality and problems in ethnic populations. African-Americans often donated kidneys than whites. This is not an irrational personal belief but the result of further structural exclusion from poverty, education, employment, and age (Healy, 2004).

To summarize, one of the reasons for organ selling is caused by global shortage of organs available for transplantation. The root cause of increasing organ selling is associated with some part of our religious and cultural belief that rejects organ donation as well. Likewise, the medical system and transplant technology also created the global scarcity of organs. Due to organ shortage, low organ donation, cultural rejection and religious belief, there is a larger gap between organ waiting and donation list in the world.

2.2 Dimensions of Social Vulnerability

In this section I have described attributes of social vulnerability, such as class, caste, ethnicity, gender, livelihood and level of awareness. To understand any phenomenon, it is necessary to understand its theoretical standpoint. Kidney selling is especially associated with poverty, illiteracy, unemployment, food insecurity and so on. Here, I have discussed the theoretical understanding of class, caste, ethnicity, gender, livelihood and level of awareness to capture the empirical context of selling kidneys in Nepal.

2.2.1 Class

According to Karl Marx, their social class is determined on the basis of their relation to the means of production of the people (Elliot, 1979). They either belong to the bourgeoisie (those who owned the means of production) or the proletariat (those who work for the owners). It is a kind of social stratification which is defined on the basis of the pure economic condition of the individual. Unlike Marx, Max Weber revealed that classes in society could be divided into more than two (Breen, 2005). These classes are distributed in a particular economy based on their market position. According to particular skills and assets that also define class. Hence, the situation of class is identified by the situation of the market (Gartman, 2012).

Poverty is often defined by one dimension, such as income and expenditure. It cannot explore by one dimension.Poverty measures by different kinds of approaches (Haughton and Khandker, 2009). Four approaches to the definition and measurement of poverty are discussed here: the monetary, capability, social exclusion and participatory approaches (Laderchi, Saith and Stewart, 2003). According to the monetary approach, poverty is defined by an individual's income and expenditure. For example, who have low income and low standard of living the household more likely to be poor or vulnerable and who have high income the household belongs to prosperous/rich.

The pioneer of capability approach is Amartya Sen. Poverty is a product of the failure of basic capabilities like education, health, nutrition, food, employment and so on. Another social exclusion approach focuses on structural characteristics like inequality, discrimination, isolation. Social exclusion is a form of poverty where people are partially

deprived of full participation in the society. Finally, the participatory poverty assessment approach analyzes poverty by containing the ideas of the poor. It aims to get people themselves to participate in decisions about what it means to be poor. People make their own assessment of their own condition.

Similarly, there is also the concept of absolute and relative poverty (Foster, 1998). The basic standard of living; access to clothing, sanitation, safe drinking water, health, education, information and services is associated with absolute poverty. However relative poverty is understood in a relative way by income, job, education and nutritious food etc. According to an NLSS report 25 percent of the population lives below the poverty line in Nepal (CBS, 2017). In contrast, the multidimensional poverty rate in Nepal is 28.6 percent (NPC, 2018). It defined poverty by several factors, fundamentally education, health and living standards.

2.2.2 Caste

Renowned author Louis Dumont argued that caste as an ideology of hierarchy (Madan, 2000). He opined that caste systems consist of systematically hierarchical groups, distinctly from each other but interdependent in terms of traditional division of labor (Madan, 2000). Indian Sociologist G.S. Ghurye (1957) stated that the caste system is a form of social stratification based on birth status.

The caste is still a rigid and prominent social system in Nepal. The membership of a caste is perceived by birth. If you born as Brahmin, you will put in the top of hierarchy and if you born as Dalit then you will put in the bottom of the hierarchy (Subedi, 2011). According to Andras Hofer (2004) caste system was mostly defined by Muluki Ain (legal code) of 1854 in Nepal. MA 1854 defined Tagadhari as pure at the top of the hierarchy, Matawali as salvable caste and Dalits as impure and untouchable caste in the lower position. Now the MA of 1884 has been revised by Muluki Samhita Ain of 2017 (2074 v.s.).

Caste-based inequality and discrimination are one of the major problems in Nepal. It has become a fact of life that Dalit has to suffer untouchability every day on the basis of caste system in Hindu religion (Luintel, 2018a). According to Anthropologist David Gellner

(2007) caste is the dominant social structure in Nepal and it has also been a respectable source of identity.

2.2.3 Ethnicity

Ethnicity (indigenous) is a social group which has its own mother tongue, culture, custom, land, history. However, it does not include under the traditional four-fold caste system of Hindu or Hindu hierarchical caste system. They are officially called as "indigenous nationalities" adivasi janajatiin Nepali words (Dahal, 2003). On February 10, 2002, 59 indigenous communities were given formal recognition by the Government of Nepal under the national foundation for development of indigenous nationalities (NFDIN) act, 2002. They are Magar, Tharu, Tamang, Rai, Limbu, Gurung etc. (Gellner, 2007).

Ethnicity has the distinct collective identity, written, unwritten and oral history, having "we feeling" and sense of belonging. Customs refers to a general mode of behavior that is relatively stable, permanent, and characteristic of society. Ethnic groups are regarded as historically backward, exploited and the highly marginalized group in Nepal (Tamang, 2014). Likewise, ethnic groups have no decisive role in politics and are excluded from the nation building process. So they experience forced segregation, exclusion, and domination by others usually.

2.2.4 Level of awareness

Awareness is embedded in people's understanding level and knowledge on facts. People's involvement in different social networks and institutions also enhance the level of consciousness. This helps to be aware about personal, social and political context. According to Indian Economist Amartya Sen, such action is required to achieve human rights like education, justice, social inclusion, social and economic rights (Whiteside and Mah, 2012).

Human rights are established for the promotion of human capability, the idea of justice, ethical public reasoning and public action to protect human rights in an ethical framework. The more capabilities a person has, the more freedom he or she has to make choices of their own life and work. Social environments shape individual identities,

personal preferences, and values (Whiteside and Mah, 2012). It promotes people's level of awareness. This makes people aware and aware of related topics/issues.

Education has the biggest role in enhancing awareness. Education is related to human well-being. It is also related with development of capacities and opportunities. Then the level of consciousness also increases due to the involvement of the individual in various social networks, organizations, conventions and movements (Sen, 2004).

2.2.5 Essence of livelihoods

Livelihood is a process, activity and way of making a living. Earning money, income, assets, and building the capacity needed to secure people's livelihood. For which, it comprises means, sources, assets and capabilities of people to make a living. This is also important to save, cope and recover people from any kind of shocks, stress and disaster (Chambers and Gordon, 1992). According to Daniel Start and Craig Johnson (2004) basic dimensions of livelihood activity are associated with the economic sector (farm and nonfarm), space (urban and rural), scale (individual, household, hired laborer) and relations of production (employee and entrepreneur).Shifting traditional agricultural rural spaces to urban non-traditional activities.

There are so many ways of living, which is called diversification of livelihood. To sustain or to improve standard of living he/she constructs diverse activities and multiple sources, occupation of earnings, for example farm to nonfarm, rural to urban and individuals to hired laborer (Ellis, 1998). Internal mobility has been increasing since 1990, for sustainable livelihood people mobility to foreign labor migration, within the country and seasonal migration. Mobility because of limited resources and economic opportunities (Adhikari, 2008).

2.3 Intersectionality

There are many approaches to intersectionality. Some of them have been discussed here. The approaches to intersectionality are “intersectional/multiplying oppressions” Crenshaw (1991), “Matrix of domination/oppression” (Hill-Collins, 1990), “complex/structural inequality” (McCall, 2001; 2005), etc. The intersectionality approach was coined by American race scholar Kimberly Crenshaw “used the concept of

intersectionality to denote the various ways in which race and gender interact to shape the multiple dimensions of Black women's employment experiences" (p. 1244). In other words, "to challenge the white middle-class women's dominance in the women's movement and black men's dominance in anti-racist organizations" (Christensen and Jensen, 2012, pp. 109-110).

Before Crenshaw, Patricia Hill Collins (1990) explored the issues of oppression associated with race, class and gender. Collins explains that race, class and gender are different categories but connected to each other. She focused on the matrix of domination and oppression, particularly in women of color (African/American women). Thus, Crenshaw brought to the term "intersectionality" in 1991 nationally and scholarly, it is said that this was the expanding work of Collins.

Hae Yeon Choo and Myra Marx Ferree (2010) find intersectional approach methodically appropriate and theoretically useful to capture the complex and underlying social inequalities. Choo and Ferree (2010) emphasized mostly process, such as they focus on dynamic categories rather than static categories. For example, they believe in race with racialization, class with economic exploitation, and gender with the family and gender performance. They talk about three levels of intersectionality, group, process and system-centered intersectionality approach. To them, a group centered approach brings the issues of inclusion, multiplying marginalized people or raising the voices of oppressed groups.

Process-centered approach explores power relation and multiplying oppressions at various levels of intersection, which creates social subordination at multiple levels. (For example, race and gender meet a point, which constitutes a multiplicative effect). And, system-centered approach explores social inequality created through various interactions of social institutions like class, gender, race etc. historically determined (Choo and Ferree, 2010). Where members of a community or race have been marginalized by two or more than two factors, it means multiple oppressions. There are various other elements including power, class, gender that intersect each other and produce multiplying oppressions (Choo and Ferree, 2010).

According to Ann-Dorte Christensen and Sune Qvotrup Jensen (2012) intersectional approaches have been a great path to do research in gender and useful to analyze and

understand multiple inequalities in particular contexts. Because it has helped to create a lot of theoretical and ideological discussions to understand and analyze gender in relation to other categories. In multicultural societies, it encourages the capture of complex interactions between gender and other social categories (Christensen and Jensen, 2012). They identified life story narratives: "people's everyday social relations in their neighborhood illustrate how everyday life can be an entry point into understanding the complex local interplay where processes of gender, class, and ethnicity constitute each other in a non-additive way" (p. 120).

Leslie McCall (2005) argues that different approaches to social classes produce different kinds of knowledge. The intersectionality approach explores that unequal social structure and historical factors created multiple realities of inequality, structural inequality and oppression. McCall identifies three approaches to intersectionality within feminist theory: the anti-categorical approach; the inter-categorical approach, and the intra-categorical approach. The anti-categorical approach "deconstructs analytical categories" (p. 1773). The inter-categorical approach is McCall's own approach, it focuses on differences within one category or different categories of inequality among social groups (for example, focus on black women between women) and the intra-categorical approach neglects the point of intersection. It explores social inequalities with single categories not compared with other categories (McCall, 2005).

To sum up, the methodologically intersectional approach is distinct from other approaches to explore multilayered, multiplying, intersecting oppressions and complex and structural inequalities. It looks at different social categories as interconnected, intersecting and multiplying. Therefore, intersectionality approach is useful to explore, analyze and understand the social inequalities of marginalized and oppressed social groups.

2.4 Gender Embeddedness and Women's Subordination

The term gender reveals social relationship between male and females whereas sex reveals physical differences between male and females (Lorber, 1994). Gender roles indicate society's concept of how men and women should behave. Simone De Beauvoir was the first scholar who acknowledged the differences between the body of men and

women. Sociologist Youba Raj Luintel (2018) in his book "Gender and Development" also mentioned that "de Beauvoir (1993) was possibly the first scholar who pointed out the distinction between "natural sex" and "cultural sex roles" of men and women" (p.1).

It's true that analogical differences between men and women. In fact, people started to think differently about the bodies of men and women by physical differences. Therefore, liberal feminists argue that women are not different by body but different by biologically. Liberal feminists stated that human beings are individually different by rationality, it means the ability of individual, choice, freedom, equality etc. Likewise, they further explain that mind and body are two different subjects. The body does not represent the mind and the mind does not represent the body. They are completely different, so according to biological differences nobody is superior or inferior (Jaggar, 1983).

Betty Friedan (1963) emphasis on women's subordination lies in the bourgeois household. She further argues that full-time jobs in public places make women feel emancipation. Youba Raj Luintel (2018) commented that her analysis seems simplistic and superficial. In addition, Luintel pointed out that "she neglects institutional bases of subordination such as marriage, kinship, family, property, sexuality, etc." (p. 7). Rosemarie P. Tong (1998) also indicates that "Friendan's analysis is very ethno-centric and class-centric...Friedan addresses a largely white, middle-class and well-educated group of women" (p. 7).

Likewise, Socialist feminist talks together with the class oppression by Marxian concept and gender oppression by radical feminist concept (Luintel, 2018b). Some social feminists inspired by Engels (1972), where Engels stated that biology is not behind the reasons of women's subordination, in fact, it is associated with history and social context. According to Maria Mies (1986) gendered division of labor is the fundamental cause of women's subordination, gendered division of labor is not biological but it has transformed to history, it is socially constructed. For Mies (1986) "housewifization" or "domestication" means women are limited in domestic spaces. Despite this, social feminists failed to explain many kinds of labor and production activities such as pregnancy and child rearing relations, sexuality, etc. (Kuhn and Marie, 1978; Ferguson, 1997). There is another concept that "feminist appropriation of structuralism" talks about

kinship and marriage properly. Rubin (1975) stated that kinship is a social organization, which propagates sex and gender roles. Luintel (2018b) pointed out that Rubin (1975) also missed the analysis of power and sexuality. Therefore, Luintel argues that postmodern feminism is creative and flexible to understand power relationship between men and women, which explores the issues of power and sexuality.

There is gender disparity along receiving and donating kidneys in terms of gender role. According to gender roles and division of labor, male has the role of breadwinner whereas female has the role of housewife. Therefore, most of the wives are donating kidneys to their husbands and lower the rate of husbands donating to their wives. Besides, females have more emotion and feelings, they quickly decide to donate kidneys.

The decision of donating kidneys matters by culture, gender and class. However, women are rarely the recipients of organs anywhere in the world (Scheper-Hughes, 2002). Eugene B. Gallagher (1992) illustrates that gender stereotypes belong to donating kidneys. The social domain of male is public life while the female has private space in the household. Female relatives such as wife, mother, mother in law, sister have donated kidneys more than male relatives such as husbands, father, and father in law, brother (Gallagher, 1992).

As a gender role it has revealed that women are much more likely to donate their organs. Due to the division of labor, females often think that they have a responsibility to make alive their male as a husband, brother and father to make a living. Wives often ready to donate kidneys to their husbands because they often depend on their husbands. A study by Rasmussen et al. (2016) found that:

> 84 percent of recipients are male, 75 percent of donors are female, and most of the kidneys are transferred from mother to son and from wife to husband. Women's livelihoods largely depend on their husbands, donate kidneys out of self-protection and a sense of duty (p. 36).

