



LIVING WITH  
FISTULA

*The untold stories*



# CONTENTS

Foreword \_\_\_\_\_ 2

Introduction \_\_\_\_\_ 3

Call To Action \_\_\_\_\_ 20

Acknowledgements \_\_\_\_\_ 21



04



06



08



10



12



14



16



18



# FOREWORD

We know it can be prevented and treated, yet through no fault of theirs, thousands of our women continue to be isolated in their communities and suffer alone for trying to give life.

The subject of Obstetric Fistula is a sad, shameful and isolated life of over two million women around the world who today live with fistula. Although the magnitude of obstetric fistulae in Ghana is not quite known the prevalence alone highlights the persistent global inequalities in access to health care and basic human rights. Most women who develop Obstetric Fistula, which is a hole in the birth canal usually caused by prolonged, obstructed labour, remain untreated for their entire lives. The condition can easily recur in women and girls whose Obstetric Fistula have been surgically treated but who receive little or no medical follow-up and then become pregnant again.

UNFPA – United Nations Population Fund launched the campaign to end fistula globally in 2003 but Ghana joined the campaign in 2005. Partnering with a range of stakeholders, Ministry of Health/ Ghana Health Service, Ministry of Gender, Children and Social Protection, NGOs, to mention just a few, UNFPA has tried over the years to prevent the harm, heal the wounds and renew the hopes of affected women.

The organisation believes that tracking fistula and registering women and girls affected by fistula is not about statistics. Behind

the statistics are human stories of women and girls right in our communities who are too ashamed and emotionally broken to seek help. It is our hope that while we work towards restoring the lives of women and girls affected by fistula we will also work hard to prevent it from occurring.

Men, women, families and community leaders need more awareness and involvement regarding their roles and responsibilities in addressing the dangers associated with too early pregnancy and delay in seeking medical care, in preventing child marriage and early childbearing and promoting education, especially for girls. It is imperative to scale up the country's capacities to provide access to equitable, high-quality sexual and reproductive health services, including family planning, maternity care, skilled birth attendance and comprehensive emergency obstetric care, so as to eliminate obstetric fistula.

We all need to take steps to prevent fistula by addressing social and economic inequities. Let us together End the shame, End the isolation and End Fistula.

---

**Babatunde A. Ahonsi**

*UNFPA Representative, Ghana*

*Date 26/11/2014*

# INTRODUCTION

## Healing Wounds, Restoring Hope..

Obstetric fistula is one of the most devastating consequences of unequal access to health care during pregnancy and childbirth. It is estimated that at least 2 million women in Africa, Asia, the Arab region and Latin America are living with the condition, with about 50,000 to 100,000 new cases each year. In areas with high maternal mortality, fistula may occur at a rate of two to three cases per 1,000 pregnancies.

The persistence of this condition is a compelling indication that the health systems in many developing countries are failing to meet the needs of women, especially the poorest and most vulnerable. Poverty, malnutrition, poor health services, early childbearing and gender discrimination are interlinked root causes of obstetric fistula. Poverty is the main social risk factor because it is associated with early marriage and malnutrition, and it reduces a woman's chances of getting timely obstetric care. In addition, because of gender inequality in many communities, women do not have the power to choose when to start bearing children or where to give birth.

We know that obstetric fistula can be prevented and treated, yet thousands of our women continue to be cast away from

their communities to suffer in the shadow of silence and despair. In 2005, Ghana launched the campaign to end obstetric fistula. With the collaborative efforts of Ministry of Health, Ghana Health Service, Ministry of Gender, Children and Social Protection and UNFPA, a center of excellence for the management of obstetric fistula in the country was commissioned on 27th July 2009 in Tamale. Prior to and since the launch of the campaign, some 10,000 women have undergone reconstructive surgery and have benefited from supportive social reintegration services.

This publication explores the lives of fistula survivors, who not very long ago were ravaged by the smell of leaking urine or faeces that was hard to eliminate and difficult to ignore. In their own words you will learn of their pain and loneliness, often compounded by a sense of shame and humiliation that came about from their single desire to give birth. You will hear also their stories of redemption, hope and personal transformation. They have against all odds, been afforded opportunities to achieve their legitimate desire to exercise their reproductive rights and lead better lives.





