Objectives

- Learn about women’s health issues in Niger and India
- Discuss the similarities and differences between their circumstances
- Discuss prevention for maternal mortality and ‘near misses’
Women With Obstetric Fistula

NIAMEY, NIGER
Maternal Health in Niger

<table>
<thead>
<tr>
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<th>Percentage</th>
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<tbody>
<tr>
<td>Fertility Rate (highest in the world)</td>
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<tr>
<td>Maternal Mortality Rate (2nd highest)</td>
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<td>&lt;5 child mortality rate</td>
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<td>% of women who deliver without a skilled birth attendant</td>
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<td>% of lowest wealth quintile attended by skilled birth attendant</td>
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<td>Skilled birth attendance – Urban</td>
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<td>Skilled birth attendance – Rural</td>
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<td>Cesarean-section rate</td>
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Maternal Mortality

- One woman dies from pregnancy/childbirth every minute
- During that minute, 20 suffer from injury, infection, and disease related to pregnancy and childbirth
- ‘Near Miss’:
  - when a pregnant woman comes close to death but does not die

What is Obstetric Fistula
Epidemiology of Obstetric Fistula

- Estimated to affect **2 mil** women
- **75,000 – 100,000** new cases per year
- Widespread in Africa and South Asia
- Studies have found that **99%** of women undergoing fistula repair were illiterate

“The existence of obstetric fistula speaks to the real societal and institutional neglect of women.”
— (Cook, Dickens, and Syed, 2004)

Dimol – ‘Dignity’

- Begun in 1998 by Salam Tou Traore
  - *Sage-femme* for 40 years
- Objectives:
  - Prevent OF
  - Care for those that suffer OF
  - Social reintegration of survivors
**Reflections of the OF in Niger**

- Most fistula happened in the 1st pregnancy
- Most labor was 2-3 days
- Half of women began labor at home
- All of the newborns were stillborn or died within 2 days of delivery.

> “When you get pregnant, you don’t have to be happy. You can die. So one foot in, one foot out [of the grave]. I was really unhappy all the time thinking about that.”

**Psychological Outcomes**

- Depression
- Shame
- Loneliness
- Feeling devalued as a woman
- Wanting to end their lives

> “I was crying all the time. I couldn’t sit with people. Even if they asked me to come, I didn’t want too.”

> “When I got the problem [fistula], I wanted to kill myself, but people would not help me.”
Social Outcomes

“My father didn’t do anything to help me. That’s the tradition. The first child in our tradition, you don’t have to show that you love...My own father didn’t take care of me...no one in the village.”

“My husband threw me out of his home, telling me that he would never share his bed with a women who smelled so badly.”

“People ran away from me, I no longer had any friends.”

Case Study: Rahira

“I can’t even stay in front of the house, because the smell is bad. I cannot eat, I cannot do anything. I cried all the time. If there is anything [food], they give it to the animals.”
Case Study: Hadjara

“My marriage was arranged, and I was afraid because I had no idea of what it was to be married.”

Case Study: Kadidja

“Hey you have to be careful, it is not easy giving birth.....Do you think you know better than the midwife?”
Repair of Fistula

- **80-90%** of women with OF can potentially be cured by simple vaginal surgery

- At the current capacity of repair:
  - **400 years** to repair the backlog of patients.

Prevention of Fistula

“In an unequal world, these women are the most unequal among unequals”

What do you think would prevent Obstetric fistula?
The Comprehensive Rural Health Project

JAMKHED, INDIA
Jamkhed, India

- 300 Villages
- 500,000 population
- 45 Full-Project Villages

WHO is CRHP?

- 80% of health problems are preventable through simple methods and interventions
- Philosophy founded on human rights and community participation
Mission of CRHP

- Equity
  - Relevant and appropriate health care for all
  - Meet needs at their doorsteps
  - Deal with root causes

- Integration
  - All activities should be integrated
  - Non-medical interventions are most effective
  - Holistic health
  - Team with local communities

- Empowerment
  - Organize women and other marginalized groups
  - Increase awareness
  - Improve self-confidence
  - Promote value based activities
  - Caring communities that promote reconciliation and peace

The Jamkhed Model

- Jamkhed Hospital
- Mobile Health Clinic
- Village Health Worker
Village Health Worker

- Selected by her community
- Primary role is to freely share her knowledge with everyone in her community
Mobile Health Team

Tertiary Hospital
Other Programs

- Mahila Vikas Mandal

- Farmers Clubs
  - Watershed Development
  - Tube Wells
  - Soak Pits

Jamkhed Projects Continued

- Adolescent Girls Program

- Child Development Program
Impact of the Program

- 56% of births in program villages are attended by a health worker

- MM
  - 700/100,000 (1970), 70/100,000 today
  - 450/100,000 (India, today)

Infant Mortality Rate

- Infant Mortality:
  - 24/1000 today
  - 58/1000 (India)
Prenatal Care

- Prenatal Care:
  - Less than 1% in 1970
  - 99% today

Safe Delivery
Family Planning

Infectious Disease

Incidences of Leprosy
Infectious Disease

Incidences of Tuberculosis

Community Involvement

- Where other community initiatives have failed
- Educate villagers to recognize their own health problems
- Has changed the perception of women in their villages
WHAT IS THE DIFFERENCE BETWEEN NIGER AND JAMKHED?

WHAT ISSUES DID YOU NOTICE?

Discussion

Niger

- Poor and rural
- Undervalue women and girls
- No access to trained health attendants
- Cultural differences
  - Niger women give birth alone, without sound
- Only treating ‘symptoms’

Jamkhed

- Poor and rural
- Undervalue women and girls
  - But changing
- Trained health attendants in community
- Dealing with root causes

Difference Between Niger and Jamkhed?