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Obstetric fistula situation in Ethiopia

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Contents

Acronyms

A.A	Addis Ababa
EDHS	Ethiopia Demographic Health Survey
IMR	Infant Mortality Rate
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
OF	Obstetric Fistula
RVF	Recto-Vaginal Fistula
SSA	Sub-Saharan Africa
VVF	Vesico-Vaginal Fistula
WHO	World Health Organization

Assignment

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

Introduction

Fistula is an opening or a hole between two organs of the body that should normally be separated. In Ethiopia, because of many days of obstructed labor, Obstetric Fistula (OF) happens between a woman's birth passage and more than one of her internal organ, usually the rectum and urinary bladder. If cephalo-pelvic disproportion or malpresentation is not detected early and managed properly, the mother will be suffering from obstructed labour for usually more than one day.[1] The pressure of the entrapped fetal head against the mother's pelvis cuts off the flow of the blood supply to the delicate tissue of the bladder, vagina and rectum. Subsequently, the injured tissue will be sloughed away leaving behind the opening between vagina and urinary bladder or/and rectum. Vesico-vaginal fistula for the opening between vagina and urinary bladder, and recto-vaginal fistula for the opening between the vagina and rectum are the commonly used medical terms. Eventually, a permanent incontinence of urine and feces will be a consequence if not treated.[2]

In Ethiopia fistula can also be of non-obstetric cause: laceration, rape and other sexual trauma such as sexual violence.[3, 4] Basically, poverty lies behind the occurrence of most fistulas. Early childbearing increases the risk, too.[3] Because of poverty most girls are malnourished and stunted since their childhood. So, they will have underdeveloped skeleton and pelvis where the labor will be obstructed during delivery leading to fistula.[1]

Nowadays, OF becomes a history in developed world. It used to be a health challenge in those nations late in the 19th and early 20th century.[1] The improvement in the general obstetric care and universal access to emergency care helped to eliminate OF from North America and Europe.[4]

In Ethiopia, however, obstetric fistula remains one of the factors contributing to maternal illness and death as the health care system is still young. The nation's young, small and illiterate girls and women who live in the remote part of the country are becoming the victim of this preventable and curable obstetric complication.[4] OF has been neglected in Ethiopia and affects the most marginalized group of the population. It is still a problem in Ethiopia for the fact that the health care system fails to provide accessible and good-quality family planning as well as basic and emergency obstetric care. Moreover, not all women are assisted by skilled birth attendant during delivery and the treatment of fistula is not affordable for many. The social system does not provide a safety net for the susceptible girls and women as. In Ethiopia, only 6% of the women give birth assisted by skilled birth attendants, 28% of the mothers have ANC for their pregnancy, 77 infants die per 1,000 births, 871 mothers die due to birth problems out of 100,000 births annually, and women have a fertility rate of 5.4%.[6]

The burden of obstetric fistula

Obstetric Fistula is a problem of millions of women in developing countries. Though it's more prevalent in Sub-Saharan Africa (SSA) and Asia, there is no accurate count of the problem. OF affects the most remote regions of the world where there is strong stigmatization of the condition and its complications. That is why maternal mortality is sometimes used to estimate OF in regions with a high Maternal Mortality Ratio (MMR) like Ethiopia. In this case MMR can be a surrogate of OF occurance and reflects the absence of effective functioning emergency obstetric service.[1, 4]

WHO estimated that out of 2 million untreated fistula cases, 100,000 women are residing in Ethiopia. Annually, there are 9,000 women developing OF.[5] Only 1,200 are treated per year. According to the Ethiopian Demographic Health Survey (EDHS), 4% of the women aged 15-49 reported to have OF.[6] The analysis of 2005 EDHS data has also shown that the majority of women suffering from OF (56.7%) are living in a union, one-third had OF before reaching the age of 24, more than two-thirds of the women suffering from OF are residing in rural areas, 79.6% had their first intercourse before the age of 19 years, and the average age at first marriage among these women is 16.5 years. Additionally, it was indicated that 50.9% of them had no formal education. Most of them (55.6%) had no pre-natal care and 86% of them had delivered at home (see figure 1 and 2 and table 1). In short, the analysis has shown that there is a significant association of fistula status with the education of women, wealth index, and place of residence, place of delivery and use of prenatal care.[7]

