

# The East African

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MAGAZINE

## New hope for mothers with fistula disease



Doctors conducting an operation on a patient. The rise of fistula cases indicates a failed health system. File Photo

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Many women are developing obstetric fistula in East Africa, mainly because health care systems are poorly funded, inaccessible and expensive, say child and reproductive health experts.

As a result, thousands of lives are being ruined.

Obstetric fistula is caused by medical complications at childbirth. Yet many mothers in rural areas continue to receive poor treatment at the hands of untrained birth attendants.

The health facilities are also ill-equipped to handle emergencies.

Tough terrain and cultural factors make matters worse, says Dr John Nduba, director of reproductive and child health at the African Medical Research Foundation (Amref).

"The current rise in obstetric fistula indicates a failed health system," he says. "People living in rural areas and slums continue to get poor. And despite an increase in their population, there has not been a corresponding increase in health facilities."

Obstetric fistula it is caused by pressure exerted by the foetus's head on the pelvis during obstructed labour.

This interrupts blood supply to nearby tissues in the mother's pelvis, resulting in one of two medical complications: Vesicovaginal fistula and rectovaginal fistula.

Mothers with these conditions continuously leak urine, stool or both and smell bad all the time.

In addition to physical discomfort, the mothers suffer emotional problems. Many are shunned by their communities and are made to leave.

Fistula ailments in Africa are multi-faceted.

Take Veronique Cheropan, 23, a resident of Kaptagat, Eldoret.

She was happily married until three years ago when she went into labour with her first child, at home. With the assistance of a midwife, she was in labour for almost two days.

By the time they decided to take her to the nearest health facility, the baby had died.

Cheropan became another statistic of the increasing cases of obstetric fistula. About 100,000 women in sub-Saharan Africa are affected.

Life after the stillbirth became a nightmare. The condition left her in great pain, with urine and faeces leaking constantly from her body.

Her husband took her back to her parents and demanded a refund of the dowry, saying she was bewitched. "I'd rather be a cripple than have fistula," says Cheropan.

Her own family treated her as a social misfit and built her a hut outside the homestead.

"Whenever I visited the health centre, the workers took off and closed down certain rooms."

One day, her father brought her the good news — the condition was curable. What's more, the operation to treat it could be done free of charge. What a relief!

This was after her father visited a relative in Eldoret town where he watched an Amref vesicovaginal fistula programme on a TV station.

The programme, launched in 1992, creates awareness on fistula and the treatment options for affected women. The organisation treats 3,000 cases annually in East Africa, free of charge. The programme ensures that girls and women are able to access good care in an effective manner.

A simple reconstructive surgery, now readily available in East Africa, can treat the ailment, says Dr Nduba.

"We must empower women and allocate more resources to treat various medical conditions unique to them," he says. "Also, we should build the capacity of local health care providers to enable them treat and prevent obstetric fistula."

In Kenya, about 3,000 new cases are recorded every year, with approximately one to two fistula impairments per 1,000 deliveries.

The backlog of cases is estimated at 300,000. Only 7.5 per cent of women with obstetric fistula access quick, effective treatment.