

## Infrastructure

Currently, there are two main hospitals in Ghana which offer dedicated OBF care.

- Tamale Fistula Center, Tamale Central Hospital, Northern Region
- Mercy Women's Catholic Hospital, Mankessim-Central Region

Both fistulae centers have one operating theater each, and have to bring in trained OBF surgeons, anesthesiologists, and sometimes theater nurses from other institutions for OBF repair. The maximum bed capacity is 40 at the Mankessim center and 10 in Tamale.

## Cost of repairing OBF

The cost of one fistula surgery is about the cedi equivalent of 400-500 USD. This is however covered by the National Health Insurance Scheme (NHIS). There may be additional costs including feeding whilst on admission.

## Recommendations for eradicating OBF in Ghana

- Provide accessible Emergency Obstetric Care
- Facilitate access to Emergency Obstetric Care backed by an efficient referral system

- Increased case-search and mobilization of OBF patients to treatment centers
- Equitable deployment of fistula surgeons especially to regions most affected
- Sponsorship of clinical skill training in fistula surgery for 50 fistula surgeons by 2025
- Establish Fund for reintegration and rehabilitation of OBF patients
- Provide funding for continuing research in OBF

## Material Development

The development of this brief has been driven by the Family Health Division of GHS in collaboration with UNFPA

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# OBSTETRIC FISTULA (OBF)

**A NEGLECTED WOMENS'  
HEALTH PROBLEM**

## Obstetric Fistula (OBF)

### Overview of OBF

An **obstetric fistula** is a medical condition in which a hole develops between the vagina, rectum, and or bladder as a result of prolonged (obstructed) labour i.e.; when a baby is not able to come out of the birth canal easily. Affected women leak either urine or faeces or both through the birth canal.

OBF is a global problem but is especially common in developing countries. No doubt the UN has set aside 23<sup>rd</sup> May of every year as an international day for the elimination of fistula. Cases of OBF have been documented in several African countries including Benin, Malawi, Mozambique, Niger and Nigeria. In

Ghana, OBF occurs in all ten regions with the largest number in the Northern Region.

### Objectives of OBF research

In 2014/2015, an assessment was carried out to determine the magnitude of OBF, spatial distribution, socio economic and cultural determinants. Additionally, the capacity of the health sector to manage OBF was also assessed.

Data for the assessment was obtained from 2011 to 2014.

### Summary of findings

A total of 1,538 cases of OBF were seen in health facilities all over Ghana. Most OBF patients live in the Northern, Ashanti, Western, Central and the Upper regions.

**Research indicates that approximately 1,300 new cases of OBF occur in Ghana every year**

OBF has devastating physical, social, economic, emotional and psychological consequences for a woman's life.



### Physical Consequences

Many women who develop OBF suffer a chronic skin condition which is caused by the direct irritation of urine. Some patients develop blisters and sores around their thighs caused by the constant urine incontinence and friction.

### Socio-Economic Consequences

Globally, OBF is considered a “social calamity” Many women who suffer this condition are unable to work outside the home or farm thereby being unable to generate income. They are mostly shunned by their husbands, families and communities.

### Emotional & Psychological Consequences

Eight out of 10 women who develop OBF lose their babies from the delivery which caused the fistula. This

situation is worsened by the fact that OBF patients often become isolated from their families. Many women with OBF also lose their self-esteem and are depressed because of their helplessness.

### Capacity to manage OBF

A short survey mainly for members of the Society of Gynecologists and Obstetricians of Ghana (SOGOG) was carried out to assess the existing capacity for obstetric fistula repair in Ghana.

### Case identification

Health partners such as UNFPA and MOGCSP have over the years supported in mobilization of patients and facilitating the movement of dedicated specialists to the various fistula repair centers to carry out repairs for OBF patients.

### Main Findings:

- Of the 38 doctors surveyed, only 8 (21%) had received surgical training on how to repair OBF
- 21(72%) of the remaining 30 doctors expressed interest in receiving OBF training
- In 2014, 11 out of the 38 physicians (29%) performed or assisted in the repair of at least one OBF
- In all a total of 142 OBFs were repaired
- Majority of the doctors identified the need for post-specialization training in fistula surgery