

## NIGER FIGHTS BACK AGAINST 'CURSE' OF FISTULA

**NIAMEY:** "I was at death's door. I'd just lost my child who was stillborn and my husband abandoned me," recalls Hadiza Zakaria who suffered a fistula while pregnant—a condition seen as a curse in Niger. Obstetric fistula is a childbirth injury caused by a complicated labour which can leave victims with chronic incontinence and often results in them becoming social outcasts. A preventable condition, it affects around a million of the world's poorest women, and is widespread in this west African nation which has the highest birthrate in the world.

"It's a public health problem whose scope is beyond us," says Dr Abdou Amada Traore, who volunteers to help women suffering from the condition he describes as a national "scourge". The condition arises from a complicated labor where a woman can struggle

for days without giving birth, with the pressure of the baby's head cutting off blood supply to delicate tissues, causing a hole to form between the vagina and the bladder or rectum. Although such complications could be solved by a Caesarian section, for those without access to emergency medical care, the result can be devastating: the baby often dies and the mother develops a fistula which causes urinary or rectal incontinence.

One of the groups at the heart of the struggle is Dimol, a local NGO which is dedicated to the prevention of fistula, to treating the victims and to helping them be reintegrated back into society. Funded entirely from donations, the charity helps around 60 women a year at its center in Niger's capital, Niamey, helping them both prepare for and recover from corrective surgery. Although an

obstetric fistula is treatable through surgery, the social ostracism often takes much longer to heal.

### 'Seen as a curse'

Once a housewife in a remote village, Zakaria, 48, now makes a living selling 'boule', a traditional grainy porridge-like dish which she prepares. She is a frequent visitor to Dimol where she offers support to younger women, telling them her story of complications in labor which resulted in her losing the baby. She ended up with urinary incontinence and her husband left her. Eventually, she found help through Dimol where she underwent surgery and started rebuilding her life. "One of the problems with a fistula is that it's often seen as a curse," explains Imorou Nafissatou, who works with the charity.

"Because of the smell, people believe the woman's being punished, that it's witchcraft or that she's committed adultery... She's often shunned and rejected. She herself doesn't understand what's happening to her." Often the women become depressed and can even develop dementia, she says. Some 20 veiled women and a gaggle of children live in the small house run by Dimol on the outskirts of Niamey, where a teacher regularly visits to give them basic literacy classes. They also work on old pedal sewing machines. "That's part of their treatment—it forces them to move their legs and get the blood circulating," explains Dimol's Sana Ousmane.

### Children giving birth

"A 'social disease', the condition is symptomatic of 'poverty and often a consequence of teenage marriage', Nafissatou explains. In Niger, one of the world's poorest countries, young women in rural areas often go without pre-natal consultations, says Dimol



**NIAMEY:** Women suffering from obstetric fistula stand outside the health center of the DIMOL (Dignity) non-governmental organization.

founder Salamatu Traore. Girls also marry very young, often giving birth before their bodies are ready for it, with UN figures showing one in three girls in Niger are married off before age 15 and three quarters before the age of 18.

"We sometimes have girls who give birth without having had their periods—children of 12." The result? "We have very young girls giving birth who are not morphologically or anatomically ready to do so," says Dr Abdou. "I often say that ending up with fistula is lucky. Often they die," he says.

### Reintegration is key

One of the victims is 16-year-old Hadjira Zerifili, who was married at 12 and lost her baby several months ago. "At the start, I was ashamed (at becoming incontinent). My parents initially thought I was doing it on pur-

pose but later they understood," she says. "All I want is to have my health back. Since I arrived here I feel better. I see other women here and that reassures me," the teenager says. Maimouna Moukaila Salman, 20, is all smiles. She has been through her surgery and is now getting ready to be "reintegrated" into her village.

"I am cured. I want to go home to my husband," she says. But first, she will have to spend several months with her family to allow the scars to heal before heading home. Reintegration is very important, Traore says. "We hold a ceremony which allows us to pass on a message to other women who might have a fistula to show that they can be healed," she says. "The women who return are much more fulfilled," she says. "They have more self-confidence and they can serve as an example." —AFP



**NIAMEY:** Salamatu Traore, founder of the DIMOL (Dignity) non-governmental organization, speaks about obstetric fistula at the NGO's health center in Niamey. — AFP photos

## INFRASTRUCTURE INEQUALITY IS CATALYST FOR BRAZIL'S ZIKA EPIDEMIC

'IT'S THE SAME CITY BUT THE HEALTH SITUATION COULDN'T BE MORE DIFFERENT'

**RIO DE JANEIRO:** The mosquito, a Brazilian saying goes, is a democratic devil - it bites rich and poor alike. But an outbreak of the Zika virus has revealed deep inequality when it comes to who bears the brunt of living among the insects. "You can see the swarms of mosquitoes around the trash heaps here in my neighborhood," said Gleyse da Silva, who lives in one of the poorest parts of Brazil's northeastern city of Recife, at the epicenter of the Zika outbreak. Silva contracted the mosquito-borne virus while pregnant and gave birth in October to Maria - one of more than 700 children born with microcephaly in Brazil since the Zika outbreak was detected last year.

