United Nations A/HRC/44/NGO/49

General Assembly

Distr.: General
2 July 2020

English only

Human Rights Council
Forty-fourth session
15 June–3 July 2020
Agenda item 3
Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Written statement* submitted by Congregation of Our Lady of Charity of the Good Shepherd, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[04 June 2020]

* Issued as received, in the language(s) of submission only.

GE.20-08859(E)
2008859

Obstetric Fistula is very often caused by gender-based-violence and has to be ended

A written submission on 'Obstetric Fistula as violence against women and a Human rights Violation'.

Obstetric Fistula is very often caused by gender-based-violence and has to be ended

Definition

Obstetric Fistula is the Modern-Day Leper and silent killer disease of the poor.[1] It is a medical condition in which a hole develops in the birth canal as a result of childbirth. This can be between the vagina and rectum, ureter, or bladder[2] (United Nations Population Fund (UNFPA) 8 May 2017. Retrieved 12 December 2017).

Causative factors

a) Fistula is very often caused by gender-based-violence

"Gender-based violence is defined as violence directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It can include physical, sexual, or psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether in public or private life. Gender-based violence takes many forms and can occur throughout the life cycle."[3]

b) Economic systemic violence against women leads to fistula

Obstetric Fistula is the result of economic, social and logistical barriers that women and girls face in accessing sexual and reproductive health services. Poor women and girls in rural areas are especially at risk. The disproportionate incidence among the poor of obstetric fistula reflects social and economic inequities and of unequal enjoyment of the right to health, including sexual and reproductive health. Child marriage and early childbearing are among other contributing factors. Child marriage is, in itself, recognized as a form of gender-based violence by the United Nations and many governments, and the practice can also perpetuate other forms of gender-based violence. Because of these factors we see the wide range of untreated fistula as violence against women.

c) Cultural practices, which disadvantage women, can cause obstetric fistula

Poverty is the main underlying cause of the prolonged, obstructed labour which results in obstetric fistula. This is due to its association with: home births, poor health and nutrition, stunted growth, limited access to health care, illiteracy and links to Female Genital Mutilation (FGM), early child marriage and early childbearing. It occurs predominantly in Sub-Sahara Africa where poverty rates are high, and a lack of systemic and appropriate prenatal and postpartum care contributes to the condition's prevalence. In many countries, home births are still the norm. For example, according to the Tanzanian Demographic and Health Survey, 2015[4] almost two-thirds (63%) of births occur in a health facility, primarily in public sector facilities. However, 36% of births occur at home. Women with no education, those living in

[1] Individual NGO Report to the 68th Session of CEDAW; Kenya "Fistula the Modern-Day Leper and silent killer disease of the poor: Jamaa Mission Hospital-Kenya" https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/KEN/INT_CEDAW_NGO_KEN_29286_E.pdf.

[2] UNFPA, https://www.unfpa.org/obstetric-fistula.

[3] Taking action to address child marriage: https://www.girlsnotbrides.org/wp-content/uploads/2016/03/8.-Addressing-child-marriage-GBV.pdf.

[4] United Republic of Tanzania, 2015-16 Demographic and Health Survey and Malaria Indicator Survey; Page 8, https://www.dhsprogram.com/pubs/pdf/SR233/SR233.pdf.

rural areas, and those in the poorest households are most likely to deliver at home. Nearly half of births in 2004-05 were delivered at a health facility, compared to 63% in 2015-16. Overall, 64% of births are assisted by a skilled provider. The dispensaries and health centers, where women go to give birth, often have no capacity to handle obstructed labour. They may have no transport to move women to a hospital with more facilities, if needed. In many places, low awareness results in the threat of obstetric fistula not being considered as a surgical emergency at all. Distance, cost, lack of transport, lack of information about potential complications during pregnancy and childbirth and other barriers are major contributors to the condition.

Despite recent progress in developing human rights standards in the context of maternal mortality, paralysis and morbidity generally (c.f, in particular, United Nations General Assembly (UNGA) document A/HRC/21/22), international human rights standards on mistreatment during facility-based childbirth are still at an early stage of development. Consequently, mistreatment in healthcare facilities, especially neglect and delay or denial of services on the basis (among other things) of inability to pay or membership of marginalized groups can itself result in obstetric fistula.

