

Remote and landlocked, Chad is emerging from 30 years of conflict and political instability and faces daunting health challenges. The country has one of the highest maternal mortality rates in the world. By age 17, 40 per cent of women have had at least one child or are pregnant. Some women are forced into early marriage to reduce the chance they will dishonour the family by becoming sexually active before marriage. Eighty-eight per cent of deliveries occur in the home, 7 per cent without any assistance at all. Few couples use or have access to modern contraceptives.

Chad reports 241 cases of fistula a year, but this number is probably an underestimate given other health indicators. As word of treatment spreads, countering the prevailing idea that the condition is untreatable, more women tend to emerge to seek care.

A complex picture of fistula in Chad emerged from visits to the two major hospitals where treatment is offered, as well as from interviews with women awaiting surgery, surgeons and health officials. Women between the ages of 15 and 20

comprise the majority of fistula cases. Many reported being married at 13, with some stating they had been married as young as age nine.

A shroud of shame surrounds fistula. Single women who develop fistula often view the condition as some kind of punishment for their “mistake” and married women with fistula may be accused of infidelity. Traditional healers may reinforce certain beliefs, for example, that prolonged labour requires a confession of sexual infidelity. Often, the healers will perform rituals to rid the women of their suffering and charge a significant price for the service.

Many women fear hospitals and are reluctant to discuss health issues with men. They tend to rely on traditional birth attendants, who have not had the benefit of clinical training and therefore use methods which may prove dangerous when handling obstructed labour. For example, if the baby has presented in a breech position and the attendant cannot feel its head, she might, with the assistance of another unskilled helper, shake a woman up and down by her ankles to shift the baby’s orientation in the womb. Such practices potentially jeopardize the woman’s health. Women’s fear of hospitals is not unfounded, however, since many arrive at hospitals when a complication has already grown severe, and many facilities are understaffed and unable to meet the demand for care.

The report prepared by UNFPA and EngenderHealth highlighted the following critical needs:

GREATER AWARENESS FOR PREVENTION

Ministry of Health officials, who were previously unaware of the severity of the fistula problem, now recognize the need for heightened awareness at both the policy and community level. The involvement of local leaders, parents and district level officials will

SELECTED DEMOGRAPHIC INDICATORS

Total population (in millions)	8.4
Total fertility rate (2000-2005)	6.65
Births per 1,000 women aged 15-19	195
Maternal mortality ratio (deaths per 100,000 live births)	1,500
Infant mortality per 1,000 live births	116
Per cent births with skilled attendants	16
Contraceptive prevalence rate (any/modern method) (%)	8/2
Secondary school enrolment (M/F)	17/4
HIV prevalence (M/F) (%)	2.38/4.28

Source: UNFPA State of World Population, 2002

be valuable in this regard. Although Chadian women face gross inequities, the Government recently tried to enhance the protection of reproductive health rights with a new law declaring practices such as forced marriage and female genital mutilation illegal and punishable by fines of approximately \$725 USD (compared to a per capita income of \$230 USD). Such a law could be a step toward securing women's human rights and could potentially lower the prevalence of fistula in the country.

● MORE TRAINED PROVIDERS

More trained providers at all levels are urgently needed. Only two physicians in the country have received advanced technical training in fistula repair. Skilled female health-care workers are also needed, especially in rural areas where women appear to be especially reluctant to talk about health issues with or be treated by men.

● BETTER EQUIPMENT AND SUPPLIES

Hospitals are in dire need of equipment and supplies. At one hospital, doctors have a laboratory, but lack supplies to perform routine blood counts or test for sexually transmitted infections before surgery. Doctors often pay for equipment themselves. Instead of beds in fistula recovery wards, in one hospital only hard cardboard mats are available.

● IMPROVED TRANSPORTATION

Transportation is difficult, time-consuming and expensive in this vast country, which is three times the size of California. There are only a few hundred miles of paved roads and most women seeking fistula treatment arrive at hospitals by donkey or camel.

Of all the women who have come to Liberty Hospital for fistula surgery, only one was reported to have been accompanied by her husband. He cared for her while she was a client and later took her home and continued to look after her throughout her recovery period.

● INCREASED SUPPORT SERVICES

While some support services exist, more needs to be done to help women reintegrate into their communities. At Liberty Hospital, patients are given \$60 to help them get back on their feet, but the money is typically used for food during the hospital stay or for transportation home. Women who are treated for fistula are counselled to have subsequent deliveries by Caesarean section and may be given some exercises to strengthen their urinary muscles and hasten recovery.

recognizing the needs in

chad