MAKIDA

**NYARIGA** 30 Years.

*Native of Kulkpeni, Northern region.*

*“When my sickness happened, I prayed for death. People who came to see me would spit on their way out to signify that I smelt badly. They said I smelt like death. I shed a lot of tears.”*

These were the words of 30 years old Makida Nyariga a native of Kulkpeni in the Northern region. Makida’s first husband, with whom she had a daughter died after five years of marriage. She remarried and gave birth to two more girls. Makida’s encounter with obstetric fistula began with the birth of her third daughter, now four years old.

Until then, all of her other children had been delivered at home, but this one seemed to be problematic. When labour started she was sent to the Yendi Government Hospital and after a protracted labour was sent in an ambulance to the Tamale Teaching Hospital, a distance of about 90 kilometres. By the time they got to the hospital she had fallen unconscious and when she woke up, she was told that her baby had been delivered through surgery.

Three weeks after she had returned home with her baby, Makida always felt wet and realised she was leaking urine. The condition was not detected after the Caesarean Section. She also frequented the toilet and always had a repulsive body odour. People stopped her from coming close to them.

“My husband asked me to leave his house saying that he had not seen any sickness like this in his family and do not know where I got it from. Besides I only give birth to girls, and now I have brought sickness to the house as well”.

“In my culture, you are regarded as not having a child, if all your children are females; you must have a son. My husband already had a first wife who had two sons and a daughter. I am a second wife. My rival told people in the community that I would die.”

Makida moved in to live with her aged father and whilst there, a nurse at the Yendi Government hospital, where she regularly went to dress her wounds from the Caesarean Section, informed her that the fistula could be repaired at the Tamale Teaching Hospital.

Though the husband had thrown her out of their matrimonial home, she insisted that he accompanied her to Tamale for her

fistula repair because “he contributed to my being in that condition.” The leaking did not cease immediately after the repair. Makida was taught how to hold back urine and it took about 10 months for the leaking to cease completely.

Previously, a peasant farmer, Makida was unable to continue with her farming activities after her ordeal, so she took to preparing and selling Pito, a locally brewed beer. Soon she could not cope with that job too as it involved fetching a lot of water, so she stopped.

Last year she took part in a UNFPA programme to equip women who had gone through fistula surgical repairs with livelihood skills. She acquired skills in soap making and with a start-up capital of GHC 300 she bought a basin, a table, plastic sheet table cover, colours and perfume and started the soap making business.

“The community members like my soap. They say the herbal soap I prepare cures skin rashes and acne so they buy my products. But the ingredients for the soap are not sold in the Yendi market so I have to travel to Tamale to buy, and the prices always go up.”

The soap making has been profitable, says Makida. “I also use some myself, thereby saving money from buying soap for my needs. With the money I make from the soap

business I am able to look after my daughters. Their father does not care for them as they are regarded as my children, not his, so I look after them. Sometimes I even give my husband money when he is in need so when I make the soap he is happy.”

Makida’s desire is to improve upon the quality and packaging of her soap to increase its economic value.





# FULERA

**YAKUBU** 40 Years.

*Lives in Yapalsi, a suburb of Tamale Choggu.*

*“The surgery was successful and I was elated. My family members and friends welcomed me back home with happiness. My husband also asked that we get together again but I refused,”*

Fulera Yakubu, 40 years, lives in Yapalsi, a suburb of Tamale Choggu. She has four daughters, the first being 21 years old. All her births were spontaneous delivery until the fifth pregnancy resulted in her getting obstetric fistula.

Fulera’s labour started at midnight but she had to bear with the pains till dawn, when she was rushed to the Tamale Teaching Hospital. She could not deliver the child on her own, so the health workers performed a caesarean section to get the child out. This happened at about 3pm the following day.

After the caesarean section, “I was kept at the hospital, even when I felt I was fit enough to go home”. Soon she was to know the reason why she was not discharged. She was leaking urine and had to use diapers. A nurse explained to her that she had developed obstetric fistula—inserted a catheter to contain the urine—and she was discharged. The nurse did not tell her that she could have a surgical repair of the fistula.