Likewise, In Nepal, Shahid Dharmabhakta National Transplant Center has transplanted 802 kidneys in nine years. Out of 802 kidneys, 79 percent of kidneys have been transplanted to males, and only 21 percent kidneys to females (Dhungana, 2021c). The

mothers, wives, sisters, and even aunts and mother in law more move forward to donate kidneys than fathers, brothers, husbands, and sons (Tharu and Mishra, 2022). Therefore, it also indicates that due to gender roles women are donating more kidneys to men.

In nutshell, gender disparity between receiving and donating kidneys, while women are often donors in contrast to men as the recipient of organs. Gender roles and culture determine who can donate and receive an organ. So, most of the wife donate organs to husbands whereas the lowest cases of husbands donate organs to the wives, this also reflects the role of gender and division of labor in society.

2.5 Policy Review

Nepal has developed number of acts/laws with related to human trafficking and organ transplantation. The human organ transplantation (Regular and Prohibited) act developed in 1998 (2055 v.s.) in Nepal to make human organ transplantation systematic and dignified. A person who sold an organ is against the law, it has been sentenced to five year's imprisonment and a fine of NRs. 500,000. According to the human body organ transplantation act, 1998 (2055), people can donate their organ to "close relative":

> In respect of any person, means that person's son, daughter, mother, father, brother, sister, uncle, nephew, niece, grand-father, grand-mother from the father's side, grand-son, grand-daughter from the son's side, grand-son, grand-daughter from the daughter's side, and includes husband, wife, adopted son, adopted daughter, step mother, step father, father-in-law, mother-in-law (NLC, 1998, p. 7).

The human body organ transplantation act, 1998 amended in 2016 (2072 v.s.) and its legislation in 2016 (2073 v.s.). Some provisions have been added in this act. According to the new legislation, it can be a pair exchange between more than two families and transplantation from brain dead donors. The new law has included husband, wife, son, daughter, father, mother, adopted son, adopted daughter, brothers, grandfather, grandmother, grandson, granddaughter, father-in-law, mother-in-law as family members, whereas nephew, niece, brother-in-law, sister-in-law, son-in-law and daughter-in-law,

step-son, step-daughter, step-mother, step-father, adopted father, adopted mother as closed relatives (Human Organ Transplant Centre, 2016).

According to renowned cardiologist of Nepal Raamesh Koirala, the meaning of close relatives in provision is incomplete, where it should be clearly redefined who is a close relative and who is not. Due to unclear provision of close relatives, selling of kidneys has increased. He said:

> Faced with the risk of selling organs that have spread so globally, our government has to say clearly who is a close relative. Until now, the human organ transplantation coordinating committee has considered only one's own family member as a close relative. The nephew was supposed to be his own nephew, not his cousin's son and daughter. Similarly, the mother-in-law was not to be defined as her own mother-in-law. If all these relatives are close, then the responsibility of defining non-close relatives also falls on the legislator (Koirala, 2020).[6]

Likewise, Lawyer Pooja Khatri and student of law Bikash Thapa (2014) also problematized the issue of defining close relatives. They argue that there is gender discriminatory provision of donating kidneys by family members and closed relatives. The law included the father's clan as a close relative whereas the mother's clan was excluded. Therefore, they raised the issue of recognizing the mother's clan as a close relative and demanded an expanding definition of family members by mother's clans too (Khatri and Thapa, 2014).

Due to the limitation of defining family members and close relatives, patients have to travel to India for expensive kidney transplants by making fake relatives.[7] So, due to the

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[6]This translation is mine.

[7]Geeta Bhandari of Bhadrapur Municipality-10 has been forced to go to India for organ transplant due to legal issues. She was preparing for a kidney transplant at the Shahid Dharmabhakta National Transplant Center in Bhaktapur in August 2021. Father in law (Kakasasura) Netra Prasad Bhandari wanted to donate a kidney to her. According to human organ transplant act 2016 Netra Prasad was unable to donate a kidney due to the fact that he is not own father in law of Geeta. So, Geeta's husband Devicharan complained the provision of close relatives defined by transplant act 2016 is impractical. He said that defining the meaning of close relative should be wide. He argued that the government should consider the problems of kidney transplants in India at a high cost due to the law, which cannot be afforded by general citizens of Nepal (Setopati, 2021).

lack of clear definition of close relatives and family members, people are unable to donate kidneys even within their families and relatives, therefore people have been searching for fake relatives. Therefore, it is important for the state to first clarify who is the close relative and who is not.

Provision of law also revealed that discriminatory between political leaders and citizens. Then prime minister of Nepal, KP Sharma Oli also underwent a kidney transplant on March 4, 2020 at the Teaching Hospital, Maharajgunj. Then PM Oli's niece Samita Sangraula (Pseudonym) from Jhapa donated a kidney. There was some controversy about this too. However, it said that Sangraula is not Oli's close relative (Galaxy 4k, 2021). So, cardiologist Raamesh Koirala mentioned in one of the national daily newspapers in Nepal that organ transplantation of KP Sharma Oli seems illegal due to human organ transplantation coordinating committees provision (Koirala, 2020). The human organ transplantation coordinating committee has considered only one's own family member as a close relative to donate organs. The nephew was supposed to be his own nephew, not his cousin's son and daughter. Similarly, the mother-in-law has not been defined as her own mother-in-law. So, it became problematic. Koirala further explored that there is strong emotional connection with father, son, and daughter to mother, husband to wife or brother to sister. The emotional ties are not strong with his or her nephews and nieces.

However, there is growing illegal kidney donation in Nepal. The Nidan Hospital in Lalitpur was found involving illegal organ transplantation in 2019.[8] The incident of a Nidan hospital in Kathmandu being made to donate kidneys by making fake nephews also became public. In which doctors and official members of the hospital were also found engaged. There was another incident of selling kidney at the Shahid Dharmabhakta National Transplant Center in Bhaktapur on April 23, 2018.[9] The practice of donating kidneys has flourished by making fake documents and close relatives. Kidneys are

[8] Five people, including the CEO and a doctor of Nidan Hospital have been found involved, were arrested for buying and selling kidneys for NRs. 300,000. The police investigation revealed that the chief executive officer of the hospital and the doctor were involved in collaboration with the brokers. Therefore, we can say that kidney selling is spreading underground in Nepal (Gyanwali, 2019).

[9] Kumar Giri of Kavre Nala, a mentally ill person, had his kidney removed and transplanted into the body of Tharka Bahadur Basnet of Morang. Giri's kidney was removed by making fake documents of Basnet's son (Ghimire, 2019).

donating by making fake sons, daughters, nieces, nephews, brothers and sisters with fake documents (Ghimire, 2019).

According to kidney/liver transplant surgeon Pukar Chandra Shrestha, to reduce organ scarcity need to have enough organ donation of deceased/brain dead donors (Shrestha, 2019; Tough Talk, 2012). According to him, there is not much discussion and debate about voluntary kidney donation in Nepal and people do not have enough information about organ donation, its importance and logic. So he argues that donating an organ after death can save many lives, reduce kidney scarcity, and illegal kidney selling. He said that the state should provide incentives to the families of the organ donors.

To sum up, selling kidneys is an emerging and underlying phenomena in Nepal. One of the reasons is due to a lack of clear explanation of close relatives and its limitations, people started making fake donors to get organ transplants. Therefore, this paper also points to the need for the state to broaden the definition of "close relative" in human organ transplantation law at first to prevent people from selling their kidneys.

2.6 Research Gap

The above literature shows that structural exclusion is the main reason for selling kidneys. According to individuals' economic, educational, awareness and social background he/she became prone to sell organs. To fulfill basic needs, desires and wants people became ready to sell kidneys. Especially kidneys sold to pay off debts, to get cash, to raise dowry and expanses of daily livelihoods. Likewise, kidney has been donated as sale, altruism, compensation, theft, barter and coercion with the poor, illiterate, unemployed and skilllessness. Therefore, poverty has been the main evil forcing to sell organs and believe false promise of getting job (Ibrahim, 2014; Crowley, 1999; Scheper-Hughes, 1996; Scheper-Hughes, 2000; Scheper-Hughes, 2004; Scheper-Hughes, 2011; Trespeuch and Steiner, 2013; Steiner, 2003).

Likewise, illiteracy is another key factor. Low level of education, lack of basic medical knowledge, not aware of potential health consequences forces people often to sell organs (Healy, 2004; Ibrahim, 2014; Joralemon, 1995; Scheper-Hughes, 2004; Simpson, 2014). Racial and ethnic minorities are less likely to legally sign donors or agreements for organ

donation. Black, Asian and racial and ethnic minority groups are donating organs more illegally (Healy, 2004; Scheper-Hughes, 2000; Simpson, 2014; Joralemon, 1995; Kierans and Cooper, 2011; Steiner, 2008).

Many religions' participation and affiliation support organ and tissue donation as an act of charity and goodwill. Although there is diverse opinion even within a particular religion and regions, who are against organ donation. In fact, due to scarcity of organs, selling organs increased simultaneously (Steiner, 2003; Kierans and Cooper, 2011; Simpson, 2014; Ibrahim, 2014; Scheper-Hughes, 1996). The presence of a growing middle class, the outcome of lack of national health insurance, economic and health consequences increases selling kidneys in India (Ibrahim, 2014). Lower class and partially middle class are at risk of selling kidneys (Steiner, 2008).

Gender also has implications on organ donation. Females are more likely to donate kidneys than male. Females are rarely the recipients of organs (Gallagher, 1992; Scheper-Hughes, 2002). Most of the developing countries are suppliers or donors of organs in contrast developed countries are recipient (Healy, 2004; Ibrahim, 2014; Scheper-Hughes, 2000; Scheper-Hughes, 2011; Steiner, 2008).

The above literature indicates that organ selling is an outcome of structural exclusion, low socio-economic standard, and unemployment, low level of education and awareness, and living below the poverty line. There is inequality between class, race, gender, religion, and ethnicity, nations of receiving and donating kidneys. The literature most focuses on race, class, ethnicity, gender as much, where caste is missing. Caste is the most prominent social structure in the context of Nepal. Likewise, there is no in-depth study of selling kidneys in the context of Nepal. That is why this research explores the social context of selling kidneys in Nepal associated with caste, class and gender factors.

CHAPTER THREE:
RESEARCH METHODOLOGY

3.1 Research Design

Research methodology is a specific scientific process used to identify, select, process, and analyze detailed information about a topic (Kothari, 2004). The methodology section mainly shows how the data was collected to answer the questions and how it has been analyzed, or it provides logic behind the particular research topic. This research tries to explore underlying family-level social realities that made people of Hyulsa vulnerable to sell organs. Based on the case study and key informant interview it explores causes, motivations, and history of selling kidneys along with class, caste, ethnicity, gender, region, law, level of education, and social perception.

This chapter broadly describes the structure or methods of research. This research method is qualitative in nature, design is explorative. Research site describes the research area, nature of data is primary, and sampling is a snowball. I started to research in early 2019. I have been to the field three times. I visited the field for the first time on May 29, 2019, then on August 26-27, 2019, and last on March 23-24, 2020. In this research, I have used the term selling kidneys/kidney selling for so many synonyms of kidney trafficking.[10]

This is qualitative research in nature. Qualitative research captures the narratives, texts, and stories told by respondents. In contrast,quantitative research captures and expresses what we find in numbers (Newman, 2014). The strength points of the qualitative research method; it provides a deeper understanding of the participant's feelings, thoughts, and experiences and explains the meaning of their actions (Denzin and Lincoln, 2005).

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[10] In this paper, I have used the term “organ selling"” for more synonymous words like “organ trafficking”, “organ transplantation”, “organ donation”, “organ stealing”, “organ transaction”, “organ hunter”, “medical business” and “commercialization of organ” etc. The different authors have used different terminologies. Nancy Scheper-Hughes used “organ stealing” (2000) and “organ trafficking” (2004), Bob Simpson used “human tissue transaction” (2014), Philippe Steiner used “commercialization of organ” and “tissue collection” (2003), Kieran Healy used “organ procurement” (2004), Philippe Steiner (2013) and Nancy Scheper-Hughes (2011) used the term “organ selling”. Following Scheper-Hughes (2011) and Steiner (2013), I have chosen the term “selling organ” which I found used by Scheper-Hughes in 1996 first.

Quantitative research method unable to explain the deeper underlying meaning, emotion, and explanation of human experience. That is why I have done qualitative research. Major focus of this research is to explore underlying social realities and structures that made Hyulsa vulnerable to organ sale, what made men and women ready to sell their own body organs, and which group of people are at higher risk of selling kidneys. In this case, we need in-depth interviews, case studies, narratives to explore underlying social realities behind kidney selling in Hyulsa.

This research is exploratory research. This research design used when the subject is new, we have little or no information about it, and no one has explored it (Newman, 2014). An exploratory research method studies that have not been studied before. The exploratory study examines an area largely untouched by previous work (Mo, 1978).

In the case of Nepal, organ selling is a new and emerging phenomenon. “Studies on selling of human organs have not been carried out in Nepal, and hence it is difficult to know the magnitude of the problem in the country” (The Asia Foundation, 2015: 9). Therefore, this study is designed as an exploratory study on the basis of available and few recorded information.

3.2 Hyulsa: The Research Site

The area of study is Hyulsa village of Kavre, now in Panchkhal Municipality.[11] Hyulsa village has been divided into wards 7 and 8 of Panchkhal Municipality. There are 970 households and 4613 populations in Hyulsa village (CBS, 2017). Among them, 2386 is the female population and 2227 is male population. Hyulsa is a diverse village where live multiple caste and ethnicity such as Tamang, Brahmin, Chhetri, Newar, Dalit, Thakuri, etc. The majority of the population has Tamang. There are 1435 Tamang populations in Hyulsa village.

The distance from Kathmandu to Hyulsa village is 53.9 km. In the past Hyulsa was one of the good entry points in Nepal. It was one of the entry points for the capital

[11]It lies in three number provinces of central Nepal. The VDC which were merged Aniakot, HokseBazar, Kharelthok, Koshidekha, Baluwa, Sathighar Bhwagawati, and Panchkhal forming an agriculturally rich Panchkhal Municipality. Retrieved February 15, 2020 (http://panchkhalmun.gov.np).

Kathmandu and Dhulikhel of Kavre for Sindhupalchok, Ramechhap, Okhaldhunga, and Dolakha districts. Where people used to go Hyulsa for marketing as residents to go Dhulikhel and Kathmandu as well. Before construction of the Araniko highway, this place was a famous trade place.

