THE SOCIETY FACE TO MARGINALIZING DISEASE: CASE OF OBSTETRIC FISTULA IN NGAOUNDÉRÉ - CAMEROON

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ABSTRACT

Investigating on Obstetric fistula in the Cameroonian society, is adopting measures oriented towards questions on development and health. A marginalizing and even traumatic disease, which is of special interest is the object of this article. Wanting to give life, the woman retires with a disease that not only decreases her physically and socially, but also and above all creates around her and in herself, a set of representations that determine her life.

Key Words : *Society, Illness of marginalization , Obstetric fistula.*

INTRODUCTION

Obstetric Fistula (FO) is the second leading cause of maternal mortality. Indeed, 20 to 30 cases[i], women who survive obstetric fistulas have more or less chronic complications. In Cameroon, the prevalence of Obstetric Fistula is estimated at 0.4%, this means that nearly 19,000 women are victims of this affection in Cameroon[ii]. Perinatal mortality increases by about 50% in babies born to mothers under 20 years of age than in babies born to mothers 20 to 29 years of age[iii]. The need for family planning among young people is all the more present since pregnancy-related complications are the leading cause of death in women aged 15 to 19[iv]. Pregnant adolescents are at twice the risk of maternal death and OF than older adults.

The prevalence of obstetric fistulas is high where women continue to give birth without medical assistance, in contexts where the referral-evacuation / against referral system is insufficiently functional, obstetric care is insufficient and early marriages and pregnancies are common . This

is precisely the case in northern Cameroon. This region has the same geographic, socio-cultural and health similarities as the countries where the prevalence is high such as Tanzania, Sierra Leone, Mauritania, Niger, Mali, etc[v]. In 2003, the United Nations Population Fund (UNFPA) launched a campaign to eliminate OF. Several training courses were carried out in nearly 40 countries in Sub-Saharan Africa, Asia and the Arab regions. This vast initiative aims to facilitate women's access to obstetric treatment and to provide support to women with OF and help them to resume a normal life once they have received treatment. OF is indeed a reality in Cameroon, this infirmity makes the victim suffer from a number of inconveniences. In Ngaoundéré, the culture having established standards, deliveries must be done at home, which very often leads to the occurrence of OF, a disease which has serious consequences. In terms of perceptions and attitudes towards this disease, the causes of the condition are not always known by the local population.

OPERATIONALIZATION OF CONCEPTS

Society

A society is a set of individual and social groups claiming joint ownership systems : language, culture, common history (real or mythical) territory[vi].

Sickness

The disease designates a set of alterations which causes a malfunction of the organism. The patient, on the other hand, is the individual who suffers from the disease, that is to say, progressive symptoms requiring therapeutic treatment. Do not confuse illness and disability, syndrome or injury[vii].

Marginalizing diseases

Diseases of shame are diseases that cannot be talked about or declared for fear of being judged or criticized, it is indeed this category of diseases for which society places a burden of guilt on the victim. We can say that society does not give the patient the opportunity to express, to declare what he feels or even to live his illness normally without complexes or feelings.

These are the diseases whose nature enshrines rupture and physical isolation to the point of cutting the person affected from society so that even after clinically attested healing, former

patients experience many difficulties in social reintegration, even worse when the disease leaves irreversible consequences on the person.

Fistula

A fistula is an abnormal formation of a connection between two organs; between the vagina and the intestine for example; or between an organ and the surface of the body as between the rectum and the skin; or between two blood vessels such as between arteries or veins[viii].

Obstetric fistula

Obstetric fistula The formation of an abnormal communication (a fistula) between the bladder and the vagina (vesico-vaginal fistula) or between the bladder and the rectum (vesico-rectal fistula) occurring following a complicated pregnancy[ix].

PROBLEM

This work is about showing how women, wanting to give life, find themselves struggling with a disease that dishonors and humiliates them. This disease affects several women over the years in our context, while creating problems of several kinds with regard to the different representations that we have, not only of the disease but also of the patient herself. These different representations have personal, social and economic consequences.

THEORETICAL APPROACH

To better outline this work, we have made use of the theoretical field of social representations. Social representation is the product and the process of a mental activity by which an individual or a group, reconstitutes the reality with which he is confronted and gives it a specific meaning[x]. Social representations are systems of interpretation governing our relationship to the world and to others who guide and organize social behavior and communication. Social representations are cognitive phenomena involving the social belonging of individuals through the internalization of practices and experiences, models of behavior and thought[xi].

