



The Hilton Prize Laureates Collaborative

...global collective impact from winners of the Conrad N. Hilton Humanitarian Prize

Bibliography: New articles on “obstetric fistula” – August-September 2014 [google scholar]

Mathilde Demassiet

Hilton Prize Laureates Collaborative Emerging Leader

Archives of Gynecology and Obstetrics

September 2014

Perception and attitude of pregnant women in a rural community north-west Nigeria to female genital mutilation

<http://link.springer.com/article/10.1007/s00404-014-3478-z#page-1>

Original Research Article

Ashimi A.O and Amole T.G

Abstract

Nigeria has the highest absolute number of residents who have undergone female genital mutilation (FGM) and most are carried out during infancy; however most reports on FGM are from urban based facilities hence we sought to know the perception and attitude of pregnant women residing in a rural community in northern Nigeria to FGM. Methods: A descriptive cross sectional study utilized a pretested structured interviewer administered questionnaire to assess the types of FGM known, reasons for performing it and willingness to support or perform FGM among 323 pregnant women attending antenatal care in two different health facilities. Results: Of the 323 respondents, 256 (79.3 %) were aware of the practice and the common varieties of FGM known to them were Gishiri cut in 137 (53.5 %) and Angurya cut 113 (44.1). The notable reasons for carrying out FGM in the community were tradition 88 (34.4 %), to ease difficulty in childbirth 69 (26.9 %) and better marriage prospect in 55 (21.5 %). Of the respondents that were aware of FGM; 100 (39.1 %) have experienced it and 55 (21.5 %) of those aware of it would subject their daughters to the procedure. There was statistically significant association between willingness to mutilate daughters by the respondents type of education ($p = 0.014$) and the type of facility they were receiving antenatal care ($p = 0.001$). Conclusion: FGM is prevalent in this community with Gishiri cut being the commonest variety. It is often associated with difficult childbirth and many women would subject their daughters to this practice. Female education and empowerment is crucial to discontinuation of this practice

BioMed Central

2014

Experiences of and responses to disrespectful maternity care and abuse during childbirth; a qualitative study with women and men in Morogoro Region, Tanzania

<http://www.biomedcentral.com/content/pdf/1471-2393-14-268.pdf>

Original Research Article

MacMahon S.A et al

Abstract

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[AMREF \(1999\)](#), [Aravind Eye Care System \(2008\)](#), [BRAC \(2008\)](#), [Casa Alianza \(2000\)](#), [ECPAT \(2013\)](#), [Handicap International \(2011\)](#), [Heifer International \(2004\)](#), [HelpAge International \(2012\)](#), [International Rescue Committee \(1997\)](#), [IRCT \(2003\)](#)

[MSF/Médecins Sans Frontières \(1998\)](#), [Operation Smile \(1996\)](#), [Partners In Health \(2005\)](#), [PATH \(2009\)](#), [SOS-Kinderdorf International \(2002\)](#), [St. Christopher's Hospice \(2001\)](#), [Tostan \(2007\)](#)

Interventions to reduce maternal mortality have focused on delivery in facilities, yet in many low-resource settings rates of facility-based birth have remained persistently low. In Tanzania, rates of facility delivery have remained static for more than 20 years. With an aim to advance research and inform policy changes, this paper builds on a growing body of work that explores dimensions of and responses to disrespectful maternity care and abuse during childbirth in facilities across Morogoro Region, Tanzania. Methods: This research drew on in-depth interviews with 112 respondents including women who delivered in the preceding 14 months, their male partners, public opinion leaders and community health workers to understand experiences with and responses to abuse during childbirth. All interviews were recorded, transcribed, translated and coded using Atlas.ti. Analysis drew on the principles of Grounded Theory. Results: When initially describing birth experiences, women portrayed encounters with providers in a neutral or satisfactory light. Upon probing, women recounted events or circumstances that are described as abusive in maternal health literature: feeling ignored or neglected; monetary demands or discriminatory treatment; verbal abuse; and in rare instances physical abuse. Findings were consistent across respondent groups and districts.