At home “I just stayed indoors and cried all the time because I could not go anywhere as I was too embarrassed to mingle with people because of the stench caused by the leaking urine. I even had to abandon my lucrative

business of selling vegetables at the market.”

“People in the community would pay surprise visits to my house just to find out if my condition, as rumoured, was true. This went on for a year during which the relationship with my husband became strained. He was getting fed-up with my situation — six months after, he left me.”

Back in her family house where she stayed with her senior brother, Fulera had to make weekly visits to the hospital to change her catheter. After a while she could not afford the cost of this weekly routine.

One day her senior brother told her that he had heard that obstetric fistula can be repaired but he did not know where it was done. Fulera contacted a medical officer at the Tamale Teaching Hospital and was told of an impending visit of a foreign medical ship, called the Mercy Ship. The medical team on the ship would perform surgical repairs of obstetric fistula and also treat other medical conditions in the ship at the port in Accra.

Fulera expressed the desire to have her fistula repaired and was selected together with other women by the UNFPA Ghana Office which coordinated the exercise to travel to Accra to undergo surgery.

Fulera says it was when she arrived on the Mercy Ship that she realised that she was not the only person suffering from fistula. “I was surprised to see so many other women with the same condition. This disease is never talked about, so you would never know that other people are also living with it.”

“The surgery was successful and I was elated. My family members and friends welcomed me backed home with happiness. My husband also asked that we get together again but I refused,” says Fulera.

In 2009 Fulera participated in a vocational skills training programme sponsored by UNFPA and learnt how to make tie & dye fabrics. She started making the fabrics for sale. However, she has been facing some challenges with the business due to the rising cost of the materials for production and problems with marketing as her clients always buy on credit. She has therefore gone back to her former job of selling vegetables at the market and produces the fabrics to supplement her income.





FATI

**SALIFU** 42 Years.

*Bimbilla, Northern region.*

*This sickness is 'slow poison', it is not easy. People do not see it but it is hurting you."  
This is how 42 years old Fati Salifu of Bimbilla described her ordeal with obstetric fistula.*

Fati lived in Tamale, the capital of the Northern region with her husband when she got pregnant. When labour started, her mother-in-law sent her to Zebilla Hospital, a small town hospital near Tamale. Labour lasted two days and on the third day, she was sent to the Tamale Teaching Hospital, where she delivered.

"The child had a big head and died days later. I could not walk after the birth for three days and I was discharged after being in the hospital for 12 weeks, leaking urine," says Fati.

When the fistula first started, Fati's mother-in-law cared for her but after a while "she said she was tired so my father came for me. He was angry that though we lived in the city, my mother-in-law chose to send me to a small town hospital to deliver, which resulted in my condition and asked that my marriage be dissolved."

For seven years after this Fati lived with fistula. She did not know it could be repaired. Her lifestyle changed. She adopted strict hygienic practices to hide her sickness. Despite this, family members who knew about her plight avoided her and would not even eat the food she cooked.

"I could not sit or sleep. I kept on washing the cloths that I used to soak the

leaking urine and hoped that the sun will shine everyday so the cloths will always dry up so I could continuously use them to keep off the odour."

Within this period she became a second wife in a polygamous marriage but chose not to live in her husband's house but with her sister with whom they operated a joint bakery business.

Two years ago, she says, her sister heard from her church that obstetric fistula could be repaired, and they contacted the sister's friend who is a nurse who told them where Fati could get help.

Following that she had surgery to repair her fistula by a team of surgeons who periodically visited the Tamale Teaching Hospital to undertake fistula repairs.

Presently Fati is occupied with her successful bakery business. She has since been approached by other women suffering from fistula for help which she willingly offers.



*“I was in labour for four days. My mother-in-law tried to deliver the baby but she could not so she brought in an uncle who was a traditional herbalist.”*

When Naomi Mawonya went into labour with her first child it was almost impossible to reach a health facility from her village of Banda, near Krachi in the Volta Region. The village itself was very far from any motorable road and when it rained, no vehicle was able to ply the road. The tractor that provides services for the yam farms also serve as transport to and from the village.

The tractor goes to the village once a month. At the time that Naomi realised she was in labour, the tractor had not come. With her husband being away on his farms in far off Agogo in the Ashanti region, Naomi had no option than to deliver at home.