The World Health Organization's (WHO) 'Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health' (2016-2030), which takes a life-course approach to attaining the highest standards of health and wellbeing, mentions fistula only once, and then solely in terms of early detection.

Birth in hospital, often cited as a primary factor in preventing obstetric fistula, is, on its own, insufficient, or even potentially harmful. Staff must be trained and aware; dignity of women must be at the centre of the approach; fees must be within the reach of the poorest or eliminated altogether. Woman-centered human-rights-based policy must be matched by practice in a coherent system which takes the rights of women seriously.

A Human Rights Based approach to obstetric fistula

"The persistence of fistula is a result of human rights denied and a reflection of human rights abuse. It reflects chronic health inequities and health-care system constraints, as well as wider challenges, such as gender and socioeconomic inequality, child marriage and early childbearing, all of which can undermine the lives of women and girls and interfere with their enjoyment of their basic human rights"[5] (Babatunde Osotimehin, Executive Director, UNFPA, 2013).

This condition often results in exclusion, divorce or separation by husbands or partners. Other serious impacts can be chronic ailments, foul smell, paralysis, low self-concept, stigma, isolation, rejection, physical abuse by partner, extra marital affairs, financial constrain, death, high child mortality rates. The outcome of obstetric fistula can also include Psychological Conditions such as depression, anxiety, and post trauma notwithstanding, it can lead to social economic and development crisis for concerned women.[6]

Based on UNGA document A/71/306 (Intensifying efforts to end obstetric fistula, Report of Secretary General, reissued 31 August 2016), UNGA Resolution A/C.3/71/L.16/Rev.1: 16 Nov 2016 is the sixth such Resolution on obstetric fistula in the last ten years. It stresses the context of women's development and gender equality and international human rights instruments. Importantly, it recognizes the links between poverty, malnutrition, inadequate or inaccessible health services, early marriage, early childbearing, gender-based violence and gender inequality as the root causes of obstetric fistula, with poverty as the main risk factor, thus clearly placing the condition in a human rights context. It names the social issues that underpin the condition, including the continued low status of women in many countries and communities.

[5] Babatunde Osotimehin, Executive Director, UNFPA https://sudan.unfpa.org/en/node/21752.

[6] Individual NGO Report to the 68th Session of CEDAW; Kenya "Fistula the Modern-Day Leper and silent killer disease of the poor: Jamaa Mission Hospital-Kenya".

The Resolution notes the necessity to adopt a human rights-based approach to eliminating the condition, using the principles of accountability, participation, transparency, empowerment, sustainability.

Recommendations

We call on Governments to:

- Implement punitive Legislative measures to end Female Genital Mutilation to ensure girls are protected from this torturous practice by imposing imprisonment and a fine.
- End harmful religious and cultural norms that subject girls to forced early marriages by imposing laws that imprison perpetrators.
- Provide free treatment and reintegration programs for persons suffering from obstetric fistula.
- Women with past or present experience of obstetric fistula should be actively and meaningfully involved in the design, delivery and evaluation of measures and actions taken to eradicate the condition and to transform for the better the lives of those who endure it. For example, in recent years One by One, a Kenyan NGO, reached over 125,000 people in 15 months using a network of fistula survivors and community volunteers. Crucially, this involved reintegration support as well as community education and identifying women for surgery.
- Starting in remote areas, grant all women four free ante-natal visits to a doctor during their first pregnancy to prevent Fistula.
- Improve the medical competence of all medical staff, including surgeons to avoid iatrogenic Fistula.
- Set up prevention and education on a Human Rights based approach.
- Put infrastructure in place to ensure, that women can reach professional medical treatment.
- Improve rehabilitation policies regarding post-Fistula treatment, because of the social economic impact of Fistula.

Finally, in the light of the recent discussion at the UNGA on the situation of women who have obstetric fistula, and the proactive initiatives taken by UN bodies to combat the issue, we urge the Human Rights Council, UN Special Rapporteurs and other international bodies to redouble efforts to eliminate this preventable human rights issue, and to enable women who currently endure this devastating condition to achieve their full human rights, which have long been denied.