As a response to abuse, women described acquiescence or non-confrontational strategies: resigning oneself to abuse, returning home, or bypassing certain facilities or providers. Male respondents described more assertive approaches: requesting better care, paying a bribe, lodging a complaint and in one case assaulting a provider. Conclusions: Many Tanzanian women included in this study experienced unfavorable conditions when delivering in facilities. Providers, women and their families must be made aware of women's rights to respectful care. Recommendations for further research include investigations of the prevalence and dimensions of disrespectful care and abuse, on mechanisms for women and their families to effectively report and redress such events and on interventions that could mitigate neglect or isolation among delivering women. Respectful care is a critical component to improve maternal health.

BMC Pregnancy and Childbirth

2014

Barriers to and incentives for achieving partograph use in obstetric practice in low- and middle-income countries: a systematic review

<http://www.biomedcentral.com/content/pdf/1471-2393-14-281.pdf>

Original Research Article

Ollerhead E. and Osrin D.

Abstract

The partograph is a graphic display of the progress of labour, recommended by the World Health Organization, but often underused in practice in low- and middle-income countries. We were interested in going beyond demonstration of potential efficacy on which the existing literature concentrates - through a systematic review to identify barriers to and incentives for achieving partograph use. Methods: We searched Ovid MEDLINE, Ovid Maternity and Infant Care, POPLINE, Web of Science, and Scopus, from 1st January 1994 to 30th September 2013, using the term 'partogra*' to include 'partograph', 'partogram' ,or 'partogramme'. The selection criteria were for primary or secondary research describing barriers to and incentives for partograph use in low- and middle-income countries, in English, reported in peer-reviewed publications since 1994. Thematic analysis of text on partograph use was applied to a commonly used framework for change in clinical practice, with levels describing the innovation, the individual professional, the woman, and social, organizational, economic and political contexts. Results: Reported barriers to and incentives for partograph use related to the partograph itself, professional skills and practice, clinical leadership and quality assurance, and the organizational environment within the wider provision of obstetric care. Neither the evidence base for its effectiveness, nor its credibility, was reported as a barrier to use. Conclusion: Identifying and addressing local

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barriers and incentives in low- and middle-income countries, based on those in published research, could inform strategies to improve partograph use. Emerging technologies could be used to address some barriers. The thresholds for essential maternity care at which the partograph adds value should be further evaluated.

BMC Pregnancy and Childbirth

2014

Birth attendance and magnitude of obstetric complications in Western Kenya: a retrospective case-control study

<http://www.biomedcentral.com/content/pdf/1471-2393-14-311.pdf>

Original Research Article

Liambila W.N and Kuria S.N

Abstract

Background: Skilled birth attendance is critical in the provision of child birth related services. Yet, literature is scanty on the outcomes of child birth related complications in situations where majority of women deliver under the care of non-skilled birth attendants compared to those who are assisted by skilled providers. The study sought to assess the nature of childbirth related complications among the skilled and the non-skilled birth attendants in Western Kenya. Methods: A case-control study was conducted among women aged 15-49 years at the household. Controls were individually matched to cases on the basis of age and socioeconomic status. A total of 294 cases and 291 controls were interviewed. Data were collected on various demographic and socio-economic characteristics and women's perception on the quality of care. All independent variables were analyzed initially in bivariate models and those that were significantly associated with obstetric complications were included in multiple logistic regression model in order to control for confounding factors. Odds ratios (ORs), with 95% confidence intervals, were computed to show the association between the occurrence, magnitude and the extent to which child birth related complications were managed. Results: Demographic and socio-economic characteristics of the cases and controls were similar. About 52% of the deliveries were assisted by skilled birth attendants while non-skilled providers attended to 48% of them. The odds of the occurrence of obstetric complications were greater among the women who were attended to by skilled providers in health facilities: adjusted odds ratio (AOR): 1.32 (CI 0.95, 1.84) than among those who were assisted by unskilled birth attendants, AOR 0.76 (CI 0.55, 1.06). Undignified care, high delivery and transport costs and fear of hospital procedures such as HIV tests and mishandling of the placenta were cited as some of the barriers to facility deliveries. Conclusion: Skilled birth attendants in facilities were associated with higher odds of the occurrence of obstetric complications compared to deliveries that were assisted by non-skilled attendants at home. Women cited many barriers which need to be addressed in order to improve their access to skilled providers for delivery and in managing obstetric complications.

