A Guide for Churches on the Prevention of

OBSTETRIC FISTULA

WCC Human Rights programme

World Council of Churches

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WCC Publications is the book publishing programme of the World Council of Churches. The WCC is a worldwide fellowship of 352 member churches which represents more than half a billion Christians around the world. The WCC calls its member churches to seek unity, a common public witness and service to others in a world where hope and solidarity are the seeds for justice and peace. The WCC works with people of all faiths seeking reconciliation with the goal of justice, peace, and a more equitable world.

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CONTENTS

FOREWORD

Giving hope in a desperate situation

She looked at me with very sad eyes—16-year-old Mary, who was waiting for her surgery at a church hospital in eastern Democratic Republic of Congo (DRC). She had been married and pregnant at a young age, and once her labour started, she could not go to the hospital because of rebel activities in the area. So the teenager delivered at home—the baby dead and the mother left with deep wounds, physical and emotional. Weeks after the delivery, urine was dripping and the young woman was mourning not only because she lost her child. She was also an outcast, unable to mingle in society because of her obstetric fistula.

Now, she had come to the hospital because she heard of the opportunity that the condition was treated there. "We will operate on Mary as soon as possible," said Dr Claude Biringi, one of the many doctors in DRC who work tirelessly for women with obstetric fistula. He added, "It is because of women like Mary that I am here, operating on vaginal fistula. When I see the smiles on their faces after surgery and when they go home with new hope and a new life, then I have fulfilled my mission."

However, it takes more than good medical care and surgery to put an end to obstetric fistula and the traumatizing consequences of a life in isolation and despair. Focusing on the prevention of this condition through better access to quality health care is critical. However, a difficult delivery is not the only cause of vaginal fistula. It can also occur after sexual violence, especially in areas of civil war and unrest, leaving women deeply traumatized and often outcasts in society.

Churches are communities that should reach out to marginalized and deprived people, creating safe spaces for affected women and girls, treating them with dignity and respect, and allowing healing to happen. Strengthened church health services can also provide quality care. Churches need to stand up for the rights of women, and they also need to work for peace and stability to allow people to live their lives in dignity and respect.

Churches can make a difference, and this publication can help to introduce the largely hidden issue of obstetric fistula to congregations.

Let us join hands and give hope to those at the margins.

Dr med. Gisela Schneider (MPH, DTM&H, DRH)
WCC Commission on Health and Healing

PURPOSE OF THIS BOOKLET

> Suppose a brother or a sister is without clothes and daily food. If one of you says to them, "Go in peace; keep warm and well fed," but does nothing about their physical needs, what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead. (James 2:15-17)

This guide aims to raise awareness in churches and church communities of the catastrophic condition of obstetric fistula—a childbirth injury usually caused by prolonged, obstructed labour without timely medical intervention. Obstetric fistula can have devastating physical, emotional, and economic consequences for women, and can even result in permanent disability. The condition is similar to that of traumatic gynecologic fistula, but the latter occurs as a result of sexual violence rather than childbirth.[1]

Estimates on the number of women in the world suffering with obstetric fistula vary widely because of a lack of data. At the time of publication of this guide, the United Nations Population Fund (UNFPA) estimated that 500,000 women and girls live with obstetric fistula in the developing world and that thousands more cases occur every year.[2] A large majority of these cases are in sub-Saharan Africa and South Asia.

1 Traumatic gynecologic fistula, which often occurs in conflict situations, is the result of brutal rape (sometimes including the use of objects), which can cause in a tear or fistula between a woman's vagina and bladder or rectum, or both. In addition to suffering similar difficulties to those of women with obstetric fistula, women with traumatic gynecologic fistula also face psychological side effects, including shame following the attack and fear of further aggression. These women are commonly rejected by their spouses and family members.

2 "Obstetric fistula," UNFPA website, https://www.unfpa.org/obstetric-fistula; also see the 2020 UN Secretary General's report where the numbers were first reported: *Intensifying Efforts to End Obstetric Fistula within a Decade*, United Nations General Assembly Report A/75/264, 28 July 2020, https://www.unfpa.org/resources/un-report-obstetric-fistula-2020-a75264.

