

Girl Child Marriage and Obstetric Fistula (Zimbabwe Case Study)

Chinhoyi Hospital

In December 2015 Africa Women Filmmakers Trust research team set out to find out the situation in Harare urban regards the issue of girl child marriages. The research was concentrated in Epworth, Dziwarasekwa and Greendale Suburb. This was expanded to include Chitungwiza and Chinhoyi District in Mashonaland West Province.

The research methods used was in-depth interviews and focus group discussions. The main aim was to find out the situation on the ground in preparation of expert interviews. However, due to the richness of the data collected, it was felt that this information could also be packaged and made accessible to the wider audience. This report therefore focuses on the report findings in Chinhoyi.

What made Chinhoyi to be included in this project during the implementation stage was the issues that emerged during the interviews and focus group discussions in Harare Urban. Obstetric Fistula was identified as one of the most devastating injuries some of the girl child brides could suffer as well as the girls who got pregnant before 18 since they had not matured physically.

Participants had generally raised the issue that some apostolic faith sects discouraged their followers going to modern medical facilities opting to deliver at home or being assisted during child birth as prescribed by their churches. It was noted that while being delivered at these secrete locations by some members of their churches, these girls or women would go through prolonged obstructed delivery lasting three to four days resulting in these child birth injuries and in some cases death of both the child and mother.

So, it was therefore necessary to do a follow up research in Chinhoyi which would enable us to capture the lived realities of the challenges related to child marriages. Chinhoyi enabled us to meet women and girls who were receiving reconstructive surgery some, having suffered for decades with obstetric fistula. This treatment is not affordable to most of those who suffer this injury.

However, it emerged during research in Chinhoyi that most of those who were receiving treatment were coming from apostolic faith sects. It was also noted that most of those we interviewed had gotten their injury before their 18th birthday.

We made our first trip to Chinhoyi in December 2015 and met girls and women who had suffered this injury face to face. It was heart breaking listening to their stories. These women had lived for years in isolation with no hope of a decent life. Those who had already undergone the surgery spoke of having received there miracle and could not wait to go home to talk about their new found freedom and the miracle. I recall one

of the girls saying, she would go to church for the first time after 10 years to give a testimony of how she had received her miracle. Among those who were still waiting for their turn to go to the theatre for surgery you could feel the hope, the anticipation as they waited their turn to tell us their stories. We spoke to one of the women who had been discharged and she spoke about her life having been restored.

However, before listening to these lived realities of these girls and women we had to speak to the social worker from Women and Health Alliance International (WAHA) coordinating the programme which is being run in partnership with UNFPA and the Ministry of Health and Child Welfare. Our first interview was with Fortunate the reconstructive surgery programme coordinator from WAHA.

Fortunate

I work for Women and Health Alliance International based in France. We are in partnership with UNFPA and the Ministry of Health and Child Welfare. We are conducting an average of three surgeries per day, two minor and one major.

Obstetric Fistula is a disease often referred to as the disease of poverty because the victims are generally not in a position to pay for reconstructive surgery. This programme caters for all their expenses including transport, provisions they require when they come here, which includes food and soap so that their journey is as comfortable as possible. When they arrive here, they realise that they are not alone suffering this devastating injury and they begin sharing their life stories.

We use different media outlets to publicise the availability of this free surgery to those who have suffered this injury during child birth including but not limited to, WhatsApp, SMS, television and social media. However, we have since discovered that word of mouth is very effective. We want to partner anyone who can increase awareness of our services as we aim to eradicate this problem by 2020. When Zimbabwe Doctors for Human Rights go out they also publicise our work. We also use the print media including the popular newspaper *Kwayedza*.

In 2015, we conducted 6 reconstructive camps, four in Harare, at Harare hospital and two in Chinhoyi, at Chinhoyi hospital and more than 200 girls and women were restored.

When a potential client contacts us, we conduct an assessment interview on the phone. Our target group is women who have suffered this injury at child birth. So we take the history of the client. Today one of the clients who is undergoing this surgery is 31 years old. She got the injury when she was 16 years old. Her child died. She was abused by her husband and eventually was divorced and she now lives with her parents. In most instances, the husband simply marries another or other women and lives her.

What we have observed is that most of the cases being referred here come from Marange. It is the other relatives who have witnessed the suffering who fight for their

relative's right to health hence smuggle then to receive treatment because their churches do not permit.