British Journals of Marketing Studies

Volume 2, No.4, August 2014

The contribution of transport in health care delivery, "a case study of mankranso district hospital in the Ahafo Ano South District of Ashanti region"

<http://www.eajournals.org/wp-content/uploads/The-Contribution-of-Transport-Road-In-Health-Care-Delivery.pdf>

Original Research Article

Pages 30-51

Broni A.O

Abstract

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This project seeks to link the contribution of transport to health care delivery. The main objective of the study was to conduct a Strategic analysis on the role of transport in quality health care delivery. A variety of qualitative and quantitative instruments were employed to gather data to respond to the study research questions. The primary data for the study were collected from the respondents through questionnaire administration and interview conducted by the researcher. The study's findings confirmed the existence of healthcare transport as a supportive service in quality health care delivery but due to the poor road network, few health facilities and high transport cost most household do not access medical treatment. It is also difficult for health workers to embark on outreach programs and be at work on time because of transport infrastructure and services. These have tended to negatively impact on the delivery of healthcare commodities and services for Ahafo-Ano residents. A strand of thought that filters through the discussion is the establishment of a good road network, increase medical outreach and mobile health clinics.

Health Policy and Planning

September 2014

The value of building health promotion capacities within communities: evidence from a maternal health intervention in Guinea

<http://heapol.oxfordjournals.org/content/early/2014/08/22/heapol.czu089.full.pdf+html>

Original Research Article

Brazier E., Fiorentino R., Barra M.S. and Diallo M.

Abstract

This article presents results from a study that explored the association between community capacity for maternal health promotion and women's use of preventive and curative maternal health services. Implemented in the Republic of Guinea, the intervention aimed to build the capacity of community-level committees to heighten awareness about maternal health risks and to promote use of professional maternal health services throughout pregnancy and childbirth. Data were collected through a population-based survey. A total of 2335 women of reproductive age were interviewed, including 878 with a live birth or stillbirth since the launch of the intervention. An index of community capacity was created to explore the effect of living in a community with strong community-level resources and support for maternal health. Other composite variables were created to measure the content of women's antenatal counseling and their individual exposure to maternal health promotion activities at the community level. Multivariate logistic regression was used to explore the effect of community capacity and individual exposure variables on women's use of antenatal care (ANC) (≥ 4 visits), institutional delivery, and care for complications. Our results show that women living in communities with a high score on the Community Capacity Index were more than twice as likely as women in communities with low score to attend at least four ANC visits, to deliver in a health facility, and to seek care for perceived complications. Building the capacity of community-level cadres to promote maternity care-seeking by women in their villages is an important complement to facility-level interventions to increase the availability, quality and utilization of essential health services.

International Journal of Gynecology and Obstetrics

August 2014

Pilot community-mobilization program reduces maternal and perinatal mortality and prevents obstetric fistula in Niger

<http://www.sciencedirect.com/science/article/pii/S0020729214004093>

Original Research Article

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Seim A.R et al

Abstract

Objective: To assess the impact of a pilot community-mobilization program on maternal and perinatal mortality and obstetric fistula in Niger. Methods : In the program, village volunteers identify and evacuate women with protracted labor, provide education, and collect data on pregnancies, births, and deaths. These data were used to calculate the reduction in maternal mortality, perinatal mortality, and obstetric fistula in the program area from July 2008 to June 2011. Results: The birth-related maternal mortality fell by 73.0% between years 1 and 3 ($P < 0.001$), from 630 (95% confidence interval [CI] 448–861) to 170 (95% CI 85–305) deaths per 100 000 births. Early perinatal mortality fell by 61.5% ($P < 0.001$), from 35 (95% CI 31–40) to 13 (95% CI 10–16) deaths per 1000 births. No deaths due to obstructed labor were reported after the lead-in period (February to June 2008). Seven cases of community-acquired fistula were reported between February 2008 and July 2009; from August 2009 to June 2011 (23 months; 12 254 births), no cases were recorded. Conclusion: Community mobilization helped to prevent obstetric fistula and birth-related deaths of women and infants in a large, remote, resource-poor area.