The condition, strongly suspected to be linked to the virus, is marked by stunted head and brain growth, leading to developmental problems. The densely packed Iburá neighborhood where Silva lives lies a short distance from Recife's glossy beach-front high-rises but conditions are a world apart. Its streets, home to over 50,000 people, are strewn with rubbish and just 10 percent of households have sewage or running water, making it a fertile breeding ground for mosquitoes.

"Sometimes the city comes to collect the garbage, but mostly it just piles up," the 27-year-old told Reuters. Brazil made significant gains against inequality over the past decade, hauling some 40 million people out of poverty. But the Zika outbreak, detected for the first time in the Americas last year, and the worst recession in decades have exposed the limits of Brazil's faded boom. Decades of rapid and chaotic urbanization in the nation of 205 million people have left many impoverished areas without basic sanitation, putting the poor at far greater risk of contracting Zika and other mosquito-borne viruses.

Some 35 million Brazilians have no running water, over 100 million have no access to sewage, and more than 8 million city dwellers live in areas that lack regular garbage services, according to the most recent census in 2010. Last year, some 1.6 million cases of the dengue virus were reported, the most since records began in 1990. The virus, spread by the same *Aedes aegypti* mosquito as Zika, kills hundreds annually.

"The only thing that is going to break the cycle of epidemics will be a sharp increase in the investment and construction of infrastructure that provides basic sanitation," said Dr Vera Magalhaes, professor of tropical medicine at the Federal University of Pernambuco in Recife, where she has spent three decades studying dengue and now Zika. "Until that happens, we'll live with this contrast in Brazil, where the rich have first-world sanitation and the poor live in the most precarious conditions imaginable, making them by far the most vulnerable to these illnesses."



**COLOMBIA:** This file photo shows an *Aedes Aegypti* mosquito sitting on human skin in a lab of the International Training and Medical Research Training Center (CIDEIM) in Cali. — AFP

### Different worlds

About 1,200 miles (2,000 km) southwest of Recife, Marcos Lira and his wife, Fatima, take a morning stroll along a seawall in Rio de Janeiro's wealthy Urca neighborhood, their healthy 2-month-old son Davi Luiz cradled in his father's arms. Urca has one of Rio's lower rates of dengue, despite being surrounded by lush vegetation. "We were worried about Zika, given all the news and the fact my wife was pregnant during such a scare," said Marcos Lira, his boy asleep on his shoulder. "But here they pick up the garbage three times a week and everybody has water in their house." Lira, the superintendent for a luxury condo where he lives rent-free, grew up in the poor northern Rio neighborhood of Vila Isabel. The rate of dengue was five times higher there than in Urca last year, government statistics show.

"It's the same city but the health situation couldn't be more different," he said. "Urca is a world apart from where I was raised." Brazil does not track the economic class of Zika victims but the virus appears to be disproportionately affecting the poor. Reuters has interviewed over 40 women who contracted Zika during pregnancy and gave birth to a child with micro-

cephaly. The interviews, conducted in both advanced hospitals where they sought treatment and towns and neighborhoods where they live, showed all of the women came from a poor background.

Even in the parched interior of northeastern Paraíba state, where conditions are far less favorable for mosquitoes than in tropical Rio, poor infrastructure allows them to flourish. Josemary da Silva, the mother of a 5-month-old boy born with microcephaly, only has running water in her cramped one-room home when a truck arrives to fill a makeshift cistern she shares with a neighbor.

"Weeks go by before we see that truck," said Silva, 34, who is unemployed and gets by on a government cash-transfer program that provides her about \$100 a month. "In the meantime, we have to buy water, 10 little buckets at a time." Across the region, residents store water in any container available - often without lids - creating the ideal habitat for *Aedes aegypti* to lay its eggs. "Even with a net my baby wakes up covered in bites," said the mother of four. "There's nothing I can do against the mosquitoes. There's too many of them."

