



**An African mother's agony: TANZANIA: The nightmare of obstetric fistula is unheard of in Canada, but in this country it takes a devastating toll. This is Part 3 of [redacted] report from Africa, which she visited earlier this year on a CIDA-sponsored Jack Webster fellowship**

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DAR ES SALAAM, Tanzania - After two days, Asha's labour grew so painful her parents could no longer bear to watch. They accompanied their 17-year-old daughter to the nearest dispensary, where it was declared nothing could be done.

"Go to the district hospital," the family were instructed.

But at the district hospital, there was no physician. They were told to go to the regional hospital.

There, on the third day, Asha's dead baby was extracted by assisted delivery.

Asha, who asked that her real name not be used in this story, collapsed into unconsciousness soon afterward and, back in her home village, remained that way for seven days. When she finally awoke on the eighth day, she found herself soaking in urine and feces.

Weeks passed and nothing changed. The would-be mother continued to stink, urine and feces trickling out of her unabated.

Millions of women in sub-Saharan Africa have had this experience.

Obstetric fistula, a serious medical condition, was eradicated in North America and Europe 100 years ago. But an estimated two million women continue to live with it in Africa and South Asia, with an additional 50,000 to 100,000 new cases every year -- an estimate that is almost certainly too low, according to the United Nations Population Fund (UNFPA).

The last global study on the condition was carried out 17 years ago by the World Health Organization.

Obstetric fistula usually arises during obstructed labour in women of slight build. The baby's head gets lodged in the mother's narrow birth canal and the pressure against the pelvis cuts off blood to the surrounding tissue. Eventually, the tissue around the rectum, vagina and bladder dies off, creating a fistula, or hole.

The baby is stillborn; in many cases, it is able to pass through the pelvic area only because the dead fetus has shrunk.

Now mourning the death of her child, the mother is left utterly incontinent as well. The offensive smell leaves her

IMAGES



Maria Msanya, For the Province  
Dr. Janis Perialis, a doctor who performs surgery to correct obstetric fistula in Tanzania, visits patient Asha (not her real name) at CCBRT Hospital in Dar es Salaam. (FPinfomart: Restricted, Canada.com: Restricted)



Maria Msanya, For the Province  
A group of recovering patients relax outside the fistula ward at CCBRT Hospital after their surgery. (FPinfomart: Restricted, Canada.com: Restricted)



Maria Msanya, For the Province  
Zena (not her real name) is one of the lucky patients at CCBRT Hospital -- she was able to have a child after obstetric fistula and, in late February, finally got her corrective surgery as well. (FPinfomart: Restricted, Canada.com: Restricted)

ostracized by society and often deserted by her husband.

"This is a disease for poor people," says Dr. Janis Perialis, one of about 20 doctors in Tanzania trained to perform fistula repairs. "If you are rich, you don't get obstetric fistula. The explanation is very easy: If you go to the hospital and you get help and get a Caesarean section, you don't get fistula."

Perialis, a 55-year-old plastic surgeon with a gentle demeanour and quick wit, left his native Greece 20 years ago for Tanzania. He began doing fistula repairs in 1985.

At CCBRT Hospital, a private hospital whose major donors are Canadians through the Christian Blind Mission Canada, Perialis examines up to 400 fistula patients every year and does about 170 surgeries.

While the hospital is situated in Dar es Salaam, a heaving, coastal city filled with equal parts Arabic, Indian and European influences, most patients come from rural Tanzania.

Many are too poor to travel so, twice a year, Perialis goes to the south of the country, where a hospital rounds up fistula patients who eagerly await his arrival.

"You cannot train enough people," says Perialis. "There are so many women waiting that you cannot have enough people trained."

The problem is widespread throughout sub-Saharan Africa. In Rwanda, there are only two local doctors and several visiting doctors who perform fistula repairs. In Mozambique, a country of 17 million, there are only three doctors who consistently perform repairs, according to UNFPA.

Compounding the lack of resources is the \$353 price tag for surgery -- a grossly expensive amount for a country like Tanzania, where 60 per cent of the population survives on less than \$2.35 a day.

As a solution, some women dehydrate themselves by drinking as little as possible to stop the leaking.

Twenty-year-old Asha, a bubbly character who began working as a "house girl" cleaning the home of a wealthy family at 15, says her boss paid for her trip to the hospital and a portion of the surgery cost.

The rest of the tab was picked up by the hospital, which works on a sliding scale where the poor pay only what they can afford, which in 40 per cent of cases is nothing.

Many of the girls and women are so grateful, though, that they often come back months, even years later to pay back what they can.

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Outside the fistula ward packed with 25 beds, women and girls take refuge from the near-40-degree heat in the open-air corridors. While freshly washed kangas (sarongs) drip dry in the courtyard, women laze about on the cool, concrete floor, playing cards and chatting in Swahili.

For most patients, the healing begins almost as soon as they arrive at the metal gates of the perfectly manicured grounds of CCBRT Hospital.