International Journal of Innovation and Applied Studies

Volume 8, No 2, September 2014

Leveraging ubiquitous and novel technologies as enablers to address Africa's health challenges

<http://www.issr-journals.org/xplore/ijias/IJIAS-14-216-03.pdf>

Pages 567-578

Original Research Article

Gowda A. and Chabi M.O

Abstract

The last decade has witnessed massive growth in the African economy, accompanied by an unprecedented uptake of novel communications technologies across the five sub-regions. At the same time, the burden of various diseases – both communicable and non-communicable – is also escalating. Thus, the objective of this research was to analyze and highlight uncommon applications of novel technologies toward healthcare delivery in Africa. To this end, we conducted secondary research on the main health concerns and interviewed domain experts in five countries (representing the five sub-regions), namely, Egypt, Democratic Republic of Congo, Kenya, Nigeria, and South Africa. We found that mobile phones and related advanced technologies are already enabling a multitude of services, including health-worker capacity building, medicine and medical equipment delivery, data collection and disease surveillance, emergency medical response, and health promotion and disease prevention. However, the general approach employed for deploying these technologies does raise some concerns, particularly regarding data privacy. Finally, we find that the healthcare stakeholders (pharmaceutical companies, governments, patients, physicians, etc.) must cooperate in order to take advantage of these low-cost technological breakthroughs for themselves and, more importantly, for the health of the patients.

Journal of Medicine in the Tropics

Volume 16, Issue 2, August 2014

Obstetric indices at a Private University Teaching Hospital in Jos, North Central Nigeria

[http://www.jmedtropics.org/article.asp?issn=2276-](http://www.jmedtropics.org/article.asp?issn=2276-7096;year=2014;volume=16;issue=2;spage=71;epage=75;aulast=Anzaku)

[7096;year=2014;volume=16;issue=2;spage=71;epage=75;aulast=Anzaku](http://www.jmedtropics.org/article.asp?issn=2276-7096;year=2014;volume=16;issue=2;spage=71;epage=75;aulast=Anzaku)

Original Research Article

Pages 71-75

Anzaku. A.S, Makinde O.O, Mikah S. and Shephard S.N

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Abstract

Clinical audit of maternity services to ascertain the obstetric indices is vital for improvement in the quality of obstetric care. This study sought to determine the obstetric indices in an emerging private teaching hospital in Nigeria. Methodology: This was a retrospective review of obstetric records at Bingham University Teaching Hospital, Jos over a 3-year period. Data were extracted from the wards and intensive care unit records, delivery and operation registers and analyzed using SPSS version 16 (SPSS Inc., Chicago, IL, USA). Results: There were 3817 deliveries conducted during the period under review. The mean age of the women was 29.3 ± 5.2 years and 78.3% of them booked for antenatal care. The cesarean section rate was 31.5%, instrumental vaginal delivery rate was 1.2%, and episiotomy rate was 19.5%. The most common indications for caesarean section were failure to progress in labor (19.7%), obstructed labor (11.6%) and previous successful obstetric fistula repair (11.2%). The average birth weight was 3.4 ± 0.6 kg, while 17.5% of the babies were macrosomic. Male: Female babies' ratio was 1.1:1 and the twinning rate was 2.3% of all deliveries. Maternal mortality ratio was 530/100,000 live births, while the stillbirth rate was 3.5%. Severe preeclampsia/eclampsia was the commonest cause of maternal death. Conclusion: Most of the obstetric indices are comparable to those from other teaching hospitals in Nigeria. It is however essential to review intra-partum management of parturients in order to decrease cesarean deliveries arising from failure to progress in labor in this maternity unit.

Journal of Politics and Law

Volume 7, Issue 3,

August 2014

Early Marriage: A Gender-Based Violence and A Violation of Women's Human Rights in Nigeria

<http://www.ccsenet.org/journal/index.php/jpl/article/viewFile/39771/22058>

Original Research Article

Nnadi I.