Once we are in contact with these girls/women, we counsel them on the phone before they start the trip. They generally see themselves as outcasts and have no confidence. Some of them are generally reluctant to take this trip on their own so we encourage them because we see it as the first step towards rehabilitating them. We talk to them, establish friendship, and get to understand their condition which enables us to make proper treatment plan for them. We do all we can to make their lives comfortable even when they are here. Look, we have those bins with water. Sometimes the hospital does not have running water so we make sure there is water here for them to clean themselves.

We hope by 2020, no woman should be suffering from Obstetric Fistula, so it is important to deal with all historic cases. This problem is not only a rural problem, it is also an urban problem and some of these cases are really avoidable. A little girl walks into the clinic or hospital in labour but the health staff start to pick at them instead of offering assistance and by the time they attend to her, the damage has been done. So, some of these cases are due to negligence at the health facilities which results in many of these young girls preferring to deliver at home where they do not have access to C-Section when urgently required. In some instances, although there are facilities in rural areas for expectant mothers, however, the husbands refuse their wives to go because there are male nurses hence risking their expectant wives having obstetric fistula.

In Chipinge and Chiredzi Districts, in particular Zamchiya area, religion and culture continue exposing girls and women to obstetric fistula. They still believe that a woman should deliver their first child at home in case they have to make a confession (kureurura). They believe a long prolonged delivery is due to the wife having been unfaithful to her husband so for the child to come out, the girl or woman should confess (kureurura) first, as a result, some of these cultures still discourage women from giving birth in clinics or hospitals.

We have a case here of a girl who is now 16 years old who was pregnant around 12 or 15 years of age. She went into labor for about three days and on the fourth day fearing that they were going to lose her, they used a technique of jumping on the stomach and the child pops out leaving the mother with severe injuries. She has been assessed and it does not look promising at all. I am not sure if they will be able to conduct the surgery or not because of the severity of the injury, it is sad, very sad indeed. She has both urine and faecal matter coming out continuously. It is going to be very devastating if reconstructive surgery will not restore her to good health.

It is very important to create awareness about the dangers of early pregnancies. I say early pregnancies because even at 18 some of these girls are still not mature to take on the responsibilities of motherhood and being a wife, muroora (daughter-in-law). While our constitution is saying 18 but this multiple role can be daunting so when I hear some

people saying let them marry even those doing grade 7 or just after, it frightens me. Some even want the age of consent to be lowered and I wonder if they understand what they are talking about. **And then, she pauses for a second before continuing her story.** You know, you see parents giving away their girl child in grade 7 or soon after grade 7 and they are given 3 goats, three goats. It hurts. This is emotional abuse, this is child abuse, this is physical abuse this is giving up a child to be raped, she can't honestly consent, it can't be called marriage. In that relationship, she is powerless to voice anything (anongoti maita shewee). In some of these apostolic faith sects, once married, it's the responsibility of the wife to look after her family the man does not provide and it's usually a polygamous set up. How can a child not old enough to vote be considered ready for marriage with all its responsibilities?

These children, who are married off early are subjected to abuse of all sorts. Imagine, among these apostolic faith sects, they are not allowed to cook meat if the husband is not there. In Chiredzi there are more sad stories to tell. They still practice male circumcision. So when the boys are circumcised some of them do not heal and the belief is that they have to sleep with a virgin to heal. Girl children are brought in and have sex with these boys and they are made to believe they are doing an honourable service. When the boy does not heal, they continue providing him with more virgins to sleep with in the pretext that the earlier girls were not really virgins. This exposes these girls to infection and pregnancies.

Fortunate pauses, reflecting before continuing. She looks at us and starts to address us and at this point she is very persuasive as she tells us that it is very important to be grateful.

We take so much for granted. Some girls have no rights. We must be grateful to our parents for having given us an opportunity to go to school, to be able to provide for ourselves, to be empowered. We ought to just give our mothers presents to say just thank you because I could easily be one of these girls or women. I have just given my mother this expensive perfume, to just say, thank you, thank you.

Theresa

My name is Theresa. I have just undergone reconstructive surgery. I am very happy because I used to have urine leaking continuously everyday. At night, I would try to sleep this way (she demonstrates) so that at least the urine would accumulate here (she points to us) this would help me to sleep for a short while and then I would roll, pull a container under the bed and place it here (she demonstrates) and the urine will come out and I go back to sleep again for a short while in that position. During the day, I would put these pieces of cloth and change after every thirty to one hour at the most. During the day if you are standing it's better because it can just run down your legs if the pieces of cloth are too wet. It was difficult to sit down because you would easily get wet.

So, sleeping is interrupted at night and during the day, I had to wash at thirty minutes or one hour intervals. That's all I did, cleaning myself and eating.

