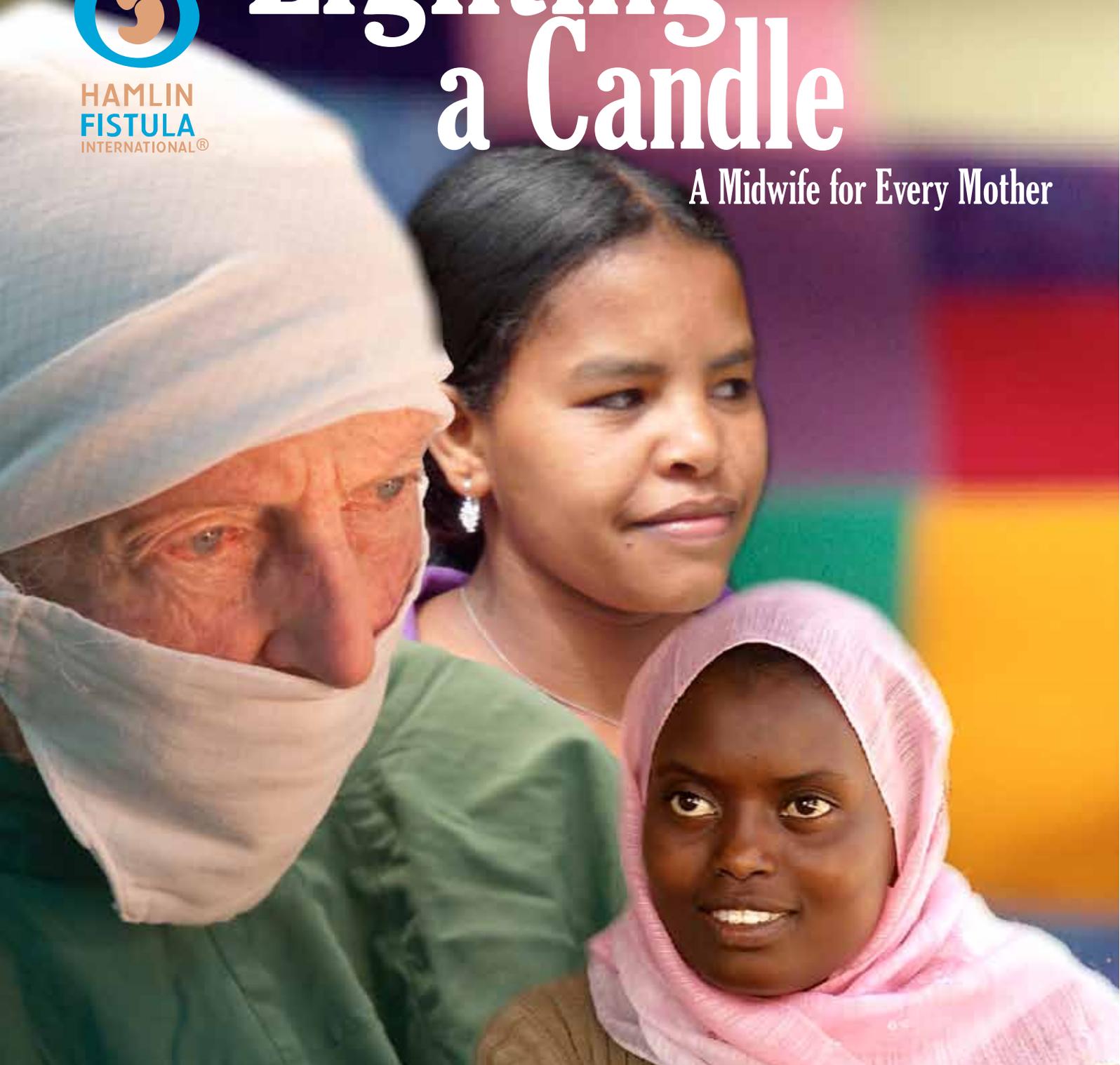




HAMLIN
FISTULA
INTERNATIONAL®

Lighting a Candle

A Midwife for Every Mother



A **STUDY GUIDE** BY KATE RAYNOR



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‘I just want the world to know that there are women suffering and there’s something that can be done about it. We’ve let them down in this twenty-first century when so many advances have been made in medicine. And when a woman is at the most important time of her life, giving birth to a baby, she has nobody to help her.’

