

Life's not fair

By Katherine Cosman

It is so easy to take my life for granted. For 16 years in Australia, I have been lucky enough to have a loving family, a private education, a nice house, plentiful food and access to clean water. Choosing the right outfit and getting enough "likes" on Instagram seem like overwhelming issues at times, but I have come to realise how insignificant these are in the scheme of things.

This project got me thinking about the other young girls around the world who aren't so fortunate. Inspired by an advertisement for Mercy Ships on the television, I started exploring their website, where I came across the condition known as obstetric fistula. It struck a chord with me because I realised that, had I not been so privileged as to grow up in a developed country like Australia, I could currently be in an arranged marriage and already be a mother enduring the many complications of a pregnancy without adequate medical care.

Obstetric fistula is a hole between the vagina and the rectum (rectovaginal fistula) or the vagina and the bladder (vesiovaginal fistula). It is caused when childbirth is prolonged or obstructed and has both physiological and psychosocial impacts on its sufferers. Basically, the pelvis of the mother is not large enough to pass the baby's head and shoulders through without help. The resulting pressure from the head creates a hole in the vaginal wall. Obstetric fistula is estimated to affect over 2 million women in Africa and Asia. But the thing is, I needn't worry that obstetric fistula will ever risk my life or the lives of my children. This condition has been eradicated in the developed world since the late 1900s due to advanced obstetric care, in particular, the introduction of caesarean section as a method for assisting in the birthing of children. Even if my future pregnancies were to be obstructed, my baby could be safely removed without a severe risk to my own or my baby's life. Women in developing nations aren't so lucky.

From birth, girls born in Sub-Saharan Africa or Mid-West Asia have the odds mounted against them. The poverty which cripples these regions leads to malnutrition in childhood, resulting in stunted growth and weak bones. By the time a girl is considered old enough to carry a child, her pelvis will never reach full development, therefore greatly raising her chance of an obstructed labour.

Right now, my life consists primarily of my education. I am studying year 11 and focussing on the subjects which will get me into the university of my choice. As I see it, I will finish school next year, travel the world, attend university for a couple of years and get a good head start in my career before even thinking about creating a family. I know that many girls around the world don't have this luxury. The poverty of families often forces them to marry off girls at a young age, giving them one less mouth to feed and their daughters a better chance at life. In Ethiopia, approximately 50% of girls are married before they turn 18. 19% of girls are married before they reach age 15! This means they have not fully grown and for some, have not even begun menstruating. First marriages frequently result in the first of many pregnancies the woman will carry, however these are riddled with danger. A young girl is not yet equipped with the mental stamina required for bearing a child. Not only is her body (in particular, her pelvis) not capable of the safe delivery of a baby, but her mind is not prepared for the hardship brought about by complications.

There is debate as to whether another factor, known as female genital mutilation (FGM), plays a role in the development of obstetric fistula. In Ethiopia, over 80% of young girls are exposed to this terror, with half of the circumcisions occurring under the age of one. There are 4 broad types of mutilation, with types 3 and 4 being suggested as the most harmful to future child-bearing. Type 3 involves the narrowing of the vaginal opening by stitching after external genitalia is removed. Type 4 consists of the actions not covered by types 1, 2 and 3 and commonly includes the piercing,

stretching or incision of the clitoris and labia. To me, it is obvious that the damage caused by mutilation of the genital at such a young age plays a role in the birth complication experienced later in life. With scientific evidence for the harm caused by FGM, this cruel cultural practise needs to be stopped before it causes more death and suffering.

Although I am yet to experience childbirth, my own mother tells me of the importance of a hospital birth. I respect the decision of women to give birth in their own homes, however I have heard too many a horror story about the complications resulting in the deaths of mother and/or child. The presence of specially trained obstetricians is essential, as stated by the World Health Organisation (WHO) on their website. WHO claims that women should have access to basic obstetric care including antibiotics, sedatives and oxytocic drugs, as well as to the manual removal of the placenta and other retained products. For the majority of women delivering in developing countries, this kind of care is inaccessible and their birthing is attended only by female relatives. This means that when complication arise, there is no pain-killer available, and procedures such as the C-section cannot be called on to prevent conditions such as obstetric fistula.

The hole in the vaginal wall caused by obstructed labour, if left untreated, leads to a permanent incontinence. A woman will leak urine or faeces constantly from her vagina for the rest of her life. The presence of this faeces or urine in the vagina increases the risk of infection and is potentially life-threatening. Prolonged obstetric fistula destroys a woman's chances for preserving her fertility. As well as these physical sufferings, perhaps the more profound damage inflicted upon the woman is the social intolerance.

Brought about by a lack of education and awareness, women with obstetric fistulas are ostracized from society. Many communities perceive the women as being extremely unhygienic and unclean and have been known to force all sufferers to a hut to live together, away from the main population. As previously mentioned, the women affected by fistulas have often been married young and are totally dependent on their husbands. After a failed first pregnancy and the resulting incontinence, the spouse is likely to reject her. Due to her family's reliance on the husband, this rejection is usually extended to both her own family. The impacts of a shunning such as this are catastrophic to the mental health of the woman. Combined with the fact that these are generally first-time mothers who have lost a baby from asphyxia (lack of oxygen due to the faecal/urine matter present in the birth canal), it comes as no surprise that many of these women become suicidal.

Obstetric fistula is one of the leading causes of maternal death in developing countries. As seen in its eradication in the developed world, the premature deaths and suffering are avoidable. For women who survive the birth, a simple, 1 hour surgery has had a 90% success rate in fixing the fistula. How many more women have to anguish and die before we open our eyes and give the help needed? Avoidable problems plague girls who are vulnerable due to their circumstances. With a little bit of initiative and a lot of education, the premature deaths and prolonged suffering of women can be prevented.