Because of the sensitive nature of this subject, the condition remains hidden. Obstetric fistula is sometimes referred to as modern-day leprosy. As a result, few people recognize the very serious nature of the condition. We acknowledge, with grateful thanks, the bravery of the women on the cover page who have allowed us to use their photo following their repair surgeries. These women have been willing to break the stigma surrounding obstetric fistula and stand proudly as members of a group of survivors.

This guide introduces readers to obstetric fistula and explains why churches need to be concerned. It discusses how churches can help prevent the condition from occurring in the women in their congregations and local communities. It also offers practical and emotional support and encouragement to those who are suffering with obstetric fistula. Finally, this guide outlines the advocacy work being done and suggests some actions churches can take.

Many valuable contributions have enriched this publication. We want to acknowledge with appreciation the input of the women in Madagascar who bravely shared their stories of living with obstetric fistula, as well as the representatives of churches in Madagascar who shared both their knowledge of the issue and their desire to know more. Thanks and appreciation go to Ms Eva Abel Moses, Rev. Nicole Ashwood, Prof. Dr Vasile-Octavian Mihoc, Mr Stephen J. Brown, Dr Mwai Makoka, Dr Manoj Kurian, Ms. Bridget Asiamah, and Mr Nicholas Zoller. Particular mention must be made of Fr Edward Flynn, Spiritan Brother and coordinator of "Rights-proof—Prevention of Obstetric Fistula," who inspired this publication through his unwavering commitment to end the suffering of women in this respect.

Jennifer Philpot-Nissen
Programme Executive for Human Rights and Disarmament
World Council of Churches

MOIRA'S STORY

Moira,[3] a woman from Madagascar, shared her story after she had surgery to repair her obstetric fistula:

I am 21 years old. I have had obstetric fistula for six years. I come from a village far from here and am a farmer. I grow rice, cereals, cassava, and banana, and I raise chicken and ducks.

I was pregnant at the age of 15. When I started labour, I went to a traditional midwife and stayed with her for three days, but her support was not enough. She sent me to a hospital once she decided she could not help me anymore. My relatives supported this decision. My aunt came with me because my mother had to take care of my younger sibling.

We found a motorbike and began our journey to the hospital, but the road was so bad we found it was better to walk than to ride the motorbike. We then decided to take a bush taxi to get to the hospital. It took us three days walking to get to the taxi, and we stayed with family members who lived along the way.

I was in labour during this whole time. I was so stressed, much more so for my child than for me. I thought I would die with my child. I hoped that I would arrive at the hospital in time. I had never been to the city before.

I had been in labour for six days when I arrived at the health facility, and it was one more day before they decided to do a Caesarean section. My child was stillborn. I then had a fistula operation for the first time, but I only stayed in hospital for two days. I had to sell beef and rice so that I could pay the transportation costs and the medical fees.

Having funding for transportation, a hospital in my village, and more skilled midwives to advise me to go to the hospital earlier would have helped me and would also help all the women in my village.

3 Her name has been changed for privacy.

I had the second repair surgery after living with obstetric fistula for six years. I heard about it on the radio, and my father told me he had heard also about a hospital that did repair surgeries. I met a woman who been a patient at this hospital who had come back after a fistula repair. I know of four other women suffering from this condition in my village and neighbourhood.

Before I went for the repair, one of the women asked me about the procedure, but her father didn't want her to come with me. He did not trust the hospital because he had heard a lot of stories about missing organs and mysterious deaths. But since I have had my surgery, he has become more trustful and has allowed her to come.

I now feel so happy and so joyful.

BACKGROUND

What is obstetric fistula?

Obstetric fistula[4] is the condition where an abnormal hole or tear occurs in the flesh between the birth canal and the bladder or rectum in a woman's body during childbirth when she has a prolonged obstructed labour.

During such an obstructed labour, the continued pressure of the baby's head on the mother's pelvic bone damages the tissues and eventually creates a hole—a "fistula"—between the vagina and the bladder or rectum. The pressure deprives blood flow to the tissue, leading to irreversible injury to the tissue cells. Eventually, the dead tissue comes away, leaving a fistula, which causes a constant leaking of urine and sometimes also faeces through the vagina.

In 90 percent of cases, the baby dies from fetal distress due to the long obstructed labour.[5]

What are the underlying causes of obstetric fistula?

The primary cause of obstetric fistula is when women have obstructed labour and do not have access to well-equipped medical facilities and quality care when they need it. Such care would normally involve an emergency caesarean section operation. However, this primary cause is made worse by many other socio-economic determining factors—mainly poverty, cultural factors, lack of education, gender inequality, and discrimination.