After the construction of the Araniko highway, this place became isolated. Ratna Prasad Kharel of Kavre became the minister in the cabinet of Tank Prasad Acharya in 1969. After he became minister, construction of the Araniko highway began in Hyulsa. The Aranikohighway started in 1982. Then, the route of Hyulsa from Dhulikhel, Banepa, and Kathmandu became less and partial (Based on a conversation with local Krishna Prasad Dhungana on August 26, 2019).People did not use Hyulsa as a residence and marketing place. There was a direct public vehicle for local places to Kathmandu and Kathmandu to the village.

Although the pressure of the people decreased, the development of the Hyulsa surrounding area did not stop. In 1982, established an army barracks in Panchkhal near Hyulsa. In these barracks, special training is still being given to the soldiers who go to the peace campaign (Shanti Shena). Development of electricity to the headquarters of Kavre in Dhulikhel in 1986. One year after that, the electricity was accessed in Hyulsa in 1987. The school was established in 1953 in Hyulsa village. Regular class started in 1961. This school has been running by the name of Janata secondary school in Hyulsa village. There is a secondary school and three primary schools in Hyulsa. According to the 2011 census, 71.52 percent of people are literate in Hyulsa village.

Hyulsa's 95 percent place has access roads and transportation and 98 percent of people in Hyulsa have electric service. More than half of people are facing food insecurity in Hyulsa (Based on a conversation with ward chair of 8 Sanjay Bahadur Tamang on May 29, 2019). Food insecurity has been followed mostly by Dalit, Janajati, and Brahmin Chhetri. There is low production due to infertile land, scarcity of water and irrigation systems in Hyulsa. This place is very famous for the production of vegetables although people have annual food insecurity. People do not have annual food sufficiency. Agriculture and wage labor are major income sources of Hyulsa village.

Figure 1: Research Area (Hyulsa Village, Kavrepalanchok)

3.3 Universe/Sample

My universe is people of Hyulsa Village, who have sold kidneys. It is difficult to find actual numbers of kidney sellers in Hyulsa, because kidney sellers do not want to admit themselves as kidney sellers. PPR Nepal an NGO which worked in Hyulsa in 2015, survey report suggests that 119 to 178 people of Kavre district were the victims of illegal extraction of kidneys. In fact, this is not an officially recorded number. That is why I have used snowball sampling. This sampling is used in situations where it is difficult to find potential participants (Noy, 2008). I have taken 11 cases of kidney sellers, among them eight were male and three were female.

3.4 Sources of Data

In this study, I have used mostly primary data from the field study. And secondary data also has been used. Secondary data for this research is the research report of the Asia Foundations "Kidney Trafficking in Nepal" published in 2015.

3.5 Tools of Data Collection

The major tools for data collection are case study and key informant interview. Case study is designed to know about kidney seller's in-depth information, perceptions and stories. Similarly, a key informant interview is developed for the key information of selling kidneys in Hyulsa.

3.5.1 Case study:

Case studies have been used whenever you have little information about an object, you want to keep a holistic understanding of the situation and phenomena. Case studies in particular help us to understand and explore in-depth phenomena (Stake, 2005). Case study is needed, when one needs to understand more about personal accounts of their life, in their own words. It allows individuals to discuss not only themselves, and their lives, but also the social, economic, and political spaces that individuals inhabit (Stark and Torrance, 2005).

I have taken 11 case studies of kidney sellers. Similarly, I have taken another four cases of kidney seller, they are Naresh Thakuri (Vocative, 2013; Kavresamachar, 2011), Biraj Pariyar (CNN, 2014), Niraj Sunar (Dhungana, 2018a), and Tirtha Sunar (pseudonym) (Dhungana, 2018b) have covered by media. From the case study I have explored in-depth, emotional, and historical underlying social factors of selling kidneys in Hyulsa. More than that, the own narratives of kidney sellers, helps to understand the background, motivation, and the underlying social factor and realities of selling a kidney in Hyulsa.

3.5.2 Key informant interview:

Key informant interview is a very important tool to capture the in-depth, wider, and broader information and knowledge of cases (Marshall, 1996). Key informant interview is an interview that takes in deep, comprehensive, and complete information from people

who know deeply about their community. It is firsthand knowledge about the community (Tremblay, 1957). I have taken five[12] key informant interviews with non-kidney sellers. From a key informant interview, I drew the key information about selling kidneys in Hyulsa. That is the history, underlying social structure, vulnerable group of selling kidneys and its impact in the village and livelihood of kidney sellers in Hyulsa village.

3.6 Field Experience of the Researcher

Selling kidneys is a sensitive issue; it was challenging for me to study. I was very doubtful whether or not the respondent would speak openly about the sale of kidneys. To understand the situation in the village, I initially contacted the chair of ward 8 Panchkhal Municipality Sanjay Bahadur Tamang by phone. I talked to him about myself and my research proposal. He initially claimed that it was not possible for me to study this subject. He responded that research was difficult because kidney sellers did not speak openly, did not identify themselves as kidney sellers, and did not want to talk to outsiders. I became nervous by listening to others' views. Everyone was threatening me, it is impossible to meet kidney sellers, they would not be available to talk. However, the chair of ward 8 Panchkhal Municipality Tamang said that to come for visiting the village once and help as much as he could. Then I went to the village on May 29, 2019, for a pilot visit.

Ward chair Sanjay Bahadur Tamang introduced me to the social worker Buddha Lama in the village. He is the gatekeeper of my study. He helped me a lot to create a friendly environment with kidney sellers. And finally, I realized that it was very difficult to talk with a kidney seller as a third person or outsider in the village. It was also difficult to meet them frequently due to mobility for earnings from one village to another village. In some cases, kidney sellers have moved permanently from one village to another village and Kathmandu. Without the help of a local person, it is impossible to carry out the study in Hyulsa village.

[12] They are 1. Puskar Dhakal, ward chair of 6, Panchkhal Municipality, 2. Sanjay Bahadur Tamang, Ward chair of 7, 3. Panchkhal Municipality, 3. Buddha Lama, Local Activist, 4. Palden Lama, Local Youth, and 5. Raman Pariyar, Local Youth

At first, I was afraid to talk with the kidney sellers. I was worried that if they refused to talk with me, how I would handle it. But, when I got consent to talk with them, my thoughts turned the opposite. They spoke clearly and frankly without any hesitation about their story of kidney selling. Some of them took it as normal and lightly. In some cases, they were hiding their true story; at that time, I also talked with the local language Tamang to make them comfortable. After that, they opened up with me.

I was quite surprised. Two respondents were refusing to talk with me at first. But later, they were convinced and opened up with me. In fact, I got the point that the kidney sellers had no problem with the conversation with us or outsiders, but the problem was with the villagers, their neighbors, and non-kidney sellers. They were anxious about the village being known as a kidney village in the world. Therefore, they did not allow kidney sellers to talk with outsiders about kidney selling, because of village prestige. Some NGOs provided financial assistance to kidney sellers and free education to their children. One of my respondents told me that the locals are jealous to see some kind of incentives they are receiving from the local government and NGOs.

Another reason is the role of the media. Media like online portals and You Tuber published stories of kidney sellers without any privacy and consent in the village. The media also portrayed a non-kidney seller as a kidney seller. So this type of ethical issue is associated with the case of Hyulsa's people to understand their silence about selling kidneys.I met local Ram Prasad Dhungana in a shop on August 26, 2019. He was a very active and talkative person. We started a conversationaboutthe development of Hyulsa village. He was very much excited to talk about this issue. I slowly entered the issue of kidney selling; he was giving much information about the village.

When it came to the issue of selling kidneys, his wife told him not to speak about this issue to outsiders. Then he sat quietly. His wife thought that I was a journalist. She became suspicious when she saw my mobile phone and recorder. Later, I convinced her that "I am not a Journalist, I am a student, and I am doing a study on this topic for my MA thesis, so you both do not worry about me, I will put your information with privacy and confidentiality." Like this, our conversation ended up in the middle.

Similarly, I went to another small tea shop in Hyulsa village. There were 3/4 local youths. They looked at me like strangers and they asked me “who are you?” I said that I am a student and came to do an MA thesis on selling kidneys. Then they started to look at me with suspicion. One of them requested me to show my ID card and I showed it. They did not believe me. They started asking more questions: why did you choose this topic, who you asked for the permission, what we get for doing this research, what will happen by studying this topic and so on. I tried to answer the question but they did not listen to my words. When I said that I got the permission from the local representatives Sanjay Bahadur Tamang and Pushkar Dhakal, they calmed down slowly.

Some of them thought that I am a kidney broker, they even asked me how much you pay, and I am ready to sell. Sometimes I felt harassed and uncomfortable by their behavior and questions. In fact, youths of Hyulsa have been campaigning in the village to prevent Journalists from reporting on kidney issues since 2015. They were not happy that the media introduced their village as “bank of kidneys”. They have stopped the media from entering the village because the condition of the kidney victim did not change. Instead of helping kidney victim’s media spread the village as a kidney bank all over the world.

They are not happy that their village is infamous asa bank of kidneys. So when an unknown person arrives in the village, they look carefully and prohibit them. Some of them were drinking while I was having a conversation with them. Their main concern was in dollars that I have earned. There were also questions about how much I get by writing this. They were asking me more unnecessary questions than needed. Nevertheless, even some of them understood my point. Dipak Pariyar, a youth, said that they are not against everyone, their concern was to maintain the privacy and confidentiality of respondents and the village. He suggested not giving the real name of the village and the real name of the kidney seller in my research. I convinced him accordingly. Then, I drank a cup of tea there. And, got out of there.

I met with Ram Budhathoki (One of the respondents) on March 23, 2020. He was not at home at first. Then I started to talk with his mother. He arrived home in half an hour while I was talking with his mother. His nephew Ramesh Budhathoki introduced him to me. Then, I introduced myself and tried to talk to him. Then he asked me directly what I

will get talking withyou (*Maile yo bole bapat k paucchu*)? Then he left home. I was stunned for a moment. Later, the ward chair of Pushkar Dhakal suggested that he speak, and only one hour later he agreed to speak with me.

These are the reasons behind his question "What do I get (*Maile k Pauchhu*)" Since then, many YouTubers and Journalists reached there. They spread the issue in the media indiscriminately without following any privacy, confidentiality, and ethics. That made the villagers scaredof the media. After that, they launched a campaign to prevent anyone from entering the village and stopped reporting for journalists without their consent. They said that kidney sellers have been motivated to speak by paying money for others' own purposes, which cannot solve the problems that kidney sellers are facing lifelong.

The condition of kidney sellers is painful. They have become like a burden on the family. They cannot work because of chronic illness, weakness and disability. Some died at an early age. Consumption of alcohol increased to reduce the pain of the body and finally, alcohol started consuming itself. They usually drink alcohol in the shop. If there is a new person who comes to the village, they will ask to give money. Some of the respondents were asking me for money after the interview. And, I gave hundreds of rupees to have tea. It was their daily habit to ask for money when there was somebody new in the village. They collect the money and go drinking alcohol. It was the daily activity of almost every kidney seller in the village. Not everyone is in the same condition. Some of them were raising their families by doing wages and farming as well.

Besides, I saw that kidney sellers have been facing family disruption, displacement, discrimination, and social stigma in the village. They are often ignored by their own family members and relatives. The impact of kidney selling on livelihood is one of the most important subjects of research, which needs to be more explored. Which is a limitation of this thesis. I have not searched the repercussions of selling kidneys in the village.

3.7 Profile of the Respondents

I have taken 11 cases of kidney sellers, eight were male and three were female. According to caste/ethnicity, five were Janajatis, four were Brahman Chhetris, and two

were Dalits. The eight respondents were landless, rest of the three had one to three ropanis of land. Everyone, who sold a kidney is facing food insecurity, they cannot survive more than 3/4 months by farm production. The main source of income is daily wages and agriculture. An old age allowance is a source of income for some households. They did not even have a strong and big house to live in. They lived in a room with all family members. Two families live in a single two room's house. Eight were illiterate and three were literate.

Even those who are literate studied up to only primary level, even they cannot read and write. Most of the kidneys sold at the working age group. They have sold kidneys at the age of 16 to 40 mostly. In this way, many have sold kidneys at working age. Almost all who sold kidneys were married and male-headed households. Some of them were unmarried and their kidneys were sold when they were teenagers. Most of the families who sold kidneys were single families and few had extended families. Many of the kidney sellers were in poor health, some became disabled and someone died due to kidney problems.

Here, I have put the demographic information of kidney sellers in several tables. The background of kidney sellers has been analyzed by caste/ethnicity, gender, age, income, education, landholding size, family size, and health and disability status.

Table 1: Landholding Size of Respondents

Land Holding Size	Male	Female	Total
Landless	6	1	7
1 ropani	1	1	2
2 ropani	1	0	1
More than 3 ropani	0	1	1
Total:	8	3	11

Source: Fieldwork on 2019-2020.

This table shows the higher rate of kidney sellers are landlessness. Only one respondent has more than three ropanis of land. From this, we can say that landlessness and low landholding size are some of the major problems in the village. This table shows that the majority of households are male-headed.

Table 2: Occupation of the Respondents

Occupation	Male	Female	Total
Wages/Agriculture	3	3	6
Only Wages	1	1	2
Hotel (Business)	1	0	1
Old age allowances	1	0	1
Mason/Carpenter	1	0	1
Total:	7	4	11

Source: Fieldwork on 2019-2020.

This table shows that most of the respondents engaged in wages and agriculture. Besides, the important point is that respondents have old age allowances as their main source of income. Likewise, few respondents have skill in their hand, who works as mason and carpenter in the village. Some even makes a living by a small hotel business. It also indicates that they have no regular source of income, job, and business.

Table 3: Status of Food Insecurity of the Respondents

Status of Food Secure	Male	Female	Total
Food secure	0	0	0
Food Insecure	8	3	11
Total:	8	3	11

Source: Fieldwork on 2019-2020.

This table shows all are facing food insecurity. This is a very crucial point. They cannot survive by farming. This is related to landlessness and holding small amounts of land. So, it shows that one of the reasons behind selling kidney is food insecurity.

Table 4: Household Headship of Respondents

Household Head	Male	Female	Total
Male headed	10	0	10
Female headed	0	1	1
Total:	10	1	11

Source: Fieldwork on 2019-2020.

According to this table, most of the households are male-headed households. It indicates that due to gender roles and division of labor male is often the head of the households. Due to the role of breadwinner they have the responsibility of making a living. Therefore, it reveals male have been involved more than females for selling kidneys.

