





I was 17 when I got married and 18 when my husband left. It's not that we weren't happy. We were. But my husband wanted to take me to go and live near his family. He told my parents. And because neither of my sisters lived here at that time, they refused. 'When you got married, you agreed to live here with us,' they said. 'You can't change your mind now. We are old and there is no one else here to take care of us. Without Tsehay, our lives will be very difficult.' When it became clear that neither side was going to give in, he left. At the time I was expecting our first child.

"This is my life," says Tsehay Gebreigzabiher. "Living with a fistula, I am always leaking urine, so I have to wash my clothes several times a day. I used to feel so ashamed. I never allowed anyone to see me doing my laundry."





In the beginning I didn't even know I was pregnant. The people at the health center told me. The pregnancy was easy. I went for check ups and everything was fine.

One day I was pounding grain - I remember it was a Friday - when I suddenly started leaking. I called my mother over to see. She told me it was normal at the beginning of labor and that I shouldn't be afraid.

My labor started the next day. The older women from the area were here in the house with me. They put kibeh (butter) on my head, they made coffee, they warmed the room and they waited. I was in pain. I remember that. It was serious pain. But for the women around me this was normal. 'No problem,' they said. 'She will give birth by this evening or tomorrow morning. It just needs time.'

In my visits to the health center no one had ever told me that I should go there to deliver or that there was anything to fear in giving birth at home. Every woman I knew had given birth at home and all of them had been fine. It never even occurred to me that my case might be any different.

On Wednesday afternoon, my mother's sister arrived from far away, expecting to see me with a baby. I was still in labor. She told the women to take me to the health center right away. They called the men from their farms, stretched cloth between two plough poles and carried me by 'traditional ambulance' to the health center. By the time we arrived three hours later I was unconscious.

Tsehay also washes her plastic bedcover and sheets daily. "Things get old very quickly when they are always soaked in urine," she says.

When I woke up almost a week later I was in the hospital in Mekelle. I learned that the baby had died while I was in labor and I had a double fistula. I was leaking both feces and urine. The hospital staff referred me to the Hamlin hospital in Addis Ababa to have the fistulas repaired, but I couldn't bear the thought of traveling all that way, especially with this problem, in a bus. I just didn't have the energy. So I went home. It was the beginning of a really difficult time. I had lost everything: my husband, my child, and my health.

Tsehay's mother died last year. She continues to care for her father Gebreigzabihir Gebregeorgis, 80. "Neither of us can do hard work like plowing," says Tsehay, "so we rent out most of our land for share cropping. What we get from that is not enough for us to live on, but with the aid we get from the government [15 kg wheat per person per month], we manage."





I stayed home for a year. My family was good to me. So was most of the community. But I didn't want to see anyone, and I didn't want anyone to see me leaking or smell me. What I really wanted was to die. I kept begging God to take me. I believed this was His curse, that He had punished me because I had not been giving money to the church. Surely He knew I didn't have enough to give, so I kept complaining to Him: 'Why couldn't you have just let me die instead? That would have been much better than having to suffer all of this.'



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By definition, a fistula is an abnormal passageway — essentially a hole — between two body cavities. It could be anywhere in the body, but at the Hamlin Hospital, when we talk about fistula, we are specifically referring to obstetric fistula: a hole between a woman's vagina and the bladder or the rectum, or — in the case of a double fistula — both. As a result, feces and/or urine leak through her vagina.

Though the potential causes of fistula are many, at this hospital more than 95 percent of our patients have a fistula because of injuries sustained during childbirth.

A small pelvis — the result of early pregnancy and/or stunting due to poor nutrition and heavy physical labor — or the malpositioning of the baby inside the mother's uterus, results in obstructed labor. Every time the uterus contracts, it pushes the fetus against the bone of the pelvis. The blood supply to that area is cut off. The piece of tissue that was compressed — perhaps for many hours or for many days — dies and it drops out, taking with it some of her bladder or rectal wall.

What remains is more than just a simple hole. The extent of tissue loss defines the extent of the injury, which can also include damage to the nerves and blood vessels that supply the lower limbs. So, in addition to leaking urine and/or feces, some fistula patients also have problems standing and walking. Infections are also very common.

Being bedridden following infection and/or injury, most end up with what we call 'secondary damage': they may lose their muscle bulk, their joints may become fixed, and they have problems with sexual intercourse and fertility. Secondary damage also includes social and psychological harm: a woman with fistula is usually abandoned by her husband and marginalized by her family and her community. So it is a very complex problem. It starts with labor, but results in a wide-ranging set of problems.