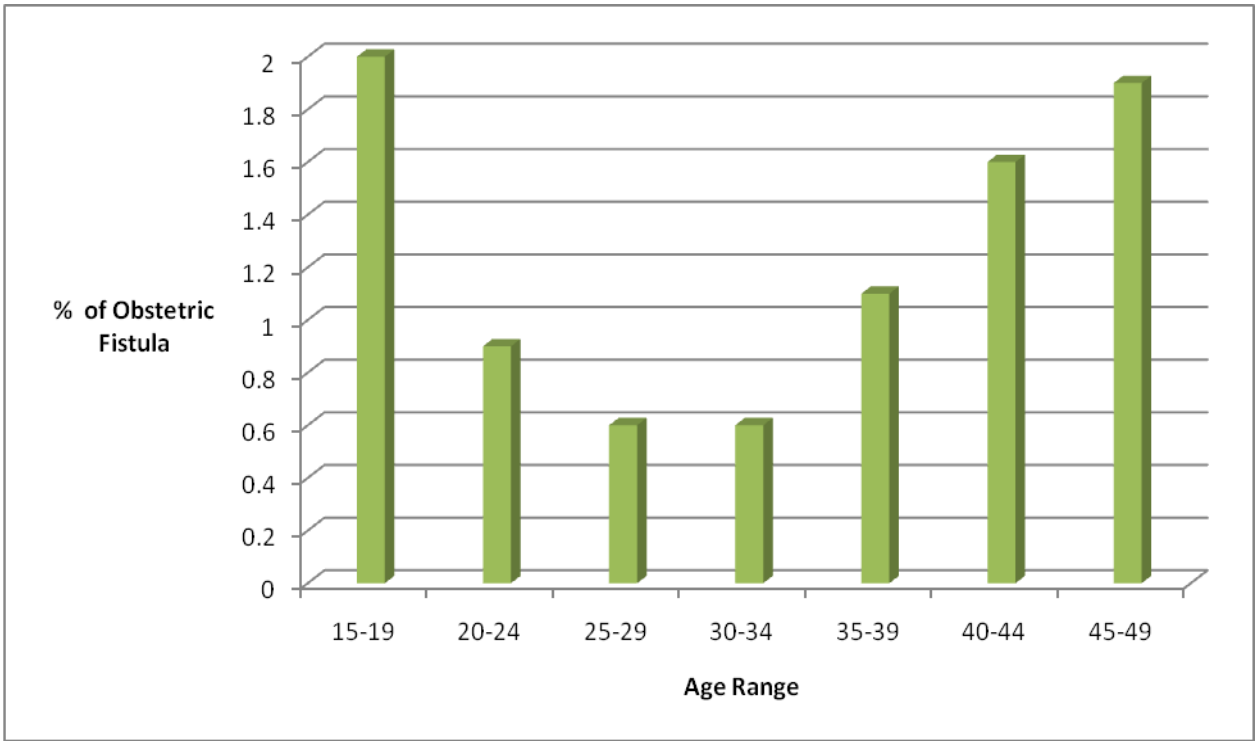

Figure 1: Pattern of Obstetric Fistula according to the age distribution in Ethiopian patients.[6]

No	Educational Level	% Experienced Obstetric Fistula
1.	No Education	1.0
2.	Primary	1.3
3.	Secondary or higher	1.0

Table 1: Obstetric Fistula distribution according to the educational level of Ethiopian patients.[6]

