TUMUSIIME HELPS MOTHERS CONQUER FISTULA

IN 2010, LOY TUMUSIIME DEVELOPED FISTULA AT THE AGE OF 31. THIS WAS DURING THE DELIVERY OF HER FOURTH CHILD. SHE SPOKE TO AGNES KYOTALENGIRE ABOUT HER SIX-MONTH BATTLE WITH FISTULA AND HER DETERMINATION TO HELP WOMEN Battling the Condition

In 2010, Loy Tumusiime, a resident of Igamba village, Northern division in Iganga municipality, developed fistula at the age of 31 during the delivery of her fourth child. Unfortunately, her baby who weighed 5kg developed difficulty in breathing and died immediately after birth.

Tumusiime vividly recalls the moment when labour pains started. Immediately, she rushed to Iganga Hospital and was admitted at about 8:00am. She was examined and the midwives confirmed that labour was progressing well and that she would deliver any time.

When it clocked 2:00pm, the midwives told her that she could not deliver normally and needed to be taken to theatre for a caesarean section. Unfortunately, the outcome for Tumusiime’s surgery was not good. In addition to her baby dying immediately after birth, she realised that she was leaking urine, a medical complication she had never known.

After operation, the wound became septic, it could not heal. So, Tumusiime was forced to stay in hospital for one-and-a-half months. Around the same time, a visiting gynaecologist examined and diagnosed her with vesico vaginal fistula.

Dr. Agustus Baragaine, a senior consultant fistula surgeon, describes fistula as a tear that occurs during childbirth between the vagina and the bladder, causing urine to leak continuously. The condition is also referred to as vesico vaginal fistula.

Baragaine adds that sometimes the tear occurs in the membrane that connects the birth canal and the anus, especially if the pressure was backwards, resulting in leakage of faeces into the vagina.

The common cause of fistula is prolonged labour which causes tears. Sometimes errors occur during Caesarean section surgery if a health worker stitches the bladder together with the uterus, he says.

The United Nations Population Fund (UNFPA) report 2018 indicates that Uganda has 75,000 women living with fistula. The same report reveals that 19,000 new fistula cases occur every year yet the surgeons can only correct 2,000 annually.

HUSBAND LEAVES HER

Tumusiime laments that the state of leaking urine all the time was not only uncomfortable, humiliating but also caused her rejection from the society and her own husband, she recounts.

"The six months seemed to be 60 years. Even when my neighbours offered to serve me meals, they insisted I take my own plates," she says.

However, Tumusiime got the worst blow when her husband abandoned her for other women.

"My husband was not supportive at all and neither did he care for the children. When I got home after I had been discharged, I found my children under the care of the church," she says.

The husband was hostile. He constantly abused her and on several occasions, ordered Tumusiime to find another home, saying he could not stand the stench of her urine.

Eventually, he left me for another woman.

After her marriage her marriage fell apart, another catastrophe struck.

Tumusiime also lost her job at a salon in Bugwirri district where she worked as a hairdresser.

"After my maternity leave ended, I reported back to work, but my employer told me to stay home until I healed for fear of chasing away her clients," she says. This rejection, Tumusiime says, made her feel hopeless.

"Nothing made sense anymore and I wanted to die," she notes.

While I did not know what to do, a friend tipped me about the Uganda Village Project; an organisation in Iganga district that mobilises and sensitises women grappling with fistula before sending them for surgery.

The project officials visited Tumusiime and gave her details about the next medical camp that was scheduled for July 2010.

Unfortunately, the surgery was not successful. After regaining her consciousness, Tumusiime realised she was still leaking urine.

"I was puzzled as to why my operation had not worked out yet surgery for other women had been successful. It was much later that the doctors explained that I had two holes, but had decided to first correct one that I came to terms with it," Tumusiime says.

Additionally, the surgeons told Tumusiime that she would have to undergo another session of repair after three months to have the second hole closed. It was frustrating but Tumusiime did not have an option except to go back home.

Three months later, Tumusiime went back for surgery, which was successful.

When Tumusiime was discharged a month after repair, her estranged husband returned home demanding for sexual intercourse which Tumusiime rejected. Out of frustration, he ordered Tumusiime to move out of his home. She sought refuge at a nearby church, which gave her financial support and also rented for her and her three children a house.

