

Reproductive health in Malawi is framed by uniform poverty. Visits to six fistula repair sites suggest that obstetric fistula is a large and growing problem, exacerbated by poverty and famine. However, the issue has not been visible on the national policy front—perhaps masked by other urgent conditions, such as hunger and the spread of HIV/AIDS.

Some health indicators in the country have shown improvement. Contraceptive prevalence for modern methods has more than tripled since 1992. The percentage of attended births delivered within a facility is significantly higher than in neighbouring countries, and most women also seek prenatal care. However, maternal mortality is high and increasing, perhaps because HIV prevalence is so high among women aged 15 to 24. A number of cultural practices, including early marriage or sexual initiation, increase the likelihood of fistula.

A government-backed Safe Motherhood programme has reportedly established village committees on safe motherhood, organized transportation plans and provided training

to traditional birth attendants so that they can recognize signs of obstructed labour and act efficiently to get a woman to a facility. Telephones and radios have been installed in some health centres to communicate with the referral hospital and request ambulance transport for women in distress.

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

● INCREASED AWARENESS

Some fistula repair centres are reluctant to advertise their services for fear of being overwhelmed by requests. Nevertheless, fistula is not widely regarded as an urgent problem at the policy level. As a way to increase awareness of the issue, health management information systems could be used to capture fistula information at the national level.

● GREATER EFFORTS TOWARDS PREVENTION

Over 90 per cent of pregnant women in Malawi are estimated to have had some type of prenatal care. These visits are an opportune time for providers to offer information on the potential complications of childbirth and the importance of emergency obstetric care. Giving culturally appropriate information to community members about the potential harm of early marriage and other common traditional practices might also dispel false perceptions about obstructed labour.

● MORE TRAINED PROVIDERS

A collegial network among doctors, medical officers and nursing staff has contributed to good surgical outcomes, and Zomba Central Hospital is an ideal candidate to become a national or regional fistula repair training centre. In Malawi, trained medical

SELECTED DEMOGRAPHIC INDICATORS

Total population (in millions)	11.8
Total fertility rate (2000-2005)	6.34
Births per 1,000 women aged 15-19	152
Maternal mortality ratio (deaths per 100,000 live births)	580
Infant mortality per 1,000 live births	130
Per cent births with skilled attendants	56
Contraceptive prevalence rate (any/modern method) (%)	31/26
Secondary school enrolment (M/F)	n/a
HIV prevalence (M/F) (%)	6.35/14.89

Source: UNFPA State of World Population, 2002

officers can also perform fistula repair. However, nurses are in such short supply that a number of health centres were forced to close and a brand new, fully equipped health centre has not been able to open. Some 1,800 nurses in the country are not working as nurses due to low pay and poor working conditions. Nurses are in charge of as many as 140 patients per ward. Not surprisingly, the quality of care is compromised.

GENDER EQUITY

Pervasive gender inequities sometimes prevent women's access to transportation and emergency obstetric care. Decisions about when and where to seek care are usually made by an uncle (or, occasionally, by the husband); without their input, a woman would be unlikely to seek care on her own.

In some parts of the country, if a woman has a prolonged labour, she is assumed to have had other sexual partners, and must shout them out in order for the baby to be "released" through the birth canal. In some communities, the husband is also expected to name his other partners. One reason cited for women not delivering at facilities is that it would appear that she is anticipating a difficult delivery—thus labelling herself guilty even before she experiences prolonged labour.

recognizing the needs in

malawi