



## Food For Thought: September 2011

Theme: Improving Maternal Health Through Eradicating Fistula in the Developing World

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*"The persistence of fistula is a signal that health systems are failing to meet the needs of women."*--United Nations Population Fund

*"Obstetric fistula was eliminated here in Europe and the United States more than 100 years ago. It's unacceptable that women and girls in developing countries are still suffering from this entirely preventable and treatable condition."*--Natalie Imbruglia, singer, actress and advocate.



The Millennium Development Goals (MDGs) are eight objectives designed by the UN to improve social and economic conditions in developing countries by the end of 2015. **Each month we focus on the MDGs impacted by our theme and our monthly featured project.**

### This month we highlight MDG #5 IMPROVE MATERNAL HEALTH:

Targets:

1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
2. Achieve, by 2015, universal access to reproductive health.



Our focus this month is improving maternal health by eradicating obstetric fistula, a hole in the birth canal caused by prolonged labor without prompt medical intervention, which often leaves women with chronic incontinence and, in most cases, a stillborn baby.

Once common throughout the world, fistula has been virtually eliminated in Europe and North America through improved obstetric care. In fact, "Fistula is almost unheard of in high-income countries, or in countries where obstetric care is widely available."

Although it is almost entirely preventable, fistula is all too common in developing countries. At least “2 million women in sub-Saharan Africa, South Asia and the Arab region are living with fistula, and some 50,000 to 100,000 new cases develop each year.”<sup>2</sup>

**Challenge:** *Poverty, malnutrition, poor health services, early childbearing and gender discrimination are “interlinked root causes of obstetric fistula.”*<sup>3</sup>

**Solutions:**

- **Prevention**, rather than treatment, is the key to ending fistula.
- **Improve Maternal Care:** All women need access to quality maternal health care services-- “including family planning, skilled birth attendance and emergency obstetric care.”<sup>4</sup>
- **Empower Women:** In countries where fistula is common, women have low status in their communities and may have little control over their own lives. Increasing women’s opportunities allows them to delay first births and marriage.<sup>5</sup>
- **Help Girls Postpone Pregnancies:** Girls who bear children before the pelvis is fully developed, and who are in general poor health, are more likely to suffer obstructed labor.
- **Increase Food Security:** Improve girls' nutrition to “prevent stunted growth (which can leave the mother's pelvis small in relation to the baby's head) and to minimize the risk of complications during childbirth.”<sup>6</sup>
- **Alleviate Poverty:** Poverty robs women of choices and “contributes to fistula by closing off options at critical points in a woman's life.”<sup>7</sup>

“Because of the many factors that contribute directly and indirectly to fistula, addressing this issue can serve as an entry point for overall improvements in women's reproductive health and rights.” --Campaign to End Fistula

**What is obstetric fistula?**



“Obstetric fistula is an injury of childbearing that has been relatively neglected, despite the devastating impact it has on the lives of girls and women.

It is usually caused by several days of obstructed labor, without timely medical intervention — typically a Caesarean section to relieve the pressure.

The consequences of fistula are life shattering: The baby usually dies, and the woman is left with chronic incontinence.

Because of her inability to control her flow of urine or feces, she is often abandoned or neglected by her husband and family and ostracized by her community.

Without treatment, her prospects for work and family life are greatly diminished, and she is often left to rely on charity.”

--United Nations Population Fund’s Campaign to End Fistula

Pictured: A young Ethiopian patient. DFW’s featured program this month, **The Fistula Foundation**, is the largest private charitable foundation supporting fistula treatment globally.

Photo provided by The Fistula Foundation.