Table 5: Caste/Ethnic Status of the Respondents

Caste/Ethnicity	Male	Female	Total
Brahmin Chhetri	4	0	4
Janajati	3	2	5
Dalit	1	1	2
Total:	8	3	11

Source: Fieldwork on 2019-2020.

This table shows that the highest number of kidney sellers is Janajatis followed by Brahmin Chhetris and Dalits. In fact, Hyulsa village has the dominant Tamang

population. Therefore, Tamang has sold more kidneys followed by Brahmin Chhetris and Dalits.

Table 6: Literacy Status of the Respondents

Literacy Status	**Male**	**Female**	**Total**
Literate	3	0	3
Illiterate	5	3	8
Total:	8	3	11

Source: Fieldwork on 2019-2020.

This table shows that most kidney sellers are illiterate. Three respondents are literate who sold the kidney, and they are male. No one female respondents are literate. So, this table indicates that their level of education is another important factor which puts them at risk of selling kidneys.

Table 7: Health Status of the Respondents

Health Status	**Male**	**Female**	**Total**
Ill	7	2	9
Good	1	1	2
Total:	8	3	11

Source: Fieldwork on 2019-2020.

This table shows that the health status of kidney sellers is worse. Only male and females have good health. Almost all of the male respondents have ill health and they are often the head of the households.

3.8 Limitations of the Study

The study has been conducted in Hyulsa village. This is qualitative research. Sources of data are primary; data has been collected from secondary sources as well. The research on selling kidneys has been conducted by medical sciences and social sciences. However, this study was designed by the social sciences, notably the discipline of sociology, such as social structure, social relationships, social inequalities, social capital, networks, etc. This study was conducted in Hyulsa village of Kavre district, therefore, the entire country cannot be generalized. I found the character and nature of respondents are almost the same. Their economic, social, political, educational status is almost the same. However, this study does not discuss the repercussions of selling kidneys in Hyulsa village. So these are the limitations of my study.

3.9 Research Ethics

When research is conducted in a personal matter or deep experiences, it is called sensitive research. Sensitive research exposes pain, grief, sorrow, feelings and other emotionally difficult moments in their lives (Leonor, 2018). Collecting data in sensitive research can sometimes be a very difficult task. The researcher should be able to respect the confidentiality, anonymity, and privacy of respondents (Marvasti, 2004). One of the most important aspects of data collection on a sensitive topic is that the researcher should be able to develop rapport with the respondents. Relationship of researchers and respondents should not be hierarchical(Dickson-Swift, et al., 2007). Researchers also should handle the emotional impact. Pauses, silences, and non-verbal emotional displays such as tears and embarrassment also need to be thought of in the data analysis (Leonor, 2018).

“Selling kidney” is also a challenging and sensitive subject. Respondents may feel hesitation, uneasy, and hurt to explore their feelings and experience of selling kidneys. I talked with informed consent during my study. However, it was difficult to get consent to talk with them. Similarly, they did not like to be public and presented themselves as kidney sellers. They have kept it a secret. Similarly, the villagers are not happy that the names of the village have been “bank of kidneys”. They also want the name of the village and the kidney seller not to use it in public spaces. So, I have ensured the privacy of all my respondents. All the names and the village also presented in the study are pseudonyms.

CHAPTER FOUR:
UNDERLYING SOCIAL REALITIES OF SELLING KIDNEYS IN HYULSA

This chapter explores underlying family level social realities that made Hyulsa vulnerable for selling kidneys. Food insecurity and landlessness, unemployment and skilllessness has been discussed as prime causal factors for selling kidneys in Hyulsa. Likewise, farming and wages as major earnings sources. Likewise, illiteracy, level of awareness, the role of social capital and networks is another pivotal factor contributing to selling organs.

4.1 Landscape of Livelihood in Hyulsa Village

In this section, I have discussed food insecurity, landlessness, unemployment and skilllessness is a major causal factor of motivating to sell kidneys in Hyulsa. Likewise, wages and farming are the earnings source of kidney sellers. People have often sold kidneys when livelihood did not sustain from farming and wages alone. In addition, people have sold kidneys to build houses, add land, pay debit, and festival and marriage expenses. However, their perception towards organ selling as a means of livelihood. Perception towards selling a kidney is normal. Due to illiteracy, low social capital and networks, burden of debit, livelihood crisis made them vulnerable to sell kidneys.

4.1.1 Food insecurity and landlessness

Landlessness, size of landholdings and food insecurity have linked to the main social factor of selling kidneys in Hyulsa. Due to landlessness, insufficient land and earning others land in *Adhiya* most of them are facing food insecurity. The food did not survive for more than six months by farm production. Out of 11 respondents, seven were completely landlessness and rest of them had one to more than three ropanis of land, which is not sufficient for surviving to the whole family. Most of them were cultivating other’s land in *Adhiya*. Due to infertile and hilly areas and irrigation problems there is not enough production. This also helps to increase food insecurity in the village. Here, I discuss how the condition of food insecurity and landlessness made it vulnerable to sell kidneys in Hyulsa.

Ram Budhathoki (35) who sold a kidney at 24 in Chennai of India. Ram was cultivating another person's land in *Adhiya*. It cannot survive for five months. He had a small two-room house with four annas of land, where he lived with his mother, two children and wife. Due to food insecurity he went to Kathmandu to earn money, where he worked as a cleaner in a Hotel and public vehicle contractor. He could not earn even NRs. 9000 in a month in Kathmandu, that's why he was facing difficulty to make a living selling his kidneys for 150,000 rupees. He said:

> Frankly speaking, I sold kidneys for money because I needed them. I heard about selling a kidney through my friend (kidney broker). There was food insecurity and I did not have my own land. Then, I went to Kathmandu for work. Most of our villagers went to Kathmandu toearn money, this is close to us. And my two elder brothers also worked in Kathmandu. I always had a scarcity of money. I cannot support my family as well. Even though I worked hard all day, it was difficult to earn nine thousand in a month. That made it difficult to stay in Kathmandu. So, I decided to sell a kidney to get out of the scarcity of money.(Based on the conversation with Ram Budhathoki on March 23, 2020).

This case shows that selling kidneys is associated with food insecurity and landlessness. Due to food insecurity and landlessness, most people moved to Kathmandu to earn money. While working in Kathmandu they met with a kidney broker and knew about selling kidneys, then sold kidneys to fulfill daily needs.

Rajaram Gautam (58) sold his kidney at 40 in 2001 in Madras (Chennai), India for the same reason. He had only three ropanis of land. So it was difficult to survive with seven members of the family by farming. Rajaram wanted to add land. So he went to Kathmandu and started a small business (selling maize) in the street of Kathmandu. Subsequently his daily customer Hari Narayan Chhetri from Syangja approached him to give a kidney. He was offered land as his own brother in Syangja. Rajaram was shocked by his customer offer at first because he had a dream of land. Then he immediately agreed to sell a kidney for the sake of land. So, this case also indicates how the individual led to sell kidneys as easily for the sake of land.

In the case of Shree Bahadur Tamang and Manish Pariyar landlessness and food insecurity come to the forefront. They were forced to sell their kidneys on the pretext of being employed in India. Shree Bahadur Tamang (54) sold his kidney at 31 in 2004 in Chennai (Madras), India. Shree Bahadur did not have his own land in the village. His house was also built on the four anna of land which was given by his father-in-law. Indeed, Shree Bahadur was a son in law in the village. He cultivated the land of others in *Adhiya*. So he went to Kathmandu to get a better job and earn a lot of money. While working as a porter and contractor of public vehicles, he became acquainted with a broker (Hira Lama). Then, he sold kidneys. Hira took him to India for an approaching job as a driver and mechanic. Shree Bahadur said in his own words:

> Actually, I did not go to sell my kidneys in India, I was deceived. I want to get a better job in India. When I reached there, I was forced to sell my kidneys. I did not have my own land in the village, I did not have a strong house, it always made me hurt. Unable to earn in the village, I went to Kathmandu city to fulfill my dreams. There were so many scarcities in my house. I was someone's husband and father too, so my responsibility was to support them. In the lure of making good money, I sold my kidneys.(Based on conversation with Shree Bahadur Tamang on March 24, 2020).

Manish Pariyar (50) has a different experience, he sold a kidney at 35 in 2003. He had one ropani of land, which was not sufficient for a month to survive. He worked six months in the village and the rest of six month worked in Kathmandu. Manish decided to go to Kathmandu to earn Dashain expenses in 2003. In the meantime, he met with local broker Pratap Bajgain, Pratap took him to Delhi saying that he will get a job in India. He went to India to get a job, but when he got there, he had to sell kidneys. So, those cases also show that they became more vulnerable due to landlessness and food insecurity.

Shyam Bahadur Tamang (41) also went to Kathmandu after his land was auctioned off as he could not repay the bank loan. His father bought a buffalo with a loan from a bank. He had a plan to sell milk and ghee. Unfortunately, buffalo died soon after. Unable to repay the loan, the bank auctioned off his land. To pay the loan, Shyam Bahadur worked in a

noodle factory and he gave a kidney to the wife of the noodle factory manager. To make a living he became ready to give a kidney.

The study of the Asia Foundation (2015) also conveys that kidney sellers are landlessness, food insecure and have loans. The study further denotes that more than 60.6 percent kidney sellers are facing food insecurity and 20.2 percent landlessness in Hyulsa. Whereas, 30.6 percent families had 5 to ten ropani, 26.9 families had 1 to 5 ropanis of land, 18.6 percent had more than ten ropanis of land and 3.7 percent had less than one ropani, "which is not a huge plot for subsistence" (TAF, 2015, p. 20).

To sum up, the main underlying social realities that made Hyulsa vulnerable to organ sale are as follows. One, food insecurity, when it is not enough to survive more than six months from one's own farm production, people often made selling kidneys as means of making livelihood. Two, landlessness and low landholding size are the most prominent factors that force people to sell kidneys. Most of them cultivating other's land in *Adhiya*. Therefore, food insecurity, landlessness and low land holding size is the main underlying social factor which forced the sale of kidneys as a means of making a living in Hyulsa village.

4.1.2 Unemployment, skilllessness and wages as earnings source

Unemployment and skilllessness is another factor that contributes to sell kidneys. Moreover, wages as major earnings source. All of my respondents were unemployed and skilllessness. They have mostly involved in agriculture and wages, few were carpenter, goldsmith, and mason in village. When it is hard to make a living by wages and farming alone, people have often sold kidneys to make a living. Therefore, lack of diversification of livelihood, people were vulnerable to sell kidneys.

The study of TAF (2015) also reveals that 52.8 percent kidney sellers are involved in agriculture, 16.7 percent involved in wages, 16.7 percent in service jobs and 8.3 percent in trade and commerce. This indicates that higher percent of kidney sellers make a living by agriculture and wages. It also conveys a higher rate of unemployment and skilllessness. Likewise, the study also indicates that 55.6 percent kidney sellers said that selling a kidney is one of the measures of managing the financial crisis, in contrast 5.8

percent non-kidney sellers said that selling kidneys could be a major factor in managing the financial crisis. Therefore, we can say that selling kidneys has been one of the sources of income for local people. In addition, it also gives the perception that selling a kidney is normal.

Rajan Tamang worked as a porter in Kathmandu, he also had a loan. Because he built a medium size house with a NRs. 25000 loan from a local merchant. He was under pressure to repay the loan and the house was not built completely. To repay the loan he went to Kathmandu for earnings. He used to farm at home for six months and porter in Kathmandu for the rest of the month. He earned 700 rupees per day by wages. He continued to collect interest of NRs. 200 out of 700 per day. However, he could not repay the loan in three years. Unable to repay the loan, he was forced to sell kidney and pay off debts.[13] Rajan said:

> I sold my kidneyat a cheap price. I regret it now. I also did not like to earn money by selling kidneys. But I was badly burdened by debt. I had to pay the loan anyhow. There was no way out, so I surrendered. I could not, even work 18 hours a day. I was quite startled in the beginning of the broker's approach but later I agreed to his offer of 50,000 rupees to sell a kidney, which is one of the worst parts of my life.(Based on conversation with Rajan Tamang on March 23, 2020).

Out of 11 kidney sellers, Shyam Bahadur Tamang had a skill, he worked as carpenter and mason in the village. Rest of the ten kidney sellers were unemployed and skilllessness. Due to unemployed and lack of necessary skills, and could not sustain from wages and farming alone they became more vulnerable to sell kidneys. Therefore, Ram Budhathoki depended on mother's old age allowance of 3000 per month in 2020.[14] He could not work

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[13] He met three boys in Kathmandu. He could not remember those names clearly. They said that if he sells a kidney he will get out of debt to Tamang anyway. Tamang also said that if he got out of debt he would do whatever he had to get out of debt. But when the boys revealed that they were talking about selling kidneys. Tamang was stunned for a moment. He refused to sell one kidney at first. But suddenly he remembered the debt he had to pay, and then agreed to sell a kidney for NRs. 50,000.

[14] When Ram came to sell his kidneys, there was always a quarrel in the family. Ram's drinking habit increased after selling kidneys. So he did not have a good relationship with his wife. And, his wife left him and went to Kathmandu. Then Ram was left alone. He cannot work due to weakness after selling kidneys. So now he has been living on his mother's monthly old age allowance of NRs 3,000.

due to chronic illness. This is a very critical case of kidney sellers in Hyulsa. He wanted to be happy by selling kidneys instead, he got a lifetime chronic illness.

According to American Sociologist Immanuel Wallenstein "World System Theory" core spheres are dominant and center area of countries that exploit peripheral spheres for labor and raw materials of country, where semi peripheral spheres share characteristics of both core and peripheral spheres (Peacock, Hoover and Killian, 1988). In contrast, the case of selling a kidney reveals that there is a core area who exploits the labor of semi-peripheral spheres. Where Kathmandu as central and Hyulsa as semi peripheral areas. So this type of core and semi-peripheral relations also made it vulnerable to sell kidneys.

In a nutshell, unemployment and skilllessness made people at risk of selling kidneys. Moreover, wages and farming alone cannot survive, so they started to sell kidneys. While doing wages in urban areas, most of them met with brokers and brokers lured them to sell kidneys.

4.2 Illiteracy and Social Capital

In this section, I have discussed the relation between the role of illiteracy, social capital and networks on organ selling. Illiteracy has been associated with organ selling. Most of the kidney sellers are illiterate and do not even complete the primary level of education. In contrast, literate people keep themselves safe from the selling kidneys. Likewise, lower social capital and networks are also associated with selling organs. Those who have sold kidneys have low participation in community based organizations, civil societies, and consumer committees. This also made them the most vulnerable to sell kidneys.

