

Addressing Fistula in Bangladesh Stories of Survival, and Hope

October 2006

Kareema

Kareema is 30 years old. She has traveled from another district to the Kumudini Hospital, in central Bangladesh, because she heard they are doing fistula repair surgeries at the facility. Kumudini is one of three private-sector hospitals in Bangladesh where the ACQUIRE Project is supporting fistula prevention, management, and repair.

Kareema got married when she was 15 and became pregnant when she was 18. Her delivery was difficult; she was in labor for two days at home, under the care of a traditional birth attendant. She was eventually taken to a local hospital, where she delivered, but her child did not survive.



Kareema, pre-operative fistula client

Because of the long labor, she developed a fistula, or a hole between her vagina and her bladder.



Kumudini Hospital

Kareema's story is not unlike those of many women who come to the hospital for fistula repair. An estimated 90% of women in Bangladesh deliver at home, and as a result they are prone to developing obstetric fistula, the result of prolonged and obstructed labor. When women deliver at home, often without even skilled birth attendants, they lack the medical attention and services (such as a cesarean section) that could prevent a fistula from occurring.

Women who do develop fistula are left incontinent and often susceptible to social stigma and shame.

Kareema has suffered from both the physical and social ramifications of fistula for many years. Her husband is an agricultural day laborer. She says he is her "biggest strength." But she says her in-laws do not treat her well; the stigma she faces from fistula has caused her to miss out on many social occasions and events.

After developing a fistula following her first delivery, Kareema was advised by her doctor not to become pregnant again. Taking her doctor's advice, she used contraception after this. But after several years, she became pregnant. Again, she was in labor for several days at home, before being taken to the hospital. At the facility, they performed a cesarean section, but unfortunately the baby did not survive. This time, she had to stay at the hospital for more than one month to recover.

Following this pregnancy, she took the pill for four years, but then stopped. She then became pregnant again. But there was a faint silver lining for Kareema this time around. For her delivery, her husband took her straight to the hospital. Fortunately, the baby boy survived, and he is now 9 years old.

Kareema's husband recently decided to get a vasectomy. As for Kareema, there is no guarantee that her fistula repair surgery will be 100% successful, but she is waiting and hopeful.

Reshmi

Forty-four-year-old Reshmi, who lives in the vicinity of Kumudini Hospital, recently had fistula repair surgery and is now in recovery. Like many women in Bangladesh, Reshmi married when she was a teenager and became pregnant soon after.

Reshmi has three living children; her eldest is 18, and her youngest is 8. She has had both normal and difficult deliveries and has lost two babies. During her third delivery, Reshmi developed a fistula—she was delivering at home and went through a long labor. Unfortunately, the baby did not survive.

Reshmi, like many other women who have fistula, has been suffering from the condition for many years, not knowing about treatment or having access to it. But she heard about the availability of fistula repair surgery from a female welfare assistant, a community-based female health worker who goes door-to-door and provides basic family planning information and services.



Kareema and other pre-operative fistula clients

The word is now spreading that treatment is possible, in most cases, through repair surgery. In early summer 2006, ACQUIRE conducted the first of a number of orientation sessions, informing government health officers and family planning workers about fistula treatment and prevention so they can incorporate such messages in their outreach. Since the opening of the fistula units at three private-sector hospitals, ACQUIRE-trained community outreach workers have been referring an increased number of women for repair services to each of the sites. At the same time, ACQUIRE has been training providers in fistula repair, as well as in related clinical and counseling skills.

By supporting fistula repair services and at the same time increasing community awareness of fistula treatment and prevention, ACQUIRE hopes to ease the burdens of fistula faced by Reshmi and Kareema and by the many women like them.

Photo credit: Nicole Rajani



the **ACQUIRE** project