

Niger fights back against 'curse' of fistula

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"I was at death's door. I'd just lost my child who was stillborn and my husband abandoned me," recalls Hadiza Zakaria who suffered a fistula while pregnant—a condition seen as a curse in Niger.

Obstetric fistula is a childbirth injury caused by a complicated labour which can leave victims with chronic incontinence and often results in them becoming social outcasts.

A preventable condition, it affects around a million of the world's poorest women, and is widespread in this west African nation which has the highest birthrate in the world.

"It's a public health problem whose scope is beyond us," says Dr Abdou Amada Traore, who volunteers to help women suffering from the condition he describes as a national "scourge".

The condition arises from a complicated labour where a woman can struggle for days without giving birth, with the pressure of the baby's head cutting off blood supply to delicate tissues, causing a hole to form between the vagina and the bladder or rectum.

Although such complications could be solved by a Caesarian section, for those without access to emergency medical care, the result can be devastating—the baby often dies and the mother develops a fistula which causes urinary or rectal incontinence.

One of the groups at the heart of the struggle is Dimol, a local NGO

which is dedicated to the prevention of fistula, to treating the victims and to helping them be reintegrate back into society.

Funded entirely from donations, the charity helps around 60 women a year at its centre in Niger's capital, Niamey, helping them both prepare for and recover from corrective surgery.

Although an obstetric fistula is treatable through surgery, the social ostracism often takes much longer to heal.

'Seen as a curse'

Once a housewife in a remote village, Zakaria, 48, now makes a living selling 'boule', a traditional grainy porridge-like dish which she prepares.

She is a frequent visitor to Dimol where she offers support to younger women, telling them her story of complications in labour which resulted in her losing the baby.

She ended up with urinary incontinence and her husband left her. Eventually, she found help through Dimol where she underwent surgery and started rebuilding her life.

"One of the problems with a fistula is that it's often seen as a curse," explains Imorou Nafissatou, who works with the charity.

"Because of the smell, people believe the woman's being punished, that it's witchcraft or that she's committed adultery... She's often shunned and rejected. She herself doesn't understand what's happening to her."

Often the women become depressed and can even develop dementia, she says.

Some 20 veiled women and a gaggle of children live in the small house run by Dimol on the outskirts of Niamey, where a teacher regularly visits to give them basic literacy classes.

They also work on old pedal sewing machines.

"That's part of their treatment—it forces them to move their legs and get the blood circulating," explains Dimol's Sana Ousmane.

Children giving birth

A "social disease", the condition is symptomatic of "poverty and often a consequence of teenage marriage," Nafissatou explains.

In Niger, one of the world's poorest countries, young women in rural areas often go without pre-natal consultations, says Dimol founder Salamatou Traore.

Girls also marry very young, often giving birth before their bodies are ready for it, with UN figures showing one in three girls in Niger are married off before age 15 and three quarters before the age of 18.

"We sometimes have girls who give birth without having had their periods—children of 12."

The result?

"We have very young girls [giving birth](#) who are not morphologically or anatomically ready to do so," says Dr Abdou.

"I often say that ending up with fistula is lucky. Often they die," he says.

Reintegration is key

One of the victims is 16-year-old Hadjura Zerifili, who was married at 12 and lost her baby several months ago.

"At the start, I was ashamed (at becoming incontinent). My parents initially thought I was doing it on purpose but later they understood," she says.

"All I want is to have my health back. Since I arrived here I feel better. I see other women here and that reassures me," the teenager says.

Maimouna Moukaila Salman, 20, is all smiles. She has been through her surgery and is now getting ready to be "reintegrated" into her village.

"I am cured. I want to go home to my husband," she says.

But first, she will have to spend several months with her family to allow the scars to heal before heading home.

Reintegration is very important, Traore says.

"We hold a ceremony which allows us to pass on a message to other women who might have a fistula to show that they can be healed," she says.

"The [women](#) who return are much more fulfilled," she says.

"They have more self-confidence and they can serve as an example."

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