

Fitsari 'Dan Duniya: An African (Hausa) Praise Song About Vesicovaginal Fistulas

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The vesicovaginal fistula from prolonged obstructed labor is a condition that is no longer seen in the affluent, industrialized world, yet it continues to exist in epidemic proportions in sub-Saharan Africa, where several million women are estimated to suffer from this condition. The unremitting urinary incontinence that is produced by a fistula causes these women to become social outcasts. The problem is particularly acute in Nigeria, where the Federal Ministry of Women's Affairs estimates that there may be as many as 800,000 unrepaired fistula cases. Because of the social stigma attached to their condition, fistula victims have often been subjected to major psychosocial trauma. Finding ways to help such patients reintegrate into social networks is an important part of their treatment. When fistula patients meet one another, they realize that they are not alone in their suffering. This article describes the use of a "praise song" by a group of Nigerian fistula patients as a vehicle for building group identity as part of a "sisterhood of suffering." A transcription and translation of a Hausa praise song about vesicovaginal fistulas is presented, along with a commentary on the text that sheds new light on a problem that is unfamiliar to most Western obstetrician-gynecologists. (*Obstet Gynecol* 2002;100:1328-32. © 2002 by The American College of Obstetricians and Gynecologists.)

On a recent trip to northern Nigeria, I encountered a remarkable Hausa "praise song" entitled *Fitsari 'Dan Duniya*, which may be loosely translated as "Urine, the Oppressor of the World." The song was enthusiastically performed by a large group of incontinent women who had developed vesicovaginal fistulas as the result of

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prolonged obstructed labor. These women live together in a special hostel for fistula patients on the grounds of Evangel Hospital in the city of Jos, in Plateau State, Nigeria. The song was written by a young woman named Fatu, herself a fistula victim (Figure 1). The women of the Evangel vesicovaginal fistula hostel have adopted *Fitsari 'Dan Duniya* as their anthem. Performing it helps them develop the sense of community and group solidarity that is critical for their rehabilitation and for the psychosocial healing that is so important for the vesicovaginal fistula patient. African praise songs usually follow a stylized pattern, the verse being called out by the lead singer with the chorus responding to the call. Through this cycle of call and response, vocalization and repetition, accompanied by vigorous drumming, this community of patient-victims finds its common voice and struggles to establish both its identity and its dignity.

The meaning and significance of this text cannot be understood by a Western audience without some intro-

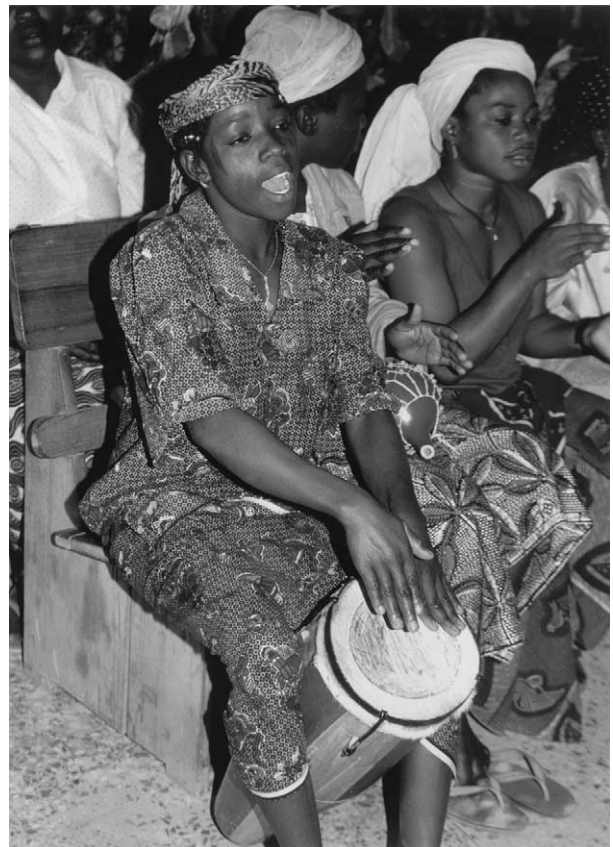


Figure 1. Fatu, in performance of *Fitsari 'Dan Duniya*. Wall. Vesicovaginal Fistula. *Obstet Gynecol* 2002.