In most psycho-social definitions of representations, we find three characteristic and interdependent aspects which are communication, reconstruction of reality and mastery of the environment:

Communication : since social representations offers to people a code for their exchanges and a code to uniquely name and classify the parts of their world and their individual or collective history[xii].

The reconstruction of reality : representations guide the way of naming and defining together the different aspects of everyday reality ; in the way of interpreting them, ruling on them and if necessary taking a position in their regard and defending it[xiii].

The mastery of the environment by the subject : all of these representations or this practical knowledge allows the human being to situate himself in his environment and to master it. This is a more concrete dimension than the previous ones, because mastering the environment partly refers to the social utility of the concept of representation. These different functions are :

- The common code function : representations provide social actors with knowledge that is common and therefore shared, which facilitates communication. This communication function will make it possible to understand and explain reality ;
- The orientation function of conducts : this guides behavior and practices ;
- The function based on justification : it allows a posteriori to justify the positions and attitudes ;
- The identity function : it makes it possible to define the identity of a professional or social group[xiv].

The theory of social representations is then used in this work to lift a veil on the way in which people represent not only rare diseases, but also, the carriers of these diseases.

METHODOLOGICAL APPROACH

A precise methodology was adopted for the development of this work. We carried out an investigation in the field and this was done in several stages which we cannot avoid presenting here. We started with direct observation, which is an essential step in research. By this we must understand the fact of going to the field of study to see, observe, better, engage in the field as an " actor ". It was an opportunity to go and see on the field what is happening there and which is related to our subject. To observe means to examine carefully, to consider carefully to study. The term attention which appears in this definition translates a judgment on a fact, a practice, or a state of things. Thus, the observation we made about rare diseases in general and obstetric fistulas in Ngaoundéré in particular, allowed us to lift a veil on the realities that emerge from the way people imagine not only the OF, but also, girls who are suffering. In addition, this observation allowed us not to go out of our subject frame. We were given the opportunity to see, scrutinize, analyze and better conduct our investigations. This observation helped us to read and understand the health and development problems posed by OF in Ngaoundéré. We then, after the phase of reading in the various libraries and of excavation in the archives of the Norwegian hospital of Ngaoundéré, proceed to interviews with the health personnel and some victims of this pathology. It is after having done analysis and interpretation of data that we engaged in writing this article.

TYPES OF FISTULAS

OF is an not abnormal opening between the bladder and vagina or between the rectum and the vagina[xv]; a lesion of the pelvic tissue caused by a prolonged and hampered childbirth, it is literally an orifice between the vagina and the bladder and / or the rectum, which causes urinary and/or total fecal incontinence[xvi]. OF is an abnormal orifice which lets urine or stool pass through the female genital tract continuously and involuntarily.

For Danki[xvii], OF is an abnormal communication between the bladder and the vagina (vesico-vaginal fistula) or between the vagina and the rectum (rectovaginal fistula) occurring during prolonged labor without a cesarean section performed on time [xviii]. Ms. Wangmeni, current major at the PNH pediatrics pavilion, defines OF as an abnormal communication between the bladder and the vagina generally occurring during a delivery that lasts several days requiring a caesarean which is not done on time[xix]. Tebeu gives the following definition of OF, it is the

presence of a communication between the urinary tract and the vagina (vesico-vaginal fistula), it can also designate the communication between the rectum and the vagina (rectal fistula vaginal)[xx].

OF encompasses a multitude of anatomical lesions which have in common not only a continuous loss of urine but which moreover are a complication of childbirth. OF are serious lesions caused by childbirth, a long and difficult abortion[xxi]. It can also be defined as communication created between the female urinary tract (the bladder and the urethra) and the vagina, on the one hand and/or the digestive tract (the rectum) and the vagina on the other hand resulting in an absence total control of urine and stool by the victim. It is a debilitating condition that has condemned and condemns hundreds of thousands of women to suffer in loneliness and shame. OF is undoubtedly one of the most telling examples of unequal access to maternal health care and, until recently, one of the most hidden and neglected conditions. There are different types of fistulas depending on where they are located: the most common are:

1) Anal Fistula (FA)

Abnormal communication between a gland present inside the anus and the skin in an area near the anus (more rarely within the rectum)[xxii]. The anal fistula is most often caused by infection of this gland which causes an abscess. Symptoms of AF include: pain, redness, or swelling (abscess) in the area around the anus; purulent discharge, sometimes with a foul odor and pruritus (itching).

