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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](#)).

Background

The number of expected pregnancies in Ethiopia annually is about 2.9 million.¹ According to the national demographic and health survey conducted in 2005, the antenatal care (ANC) coverage in the country was 28% and institutional delivery was 8%.² However, the recent institutional-based ANC coverage has increased to 71%.³

Causes for the fact that few women receive pre-natal services are multiple and include socio-cultural reasons, poor quality of services, poor access to health services, and poor infrastructure factors.^{2, 4}

In Ethiopia, women generally have their first pregnancy early in life. Most Ethiopian women are married by the age of 16 (and therefore, are sexually active) and give birth to at least one child by the age of 19. Moreover, about 85% of the population lives in rural areas where health service is often weak and the infrastructure is very poor. These are basic factors contributing the low provision of maternal and child health services in the country.⁵

Epidemiology of fistula

Each year, 900,000 out of the 2.9 million pregnancies in Ethiopia end up with fistula. Although the real figure is unknown, it had been estimated that about 100,000 fistula patients in rural Ethiopia live without treatment.³

Challenging fistula in Ethiopia

Prevention

Prevention is part of the general socio-behavioral change intervention for maternal health services. Health education is given through different media to the population in order to prevent of fistula and related problems. The community is given education on postponing the age of marriage and delaying childbirth which can significantly reduce the risk of subjecting young women to the obstructed labor that induces fistulas. Traditional birth attendants and health extension workers (HEWs) are given training on obstetric fistula and its prevention. In addition, health posts are equipped with delivery sets to be used by HEWs.¹

The Ministry of Health together with different stakeholders is working to strengthen the referral to and linkage of skilled birth attendance for laboring mothers.³

Training

Pre-placement and in-service training on basic emergency obstetrics is given to middle level health workers from different parts of the country by different stakeholders. Special emphasis is

given to train midwives and offer them a post in health centers. The plan is to employ at least one midwife in each health center. Besides, three universities in the country are training midlevel health workers on emergency obstetrics surgery at masters degree level.

Treatment

There is one big fistula hospital – Hamlin Fistula Ethiopia Hospital, which is located in the capital city: Addis Ababa. This hospital is considered as a center of excellence for capacity building for medical, midwifery, and nursing students. Currently this center has expanded to five more outreach sites in different parts of the country. The number of beds (pre and post operative) of these fistula centers are close to 300 and the plan is to treat 3,000 patients per year at full capacities.⁵

Rehabilitation

Approximately 25% of the women who had obstructed labour need the help of a physiotherapy unit. Nerve damage caused by obstructed labour and contractures is treated by focused physiotherapy care. Physiotherapy can also help to treat incontinence that some 20% of the women develop post-operatively.¹

Conclusion

Despite the current endeavors it seems that lack of treatment of the obstetric fistula will sadly remain a reality for women and young girls currently living with fistula.

References

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