



Abstract

Rural women in Ethiopia face gender and developmental inequality that results in obstetric fistulas while giving birth.

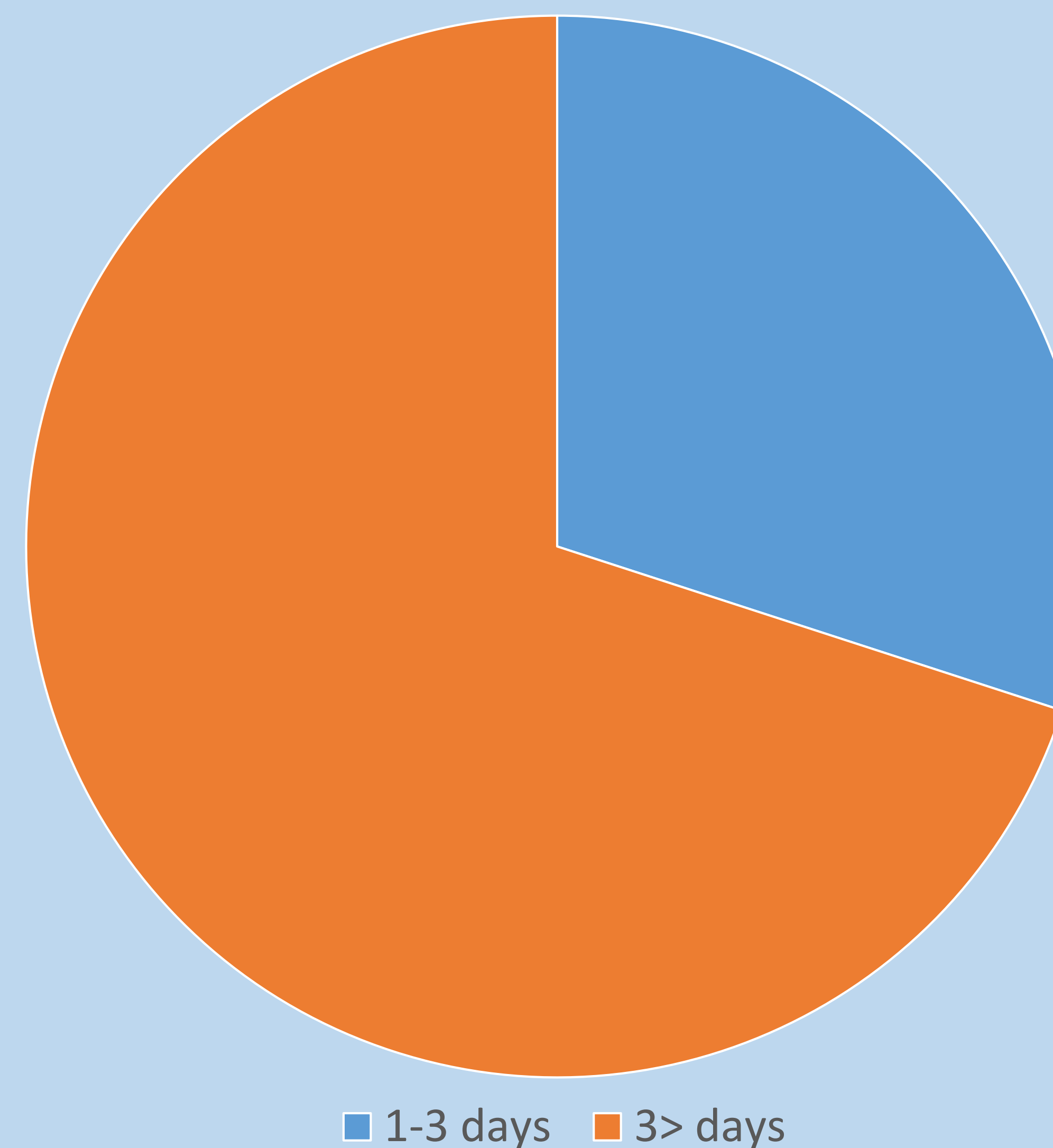
- Having access to wealth or capital is inversely proportional to a woman's likelihood to develop obstetric fistula.
- A woman with a BMI below 18.5 is more likely to have decisions concerning her health outcomes made by her husband.
- The perpetual leakage of bodily fluids as a consequence of the disease leaves women shunned.

Obstetric Fistula

- Is the development of a hole in the birthing canal as a result of childbirth.
- Incidents in Ethiopia are a consequence of a woman laboring for days (about 3) while the fetus is unable to successfully pass through the birth canal.
- The types are vesicovaginal fistula, ureterovaginal fistula, rectovaginal fistula, ureterovaginal fistula.
- The type(s), severity and treatability is case by case dependent.
- The exact portion of the Ethiopian population impacted by the disorder is unknown as a consequence of inconsistent reporting.

Health Functions

Days travel to hospital for Ethiopian women



Women who make more money than their husbands in Ethiopia have more control over household decisions.

- ❖ Having control over household decisions is also correlated with making more money.
- ❖ More influence concerning household decisions means they have more agency over their health care outcomes.
- ❖ Having at least one year of formal education is the differentiating factor of future agency within marriage.
- ❖ A woman making some money experiences improved health outcomes than women who make no money.

Conclusion

Obstetric fistula is a preventable disorder. One that occurs as a consequence of a nation's lack of development, limited medical access and individual agency. Access to education transforms the likelihood of a women developing obstetric fistula. Educated women are more likely to have jobs that financially contribute to their households.

The ability to make a decision concerning the household means that the woman has agency to determine her health outcomes. These women are more likely to live closer to urban areas where they can seek medical intervention during birth.

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