2) Arteriovenous Fistula (AVF)

It is an abnormal connection between an artery and a vein usually occurring in the legs[xxiii]. It can be caused by an injury to the skin, such as a stab or a rifle bullet, where a vein and an artery are side by side, complications from certain cardiac analysis techniques, such as cardiac catheterization. Normally, blood flows from the arteries to the capillaries, then to the veins, the nutrients and oxygen transported by the blood pass through the capillaries, and are distributed in all the tissues of the body. With an arteriovenous fistula, blood flows directly from the arteries to the veins without passing through certain capillaries, thus, certain tissues receive less blood. AVF can also be performed surgically in the forearm in people with severe kidney disease to increase blood flow and facilitate dialysis treatment. Large AVF can lead to: heart

failure; blood clots in the legs that can cause venous thrombosis; leg pain; bleeding in the gastrointestinal system or in the brain. The following symptoms may occur for an AVF: swelling and redness on the surface of the skin ; purplish and swollen veins visible on the skin, similar to varicose veins; swelling of the arms or legs; a drop in blood pressure; heart failure.

3) Pulmonary arteriovenous fistula (FPAV)

It is an abnormal connection inside the lung between the artery and the pulmonary vein, which prevents the process of oxygenation of the blood in the lung[xxiv]. This condition is caused by a genetic condition, Rendu-Osler-Weber disease, which causes the abnormal development of several blood vessels in the body, particularly in the lungs. It can lead to a stroke. Symptoms are: difficulty breathing, especially during exercise; blue discoloration of the skin; deformation of the finger nails. Many other fistulas affect:

- the digestive system: gastric fistula (between the stomach and the skin); entero-vaginal fistula (between the intestine and the vagina);
- the respiratory system: esotracheal fistula (between the esophagus and the trachea);
- the eye: lacrimal fistula (perforation of the tear duct).

Let us remember that the vesico-vaginal fistula remains the most frequent. It occurs in the youngest women (< to 25 years old) and the poorest, without access to basic obstetric care[xxv]. It is usually caused by prolonged work stoppage, without timely medical intervention usually an emergency cesarean, in addition to this cause VVF has several causes and risk factors.

THE RISK FACTORS AND CAUSES OF FISTULA IN NGAOUNDÉRÉ

For adolescent girls, pregnancy and childbirth are particularly dangerous because they have not reached their full physical development, which increases the risk of obstructed labor[xxvi]. Preventing teenage pregnancies by expanding access to information and services , by ending early marriage , would reduce the risk of pregnancy-related morbidity in this extremely vulnerable age group. In Ngaoundéré it is women and girls who are generally young and poor, illiterate and/or poorly educated , having had a midwife job maintained in most cases at home with retention of the head in the genital area which develop them[xxvii]. Although the immediate causes of OF in developing countries are due to obstructed work and lack of access to emergency obstetric care, extreme poverty is often the main cause. Studies indicate that

fistulous women tend to live in remote areas and are very poor[xxviii], factors that are generally associated with inadequate health care during pregnancy and childbirth, and therefore with increased risk of obstetric complications[xxix].

With less access to obstetric care, rural women are more likely to suffer from fistulas than urban women[xxx]. Among rural women, those with lower social and economic status are more likely than other women to suffer from fistulas and other obstetric problems. Ms. Oumoul points out that :

> When we arrived at the hospital the nurses did not care about me I cried in pain, it was my husband who was going to complain at every moment, when they brought me into the delivery room they asked if I had money because I might be operated , my husband said he had nothing but that they operate me and that he will settle afterwards, when we asked him what his job is, he said he was a tradesman, so they told him to go get some money so that I could be operated ... After two days of work I found that I was wet each time and I no longer hold urine, it's the start of another life for me because I had obstetric fistula [xxxi].

After our survey of 12 women in Ngaoundéré regarding access to obstetric care, 9 women said they could not have the means to undergo surgery and all were women with lower social status. I had almost 5 years of illness, I had no means and nobody came to my aid[xxxii]. The other two said they could not have an operation because it reduces the number of children they will have and would reduce the time they have to live, because in their culture the blade should not cross the body so that we can retain something, especially a human being. This shows how much the cultural field, if not traditional, the standard of living somehow hinders access to obstetric care among rural women in Ngaoundéré.