### 'No political imperative'

Brazil increased sanitation investment in recent years, virtually all focused on expanding patchwork or non-existent water and sewage networks in cities with over 500,000 people. But a watchdog group monitoring nearly 350 projects says Brazil's notorious bureaucracy and inability to complete infrastructure projects has led to one-fourth of the works being paralyzed and another one-fifth suspended. "What's shocking is that we're the world's seventh or eighth largest economy, and despite our current economic crisis, there is no lack of money that could be put toward making these vital improvements," said Magalhaes, the professor in Recife. "But it's obviously not a political imperative to do so."

There was a period when Brazil and other Latin American nations made huge advances against the *Aedes aegypti* as part of efforts to wipe out yellow fever, which the mosquito spreads. In 1958, the Pan-American Health Organization declared Brazil free of the insect. A decade later, after political will and institutional funding dried up, the mosquito was back. It returned as Brazil was rapidly urbanizing, with tens of millions flooding into cities. Today more than 11 million Brazilians live in slums that provide footholds for mosquitoes in urban areas. Infrastructure experts forecast it could be decades before Brazil achieves universal sanitation. For now, soldiers go door-to-door in the hardest-hit areas, inspecting homes for open containers with standing water, which mosquitoes seek out to lay their eggs. TV campaigns tell citizens to use repellants the poor cannot afford and wear long-sleeve shirts and pants in the tropical summer. — Reuters

## PEOPLE WITH HIV IN ASIA EJECTED FROM HOSPITALS, WOMEN STERILIZED

**BANGKOK:** Some health workers in Asia are refusing to perform surgery and provide services for people living with HIV, and are even expelling patients from hospitals and forcing women to undergo sterilization, according to grassroots organizations. In China and Vietnam, discrimination took the form of changing the recommended option for treatment from surgery to topical or oral medication, said the four-country study supported by Asia Catalyst, which provides management training for community-based health organizations.

In Myanmar and Cambodia, patients with HIV were relegated to segregated waiting areas and bed spaces. One HIV-positive woman in Myanmar said doctors told staff not to give her a hospital bed, so she slept for two nights in the barracks for security guards. "You see the fear and misinformation that's in the medical setting," said Gareth Durrant, Asia Catalyst's Bangkok-based director of capacity building and community initiatives.

The Asia-Pacific region is home to 4.8 million people living with HIV, the majority of them living in 12 countries: China, Cambodia, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, the Philippines, Thailand and Vietnam. Asia Catalyst trained and supported staff from eight community-based organizations - two each in Cambodia, China, Myanmar and Vietnam. From May to July 2015 the staff interviewed 202 people living with HIV - 149 women, 15 transgender people and 38 men. Fifty-one interviewees from all four countries reported being denied care after disclosure of their HIV status, including pregnancy-related services for women in Cambodia and general health services for sex workers in Myanmar and Vietnam.

### Prevent transmission

"After going through five days of labor

and the first hospital was unable to help me and referred me to this hospital. They did not help. Fortunately, I delivered (the baby) on my own in the waiting room," a woman in the southern Cambodian province of Kampot was quoted as saying in the report. After their HIV status became known to service providers, some patients - two each from China and Myanmar, and three from Cambodia - were forced to leave the hospital, including a Cambodian woman forced out before she learned how to prevent transmission of HIV to her newborn baby.

Some healthcare providers made sterilization a condition of providing pregnancy-related services to women with HIV. One woman in Yangon was sterilized without her knowledge or consent, the report said. "I don't think anyone was surprised that discrimination happens," Durrant told the Thomson Reuters Foundation. "What was interesting was that when you give grassroots organizations the tools to go back to their communities and say what's going on, document it... they can identify problems they know are happening in the communities and then come back and tell their governments about it."

CBOs in Myanmar managed to meet health authorities and police to discuss the findings in the Asia Catalyst report, resulting in a recognition by authorities of the need to pay more attention to at-risk populations, Durrant said. "Communities for a long time said this hospital is bad, or the doctor is not good, but they did not put into a framework of this is a human rights violation that should never have occurred," he said. "Once they've (the CBO staff) been through training and understand everyone has a fundamental right to health... it changes the narrative from a doctor who was not good to a human rights violation." —Reuters

## YOUTH IN WELL-OFF NATIONS SMOKE, DRINK LESS THAN IN 2010

**PARIS:** The number of teenagers trying alcohol or cigarettes before they turn 14 has dropped, especially among girls, according to a World Health Organization study of 42 well-off nations. From 2010 to 2014, the percentage of 15-year-old boys in Europe, Canada and Israel who said they'd smoked their first cigarette at 13 fell from 26 to 22 among boys-but plunged from 22 to 13 for girls. Alcohol use among young teens in the 42 countries canvassed also went down over the same period, by about 10 percent.

