Maternity and poverty: Fistula in Bangladesh

NAZMUL HUDA, DESDEMONA KHAN *and* ABU JAMIL FAISEL

About a millennium ago Al-Asuli, great physician of Bukhara, divided his pharmacopoeia into two parts: *Diseases of the Rich* and *Diseases of the Poor*. "If Al-Asuli were alive today and could write about the afflictions of mankind," Abdus Salam, a physicist of our time comments, "I am sure he would again plan to divide his pharmacopoeia into the same two parts." Incidence of Fistula, a disease mostly of the poorer class, is a case in point. It is a disease of women, of mothers, who are the poorer ones among the poor.

Mothers risk their lives to bring other lives on earth. Many lose their lives, more of them even live with scars. One such scar is obstetric fistula, a disorder of female genitalia, mainly associated with the birth process. As medical technology advances, mother mortality has reduced. But as poverty and social inequality still reign, many continue to suffer.

Female genital fistula is a severe morbid condition of genitalia. Fistula affected women experience uncontrolled, non-stop passage of urine or/and feces per vagina. This happens when the birth canal gets connected with urinary system (urethra and bladder mainly) or/and rectum through abnormal hole(s).

Historically, obstructed labour has been the main cause contributing to those holes finding ways for urine or feces leak through the vagina. In cases of obstructed labour, the fetal head gets arrested in the birth canal for long (say, 12) hours. The fetal head adds pressure on the thin soft wall of vagina against pelvic bones. Prolong pressure causes death of the vaginal wall and holes get generated.

PHOTO: TAREQ SALAHUDDIN

A fistula patient is seen after surgery at Hope Hospital, Cox's Bazar in Bangladesh.

In Bangladesh, three fourths of all fistula cases at present are due to obstructed labour. Genital fistula, a major form of obstetric morbidity, is commonly associated with neglected, under-attended delivery.

As hospital deliveries go up, obstructed labour cases go down. However, incidence of iatrogenic fistula is evidently going up.

Partograph, a simple tool used by midwives and nurses to plot progress of normal delivery in a graph is very helpful for prompt diagnosis of obstructed labour. It helps prevent fistula. Unfortunately, most hospitals here hardly use partograph.

A situation analysis report indicated 71,000 fistula cases in Bangladesh in 2003. Two thousand new cases are being added, annually.

Early marriage is a predisposing factor of fistula. Discouraging early marriage is likely to reduce incidence. Quality pregnancy care is of high import in early prevention. In case of obstructed labour, timely referral to a facility where caesarian section is available will help.

Caesarean section is no doubt a solution for women at obstructed labour. However, rampant use of caesarean section is injudicious. Quality care is the key. More important is improved nutritional status of women. It helps deal with stresses of pregnancy and labour.

In most fistula cases, the only option is surgical repair. Fistula surgery demands high skill but is a relatively low-tech surgery. Fistula surgery is available at National Fistula Center, Dhaka Medical College, Bangabandhu Sheikh Mujib Medical University, and in a number of private hospitals in and out of Dhaka. In all concerned hospitals fistula repair operations are done absolutely free. EngenderHealth Bangladesh, with USAID, is currently working with Ministry of Health and Family Welfare in project *Fistula Care Plus* for prevention, repair and rehabilitation of fistula victims.

Divorce is a common consequence in fistula cases. They are often segregated. They are not allowed in the bridal bedroom, and not allowed in the kitchen, even to touch utensils. They feel themselves dirty for prayer and keep away from holy books. In some cases, they are not allowed to touch children. Thus surgical repair as such for a fistula patient is often not enough. Community leaders, imams, teachers, local government representatives may play a helpful role in reintegration.

Fistula is a disease of the poor. It needs a concerted and collective effort. A fistula-free Bangladesh claims all of us. Awareness is not all, but only a small step.

Desdemona Khan is an anthropologist at Centre for Asian Arts and Cultures, Dhaka; Dr Nazmul Huda and Dr. Abu Jamil Faisel work at EngenderHealth Bangladesh.

HAVE A NICE DAY

Do you really need a CT scan?

Dr Rubaiul Murshed

Medical imaging (Computed Tomography or CT scan, X-rays, MRI etc.) tests have become increasingly concerned about their overuse, especially its CT scan variety. The radiation risk from a single CT scan may be not that big, but radiation exposures add up over a lifetime. In fact, imaging tests should be done when there is a clear benefit. Before undergoing a diagnostic scan, ask the concerned doctors — if the test is really necessary and whether it really improves your health. And do not forget to ask if there is a non-radiation alternative, such as ultrasound.

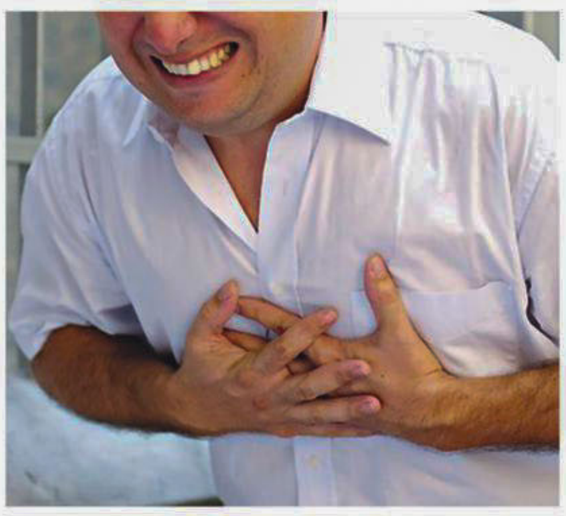
Today on average people are exposed to about six times radiation from medical imaging than they were two decades ago. CT scan is a procedure using specialised X-ray equipment which provides detailed images of bones, organs and tissues. A CT scan takes many X-rays at different angles to produce a three-dimensional image. This is why, the radiation exposure from a CT procedure is higher than from a conventional X-ray.

