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Obstetric fistula situation in Gambia

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Assignment

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

Health profile of Gambia

The Gambia is a relatively small country on the coast of West Africa. It has an estimated population of 1,824,158. Of these, about 50.2% are women with some 419,000 of them aged between 15-49 years (the reproductive age group). The population growth is about 2.74% with an annual crude birth rate of about 37 per 1000 and a total fertility rate of 5 children per woman. The youthfulness of the population (63% is below 24 years) has significant implications for sexual and reproductive health. The government is the major provider of health services in the Gambia. The public health care system has three tiers, based on the primary health care strategy. Presently, services are provided by four hospitals at the tertiary level, 38 health centers at the secondary level and 492 health posts at the primary level. The system is complemented by 34 private and NGO clinics. For most communities, the first point of contact with health care services is the informal sector through traditional healers. The public-sector health system has 167 medical doctors, 13 pharmacists, 819 nurses (of which 373 are state registered nurses), 227 enrolled nurses and 115 community health nurses. Out of the total number of nurses 409 have also been trained in midwifery. Private and NGO health facilities employ 67 medical doctors (general, physicians and specialists), 5 pharmacists and about 228 nurses. Roughly, there are 5 trained midwives per 1,000 births and the lifetime risk of maternal death is 1 in 49.[1]

In the Gambia the majority of health facilities and personnel are located in urban areas, resulting in inequitable access to care.

Obstetric fistula

The obstetric fistula situation analysis carried out in the country in 2006 to gauge the level of obstetric fistula identified a total of 197 cases which pegged the prevalence rate at 0.5 per 1000. Factors responsible for this high prevalence are poverty, malnutrition, poor health service, early childbearing and gender discrimination.[1]

Risk factors of fistula

The decision making power of a woman to go to a health institution during labor was found to be very low (20.1%), while the authority about this decision was found mostly in the hands of their husbands (42%) and mother- in-laws (16%). The Gambia is one of the poorest countries in the world with a gross domestic product (GDP) per capita of US$320. More than 60% of Gambians live below the poverty line. Poverty appears to be the main social risk factor for obstetric fistula because it is associated with early marriage and malnutrition. The survey discovered obstetric fistula sufferers whose ages were as low as 14 years.[1] This practice of marrying out girl-children is steeped in cultural and religious beliefs but also enhanced by poverty.

A low contraceptive use prevalence of 18% is invariably associated with a high teen pregnancy and with the attendant problem of prolonged obstructed labor and obstetric fistula.[1]

The age range at first marriage for the fistula patients was found to be 14-26 years, the mode being 15 years and the mean 16.7 years. The highest prevalence of fistula was found in women who were pregnant

for the first time. The highest prevalence of fistulae (80%) occurred in the rural community, while75% of fistula cases were from the Mandinka tribe. 70% Of sufferers were married, amongst which some lived with their immediate families while others lived with their husbands and children in the same compound but in different cubicles (huts).[1]

Three delays in the search of health care were associated with the occurrence of fistula in the Gambia. Time before the decision was made to go to the hospital ranged from 5 hours to 40 hours from the start of the labor. Lack of transport or fuel for transportation, distance to the health facility, or lack of financial means for transportation contributed to the second delay. Fistula patients stayed longer in health facilities before they were attended to or were secondarily referred from a non-functional facility.

Fistula repair services in the Gambia are only provided intermittently at the Royal Victoria Teaching Hospital via a UK based NGO called UROLINK. None of the local doctors has special training in fistula repair.

Challenging fistula in Gambia

The following recommendations should improve the occurance of obstetric fistula in the Gambia:

1. Widen the scope and availability of emergency obstetric care.
2. Increase women education/empowerment and urge the community to stop early marriage.
3. Improve referral system for obstetric cases.
4. Improve access to contraceptives.
5. Establish a fistula repair center at the Royal Victorian Teaching Hospital, Banjul.
6. Train more reproductive care professionals.

References

1. World Health Organization. WHO country cooperation strategy 2008-2013 (Gambia). Brazaville: World Health Organization; 2009. Available from: http://www.afro.who.int/en/gambia/country-cooperation-strategy.html