duction. The conditions of life under which these women live, and the obstetric context in which they have developed their affliction, are beyond the experience of obstetrician-gynecologists from the industrialized world. Hausaland proper covers the northern half of Nigeria and the southern half of Niger, but its influence is much more extensive.¹ Hausa is the most widely spoken indigenous language in West Africa, having been used for centuries as a lingua franca of politics and commerce. The people are largely Muslim farmers, but there is also a history of extensive overland trading networks and long-standing traditions of centralized kingship based in large fortified cities. Hausa social life is organized around the family unit, traditionally an enclosed mud-brick compound that contains a man, his wife or wives, their children, and often his newly married sons and their wives as well. The Hausa practice a custom known as *pardah*, or wife seclusion, in which women, once married, are confined to the household and their freedom of movement is strictly curtailed. The Hausa cultural imperative to insure that female reproductive capacity is always under strict male control means that girls marry early (often as young as 13 or 14) and that male permission is required for women to leave the family compound, even in the case of medical emergencies. The strict social confines of Hausa society, widespread poverty and illiteracy, inadequate health care services, and the collapse of infrastructure under the oppressive rule of former Nigerian dictator Sani Abacha have given northern Nigeria one of the worst records of female reproductive health in the world, with a maternal mortality ratio of over 1000 maternal deaths per 100,000 deliveries and a lifetime risk of pregnancy-related death as high as one in 13.²⁻⁵ Despite good intentions on the part of the present Nigerian government, these problems are so overwhelming that little meaningful change can be expected anytime soon.

The relatively narrow African pelvis,⁶ the fact that marriage and pregnancy often take place in adolescence before female pelvic growth has been completed,⁷ the lack of easy access to emergency obstetric services, and the social barriers to women that permeate Hausa life mean that prolonged obstructed labor is widespread in Hausaland.^{4,5} It is not uncommon to see women who have been in hard labor in rural areas for 4 or 5 days or even longer. The end result (if the mother survives) is a dead infant, a vesicovaginal or rectovaginal fistula (or both), and a series of concurrent injuries known as the "obstructed labor injury complex."⁸ The young woman who develops a fistula—through no fault of her own—is stigmatized. The nature and cause of her affliction are not understood. The constant, uncontrollable trickle of urine makes these women hygienically problematic and

physically offensive. They are not fit to live with the rest of the family, so they are generally banished to a peripheral hut in the family compound. Worse than the physical isolation is the social isolation that ensues. Fistula victims are ritually unclean and are therefore unfit to participate in communal religious activities. Even worse, in many African cultures difficult labor is seen as a punishment from God for infidelity or other sins. Often these innocent victims, many as young as 14 or 15, are accused of having contracted a hideous venereal disease. When it becomes obvious that their condition is chronic and incurable, these women are usually divorced by their husbands and abandoned by their families, left to fend for themselves as best they can.⁹ Politically powerless, unskilled, illiterate, reeking of urine and often of feces, turned out by their families, and shunned by the communities in which they live, these women present a picture of abject misery unknown in the West—and the Federal Ministry for Women's Affairs estimates that there are now 800,000 women in Nigeria alone with unrepaired vesicovaginal fistulas (personal communication, Hon. Hajiya M. S. Ismail, 2001).

It is no wonder, then, that when word reaches these women that there are places where help is available for their affliction, they often make heroic efforts to get there. But experience has shown that the stigma associated with a vesicovaginal fistula carries over even into hospitals. Other patients—and often nurses—find the presence of these women offensive, both physically and morally. Fistula victims are destitute and cannot afford even the modest charges required to help cover expenses even in African hospitals. Caring for such patients after surgery requires diligent supervision and a hospital stay that is far longer than the typical general surgical case. Because most of these women arrive alone, they usually lack the retinue of family members that traditionally provides most of the food and nursing care received by patients in African hospitals. It is clearly better for fistula patients to be cared for in specialized settings adapted to their unique medical and psychosocial needs.

A fistula ward, with a separate hostel for long-term patients (of whom there are many), provides a uniquely protective and nurturing environment for these women. It is a haven from the abuse of the outside world. For the first time, many of these women realize that they are not alone, that other women also share this burden. The interaction among these patients, telling their stories and listening to each others' experiences, creates a "sisterhood of suffering" that is one of the most important aspects of their treatment. This is "holistic" medicine at its finest—surgical cure combined with emotional support and community spirit. The song *Fitsari 'Dan Duniya* is an important component in re-establishing the sense of com-

munity belonging that is so essential to the rehabilitation of these women.

FITSARI 'DAN DUNIYA (URINE, THE OPPRESSOR OF THE WORLD)

Fitsari 'dan duniya. Fitsari 'dan Dandi.