I live in Gutu and my family belong to AFM church but my in-laws are apostolic faith. When I go home, I want to go to church with my mother and give my testimony. It is my brother who told me about this and then my mother agreed that I should come here. I want people to know why I was not coming to church. They did not know what happened to my marriage since I am mostly at my parent's home. Some of them have been wondering why I don't attend funerals. I want to tell them, I am healed, because this is a miracle, a big miracle. I want to tell them about this miracle.

I was married and living with my in-laws when I experienced labour pains. Being of apostolic faith they did not take me to the clinic. For three days I was in severe pain but I could not challenge their decision since I was just a daughter-in-law. On the 4th day, they panicked because they were afraid I was going to die so they took me to the clinic and was referred to Chivhu Hospital and latter to Harare hospital. I lost my child and I noticed that I was leaking urine continuously. They told me that it might stop or it will continue leaking. While I had lost my child, I had survived but with obstetric fistula.

Back home, it was difficult to have a sexual relationship with my husband because of the urine which was continuously leaking. However, he did not divorce me but started to have affairs. He is now HIV positive. At one time he was also treated for TB. So, we have been using condoms when he tried to have sex with me.

I am happy that I am healed. I am not going to leave him because he stood by me but I have no interest in having children in case this condition comes back again. I would want to spend more time with my mother because she helped me alot. I was staying most of the time at my parents home.

I have received HIV counselling. They told us that imagine you have meat in the house and dogs outside. The dogs want to eat the meat, so you keep the door closed but if you leave the door open the dogs will go in to eat some of the meat. They said that is what the virus does so the best thing is to keep the virus out, keep the dog out so that it does not eat the meat.

Now, I can go to the river with the other women to bath, I can go to church, to funerals, any gathering. I am very happy now because I have been restored.

Sister Matambo

My name is sister Matambo. I work in gynaecological ward at Chinhoyi Provincial Hospital.

In July 2015 we saw people from Women and Health Alliance coming to talking about there plan to help women who get injuries when they are giving birth. They then came back and started the programme sometime in mid-July 2015.

The target group for the program was women aged 15 years and above. Most of the women whom we have seen say that they had the injuries when they were about twenty years old. Some of these women in there fifties have lived with this injury for more than 28 years.

We have observed that this problem is as a result of women giving birth in most of the cases when they are still too young. These women will not be physically ready and there pelvic for instance not fully developed. The child may be too big and because the mother does not go to the hospital to deliver they are not able to accesses appropriate medical treatment for example C-Section. In some instances the women get to the hospital late and there are also cases during operation the doctors may cut the bladder leading to the injury.

This injury which is referred to as obstetric fistula causes urine or faecus matter to leak continuously. Young girls don't know the challenges related to giving birth as a result they engage in unprotected sex early leading to pregnancy but in some cases the children are raped and because they don't report on time, or don't get help on time, or the issue is known when it is too late to abort, as a result, they carry the child to full term risking there health and having a possibility of having child birth injury if they don't deliver in hospital or at the clinic.

WAHA looked for experts to conduct these surgeries. This expert comes from Kenya and is being assisted by local doctors. This programme has been on television, on the radio and other media outlets to create awareness among those suffering this kind of injury that something can be done for free to restore their health.

During the first camp here, 34 girls and women turned up and 31 were operated and during this second camp, 70 turned up and 58 were operated successfully the others who did not receive treatment had other issues which had to be attended to so they will come during the next camp.

We still have patients in the ward who are recovering from the operation. They are going to be discharged as soon as they have recovered. We are most grateful to WAHA.

I feel that our girls should delay sex and take their time to grow and mature so that they avoid such complications. It is wrong to marry off a child under 18. In some cases some of these children who are even around 20 years are still too young for marriage and their bodies are still not fully developed. So I feel that a child should delay marriage as long as they can.

Natasha

One of the most touching stories was that of Jane. She did not have to say anything because her face and physical condition tell the story. She cannot walk properly and she is around 14 or fifteen years old. We asked her age and she told us she was 18. Then we asked her when she got this injury and she told us when she was 18. We went further to ask her how long she has had this injury she told us again 18. We realised that she had been coached to say 18 if asked about age and we suspected it was meant to protect the man who had raped her, it could not have been marriage but rape because the child was small and her body showed she had endured so much pain with this injury as she struggled to walk stopping after a few steps to wipe the urine leaking and dripping down her legs. While child marriage is a human rights violation, sex with a minor, is rape.