4.2.1 Illiteracy

Illiteracy is another contributing factor to sell kidneys in Hyulsa. Most of the kidney sellers were illiterate. However, those who sold kidneys studied up to only primary level education. They even did not complete primary level education, dropped out at class 2, 3, 4 and 5. Low level of education increased low level of awareness. As a result, they

believed misinformation of the sprouting kidney again, not needing two kidneys in the body etc.

Out of 11 kidney sellers, eight were illiterate and three completed up to primary level education. However, they still have problems with reading and writing. TAF (2015) study also reveals that 31.7 percent illiterate sold kidneys themselves, in contrast only 11.5 percent literate sold kidneys. It shows that literate people are safer from selling kidneys than illiterate. Kidney sellers are struggling for their daily needs, therefore, attachment and attention to education could not as every generation.[15] And even those who went to school could not continue. Ram Budhathoki and his brothers Bed Bahadur and Shyam Bahadur studied up to class 3 at Janata secondary school. However, Ram cannot read and write properly. My question was to him, “Why did you drop-out of your education in class 3?” his answer as follows:

> Studying was not the norm at that time. Nobody has studied in my family. Neither my grandparents, parents did study nor did we. My brothers dropped out at class 2. We did not know the meaning of studying and its significance. We were more worried about food, cloth and shelter than education. No one was paying attention to study, and it was our fate. That's why I left my education at class 3. My brothersalso wentto Kathmandu at an early age. And I also went to Kathmandu to earn money.(Based on conversation with Ram Budhathoki on March 23, 2020).

It has found that kidneys have been sold by lying. The broker lied to people and said that they do not need two kidneys, only one kidney is enough in the body. The broker told Ramesh Bajgain that another kidney will sprout again in the body. Broker told Shyam Bahadur Tamang that nothing would happen by removing the kidneys and the wound would recover soon. Believing misinformation like growing kidneys, one kidney is

[15] Due to the weak economic situation, food insecurity, landlessness, children have been forced to work for wages from an early age. They do not even have time to study and do homework at home. They wake up early in the morning and should go to fetch the water. They have to go school after doing household chores. After returning from school, they have to go cutting grass and collecting wood again. Not everyone has electricity in their house to study at night. Even they cannot read due to work fatigue. They always go to work for wages during school holidays. They have to go to work and earn money with their parents (Based on my field observation).

enough, not needing two kidneys in the body, not having any side effects shows the depth of understanding, awareness and education level of kidney sellers. I asked Sanumaya, "Did you know about the kidneys before you sold them?" Her answer was that:

> Exactly, I did not know what a kidney was, where it is, its role and function in our body. Kidney brokers said that we have two kidneys in the body. One works, the other one does not work. It does not affect the body. I believed that. We are illiterate and poor people. (Based on conversation with Sanumaya Tamang on August 27, 2019).

According to Sanumaya, she did not know about the kidney, knowledge and information about the kidney and its function in the body. She went to sell kidneys without knowing complete information about it. Even Manish Pariyar did not know about kidneys. He did not know that he had two kidneys in his body. He knew that the body has two kidneys when he sold the kidneys. But now he knows what a kidney is, how important it is in the body and why. He regrets it now. Manish Pariyar said:

> I feel very guilty now. The kidneys have sold in hurry and rush. The broker trapped me. If I knew about the importance of kidneys, I would not sell kidneys. Now I cannot sleep at night remembering my foolish decision, which ruined my life. After selling the kidney, I became like a disable. It would not be like having two kidneys. It was my bad luck to sell kidneys. But what to do, we are poor people. It is our fate. (Based on conversation with Manish Pariyar on March 23, 2020).

To sum up, due to illiteracy, low level of awareness and misinformation many have sold kidneys without knowing knowledge, importance of kidney and impact of selling kidneys. They easily believe that another kidney will grow again, one kidney is enough, it does not affect health, and there is no need to do anything after the kidney is removed. Due to weakness, chronic illness, early age death and disability kidney sellers started to die, which made people aware of people selling kidneys in villages.

4.2.2 Social capital and networks

The low social capital and networks is another of the underlying social realities of selling kidneys in Hyulsa. Social capital is human capital which is created through the social interaction, interdependence and involvement with social organizations. Social capital is the process of belonging to an individual's organization, group, network, etc. (Bourdieu, 1986). If people were not involved in such organizations, he/she would be excluded from the various opportunities and services from such organizations.

Most of the kidney seller's social capital and network is very low in Hyulsa. They were not affiliated with any community level organizations, civil society, clubs, cooperatives, consumer committees and political parties, which also made them vulnerable to sell kidneys. Similarly, they have not taken any proper skills and training from any organization. They often did not attend village level meetings, discussions and gatherings. I am surprised in the sense that all of my respondents do not belong to any community level organizations such as cooperatives, political parties, consumer committees, forests, roads, school management committees, local community clubs, civil society etc.

Although a few of them were involved before selling the kidneys, they did not participate in such groups after selling the kidneys or in some cases they are not allowed to participate on those networks. For example, Manish Pariyar and Biraj Pariyar were not allowed to take loans from cooperatives. They tried to get a loan but the cooperative refused to give it to them. Because their lives and health conditions are not well, the co-operatives and villagers did not believe in giving loans and membership to them. Manish Said:

> I had a small home. It was hard to live in the rainy or windy season. Then I tried to build a new house by taking a loan. But the local cooperative did not give me a loan. Then I took out a loan by my sister's name and built a two-room house. That too was destroyed by the 2015 earthquake. So, I have around two lakh rupees in debt.(Based on conversation with Manish Pariyar on March 23, 2020).

Biraj Pariyar had to face the same problem. He recalled:

> When it was hard to survive I asked for a loan to my neighborhood. But no one believes in giving me a loan. No one paid me. And it feels bad. Before selling kidneys I used to get the loan in the village, but now I do not get loans from my villagers (CNN, 2014).

Besides of discrimination, they were not affiliated with any such organization. Because they were suffering from their own livelihood crisis, they made a living by farming and wages. Moreover, due to food insecurity, landlessness, unemployment, skilllessness and illiteracy, they could not access or be interested in participating in various organizations. They left behind that kind of opportunity and participation and programs.

To conclude, kidney seller's participation in various civil society and community level organizations, consumer committees, and clubs is very low. They do not belong to any social networks and organizations, so their social capital and network is low. Participation in various social level organizations also promotes people's level of awareness and knowledge. So, low social capital and network also made them more vulnerable to sell kidneys in Hyulsa.

CHAPTER FIVE:
SOCIAL GROUPS AT RISK AND SOCIAL PERCEPTIONS OF SELLING KIDNEYS IN HYULSA

In this chapter, I have explored that socio-economically marginalized and excluded social groups are at the highest risk of selling kidneys in Hyulsa. Mostly wage-earners who are living with low income, farmers who are facing food insecurity are also at risk. Notably, Tamang has sold higher kidneys followed by Brahmin Chhetris and Dalits in Hyulsa village. Likewise, I have explored social perceptions towards selling kidneys in Hyulsa. Social perception such as demonstration effect, normalization of problems also motivated people to sell organs in Hyulsa. Selling kidneys is perceived as normal and one of the means of earning source. Besides, the role of the broker is prime. Their own family members, kinship, relatives, neighbors, and friends played the role of brokers and mediated them to sell kidneys. The money earned by selling kidneys is used on consumption of foods and assets buildings.

5.1 Disadvantaged Social Groups at Risk of Selling Kidneys

In this chapter, I have explored that socio-economically marginalized and excluded populations are at higher risk of selling kidneys in Hyulsa. Here, the first section discussed wage earners who are living with low-income households with food insecurity are at risk. Tamang has sold more kidneys in Hyulsa village followed by Brahmin Chhetris and Dalits, in contrast, Dalits have sold more kidneys than Janajatis and Brahmin Chhetris in Kavre district. Likewise, the certain working-age group (16 to 40) and male-headed households have often sold kidneys in Hyulsa.

5.1.1 Wage-earners

One of the main earnings sources is the wages and farming in Hyulsa village. They make a living by wages in the village and Kathmandu city as well. They worked as a porter, laborer in house building and construction site, cleaner, helper in hotel and shop, footpath retailer, selling maize on the street, working as a bus contractor in Kathmandu, they also involved cultivating, plowing, and digging up on other’s land in the village.

Out of 11 kidney sellers, two had wages as the main source of income. Seven engaged in both wages and farming, where they cultivate, plow, dig up on other's land in the village. They could not earn even 9/10 thousand rupees per month by wages. So people of Hyulsa went to Kathmandu looking for a job. But even in Kathmandu, it was difficult to earn 9/10 thousand rupees in a month.

While working in Kathmandu they met with kidney brokers and the brokers forced them to sell kidneys out of greed for money. It was difficult to earn NRs. 9000 to 10000 in a month, therefore many have sold kidneys due to the temptation of getting NRs. 100000 to 200000. Ram Budhathoki, one of the kidney sellers, said that he was unable to earn NRs. 9,000 even after working for a month, so he sold kidneys for two lakh Rupees. He said:

> I could not earn NRs. 9,000 in a month by shoveling and digging in the village. I was unable to make a living by wages. There was always a scarcity of money, problems and obstacles in the family. It was difficult for me to see 9/10000 in a month. The broker said that if I gave a kidney he would give me two lakhs. I was quite happy about getting two lakh rupees. Then, I gave them a kidney and took the money. The condition or my socio-economic condition that pushed me to sell a kidney.(Based on the conversation with Ram Budhathoki on March 23, 2020).

The case indicates that the decision of selling kidneys arose within a specific condition when the source of income is very low, and this is not sufficient to survive. Ramesh Bajgain took a loan of NRs. 25,000 to run the household expenses. But when he could not repay the loan, he was forced to pay the loan anyway. As a result, he sold a kidney and paid the loan. Sanumaya Tamang was making a living by wages, when it became difficult to survive he sold kidneys. She added land earned by selling kidneys. The study of TAF (2015) also shows that among kidney sellers, 55.6 percent thought kidney selling is one of the measures of managing the economic crisis. The average income of kidney sellers is NRs. 4731 in contrast non-donor has NRs. 8137. This also indicates that income of kidney sellers is lower than non-kidney sellers. Wage-earners are at higher risk of selling kidneys than other occupational social groups.

In conclusion, those who have sold kidneys are mostly wage earners. The condition of selling kidneys also arises when their source of income is low or there is no way out of this. When they could not make a living by farming and wages alone, they started to sell kidneys. They perceived selling a kidney as one of the means of earnings sources.

5.1.2 Households with food insecurity

Food insecure households are at risk of selling kidneys in Hyulsa. The study shows that most kidney sellers were landlessness and had a low size of landholdings. Out of seven, only four respondents have more than one to three ropanis of land. Moreover, they cultivated other lands in *Adhiya*. This is not enough for the whole family. The farm production is not enough for 4/5 months. This led to food insecurity. So they used selling kidneys as one of the means of earnings.

Agriculture is another main earnings source in Hyulsa village, where 56.2 percent are involved in agriculture. The study shows that 52.8 percent kidney sellers and 87.4 percent non-kidney sellers are involved in agriculture (TAF, 2015). It shows that more than half of people are engaging in agriculture and agriculture is the main source of income in Hyulsa. Notably, agricultural production in Hyulsa is not good due to the hilly, dry areas and irrigation systems. The problem of drinking water is a major problem in Hyulsa. Due to dry and unfertile land, the farm production is not good, which made food insecure in Hyulsa.

According to TAF (2015) report, 20.2 percent were landless, 3.7 percent have less than one ropanis of land, 26.9 percent have one to five ropanis of land, 30.6 percent have five to 10 ropanis of land and 18.6 percent have 10 and more ropanis of land in Kavre. This indicates that more than half of people are facing landlessness. The landholding size indicates that people do not have sufficient land for subsistence. So, landholdings size is also one of the indicators of a household's economic condition that forces people to sell kidneys.

There is variation between kidney sellers and non-kidney sellers' size of landholdings according to caste and ethnicity. However, kidney sellers have lower landholdings than non-kidney sellers. Moreover, Dalit kidney sellers have the lowest size of landholdings.

According to TAF (2015) study, in Brahmin Chhetris, kidney sellers had 7.13 ropanis of land, whereas non-kidney sellers had 13.84 ropanis of land. A similar case has been observed in Janajatis, Janajati kidney sellers had 5.57 ropani of land whereas non-kidney sellers had 7.28 ropani. Dalits kidney sellers had 2.37 ropanis whereas non-kidney sellers had 4.47 ropanis of land. Overall, kidney sellers had an average of 4.41 and non-kidney sellers had 9.78 ropanis of land. It indicates that kidney sellers had lower size of landholdings than non-kidney sellers. Notably, Dalits have lower landholdings than Janajatis and Brahmin Chhetris. Therefore, those who have lower landholding size are forced to sell kidneys.

To sum up, one of the reasons for involvement in kidney selling is food insecurity. Landlessness and the size of landholdings made people vulnerable to sell kidneys. However, there is a larger variation of landholdings size between kidney sellers and non-kidney sellers. Kidney sellers have lower size of landholdings than non-kidney sellers. The main problems of Hyulsa are village settlement, unproductivity, hilly and unfertile land also made Hyulsa vulnerable to some extent. And, which condition led to food insecurity and people started to sell kidneys as one of the means of making a livelihood.

5.1.3 Age groups at risk

The most vulnerable age group is 16 to 40 and often sell kidneys in Hyulsa. The ages of 16, 17, 22, 23, 24, 25, 30, 31, 32, 35, and 40 have found mostly sold kidneys. There are reasons for the increase in the number of young people selling kidneys in this way. They have to earn, support, and raise families. Many household heads, sons, husband, wife have sold their kidneys in the trap of brokers while looking for employment, who were looking for jobs that had responsibilities to raise children, family, and sustainable livelihood.

Shyam Bahadur Tamang sold his kidney at 16. He went to Kathmandu at 10 when the land was auctioned by the bank after being unable to repay the loan. He is one of the sons who had the responsibility to pay loans and make a living. His mother died when he was 10. Food insecurity increased after the land auctioned. Then he moved to Kathmandu at 10 for earnings. In Kathmandu, he started working in a noodle factory. Shyam Bahadur sold a kidney to the wife of the owner of the noodle factory where he worked. This

indicates that due to the household problems and pressure they have started selling kidneys at an early age.