When fees are charged for health services, impoverished women may not be able to afford the transportation costs to get to a medical facility, especially if they live in a rural or remote area or if they are dependent on others. The effect of poverty

4 This is a brief overview. More in-depth information can be found at "Obstetric Fistula," World Health Organization website, 19 February 2018, https://www.who.int/news-room/facts-in-pictures/detail/10-facts-on-obstetric-fistula

5 "Campaign to End Fistula," UNFPA website, https://endfistula.org/.

on health also has an impact. While fistula can affect all women, young women and adolescents are at particular risk because their bodies have not fully grown. This risk increases if the woman has been malnourished for much of her life.

Cultural factors can also play a part. Early marriages lead to early pregnancies. The opportunity for parents to receive a dowry increases the risk of girls being married at an early age. Cultural attitudes can also lead to women and girls delaying going to hospital and medical centres to give birth. These attitudes dictate that women are expected to endure pain and are of weak character if they seek help or cry out when in labour. Family members, and even medical staff, can be very unsympathetic to women, even mocking them in their time of distress.

Inadequate access to education can increase the risk of obstetric fistula. Health education can help women and girls understand the causes, dangers, and possible prevention of obstetric fistula, and the longer a girl can stay in school, the more her economic prospects increase and the less likely it is that she will marry at an early age.

Finally, gender inequality often means that women cannot make decisions about their own lives and health—for example, the decision to go to a doctor for ante-natal visits or to a medical facility to give birth. Family money that a pregnant woman needs to improve her health and nutrition will be spent on other things.

The persistence of obstetric fistula indicates that health and social systems are failing to protect the health and human rights of the poorest and most vulnerable women and girls.

What are the impacts of obstetric fistula?

Obstetric fistula is a double tragedy for a woman or girl—grieving the loss of her child and dealing with the impacts on her own health. The condition can have severe medical, emotional, psychological, and economic consequences if left untreated. Ongoing health risks include the increased likelihood of secondary infections. In addition, the inability to control urine or faeces means that sufferers live with a permanent foul odour. As a result, they usually isolate themselves from society or endure the stigma of being shunned.

This devastates them in all aspects of their lives and violates their human dignity and many of their human rights. Their livelihoods and economic possibilities, their access to health and education, their church attendance, and their relationships and sense of community are all affected. It is very common for marriages to break down as a result of obstetric fistula. Having the condition itself is a barrier to engaging in advocacy on it—for oneself or others—as it effectively imprisons women in their own homes.

How can obstetric fistula be prevented?

The single most important tool for ending obstetric fistula is to prevent it from happening. Preventative measures are effective and considerably cheaper than addressing the damage that is caused by it. If every woman had access to quality health services throughout her pregnancy, and in the years before and after, the number of maternal and newborn deaths and childbirth injuries could be substantially reduced. Prevention also includes addressing inequalities and both educating and empowering women.

How can obstetric fistula be treated?

Once an obstetric fistula has occurred, the main remedy is reconstructive surgery by a trained fistula surgeon. Success rates are as high as 90 percent for less complex cases but become lower when the cases are more complex and severe. The cost of fistula treatment—including surgery, post-operative care, and rehabilitation support—varies between countries.

WHY CHURCHES NEED TO BE CONCERNED

Many of us are uncomfortable around people who are suffering from disease, injury, or mental health issues. In fact, we tend to avoid them. But God did the opposite. Isaiah says of God, "In all their suffering he also suffered, and he personally rescued them" (Is. 63:9). The parable of the good Samaritan demonstrates how God calls us to walk with the sick regardless of any religious, cultural, or socio-economic differences, to share what they are going through, to be in solidarity with them, to pray for them, and to do whatever we can to support them and provide healing.

Throughout the Bible, God is on the side of those who suffer and maintaining human dignity is paramount. "I urge, then, first of all, that petitions, prayers, intercession and thanksgiving be made for all people—for kings and all those in authority, that we may live peaceful and quiet lives in all godliness and holiness" (1 Tim. 2). The early church championed the care of the sick and the development of medicines. The modern system of hospitals developed from the understanding of the first Christians about their role with respect to charity and care for the vulnerable.