The latest estimates (USAID 2014) show that there are approximately 3,500 new fistula cases in Ethiopia every year — down from 9,000 in 2011.

Fistula is not peculiar to Ethiopia. In a country with such a large population and high rates of maternal death, you expect to see a large number of fistula cases. The World Health Organization estimates that for every maternal death, between 20 and 30 other mothers survive with

chronic morbidities — the most common of which is fistula.

The story is the same in all of sub-Saharan Africa, the Indian subcontinent and some South American countries. This is a problem that clearly manifests a country's level of maternal care. It will be with us until that care is optimal.

Wherever you are in the world, five to ten percent of all deliveries will end up in difficult labor. This is a given. What makes all the difference is whether or not a mother delivers in the presence of skilled medical personnel who are trained to recognize and address the early signs of abnormal labor.

There are many reasons women in Ethiopia are still not getting these services. The government, NGOs, local health extension workers and staff here at the Hamelin Hospital are working to change this. We are training medical personnel and working to link all health centers and clinics to hospitals that can provide comprehensive emergency obstetric care (including cesarean section, vaginal assisted delivery, blood transfusions, and the treatment of eclampsia and pre-eclampsia). We are also raising awareness among women of the importance of getting antenatal care and delivering at a health facility.

These interventions are having an impact. The number of fistula cases we see at Hamelin is growing smaller by the day. The change is particularly noticeable in urban areas, where the problems associated with safe delivery are easier to address. It is in the remote rural areas that the biggest challenges remain.

In my years as a doctor I have repaired more than 2,100 fistulas. I feel that this is one of the best jobs a person could have. The women I operate on are the worst hit in every way — economically, psychologically, socially — but I know I can help them. I can give them back their lives. And in helping them, I am also helping their families, their children and their communities. That's what keeps me moving forward.

World Vision supports Hamlin Hospital's fistula prevention, care and treatment activities. These include efforts to raise awareness about fistula, engage the media and strengthen service provision. World Vision also provides financial support to train health care providers in fistula prevention and corrective surgery (both in Ethiopia and abroad), and provides scholarships for eight students each year at Hamlin's Midwifery College.





After that year at home I went to Addis Ababa and had my first operation at Hamlin Hospital. They fixed one of the [rectal-vaginal] fistulas. Several months later I went back for another operation and then another. Both times they tried to fix the other one [urinary-vaginal], but there was no change. I was just 21. It was really hard to think that I might never be cured.

For the next 17 years, my life went on as before. I was just here. I didn't attend any community activities or social events. I went to church sometimes, but it was rare. First, I would go and see how many people were there. If there were many, I would return home. If there were only a few, I would go up and kiss the outside wall of the church, say a prayer and leave.

Tsehay and her sisters have a coffee ceremony together three or four times a day. "I guess that makes us addicts," says her older sister, Dinknesh, with a smile.





Then, just over a year ago, everything changed. The staff at the health center told me about a place that helps fistula patients, called Healing Hands of Joy. When they told me about it, I thought I was being sent there for medical treatment. When I arrived at the center in Mekelle, I learned that it was something entirely different.

There were nine other women. All of them also had also been affected by fistula and some were cured; others were not. We lived at the center together for a month. During that time the staff gave us many different trainings. In literacy they taught us to write our names. The training in income-generating activities taught us poultry rearing, animal fattening and bee keeping; they also gave us loans to start our own businesses and taught us how to run them. There was counseling that helped us to change and to motivate ourselves, as well as spiritual counseling.

The spiritual counseling helped me to forgive and forget. I learned to stop complaining to God, but rather to pray and tell him my thoughts and my problems and then leave the challenges to him. Deacon Tesfaye helped me to know that I am not cursed. I am blessed.

During the month I spent there my physical condition remained the same, but my attitude changed completely. I learned that I needed to be hopeful. I started to treat myself well and I began to think positively. I became confident that I can create change in my life.

Tsehay's older sisters, Dinknesh (right) and Alem (second from right) along with various friends and neighbors come to the house every day. "Of course, we come for the coffee," says Dinknesh, "but most of all we want to make sure she isn't lonely."