— Dr Catherine Hamlin AC

‘Dr Hamlin has spent her life translating the finest human values and principles into practice. She stands as a source of courage, support and inspiration to all of us. Hers is truly a Golden Life.’

— Governor General of Australia, Ms Quentin Bryce AC



INTRODUCTION

Lighting A Candle: A Midwife for Every Mother tells the inspiring story of two compassionate and visionary doctors who deserve to be household names. Gynaecologists Catherine and Reg Hamlin left Australia in 1959 on what was intended to be a short contract to establish a midwifery school in Ethiopia. Fifty years later, Dr Catherine Hamlin AC is still there, running one of the most outstanding medical programs in the world.

Half a century ago, the Hamlins' hearts were broken by the many women they met who suffered from the catastrophic effects of obstructed labour. This is a problem easily dealt with in the developed world by assisted delivery or Caesarean section, but it can be disastrous without proper medical intervention. Days in obstructed labour can cause a hole or fistula in the bladder and sometimes the rectum. As a result, the affected woman leaks urine and/or faeces constantly and has an offensive odour. Often her husband will leave her and her family and friends will avoid her. The awful physical injuries are compounded by rejection, separation, loneliness and shame. Many of these young women feel they have suffered a fate worse than death. Unable to turn away from their plight, the Hamlins chose to dedicate their lives to these neglected and forgotten women, who, without help, face a lifetime of incapacity, degradation and ostracism.

The Addis Ababa Fistula Hospital, established by Drs Catherine and Reg Hamlin in 1974, has become an internationally

renowned teaching institution for fistula surgery. Doctors from many African countries and other parts of the developing world come to be trained in the special surgical technique developed by the Hamlins. Also, the hospital has trained over 3000 desperately needed health workers. Every year, the hospital treats over 2000 women suffering from obstetric fistula and who come to the hospital's main facility in Addis Ababa or to one of its five regional fistula centres spread across Ethiopia. The delicate surgical technique developed by the Hamlins in most cases results in a complete cure. Since Dr Reg Hamlin's death in 1993, Catherine has continued their work, and more than 37,000 women have now been treated and cured. The hospital restores the dignity of these poor young women, offering them the promise of new lives. The hospital employs ten fistula surgeons and Dr Hamlin, now well into her eighties, still operates on Thursday mornings, as she tirelessly continues to work towards her goal of completely eradicating obstetric fistula.

The hospital has also established the Hamlin College of Midwives which is training young women to be fully qualified midwives and deploying them into regional areas to prevent women dying in labour or suffering the tragic consequences of obstetric fistula.

Lighting a Candle was produced by the Hamlin Fistula Relief and Aid Fund which is the registered Australian charity dedicated to supporting the Addis Ababa Fistula Hospital and the Hamlin College of Midwives in Ethiopia. Funding for the documentary was generously provided by AusAID.

CURRICULUM LINKS

This important film highlights the plight of some of the most destitute women in one of the poorest countries in the world. Obstetric fistula is a huge problem in developing countries and serves to graphically highlight the terrible inequities that exist within and between nations. As teachers, we have a responsibility to educate and inform our students about the world and their place in it. If our students are going to become adults who will participate in creating global solutions to the many crises we face around the world, then they need to be inspired by stories such as the Hamlins'. This is a film to awaken one's conscience: students need to understand the tremendous privileges we in the West accept as a matter of course and to examine their own potential to act in concrete and meaningful ways to make the world a better place. This film has relevance to middle and senior secondary students in SOSE/HSIE, Economics, Civics & Citizenship, Geography, Women's Studies and International Studies. It could also be used in English as the basis for a character study or a study on identity. It raises challenging issues concerning: poverty in the developing world; women's reproductive health and status; human rights; humanitarian aid; and the relationship between the West and Africa.