Genesis tells us that when Adam and Eve first sinned against God in the garden of Eden, God said to Eve, "I will make your pains in childbearing very severe; with painful labor you will give birth to children. Your desire will be for your husband, and he will rule over you" (Gen. 3:16). This verse is sometimes interpreted to mean that taking medication to mitigate the pain of childbirth or seeking help during labour is a sinful bypassing of God's curse. However, these treatments should instead be seen as a blessing from God that allows medicines and procedures to be developed that can help women and ensure the healthy birth of God's children. In fact, several verses in the Bible indicate that plant-based medicines are a gift from God. Ezekiel says, "But the swamps and marshes will not become fresh; they will be left for salt. Fruit trees of all kinds will grow on both banks of the river. Their leaves will not wither, nor will their fruit fail. Every month they will bear fruit, because the water from the sanctuary flows to them. Their fruit will serve for food and their leaves for healing" (Ez. 47:11-13).

With respect to the condition of obstetric fistula, one story in the Bible speaks powerfully to this suffering and to the compassionate response that Christ gave us to model. The story is recounted in the gospel of Mark:

> And a woman was there who had been subject to bleeding for twelve years. She had suffered a great deal under the care of many doctors and had spent all she had, yet instead of getting better she grew worse. When she heard about Jesus, she came up behind him in the crowd and touched his cloak, because she thought, "If I just touch his clothes, I will be healed." Immediately her bleeding stopped and she felt in her body that she was freed from her suffering.
>
> At once Jesus realized that power had gone out from him. He turned around in the crowd and asked, "Who touched my clothes?"
>
> "You see the people crowding against you," his disciples answered, "and yet you can ask, 'Who touched me?'"
>
> But Jesus kept looking around to see who had done it. Then the woman, knowing what had happened to her, came and fell at his feet and, trembling with fear, told him the whole truth. He said to her, "Daughter, your faith has healed you. Go in peace and be freed from your suffering." (Mark 5:25-34)

In these verses, the woman summons the courage to touch Jesus' clothes and is instantly healed. The constant bleeding had rendered her permanently ritually

unclean, and after 12 years in this situation, she must have been considered an outcast. In the same way, women with obstetric fistula face isolation because they are considered unclean.

We are not told exactly what caused the condition, but we learn that she had seen many doctors and spent all she had on her search for a cure. For many women with obstetric fistula, the cost of surgery and of travelling to a medical facility and paying for their basic needs while away from home makes it impossible to access surgery. In some cases, women need more than one surgery to fully correct the condition or to follow-up if the first surgery was not successful. We can only imagine the level of indignity the woman in Mark's gospel went through with her repeated medical visits, but this is what millions of women with obstetric fistula continue to experience.

Jesus responds after realizing that power had left him. He seeks to identify the woman to restore her dignity, but she is terrified. Undoubtedly, in that moment, her belief that Jesus was more than an ordinary man had been confirmed. She was probably also afraid of being further victimized for touching a man when she was ritually unclean. She falls at Jesus's feet and tells him the whole truth—that she touched him and is healed. Maybe she narrates to Jesus when and how the condition began and all the suffering and social stigma. She is a witness of Jesus's mercy and healing power. His public affirmations to this woman in verse 34—"Daughter, your faith has healed you. Go in peace and be freed from your suffering"—are a critical part of her being restored into society.

In the same manner, it is essential that a woman living with obstetric fistula reintegrate into her family life and society to fully recover and have her human dignity restored. It is not an easy transition. Although she has begun the process of being healed, the road to full recovery is long. For example, after surgery, a woman cannot be intimate with her husband or partner for several months, and she needs to go for regular check-ups. In some cases, she may need further surgeries, and if she wants to have another child, she must plan to have access to a Caesarean section in advance to avoid obstetric fistula from recurring. In the recovery period, she cannot do heavy work, even when this is an integral part of how she makes money—for most women, any financial support they received through the period of the surgery and post-surgery would not last long. To get through all of these difficulties, a woman needs psychological, emotional, and economic support.

AFFECTED WOMEN LIVING AMONG US

A woman's level of education, socio-economic status, and proximity to adequate and affordable medical facilities are key determining factors that might lead to or prevent obstetric fistula. Beyond these factors, this is a condition that can affect any woman or girl.