Luckily, Tumusiime got a job at the Uganda Village Project as a co-ordinator. Her role involves going to the communities to identify, counsel and mobilise women with fistula to seek surgery. Additionally, Tumusiime trains fistula ambassadors who identify, counsel and refer women
Let’s join the fight against fistula

After suffering with fistula and finally being healed, Loy Tumusime has dedicated herself to helping women with the condition.

Today, we feature her story to appreciate her efforts and also raise awareness about fistula. In Uganda, many mothers live with fistula and suffer in silence because they are unable to pay for corrective surgery.

According to the health ministry, over 100,000 women live with the condition in Uganda. Most of these are stigmatised by society.

The suffering that Tumusime’s story brings out should compel us to end the misery of people living with fistula.

I wish you a nice read and a good week.

LILLIAN NAMUSOKE MAGHEZI

SHE HELPS WOMEN FIGHT FISTULA

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for fistula surgery. Since 2014, Tumusime has trained about 30 fistula ambassadors.

For one to become a fistula ambassador, Tumusime says they should be former victims of the condition. They should be willing to volunteer to sensitise, identify, counsel and refer fistula victims to hospitals.

Tumusime says the project also gives women transport to hospital for surgery and back home upon discharge.

“I have seen women regain dignity and resume their day-to-day activities. I also do follow up to ensure that the fistula survivors integrate into the community,” she testifies.

MOTIVATION

Considering this, Tumusime was helped to access repair and regain her dignity at not cost, she vowed to help other women in the same predicament. Joining the Uganda Village Project has enabled Tumusime to fulfil her dream.

RE-INTEGRATION

In the past, as Tumusime followed up women in the communities, she realised that some had challenges of feeding for their children, especially after their husbands abandoned them or lost their jobs because of stigma. As such, the women who had undergone surgery would be forced to dig or do domestic chores before they have healed.

As part of the socio-economic support, with funding from Fistula Foundation and Uganda Child Birth Injuries, the Uganda Village Project decided to start an integration programme where victims are equipped with entrepreneurial skills such as tailoring, jewellery making, baking for two months, after surgery and before sending them back to their communities.

Those who train in tailoring are given sewing machines. In addition, a start-up capital of sh500,000 is given to women interested in setting up businesses.

Tumusime says each medical camp that lasts about 20 days accommodates only eight women. In a year, the project holds about three medical camps.

MOVING FORWARD

According to Tumusime, sometimes the project does not have a budget to transport women from remote areas. As such, she is compelled to use part of her salary. When asked what it would take to do her job with ease, Tumusime says she needs financial support to facilitate fistula ambassadors to traverse communities mobilising and sensitising fistula victims.

Additionally, the money will enable her to conduct radio talk shows to sensitise people about the health condition. Sometimes, Tumusime travels over 20km on a motorcycle while doing her community outreach which is very tiring. Tumusime thinks, she can do much better if she got a vehicle to make her movement easier.

EMPLOYER SPEAKS OUT

Edmund Obikobo who is the managing director of Uganda Village Project, says Tumusime identifies herself with the women. She implements the programme not only with skills, but also with passion mobilising women with fistula in the communities of eastern Uganda to access repair services.

Having felt the pain before, suffered stigma to the extent of losing her marriage, Tumusime selflessly devotes herself to serve women.

ABOUT LOY TUMUSIME

Loy Tumusime was born on the December 31, 1978. Her parents were Jackson Turwamya and Harriet Korutara, both of whom are deceased, in Kanyantutu village in Nalurirwe Parish, Bugewo sub-county in Rukungiri district. She is the second of two children. Her father died when Tumusime was only five. Her mother passed on when she was seven years old leaving her in the care of her maternal uncle; Charles Byarugaba, now also deceased.

Tumusime attended Bulembo Primary School in Rukungiri district. She later enrolled for secondary education at Bugewo Secondary School before joining Nyakire Teacher Training School. She got married to Simon Twinomwe with whom she had three children.

In 2009, Tumusime enrolled for a six-month course in social nursing at Kamuli Mission Hospital.