

Despite years of awareness campaigns and intervention programmes, many women in the sub-region still live with the condition.

BY MUDANGHA KOLYANGHA

**O**bstetric fistula remains one of the most devastating yet preventable childbirth injuries that continues to affect women in Bukedi Sub-region.

Obstetric fistula, as defined by the United Nations, is a hole between the birth canal and the bladder or rectum caused by prolonged, obstructed labour without timely medical care. The result is constant leakage of urine, stool, or both, leading to infections, chronic health complications, depression, and deep social exclusion.

Despite years of awareness campaigns and periodic intervention programmes, many women in the sub-region still live with the condition in isolation, battling pain, stigma, and a deep sense of abandonment.

For 35-year-old Loy Kayendeke of Bukomolo Village in Kabwangasi, Pallisa District, the journey to motherhood became a lifelong struggle after a prolonged, obstructed labour at home caused her birth canal to rupture.

"I did not have money for transport to the health facility, and the labour went on for too long; by the time I reached help, it was too late," Ms Kayendeke recalls.

For the past two years, she has lived with constant pain, difficulty sitting, and persistent irritation in her private parts.

Her story mirrors that of many women across Bukedi, where delays in reaching skilled care remain the leading cause of fistula.

Another survivor, 28-year-old Shamin Gimbo of Maizimasa and a mother of 10, has endured fistula symptoms for eight years.

"I developed the condition soon after giving birth; I went from health facility to health facility, but nothing improved

# Why fistula remains a heavy burden among Bukedi women



A woman undergoes a fistula checkup. More than 1,900 cases are reported in Uganda each year. PHOTO/FILE

until I was advised to undergo surgery," she says.

Similarly, Ms Agali Sumbatala, a mother of four from Kabwangasi, began experiencing uncontrollable urine leakage after the birth of her last child. The condition has left her socially isolated. "Even fellow women have started discriminating against me; the stigma has become part of my life," she reveals.

In Katubai Village, Kachulu Sub-county, Ms Sumini Musibika has lived with fistula for two years. She lost her baby during labour and later underwent an operation, but the bleeding continued and her condition worsened.

"I went to Kabwangasi and Namatala health centres, but nothing changed. I still urinate constantly, and it smells,

## Victim.

I developed the condition soon after giving birth; I went from health facility to health facility, but nothing improved until I was advised to undergo surgery -

**Shamin Gimbo, mother of 10**

My life has never been the same," she recounts.

Ms Hajira Kayendeke of Molotome village, Kabwangasi, a mother of five, describes severe pain that affects even her ability to bend or do household work.

According to Ms Jesca Mwigala, the chairperson of the Butebo District Women's League, cases of fistula are rising across communities.

"Our assessment in various sub-counties showed that not fewer than 50 women exhibit signs of fistula," she says. In Puti Sub-county alone, 10 women have already been identified, though many more remain hidden.

"A good number of women are suffering silently. They fear coming out, either because of shame or lack of awareness," Ms Mwigala says.

She adds that the condition is straining marriages, as many husbands continue to demand sexual relations even when their wives are in severe pain.

While the Ugandan government has

## DISEASE PREVALENCE

According to the National Library of Medicine, Uganda's prevalence of vaginal fistula symptoms stands between 16.3 and 22.5 per 1,000 women of reproductive age, translating to approximately 140,000-200,000 women living with the condition. More than 1,900 new cases are reported each year.

made efforts to address this burden such as the National Obstetric Fistula Strategy (2011/12-2015/16), investment in specialised training, and establishment of repair centres, gaps remain, particularly in rural regions like Bukedi.

Civil society groups have stepped in to help. Ms Halima Namakula, executive director of Women at Work International (WAWI), says the organisation is committed to raising awareness, especially among young mothers and girls who marry early.

"We have girls married at 13, and by 20 they already have four children," she says. "This back-to-back childbirth is extremely dangerous," she adds. Many communities lack basic knowledge about fistula—its causes, prevention, and treatment.

WAWI continues to screen women and provide free treatment, recognising that many cannot afford surgery and often suffer silently.

In Kibuku District, Women's League leader Hadijja Munaba reports at least 18 identified cases, most are still hidden due to fear and shame.

Butebo Woman MP Agnes Amede urges women to seek early medical care rather than hiding. "This challenge has become so common: It's time for our communities to take fistula seriously," she says.

The Pallisa District Health Officer, Dr Godfrey Mulekwa, reports only three cases in the last five years, crediting strong referral support from partner organisations.