Although obstructed labor and OF can occur at any age during the reproductive years, pubescent women are at particular risk, especially in places where early marriage is common. Madame Hadjé was married very early,

> I was brought to my husband at the age of 14, I cried for days and nights and after 2 months I got pregnant, my pregnancy made me

> suffer a lot, and finally I had the disease there. After 6 months, my husband started having sex and the wound reopened again[xxxiii] .

In some parts of the country and in Ngaoundéré, many women are pregnant just after the onset of their first period, before the pelvis is fully developed for procreation. When I went to the hospital the nurses told me that my pelvis was small and that I cannot give birth by normal delivery[xxxiv].

Three out of twelve women said during the survey that they were pregnant before the age of 15, and six (6) said they were pregnant before the age of 18. This shows how much increased early marriage is in this area and is a risk factor for early pregnancy. In addition, three (3) stated that the risk factor for their fistula was multiple and complicated deliveries. I do not know what I have, I tell myself that it is a curse, one my two children tears me during labor, the others I had it by operation, the last left his passing the fistula[xxxv]. It should be noted, however, that this variable or this data is weak, but not unnecessary or to be neglected among the risk factors for OF.

In developing countries, a large number of pubescent women are malnourished, their growth has stopped prematurely, and their weight is insufficient, factors which contribute to the risks of early pregnancy[xxxvi]. The information collected during our research shows that five (5) women out of twelve have been reprimanded in health facilities for insufficient nutrient.

In almost all fistula cases, the lack of follow-up and care provided by experienced personnel at the time of delivery (doctors, midwives, nurses) results in a dystocic and prolonged delivery without appropriate intervention. In 90%[xxxvii]of the cases, the child is stillborn, an essential element to take into account, motherhood being for women in developing countries one of the only means of obtaining recognition, a rewarding social status, and this, in particular, in a patriarchal system. Ms. Isabel points out on this subject that

> I arrived at the hospital for an operation not only did I have fistula, but I also lost my child and until then I had no more children except the two I had given birth before catching this disease. I wonder how I should have done if I had not yet given birth to my two children[xxxviii].

The communities of the city of Ngaoundéré intend to closely monitor the sexuality and reproductive life of girls, this control is exercised throughout the fertile life of women before and after marriage, as well as during pregnancy and childbirth, and registers the women's bodies as the model, the mold of community and family reproduction. Mrs. Halimatou says that when I was about to give birth my husband was not there, being in the care of my mother-in-law, she was out and when she returned she asked me to wait until 'she calls my husband first to see if we can go to the hospital[xxxix].

THE CAUSES OF OBSTETRIC FISTULA

As major causes of OF we can note:
- early marriages;
- lack of prenatal consultation and home birth;
- the delay in transporting women from childbirth to the health center. (Engender health to put in risk factors part).

For Ms. Wangmeni, the causes of OF can be in addition to those listed the following: women are illiterate, distance from health centers, caesarean section may be the cause; one operates one injures the bladder; cysts[xl]. Dr Danki makes us understand that there are :

> Surgical causes, that is to say when we operate on the pelvis and delivery is poorly attended by unqualified personnel, difficult delivery is why we speak of obstetric. We also have non-surgical causes like cancer, rape especially in countries where there are wars, surgery at this level we can damage organs there[xli].

For Professor Tebeu[xlii], obstetric fistula is a complication of laborious labor. It is often associated with the lack of good follow-up of childbirth, as in the case of home birth. In the same path, he gives an explanation of the causes of the occurrence of a fistula in this sentence, after a laborious labor, the tissues in the vagina, bladder and rectum become fragile, various communications will therefore be created and result in a continuous flow of stool and/or urine[xliii]. OF occurs more often because of three classic delays that we encountered in

Ngaoundéré, the delay in the decision to seek medical care; Delay in arrival at the health center; Delay in setting up emergency obstetric care at the health center.