Urine, the Oppressor of the world. Urine, who has forced me from my home.

Muna neman lafiya; sun ce mu tafi Dandi.

We went out looking to be healed, but they said we were all whores.

Ciwo ya same ni tun ina yarinya ta.

This sickness "caught me" when I was only a young girl.

Ina zauna a gida na ji labari mai kyau.

I sat confined at home until I heard the good news.

Na ce: Wayyo, iya! Sai ki ba ni ku'di.

I said, "My word, mother! Give me the money!"

Zan je Jos Jankwano zan sauka zan ga sabbin Turawa.

I will go to Jankwano in Jos! I will go down there and see the new Europeans!

Kamman gobe haka tiata zan sauka.

By this time tomorrow I will have arrived in the [operating] theatre.

Can wurin Karshima zaune.

I will remain there at Dr. Karshima's place.

Dakta Karshima sai godiya muke Allah saka mar.

Doctor Karshima I thank you! May God bless you!

Ya dinken mata masu ciwon gana yoyo.

You have sewn up the leaking women.

Maigida ya yarda ni domin ina ciwon yoyo.

My husband threw me out because I was leaking.

Ciwo ya same ka sai su kai ka su yarda kai.

If this sickness "catches you" they'll carry you out and throw you away too.

Unpacking the meaning of the first line of this song requires more than just a literal translation. *Fitsari 'dan duniya* literally means "urine, son of the world." The Hausa word *'dan* means "son of," but it is commonly used metaphorically to express an intimate relationship between objects. Thus, for example, a policeman is often called *'dan sanda*, which literally means "son of a cudgel," a reference to the intimate relationship between a policeman and his baton or nightstick. The Hausa word *duniya* literally means "the world," but in Hausa thought *duniya* (this world) is frequently contrasted unfavorably with *lahira* (the next world, or the afterlife). As Robinson glossed the word in his *Dictionary of the Hausa Language*¹⁰ in 1925, "*Duniya* is often used to denote the evil principle which characterizes the world, so *'dan duniya* (lit. 'son of the world') a bad man." In this sense, then, *fitsari 'dan*

duniya means something along the lines of "urine, the evil oppressor" or "urine that puts the weight of the world upon us." For a woman who experiences total, unremitting urinary incontinence from a vesicovaginal fistula, this is an apt description.

The expression *Fitsari 'dan Dandi* or "urine, son of Dandi" likewise requires explication. *Dandi* is a generic Hausa expression for places south of the city of Zaria, which lies on the southern fringes of Hausaland between the Hausa heartland and Nigeria's "middle belt," in which the city of Jos is located. To call someone a *'dan Dandi* (son of Dandi) or *'yar Dandi* (daughter of Dandi) is to characterize her as a person who migrates out of her own "proper" sphere into one of marginality. The implication is usually that she is leaving home to lead a morally dissolute life, in which case "Dandi" becomes not so much a physical location as it is a state of abnormal being. *Fitsari 'dan Dandi* thus refers to urinary incontinence forcing these fistula women to leave their homes, their social positions, and their normalcy and to take up a despised, marginal, liminal existence. Many women with a vesicovaginal fistula, especially those who have suffered with this condition for many years, have been divorced by their husbands and abandoned by their families as hopeless, incurable, offensive outcasts.⁹ They have become "children of Dandi" in literal as well as figurative terms.

This is why the next line of the song goes "We went out looking to be healed," referring to their quest for medical help for this terrible affliction, "but they [their families and neighbors] said we were all whores," out to live dissolute lives. In traditional Hausa society, proper married women are secluded at home within the family compound and cannot go out without their husband's express permission. The Hausa proverb says *Kyakkyawar 'kwarya tana ragaya da faifanta a rufe* (The very best calabash stays hung up at home with a lid on top). The Hausa word *karuwa*, which is generally translated as "prostitute," actually refers to a woman who is not under proper male control. Hausa culture imputes to women an inherent tendency to promiscuity; thus, a mature woman who is out by herself in the world without male supervision is regarded as a prostitute by definition, irrespective of her actual behavior.¹ Although the vast majority of fistula women have developed their affliction because of an unforeseen and unavoidable complication of labor—which means that they themselves are morally innocent—they are often stigmatized by the community as having contracted a horrible venereal disease through promiscuity or having developed their fistula as a consequence of (or punishment for) adultery. This stigma, along with a common lack of understanding on the part of these women as to what has really happened to them

and why they have developed their affliction, adds to the psychologic burden that they carry.