Niraj Sunar went to Kathmandu at 13 with his friends while studying in class 6. He sold a kidney at 16. He worked in a carpet factory. The 9/10 members of the family had difficulty surviving from farm production, then he went to Kathmandu for earnings. No one was literate in his family. So he also dropped out of school and started doing wages in Kathmandu. He met the broker while having lunch at a hotel. The broker lied that if he sold a kidney he would get NRs. 200,000. Raju also had a dream to become a singer. So he was thinking of releasing an album with that money. But he did not get money as he promised, instead, he became disabled after selling a kidney.

Naresh Thakuri sold his kidney at 17. He sold a kidney for one lakh rupees. He was in the village at that time, studying in 5 class. His father was the first in his family to sell kidneys. Subsequently, the seven-member of the family sold kidneys. Because their main source of income was the sale of kidneys. They had no land of their own. They also had loans NRs. 40,000. Thakuri's family has been attracted to sell kidneys after earning money by selling kidneys.[16] Tirtha Sunar and Karan Budhathoki sold kidneys on 22/22. Tirtha sold his kidney to pay for his wedding expenses. Because he did not have money and a good source of income.

The study of TAF (2015) also indicates that 52.8 percent sold at the age of 35 to 49, 27.8 percent were sold at 15 to 34, 11.1 percent sold at 50 to 59, and 8.4 percent sold at 60 and more. This also suggests that the involvement of a working population (35 to 49) is the highest. People in this age group have been involved more in markets and economic activities. This age group also has the responsibility to earn money, raise a family and make a living.

To conclude, it shows that many younger populations have sold their kidneys. Most of them were in the age group of 16 to 40. At this age, people have to go through many ups and downs in life. They have to manage household expenses, take care of a family, career, get married, raise children and meet dreams. That is why many have sold their

[16] Unfortunately, I could not find these family members due to displacement in the village.

kidneys at an early age. Behind this, there are many issues like unemployment, illiteracy, food insecurity, landlessness in the village, which motivates people to sell kidneys at a young age.

5.1.4 Household headship

Male have often sold their kidneys in Hyulsa village. The reason behind the higher population of males is the role of the breadwinner and the household head. Male often go outside of villages and Kathmandu for employment. As more male than females go out of the house, they have exposure by gender role, so the number of male kidney sellers has increased. This section discusses the role of gender selling kidneys in Hyulsa.

Out of 11 respondents, eight were male and three were female. Not all male in Hyulsa has sold their kidneys. Even males with specific conditions, such as those who are head of the households, illiterate, landless, food insecure, and wage earners. Likewise, not all females in Hyulsa have sold their kidneys, females who sold kidneys have lost their relationship with husbands, and have no support from their families, single mothers, are landless, homeless, and engaged in wages and farming.

The male population is more vulnerable than females in Hyulsa due to exposure. Male have often gone to Kathmandu for earnings, in the meantime they met with brokers and brokers lured them to sell kidneys. In Ram Budhathoki's house, all-male members have sold kidneys. Ram and his two brothers have sold kidneys. They worked in Kathmandu. His wife and children were at home. At the same time, Ram and his two brothers were acquainted with the kidney brokers in Kathmandu and sold kidneys. No one has sold kidneys in Rajaram Gautam's house except Rajaram. In Ramesh Bajgain's family, Ramesh and his two sons have sold kidneys.

In contrast, there were some families that sold kidneys by both husband and wife. After the husband sold, they were also forced to sell kidneys. Shree Bahadur Tamang and his wife Bishnumaya both have sold kidneys. It has been found that the wives also sold the kidneys only after the husband sold them. Seven members of the Naresh Thakuri’s house have sold kidneys. Initially, his father Krishna Bahadur Thakuri sold the kidneys. After that, Thakuri's son Naresh, Shyam, daughter Muna, Shanta, and son-in-law Ashok also

sold the kidneys. His family had a debt of NRs. 40,000. Krishna Bahadur sold the kidneys to pay off the debt. Her son and daughter-in-law also sold kidneys to reduce the family's financial problems, livelihood, and food insecurity.

Unlike that, it also found that brokers married women and took them to India, then they made women forced to sell kidneys (INSEC, 2017). However, I could not find this type of case in Hyulsa. Moreover, there is disparity between males and females in terms of donating kidneys. For example, Shahid Dharmabhakta National Transplant Center has transplanted 802 kidneys in 9 years. Out of 802 kidneys, 79 percent of kidney receivers are males whereas only 21 percent are females. Likewise, the donation rate of wife to husband is higher than that of husband to wife. Most of the females have getting kidneys by their mothers while few by their fathers. Nevertheless, the number of husbands donating kidneys to their wives is very low (Dhungana, 2021c). This indicates that male are often recipients of kidneys and females are donors. Females are donating a higher rate of kidneys to male.

To sum up, male and often male-headed households have sold kidneys. It indicates that the gender role and division of labor also exists in selling kidneys. Male often go outside looking for work and females stay at home and look for children and do housework. However, most of the donors are females and receivers are male in legal organ donation. Due to division of labor male often went to Kathmandu, and they met with brokers. Then, brokers lured them to sell kidneys, that's why male became most vulnerable to sell kidneys. Thus, exposure to Kathmandu and division of labor and role of brokers that made male are at risk of selling kidneys

5.1.5 Tamang, Dalithood, and organ selling

This study shows that Tamang have sold more kidneys than Brahmin Chhetris and Dalits in Hyulsa, though Tamang are the dominant population in Hyulsa. In contrast, the study of TAF (2015) found that Dalits have sold more kidneys, followed by Janajatis and Brahmin Chhetris in Kavre district. On the one hand Tamang belong to the ethnic groups, which is one of the historically, socio economically marginalized social groups (Tamang 2009). Likewise, the higher rate of Dalit has landlessness, food insecurity,

unemployment, and illiteracy. Dalits are the most marginalized, and discriminated caste groups in Nepal (Sunam, 2014).

In my study, out of 11 respondents, five were Janajatis, four were Brahmin Chhetris and two were Dalits of Hyulsa village. Similarly, The Asia Foundation (2015) study also shows that 61.54 percent Janajatis, 23.07 percent Brahmin Chhetris, and 15.38 percent Dalits have sold kidneys in Hyulsa. However, the nine villages of Kavre reveal different realities. Where 33.3 percent of Dalits, 14.6 percent of Janajatis, and 6.2 percent of Brahmin Chhetris have sold kidneys. So, the study concludes that Dalits are at higher risk of selling kidneys in Nepal. The study of TAF (2015) shows that:

> Dalits experienced the highest level of food shortage (79.1%), followed by Janajati (58.9%), and Brahmin Chhetris (53.8%)...Similarly, nearly a third of Dalits (31.3%) would consider selling a kidney as a strategy to manage a financial crisis, whereas 8.3 percent of Janajatis and 9.2 percent of Brahmin Chhetris consider selling a kidney as a strategy to manage a financial crisis (pp. 20-32).

Land holding size of Dalit is less than Janajatis and Brahmin Chhetris. Out of 36 kidney sellers, 16 Dalits have 2.37 ropani of land, where 14 Janajatis have 5.57 ropani of land and 6 Brahmin Chhetris have 7.13 ropani of land (TAF, 2015). This indicates that Dalits have a lower landholding size than Janajatis and Brahmin Chhetris. According to the 2011 (CBS) census 43.6 percent of hill Dalits are below the poverty line, which is the highest rate of poverty within caste and ethnic groups in Nepal. Literacy rate of Dalit is 52.4 percent, which is lower than the national average literacy rate of 65.9 percent (Central Department of Sociology/Anthropology, 2014). Likewise, 36.7 percent of Dalits are landless among the hill population (IDSN, 2018). And the low size of landholdings and landlessness is a major reason that made Dalits vulnerable.

To sum up, disadvantaged social groups like Tamang, and Dalits who have sold their kidneys are also facing food insecurity, low income and landholdings, unemployment, skilllessness, and illiteracy. Therefore, multiple marginalized and excluded, disadvantaged, lower caste, ethnic groups, and class groups are at higher risk of selling kidneys in the village.

5.2 Social Perceptions towards Selling Kidneys in Hyulsa

In this section, I have discussed the perception towards selling kidneys such as demonstration effect, normalization of problems, dreams and social pressure also motivated to sell organs. Likewise, I have explored the role of brokers to sell kidneys, and the habit of drinking alcohol associated with selling kidneys. And, the money used on consumption of food and assets buildings by selling kidneys.

5.2.1 The role of the brokers

The role of brokers is another key factor that made people of Hyulsa vulnerable to sell organs. Their family members, kinship, relatives, neighbors and friends played the role of broker. Mediated by close relatives and friends, many have sold their kidneys and many have deceived, forced to sell kidneys. This section discusses how brokers lured locals in Hyulsa into a kidney-selling network or forced to sell kidneys.

Prabhat Sapkota, Raj Tamang and Ramesh Damai (pseudonym) sold kidneys in 1995 in Hyulsa. Sapkota, Tamang and Damai are considered the first kidney sellers in Hyulsa.[17] It is said that under the leadership of Pratap Bajgain (local broker) flourished selling kidneys in Hyulsa. Pratap was a local broker, involved in the sale of kidneys of Manish Pariyar, Rebati Pariyar, Karan Budhathoki, Ramesh Bajgain, Shanti Tamang, Rajan Tamang, and Tirtha Sunar. Among them, Ramesh Bajgain is Pratap's own brother and Karan Budhathoki is his brother in law, Rebati Pariyar is his kin member and others are neighbors.

Pratap Bajgain also went to sell kidneys in India and became a broker himself. Pratap is a local of Hyulsa, he lives in Kathmandu. Due to his involvement, most of the Hyulsa's population went to Kathmandu and Kathmandu to India and sold their kidneys.[18] Those

[17] They were working in Kathmandu at that time. While working in Kathmandu, they met the kidney brokers and brokers were lured to sell kidneys. They went to India saying that they would be employed in a college hostel and caring for patients in Hospital. It was said that they would get 10,000 salaries per month. After reaching India, they were forced to sell their kidneys under the pretext of not getting a job. Their kidney was removed from a hospital in Chennai (Madras). In fact, I have tried to talk to Prabhat Sapkota but I could not. Currently he lives in Kathmandu. Raj Tamang and Ramesh Damai died due to kidney problems.

[18] Pratap was also survived by food insecurity, landlessness and joblessness. That's why he went to Kathmandu for wages. He used to work partially in Kathmandu and partially in the village. While working

who wanted to sell their kidneys themselves used to direct contact with Pratap. Pratap Bajgain used to stay in Kathmandu for a long time and sometimes he used to go in the village. He used to motivate locals to sell the kidneys saying that if he/she sold a kidney they would earn a lot of money without doing hard work. And, under the pretext of employment, they tricked people to sell kidneys in India.[19]

According to Manish Pariyar there was an office about kidney business in Putalisadak, Kathmandu. Dilip Lama was the manager of the office (kidney business). Dilip used to manage donor, health and blood checkup of donors in Kathmandu. Pratap used to search people and Dilip used to do health check-ups and prepare all required documents for kidney transplantation. They have connections with doctors, nurses and staff of Indian hospitals. Dilip put his niece Bandana Lama in New Delhi, India as his contact person. Bandana did everything she should do in India. She especially cared for those who went from Nepal to sell kidneys. According to Manish it is revealed that there is a large network of kidney traffickers, where hospitals, doctors, nurses and brokers have been involved.

They themselves became kidney brokers after they sold their kidneys. Ram Budhathoki and Shree Bahadur Tamang were sold a kidney by their friend Hira Lama. They knew Hira while working as a public transport contractor in Kathmandu. Hira also worked as a driver. He sold kidneys then became a broker himself. Then he tricked his close friends to sell kidneys. Shree Bahadur and Ram sold the kidneys by Hira's request. Karan Budhathoki was the brother-in-law of Pratap Bajgain. Karan sold a kidney according to Pratap’s advice. Karan said that:

> I ruined my lifeby following my brother-in-law's advice. I worked in army barracks. If I did not leave my job this time I would have a pension.

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in Kathmandu, he met a group of kidney brokers. He went to India to sell a kidney together with that group. Unfortunately, one of his kidneys was too small to be removed. Because of that, his kidney could not be removed. Then, he returned and became involved in the business of selling kidneys completely and motivated to sell kidneys in the village.

[19]Although Pratap did not tell others openly, it was an underground business. His lifestyle was good. He always had Rupees 25 to 30 thousand in his pocket. The villagers were attracted by his lifestyle. That's why the villagers used to respect and call him about work and employment. Taking advantage of that, Pratap Bajgain is involved in selling kidneys. Likewise, it has been found that people are forced to sell their kidneys by beating, showing fear and making themselves unconscious.

> Everyone knows me. Because of that, my lifehas been ruined. Many tears in my eyes now. I cannot sleep and walk much. I cannot carry heavy loads. It hurts me a lot where the operation took place. I am completely disabled. I thought that it wouldbe a lifetime free of money problems but instead I got a lifetime health problem. (Based on conversation with Karan Budhathoki on May 29, 2019).

Brokers trapped those who does wages, illiterate, landless and skillless. Sanumaya Tamang was persuaded by Pramila Ghimire of Trishuli to sell her kidneys. Pramila came to Hyulsa when she found out that there were selling kidneys in Hyulsa village. She was the sister (*Mitini Didi*) of Sanumaya. She went to the village after she knows the kidneys were being sold in Hyulsa. The seven members of family of Naresh Thakuri has sold kidneys. His father and sisters was trapped by his own brother in law Ashok Thakuri. They used the selling kidneys as a source of income. After the father sold at first, subsequently all the families in the house sold kidneys.

To wrap up, the role of the broker comes key in the sale of kidneys in Hyulsa, while working in Kathmandu they met with brokers and the broker lured them to sell kidneys. The brothers, nieces, nephews, friends, neighbors and relatives have played the role of brokers. Those who are wage earners, skilllessness, landlessness, food insecure, illiterate are often trapped by the brokers and forced to sell kidneys. Those who sold kidneys later became brokers and also increased the selling of kidneys in Hyulsa to Kathmandu and Kathmandu to India. Besides, some of them donated kidneys to the family members of the owner, where they worked.

5.2.2 Normalization of problem and demonstration effect

Demonstration effect and normalization of problems is also an underlying factor of selling kidneys in Hyulsa. It has been found that more than half sold their kidneys by imitating others in Hyulsa. Moreover, their perception towards selling kidneys is simple. They thought selling a kidney is one of the measures of livelihood. Many sold their kidneys, seeing that others bought land, built houses, and paid loans by selling kidneys. They normalized selling kidneys without knowing the health effects and in the hope of earning money, consumptions of food and assets building.

