

Pregnancy-Related Fistula: A Cause for Social Ostracism No Less than HIV/AIDS for Women in Rural Ethiopia

Authors: Yared Abera, Pathfinder International/Ethiopia; Amare Yeshiambaw, Pathfinder International/Ethiopia

Contact: YAbera@pathfind.org • www.pathfind.org

Background

- The median age at first marriage among women in Ethiopia currently aged 25 – 49 is 16 years and 17% of women aged 15 – 19 are already mothers or are pregnant with their first child.
- Only 28% of women attended a health facility for antenatal care during their most recent pregnancy and only 6% of births are attended by skilled care givers.
- The maternal mortality rate in Ethiopia is 637 per 100,000 live births.
- One percent of all women who give birth are left with an obstetric fistula, and only 0.3% of fistulas are ever repaired in Ethiopia.

Table 1: Circumstances associated with the last pregnancy and its outcome, 2006 N=100

Variables	Percent
Antenatal care during the pregnancy when the fistula occurred	
At least one visit	18
None	82
Place of delivery when fistula occurred	
Home	94
Health facilities	6
Delivery attended by	
Traditional birth attendant	64
Relatives	18
Mothers/family members	12
Health workers	6
Health seeking behavior (women who sought medical attention)	
Yes	42
No	58
The women with fistula currently live with	
Mothers/fathers	46
Husband	22
Alone	15
Sisters/brothers	4
Other	13
Current source of livelihood	
Depends on family	44
Depends on husband	18
Farming	17
Daily labor	13
Depends on relative	5

Methodology

Pathfinder conducted a study between March and November 2006 at Bihar Dar, Felege Hiwot Hospital, where surgeries to repair fistula are performed, to determine the social consequences of fistula and advocate for prevention, care, and support. One-hundred fistula clients were identified by Pathfinder-trained community-based reproductive health agents. With support from USAID, Pathfinder/Ethiopia facilitated referral for repairs. The fistula clients participated in voluntary interviews performed with a structured, pretested questionnaire. SPSS Version 13 was used for data entry and analysis.

Results

- The most frequent age when fistula occurred was 18.
- Forty-two percent of the fistulas occurred during the first birth.
- Fifty percent lost a child during labor.
- The average length of labor was three days before seeking any medical attention.
- Nearly 60% did not seek medical attention after they developed obstetric fistula.
- The women had lived with the problem between 3 months and 30 years (mean years 5 (SD 6.5)).

Table 2: Background characteristics of women who received fistula repair, 2006 N=100

Characteristic	%
Education level	
No education	89
Read and Write only	4
Primary and above	7
Current marital status	
Married and live with husband	22
Divorced	70
Separated	8
Number of pregnancies per woman	
One	42
Two	19
Three	12
Four to Nine	17
Median age: 23.69 (SD 6.38) years	
Median age at first marriage: 13 years; range: 5 – 25 years	

Results and Conclusions

Obstetric fistula is the result of early childbirth, obstructed or prolonged labor, and poor maternal health care. Delaying marriage and childbirth and access to affordable client-friendly quality obstetric services improves the outcome of pregnancies and helps prevent fistula. Fistula affects women socially, economically, and psychologically. It can be treated as well as prevented.

- Acceptable and accessible maternal health care, family planning, skilled birth attendance, and emergency obstetric care are necessary for healthy pregnancies and can help prevent fistula.
- Age at first marriage and birth should be delayed.
- Fistula repair should be coupled with psychological and economic rehabilitation.
- Women and communities as a whole require more information on how fistula occurs and the importance of antenatal care and delivery by skilled attendants.

Amina's Story

My name is Amina.* I am 40 years old. I live in Menta Wuha in Awi zone, Amhara National Regional State. I was married at the age of 15 without my consent and conceived my first child the same year. I did not receive any antenatal care during my pregnancy. When the birth approached I went to my mother's house. I labored for five days. As is customary in our culture, I was not given sufficient food or water during labor. On the third day I noticed the baby had stopped moving. The traditional birth attendant rubbed my abdomen with oil. Finally, on the fifth day, when I was totally exhausted, the labor ended in a still birth. I was told that I woke up on the second day after the delivery. I was lucky to have survived.

When I woke up, I was soaked in urine. I never went back to my husband's house and when he understood that I was incontinent, he stopped visiting me. It is believed that only the cursed suffer from such disease. I was never taken to a modern health facility, only to traditional healers and for holy water. I faced rejection from my husband, parents, relatives, and neighbors. My parents built me a small hut in the backyard where I spent horrible years alone, day and night. I am grateful to my parents for at least allowing me to stay on their property.

A year ago I was identified by a community-based reproductive health agent who referred me to Felege Hiwot Referral Hospital for a fistula repair. I stayed at the hospital more than a month. When I was discharged people of the area I come from couldn't believe the whole story until they witnessed my animated face and absence of the bad odor I had previously. I am grateful to the community agent who facilitated my referral and to all those who helped me.

*Not her real name.