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Obstetric fistula in Ethiopia

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Assignment

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

Introduction

The demographic health survey (DHS) of 2005 in Ethiopia showed a national prevalence of obstetric fistula of 1% among ever-married women.¹ Other reports stated that out of the three million women estimated to suffer from obstetric fistula in the world, between 100,000 and 1000,000 cases reside in Northern Nigeria and over 70,000 in Bangladesh.²

Typical fistula patients in Ethiopia are young peasant girls who are married in their early teens to farmers with little or no education. The girls are given heavy tasks in the household and are poorly educated. They have no access to any health institution during pregnancy and labour, are often helped during labour by women of the village at home, and deliver a dead baby after being in labour for days. Although obstructed labour kills many of these young girls, the survivors develop urogenital fistulae. Because they are soon deserted by their husbands, ostracized by their village friends, and excluded from their social life, they often wish they had died with the baby. Many commit suicide. A hospital-based survey which involved 639 fistula patients treated at the Addis Ababa Fistula Hospital between May 1999 and February 2000 revealed that the mean age of fistula patients at presentation to the hospital was 22 years, and the mean age at first marriage was 14.7 years.^{3,4}

There is supporting information from a WHO-based publication stating that in Ethiopia and Nigeria over 25% of fistula patients had become pregnant before the age of 15, and over 50% had become pregnant before the age of 18. Fistula formation is also more likely to follow a first labour *and* often these girls and women may have been the victims of forced marriages. Many adolescent girls in developing countries may also be undernourished and underweight, thus compounding the risks.⁵

In a study based on a visit of 19,153 households in Ethiopia, untreated fistula prevalence was about 1.5 per 1000 amounting to approximately 26,819 women. Most of the patients were young women who delivered for the first time. Marriage took place early in life mostly through family arrangements or abduction. The median number of days in labour was three to eight.⁶

The Addis Ababa Fistula Hospital

Addis Ababa Fistula Hospital (AAFH) is located in Addis Ababa, the capital of Ethiopia. The hospital was founded by Drs. Reginald and Catherine Hamlin, both obstetrician/gynecologists, from New Zealand and Australia respectively. It is the only hospital of its kind in the world dedicated exclusively to women with obstetric fistula. It treats all patients completely free of charge.

The website of the Addis Ababa Hospital reads as follows: “The Fistula Hospital has developed a practical hands-on-technique for fistula treatment that has inspired fistula service provision in many health facilities around the developing world. It is a world centre for fistula treatment, rehabilitation, and prevention. It provides training for health professionals, for Ethiopian surgeons and obstetrician/gynecologists from all over the developing world. The hospital also carries out research in fistula related topics.

Women with severe injuries and not able to be cured completely have been provided with long-term care through training as nurse-aides or a home at Desta Mender, the rural village for chronic patients that provides rehabilitation and training in income-generating activities to allow these women to continue life with dignity despite their disabilities.⁷

The Hamlin AAFH is handling a well-defined and specific problem: obstetric Fistula. The institution has a clear mission and vision, decentralizing its activities to the regions, currently working on an action plan/strategic plan to guide activities, mainly in prevention and research. The existing staff is dedicated, skilled and specialized in the field although shortage of skilled manpower remains a challenge. In addition to the Addis Ababa fistula Hospital located in Addis Ababa, there are three functional Hamlin regional outreach centers located in the regional towns of Yirgalem (in the south), Mekele (in the north) and Bahirdar (in the northwest). Two more centers (in western and eastern parts of the country) will be opened in the coming two years.

More than 1500 fistula patients are operated annually at the Addis Ababa Fistula Hospital and about 400-500 cases at each outreach center. The institution's activities are not limited to curative care, prevention and research but also train country postgraduate residents in Obstetrics and gynecology, and overseas doctors in fistula management.⁷

References

1. ORC Macro, Central Statistical Agency. Ethiopia demographic and health survey 2005. Calverton, Maryland: ORC Macro; 2006.
2. UNFPA. Proceedings of South Asia Conference for the prevention and treatment of obstetric fistula, 9–11 December 2003, Dhaka, Bangladesh. New York: UNFPA; 2004.
3. Muleta M. Obstetric fistula in developing countries: a review article. J Obstet Gynaecol Can. 2006 Nov;28(11):962-6.
4. Muleta M. Obstetric fistula: transport access for emergency obstetric care service in Ethiopia. Addis Ababa: Addis Ababa Fistula Hospital. Available from: <http://www.hamlinfistula.org>
5. World Health Organization. Obstetric fistula guiding principles for clinical management and programme development. Geneva: World Health Organization; 2006. Available from: http://whqlibdoc.who.int/publications/2006/9241593679_eng.pdf
6. MuletaM, Fantahun B, Tafesse EC, Hamlin C. Obstetric fistula in rural Ethiopia. East African Medical Journal. 2007; 84(11).
7. Addis Ababa Fistula Hospital. <http://www.hamlinfistula.org>