Thousands of church congregations in affected countries have women suffering with obstetric fistula living among them. In some cases, pregnant women who were previously very active in their church and local community simply disappear from public life. The family might tell people that the baby died and the mother is unwell, but then say nothing more. This further perpetuates the silence and lack of general knowledge surrounding this condition.

Churches have a unique place in society compared to other social structures, such as places of employment, education, or leisure. Churches are, or should be, places where caring for each other is a primary responsibility. Churches provide grassroots access to communities and could be places where pregnant women can seek support—financial, moral, and practical—throughout pregnancy and as they approach delivery. Churches should be places where people can gently and sensitively inquire about women hiding away with the condition of obstetric fistula and then take steps to ensure they are helped. Speaking on this issue from the pulpit—and in women's, men's, and youth groups—could help to raise awareness, address stigma and discrimination, and encourage the hidden sufferers to seek help.

Such work can also particularly focus on husbands whose wives might be suffering with this condition or on men who might face it in the future in their marriages. Ephesians instructs husbands to "love your wives, just as Christ loved the church and gave himself up for her" (Eph. 5:25). A woman suffering the loss of her child and obstetric fistula needs her husband's understanding, patience, care, and love more than ever before.

WHAT IS BEING DONE

In 2003, the UNFPA and its partners launched the Campaign to End Fistula through prevention, treatment, rehabilitation, and reintegration, as well as by mobilizing advocacy and resources. The campaign has helped over 100,000 women by offering repair surgeries and providing support, working in 55 countries in Africa, Asia, the Arab region, and the Caribbean.

On 23 May 2013, the UNFPA launched the annual International Day to End Obstetric Fistula,[6] aimed at drawing attention to the issue. The association encouraged people to mark the day by donating to an organization that works on obstetric fistula, talking to others about it, and pledging to support those suffering from the impacts of the condition in their lives.

Every two years, the General Assembly of the United Nation adopts a resolution that continues to call for efforts to be made to end fistula by 2030. This is linked to a bi-annual report of the UN Secretary General.

Other UN agencies are also involved in different aspects of the issue, as are health-focused non-governmental organizations and churches that have health programmes, such as the Lutheran church in some countries.

6 "International Day to End Obstetric Fistula," UNFPA website, 23 May 2023, https://www.unfpa.org/events/international-day-end-obstetric-fistula.

WCC ENGAGEMENT

The Commission of the Churches on International Affairs of the World Council of Churches (WCC) has advocated at the international level in recent years to raise awareness about obstetric fistula as a serious human rights concern for women and girls, and that measures be taken for its prevention. The WCC has made statements to the United Nations Human Rights Council, in partnership with Geneva for Human Rights, the Congregation of Our Lady of the Charity of the Good Shepherd, and other partners.

In November 2022, the executive committee of the WCC issued a statement on global health and wellbeing that addressed obstetric fistula. It stated, "Churches have a critical role to play in supporting women in their communities who are suffering in this way, in raising awareness about the concern and confronting the discrimination and stigma attached to the issue and advocating for the prevention of the condition through adequate health care, for access to repair surgery for affected women, and for all affected by this condition to be treated with dignity and respect."[7]

In the same month, a delegation from the WCC visited Madagascar to meet member churches and to learn about obstetric fistula in that country. The visiting delegation found it was a serious concern, with churches showing varying levels of awareness about the condition. The delegation identified several follow-up actions for the WCC to support the member churches to engage with this concern, one of which was to produce this guide.

Women of all faiths can be affected by this condition. Engaging with other faiths on this issue through existing forums for interreligious dialogue is critical to reach more hidden sufferers.

7 "World Council of Churches Executive Committee Urges Commitment to Global Health-Promoting Churches," World Council of Churches website, 12 November 2022, https://www.oikoumene.org/news/world-council-of-churches-executive-committee-urges-commitment-to-global-health-promoting-churches.

ACTIONS CHURCHES CAN TAKE

Preventing obstetric fistula from occurring

The most important tool in the work to ensure that women never have to live with obstetric fistula is to prevent it from occurring in the first place. Below are some actions that churches are already taking and that other churches in affected countries could consider.