Abstract

Child marriage customs occur all over the world, whereby children are given into marriage well before they attain puberty in most cases or even the age to get married as defined by several laws in Nigeria and other countries of the world. It is a common thing today to find a prevalence of such practices widespread in several parts of the world particularly in Africa, Asia, and South America. Often times, child marriages are frequently associated with marriages that are conceived and arranged by parents, whereby, only one marriage-partner usually the female is a child. This practice has prevailed despite the fact that many countries in Africa have a legal regime on the minimum age for marriage which is either pegged on 16 or 18 depending on the country. Some reasons adduced in favor of the practice like conflict, poverty, religion, and tradition escalates incidence of early marriages in Sub-Saharan Africa. In Nigeria, A significant number of early marriage is prevalent in most cultures in the country with most girls married off by age 15, and several others married off by the time they attain the age of 18. This practice is extremely prevalent in some communities in the Northwest region of Nigeria. However, in recent times it is noteworthy that the activities of human rights groups condemning child marriages and highlighting its attendant consequences have considerably brought about a remarkable decline of the practice in several parts of Nigeria. In this paper, we examined the high incidence of early marriage in Nigeria and argued that despite the availability of legal regime on early marriage as well as Nigeria's international human rights obligations, much more work is needed to eliminate the detrimental cultural practice of child marriage of young girls in Nigeria and proffered a solution to its menace

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SOS-Kinderdorf International (2002), St. Christopher's Hospice (2001), Tostan (2007)

Journal of Public Health and Epidemiology

Volume 8, Issue 8, 2014

Traditional birth attendants and women's health practices: A case study of Patani in Southern Nigeria

http://www.academicjournals.org/article/article1407234341_Oshonwoh%20et%20al..pdf

Original Research Article

Pages 252-261

Oshonwoh.F.E., Nwakwuo G.C., and Ekiyor C.P.

Abstract

According to the World Health Organization (WHO), current estimate of maternal mortality ratios is at more than 1000 per 100,000 live births in most African countries. Despite the existence of modern health facilities in Nigeria, over 58% of deliveries take place at home whereas only 37% take place in hospitals. As outcomes of pregnancy and their sequelae are purely left to the providence of women in many rural communities, the place of delivery is a great determinant of maternal and child morbidity and mortality. With the shortage of skilled birth attendants and uneven geographical distribution of the few available ones; traditional birth attendants tend to fill in the gap. This study employed a cross sectional design and using a simple random sampling technique, 420 women within the reproductive age (18 - 45 years) meeting the inclusion criteria for the study were selected. Results from the study indicated a high (88.8%) knowledge of Traditional Birth Attendants (TBAs) but a poor (51.1%) perception about their practices. A significant relationship was shown between age ($P<0.05$), education status ($P<0.05$) and the frequency of patronage of TBAs Services. Although, perception about TBAs practices was poor, the role of TBAs in the improvement of women's health (maternal and child health) in rural Nigeria cannot be ignored. TBAs remain major health resources in rural communities in developing countries as well as some parts of urban areas. Efforts need to be harnessed for training of TBAs through the Ministry of Health and Primary Health Care facilities close to their area of practices.

NJOG

2014, Volume 17, Issue 1

Experience of Managing Urogenital Fistula

<http://njog.org.np/wp-content/uploads/2014/09/3.pdf>

Original Research Article

Pages 17-20

Pradhan H.K, Dangal G., Karki A., Shrestha R. and Bhattachan K.

Abstract

The study was done to review the demography of urogenital fistulae including obstetric fistula (OF) and its surgical outcome in the early phase of fistula surgery and to create awareness about OF. Methods: This was a retrospective study of 47 patients who underwent fistula surgery during the period of January 2012 to May 2014 in Kathmandu Model Hospital, Helping Hand Community Hospital, Camp in Mid-wetern Regional Hospital Surkhet and Hamlin Hospital, Ethiopia. The primary outcome was in terms of urinary continence after 14 days of repair. Results: In the study 70% (n=33) of fistula were due to obstructed labor and 30% (n=14) were due to hysterectomy for gynecological indications. Ninety six percent (n=45) had successful closure of fistula. Seventy seven percent (n=36) were continent after surgery, and 17% (n=8) had some stress incontinence. Conclusions: The study showed obstructed labor was the major cause of OF, however iatrogenic fistula was also becoming common. The success of repair depended on the type, site, size of fistula and urethral length. Majority of our cases had successful closure of fistula with some degree of stress in some patients