The main aim of this guide is to present a wide range of teaching and learning opportunities based on the film, varying in sophistication and complexity. Teachers are encouraged to pick and choose tasks that suit the particular interests and abilities of their students and the timeframes within which they are operating – not to work through the guide systematically. Most of the activities target literacy outcomes: speaking and listening, reading and writing. There are also activities that address ICT and creative thinking. The statements presented in quotation marks are intended to be thought-provoking or controversial and can be used in a number of ways: as a focus for discussion, debate or oral presentations; and as a direction for further research, analysis or creative writing tasks.



BACKGROUND

WOMEN'S HEALTH IN ETHIOPIA

A woman born in Ethiopia has a life expectancy of forty-one years – roughly half that of an Australian woman. On average, she will marry at the age of seventeen and give birth to six children, not counting those she will lose during pregnancy or within the first five years of life. There is only a 35 per cent chance she will be literate and a 50 per cent chance she will live below the poverty line.

For the 29 million women who live in the rural, mountainous areas of Ethiopia, early marriage is common. Pregnant women customarily deliver their babies at home (94 per cent of births in Ethiopia are at home) with only a female elder in attendance. For a woman in obstructed labour, the closest skilled doctor able to perform a Caesarean section may be more than 300 kilometres away. While having many children is extolled in Ethiopian culture, pregnancy and childbirth are risky endeavours, with the Ethiopian maternal death rate being amongst the highest in the world. If women born in the West are among the luckiest women in the world, then based on these national indicators, a woman born in rural Ethiopia must be one of the most unlucky.

– From <<http://www.fistulafoundation.org/hospital/womenshealth.html>>.



THE ADDIS ABABA FISTULA HOSPITAL

The Addis Ababa Fistula Hospital is one of the few hospitals in the world that specialises in treating women with obstetric fistula. 93 per cent of women who come to the hospital are cured and return home to live new lives. The main facility in Addis Ababa and the five regional centres treat over 2000 women each year. The location of the five regional centres means that many more women who suffer from obstetric fistula are able to access skilled medical help more readily. Over 37,000 women have been cured. As all the women are destitute they are treated free of charge.

Some women have injuries which are so severe that they can never be completely cured and require ongoing medical treatment. The hospital trains these women, many of whom are illiterate, to work as nursing aides, or in the laundry or kitchen. Other women are trained to run the hospital's farm located in the purpose built village of Desta Mender (Joy Village) where dairying, horticulture and egg production are undertaken and a cafe for visitors is operated.

The hospital has established the Hamlin College of Midwives to train midwives who will prevent maternal deaths and obstetric fistula caused by obstructed labour. The midwives are being deployed into the regional areas of Ethiopia where there are very few health care resources. The midwives will help pregnant women and assist those who are likely to experience an obstructed labour to get to a health centre in order to have a safe delivery.

FACTS & FIGURES

At least 2 million women are living with fistula in developing countries, with 50,000 to 100,000 new cases each year. These numbers are conservative estimates, due to the isolation surrounding the condition. Almost 70 per cent of fistula victims end up with no living children, further isolating them from the traditions of their community.

(Figures from the UNFPA Campaign to End Fistula and the Worldwide Fistula Fund)

Of the 137 million illiterate youth in the world, 63 per cent are female. Only 62 per cent of girls in rural Ethiopia have ever attended school. A developing country study showed that doubling the proportion of women with a secondary education would reduce fertility rates from 5.3 to 3.9 children per woman.