- Church leaders need to become informed about obstetric fistula to enable them to lead in raising awareness, advocating, and taking action to prevent it in their communities.
- Messages about health concerns relating to preventing obstetric fistula could be shared during church services, for example, as part of discussions on other health topics.
- Bible studies and discussions that focus on Jesus's care for the most vulnerable and marginalized, which can help to introduce this topic, could be included in church life. Relevant readings and suggested questions for reflection can be found at the end of this guide.
- Women's ministries (federations, fellowships, and mothers' unions) can raise awareness through their networks and advocate to transform discriminatory laws while providing safe support spaces for those obliged to withdraw from the community.
- Churches can share messages about the critical role of education and delaying the age of marriage. Girls who end education to get married are less likely to know about the importance of nutrition, attending pre- and postnatal classes, and delivering in hospitals. Such women and girls are more likely to use traditional birth attendants than midwives or hospitals.
- Churches can be involved in promoting the secondary education of girls in remote areas. In addition to giving girls the opportunity to gain valu-

able health information, a secondary school education can delay the time of marriage and early pregnancy.
- Churches can share messages about the importance of good nutrition. Malnutrition in young girls can cause underdevelopment as they grow up, which increases the chances of obstructed labour and obstetric fistula.
- Churches can work with medical personnel to introduce health education, particularly on issues of reproductive health, safe motherhood, and nutrition. They can emphasize the importance of going to hospitals or other medical facilities to give birth instead of delivering at home.
- Churches can liaise with hospitals to provide emergency transportation or ambulances for pregnant women to get to the hospitals once they are due to deliver.
- Churches can organize medical camps to create awareness about reproductive health and obstetric fistula in remote areas. By raising awareness, churches can help dispel myths and misconceptions surrounding obstetric fistula and promote early medical intervention.
- Churches can speak out against gender inequalities, early and forced marriage, violence against women, and other such factors that put women at particular risk of obstetric fistula.
- Churches should advocate with local and national authorities to call for the allocation of appropriate funds for the health sector to ensure women have access to adequate and appropriate services.
- Churches can collect information about obstetric fistula in their country and share it with representatives working in the field of advocacy at the international level.
- In areas with inadequate obstetric care, churches can support safe birth initiatives, such as partnering with local health-care facilities to provide free or subsidized prenatal care, or safe delivery kits. They can also establish or support maternity centres that offer comprehensive care, including pre-and postnatal services.

Supporting women with obstetric fistula

The treatment of obstetric fistula through surgical repair is the responsibility of medical experts. However, in many affected countries, hospitals and medical centres are run by churches. In addition to church-run medical centres, churches can be involved in the following ways:

- Treating affected women with dignity, kindness, and love needs to be the first response. Women and their families should be reassured that the condition can be treated.
- Churches can play an important role in bereavement counselling when a mother has lost her child or the child is born with disabilities following a difficult delivery.
- Churches can partner with organizations dealing with obstetric fistula to provide reliable information, including about costs and the availability of medical services, and to provide phone-in helplines for women living with obstetric fistula.
- Churches should reach out to and encourage women-to-women pastoral visits to pregnant women and ensure follow-up when women do not reappear in public life after giving birth.
- Churches should be involved in advocating for obstetric fistula repair and screening camps and spread the information about when and where these camps are happening in partnership with hospitals offering fistula repair surgery.
- Churches should develop good partnerships with medical facilities to be able to efficiently refer women who develop obstetric fistula so that they are treated as soon as possible after it is discovered.

Helping women to reintegrate

Churches can take a number of measures to help women suffering from obstetric fistula or who are recovering from fistula repair surgery to reintegrate into normal lives:

- Churches can establish funds or partner with existing organizations to financially support the social reintegration of women to enable them to return to their communities with dignity and to be self-sufficient.
- Churches should provide counselling and psychological and social support to families of women living with obstetric fistula, including carrying out pastoral visits to women who are recovering at home.

- Churches should speak out to condemn the social discrimination of women who are suffering from obstetric fistula and create safe spaces and awareness of obstetric fistula to address stigmatization and trauma.
- Churches can provide income projects for women recovering from obstetric fistula that are within the limits of their physical capabilities.
- Churches should support women who previously held leadership positions to return to them as soon as they wish.
- Churches can encourage, support, and empower recovered women who want to speak out about their experiences and advocate to prevent obstetric fistula and to support women with the condition.

QUESTIONS FOR DISCUSSION AND BIBLE STUDY

Read Genesis 3, the story of the fall of Adam and Eve.