“I was in labour for four days. My mother-in-law tried to deliver the baby but she could not so she brought me to an uncle who was a traditional herbalist. After a while I passed out due to the excruciating pain.”

After sometime Naomi came around. She was informed that she had been delivered of a baby boy but the baby died.

“After I was revived, I felt very weak and became paralysed for a year. Soon I noticed that I wet myself when sitting without feeling the urge to urinate. That was the beginning of 22 agonizing years of my life with fistula,” Naomi said.

Naomi’s husband sent her to the hospital at Agogo but the condition did not improve. He then turned to various traditional herbalists and after four years of not getting healed, he decided to ‘throw her out’ because he was tired of taking care of her. Besides the numerous traditional herbalists they had been consulting kept on demanding expensive items like cattle, fowls and earthenware pots.

Following the advice of his relatives, Naomi’s husband married another woman, claiming that she will not be able to have any more children because of the fistula.

Naomi relocated to live with her parents to continue with her herbal treatment. “By this time nobody wanted to be associated with me. I was sick and a burden, some of my family members stigmatised me and tried to get me out of my father’s house.”

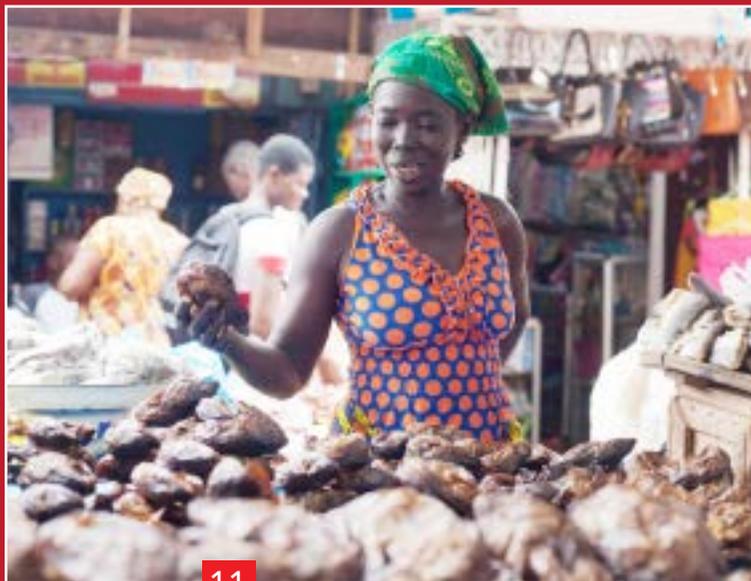
One day, she said, her sister’s mother-in-law informed her that a nurse in a nearby community has announced that the Tamale Teaching Hospital was offering fistula repair services. Naomi then reported to the Tamale Teaching Hospital where her fistula was finally repaired.

“Many doubted that I was repaired after 22 years. Some came to verify. In one instance I stripped naked to prove to a male relative that I was healed. Those who had maltreated me felt ashamed.”

Now at age 51, Naomi is still childless. She is in a relationship with a new partner but has decided not to marry. “I choose to stay in my father’s house and my partner may visit me anytime but I will not stay in his house.”

A groundnut farmer, before her illness, Naomi now sells fish with her sister as she cannot engage in laborious work. She supplements her earnings with income generated from a tie & dye business which she started after participating in an entrepreneurial training programme that was organized by UNFPA to integrate obstetric fistula sufferers who had been repaired back into the society.

Due to her experience she has taken it upon herself to advise the women in her community to seek medical care during pregnancy and to try and have skilled delivery.





NAOMI

**MAWONYA** 51 Years.

*Banda near Krachi, Volta Region.*



BINTU

**MOHAMUD** 30 Years.

*Savulugu, Northern region.*

*“When she sits or lie down and gets up you see the urine.  
She was so “smelly” friends run away from her.”*

**B**intu Mohamud’s encounter with Fistula started with her last birth two years ago. Thirty years old Bintu has gone through four child births but now has only two surviving sons- who are four and two years respectively.

Bintu’s labour started on a Sunday. The immediate response by relatives was to send her to the Polyclinic in Savulugu, where they lived and where Bintu received antenatal care services. The doctor at the Savulugu Polyclinic was off duty so she was referred to the Tamale Teaching Hospital where she went through surgery to remove the baby.