(Figures from UNFPA and the Girls' Education Project)

Approximately 19 per cent of the world's population lives on less than US\$1 a day. 73 per cent of the population in the world's least developed countries lives in rural areas.

(Figures from 2008 UNICEF State of the World's Children)

In countries such as Bangladesh, Central African Republic, Chad, Guinea, Mali and Niger, more than 60 per cent of women marry before the age of eighteen. In Zimbabwe, 48 per cent of women who attend primary school are married by the age of eighteen, compared to 87 per cent of those who had not attended school.

(Figures from UNICEF)

Teenage girls are twice as likely to die during pregnancy or childbirth as women in their twenties.

The chances of a woman dying in childbirth are 1 in 2800 in high-income countries. The chances in Africa are 1 in 16.

(Figures from UNFPA State of the World's Population and UNFPA Campaign to End)



MORE FAST FACTS

From <http://www.engelentertainment.com/walktobeautiful/of.html>.

For every woman who dies from pregnancy-related complications, twenty women survive but experience terrible injuries and disabilities.

In Ethiopia, there are fifty-nine obstetricians and 1000 midwives, most of whom live in the main towns or cities. Ethiopia has a population of 80 million, 85 per cent of which lives in the countryside.

One woman dies from pregnancy-related complications every minute worldwide; 95 per cent of these women live in Africa and Asia.

Over 2000 women are treated at the Addis Ababa Fistula Hospital and its regional centres every year.

The estimated number of obstetric fistula cases occurring in Ethiopia alone each year: 9000.

The estimated number of new obstetric fistula cases resulting from childbirth occurring worldwide each year: 100,000.

Obstetric fistula cases in countries such as Australia and the USA are virtually non-existent. The year the last US hospital treating fistula patients closed its doors: 1895.

ACTIVITIES & DISCUSSION POINTS

DR CATHERINE HAMLIN: A WOMAN OF SUBSTANCE AND SPIRIT

'Dr Hamlin's strong Christian faith has been the guiding principle for our work. As the hospital's CEO I feel a great responsibility to ensure this firm foundation remains for us as we plan the future, so that people of all races and creeds will be offered the same love and care that has become a hallmark of the Hamlins' work. We are all proud to be part of this important endeavour.'

– Mark Bennett, CEO Addis Ababa Fistula Hospital

- Write a profile of Dr Hamlin, exploring her personal qualities and her goals.
- Write a timeline of Dr Hamlin's life and the key events in it.
- How important is Dr Hamlin's Christian faith as a source of strength and motivation?
- Dr Hamlin was born into a prosperous family and lived in the Sydney suburb of Ryde. Were there any early indications that she was destined for a life of such tremendous devotion and service? What can you find out about family members who may have served as role models for her?
- How might Dr Hamlin's experiences at Frensham Boarding School have shaped her character?
- What personal qualities does a missionary need?
- 'Dr Hamlin is a medical missionary.' Discuss.
- How difficult was Dr Hamlin's delivery of her son, Richard? What might have happened to her had she been delivering in Ethiopia?
- How did Dr Hamlin come to be in Ethiopia?



- Why did Dr Hamlin decide to stay on in Ethiopia after the death of her husband?
- Devise a 'compare and contrast' table, highlighting the differences between Dr Hamlin's childhood background and the typical childhoods of the young women she sees every day at the Addis Ababa Fistula Hospital.
- Dr Hamlin was nominated for the Nobel Peace Prize in 1999. She has also received a Companion of the Order of Australia, the ANZAC Peace Prize, and the coveted Gold Medal from the Royal College of Surgeons. In 2009, Dr Hamlin received the Right Livelihood Award and she has received many other national and international awards for her work amongst the most needy women of the world. Imagine you have some say in awarding the prestigious Nobel Prize. Write a case for Dr Hamlin being a worthy recipient.
- 'Dr Hamlin has changed and improved the lives of more than 30,000 women: hers is truly a life well lived.' Discuss.
- 'Some notion of service must be central to our understanding of what constitutes a worthwhile and meaningful life.' Discuss.
- Annette Bennett, the founding dean of the Hamlin College of Midwives, says that Dr Hamlin lives her life as if 'Every single person is valuable'. Do you agree? How does this philosophy manifest in her work ethic?
- Imagine you had the opportunity to interview Dr Hamlin about her life and work. What questions would you like to ask her?