- **Provide Treatment:** Repair physical damage through medical intervention and emotional damage through counseling. Surgery can normally repair the injury, with success rates as high as 90 per cent for experienced surgeons. The average cost of fistula treatment and post-operative care is \$300.
- **Educate and Spread the Word:** Fistula is a relatively hidden problem because it “affects the most marginalized members of society: young, poor, illiterate women in remote areas. Many never present themselves for treatment.”<sup>8</sup>

**The Campaign to End Fistula: Fighting fistula in sub-Saharan Africa, South Asia and the Arab States**

In 2003, the UN Population Fund (UNFPA), together with government and private partners, launched the Campaign to End Fistula. The campaign is now active in 49 countries across sub-Saharan Africa, South Asia and the Arab States. More than 28 countries have integrated the issue into relevant national policies and more than 16,000 women have received fistula treatment and care.

**Questions for Discussion**

1. What are some factors that contribute to the disproportionate number of fistula patients among young, poor, often illiterate women in remote areas?
2. During most of the 20th century, obstetric fistula was largely missing from the international global health agenda. What are some possible reasons why this problem was ignored?
3. Many experts contend policies and programs to eradicate obstetric fistula cannot succeed without a robust family planning component. Do you agree or disagree?

**Voices From the Women We Serve**

*The following interviews and photographs were provided by The Fistula Foundation.*



“I got married three years ago. I got pregnant one year ago. . . I was in labor for three days and it was very difficult. After the third day, my mother took me to Arba Minch Hospital where the doctor took out the dead baby. They took me back to my mother’s house and I was very sick. I didn’t walk for 10 days. The doctor told me to go to Addis Ababa. I was scared of the operation at the beginning, but when I knew that there was no pain, it was okay. After the operation, I stayed in bed for a long time to recover. I want to get married again and have a baby. I look forward to going home and seeing my friends again without this sickness.”

“I got married four years ago and then I got pregnant two years later. I was in labor for a long time. On the 4th day, they took me to a health center. At the health center, I delivered a dead baby and they told me that I needed to come here to Addis Ababa to Fistula Hospital. The people here [at Fistula Hospital] are very kind. They gave me an operation so that I would not leak anymore.”



“I was married one year ago and I got pregnant right away. I was in labor for four days and on the fourth day, the baby came, but it was dead. When the baby died, my husband left me. People said that my body was wounded. My cousin heard that there was a place in Addis Ababa that could help me and so he brought me here. They say I will have the operation next week and that my operation will be a simple one.”



"I got married when I was 15 . . . I got pregnant one year later . . . My labor started at three in the afternoon and my husband and my mother were with me. A traditional doctor told me to go to the hospital . . . they operated to take out the baby, but it was dead. After the baby died, I went back to my village and two months later my husband married another woman . . . When I came to Fistula Hospital, I was very happy. I knew this was the place where I would get cured . . . When I go back to my village, I will tell other women to go immediately to a hospital so that they won't have a problem with their labor. Most people don't know that a hospital can help them, but if they knew, they'd go."

### Sources:

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<sup>2</sup> "UNFPA - Obstetric Fistula." *UNFPA - United Nations Population Fund*. Web. 2 Aug. 2011. <<http://www.unfpa.org/public/home/mothers/pid/4386>>.

<sup>3</sup> "UNFPA." *Campaign to End Fistula*. Web. 1 Aug. 2011. <[http://www.endfistula.com/q\\_a.htm](http://www.endfistula.com/q_a.htm)>.

<sup>4</sup> *Campaign to End Fistula*. Web. 1 Aug. 2011. <[http://www.endfistula.com/campaign\\_brief.htm](http://www.endfistula.com/campaign_brief.htm)>.

<sup>5</sup> "UNFPA." *Campaign to End Fistula*. Web. 4 Aug. 2011. <[http://www.endfistula.com/empowering\\_women.htm](http://www.endfistula.com/empowering_women.htm)>.

<sup>6</sup> "UNFPA." *Campaign to End Fistula*. Web. 1 Aug. 2011. <[http://www.endfistula.com/fast\\_facts.htm](http://www.endfistula.com/fast_facts.htm)>.

<sup>7</sup> UNFPA." *Campaign to End Fistula*. Web. 2 Aug. 2011. <[http://www.endfistula.com/poverty\\_link.htm](http://www.endfistula.com/poverty_link.htm)>.

<sup>8</sup>Ibid.