

Obstetric Fistula in Ethiopia and Limited Health Functions

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In Ethiopia, rural women suffer the casualties on the battlefield of gender and developmental inequalities. Lack of infrastructure leaves them vulnerable to labor for several days while giving birth, resulting in obstetric fistula and death of the fetus. Medical intervention prevents obstetric fistula in most nations — unenforced legislature, national statistics, and health outcomes demonstrate how disenfranchised women are in Ethiopia.

Women with resources in Ethiopia are more likely to have the opportunity to negotiate with their husbands about household decisions. These resources constitute at least a year of education, access to wealth or capital, and a BMI above 18.5, which together indicate more negotiating power and the ability for self-determination concerning medical care. Women who do not meet these qualifications are more susceptible to denial of medical care by their husbands.

After women develop obstetric fistula, they are shunned from their homes as a consequence of hygienic problems, making it especially challenging to tabulate their prevalence within a population. Some forms of biomedical interventions are not socially unacceptable and therefore rejected by patients.

Better infrastructure would not only allow more women to travel to hospitals but also allow for a medical provider to access remote areas where Ethiopian women are most vulnerable to obstetric fistula. These actions would prevent future mothers from developing obstetric fistulas during birth. Societal changes to empower women with obstetric fistula would minimize stigma for women suffering from the disorder and allow them to reacclimate into their society.

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