The three people of Hyulsa initially sold their kidneys and returned to the village with large sums of money. Prabhat Sapkota, Raj Tamang and Ramesh Damai returned to the village after selling their kidneys. This was the subject of prestige and gossiping all over the village. Prabhat Sapkota sold a kidney and bought land in the village. Raj Tamang sold a kidney and bought alcohol pot. Ramesh Damai sold a kidney and built a new house with that money. Looking at those three people, there was gossip in the whole village. For them, selling kidneys became a source of income and a good business too, without hard working.

After selling kidneys, there were no health effects in the beginning, so the seller's physical appearance looks normal. It also aroused the greed of others. After that, the process of selling kidneys started from the village to Kathmandu and Kathmandu to India. Those who sold kidneys gradually stopped paying attention to nutritious food and health care and started drinking alcohol instead of eating nutritious food and medicine. Nevertheless, they did not even have enough money to have nutritious food and medicine. When they did not pay attention to food, they became weak. Then, they started drinking alcohol to reduce the pain. Most of the kidney sellers are addicted to alcohol.

Ramesh Bajgain said that he sold a kidney by looking at others. He taught that selling a kidney is a good earning source without doing any work, without carrying heavy loads. Ram said that there were people in the village who sold kidneys. They looked normal. They earned money by selling kidneys. Seeing that, he is also motivated to sell a kidney.

They used the term “Kidney *Nikaleko*”, “Kidney *Ghikeko*”, “Kidney *Katek*o”, “Kidney *Diyek*o” etc. for selling kidneys in Nepali words. From their use of such words, it can assume that kidney selling has taken as a normal issue. When I started to talk about selling kidneys with my respondents, some of them talked easily without any hesitation. It was difficult for me to say the word of selling kidneys but they clearly stated that they sold kidneys. Even they did not show much uneasiness. They did not hesitate to hide anything. Sanumaya Tamang has used the word selling kidneys (Kidney *Becheko*)without any hesitation. She said:

> Yes, I sold one of my kidneys. I am not ashamed to say that I sold it. I needed money and sold a kidney. With that money, I solved my problem. I

> added land. There is no reason to be ashamed of selling a kidney. My villagers also went to India to sell kidneys. I also went to sell a kidney. No one asked me to sell it; I went and sold it of my own wish. No regret at all. (Based on conversation with Sanumaya Tamang on August 27, 2019).

I was shocked for a moment by her perception towards selling kidneys. She did not look like have any regrets. She confidently said that she had no regrets about selling kidneys. She sold her kidney of her own choice and no one forced her. Her behavior clearly indicates how it has taken normally in the village. There are various reasons to take it as normal, such as low level of education and awareness, social capital and networks and level of employment etc. Therefore, those social groups who are literate and advantaged themselves kept more safe from selling kidneys than those who are illiterate, poor and unemployed.

Kidneys, like other common commodities, are generally understood as bargaining, buying and selling in the street or road. Rajaram Gautam said that he was offered by his customer to give a kidney (*Euta Kidney Deu Na*) on the street. A customer who always used to come having maize directly requests Rajaram to give a kidney and in return he will get land. However, he takes the request lightly and focuses on what things he will receive after being given a kidney. It shows how they made a body part of a kidney as a cheap thing of bargaining in the streets of Kathmandu.

Now, the people of Hyulsa have been aware of selling kidneys. Some of the kidney sellers have become disable, have chronic illness, and early death. Seeing this, the villagers have been becoming aware. They began to understand that selling kidneys is bad for health and illegal too. One of them is Shree Bahadur Tamang, he regrets that he sold his kidney. He used to drink alcohol regularly, but now kidney sellers in the village have started to die early, so he has stopped drinking out of fear. Awareness has spread in the village that kidneys should not be sold. Similarly, NGOs also conducted awareness programs against kidney selling in villages. I myself felt during the research period. Everyone was expressing the same intention that it should be stopped and never sell kidneys.

To sum up, normalization of selling kidneys contributed to the flourishing of selling kidneys in Hyulsa village. The locals understood selling kidneys as a source of income, as a result, selling kidneys spread in the village. Due to the flow of misinformation of making money easily by selling a piece of body without working and carrying a heavy load motivated to sell kidneys. Demonstration effect also led to misinformation and they sold kidneys.

5.2.3 Dream and social pressure

Dream is another causal factor that made Hyulsa vulnerable to selling kidneys. Many in Hyulsa have sold their kidneys to meet their basic needs. Almost everyone has a dream of building a strong house, adding land, educating their children and living a comfortable life. To fulfill a dream, many in Hyulsa have sold their kidneys.

Rajaram Gautam sold his kidney for the dream of getting land. Shree Bahadur Tamang is a son-in-law. The villagers used to make fun of him for being a son in law. He lived on four aanas of land given by his father-in-law. So he had planned to buy land in the village with his own earnings and build a house to show his neighbors. There was a shortage of food and money in the house of Shyam Bahadur Tamang. He did not even have land. When he was 10 years old, his mother passed away. Then, his father started to drink heavily and became alcoholic. So, he entered Kathmandu at 14 with the dream of earning money and support family. He sold a kidney to the wife of the manager where he worked. This suggests that the dream of buying land, raising a family and keeping them happy has led to the sale of kidneys in Hyulsa.

Niraj Sunar also had a dream of becoming a singer. So he sold kidney to release a song album. Likewise, Tirtha Sunar sold one of his kidneys and got married. Because he could not afford to get married. Rajan Tamang had a dream of becoming the owner of a house one day in his life. When he did not have a good home, his relatives and neighbors treated him differently. To follow his dream, he took out a loan from a local merchant and built a medium-sized house. Unable to repay the loan, he was forced to sell kidneys.

In nutshell, this suggests that in order to fulfill dreams, desires and aspirations, they have sold kidneys. Dreams and social pressure have forced them to sell kidneys. Everyone has

their own dreams of building a house, adding land, paying a debit, becoming a singer, getting married, educating children and so on. Most of them went to Kathmandu with a dream of earning better and living a better life instead they fell into the trap of brokers and sold kidneys. On the one hand some of them added land, built houses and paid debit and on the other hand they have chronic illness, disable, weak and moving towards poverty.

5.2.4 Habit of alcohol consumption

Due to the habit of drinking from an early age, they spend a lot of money and become addicted to alcohol. Most of the money they earned was spent on alcohol. When the money is spent on alcohol, there would be financial problems. So they did not save money because of the habit of drinking alcohol, and many sold kidneys to solve the livelihood crisis of the household.

Ram Budhathoki and his two brothers Bed Bahadur Budhathoki and Shyam Bahadur Budhathoki used to drink excessive amounts of alcohol. They spend a lot of money for drinking earned by wages. After that, there was a problem of livelihood in the family. There was no good income from farming. So they sold their land to solve financial problems. But the problem arose again. Then they went to Kathmandu for wages. There, they earned some money by bus contractors and carrying heavy loads. But even that money was not enough for them. And, the habit of drinking did not save them money. While doing wages in Kathmandu they met with the brokers, in the meantime they went to sell kidneys. This suggests that the habit of drinking also makes people vulnerable to sell kidneys.

The situation after selling a kidney is more painful than before. After the kidney has sold, almost everyone becomes unwell, weak and has chronic illness. They cannot work as before. And there is no money for continuous medicine and food. Therefore, most of them started consuming excessive amounts of alcohol to reduce the pain in the place where the operation was performed. Ram's elder brother Bed Bahadur also died at the age of 30 after suffering from kidney problem, he was also alcohol addicted. Shyam Bahadur also became disabled; he used to drink a lot. He has been missing since the 2015 earthquake. Similarly, Tirtha Sunar used to drink as much money as he earned. That is

why his family did not take care of him. Due to his drinking habit, he did not have a good relationship with his family. But later he stopped drinking like before. However, he often drinks alcohol at night because of occasional pain in the area where his kidney has been removed. In the case of kidney sellers' alcohol has become a one kind of medicine to reduce pain now.

Rajaram Gautam and Ram Budhathoki have reached a stage where they cannot survive without alcohol. Ram went to drink alcohol asking for his mother's old age allowance daily. He drinks alcohol for NRs. 15/20 a day. Where their main source of income is the mother's old age allowance of NRs. 3000 a month. This shows how critical the condition of kidney sellers is. In this way, the habit of drinking alcohol has a big impact on their livelihood.

To sum up, those who have sold a kidney almost have a habit of drinking. More than that it became necessary to drink little to reduce pain now. The money they earned was spent on drinking, and they could not save money. Then, they resorted to sell kidneys as an easy or short term solution for making a living.

CHAPTER SIX:
SUMMARY AND CONCLUSIONS

This research explores underlying social realities, histories and reasons that made men and women ready to sell their body organs in Hyulsa. In addition, it analyzes why Hyulsa became prone to sell kidneys and social groups that are at risk of selling kidneys. Based on a case study and key informant interview, this study is qualitative research in nature. To explore the causes, motivations and histories behind selling kidneys, I have chosen Hyulsa village of Kavre. This study is explorative. Because no one has done qualitative research on selling kidneys in Nepal. Hyulsa village is infamous as “kidney village” or “bank of kidneys” in the international media.

Selling kidneys is an under-covered and emerging phenomena in Nepal. The study found more than 100 people sold kidneys in different villages of Kavre for more than two decades (TAF, 2015). This study will be the first qualitative research in the field of selling kidneys in Nepal. This is a sensitive issue so I have maintained the privacy of respondents and the village. There are major two findings of the study. Kidneys have been sold to fulfill basic needs, such as food consumption and asset building. Both have been discussed below in different sections.

6.1 Selling Kidneys and Food Consumption

One of the major findings of the study is that kidneys have been sold for fulfilling daily needs, such as food consumption. People have sold a kidney for food, clothing, shelter, and other necessities of life. Due to food insecurity, most kidney sellers started to sell kidneys to make a living. A study by The Asia Foundation (2015) also indicates that more than 60.6 percent of kidney sellers are facing food insecurity in the Kavre district, whereas landlessness is a major problem. They were not able to make a living by farming; they could not survive for more than six months. There is low production in Hyulsa due to infertile land, hilly areas, and irrigation problems. This also helps to increase food insecurity in the village.

Most of the existing literature indicates that most of the literature on selling kidneys in India, China, Pakistan, Bangladesh, Iraq, Iran, South Africa, Philippines, Turkey, Brazil,

and the poorest country of Europe, Manila, Romania, and Moldova shows that structural exclusion is behind the selling of kidneys. Most of the kidney sellers suffer from low socio-economic standards, unemployment, illiteracy, and awareness (Scheper-Hughes, 2000; Scheper-Hughes, 1996; Scheper-Hughes, 2011; Steiner and Trespeuch, 2013).

Globally, there is inequality within nations, ethnic groups, classes and genders of receiving and donating kidneys. Developing countries are a major source of human organs. World has been divided into two parts, developed countries as organ receivers whereas developing countries as organ donors. Kidneys have circulation from developing to developed countries, black-brown bodies to white, female to males, and poor males to rich males (Scheper-Hughes, 2000; Scheper-Hughes, 2004).

Moreover, selling kidneys is associated with "human commerce" and making profit as well (Steiner and Trespeuch, 2013). People of developing countries sell kidneys at chip price through "black market" (Scheper-Hughes, 2000) and rich people travel to buy those kidneys into India, Moldova, Manila and Recife of Brazil, which is called "transplant tourism" (Scheper-Hughes, 2011). Therefore, literature on selling kidneys indicates that it is a structural exclusion, which forces people to sell kidneys.

In my study, I also found that most kidney sellers live below the poverty line in Hyulsa. Food insecurity, landlessness, unemployment, skillessness, low social capital, and low level of education is associated with selling kidneys. Likewise, in male and male-headed households, wage earners, working-age groups, and Tamangs have often sold kidneys. Therefore, I also concluded that structural exclusion is the main underlying factor in selling kidneys in Hyulsa.

For example, in Naresh Thakuri's family, there were seven family members who sold their kidneys to fulfill daily needs. His father was the first to sell a kidney in his family. Subsequently, the seven-member of the family sold their kidneys. Because selling kidneys were the main earning source. They were landless and wage earners, besides that had no other earnings source. They also had loans (NRs. 40,000). Therefore, Thakuri's family has been attracted to selling kidneys to make easy money by selling kidneys. They used to survive by selling kidneys.

People have often sold kidneys when it was hard to make a living in the village. People started to go to Kathmandu for wages (to work as a cleaner in hotels and public vehicle contractors, porters, etc.). They were not able to earn even NRs. 10000 in a month in Kathmandu, not able to pay debt and not able to survive. While working in Kathmandu they met with a kidney broker and the broker lured them to sell a kidney by showing greed for money, job, land, etc. Farming and wages alone could not make a living then people started to sell kidneys as one of the earnings sources.

Likewise, the study by TAF (2015) indicates that 55.6 percent of kidney sellers said that selling a kidney is one of the measures of managing the financial crisis. It means they have to spend money on food, pay their debt, and other household expenses. In my study, out of 11, eight respondents spent money on consuming food, cloth, alcohol, and travel expenses. However, no one received the amount of money that he/she had to receive by selling kidneys. Most of them received half of the amounts that they had to receive. For example, Sonam Tamang received NRs. 50,000 by selling kidneys, although he spent the money for his treatment during the transplantation time and drinking alcohol. It took three months to get back home, when he reached home he had only NRs. 7,000 left in his pocket. A little money was spent on treatment and the rest of the money was squandered with the son-in-law in Kathmandu for drinking alcohol, food, and travel expenses. He was penniless when he got back home. And, he also spent the rest of the money on consuming food in the village. Therefore, it has been a short-term problem solution instead of a long-term solution.

Some of them had the habit of drinking alcohol from an early age, and a part of the money earned by wages was used to spend on alcohol. With the habit of consuming a lot of alcohol, they could not save money, which is one of the reasons that they could not survive. And, the amount of drinking alcohol has increased after selling kidneys to reduce the pain in the body. Therefore, for those who have sold their kidneys, the majority of them spend on food consumption rather than asset building. Because most of them did not get as much money as they had to receive. Who has received the money they also spent on treatment, travel, and food expenses for a short time. The key points have been highlighted below.