1. *Should pain and trauma in childbirth be inevitable and part of God's plan for women?*
2. *How can churches address cultural norms that might encourage a woman to "endure" beyond what she is capable of?*

Read Mark 5:24-34, the story of the woman who was healed when she touched Jesus's clothes.

1. *What are some of the struggles women living with obstetric fistula might experience?*
2. *What can your church do to restore the dignity of women living with obstetric fistula?*

Read 1 Kings 17:10-16, the story of the widow and her son who were living in a famine and facing starvation but trusted Elijah and gave him their last bread. From then until the rains came again, her jar of flour and jug of oil did not run empty.

1. *How did God use that woman, who was in a most desperate situation, and give her hope for a future for her and her child?*
2. *How can we support women with obstetric fistula who feel that they have no hope for the future and nothing to contribute to society?*

Read Psalm 27:1–5. The house of the Lord (the church) is intended to be a safe space for everyone.

1. *How can we reduce the stigma in the church for women affected by obstetric fistula and enable a culture where such issues can be sensitively addressed?*
2. *How can your church be a safe space and a place of sanctuary for women with obstetric fistula?*

Read Luke 10:25-37, the parable of the good Samaritan

1. *What might God be calling us to do—practically and spiritually—to prevent obstetric fistula and to help those suffering with it?*
2. *How can we as church reach out to women living with obstetric fistula to understand their situation?*

PRAYERS

The following prayers have been offered by Catholic, Orthodox, and Protestant leaders.

God of life, love, and faithfulness,

as we reflect on the lives of women living with obstetric fistula,
we pray that you protect them.
Created in your image and likeness, they carry all the risk,
suffering, and pain associated with childbirth.
May we respond with greater urgency to the needs of all
women due to give birth.
We pray that greater emphasis be given to the prevention of
this devastating condition.
May women and girls living with obstetric fistula be helped
and supported with all the professional skills and services that
our societies have to offer.
And as they give birth may their dignity be respected.
We ask this through the help of the one born in a stable.

Amen

O Lord our God, the physician of our souls and bodies,

look down upon all women who are suffering from obstetric fistula. Visit them with your mercy and compassion; heal them and raise them up from their bed of sickness. Grant them patience and strength during this time of trial.

We pray that you, in your love for humankind, will bless and guide the hands of the medical professionals who are caring for them. Grant them wisdom, skill, and discernment in their treatment.

O Lord, grant comfort and peace to the family and loved ones of all women living with obstetric fistula, who are also burdened by this illness. Strengthen them with faith and hope and grant them the grace to support and care for them in this difficult time.

We humbly ask for the intercessions of the Holy *Theotokos*, the Virgin Mary, and all the saints, that their prayers may strengthen these women and bring them healing according to your will.

For you are a merciful and loving God, and to you we ascribe glory, to the Father, Son, and Holy Spirit, now and ever, and unto ages of ages.

Amen

Gracious God,

The burdens faced by women are many: discrimination based on gender and exclusion from spaces of decision-making, as well as a lack of economic independence to provide for their own needs. When faced with obstructions in the uterus, many of these women have no one to stand with them, no one to advocate for their needs, and they are further discriminated against because of the subsequent injury to their bodies. They are excluded, not because they are unclean, but because their condition results in ongoing discharges that make many uncomfortable.

Your word demonstrates your compassion for those in desperate situations, for widows and orphans—and victims of obstetric fistula are as desperate as widows and as forsaken as orphans. Indeed, they are often counted among the living dead, hidden and shamed as social and physical lepers.

We call on you, *Jehovah Rapha*, healer of leprous men, bleeding women, and sick children, to intervene in the lives of women and girls living with obstetric fistula to heal their physical, social, and mental trauma. God of life, your daughters are crying, desperately needing healing, like the bleeding women. Their parents seek you with bated breath, awaiting those precious words, '*Talitha Cumi*," so they may rise from the ashes of fistula-related despair and injury. Resurrection and life, restore your daughters to wholeness, call them forth to life through surgery, the end of stigma, and a shift in legislation.

Turn our hearts to be actively engaged in nourishing and protecting our girls so that pregnancy does not result as a threat to their lives and livelihood. Help us to repent from failing to

take action against child marriages, rape, and undernourished children, as these are leading causes of fistula.

Have mercy dear Jesus on your children. May our advocacy never end until obstetric fistula is no more.

In Jesus's name, amen.

World Council of Churches

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