The baby boy was already dead. Bintu remained in the hospital for a week and was discharged to continue her treatment at the Savulugu Polyclinic. It was then she noticed that she was leaking urine uncontrollably. She also had pains in her stomach, waist and thighs.

“When she sits or lie down and gets up you

see the urine. She was so “smelly” friends run away from her. Many of the relatives and friends did whatever they could to stay away from her. “My wife and my mother washed her clothing and looked after her”, says her brother-in-law.

Not understanding what had caused the ‘urine problem’, Bintu’s initial reaction was to seek traditional treatment, which was a common practice in her community, but this did not work.

On her first visit to the Savulugu Hospital, Bintu was told that she had a problem with her womb and referred again to the Tamale Teaching Hospital. Back at Tamale, she went through surgery again and after staying in the hospital for a month and five days she was referred to the Fistula Centre. She was fixed with a catheter and was scheduled to have her fistula repaired in a month.

Bintu was lucky, she was cared for by her close relatives, particularly her husband and his younger brother, who supported her through her ordeal. She is now well and able to go back to her business of selling ‘pure water.’ She now supplements her income by selling pastries, which she was taught to prepare during an entrepreneurial training programme organized by the UNFPA to reintegrate women whose fistula had been repaired into society.

Bintu’s husband, 40 years old Abubakar Mohammed, a mason and groundnut farmer played a big role in his wife’s treatment. He says; “I am determined to keep my marriage vows and also keep my family together. I intend to work and look after her and my two sons.”





SARAH

**KADO** 35 Years.  
Grubi-Krachi, Volta region.

*“It’s been a year and a half since my fistula was repaired. My husband has still not come to see me, though I know that family members have told him that I am now well.”*

**A**t age 16, Sarah Kado was married off to an elderly widower. Soon she got pregnant. Sarah showed signs of labour during the Christmas festivities. She stayed home for two days and was advised by a friend to seek medical care on the third day. By that time her hands were swollen.

The nurse at the clinic at Brai, the nearest clinic where Sarah had been receiving antenatal care was on vacation so she was taken to a clinic at Papase, another community. The only nurse there had also taken her vacation and so she had to make a long journey, across a river to reach a health facility.

Sarah went through surgery and the baby who was still-born was taken out. “When I regained consciousness after surgery, one of my legs was paralysed and I started leaking urine,” she said.

She was in the hospital for two weeks and was unable to walk till after three months. All this time Sarah’s husband was supportive and when they returned back home he took her to the Sunyani Regional Hospital to seek medical care.

“There was no doctor at the hospital that could treat the condition so he took me to a prayer camp in Sunyani and stayed there with me for six months. I still did not get healed. We heard that a doctor at the hospital at Battor could help so we went there, but that did not also work out. Then we went to the Korle Bu Teaching hospital in Accra but the doctor to do the repairs had travelled so I came back to Grubi and my husband said he was fed up with my condition” says Sarah.

Sarah lived with this condition for three years during which she had to deal with isolation from friends, neighbours and some family members. She found

support among her church members, but going to church also posed some challenges. “When I go to church, I have to stand because when I sit my clothes get wet and when we stand everyone sees that I had soiled my clothes with urine.”

Three years after, Sarah’s husband left her and got married to another woman. After a while he was not even communicating with her again. Then Sarah was told that she could get her obstetric fistula fixed at the hospital in Kumasi so she sought out her husband and convinced him to accompany her to Kumasi. He agreed on condition that Sarah will provide the money for the trip, to which she obliged. She could not get the care there too and was advised to go to the Tamale Teaching Hospital.

Sarah’s husband then said he had to return back home for money for her treatment, since he had run out of funds, ‘but he never returned.’ Sarah was admitted at the Tamale Teaching Hospital for two months during which she had her surgical repair. A family member joined her at the hospital to care for her for a month after her surgery.

“It’s been a year and a half since my fistula was repaired. My husband has still not come to see me, though I know that family members have told him that I am now well.” A few other men have tried to woo me but I refused their advances because I am afraid I will get the disease again.

