

## Beyond the Band-aid: A Holistic Approach to Obstetric Fistula

Hadiza Soulaye was 14 years old when she became a pariah. Forcibly married to her uncle two years earlier, she had no education and little support from her family when she became pregnant a year later. Hadiza received no prenatal care, and underwent three agonising days of obstructed labour

In reality, obstetric fistula, and the grave socioeconomic impacts that arise from the condition, are a symptom of a much more complex, malignant problem: an intergenerational cycle of poverty, exacerbated by gender inequality. The largest risk factors for obstetric fistula are young maternal age and inadequate access to prenatal healthcare, both of which indicate deep-rooted poverty (Woldegebriel 2023). Most fistulas occur when the woman is a teenager – the pelvic bone does not stop growing until 21 years of age, and thus teenage mothers a

However, these kinds of

By attacking the underlying sociocultural issues that perpetuate obstetric fistula at both the systemic and community level, and enhancing pre-existing healthcare structures in local areas, transformative change is possible. These approaches not only hold promise for the treatment and prevention of obstetric fistula, but promote the wellbeing,

## Reference List

Ahmed, S., Anastasi, E., & Laski, L. (2016). Double burden of tragedy: stillbirth and obstetric fistula. *Journal of Obstetrics and Gynaecology*, 35(2), e80–e82.