OBSTETRIC FISTULA: WOMEN TORN APART BY POVERTY

- What factors contribute to this condition? (Consider, for instance: many women are very young when they have their first child; many women are very small due to hard labour and malnourishment; there is a general lack of decent obstetric care; there is a lack of education about reproductive health and high levels of illiteracy; the difficult terrain of the country and the lack of roads and vehicles make seeking medical help during a difficult labour almost impossible.)
- Is it possible to eradicate obstetric fistula?
- Why is this terrible condition virtually unknown in the West?
- Design a Public Awareness campaign.
- 'The isolation and shame experienced by these women are worse than the physical consequences of their condition.' Discuss.
- Write a letter to Dr Hamlin from the point of view of one of the women who has been helped. How has the procedure improved her life?
- Mamitu Gashe was fourteen years old when she arrived at the Princess Tsehai Memorial Hospital where the Hamlins were working at the time (before they established the Addis Ababa Fistula Hospital). She was in desperate need of medical attention. What impact did Reg and Catherine Hamlin have on her life? Why is she so emotional when she



talks about Reg? What does her story tell us about the kind of person that Reg was? What factors enabled Mamitu to become a surgeon at the hospital? How is she regarded at the hospital?

- ‘These fistula patients and their terrible plight are symbolic of the needs of Africa: these outcasts are the lowest of the low, the poorest of the poor. Perhaps Dr Hamlin’s tireless efforts on their part could be taken as a model of how the West might play a role in improving life in Africa.’ Discuss.
- What is meant by the term ‘social medicine’?
- Approximately how many women are thought to have this condition? (There are at least 2 million women suffering from treatable and preventable obstetric fistula in the developing world today. It is estimated that in Ethiopia alone, there are 9000 new cases every year.)



- ‘Those of us privileged enough to live in the rich West should hang our heads in shame: this condition is entirely preventable and yet millions of women are still suffering.’ Discuss.
- ‘The number one cause of obstetric fistula is poverty; this has to be acknowledged for any program hoping to eradicate the condition to have a chance of succeeding.’ Discuss.
- What does it mean to be poor in Australia? What does it mean to be poor in Ethiopia?
- What are your impressions of Ethiopia from this film? (Consider landscape, standard of living, etc.)
- According to ‘Taking Action’, ‘Three of the major challenges facing safe motherhood efforts [in developing countries] are the severe shortage of trained skilled human resources (obstetricians and midwives), poor infrastructure and inadequate transportation systems.’ Choose one of these issues and explore it in greater depth. What steps might be taken to improve this situation? Write out a ten point plan.
- Discuss the statistics presented in this guide. How are the facts on poverty and literacy relevant to obstetric fistula?
- In what ways is it accurate to describe obstetric fistula as ‘a hidden pandemic’? (Dr Hamlin’s statement in the Hamlin Fistula Australia Limited’s Annual Report 2009.)



THE DOCTOR'S WORK: TO LIGHT A CANDLE FOR AFRICA

'Our policy and our desire is to inform the whole world that this huge, neglected group of young women exists in the developing world – and that once we know, we should feel a moral obligation to do something to relieve such suffering.'