It is true that cancer from radiation takes a number of years to develop, but it is mostly vital to minimise avoidable CT scans — particularly in younger patients. An analysis of seven healthcare systems in the U.S. has found that paediatric radiation exposure from CT scans can potentially double the risk of cancer caused by radiation. They should only have a CT scan if it is justified by a serious condition that risks their health.

Because of the possibility of an increased risk, nevertheless, the American College of Radiology advises that no imaging exam be done unless there is a clear medical benefit. So, before having any imaging scan, chat about the pros and cons with the doctor.

E-mail: rubaiulmurshed@gmail.com

HEALTH *bulletin*



Depression makes heart failure worse

People with heart failure must be screened for signs of depression and offered counselling, scientists say.

A small study presented at the European Society of Cardiology suggested patients with depression were more likely to die within a year.

Though many factors are likely to influence this including the severity of the disease, researchers say managing depression is important.

Heart failure can happen when the muscle of the heart becomes too weak or too stiff, making it harder to pump blood around the body. And as this becomes worse patients can feel very tired and short of breath.

It is likely that other factors are important as well; some people with depression may not feel motivated to take their pills or seek help quickly, scientists suggest.

Do's and don'ts of contact lenses

Specialists have noticed a rise in eye infections among contact-lens wearers and are warning users to take extra care. Bacteria, fungi and micro-organisms can stick to contact lenses and cause pain, irritation and serious harm. So here are some of the risks, and the dos and don'ts:

Don't sleep with your lenses in

Unless your optician has said you can, it is a bad idea to leave your contacts in when you go to bed. Most contact lenses are not designed for this and extended wear can aggravate the cornea - the transparent outer covering of the eye, leaving it more vulnerable to infection.

Don't shower or swim with your lenses in

Water-borne bacteria and other bugs, can attach to contact lenses during swimming and cause infection. If you want to swim with your contacts in, use a pair of tight-fitting swimming goggles to help protect your eyes.

Do clean your lenses properly

- To disinfect your lenses, soak them in solution in a storage case for the recommended amount of time
- Never re-use disinfecting solution or top it up. It must be discarded and replaced with fresh solution each time the lenses are stored.
- Only use the care products recommended by your practitioner
- Rinse your storage case, leave it open to dry after use each day, and replace it monthly
- Clean the storage case each week, using a clean toothbrush and contact lens solution
- Make sure your hands are clean. Wash, rinse and dry your hands thoroughly before handling your lenses to prevent spreading nasty germs.

Don't leave them to soak in a glass of water

It may be tempting to cut corners, especially if you are away from home and have forgotten to bring your lens-cleaning kit. But don't. Tap water can still carry bacteria that are harmful to the eyes.

Saliva is not a hygienic way to clean or wet your lenses.

Do be extra careful when putting them in and taking them out

- Take care not to catch the lens or the eye with your fingernails
- Don't mix your right and left lenses up; get into the habit of inserting and removing the same lens first
- Before you put lenses in, check they are not damaged or inside-out. The lens should be shaped like a cup. If it is inside-out it will be shaped like a saucer, with the edges facing out
- Give the lens a rinse with saline or conditioning solution and place it on to the tip of the index finger of your dominant hand
- Pull the lower eyelid down with the middle finger of the dominant hand and lift the upper eyelid with your other hand and gently place the lens on the eye without blinking
- When the lens is on the eye, close the eye slowly and blink gently a few times until the lens begins to feel comfortable
- To remove soft lenses, keep your chin down and look upwards
- Separate you eyelids in the same way as before and slide your contact lens down on to the white of your eye. Then gently pinch the lens with your thumb and index finger. Never use your nails
- To remove hard lenses, place your middle and ring finger at the outer corner of your eye and pull your eyelids tight over towards your ear. Blink - the lens should come out
- Dispose of or store the lenses appropriately.

What if my eye is red or feels odd?

Never ignore problems or discomfort. Remove the contact lens and seek medical advice.

Summer tips for a healthy heart

The arrival of spring and summer means days at the pool, family picnics and other outdoor activities. Here are some tips from the American Heart Association to keep your family physically active in the warmer months.

Hydrate! Drink plenty of water before, during and after physical activity to avoid dehydration. For low-calorie flavor, add slices of your favorite fruits such as melon, oranges, cucumber or mint to a pitcher of water and refrigerate for two hours.

Protect your family from the sun: wear wide-brimmed hats, always apply water-resistant sunscreen with at least SPF 15 and reapply sunscreen every 2 hours.

Heat safety: avoid intense activities between noon and 3 pm when the sun is at its strongest.

Dress for the heat: wear lightweight, light coloured clothing, breathable fabrics such as cotton, and wear sunglasses to protect your eyes.

Head indoors: when the heat gets unbearable, try indoor activities at your home or club like basketball, swimming and yoga.

/StarHealthBD