

A3

Obstetric fistula in Southern Sudan

Confucius Aligo Allison

Martha Primary Health Care Centre, Yei, Southern Sudan

Contents

Assignment..... 3

Introduction 3

The fistula situation in the Republic of Southern Sudan 3

 Obstetric fistula repair centres 3

 Juba teaching Hospital 3

 Number of cases 4

 Predisposing factors of obstetric fistula 4

 The impact of obstetric fistula on women² 4

 Challenging predisposing factors of the obstetric fistula 4

References 5

Assignment

Please describe the obstetric fistula situation in your country ([Obstetric Fistula – Charles-Henry Rochat](#)).

Introduction

An obstetric fistula is a hole that forms in the vaginal wall communicating into the bladder (vesico-vaginal fistula –VVF) or the rectum (recto-vaginal fistula-RVF) or both recto-vesico-vaginal fistula-RVVF. Obstetric fistula is a neglected injury, though the impact on women is important. It is a condition resulting from poverty and is almost entirely preventable.¹

Obstetric fistula occurs when a delivery takes several days without adequate medical care that may relieve pressure from the childbirth. The baby in most cases dies and the mothers are left with incontinence.

The fistula situation in the Republic of Southern Sudan

The prolonged war in the Republic of Southern Sudan (ROSS) has affected its health structures. Obstetric fistula has a serious effect on women and young girls' lives. In Southern Sudan many women live in rural areas where the access to health service is difficult: these women are particularly affected by fistula. In these areas, traditional birth attendants or a relative assists in the delivery.

Each year 5000 new cases of obstetric fistula are documented in Sudan, this is a huge number and a health issue that needs attention. Lack of data and information about the cases in the health facilities is a big problem which results in missed cases within the community.¹

Currently, due to lack of data, it's not possible to give an accurate estimate on the prevalence of fistulae in the Republic of Southern Sudan, but as a considerable numbers of the population live in rural areas, we can imagine there should be more cases, as the majority of labours are not assisted by skilled birth attendants. This is caused by a lack of trained health care providers within the region.

There is a need for the government and civil authorities to help identify cases of obstetric fistula within the community and encourage people to report them to the nearest health facility.

Obstetric fistula repair centres

In the ROSS there are three centres for fistula repair; these are Juba teaching hospital, Wau teaching hospital and Malakal teaching hospital.

Juba teaching Hospital

The little information we have about the cases are extracted from the patient register in Juba teaching hospital, which provides an overview of the number of the cases that are documented in the hospital. Those in the community are unrecorded. As a result it is difficult to determine the real magnitude of the problem.

Secondly, due to long distances and poor communication systems it is hard to get some information from the other fistula repair centres (Wau and Malakal).

Number of cases

The total number of cases recorded between 2000 and 2010 was 1446. Some of the patients were treated in Juba, others were referred for further management. According to the patient register of Juba hospital, the referred number was 251.¹

Women with obstetric fistula normally are neglected and left on their own to struggle with this health issue. They are normally isolated and do not seek medical care. It should however be mentioned that health campaigns and information distributed through the media has helped some women to seek care.

Predisposing factors of obstetric fistula

Traditional ideas about the first pregnancy are that it is normal for a woman to be in labour for more than 24 hours. However, it endangers their lives and they may end up with some complications.

Many people live in remote areas where access to health care is not easy. Due to the lack of comprehensive care during the prolonged labour, women end up with fistula.

The ROSS health system is poor. There is a lack of adequate facilities, lack of well-trained health professionals, poor infrastructure, lack of funding and inadequate funding allocation.

The impact of obstetric fistula on women²

Obstetric fistula has great impact on the women and young girls in the ROSS.

Many women who develop obstetric fistula become stigmatised and normally stay isolated from the rest of the community. Young ladies who develop fistula during delivery are normally abandoned by their husbands and families members. Usually they feel lonely and without hope for the future.

Many women who suffer from obstetric fistula live in extreme poverty, and they are not able to earn money, which could help in their problem solving.

Challenging predisposing factors of the obstetric fistula

The government of the ROSS can take some steps to address and reduce the occurrence of obstetric fistula within its population. Though there are many things that need to be done, some of the easier strategies are mentioned below.

Women empowerment: there is a need to help women in health issues and a need to have a skilled birth attendance attending a delivery. When women are empowered, they can take their own decision on where to deliver and plan to have a skilled birth attendant.

Girls' education: the government needs to address the issues of girls' education. Educated girls will be able to take better decisions on their reproductive health needs.

Early marriage: many young women marry early in Southern Sudan. Some ladies from the age of fourteen are already married and even pregnant; if there is no skilled birth attendant during delivery they may end up with complications. The government should pass some rules about legal age of marriage and the community should abide the national policies.

Reproductive health education: this education should be introduced in upper primary schools and secondary schools so that youth will be aware of the dangers and consequences of the early sexual relations such as early and unwanted pregnancies.

Increased access to comprehensive health care services: the health facilities should be improved to offer comprehensive health care services. This will make services appropriate, affordable and easily accessible to the community.

Human resources: there is a need to train more health care providers, especially general practitioners. There is a lack of health care providers in ROSS.¹

Monitoring tool: there is a need to develop a tool that can help record the outcome of deliveries in each community; this will help trace the number of the developed fistula cases. It is required to develop action points to address the causes of obstetric fistula.

References

1. UNFPA. Campaign to end fistula in Sudan. Juba: UNFPA; 2007.
2. Rochat C-H. Obstetric fistula. Geneva: Geneva Foundation for Medical education and Research; 2011. Available from: <http://www.gfmer.ch/SRH-Course-2011/maternal-health/Obstetric-fistula-Rochat-2011.htm>