

Statement by H.E. Dr. A.K. Abdul Momen, Permanent Representative of Bangladesh to the United Nations, New York to mark the occasion of First International Day to End Obstetric Fistula, May 23, 2013

Distinguished ladies and gentlemen,

I am very pleased and humbled to speak on the occasion to mark the 'First International Day to End Obstetric Fistula'. May I take this opportunity to thank UNFPA for organizing this important event.

Obstetric fistula is the most devastating----- and serious of all childbirth injuries. It is estimated that more than 2 million young women live with untreated obstetrics fistula in Asia and sub-Saharan Africa. Each year between 50,000 to 100,000 women worldwide are affected by obstetric fistula. It is a serious problem in the world's developing countries,, where most mothers till to-date give birth without adequate medical help specially without pre-rated care. Because of its tendency and prevalence to occur in poor countries it is evident that root of the problem is deeply embedded in the critical socio-economic condition. In particular early and unattended child birth and high birth rate are the major causes in developing countries for obstetric fistula.

Distinguished colleagues,

Obstetric fistula not only results in various complicated physiological health problem, what is worse that it causes profound psychological trauma resulting for their utter loss of status and dignity, shame and social segregation. In these cases, not only does the woman suffer, but their children too as they cannot help but be affected by rejection, poverty and misery of their mother.

However, the good news is obstetric fistula is preventable if time emergency obstetric care is available to women experiencing obstructed labor. It can largely be avoided by:

- Delaying the age of first pregnancy;
- The cessation of harmful traditional practices; and
- Timely access to obstetric care

Ladies and gentlemen,

It is imperative to note that obstetric fistula is directly linked to one of the major causes of maternal mortality-obstructed labour. Preventing and managing obstetric fistula contribute to the Millennium Development Goal 5 of improving maternal health.

The government of Bangladesh has attached utmost emphasis to rapidly improve maternal health by way of drastically increasing health care among all segments of the population and has been successful in some of the indicators. As per to MDG 5 goal, the maternal mortality ratio should be reduced by three quarters between 1990 and 2015. Bangladesh has achieved remarkable progress in lowering the MMR by almost 67% which is 194 per thousand live births. The government in Bangladesh now aims to reduce the current MMR from 3.8 percent to 1.5 percent by 2021, as envisaged in the National Health Policy, 2011.

In my country Bangladesh, five in every 3,000 married women suffer from fistula as per a 2003 study. Although the use of skilled birth attendants has improved over the past 15 years, it remains especially low among poor, uneducated rural women. Increasing the numbers of skilled birth attendants, deploying them effectively to the vulnerable groups of women, and improving access to them through messages on antenatal care to women, have the potential to end obstetric fistula. The use of caesarean sections is increasing although not among poor and uneducated rural women. Strengthening appropriate quality emergency obstetric care specially in rural areas remains the major challenge. Strengthening other supportive services, including family planning and delayed first birth, and education of women, are also important for achieving MDG 5.

Distinguished colleagues,

You are aware that the Third Committee (Social, Humanitarian and Cultural) of the General Assembly adopted a consensus resolution in December 2012 on ‘*Supporting Efforts to End Obstetric Fistula*’ (which Bangladesh co-sponsored) designate 23rd May as the International Day to End Obstetric Fistula. And today we are here to mark the First International Day to End Obstetric Fistula. The

resolution also recognized the interlink ages between poverty, lack of or inadequate access to health –care services and that the eradication of poverty is critical to meeting the needs and rights of women and girls. The resolution calls upon States in collaboration with the international community to take action to address the situation.

We must not forget the need to ensure social reintegration of women and girls who have undergone fistula treatment, including the forgotten women and girls with incurable or inoperable fistula. Counseling, education, family planning and socioeconomic empowerment through, inter alia, skills development and income-generating activities are important, so that they can overcome abandonment and social exclusion.

While challenges still remain which relate to the shortage of health workforce, education and practice, I would like to underscore that it is very much possible to end obstetric fistula by providing both the preventive and curative treatment. But we must remember that prevention is better than cure. Raising awareness and advocacy, strengthening the capacity of health systems by partnership, ensuring adequately trained and skilled attendance at birth, especially midwives, obstetricians, and empowering women could be the means to reach the goal to end obstetric fistula from our world.

I thank you all.