

# WHY WE GO



## People Groups: “Invisible” women with obstetric fistula

### Ask God To

- Open the eyes of his Church to see these, his unseen daughters.
- Reveal his great love and compassion to each woman who suffers with fistula today.
- Encourage those seeking to serve these women with healing and hope.
- Provide the resources to carry out the ministries that care for those with fistula.

At 15 years of age, Aisha is a mother. This is not so unusual in the context of her country, her people, or her village. What is uncommon is that, rather than experiencing joyful days of watching her newborn son grow and develop, and sharing milestones with her husband and the village, Aisha finds herself isolated and lonely.

She has been unable to control her bladder since the delivery. She smells bad. It is unpleasant to be near her. As a result, her husband has divorced her. The village wants little to do with her. She lives with her son in a dilapidated hut on the fringe of the village, her mother occasionally bringing food and conversation. She lives a secluded existence in an otherwise communal society.

Aisha belongs to a “hidden people group”. It is not a group joined at birth. But its members share some distinctives, particularly that of being invisible. Forgotten at the margin of society, Aisha is isolated from the life she loved as a girl. Why?

She gave birth before her body was fully developed. Her pelvis was not yet ready to accommodate the baby’s head, destroying tissue between her

uterus and bladder. A hole (or obstetric fistula) was the result. The operation Aisha requires is not widely practised.

Fistulas are the tragic result of various practices (female circumcision) and customs (teen marriage). In their various forms, fistulas occur wherever prenatal care is inaccessible and Caesarian sections are unavailable. Often women have no options for transport to appropriate medical facilities.

Though data on invisible women is difficult to quantify, the number suffering from fistula is significant. In Niger, for example, recent research estimates 625 new cases of fistula each year, pointing to as many as 30,000 women currently suffering in this country alone.

The emotional trauma of rejection from their communities and loved ones can be a heavy burden to carry. Fistula is not contagious, but the stigma experienced by its victims resembles that suffered by the survivor of a deadly virus. Driven away, and forced to hide their condition, women with fistula endure pain and fear every day.

Yet, not all women with fistula suffer the ostracism as Aisha does. Creative coping strategies allow many to manage

the leakage and resulting odour. Though this brings discomfort and requires vigilance, many successfully hide their condition for years, often with the support of one or two others.

Fistula victims desperately need the good news of Jesus Christ, who welcomes them into his family, loving them as his very own. His sacrificial death and resurrection create a new community, free from rejection. And He has chosen his Church to be his physical presence, gently caring for this marginalised group. So mission medical centres across Africa offer a variety of services, from prevention programmes to surgical repairs, from trauma care to skills training.

Christ calls us to see the “invisible” ones and bring them his message of hope, through practical care and the healing words of truth.