



50,000
to
100,000
women world-
wide develop
Obstetric
Fistula

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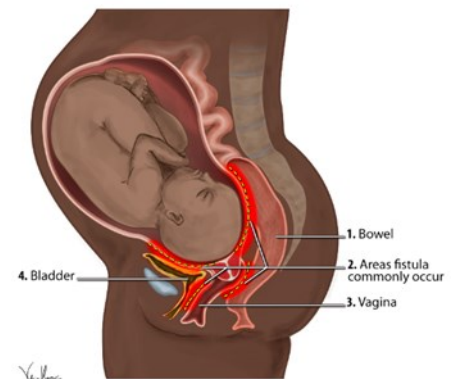
The Silent Killer

80%-90%
Can be closed
surgically

250-300
USD
The cost of
surgery

What is Obstetric Fistula?

Obstetric fistula is a hole in the birth canal either between the bladder, rectum, urethra or uterus that is caused by obstructed labor. During prolonged labour, the baby's head pushes constantly against the mother's pelvis bone and cuts off the blood flow to the soft tissue. Eventually, this leads to necrosis creating a hole-or fistula between the vagina and the bladder (vesicovaginal fistula) and/or rectum (rectovaginal fistula). Obstetric fistula between the vagina and the urethra or uterus are usually caused by poorly performed C-sections and FGM/C. Women who experience this preventable condition suffer constant urinary incontinence and/or flatulence which often leads to social isolation, skin infections, kidney disorders and even death if left untreated. Obstetric fistulae can largely be avoided by



delaying the age of the first pregnancy, by the cessation of harmful traditional practices and by timely access to quality obstetric care. Approximately 80-95% of vaginal fistula can be closed surgically. The costs for a surgery are between USD 250-300.

Who is affected

Hardly known in developed countries, obstetric fistula is common in Asia and sub-Saharan Africa, including Somalia. It is estimated that more than 2 million women worldwide live with untreated obstetric fistula. Each year, between 50 000 to 100 000 women worldwide develop obstetric fistula. Most cases of obstetric fistula occur among women living in poverty and in cultures where a woman's status and self-esteem may depend almost entirely on her marriage and ability to bear children.



It is estimated that more than 50% of girls in rural areas are subjected to early/child marriage

Why?

Factors such as harmful traditional practices (early/child marriage, infibulation type of FGM), lack of adequate health care services, and a general disregard for the rights of women and girls are key contributors to development of obstetric fistula. In addition, poverty contributes to malnutrition and stunting in children, leading to girls' skeleton and pelvis to not mature fully. This stunted condition can contribute to obstructed labour, and consequently, the development of fistula. Poverty seals fistula patients' fate, in that most women affected cannot afford treatment.

Early/child marriage, which is a culturally accepted practice in Somaliland, is a meta-indicator for slow onset disasters. In rural areas of Somaliland, many households resort to early/child marriage as a negative coping strategy. It is estimated that more than 50% of girls in rural areas are subjected to early/child marriage. This dramatically increases their

chances of getting pregnant when their bodies are generally still unfit for pregnancy. They are thus more likely to develop obstetric fistula during childbirth.

In Somaliland, the physical consequences of obstetric fistula lead to severe socio-cultural stigmatization and marginalization. Since children are viewed as an indicator of a family's wealth, a woman who is unable to successfully produce children as assets for her family is believed to make her and her family socially and economically inferior. The unavoidable odour is viewed as offensive. Fistula survivors are barred from preparing food and may be excluded from prayer or other religious observances. In addition, the injury leaves women with few opportunities to earn a living, and some may turn to begging. Women and girls suffering from fistula are often abandoned by their husbands and relatives as well as stigmatized and marginalized by their communities causing them extreme economic hardship and psychological traumas.



World Vision's Fistula Intervention in Somaliland

Since 2008, WV Somalia, with the support from WV Korea, has been working with community networks, local partners, and the Borama Fistula Hospital to support women and girls suffering from obstetric fistula in Togdheer region, Somaliland. The interventions address the medical aspect but also the underlying societal and economic factors that promote fistula by:

- Providing reconstructive surgeries to women and girls suffering from obstetric fistula
- Enhancing the socio-economic recovery of fistula survivors through formation of support groups, business skills training, and psychosocial Counseling
- Raising awareness about the main contributors (including harmful traditional practices such as early marriage and FGM/C) to obstetric fistula

Preventing and managing obstetric fistula will contribute to Sustainable Development :

Goal 3: Ensure healthy lives and promote well-being for all at all ages and

Goal 5: Achieve gender equality and empower all women and girls