Tsehay prepares and eats lunch with her sisters Alem (in purple) and Dinkesh (in green) and her neighbor, Melat Hagos (in white). "Before she went to Healing Hands of Joy Tsehay didn't socialize with anyone," says Melat. "She didn't drink coffee or eat with us. She didn't talk. She just sat and stared at us with a blank look on her face. Now, thanks to God, all of that has changed."



At Healing Hands of Joy we also learned a lot about health, especially the health of pregnant mothers and newborn babies. They asked that each of us return to serve the women in our communities as 'Safe Motherhood Ambassadors.'

"When I was young I didn't go to school because there wasn't a school in this area," says Tsehay. "When I was a teenager, there was a literacy campaign and I could have taken classes, but I was out all day watching my family's goats. At Healing Hands of Joy we learned to write our names, but I haven't practiced much, and so I have forgotten. Fortunately, my niece, Helen, is 13 and in the seventh grade. She helps me to fill in the information on the list of mothers I have seen as a Safe Motherhood Ambassador."





As a Safe Motherhood Ambassador, Tsehay goes to visit pregnant women in her community and those who have recently delivered two or three days a week. "If I was fully cured, I could work better than I can now. Because of this fistula, I can't go to areas that are far away. It limits me."



When I go house-to-house visiting pregnant mothers. I share my story with them. And because we know one another, they listen. I tell them that they can protect themselves from fistula and other health problems by getting antenatal care and going to the health center when they deliver. And then I follow up to make sure they do it. Because we live in the same community, my follow up is continuous. We meet each other on the road, at church, when they go to fetch water and in community gatherings.

I also talk with their husbands. This is important, because after I talk with the wife, I know she will decide to go to the health center. But her husband may still stop her. So I try to change his attitude by explaining that this is for the good of his wife and their children. He will usually listen and accept what I have to say.

Since I started doing this work, I have counseled 24 mothers in my village. All of them have given birth at the health center or the hospital.



Name: Letechial Yemane

Age: 37

Village: K/lehil

I have six children. The youngest is three and the oldest is eighteen. All of them were born at home. I did get antenatal care for my last child. That was the first time I had ever done that. While I was at the health center, the people advised me that I should also come there to deliver, but I didn't. From the beginning I haven't faced even a single problem with any of my pregnancies, so I felt confident delivering at home.

Now I am eight months pregnant. Throughout this pregnancy Tsehay has been coming to see me and checking up on me. She has shared her life story with me and she has made me understand that just because I had six safe deliveries at home doesn't mean I won't face any problems with this one. I have thought about it a lot, and I have decided not to take a risk. I am going to deliver this one at the health center.

Today Tsehay shares a pictures-only book with Letechial. Developed by Healing Hands of Joy, it features the stories of two women and clearly illustrates the benefits of giving birth at a health facility. "I can't read," says Tsehay, "neither can most of the women I visit. This book makes it easy to teach them and it helps them to change their minds about delivering at home."



Name: Mitslal Gebremedhin

Age: 38

Village: A/Alem

This is my eighth child. She was born 36 days ago. This was the first time I ever went for antenatal care or delivered at a health facility. Tsehay helped me a lot. She accompanied me to the health post while I was pregnant. She also told me about her sufferings and that she didn't want me to ever have to feel that kind of pain. She made me realize that even though I had not had any problems with the other seven, this one could be different."

I was pleasantly surprised. The delivery was less painful and more comfortable than giving birth at home, and they treated me very well.

This is the right time to be giving birth at the health centre because now everything is accessible. The road is there. The ambulance is there. Just a couple of years ago, if a pregnant woman went to go to the health center to deliver, people had to carry her there on a 'traditional ambulance' (a stretcher). It was a long walk. She might even give birth on the way, so it was better to stay at home.



When she gets home Tsehay cooks dinner for her father. "Sometimes the women ask me why I'm doing this work. They think maybe I am getting something from Healing Hands of Joy. I explain that I am a volunteer. I am sharing my life experience so that others don't have to go through the same things as me. The only benefit I hope to receive is to one day be cured."





I am 40 years old now. The hope I found at Healing Hands of Joy is still alive inside of me. Once again I am a part of my family and my community; I am helping others; and I am living a new life.

Even so, it is still not easy living with a fistula. And for a long time I have wondered if I would have to live the rest of my life with it.

But now I have hope for better days. They say that I may be able to have another operation at the Hamlin hospital. Instead of leaking down my legs, my urine will empty into a plastic bag at my waist. This means I will be fixed. But most of all it means there is still a chance for my dream to come true: more than anything I want to have a child - before it's too late.