– Dr Catherine Hamlin

- When the Hamlins first arrived in Ethiopia, some fifty years ago, another gynaecologist said to them that the fistula patients 'would break their hearts'. Is that what happened?
- What do you think Dr Hamlin would like to see happen to her programs in the future?
- Design a Fundraiser campaign to raise support and awareness of Dr Hamlin's life's work.
- Treatment is free. The Addis Ababa Fistula Hospital relies on donations from overseas to fund its work. Why is this necessary? Discuss the likely implications of this in terms of how the hospital is managed now and in the future.
- What do you think of the level of support which the Australian Government has provided and is providing to the Addis Ababa Fistula Hospital and the Hamlin College of Midwives?
- Mount an argument to persuade someone who doesn't support foreign aid as to the value of the work done by Hamlin Fistula Australia.
- Many people working in the hospital are former patients. What advantages might this have?
- What provisions have been made for the women who cannot be cured? What might life be like for the women living at Desta Mender? What does Desta Mender mean? (Joy Village)
- How important is the hospital's role in training doctors from other developing countries?
- Why are the regional fistula centres and the midwifery training program such integral parts of Dr Hamlin's vision?
- The Addis Ababa Fistula Hospital has built Fistula Centres in the grounds of existing regional hospitals in five selected strategic locations. These centres are north, south, east and west of Addis Ababa in areas where it is known that numerous fistula cases exist and where the incidence of obstetric fistula is high. The five towns are Bahir Dar, Mekelle, Yigalem, Harer and Metu. With students working in small groups, choose one of these towns and write a Background Briefing paper on it: geography, population, current medical facilities, religious and ethnic demographics, etc. This activity could constitute a major assessment item for this unit, culminating in a presentation to the class. [Note: The ancient walled city of Harer is the fourth most holy city in the Islamic world. Bahir Dar is located on Lake Tana – the source of the Blue Nile. There are many Orthodox Christian monasteries located on the islands which dot this large lake. In the region around Bahir Dar there are the famous and historic rock



hewn churches of Lalibela. These churches are recognised by UNESCO as sites of important religious and cultural significance.]

- Do you agree that one of the solutions to this problem is to secure more funding for the training of midwives? How will this impact upon the rate of obstetric fistula?
- With only 1000 qualified midwives in Ethiopia for a population of nearly 80 million, Dr Hamlin believes investing in midwifery training is crucial to reducing Ethiopia's devastating maternal mortality and morbidity. With 85 per cent of the population living in rural areas and 95 per cent of births taking place without a medically trained person in attendance, carefully selected and trained midwives must be a bridge between rural communities and health facilities. What obstacles face the midwifery students at the Hamlin College of Midwifery? (For instance, they must learn English as there are no obstetric textbooks written in their native tongue; consider gender and cultural issues too.)
- The values of the Hamlin Fistula Australia, which supports the work of the Addis Ababa Fistula Hospital, as outlined in its 2009 Annual Report, are: Christian service; compassion; dedication; and integrity. How is each of these values manifest?

A HUMANITARIAN ISSUE FOR THE WEST THE MILLENNIUM DEVELOPMENT

The eight goals outlined by the United Nations are:

Goal 1: Eradicate extreme poverty and hunger

Goal 2: Achieve universal primary education

Goal 3: Promote gender equality and empower women

Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 7: Ensure environmental sustainability

Goal 8: Develop a Global Partnership for Development

- Do you think these goals will be reached by 2015? Why/why not? List the goals in the order you see as most important, explaining the reasons behind your list. Draw out the interconnections between each issue. Choose one goal and outline a strategy for meeting the 2015 target.

- The One Campaign website (see Resources section at the end of this guide) lists eleven key areas of concern in terms of global poverty. Choose one of these and go deeper. Present your findings to the class.

CHILDBIRTH IN THE WEST

- Conduct some research: what are the most common complications for Australian women in childbirth? What are the rates of maternal and infant mortality? How does this compare to Australia one hundred years ago? How does this compare to Ethiopia today?
- What is the current rate of Caesarean section in Australia? What factors might be contributing to the steady rise in the number of babies delivered by C-section in the West?

