



EngenderHealth
for a better life



Fistula: The Hidden Heartbreak

Although obstetric fistula is very rare in developed countries, an estimated 2 million women in the developing world suffer from fistula, a debilitating injury. As the majority of fistula statistics are from health facilities, and an untold number of women suffering from fistula either cannot or do not seek treatment for it, this figure is most likely an underestimate.

WHAT IS FISTULA?

Obstetric fistula is an injury of childbirth caused by prolonged labor without medical intervention or cesarean section. It is an abnormal opening between the birth canal and the bladder and/or rectum. Traumatic gynecologic fistula is a similar injury, caused by brutal rape or other forms of sexual violence. Both obstetric and traumatic fistula result in chronic incontinence of urine and/or feces, and survivors often face abandonment by their husbands and social isolation from their families and communities.

WHAT ARE THE CONTRIBUTING FACTORS?

Poverty and lack of access to safe, high-quality maternal health care are the direct causes of obstetric fistula. Gender inequities and women's low socioeconomic status increase a woman's risk of developing fistula—with women often lacking the social power to make choices for themselves about health care and pregnancy. Malnutrition

and low levels of education are exacerbating factors. Additionally, any woman living in an area experiencing conflict, or in a postconflict setting, is at risk of sexual violence and traumatic fistula.

While women of all ages and parity get obstetric fistula, it is most common among young women experiencing their first pregnancy, particularly in regions where early marriage is the norm. Women are often under pressure to bear children and prove their fertility at a young age. And when a young woman is not yet physically mature, her pelvis may be too small for safe delivery, and this can lead to childbirth complications causing fistula.

CAN FISTULA BE TREATED?

A lack of understanding of the condition and social stigma mean that women with fistula frequently suffer in silence. Yet in up to 90% of cases, fistula can be surgically repaired. Most women who receive appropriate treatment can go on to have children, usually by cesarean section. Many barriers however, prevent women from seeking treatment:

- Lack of awareness of a possible cure
- Sparse health facilities—many affected women live in remote areas, far from clinics
- Limited financial resources
- Shortage of skilled providers—developing countries often have very few surgeons and nurses trained in fistula repair

“Early repair and treatment of fistula is critical. It prevents a cycle of stigma and discrimination that often leads to dependency, disempowerment, and a loss of self-esteem for the woman.” —Dr. Joseph Ruminjo, Senior Medical Advisor, EngenderHealth



EngenderHealth

for a better life

- Aversion to using hospitals—because trust in the safety of services is often very low in poor areas, hospitals are often viewed simply as places to die

At the same time, we know that when high-quality surgical repair becomes available and accessible, demand for services soars. Many women will travel for days to reach a hospital that has a surgeon who can perform fistula repair. And when women hear of a provider visiting their region, hundreds turn up for a chance at a cure, revealing a large backlog.

ENGENDERHEALTH WORKS TO PREVENT AND TREAT FISTULA

EngenderHealth is leading Fistula Care, the largest-ever global project to address fistula. Funded by the U.S. Agency for International Development (USAID), Fistula Care supports safe and effective services that address the complex physical, emotional, and social dimensions of this tragic problem. Our activities include:

- Training doctors in fistula repair surgery and strengthening the capacity of hospitals to provide fistula care
- Improving the quality of current fistula services
- Upgrading emergency obstetric care to help prevent fistula
- Raising awareness in communities and hospitals about both fistula prevention and the availability of care and repair services for affected women
- Providing psychosocial support to women who have received surgical repair as they reenter family and community life
- Creating and supporting “model” facilities for fistula clients
- Improving access to family planning
- Advocating policy changes to tackle root causes such as early marriage and pregnancy

Our fistula work is broadly applicable in developing countries across the globe. Currently, we are working with health systems in Bangladesh, Democratic Republic of Congo, Ethiopia, Ghana, Guinea, Niger, Nigeria, Rwanda, Sierra Leone, and Uganda, and through regional programs in East and West Africa.

Some of our partners and supporters in this effort include: USAID, the Bill & Melinda Gates Foundation, the United Nations Population Fund, the Department for International Development (UK), Women’s Dignity Project, the International Fistula Working Group, IntraHealth International, Inc., CARE, Meridian Group International, Inc., Mercy Ships, and public, private, nongovernmental, and faith-based institutions in Africa and Asia.

For more information

For programmatic inquiries, contact Carrie Ngongo at (212) 561-8534
cngongo@engenderhealth.org

For media inquiries, contact Carey Meyers at (212) 561-8463
cmeyers@engenderhealth.org

Sources: World Health Organization, Population Reference Bureau, fistulafoundation.org

Photo credits: C.Ching/EngenderHealth