Six months after her fistula repair, she acquired the skills of soap making through a UNFPA training programme and now makes a type of local soap popularly called ‘Azuma Blows’ which she sells in her community. Sarah’s greatest regret is that she has no child and says “anytime I think about that, I cry.”





STELLA

**AKORIBA** 27 Years.  
*Paga-Buru, Upper East Region.*

*After a four-day ordeal, Stella delivered a baby boy through a Caesarean Section, who died three days later.*

**A**t age 21 Stella Akoriba from Paga-Buru in the Upper East region was looking forward to a fulfilling life-time relationship with her newly married husband. A member of the Assemblies of God Church, she got married in 2007 and by 2013 she was divorced, all because she suffered from Obstetric Fistula.

Soon after marriage, Stella, a seamstress, successfully delivered her first daughter. Three years later she went into the Paga District Hospital to deliver her second baby but after three days of labour without delivering she was sent to the Navrongo War Memorial Hospital and later to the Bolgatanga District Hospital, about an hour's drive away.

After a four-day ordeal, Stella delivered a baby boy through a Caesarean Section, who died three days later.

That was the beginning of a life of misery for Stella. "Three days after the Caesarean Section, my stomach got swollen. The doctor pressed my stomach and water started coming out through my vagina. I went through three unsuccessful surgeries and stayed in hospital for a month."

When she left the hospital, Stella used diapers for about six months so although people could not see her leaking urine, they could smell it on her.

Her husband was initially supportive of her condition and accompanied her for her hospital appointments a couple of times. Soon, he got fed up and stopped. He asked Stella to leave their matrimonial home, and even the intervention of the pastor of their church could not change his mind. He is now married to another woman.

Stella received good news, when a medical officer at the Tamale Teaching Hospital informed her of the impending visit of a foreign specialist who visited the hospital periodically to do fistula repairs.

In August of 2013, Stella's fistula was repaired. She went home happy, but without a husband. Still afraid that if she continued with her sewing business which requires long hours of sitting, she would start leaking urine again, Stella decided to find another occupation that she could comfortably cope with.

She acquired the skills of batik and tie & dye making at an entrepreneurial training organised by UNFPA to enable women whose fistula had been repaired to integrate back into society. But she lacks the required capital to produce enough quantities for sale.

All she wants now, as a single mother, is to be able to look after her daughter. She would love to get a soft loan so she can engage in petty trading to earn a living. "I don't want to marry again, I just want to work and look after my daughter," says Stella.



A close-up portrait of a woman, Fati Yahaya, smiling warmly. She is wearing a white headscarf with green embroidery and a blue headband with white dots. The background is a soft-focus outdoor setting with green foliage.

FATI

**YAHAYA** 46 Years.

Tamale, Northern region.

*When people see you coming towards them, they get up. Those who did not know of your predicament begin to find out why you smell then signal others to leave,”*

**F**orty-six-year-old Fati Yahaya runs a little shop located in a part of her house in Tamale. Her shop is the preferred place for community members who patronize the foodstuff and other basic logistics that she sells. Fati is so popular in the community that even as she rests on the porch in front of her house, she responds to greetings from passers-by.

Five years ago the many customers who now walk in daily to buy would not go near Fati. She was isolated and abandoned by friends and relatives, even her husband, because she was suffering from Obstetric Fistula which caused her to smell badly.

A mother of four surviving children out of the seven she bore, Fati suffered Obstetric Fistula 12 years ago when she had her last born, Rahama. The labour prolonged and she ended up with a caesarean section.

“After the birth, I realized that I was leaking urine. Initially, I thought it was the baby who was wetting the bed till she was taken away for a time, then, I realized that I was leaking urine.”

“The urine smelt bad, nobody came near me and I could not go to the market”, Fati said. “When people see you coming towards them, they get up. Those who did not know of your predicament begin to find out why you smell then signal others to leave,” she added. The locals even stopped buying the ‘poa’, a local delicacy that she sold and was hitherto well patronized.

After living with the condition for five years, Fati confided in a nurse in the neighbourhood



about her condition, who informed her that the fistula could be repaired and further directed her to the Tamale Teaching Hospital where she was treated.

She is so grateful that she spoke with the nurse. “I did not know it was a sickness until I told her about my condition,” she stated.