RESOURCES

WEBSITES

DR CATHERINE HAMLIN

Monica Attard Interviews Dr Catherine Hamlin, *ABC Sunday Profile*, <<http://www.abc.net.au/sundayprofile/stories/2194074.htm>>, 23 March 2008.

Peter Thompson Interviews Dr Catherine Hamlin, *ABC Talking Heads*, <<http://www.abc.net.au/tv/talkingheads/txt/s2297982.htm>>, 14 July 2008.

WOMEN'S HEALTH AND AID ORGANISATIONS

Hamlin Fistula Relief and Aid Fund Australia
<http://www.hamlinfistula.org.au>

Addis Ababa Fistula Hospital
<http://www.hamlinfistula.org>

The UNFPA Campaign to End Fistula
<http://www.endfistula.org>

'Fistula Survivors Ready To Return To Their Communities'
<http://www.unfpa.org/public/cache/offonce/News/pid/2271>

For further resources, see <<http://www.endfistula.org/publications.htm>>.

Tracking Progress in the Campaign To End Fistula
http://www.endfistula.org/download/dispatch_dec2007.pdf



The Fistula Foundation
<http://www.fistulafoundation.org>

The Fistula Care Project
<http://www.fistulacare.org>

Campaign to End Fistula Global Network
<http://www.fistulanetwork.org>

US Aid: Maternal and Child Health
http://www.usaid.gov/our_work/global_health/mch/mh/techareas/fistula.html

Intra-Health International
<http://www.intrahealth.org/page/maternal-child-newborn-health>

Women's Dignity
<http://www.womensdignity.org>

Engender Health
<http://www.engenderhealth.org/index-main.php>

United Nations Millennium Development Goals
<http://www.un.org/millenniumgoals/>

The One Campaign
<http://www.one.org/international/>



Global Health Council
<http://www.globalhealth.org>
 See especially <http://www.globalhealth.org/womens_health/>.

The MAIA Foundation
<http://www.themaiafoundation.org>

International Organization for Women and Development
<http://www.iowd.org>
 This site includes information about programs to support women in Niger suffering obstetric fistula.

BOOKS

A New Agenda For Women's Health and Nutrition, Washington, World Bank, 1994.

Philip Alston and Mary Robinson, *Human Rights and Development: Towards Mutual Reinforcement*, Oxford University Press, Oxford, 2005.

Rae Lesser Blumberg (ed.), *Engendering Wealth and Well-Being: Empowerment For Global Change*, Westview Press, Boulder, 1995.

Ruth Dixon-Mueller, *Population Policy & Women's Rights: Transforming Reproductive Choice*, Praeger, Westport, Conn., 1993.

Raana Haider, *Gender and Development*, American University in Cairo Press, Cairo, 1996.

Dr Catherine Hamlin, *The Hospital By The River: A Story of Hope*, Pan Macmillan, Sydney, 2001.

John Little, *Catherine's Gift: Inside The World of Dr Catherine Hamlin*, Macmillan, Sydney, 2008.

Durrenda Nash Onolemhemen, *A Social Worker's Investigation of Childbirth Injured Women in Northern Nigeria*, University Press of America, Lanham, MD, 2005.

Richard Skolnik, *Essentials of Global Health*, Jones and Bartlett, Sudbury, Mass., 2008.

Jane Stein, *Empowerment and Women's Health: Theory, Methods and Practice*, Zed Books, London, 1997.

Yawei Zhang (ed.), *Encyclopaedia of Global Health*, Sage Publications, Los Angeles, 2008.

FILMS

A Walk To Beautiful (Mary Olive Smith, 2008)

<http://www.walktobeautiful.com>

This website has useful information; students should be encouraged to explore the site and view the trailer for the film. It also includes a very informative PDF guide, 'Taking Action' <<http://www.engelentertainment.com/walktobeautiful/A%20Walk%20to%20Beautiful%20Take%20Action%20Guide.pdf>>.

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