"For many of them, they think they are the only ones in the world who have this condition," says Perialis. "You see how they change mentally, psychologically when they come into the ward and there are so many women like them."

After surgery, the women continue to walk awkwardly, toting bright yellow and purple buckets to empty their urinary catheters.

Resting on her bed after surgery, Zena says she can't wait to go home.

The 22-year-old mother belongs to the nomadic Masai tribe, considered one of East Africa's most recognizable tribes, famed for cultivating fierce warriors.

Zena (not her real name) has been living with fistula for three years. She remembers well how it began.

After struggling for three days, she finally travelled to a hospital and delivered "when the baby had already died."

In the midst of her grief, she found herself sitting in a puddle of urine.

"The doctor said, 'We cannot do anything for you,'" Zena recalls softly, above the whir of the fan. "The doctor said there was another hospital where I could get repaired, but I didn't have the money to go. It was more than six hours away."

Back at home, Zena's husband left her because of the smell.

She later remarried, to a man who "didn't mind the leaking," and successfully gave birth to a baby boy last September. But the young mother kept hoping a visiting doctor might one day reach her village.

Finally, in late February, CCBRT Hospital dispatched a bus to pick up fistula patients in rural villages as part of their outreach work made possible with donations from pharmaceutical giant Johnson & Johnson. The bus gathered dozens of patients, passing through the Morogoro region 180 kilometres inland, where Zena lives.

Three weeks after surgery, Zena was sent home. A picture of her now joins the many snapshots of women on the walls of the ward, each representing a small victory.

Perialis remembers one patient well -- "a champion," he says. She was 65 years old when she walked through his doors last year; she had waited 42 years for surgery.

"I don't think we as western people have the strength to overcome what they go through," says Perialis. "You never hear them complain."

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Maggie Bangser of the Dar es Salaam-based Women's Dignity Project sees obstetric fistula as a "profound reflection in a single condition of a very large problem -- and that basically is the issue of health equity."

A New Yorker who arrived in Tanzania in 1992 after a decade of working throughout Asia and Africa in reproductive health, Bangser says fistula has continued because safe motherhood has not been prioritized despite decades of rhetoric.

"As long as women have to pay beyond their means or at all for maternity care, as long as women do not have decision-making powers to decide to go to the hospital when they're in labour, as long as the facility is too far and inaccessible, as long as when they get there there's no trained provider and he doesn't have the equipment to help her, fistula's going to continue."

In Tanzania, a country of 36 million, annual health expenditure is about \$7 per capita, so it's not surprising that women don't bother delivering in hospitals, says Bangser.

But the Tanzanian government is now seen as being at the forefront of countries addressing fistula. Last year, the Ministry of Health designated \$117,800 for fistula treatment and prevention. It is a small number, but given the competing demands on their budget, it is a promising sign.

Internationally, fistula is now finally getting the attention it deserves. A global campaign to end it was launched in 2003 by the UNFPA, currently covering some 30 countries in sub-Saharan Africa, South Asia and the Arab region.

It is an ambitious agenda, one that will not take not only political will but also millions of dollars and an army of advocates like Bangser and doctors like Perialis who believe their work won't be over until there are no more women who need to be repaired.

But it is doable, Perialis insists.

"It has been eradicated in other countries," he says. "Why not here?"

lsin@png.canwest.com

## FIGHTING FISTULA

In 1857, the world's first fistula hospital opened in New York on the site of what is now the Waldorf-Astoria hotel.

The last surgery there was performed in 1895. With no more women left to be repaired, the hospital closed its doors shortly thereafter.

But the world's poor would have to wait another 106 years before developed nations would take notice of the ongoing plight of women living with fistula.

In 2001, health experts convened in London to develop the first international response. A strategy was hashed out by 60 experts a year later to combat the problem in Africa.

Advocate Maggie Bangser of the Women's Dignity Project gets straight to the point when asked what people can do: "If you want to change a woman's life, give me \$300 US and we'll give it directly to a hospital providing repairs and they will do an operation and I guarantee you that woman's life will be changed."

For more information, visit:

n [www.endfistula.org](http://www.endfistula.org)

n [www.womensdignity.org](http://www.womensdignity.org)

n [www.fistulafoundation.org](http://www.fistulafoundation.org)

n [www.ccbtr.or.tz](http://www.ccbtr.or.tz). Click on the "Disability Hospital" tab on the left, then click on "VVF," which stands for vesico-vaginal fistula.

**Illustration:**

- Colour Photo: Maria Msanya, For the Province / Dr. Janis Perialis, a doctor who performs surgery to correct obstetric fistula in Tanzania, visits patient Asha (not her real name) at CCBRT Hospital in Dar es Salaam.
- Colour Photo: Maria Msanya, For the Province / A group of recovering patients relax outside the fistula ward at CCBRT Hospital after their surgery.
- Colour Photo: Maria Msanya, For the Province / Zena (not her real name) is one of the lucky patients at CCBRT Hospital -- she was able to have a child after obstetric fistula and, in late February, finally got her corrective surgery as well.

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