

With an estimated 120 million citizens, Nigeria is Africa's most populous country. Its citizens, however, come from diverse backgrounds and live in sharply different cultures. Visits to 11 facilities around the country produced a complex picture of the frequency, prevention and treatment of fistula, with significant differences noted between the situation in the north and in the south. The wide range of estimates of women living with the condition—from 100,000 to a million—underscores the difficulty in assessing the scope of the problem.

The Government has created a national task force on obstetric fistula and supported initiatives to train nurses and surgeons, gather data about fistula and rehabilitate and reintegrate fistula patients back into the community. It is also working to advocate for women's rights and create community awareness programmes. Despite this political support, the situation is serious and getting more critical.

About 58 per cent of Nigerian women deliver at home, 11 per cent without any assistance. However, even women who deliver in medical facilities,

especially in private nursing homes, may experience poor outcomes. Some fistulas reportedly occur in facilities, as noted in other countries.

The majority of women in the country who develop fistula do so at a young age, most often in conjunction with their first vaginal delivery, with stillbirth a common result. They are usually poor, of small stature and unmarried. Others get divorced or separated as soon as their husbands realize that their condition is complicated, lingering and costly to treat. However, a new picture is emerging, especially in the southern regions of the country: more and more married women aged 25 to 45, who have had previously successful vaginal deliveries, are developing fistula. It is unclear why this is occurring, but it may be that, since subsequent babies tend to be heavier, mothers are more vulnerable to obstructed labour. These women tend to stay married to and cared for by their husbands. In fact, at a few facilities, hostels have been set up so that men can give assistance and comfort to their wives.

Women who are treated for fistula are usually advised to get a Caesarean section for their next delivery. However, particularly in northern states, some women will have successful fistula surgery, but not return for delivery in a hospital, and suffer another fistula. More than 5 per cent of fistula cases at one northern site are reported to be recurrences, often among women who have access to hospitals. The need for women to seek approval from their husbands before obtaining medical care could be one factor. The overwhelming cultural preference for giving birth at home (especially for the first baby), coupled with a strong dislike of delivery by Caesarean section, could be another.

SELECTED DEMOGRAPHIC INDICATORS

Total population (in millions)	120.0
Total fertility rate (2000-2005)	5.42
Births per 1,000 women aged 15-19	104
Maternal mortality ratio (deaths per 100,000 live births)	1,100
Infant mortality per 1,000 live births	79
Per cent births with skilled attendants	42
Contraceptive prevalence rate (any/modern method) (%)	15/9
Secondary school enrolment (M/F)	n/a
HIV prevalence (M/F) (%)	2.99/5.83

Source: UNFPA State of World Population, 2002

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

MORE TRAINED PROVIDERS

Training of all levels of staff providing fistula services should be increased. A huge number of women need surgery, but the lack of trained local providers, coupled with a shortage of medical supplies, undermines the ability of facilities to provide quality care. Training should cover both technical and counselling issues, with an emphasis on handling clients. Many patients have sustained psychological as well as physical trauma and need to be treated with sensitivity and compassion. Some sites also need protocols for infection prevention. Nigeria has several facilities that could potentially serve as training centres.

MORE EFFICIENT REFERRAL SYSTEMS

Well-trained midwives can provide a high quality of care at the community level during pregnancy and can assist women who choose to deliver at home. However, these providers need access to more efficient referral systems if emergencies arise. Providing them with adequate salaries and equipment is critical.

GREATER AWARENESS OF HOW TO PREVENT FISTULA

Communication campaigns should be launched, using radio programming in local languages. Campaigns should take advantage of traditional leadership structures to raise awareness about the links between poorly managed deliveries, harmful cultural practices and fistula.

INTEGRATED SUPPORT SERVICES

Fistula treatment sites should include counselling on HIV/AIDS and contraception, since information on these key reproductive health issues is not well

A number of cultural practices increase the likelihood of fistula. In some parts of the country, women are choosing to give birth in churches. Although the care they receive is unskilled, they believe that in church they will be protected from “spiritual attacks” by evil forces or witchcraft enacted by jealous or wicked neighbours. Female genital mutilation, especially the gishiri cut (which cuts the vagina rather than the vulva), may put women at risk for fistula if the blade ends up in the bladder or rectum or if the ensuing scar tissue tears during childbirth. Traditions of early marriage and pregnancy also put women at risk of fistula. In some communities, it is taboo for a girl to reach menarche in her mother’s house—it is seen as imperative that she be married off before this event occurs. This increases the likelihood of a girl getting pregnant before she is physically mature.

integrated into treatment. Special efforts should be made to offer voluntary counselling and testing for all. However, this may prove difficult, as the stigma surrounding HIV in Nigeria is enormous. Providers noted that men might not want their wives to have access to prenatal or delivery care because they fear that the women will be screened for HIV.

recognizing the needs in

nigeria