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Obstetrics and Gynaecology Forum

Volume 24, Issue 3, August 2014

Can we eradicate fistulae in South Africa? Editorial

http://reference.sabinet.co.za/sa_epublication_article/medog_v24_n3_a1

Original Research Article

Ramphal S.R

Abstract

Urogenital fistula (UGF) is one of the most dreadful complications encountered in obstetrics and gynecology and constitutes a major surgical challenge to physicians. It is a source of great misery and unhappiness in the patient and a major liability and anxiety to the doctor. When it is surgical related, there are grave medico legal implications. In South Africa, a country straddling the first and third world, urogenital fistulae caused by obstructed labor and those caused by gynecological surgery are seen in approximately equal proportions. In most other African countries, especially Sub-Saharan states, obstetric related fistulae are far commoner. In high income countries, obstetric fistulae is rare

Peace and Conflict: Journal of Peace Psychology

Volume 20, Issue 3, August 2014

Social consequences of conflict-related rape: The case of survivors in the Eastern Democratic Republic of Congo

<http://psycnet.apa.org/journals/pac/20/3/241/>

Original Research Article

Pages 241-255

Dossa N.I. Hatem M., Zunzunegui, M. V and Fraser W.

Abstract

The past century has seen many armed conflicts during which hundreds of thousands of cases of sexual violence have been reported. However, research on the social consequences of this kind of mass violence and on the factors underlying them is scarce. Moreover, little information is available on how victims perceive their children born from rape, in a context where abortion is illegal and adoption is rare. This study, conducted in the city of Goma (North Kivu, Democratic Republic of Congo–DRC), explores the perceptions women survivors of conflict-related rape have of their daily lives, the cultural factors that influence their perceptions, and their relationships with their rape-conceived children. Adopting a phenomenological approach, we explore what it is like to live as a survivor of conflict-related sexual violence and as the mother of a rape-conceived child. Then, using a grounded theory approach, we build a theoretical framework for understanding how cultural norms and values contribute to the adverse social consequences of experiencing conflict-related sexual violence. Finally, we assess survivors' rehabilitation needs and suggest interventions for organizations interested in providing holistic support to women who have experienced conflict-related sexual violence.

Perspectives Internationales sur la Santé Sexuelle et Génésique

Numéro Spéciale 2014

Influence du pouvoir intrafamilial sur les soins de santé maternelle au Mali: perspectives des femmes, des hommes et des belles-mères

<https://www.gutmacher.org/pubs/journals/4001214F.pdf>

Original Research Article

Pages 12-23

Darcy White D., Dynes M., Rubardt M., Sissoko K. and Stephenson R.

Abstract

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Les données relevées dans différents contextes laissent entendre que les femmes ne disposent souvent que d'un contrôle limité sur les décisions relatives à leur propre santé reproductive. Pour accroître l'adoption de services et comportements préventifs, il importe de comprendre l'association entre, d'une part, la dynamique du pouvoir intrafamilial et les attitudes des femmes, des maris et des belles-mères et, d'autre part, les pratiques de santé maternelle. MÉTHODES: Dans 317 ménages de deux districts ruraux du Mali central, les femmes qui avaient accouché durant l'année précédente et les maris et belles-mères de ces femmes ont été invités, chacun et chacune, à répondre à un questionnaire d'évaluation de leurs attitudes à l'égard des notions de genre, de pouvoir et de santé. Des analyses de régression logistique bi- et multi variées ont été réalisées pour identifier les associations avec quatre issues de santé maternelle: fréquence des soins prénatals, moment des soins prénatals, accouchement en milieu institutionnel et soins postnatals. RÉSULTATS: Dans les analyses multi variées, les préférences et les opinions des belles-mères sont associées aux comportements de santé maternelle des belles-filles. Les perceptions personnelles des femmes concernant leur auto-efficacité, la valeur des femmes dans la société et la qualité des services au niveau de l'établissement de santé local se révèlent aussi indépendamment associées à leurs pratiques préventives et de recherche de la santé. Les préférences et opinions des maris ne sont associées à aucune issue. CONCLUSIONS: Les interventions axées sur les femmes ou les couples ne suffisent peut-être pas à promouvoir la santé reproductive des femmes dans les sociétés patriarcales telles que celle du Mali. La recherche et les efforts programmatiques futurs devront prendre en considération les normes de genre et l'influence d'autres membres de la famille, notamment les belles-mères