DELAY IN THE DECISION TO REQUEST CARE

The first delay can occur if a woman or her family is late in seeking care from a competent assistant, or if she is slow in referring the patient to an emergency obstetric establishment. Cultural taboos, lower status of women, lack of knowledge and skills, limited transportation options and lack of resources often contribute to such delays[xliv]. Some patients arrive at the hospital accompanied by family members after having traveled long distances and exhausted to their last resources. They may then need to find funds for the operation, food in the hospital and housing for their family members. Their poverty makes it even more difficult to cover even moderate expenses.

> We traveled miles to get to the hospital, when I was leaving the people of the village had no hope they told my husband that if i get out of it, it is because I am very lucky. Once arrived at the hospital the doctor scolded us for our late arrival to the hospital[xlv].

To avoid delay, the family should establish a plan for birth during the prenatal period, and be prepared to know what to do in case of complications, including having made preparations for transportation to a healthcare facility. A Caregiver can help families plan[xlvi]. Families, midwives and other caregivers in rural areas can learn to recognize the warning signs of maternal complications during childbirth. Madame Jacqueline points out that when I arrived at the hospital the midwives took care of me, after 2 hours they asked me to go to a big hospital to have surgery, unfortunately we had no means, we made a day before we got the money. This is how I got sick[xlvii].

Awareness of women's reproductive health by families and community members, including husbands, mothers-in-law, community seniors, and religious leaders, can strengthen efforts, both to prevent and treat the fistulas. For Mr Issa there is no longer any question of delaying using health centers for childbirth, I will no longer accept that my wives give birth at home, one of my wives almost died[xlviii].

DELAY IN GETTING TO THE HEALTHCARE FACILITY

Obstetric fistulas have been reported to occur as a result of a combination of obstructed labor and obstructed transportation[xlix].

> At night around 7 p.m. my stomach was hurting I started to lose water my husband went out to get a car to accompany me to the hospital because with the motorbike it was far away and I couldn't bear it, he didn't find a car, it was the next day at 10am that we could find a car. I was already tired I thought I was going to die or lose my child, I was behind a van, and there was a lot of shock. Made us understand Madame Aminata[l].

Even after deciding to seek help, a woman may not be able to get to the facility in time for emergency care. The situation is critical for vulnerable households which do not have sufficient means to take care of themselves, in addition to this, the distance which exists between the health structures and the places of residence of the patients also play a role. In Ngaoundéré, there is an inequality in the spatial distribution in terms of health supply.

DELAY IN SETTING UP EMERGENCY OBSTETRIC CARE AT THE HEALTH CENTER

The third delay may occur at the healthcare facility itself. Many hospitals and clinics do not have sufficient skilled staff to provide immediate surgical treatment in emergency obstetric cases. Emergency care may be delayed due to lack of equipment, diagnoses are late or wrong, or actions are incorrect.

I went to give birth at my mother place in Mayo - Bouki in Kong, when I wanted to give birth we went to a health center, the nurses told me that I was going to give birth, I did two days at the hospital without result, the second day, they told me to go to the hospital in Ngaoundéré to have surgery because I had a fistula[li].

In fact, in a medically underdeveloped country, the occurrence of VVF is multifactorial. In addition to medical factors: insufficient qualified personnel (gynecologists, midwives,

midwives) and health infrastructures, the consequence of which is absence, poor quality or inaccessibility of qualified obstetric help, several social factors can be cited, early marriages, illiteracy and illiteracy, skill and poverty.

THE MANIFESTATIONS OBSTETRIC FISTULA

During prolonged delivery, the permanent pressure of the baby's head against the mother's pelvis interrupts the flow of blood into the soft tissue that surrounds the bladder, rectum and vagina. The damage thus caused to the tissues leads to dissolution, hence the appearance of a hole, or fistula. If the fistula is between the vagina and the bladder (vesicovaginal fistula), leakage of urine occurs from the vagina; if the fistula is between the vagina and the rectum (rectovaginal fistula), fecal discharge occurs. The permanent flow of urine is the main sign, with or without urination. Conventionally, it is a woman of reproductive age who, in consultation, gives off very suggestive urine odors making her socially undesirable.

Dr. Danki points out to us that OF manifests itself by a leakage of urine, or stools through the vagina, when we know that it is by the bladder, there is nothing that holds them, then there is a problem , urine or stool leaks unintentionally[lii]. For Tebeu, obstetric fistula is manifested by a continuous flow of urine and/or stool observed 5-7 days after a laborious delivery[liii].

