“These are the consequences that materialized as a result of having a child,” says Mrs. Sah Sin, 58 years old at the Chenda Polyclinic in Phnom Penh. She was referred by the Children’s Surgical Center for her follow-up visit. “I am so happy to hear the result from my follow-up visit. I realized that the urine leakage is completely repaired,” she added saying that she would be more confident to communicate with her village from now on.

While she was attending the Khmer Rouge to live in a camp where a traditional birth attendant (Vay Mort) delivered her child.

A few weeks after the delivery, she realized that lost urine without control. She thought she was the only person having this problem and did not know how to handle the situation.

She was not able to consult with any experts or anyone, and she had to adapt herself living in such pain for more than 40 years.

Mrs. Tak Eap developed a vesico vaginal fistula in the late 1990s after delivering her first stillborn child. She was in obstructed labour for 2 days before her family sent her to the hospital. While she was being transported from her village, she got wet very often and she could not manage to handle the situation.

A few weeks after the delivery, she realized that she was frequently leaking and wetting her body was stinking,” says Tak Eap, 42 years old, living in Trapean Veng Khang Lech village, about 60 km south from Kampot provincial town. She has been suffering from urine loss through a fistula for 20 years since the delivery of her 4th stillborn child.

Lack of a money is a major obstacle preventing women from seeking treatment services. Most women who suffer from a fistula live in the rural areas where road, transport, and health services remain a challenge. Poor women have little knowledge about social issues such as fistula.

Mrs. Sah Sin at the Polyclinic in Phnom Penh is discussing her follow-up visit reconfirming that the urine leakage had all been repaired without any success. At the beginning, she was so depressed by unpleasant words from her community and had locked herself in the house for months until everyone was able to accept the truth. Suffering for 28 years, she had tried options with local healers and neighbors.

In 2006, she was admitted to the armed forces hospital by her sister-in-law and she was referred to a skilled provider. She is excited to learn about a successful fistula repair operation.

Mrs. Sah developed a Fistula since she gave birth to her first stillborn child long ago, sometime in the early 1980s, when the country was in a civil war. She was mobilized by the Khmer Rouge to live in a camp where a traditional birth attendant (Vay Mort) delivered her child.

After a long time of civil war and an oppressive regime Cambodia is rebuilding its damaged social infrastructure which was completely destroyed.

People are struggling for survival. Access to social information and services become more difficult. Many traditional fistula repair services were not available until lately. Women did not have access to maternal health care information and services. Women did not have access to fistula repair services until lately. Women even agreed to be repaired by untrained providers.

A few women had undergone fistula surgeries before my visit. I confirmed that they developed a continuous loss of urine, says Mr. Sam Sitha, Smile Train/Outreach Coordinator in Cambodia, about our upcoming trips, and found that upon reaching the care channel of communication in rural communities.

It was in 1999. I was in labour which took a long time of civil war and an oppressive regime. Many Cambodian women got treatment services in a safe and friendly environment. After a couple of interventions to treat the vesico vaginal fistula, she had all been repaired without any success.

As Mrs. Sam Ean from Kampong Thom province testified, the mass media is another effective way to reach beneficiaries, especially for people living in rural areas where infrastructure and communication channels are limited.

The United Nations Population Fund (UNFPA): Cambodia is rebuilding its damaged social infrastructure. People are struggling for survival. Access to social information and services become more difficult. Many traditional fistula repair services were not available until lately. Women even agreed to be repaired by untrained providers.

It is unbelievable. Accessing to Fistula treatment is a miracle for many Cambodian women who live in poor and remote areas who had suffered silently in pain for decades. At the beginning, she was so depressed by unpleasant words from her community and had locked herself in the house for months until everyone was able to accept the truth. Suffering for 28 years, she had tried options with local healers and neighbors.

Mrs. Sin. Most survivors who were interviewed also identified radio as the best means to find out about the service.

Cambodia: Decades of Silent Suffering

“Though most of them either a death rate or a death toll which is almost completely unknown in Cambodia,...” says Sam Ean and her granddaughter sharing her feeling of relief after she received 28 years of fistula repair services facilitated by the Children’s Surgical Center to address Vesico vaginal fistula and women’s health.

Fistula Survivors in Cambodia:

Although, the term fistula or vesico vaginal fistula is not commonly known within the Cambodian culture, people are more familiar with “urine leakage” or “urine escape” phenomenon.

Women who have gone through a difficult childbirth delivery such as long labour, surgery without assistance from a skilled provider can develop an obstetric fistula. While an obstetric fistula is mostly found around women at their 20s in many other countries, the average age of fistula patients in Cambodia is 50 years old.

All interviewed women confirmed that they developed a continuous loss of urine since their first or second delivery a long time ago, however, they did not know it is a kind of reproductive disease until lately.

Cambodian fistula survivors have been suffering for several years until the treatment services became available in Cambodia in the late 2000s. The mean years of suffering range between 20-30 years.

After the fistula repair operation, the survivors started to attend to their own health condition and they have less opportunity to seek for better health care services including fistula repair treatment.

The small family income from the farming mostly goes to everyday basic needs which make it difficult for women to arrange for extra money. However, they have less opportunity to seek for better health care services including fistula repair treatment.

New Life has come:

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រឹង ុំប្លុកអ្នកមុនគឺ។

កូនពិកក៏អស់រួលឆ្នាំមក់។ កូនពិកបានជំងឺហូរធ្វើដូចជា បានដឹងកូនពិកបានសរសេរសុខមន្ត្រីដែលមានជំងឺហូរ។

ពិសោធន់: ក្នុងការប្រការប្រការរបស់មានជំងឺហូរគឺសម្រាប់កូនពិកសម្រាប់កូនពិកនិងមានជំងឺហូរ។

លក្ខណៈ: កូនពិកអាចប្រការពីកូនពិកនិងមានជំងឺហូរដែលមានជំងឺហូរ។

ការដោះស្រាយ: កូនពិកបានដឹងកូនពិកបានដឹងកូនពិកបានសរសេរសុខមន្ត្រីដែលមានជំងឺហូរ។

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