But when it came to boozing, the percentage of 13-and-under girls who indulged weekly while still smaller than for boys-did not decline as much, narrowing the gender gap. "Health behaviors along with social habits and attitudes acquired in the critical second decade of a young person's life can carry on into adulthood and affect the entire life-course," said Zsuzsanna Jakab, WHO regional director for Europe. "A good start can last a lifetime," she said in a statement. Conducted every four years, the survey examines self-perception and risky behavior among 11-, 13- and 15-year olds.

Greenland, Lithuania, Estonia, Latvia and the Czech Republic topped the list of young smokers in 2014, with 38 to 56 percent of boys, and 36 to 53 percent of girls, saying they had already lit up by age 13. The countries with the lowest rates of reported tobacco use at the same age were Iceland, Albania, Canada, Norway and Spain. In Europe, 16 percent of all deaths in adults over 30 are due to tobacco-the highest rate of all WHO regions. Studies have shown that exposure to nicotine during adolescence can have lasting effect on brain development.

Most countries have taken steps to discourage teens from smoking, including banning

point-of-sale displays, aggressive public service campaigns, and stiff taxes. France, Ireland and Britain are also moving toward plain packaging. Bulgaria tops the list for regular drinking among early teens, with 13 and 20 percent of 13-year-old girls and boys respectively saying they consume alcohol at least one a week.

### Boys fat, girls think they are

By age 15, those percentages have climbed to 17 and 32 respectively. Romania, Albania, Croatia, Greece and Italy fill out the top of the list, while Norway, Iceland, Ireland, Netherlands and Spain have the most abstemious adolescents. When it came to getting flat-out drunk, Denmark topped the ranking of 15-year-olds-nearly 40 percent who had been plastered at least twice, with Hungary, Lithuania, Bulgaria and Scotland rounding out the top five.

England had the distinction of being the only country in which a higher percentage of girls (31) had been seriously boozed up than boys (25). The Health Behavior in School-aged Children survey also gathered statistics on obesity-an objective measure-as well as how teens felt about their weight, a subjective one. The numbers in both categories are very different for boys and girls. At eleven years old, more than 25 percent of boys are obese or overweight in three-quarters of the countries surveyed.

That figure drops to half of the countries at age 13, and about a quarter at age 15. For the opposite sex, however, there is no nation in which more than 25 percent of girls-in any age bracket-tip the scales that far, except one: Malta. The other countries with the chubbiest youngsters are Greece, Canada, Greenland and Bulgaria. — AFP

## EXPERIMENTAL BLOOD TEST MAY FIND MULTIPLE DISEASES

**MIAMI:** An experimental blood test may one day be able to detect a range of diseases including cancer and multiple sclerosis, based on signatures of DNA from dying cells, researchers said Monday. The work, described in the Proceedings of the National Academy of Sciences, a peer-reviewed US journal, is still in its early stages, but opens up vast possibilities, the study authors said. "We view this as a breakthrough with huge potential, but it will not be realized very soon," said co-author Yuval Dor, a professor at the Hebrew University of Jerusalem. "We are working hard on this but this is far from clinical use," Dor said in an email to AFP.

So far, the method has been tested on 320 patients and controls, and has shown success in finding diseases such as pancreatic cancer, pancreatitis, diabetes, traumatic brain injury and multiple sclerosis. When cells die, it can mean a disease is just beginning to take hold in the body-perhaps a tumor is forming, or an autoimmune or neurodegenerative illness. Scientists have already known for some time

that dying cells release fragmented DNA into the circulating blood. The new method can identify a unique chemical modification called methylation. These methylation patterns reveal the specific identity of cells.

"Our work demonstrates that the tissue origins of circulating DNA can be measured in humans," said co-author Ruth Shemer of the Hebrew University. "This represents a new method for sensitive detection of cell death in specific tissues, and an exciting approach for diagnostic medicine," she said. Researchers stressed that far more work is needed before the test can be brought to the public. Also, the range of diseases that can be detected is small, so far. And it remains unclear how much the testing might cost. Dor said the technology is based on next-generation DNA sequencing, which is becoming less expensive every year. "I expect the cost will not be a major factor," Dor said. "There are still technical improvements needed, and more testing on larger populations, in particular in a setting that can actually predict disease." — AFP