Obstetric Fistula in medical or biological conception is seen as a disease which can be treated by respecting certain conditions. Biology or medicine remove any fatalistic or cultural representation of the disease, but conceives the fistula according to Cartesian reasoning. Nowadays, even medicine in its approach to patient care doesn't moves out the paramedical dimension and the social sciences deal with this dimension for diseases.

THE EPIDEMIOLOGY OF OBSTETRIC FISTULAS IN NGAOUNDÉRÉ

A study has estimated that the minimum incidence of obstetric fistula in rural areas of sub-Saharan Africa is 33,450 cases per year, much higher than what has been estimated based on hospital reports[liv]. OF are rare in developed countries because emergency obstetric care is available as soon as possible. Rare cases of fistula usually result from cancer of the cervix,

radiation therapy, or lesions suffered during surgery, and in these cases treatment should take place without delay.

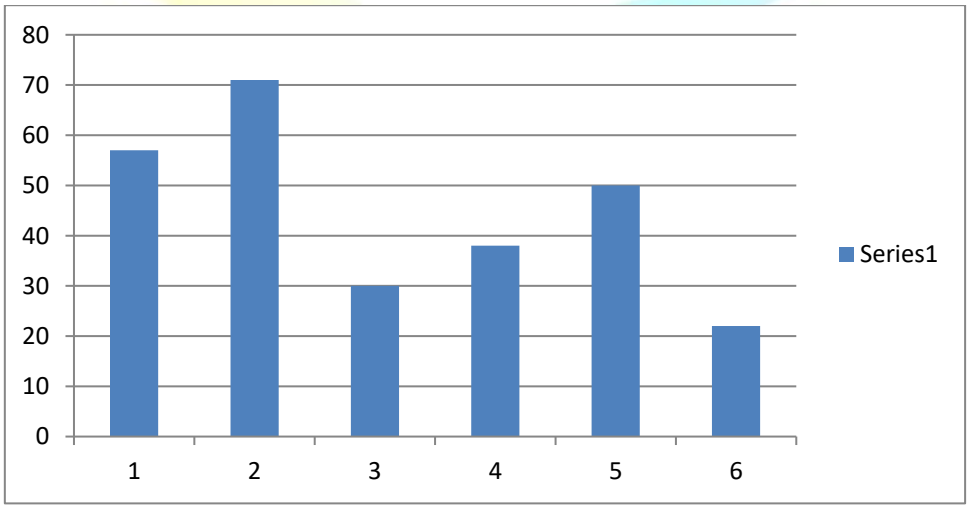
Since the launch of the campaign to repair obstetric fistulas at the Norwegian hospital in Ngaoundéré by the non-governmental organization UNFPA (United Nations Population F unds) strongly supported by the Ministry of Public Health, several women suffering from obstetric fistulas have been recorded and have experienced repairs. This is shown in the table below.

Table N ° 1 : Distribution of Obstetric fistula cases in Ngaoundéré from 2013 to 2018

Years	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**Total**
Number of cases	57	71	30	38	50	22	268

Source : Data collected by Mekake Tamno Tatiana Mireille, master II student in history at the University of Ngaoundéré 2018.

The table above presents the cases of fistulae who attended the Hope Center recovered from the Protestant hospital in Ngaoundéré from 2013 (start date of the campaigns), to 2018. It should be mentioned that , this disease is popularized and even known by some people after the start of the campaigns, which now promote the repair of OF in women in the city of Ngaoundéré and its surroundings. The variation in the number of cases each year is subject to the funds available for treatment, which is completely free in Ngaoundéré. This variation in the number of cases can best be illustrated in the histogram below.



The numbers from 1 to 6 in this graph represent the years from 2013 to 2018.

THE SOCIAL REPRESENTATIONS OF FISTULAE OBSTETRICAL IN NGAOUNDÉRÉ

The representations depend more on the referents of the perceiving individuals than on the perceived individuals. In other words, representation only has real meaning for the perceiving individual; it derives from the referential charge of the latter, of its social environment. However, this does not exclude that it has an effect on the perceived actor. Thus, a person perceived on the basis of an apriorism, a stereotype, a cliché or even a disturbing reality can suffer. She can also adopt a behavior according to this representation and the weight she exerts on her because, " Man cannot live in the midst of things without having ideas of which he dictates his conduct"[lv], according to the French sociologist Emile Durkheim in The rules of the sociological method .