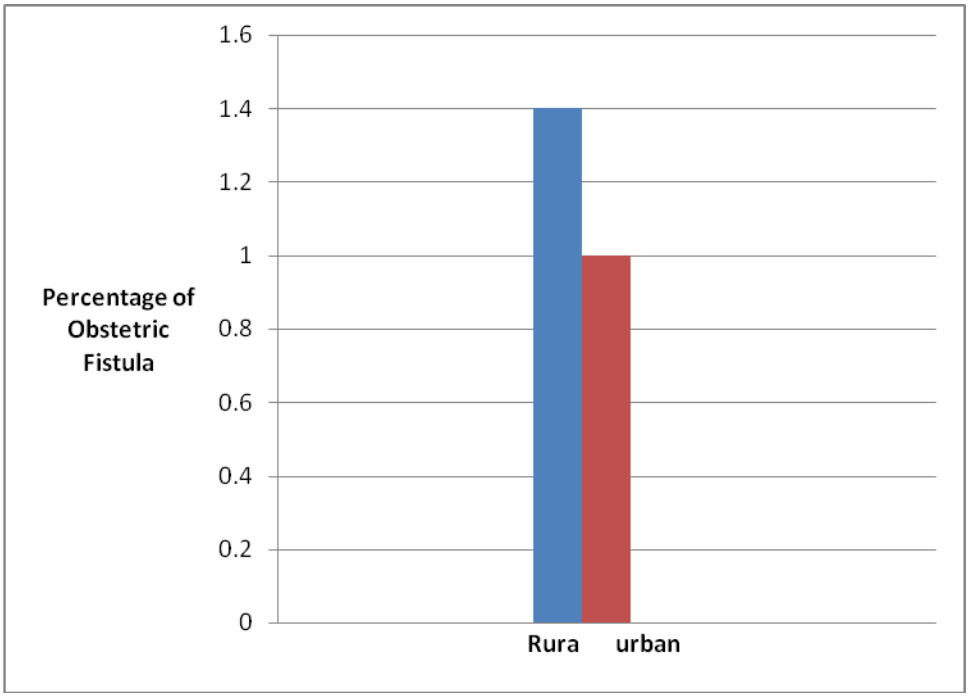

Figure 2: Obstetric fistula in patients living in urban and rural Ethiopia. [6]

The incidence of OF in rural Ethiopia is 2.2 per 1000 women of reproductive age, a number that differs from the WHO estimate and EDHS data. The discrepancy is caused by the selection of respondents who were quantified to respond the questions related to OF. Obstetric fistula is commonly due to the highly prevalent obstructed labor in Ethiopia among the young primi-gravida. Thus, vesico-vaginal fistula (VVF) is very common.[2] Recto-vaginal fistula (RVF) is also prevalent though the level is lower: 7% in a case series of patients in Ethiopia.[3] The other cause of fistula in Ethiopia is sexual violence. For example, in Addis Ababa (A.A) Fistula Hospital 91 of 7,200 cases over a six year period (1.2%) were caused by rape or other sexual abuse.[6]

Characteristics of patients suffering from fistula

Fistula patients in Ethiopia are on average 22 years old. 82% Of them had to travel at least 700 kilometrs for medical care, walking an average of at least 12 hours and spending an average of 34 hours in a bus. In the other study by Mulugeta, 94% of Ethiopian fistula patients were married and 83.3% of OF had occurred during delivery before the age of 20. The mean age at first marriage was 14.7 years and mean age at the causative delivery was 17.8 years. The mean height of the fistula patients was 149 centimeters. 64% Of them were primi-gravida and 44% of these deliveries were at home. Labor was found to continue for an average of 3.8 days.[6]

The impact of obstetric fistula on women

Economic impact

Since they are abandoned, isolated and/or divorced, the OF patients will get no support from their husbands or family members. In A.A Fistula Hospital, for example, 53% of the women had been abandoned by their husband and one out of five of them have to beg for food to survive. From the early outset, OF patients are poor rural girls.Their circumstances will worsen after the development of fistula because they are completely dependant on their husband for their income. 62% Of the women had no belonging at home, and yet more than half of them were rejected by their husband after the fistula developed.[5,7]