The third line of the song goes "This sickness 'caught me' when I was only a young girl." The age of marriage is young in Hausa society, and many girls are married before they are physiologically prepared for childbearing.^{1,11} Growth in height or stature stops before full growth of the pelvic bones has been completed,⁷ so women who marry young and become pregnant early are at greatly increased risk of obstetric complications. Although obstructed labor can occur in any pregnancy, the two groups most at risk are young girls in their first pregnancy and older women who are in their fourth or greater pregnancy (because fetal weight tends to increase with subsequent pregnancies, this increases the risk for cephalopelvic disproportion).¹²

The line "I sat confined at home until I heard the good news" again explicates the isolation experienced by the fistula patient, sitting alone and isolated in her room. These women are cut off from friends and family. They reek of urine, and sometimes of stool as well. Their sense of isolation is profound. The "good news," of course, is word carried through the amazing African grapevine of a place where help is available for fistula victims.

The girl exclaims, "Give me the money!" (for traveling expenses). She is destitute, dependent upon charity for everything that comes her way. Fistula victims are among the most powerless groups found anywhere in the world: young, illiterate, unskilled women in a culture that values them slightly, afflicted with a socially disgusting condition that renders them incapable of fulfilling their socially mandated cultural roles as wives and mothers. Thus, she needs help, and begs for it from the listener (calling, at the same time, upon the Muslim tradition of almsgiving, which makes "begging" an ubiquitous part of life in West Africa). The place she seeks is the hospital in Jos, located in the neighborhood of Jankwano. The "new Europeans" there are non-African doctors—usually white European or American missionaries, but the same term is also used to refer to American blacks who, though they are black physically are recognized as "European" culturally. The presence of "Europeans" is significant because there is generally little interest in the welfare of fistula victims in Nigeria. They truly are "charity" cases in every sense of the word. Every fistula hospital in the world needs an "external lifeline" if it is to continue to function because the locally available resources are completely inadequate to the clinical challenge they face.

"By this time tomorrow I will have arrived in the [operating] theatre." This expresses the poignant hope for surgical cure—and it is one that is quite realistic. Over 90% of vesicovaginal fistulas can be closed successfully,

often in as little as 20 or 30 minutes of operating time.⁸ The transformation that this makes in an afflicted woman's life is staggering, and the gratitude that she expresses is overwhelming. There is no more grateful patient in gynecology than a woman who has been cured of a vesicovaginal fistula. Thus, the song says, "I will remain there at Dr. Karshima's place." Dr. Jonathan Karshima is the medical director of the fistula unit at Evangel Hospital. Having found an environment in which they are welcomed—after all of the suffering and persecution that they have endured—it is no small wonder that they do not wish to leave. Although the hostel is designed to house patients for a brief period before and after surgery, many of these women stay for months, having no place else to go, a fact that raises ongoing administrative problems of its own. "Doctor Karshima I thank you! May God bless you!" "You have sewn up the leaking women."

Many songs of this type end with a moral exhortation or a caution. The words say "My husband threw me out because I was leaking. If this sickness 'catches you' they'll carry you out and throw you away too." In Hausa, as in many other African languages, one does not "catch" an illness; rather, the illness catches you. The world is seen as an active, dangerous place where forces lurk to which you may fall victim if you are not careful.

The full impact of this song cannot be appreciated without seeing it performed. Picture a church on a hospital compound, filled with 150 or 200 women, many of them fistula patients themselves. Drums are thundering out an interwoven series of polyphonic rhythms. Many of the congregants have only recently had surgery and are carefully carrying small plastic basins into which the open ends of their catheters are draining (the luxury of disposable closed urinary drainage systems is beyond the budget of almost any African hospital). Other women, yet to have operations, simply dribble onto the floor. It doesn't matter. All are welcome—this is *their* community. The leader calls out the verses and the congregants respond, loudly and enthusiastically. The air is split with the ululations of celebration, interspersed with rhythmic clapping. The lines of dancers form in the aisles, at the front of the church, and weave through the congregation. The building is awash in unfettered exuberance at the joy of deliverance, or in the expectation that it soon will come.

To have danced with the fistula patients is to be submerged in a unique community of caring, which is bound together by an almost indescribable knowledge of the nature of suffering. To have danced with the fistula patients is to recall why you went into medicine in the first place, and to mourn what we in the West have lost,

in spite of our advanced health care, affluent economies, and technical expertise.

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