Thus, society in Ngaoundéré makes several representations of obstetric fistulas, will be presented in the following paragraphs.

OBSTETRIC FISTULA AND INFIDELITY

In the collective imagination of the people living in Ngaoundéré, Obstetric Fistula is primarily the result of social misconduct of a feeding taboo , or simply the breaking of a taboo. The social sets up its own representations of evil. A sociology of the bad heart[lvi] as systematized by Motaze Akam allows us to grasp the dimension of the spell cast. For this author :

> The bad heart is certainly a fact of observation starting from a sociology of banality, but with heavy consequences on individual, collective, popular projects, at micro and macro sociological levels. The Evil Heart Produces Hate Speech , Hostile and Violent Behaviors and Practices[lvii].

If for Motaze Akam the bad is real and manifests itself in witchcraft, the perception of obstetric fistula as the result of infidelity or as bad luck is fundamentally linked to the representation of society and the patient.

OBSTETRIC FISTULA AND THE FATALISM

The fatalistic representation of the disease inscribes it in the register of the impossible, the inevitable. It forces the patient to line up in the domain of a sad destiny. Thus, the disease is perceived by the patient and also by those around him as an inevitable destiny of this person. Attitudes and behaviors at the time are strongly influenced by this representation.
Furthermore, this representation is passive because it prevents the patient from attempting or seeking curative means ; having accepted it as inevitable, the patient and his family think and admit that any action would have been in vain anyway. It is therefore easy to understand why certain victims of obstetric fistula have never used a health center or a hospital service, even for those living in the environments that house it.

The fatalistic representation of the disease is reinforced as we have tried to show from the vision of the other. In fact, it takes on the connotations that others have attributed to it in order to establish itself in the patient's conscience. At this level, the role that family consideration of the disease plays in the patient's vision must also be emphasized. The imaginary or the family gaze strongly influences , consciously or unconsciously the patient whose self-perception is done alongside the perception of others, mainly , of the family.

OBSTETRIC FISTULA AND MAGIC

Besides the fatalistic representation of obstetric fistula, another is very remarkable . It is the one related to the paranormal. Unlike fatalistic representation ,these magic that explains obstetric fistula as the result of magic. So people with obstetric fistulas see themselves and are considered victims of magic. This reasoning lends itself better to scientific reasoning if it borrows the axis of sociology from the bad heart of Motaze Akam.

In Africa, things that happen to men are generally brought down for their understanding to witchcraft or magic. All social fields are concerned ; none escape it. In reality, this awareness of magic or witchcraft is the expression of the relationship that humans have with the invisible. In reality also, magic plays a double role in the explanation of the conditions of the man and his misfortunes.

On the one hand, it makes it possible to incriminate others for the evil that is happening to us. This attitude consists in looking for the scapegoat for his own problems. Psychologists talking in terms of transfer or denial to describe this attitude deny the obvious and seek by all means everything to find him responsible. It is a victim attitude. Thus, the knowledge that one is a victim of witchcraft than a normal disease within the sense of durkheimien creates in victims mitigation mechanisms facing the other who, as he says most high , is never free.
In the end, the magical representation of the disease comes to prove the existence of this African attitude to want to explain misfortunes and diseases as the mystical actions of the other, jealous of our success.

OBSTETRIC FISTULA IN THE FACE OF SOCIAL REALITY

After the presentation of the various forms of self-representations, it is necessary to be interested in another form of representation , which is that known as realistic. As the name suggests, this is the representation that considers obstetric fistula as a disease just like malaria or cholera. It is generally the work of people more or less willing to follow adequate treatments to cure this disease.

Thus, these people attend health centers and clinics in order to seek treatment. They can also belong to a fistula association or a union. It must also be said of the realistic representation in itself that it is a process, a mechanism which is set up in a constructivist and progressive way. A fatalistic or magical representation as we analyzed it above can become realistic from the moment when the patient's gaze and that of his environment changes not only vis-à-vis the disease , but also, of the patient himself . A perception is rarely final. It can, depending on the circumstances, continue or change. If it persists then it is only a partial reflection of reality, the was sick rocker once in resignation, fatality.

THE CONSEQUENCES OF OBSTETRIC FISTULAE IN NGAOUNDÉRÉ

Like all marginalizing diseases, OF has consequences in Ngaoundéré on several levels. These are perceived on a personal level, at the family level, at the health level and also, at the economic level.

