Obstetric Fistula in Zimbabwe

Zimbabwe Demographic and Health Survey 2023-24 Key Findings

What is Obstetric Fistula?

Obstetric Fistula (OF) is a preventable and in most cases, treatable childbirth injury. It is a medical condition in which a hole develops in the birth canal as a result of prolonged or obstructed labour without access to timely, high-quality medical treatment. The (fistula) hole can be between the vagina and rectum, ureter, or bladder. This condition results in faecal or urinary incontinence, leading to women being abandoned or neglected by their partners and families, unable to work,and ostracized by their communities.



Fistula repair surgery at Gweru Provincial Hospital

The current situation

Knowledge of OF

33% of women age **15-49** have heard of obstetric fistula, highlighting a significant awareness gap.

43% of women age **40-49** had the highest knowledge levels.

Prevalence of OF in Zimbabwe

An estimated **0.4%** of women currently experience fistula symptoms. In absolute terms, this translates to an estimated **15,000** women age **15-49**.

An estimated **0.9%** of women currently not experiencing the symptoms experienced them in the past. In absolute terms, this translates to an estimated **34,000** women.

Timeline before OF symptoms appear

Symptoms of fistula do not always appear immediately after the causal event.

Reported Number of Days Before Fistula Symptoms Appear

1 day	2-4 days	5-7 Days	8+days
19%	24%	16%	41%

The factsheet highlights information on key components of Obstetric fistula management, including prevention, reference, treatment and socioeconomic reintegration of survivors.

Causes of OF

Among women age **15-49** who reported having fistula symptoms currently or in the past, the most reported causal event was normal labour and delivery that resulted in a live birth **(34%).** This is followed by very difficult labour and delivery that resulted in a live birth **(33%).**

Normal labor and delivery, baby born alive	**34.3**
Very difficult labor and delivery, baby born alive	**32.6**
Very difficult labor and delivery, baby stillborn	**2.2**
Pelvic surgery	**2.0**
Sexual assault	**2.3**
Other injury	**1.7**
Other	**9.9**
Don't know	**15.0**

Treatment-seeking behavior

While over half of affected women seek some form of treatment, very few received the necessary surgical intervention.

Overall, **52%** of women experiencing Obstetric Fistula sought Treatment and **13%** got an operation/surgery.

Indicator	Urban	Rural
% of women who sought Treatment:	49%	55%
% of women who had an operation	10%	15%

Barriers to Seeking Treatment

Among women who did not seek treatment, several key barriers were identified:

37% said the problem disappeared on its own

16% said treatment was too expensive

13% did not know fistula can be treated

What Must Be Done?

The key to ending obstetric fistula is to prevent it from happening in the first place. Prevention requires tackling underlying social and economic inequities through initiatives aimed at educating and empowering women and girls, enhancing their life opportunities and delaying marriage and childbirth. To address these challenges, the following actions are recommended:

- **Boost Awareness:** Launch nationwide campaigns to close the knowledge gap on Obstetric Fistula.
- **Strengthen Systems:** Expand access to skilled maternal health and emergency obstetric care.
- **Scale Up Services:** Train more specialists and organise surgical outreach camps in rural areas.
- **Remove Financial Barriers:** Implement free or subsidized treatment and provide transport support.
- **Promote Early Intervention:** Foster a culture of early care-seeking and provide psychosocial support to combat stigma.
- **Data Integration:** Improve data systems to track cases and integrate fistula care into national health policies.

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