Reproductive Health

2014

Maternal and perinatal health research priorities beyond 2015: an international survey and prioritization exercise

<http://www.reproductive-health-journal.com/content/pdf/1742-4755-11-61.pdf>

Original Research Article

Souza et al

Abstract

Background: Maternal mortality has declined by nearly half since 1990, but over a quarter million women still die every year of causes related to pregnancy and childbirth. Maternal-health related targets are falling short of the 2015 Millennium Development Goals and a post-2015 Development Agenda is emerging. In connection with this, setting global research priorities for the next decade is now required. Methods: We adapted the methods of the Child Health and Nutrition Research Initiative (CHNRI) to identify and set global research priorities for maternal and perinatal health for the period 2015 to 2025. Priority research questions were received from various international stakeholders constituting a large reference group, and consolidated into a final list of research questions by a technical working group. Questions on this list were then scored by the reference working group according to five independent and equally weighted criteria. Normalized research priority scores (NRPS) were calculated, and research priority questions were ranked accordingly. Results: A list of 190 priority research questions for improving maternal and perinatal health was scored by 140 stakeholders. Most priority research questions (89%) were concerned with the evaluation of implementation and delivery of existing interventions, with research subthemes frequently concerned with training and/or awareness interventions (11%), and access to interventions and/or services (14%). Twenty-one questions (11%) involved the discovery of new interventions or technologies.

Scandinavian Journal of Clinical & Laboratory Investigation

Volume 74, No. S244, August 2014

The Laureates Collaborative

AMREF (1999), Aravind Eye Care System (2008), BRAC (2008), Casa Alianza (2000), ECPAT (2013), Handicap International (2011), Heifer International (2004), HelpAge International (2012), International Rescue Committee (1997), IRCT (2003)
MSF/Médecins Sans Frontières (1998), Operation Smile (1996), Partners In Health (2005), PATH (2009)
SOS-Kinderdorf International (2002), St. Christopher's Hospice (2001), Tostan (2007)

Global women's health – A global perspective

<http://informahealthcare.com/doi/abs/10.3109/00365513.2014.936673>

Original Research Article

Pages 8-12

Nour M.N

Abstract

The burden of disease and public health issues affecting girls and women throughout their lives is significantly greater in resource-poor settings. These women and girls suffer from high rates of maternal mortality, obstetric fistulas, female genital cutting, HIV/AIDS, malaria in pregnancy, and cervical cancer. Although the Millennium Development Goals (MDGs) are being met in some nations, the majority of the goals will not be reached by 2015. In addition, insufficient attention is given to non-communicable and chronic diseases such as diabetes, hypertension, hypercholesterolemia, cardiovascular diseases, stroke, obesity, and chronic respiratory diseases. A life-course approach that includes improvements in earlier-life factors such as diet and exercise is necessary to improve women's long-term health outcomes. Innovative diagnostic tools and treatment strategies along with cost-effective health service delivery systems are needed to make a significant impact on women's and girls' health worldwide.