Social consequences

The stigma and discrimination faced by OF patients is one of the devastating social sequels in Ethiopia. It's the incontinence (loss of urine and feces) that makes the patient to be ostracized, and abandoned by their family and husband.[1] Because of the social and odor stigma, a woman suffering from OF has a hard time acknowledging her condition and lives separated, isolating herself. For similar reason, they don't want to be seen in public or social gatherings. They are also rejected by their spouse and relatives.[7] Thus, fistula patients are observed to be migrating and fleeing to monasteries. In general more than 50% of fistula mothers will be divorced by their husband and excluded from religious activities, in addition they will not have access to their home, public transport and even the hospital. WHO has estimated that the rate of social exclusion in Ethiopia is 53%.[5]

Complications stemed from fistula

Psychological trauma and medical complications are the other important sequelae of OF. The victims often gets depressed because of the isolation and can also become suicidal. Though there is limited evidence, a report of the meeting on the Campaign to Fistula in Geneva indicated that the quality of life of fistula patients is affected. Other complications of OF in Ethiopia are stress, urgent urinary incontinence, hydronephrosis, renal failure, amenuria, secondary infertility, vaginal scaring and foot drop.

Strategies to prevent and control obstetric fistula in Ethiopia

As mentioned above, OF is a disease of the poor affecting the most marginalized teenagers in the least developed countries like Ethiopia where access and quality of health service is very much compromised. It's also a common health condition among the illiterates and in women where their traditional culture status and self worth may depend on marriage and childbearing. The sequel of OF is also enormous be it social, economic, medical or cultural. These all have a crucial implication for fistula care, prevention and control in such kind of setting and population. Thus, a comprehensive approach has to be thought of to prevent and control fistula and its adverse complications. In addition to strategies at community level, three elements form a core of a comprehensive approach to addressing OF in Ethiopia.[2]

Reducing early pregnancies number

Reducing early pregnancies among the teenagers and adolescents is the first step to combat fistula risk. Though the situation is being improved, Ethiopia has been known for the practice of early marriage and narrow birth spacing. Policies are developed to change the tradition that encourages early marriage and childbearing, which would allow more young women reach full physical maturity before the beginning of childbearing. Thus, offering more education, particlualry on reproductive health, and offering family planning will help women to delay their birth and also to space births.[2]

Improving access to obstetric care

This has been practiced in Ethiopia by avoiding the three delay principles: delay in deciding to seek care; delay in reaching a health care facility; and delay in receiving sufficient care at the facility. The delay to decide and seek care in Ethiopia is usually due to cultural taboos, illiteracy or lack of awareness, limited health facilities and transport, and the low status of women where the male's decision is dominant. To combat these factors, the Ethiopian Government has designed health care financing for the poor. A lot of health facilities are being built. In addition, community sensitization and training the existing community health workers to detect and refer OF cases are the ongoing practices at the ground.[2] Most Ethiopian health facilities have a vehicle for transportation and good referral linkage. There is also a routine training for health care workers on Emergence Obstetric Care and supplies. This is to prevent the delay in reaching the health facility and delay in receiving service at facilities.

Surgical intervention

A.A. Fistula Hospital is one of the best equipped facilities in Africa and able to repair less than 15% of nearly 9,000 estimated new cases in Ethiopia each year.[2] This hospital for poor women with childbirth injuries was founded in 1975 and is run entirely by charitable donations. These have been the responsibility of Dr Catherine Hamlin and her late husband Dr Reginald Hamlin. The hospital plays an important role in the achievement of the Millennium Development Goals (MDG). This is because the hospital is mainly dedicated to the care of women with OF and treatment of other physical and social injuries so that there will be an improvement in maternal health, decreasing IMR and empowering women.[8, 9]

The service has already been decentralized to regional hospitals like Yirgalem and Bahirdar Hemlin Fistula Hospitals. The A.A hospital and these hospitals also give trainings to midwives committed to OF service and other health professionals as well.[1]

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