At the family level

At this level, there are consequences linked to the psychic of the patient, in her life with those around her (family and elsewhere) and even in the relationship with her husband.

At first glance, it is noted that, the look of others on the patient and the conception of her illness by the patient herself push her to withdraw. She feels different from the others, she is aware of her condition which surely makes others uncomfortable, which conditions her life with her loved ones. Most of the time, she is ashamed, she withdraws from the social group , she hides, for fear of upsetting.

On the other hand, it is society itself which creates a distance and rejects the patient in view of the different representations developed around the disease and the patient herself. These different representations create prejudices and stereotypes, which sometimes make social cohesion difficult and lead to marginalization of the patient.

In addition, it is found in Ngaoundéré that the fistulae, in most cases experience a breakdown. This is what this testimony gathered by a student from the University of Ngaoundéré presents.

> When my husband learned of my medical condition [implied by obstetric fistula] he whipped me away, implying that I had cheated on him, and asked me to leave with my curse and no longer set foot in his home. I begged him but in vain ; it happened in the evening I didn't know where to turn. The whole village rejected me. Nobody accepted to welcome me even the members of my church. I understood then that my life would never be the same [lviii] .

The testimony of this woman shows the repulsive dimension of society vis-à-vis women with obstetric fistula. We then understand from this extract that people with the disease are lonely and rejected by their community, religious as it was. In reality, this reaction testifies to the strength of the different representations of the disease as presented above, and , which are the prerequisites for exclusion.

In terms of health

The health consequences of obstetric fistula are perceptible on several levels. Among these, prominently permanent incontinence of urine , the permanent incontinence of stool , sores , genital ulcers , infections , infertility and morbidities. General body unsanitary conditions take hold. In reality, obstetric fistula raises serious problems on the health of women. It is a total lack of health.

At the economic level

It is difficult to exercise a profession when one is fistulous. The look that others have on the patient and the feeling of shame that all the time animate the patients negatively impact their lives and, they tend to live in isolation. ‹‹ It is difficult for me to continue doing work and even any other activity because, white discharge, blisters and itching are annoying ››[lix]. Madame Raissa shows that living with obstetric fistula is a nuisance. She testified that she could not take care of or exercise certain household tasks. The leakage of urine and the smell prevent her from coming close to her entourage and therefore , the victim creates a self-isolation not to say self-marginalization. This situation of the patient, a human being who lives in society and which does not participate in the company's activities.

In reality, you have to be in good health to be able to exercise economic activities. This is what Raissa relates[lx] in this extract.

> I sold donuts and I was the most recognized in my community, at the same time seamstress, since I am sick I no more do any activity. I have an 18-year-old daughter, and even when she is the one who does it people refuses to buy. I have no more money to take care of myself and my children as before. It hurts me a lot[lxi]

Another patient said that she practiced agriculture when she was healthy, she produced vegetables and tomatoes intended for trade in several localities. But it was since she was sick that she stopped everything.

> With my condition, I cannot even go out talk less to practice an activity that requires strength because, each time I make a little effort I felt my bladder tear from the inside and I was in pain and farm work was over. Whereas with the money I sent my two children to school, now they are at home[lxii].

Economic activities largely depend on the health status of women. When we try to see that the sector of the economy exercised by women largely depends on what some authors call popular economy, some call informal economy. But what is the difference between the popular economy and the informal economy.

CONCLUSION

Obstetric Fistula is a condition that affects a good number of women in the world in general and in developing countries in particular in sub-Saharan Africa and Asia, it is estimated that more than two million young women live with unrepaired OF, and, 50 to 100,000 new cases occur each year. In Cameroon, it is estimated that between 350 and 1500 new cases of OF are declared each year. It is also found that the prevalence of OF is high in societies where women lack, or do not have significant access to medical assistance. Added to this are early marriages and childbirths. It is easy to see, however, that women who are victims of this affection encounter many problems. These are perceived at the personal, social, family, economic and even psychological levels, all crowned with a myriad of consequences. These consequences include stigma, marginalization, rejection, withdrawal, divorce and many more. In reality, since 2013, the year in which free treatment for OF started, the number of cases of OF has been essentially increasing because, it has reached a cumulative workforce increasing by 218 cases in 6 years. This situation is all the more alarming as it requires particular attention.

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