Sexual and Reproductive Healthcare

Volume 5, Issue 3, October 2014

Mapping of reproductive health financing: methodological challenges

<http://www.sciencedirect.com/science/article/pii/S1877575614000263>

Original Research Article

Pages 90-98

Pradhan J. Sidze E.M, Khanna A. and Beekink E

Abstract

Low level of funding for reproductive health (RH) is a cause for concern, given that RH service utilization in the vast majority of the developing world is well below the desired level. Though there is an urgent need to track the domestic and international financial resource flows for RH, the instruments through which financial resources are tracked in developing countries are limited. In this paper we examined the methodological and conceptual challenges of monitoring financial resources for RH services at international and national level. At the international level, there are a number of estimates that highlights the need for financial resources for RH programmes but the estimates vary significantly. At the national level, Reproductive Health Accounts (RHA) in the framework of National Health Accounts (NHA) is considered to be the ideal source to track domestic financial flows for RH activities. However, the weak link between data production by the RHA and its application by the stakeholders as well as lack of political will impedes the institutionalization of RHA at the country level

Social Work in Public Health

Volume 29, Issue 5, 2014

Knowledge of Causes of VVF and Discrimination Suffered by Patients in Ebonyi State, Nigeria: A Qualitative Study

<http://www.tandfonline.com/doi/abs/10.1080/19371918.2013.853635#.VAWwmGPcflU>

Original Research Article

Pages 417-427

Nkechi E.E, Uzoma O.O and Ering S.O

Abstract

Vesico-vaginal fistula (VVF) is a major public health issue in Nigeria. This study focused on VVF patients seeking treatment. Hospital records were used to sample 30 respondents. Three focus

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[MSF/Médecins Sans Frontières \(1998\)](#), [Operation Smile \(1996\)](#), [Partners In Health \(2005\)](#), [PATH \(2009\)](#)

[SOS-Kinderdorf International \(2002\)](#), [St. Christopher's Hospice \(2001\)](#), [Tostan \(2007\)](#)

group discussions were conducted and analyzed in themes. Results reveal that most of the respondents did not know what brought about their condition, whereas some felt it was a curse from the gods. Respondents reported discrimination and stigmatization by relatives. Findings suggest the need to have trained social workers working in all fistula centers in the country. They will help in the counseling, rehabilitation, and reintegration of these women.

Women's Health Care

Volume 3, Issue 5, 2014

Subsequent Childbirth among Obstetric Fistula Survivors with Unrepaired Fistulas in South Eastern Nigeria

<http://omicsgroup.org/journals/subsequent-childbirth-among-obstetric-fistula-survivors-with-unrepaired-fistulas-in-south-eastern-nigeria-2167-0420.1000174.pdf>

Original Research Article

Sunday-Adeoye I., Egwu N. and Adeoye J.

Abstract

Objective: Obstetric fistula (OF) is one of the worst childbirth morbidities with medico-social consequences like amenorrhoea, infertility and marital disharmony. This study seeks to document the profile of Obstetric fistula survivors who had subsequent childbirth (Subsequent Childbirth group-(SCBG) with unrepaired OF and to compare their profile with the profile of the rest of the study population who did not achieve a childbirth Non Childbirth Group-(NCBG). **Setting:** The setting was the Southeast Fistula Centre, Abakaliki, Ebonyi State, Nigeria. **Population:** Two hundred and eighty-two clients with unrepaired OF participated. **Method:** This was a cross-sectional study. **Results:** The prevalence of childbirth among the study population was 30%. The median age for the childbirth group was 45.8years. The median duration of fistula was 7.5years and 5.3years for the child birth group and the non child birth group respectively. Fifty-seven percent of the childbirth group was still married as against 60.6% for non child birth group. The prevalence of childlessness was 25% and 47% for the child birth group and the non childbirth group respectively. The prevalence of secondary amenorrhoea was 22% and 41% in the SCBG and NCBG respectively.

Conclusion: Despite the limitation of this cross-sectional quantitative study, its findings calls for a more elaborate study on the social context of obstetric fistula in south east Nigeria

Internet sources

Abidjan.net

Aout 2014

Un centre d'opération ouvre mardi à San Pedro

<http://news.abidjan.net/h/507559.html>

L'évènement

Aout 2014

Rejet des porteuses de fistule obstétricales

http://levenementprecis.com/?p=27667&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+EvenementPrecis+%28L%27C3%A9v%C3%A9nement+Pr%C3%A9cis%29

Libération

Septembre 2014

Fistule : réparer la blessure

http://www.liberation.fr/monde/2014/09/26/fistule-reparer-la-blessure_1109217

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