With her fistula now repaired, Fati had to think of how to sustain her family as her husband had left her. She joined other women who had gone through fistula repairs like her to train in an entrepreneurial skills programme organized by the UNFPA, and passed out equipped with the skill of making pastries.

She ‘started a new life,’ making and selling doughnuts in her community but soon realized that patronage was seasonal due to the way of life in her community. Fati then got a soft loan and started the shop which has become a central trading point in her community.

She is happy that now all the people who shunned her when she had the fistula mingle with her and many of them are her loyal customers.

Fati is determined not to revive her marriage with her husband because he deserted her in her time of need. “I am sure he knows that I am healed but I do not

want to remain married to him. I will not accept him back. If I had died would he have come back for me?” she queried.

Fati is a known ambassador for obstetric fistula repairs. She has made public appearances including radio and television programmes to urge women who are hiding their fistula because of social stigma to rather seek medical help.

# CALL TO ACTION

## Show Your Commitment to Ending Obstetric Fistula in Ghana...Get Involved

The time has come to put an end to obstetric fistula and address the factors that perpetuate it. We have the know-how. To end this disease, we need to ensure universal access to the three most cost-effective interventions that can prevent maternal deaths and childbirth injuries like fistula: family planning; a trained health professional with midwifery skills at every childbirth; and timely access to high quality emergency obstetric and newborn care.

It is also critical that we tackle the underlying societal drivers of fistula, including poverty, socioeconomic and gender inequality, child marriage and early childbearing, and marginalization and lack of access to education.

What we need to do now as a country is for the resources to be put where they are needed the most, and coalesce our collective actions to elevate the status of women and girls, rectify inequalities and protect the human rights of every woman and girl, so that fistula may never again undermine their health, well-being, dignity and ability to participate in and contribute to their communities.

As policymakers, health officials, affected communities, individuals and the general public, lend your voice to draw the attention to the issue of fistula...speak out and in doing so...

- Advocate for the formulation and resourcing of policies, programmes and strategies that protect, promote and empower women and girls
- Provide access to adequate and quality medical care for all pregnant women and emergency obstetric care for those who develop complications.
- Increase access to education/information and family planning services for women and men that allow them to decide the number and spacing of their children.
- Tackle underlying social and economic inequities to empower women and girls, enhance their life opportunities, and delay marriage as well as pregnancy.
- Postpone pregnancy for young girls until they are physically mature, and prevent sexual and gender based violence, including harmful customary practices such as female genital mutilation and forced and early marriage.
- Provide fistula treatment—including surgery, post-operative care and rehabilitation/reintegration support for affected women and girls.
- Support other areas of treatment, including training doctors in fistula surgery, equipping and upgrading fistula centres.
- Strengthen research, data collection, monitoring and evaluation, including up-to-date needs assessments, on emergency obstetric and newborn care, to guide the planning and implementation of maternal health programmes, including those for obstetric fistula.



# ACKNOWLEDGEMENTS

The contributions of the following are gratefully acknowledged.

## Editorial Team

Babatunde Ahonsi and Dannia I. Gayle

## Design:

Michael Adjei

## Journalists/Authors - Life Stories:

Rosemary Ardayfio and Doris Mawuse Aglobitse

## Photography:

Kweku Andam and Philip Nalangan

Sincere gratitude goes to the women who made themselves available for this documentation so as to raise awareness and encourage other women who are suffering in silence to come out for treatment: Makida Nayriga, Fulera Yakubu, Fati Salifu, Naomi Nawonya, Bintu Mohamud, Sara Kado, Stella Akoriba and Fati Yahaya.

Special appreciation goes to: Elise Kakam, Norine Quaye, Jonathan Nusetor, Marco Abdulai, Florence Bewelyir, Bridget Asiamah, Jude Dumoshie and Abdalla Iddrisu and all of UNFPA Ghana Operations unit for the continuous support and collaboration to ensure the success of this venture.



UNFPA: Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



Ghana Country Office  
Number 7, 7th Rangoon Close, Cantonments  
P.O. Box GP 1423 Accra - Ghana.  
Tel: (+233) -302-746-746, 785-658, 783-435  
[www.ghana.unfpa.org](http://www.ghana.unfpa.org)