

Cambodia: Decades of Silent Suffering

“These are the consequences that I experienced as a result of having a child”, says Mrs. Sah Sin, 58 years old at the Chenda poly-clinic 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 reconfirming that the urine leakage is completely repaired”, she added saying that she would be more confident and open to communicate with her villagers from now on.

Mrs. Sah developed a Fistula since she gave birth to her first stillborn child long ago, sometime in the early 1970s, 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 (Yeay Morb) 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 30 years.

Ms. 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 lost consciousness and the next day, she found herself in the hospital bed realizing that her baby was stillborn. She did not quite remember well what she had gone through. A few weeks later, her husband left her quietly after he found out that she was loosing urine in bed. She started to isolate herself from the other villagers as she got wet very often and she could not manage to change Sarong (made of fabric in flower pattern to wrap around the waist, worn by Cambodian women at home traditionally) most of the time. “I had a very bad smell, so I avoided meeting people. I am so depressed to live with this condition,” says Eap, who is lying on the bed, preparing for her first operation after 13 years living with an obstetric fistula. The operation will be performed with assistance from the Children’s Surgical Center and UNFPA Cambodia.



Sam Ean and her grandchild sharing her feeling of relief after she had a successful operation of fistula with villagers and UNFPA staff in July 2012 at her home in Paur village, Treang district, Takeo province, 75 km south of Phnom Penh.

Photo: UNFPA Cambodia

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 - ហ្លួច ឬ ជ្រាបនោម ក្រោយការសំរាលកូនពិបាក ”. Women who have gone through a difficult child delivery such as long labour, surgery without assistance from a skilled provider can develop an obstetric fistula. While an obstetric fistula is mostly found among women at their 20’s in many other countries, the average age of a Cambodian fistula patient is 50 years. 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.

Living in pain and with shame for decades ■

Preventing Barriers:

Mrs. Met Yorm, 50 years old, is sitting on the hammock under her wooden house in Trapeang Veng Khang Lech village, Dorng Tung district, Kampot province, about 60 km from the provincial town. The road from her house to the main road would waste away on the rainy season and transportation remains a struggle.

Photo: UNFPA Cambodia

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 remains a challenge and the fistula repair services were not available until lately. Women did not have access to maternal health care and information due to limited resources. Many women live in rural areas opted for traditional services provided by traditional healers or untrained providers. “I had undergone 2 fistula treatment surgeries before my 3rd surgery provided by the CSC in mid-2011,” says Mrs. Sam Ean, who had suffered for 28 years with vesico vaginal fistula problem.



Tak Eap is preparing for a Fistula surgery at a Poly Clinic in Phnom Penh in July 2012 after suffering from a fistula for more than 10 years. She was abandoned by her husband since then.

Photo: UNFPA Cambodia

Born in a culture where gender inequalities are still rampant, women have considered with a lower status in the society. They have less access to higher education, resulting in fewer opportunities for employment, politics and public services. Women are expected to take care of house work, children, sick persons and elderly parents -- in most occasions, women do not attend to their own health condition and can tolerate various burdens. “Besides doing



house work I have a very old and sick mother to take care of everyday,” says Mrs. Met Yorm, 50 years old, residing in Trapeang 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 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. Sam Ean and her family were hopeless and reluctant to seek treatment after a couple of interventions to repair the vesico vaginal fistula she had, but all were 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 suggested by friends, relative and neighbors but there was no good result. They all believed that this disease cannot be treated for life – it was such despondency, so they lived on as what it was. “I don’t know where to go for a treatment, except getting services from local healers and district hospital. But it still cannot be treated”, says Mrs. Ean.

It was in 1999. I was in labour which took a few days, then I was sent to a hospital and my baby was stillborn. After, my husband found out that I was frequently leaking and wetting myself, he left me – it was embarrassing as my body was stinking”; says Tak Eap, 42 years old, Fistula survivor residing in Kampot province.

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

New Life has come:

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. After such a long time, many women got back what they had wished for. It is a blessing for them and their family to be given back their new lives with hope, confidence and peaceful smile – it is such a content feeling.

UNFPA Cambodia has partnered with the Children’s Surgical Center to address Vesico vaginal fistula which were overlooked for decades and has helped many remote women get treatment services in a safe facility with professionally national standards. Poor and short statured women live in rural areas who are unaware of treatment or unable to afford services can receive free surgical repairing services facilitated by the jointinitiative toward ending fistula in Cambodia.

“I am so excited and could not express my feeling enough how happy I am now...” says Ean when sharing her treatment experience provided by the CSC and UNFPA in 2011 in Phnom Penh with her neighbors.

The Children’s Surgical Center outreach team goes out to meet with vulnerable women in target provinces to raise awareness and give information about fistula. “We inform health workers and village chiefs about our upcoming trips, and found that upon arrival some women were waiting to discuss with us”, says Mr. Sam Sitha, Smile Train/Outreach Coordinator of CSC. The mass media is another effective way to reach beneficiaries, especially for people living in remote areas where infrastructure and communication are still a challenge. Radio is the most preferred channel of communication in rural communities. “After I heard about it on the radio, I talked to my husband and daughter. Then, I was brought to the CSC in Kean Kleang, Phnom Penh in late 2011” says Mrs. Sin. Most survivors who were interviewed also

identified radio as the best means to find out about the service.

Starting as a pilot project since December 2009 in 4 provinces in the northeastern part of Cambodia such as Ratanakiri, Mondulkiri, Preah Vihear and Stung Treng, where infrastructure and social services for women and girls have yet to be improved, the CSC has provided free fistula treatment services to almost 30 women who had suffered for decades silently.



Mrs. Sah Sin at the Poly Clinic in Phnom Penh is discussing with an expert. She is excited to learn about a successful operation.

Photo: UNFPA Cambodia

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Living in pain and with shame for decades ■

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