

This landlocked, mostly desert country, has a predominantly rural—or nomadic—and illiterate population. These factors present serious challenges to the improvement of reproductive health. Women of Niger have the highest fertility rate in the world. Entrenched traditions sometimes prevent women from leaving their homes, which may explain why more than 80 per cent deliver at home and only 30 per cent seek prenatal care. The Caesarean section rate is just 2 per cent, suggesting that many women who need the procedure to relieve obstructed labour do not receive it.

Early marriage—on average by age 15, but sometimes as early as 9—is a critical risk factor for developing fistula. A range of other traditional practices—including widespread female genital mutilation—contribute to making fistula common in Niger. In some parts of the country, a tradition of giving women water to drink to expel the baby during labour can lead to fistula, because the baby's head pushes against a full bladder. Older women sometimes develop fistulas because their numerous

pregnancies weaken the uterus.

Five sites in the country offer fistula repair, but only six surgeons are known to have specialized training. Many women are referred to the capital, Niamey, for surgery and become part of the sizeable backlog in treatment. In the city's National Hospital, 47 women, some of whom have been waiting for more than 10 years for repair surgery, are living in one of the facility's pavilions. Most are unable to afford surgery. Fortunately, plans are underway to build a new fistula repair centre with private funding to ensure that these women who have waited so long are treated. An integrated national programme to prevent fistula is desperately needed to stem the tide of new cases.

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

#### **MORE TRAINED PROVIDERS**

More surgeons with specialized training are urgently needed to meet the high demand for care. Less specialized health care workers skilled in emergency obstetric care are also critically needed to handle complicated deliveries and perform simple fistula repairs in remote areas. Staffing shortages undermine the ability of hospitals and local health units to provide quality care. Several well-equipped hospitals that were constructed over the last decade have been unable to maintain well-trained staff since they are located in remote desert areas.

#### **ADDITIONAL SUPPORT SERVICES**

Caesarean sections for women who have been treated for fistula and become pregnant are paid for by the Government. Support services are needed to help those women who cannot return to their husbands.

#### **SELECTED DEMOGRAPHIC INDICATORS**

Total population (in millions)	11.6
Total fertility rate (2000-2005)	8.00
Births per 1,000 women aged 15-19	233
Maternal mortality ratio (deaths per 100,000 live births)	920
Infant mortality per 1,000 live births	126
Per cent births with skilled attendants	16
Contraceptive prevalence rate (any/modern method) (%)	14/4
Secondary school enrolment (M/F)	9/5
HIV prevalence (M/F) (%)	n/a

Source: UNFPA State of World Population, 2002

Most are illiterate and lack skills for employment. Some turn to commercial sex work once their fistula is healed as a way to earn an income. This situation is of particular concern in crossroads cities, such as Dirkou in the northern Sahara, which is frequented by business travellers from various countries with high HIV/AIDS prevalence rates.

### ● GREATER AWARENESS

Currently, there is no community level awareness of the importance of caring for pregnant women. Very young women are often embarrassed about their condition and resort to staying home instead of consulting health professionals for prenatal recommendations. A widespread campaign is needed at the community level to offer information on maternal health, such as the risk of traditional practices, the potential complications of childbirth, the importance of obtaining emergency obstetric care and various options for fistula treatment. This type of advocacy needs to be aimed at village chiefs, religious leaders and traditional birth attendants—some of whom believe prolonged labour is not problematic until after two or three days have passed—as well as pregnant women and their families.

### ● EMPOWERMENT OF WOMEN

In some cases, women in Niger are cloistered at home, subordinated to men and generally disenfranchised in terms of their basic human rights. A variety of organizations are attempting to improve the situation, beginning by prohibiting early marriage and female genital mutilation and encouraging schooling for girls.

*Of the women who received fistula surgery in 2001, 22 per cent had also experienced some form of female genital mutilation.*

*Profiles of women who were treated at the Niamey National Hospital were strikingly similar. Eighty-eight per cent were married at age 16 and became pregnant at age 18.*

*Most were accompanied by their mothers, never their husbands.*

### ● IMPROVED TRANSPORTATION

Women often hitchhike or travel by wagon or donkey to reach hospitals. If they manage to find an ambulance, they are required to pay for gas. District hospitals urgently need more vehicles and a better radio network to handle referrals.

recognizing the needs in

niger