- Kidneys are often sold for fulfilling daily needs, such as food consumption,
- The money has often used for food, cloth, shelter, and other household expenses,
- The landscape of livelihood in the village, such as food insecurity, landlessness, unemployment, and skilllessness made the people of the village vulnerable to selling kidneys,
- Farming and wages alone could not make a living, then people started to sell kidneys as one of the earning sources,
- Those who have sold kidneys most of them did not receive the money they had to receive,
- Selling kidneys has been a short term earning source rather than long term,

6.2 Selling Kidneys and Asset Building

Another major finding is that kidneys have been also sold for assets building in Hyulsa village. Generally, kidneys have been sold to pay the debt, add land, build homes, educate children, and spend on festival and marriage expenses. The study of TAF (2015) shows that money earned by selling kidneys is used for acquiring houses and land. Where 25 percent spent money on acquiring a house and land, 19.4 percent spent on household amenities such as Television and Phone, 13.9 percent spent on marriage ceremonies, 13.9 percent spent on the education of children, 11.1 percent on improvements to animal husbandry, 5.6 percent spent on purchases of ornaments and 2.8 percent spent acquiring bike and vehicle. In contrast, in my study out of 11, only three respondents spent money on adding land, building a home, and paying their debt. I found that the money earned by selling kidneys is spent on consuming foods, alcohol, and traveling expenses rather than building houses, adding land, educating children, etc.

Kidney sellers are landless, and have food insecurity and loans. Due to landlessness, insufficient land, some of them were earning others land in *Adhiya*. Out of 11 respondents, seven were completely landlessness and the rest of them had one to more than three ropanis of land, which is not sufficient for surviving to the whole family. However, there is a larger variation in landholdings size of kidney sellers and non-kidney sellers. Kidney sellers have lower size of landholdings than non-kidney sellers.

Likewise, the study of TAF (2015) reveals that 52.8 percent of kidney sellers are involved in agriculture, 16.7 percent involved in wages, 16.7 percent in service jobs, and 8.3 percent in trade and commerce. This indicates that a higher percentage of kidney sellers make a living from agriculture and wages. It also illustrates the higher rate of unemployment and skilllessness. The study further denotes that 30.6 percent of kidney sellers had 5 to ten ropani, 26.9 families had 1 to 5 ropanis of land, 18.6 percent had more than ten ropanis of land and 3.7 percent had less than one ropani, "which is not a huge plot for subsistence" (TAF, 2015: 20). Therefore, most of them were forced to add land to survive.

For example, Rajaram Gautam sold his kidney for the sake of the land. He had only three ropanis of land. So it was difficult to survive with seven members of the family by farming. He had a small street business in Kathmandu, one day his customer asked him to give him a kidney on the street. The customer said that if he gives a kidney to him he will be rich, and get a lot of land. After that, he became ready to give a kidney. Likewise, Shree Bahadur Tamang also sold his kidney to add land. Shree Bahadur did not have his own land in the village. His house was also built on the four annas land which was given by his father-in-law. He wanted to build a new home on his own land. He cultivated other lands in *Adhiya*. Therefore, he wanted to add his own land and home in the village. Therefore, it indicates that adding land is one of the assets of individuals and subsistence as well.

In addition, Sanumaya Tamang added land by selling her kidneys. She was homeless, landlessness and she was left by her husband. So, she sold her kidneys to add land and build a home. She added the three ropanis of land with that money and she also built a small two-room home. Rajan Tamang had a dream of becoming the owner of a house one day in his life. When he did not have a good home, his relatives and neighbors treated him differently. To follow his dream, he took out a loan from a local merchant and built a medium-sized house. He was not able to repay the loan, then was forced to sell his kidneys. Besides, some of them spent money on marriage expenses and ornaments.

Therefore, it clearly indicates that kidneys have been sold for building assets as well. Such as building homes, adding land, and paying the debt. To make a social prestige, or

to have their own land and home, or to be an owner of a house and land, they have often sold kidneys. In general, landlessness, food insecurity, unemployment, skilllessness, and low level of education made them ready to sell kidneys. Though, kidney sellers' standard of living has not changed after the sale of kidneys. The money earned by selling kidneys is more spent on consuming food and alcohol than acquiring land and a house. As I have already stated that in many cases they did not get the money they had to receive. Some received only half of the amount. The situation after the sale of kidneys looks more painful than before the sale of kidneys. Due to chronic illness, weaknesses, and disability after selling kidneys, people became more vulnerable, which forced people towards poverty. Likewise, socially disadvantaged groups, such as Tamang, and Dalits have sold more kidneys than other caste and ethnic groups in the Kavre district.

- Kidneys have been sold for asset building, such as to build a home, add land, pay the debt,
- Kidneys are also sold to be an owner of their own home and land, to maintain social prestige in the village,
- Landlessness, food insecurity, unemployment, skilllessness, low level of education, social capital, and network made ready to sell kidneys,
- The money received by selling kidneys was often used consumption of food rather than for acquiring houses and land in Hyulsa,
- The disadvantaged social groups, such as Tamang and Dalits at risk of selling kidneys,

6.3 Discussion:

The study found that kidneys have been sold for fulfilling daily needs, such as consumption of food and asset building. However, the study shows that money is spent on consuming food rather than asset building in Hyulsa village. As I have already stated, most of them did not receive as much as they had to receive by selling kidneys and were not able to add land and build homes. Besides, those who received the money often spent on consuming food, alcohol, treatment, and travel expenses during transplantation time. Nevertheless, some of those who have got full payment added land, built a home, paid debt, purchased ornaments, etc. Therefore, “commerce and profit” (Steiner, 2008) thesis

does not prevail in the context of Nepal, because kidneys have been sold for fulfilling daily needs, such as food, shelter, cloth and other household expenses. People have sold their kidneys to consume food, pay debt, add land, build homes, etc.

I found that there are two specific factors behind selling kidneys in Hyulsa. First, mainly the landscape of village livelihood, such as food insecurity, low productivity, dry and hilly area, landlessness, unemployment, illiteracy, low level of social capital, awareness, skilllessness made Hyulsa people more prone to sell kidneys. When they became unable to survive by farming and wages alone they were forced to sell kidneys. Second, Hyulsa is a semi-peripheral area of Kathmandu. Due to the semi-peripheral relationship with Kathmandu and Hyulsa, most of the villagers went to Kathmandu for earnings. They made a living by working for six months in a village and the rest of the six months in Kathmandu. While working in Kathmandu they met with brokers and the broker lured them to sell kidneys. Besides, they gave kidneys to the family members of the manager/owner whom they worked for. Therefore, Kathmandu played the role of a broker. Apart from that, the semi-peripheral relationship of Hyulsa and Kathmandu also made the Hyulsa prone to sell kidneys.

According to Nancy Scheper-Hughes (2011) most of the developing countries to developed countries, the poor and lower class to rich, black and brown colors to white, female to males and poor males to affluent males have sold kidneys. The caste factor was missing in the existing literature, therefore I explored that caste has been associated with selling kidneys in Hyulsa. For example, historically and intersectionally marginalized social groups Tamangs and Dalits have sold more kidneys. Tamangs have sold more kidneys followed by Brahmin, Chhetris, and Dalits in Hyulsa. These social groups are also considered historically marginalized and oppressed caste and ethnic groups in Nepal (Tamang, 2009; Sunam, 2014).

The study found that there is a reverse gender relationship between receiving and donating kidneys. Females are often the donors whereas males are often the recipients of a kidney. For example, Shahid Dharmabhakta National Transplant Center has transplanted 802 kidneys in nine years. Out of 802 kidneys, 79 percent of kidney receivers are males, and 21 percent of kidney donors are females (Dhungana, 2021c). So,

there are extreme disparities between males and females in terms of donating and receiving organs. Due to gender roles and division of labor, males often have the role of breadwinner, therefore they have sold more kidneys than females. Nevertheless, males have sold more kidneys than females in Hyulsa village. While working in Kathmandu they met with a broker and the broker lured them to sell kidneys. Therefore, Kathmandu played the role of broker, which made males vulnerable to selling kidneys.

The perception of selling kidneys is common and normal in the village. They perceived it as an earnings source. Most of them did not even know about their kidney receiver. They sold a kidney in a hurry and without knowing its importance. However, their perception of kidney selling is changing. Those who have sold kidneys are still living below the poverty line. Because they have lifetime health problems, such as disability, weakness, chronic illness, and early death by removing kidneys. They did not care for the body and consume nutritious food after selling their kidneys, instead started consuming alcohol.

Therefore, the paper points to the need for the state to broaden the definition of "close relative" in human organ transplantation law at first to prevent people from selling their kidneys. The explanation of "close relative" in law is incomplete. Due to the limitations of defining close relatives, people started searching for kidney sellers and got illegal transplants in India and even in Nepal, which is problematic. And, those who are rich and advantaged social groups often do organ transplants in India, in contrast, those social groups who are poor and disadvantaged cannot afford to transplant organs in India. So, the state needs to reconsider the provision of law on human organ transplantation in Nepal.

The issues of selling organs are uncovered and emerging phenomena. So, the state should bring discussion on selling kidney, voluntary and brain death organ donation to reduce organ scarcity in Nepal. Organ scarcity is a prominent phenomenon in the world, that's why emerging selling kidneys all over the world. Likewise, discussion of property rights or the right to sell body parts are also emerging in the world.[20] To make organized, safe

[20]There is also a logic behind selling a kidney is property rights. Such as, USA, Canada, Australia encourages inter vivos donation (Steiner, 2003; 2008). So, to take as this logic somebody has the right to sell his body part but it is illegal due to the legal system. However, there is discourse on reducing organ scarcity by voluntary organ donation by deceased or brain death donors.

organ donation and reduce organ scarcity, there is also discussion of providing incentives to kidney sellers legally. So, Nancy Scheper-Hughes (2000) concerns that there is need for national law and international guidelines to stop selling kidneys and manage organ transplantation, because it outlines and protects the rights of organ donors and recipients as well. As Scheper-Hughes said, there is also a need for national law to stop selling kidneys and manage organ transplantation in Nepal as well. The situation after the sale of kidneys looks more painful than before the sale of kidneys. Due to chronic illness and weaknesses people became more vulnerable after selling kidneys, which forced them to poverty. Major repercussions of selling kidney are social stigma, displaced from village and family disruption in Hyulsa, which needs to explore more ahead.

6.4 Theoretical Considerations

This study shows that selling kidneys is an intersectional phenomenon. Because there are multiple categories, such as class, caste/ethnicity, gender and region, which intersecting each other that producing selling kidneys. Therefore, I have brought the intersectionality concept of Kimberly Crenshaw (1991) "intersectional/multiplying oppressions", McCalls (2005) "structural/social inequality" and Collins (1990) "matrix of domination" to explore the underlying, multiple and complex social realities of selling kidneys in Hyulsa village. Because most of the kidney sellers are intersectionally oppressed and marginalized social groups. The social categories such as caste/ethnicity, class and gender are interconnecting and intersecting each other. Tamangs have sold more kidneys in Hyulsa village and Dalits have sold more kidneys in Kavre district. Tamangs and Dalits are both historically and intersectionally disadvantaged social groups. On one hand, Dalits are perceived as a lower caste group, and on the other hand a lower-class group in Nepal. Likewise, Dalits who have sold kidneys have a lower rate of landholdings and the highest rate of food insecurity in Kavre. Like Dalits, Tamangs also have low size landholdings, landlessness, and facing food insecurity, unemployment, skilllessness, and illiteracy. Therefore, intersectionally disadvantaged social groups have often sold kidneys.

Furthermore, except for Dalits and Janajatis, some Brahmin Chhetris also have sold kidneys. In other words, not all Dalits, Dalits with food insecure, wage earners,

landlessness, skilllessness, illiterate and jobless often sold kidneys. Similarly, not all Janajatis and Brahmin chhetris sold kidneys, those Janajatis and Brahmin chhetris, who are facing food insecurity, landlessness, unemployment, low level of education and social capital often sold kidneys. However, Tamang have sold more kidneys than other caste and ethnic groups in Hyulsa and Dalit have sold more kidneys than other caste and ethnic groups in Kavre district. Therefore, those social groups who have been historically and intersectionally disadvantaged (Such as class, caste/ethnicity, gender, region) are more vulnerable and at risk of selling kidneys.

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ANNEX. CHECKLIST OF RESEARCH

Respondents Personal Information

1 Name:

2 Age:

3 Caste/Ethnicity:

4 Sex:

5 Religion:

6 Head of Household:

7 Family Size:

S.N	Name	Sex	Age	Relation with HH	Literacy Status	Occup ation	Worki ng Place	School being attended

Preliminary Questions

8 Homeownership

9 Nature of House

10 Source of Drinking Water

11 Source of Lighting in House

12 Source of Cooking Stuff

13 Accesses of Toilet

14 Accesses of TV, Radio and Mobile

14.1 How do you use those devices in your livelihood?

16 Is the crop you produce enough to eat all year round?

16.1 Do you sell your crop that you have produced?

16.2 How do you manage then if food is not sufficient for the whole year?

17 What is your main source of income?

17.1 Occupation

17.2 Level of income

18 Can you read and write?

18.1 If yes, which level did you complete and where did you study?

18.2 If no, why?

19 Have you received technical and vocational education, training or skills from any such institution?

19.1 If yes, what are the skills, training and education that you received?

19.2 If no, why?

20 Are you affiliated with village level drinking water, forest, road consumer committee, school management committee, local community club, cooperative, civil society, political party etc.?

20.1 If yes, what is the community based organization you are involved in?

20.2 If no, why did not participate in such organizations?

20.3 Has such a local social organization, civil society done anything for you?

21 What is your relationship with your neighbors and villagers?

Lead Questions

22 When did you donate your kidney?

23 Where did you go to donate?

24 Who helped you at that time, in Kathmandu, from Kathmandu to India and from India to Kathmandu? Who was the mediator? Did you know him?

25 For whom did you donate your kidney?

26 How did you decide to sell Kidney?

27 How did you come to understand kidney trafficking at that time? What was said at the time of selling kidneys?

28 Did you consult with the family before the kidney was removed?

29 How much did you agree to pay for the kidney transplant?

30 How much did you get?

31 Do you know how much the mediator got?

32 You had a checkup of your whole body after removing the kidneys?

33 How did you feel after your kidney was removed?

34 What did you do with the money you got by selling kidneys?

35 How did the family and neighbors react after the kidney was removed in the village?

36 How are you feeling now?

Key Informant Interview

1. What do you think is the reason for the sale of kidneys in Hyulsa?
2. Why only Hyulsa became a highlight for selling kidneys, Poverty and illiteracy exist elsewhere?
3. What are the main sources of income in the village, why did some people sell kidneys?
4. How did the sale of kidneys start in this village?
5. Which class, caste, gender is most affected by kidney trafficking?
6. What is their social, economic and educational status?
7. What is their condition now, how being they making a living, what problems are they facing now?