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By Estelle Shirbon

BABBAR RUGA, Nigeria, Sept 11 (Reuters) - Soueiba Salisu endured the pains of childbirth for four days and four nights in a mud-brick house in her remote Nigerian village before her family, fearing for her life, took her to hospital.

When she arrived after hours of travel on unpaved tracks, doctors performed a Caesarean section but it was too late. The baby was stillborn, and a few days later 15-year-old Salisu started leaking urine.

Ashamed of her wet clothes and her smell, Salisu, like hundreds of thousands of others before her, started keeping her distance from her community.

She lived in isolation for 10 years.

"It's God's will," said Salisu, who is from the Muslim state of Katsina in Nigeria's far north. Speaking in whispers, she raised a rag to hide her face when she told the most harrowing parts of her story.

Her condition is obstetric fistula, an injury caused by long and obstructed labour that opens a hole in the delicate tissue between the womb and the bladder, leaving women incontinent.

Child brides are particularly vulnerable to the condition because their bodies are underdeveloped, and this can lead to long labours when the baby is too big for the birth canal.

But "fistula fortnight" brought hope to Salisu. Spearheaded by the United Nations Population Fund (UNFPA), the campaign last February raised awareness of available treatment and Salisu eventually found her way to the Babbar Rugga hospital in Katsina where she received state-funded surgery for free.

During the two-week campaign, more than 100 health workers were trained in fistula treatment, and local and foreign doctors teamed up to operate on 545 women.

Now recovering in hospital, Salisu has hope for the future. "God willing, I would like to have more children."

HIDDEN PROBLEM

Getting this message of hope across to the estimated 400,000 to 800,000 women suffering from fistula in Nigeria is difficult.

It must penetrate the stigma surrounding fistula -- and persuade husbands and male figures of authority in this patriarchal society to allow women to break with tradition.

Fistula can be prevented by skilled birth attendants, but in villages like Salisu's it is traditional for women to give birth at home with only sisters, mothers or grandmothers to help. Often, a lack of education means they are unaware of the risks.

"A woman is supposed to bear all the pains of labour and not complain, and if she delivers without help she is held in high esteem," said specialist fistula surgeon Zubairu Iliyasu.

This makes it unlikely she will make it to hospital on time if complications arise or the labour goes on for too long.

Even if they wanted to go to hospital, many women are too poor to afford transport, let alone medical treatment, in a country where most people live on less than \$1 a day.

As sufferers are often the most marginalised members of society, fistula has long been a hidden problem in many countries. It was only in 2003 that UNFPA launched the first global campaign to end it.

Campaigners have worked to increase awareness, seeking support from local media, state authorities and traditional rulers like emirs to get prevention messages out and inform victims about where they can get treatment.

The Babbar Rugga hospital had been operating on fistula victims for years. Salisu and others had just never heard of it.

It is a sprawling, sandy compound of low buildings where heat, flies and mosquitoes enter the wards freely through open windows and meals are not provided -- not unusual in Nigeria.

But it is a place of great hope for women who, as well as losing their babies and their health, have in many cases been rejected by their husbands and ostracised because of ignorance about the causes of their incontinence.

EDUCATING HUSBANDS

"Some people say it's because they are bad women, they must have done something with another man," said Nafisat Ade Njagu, head nurse on the fistula wards at Babbar Rugga, adding that she saw many women who had lived in isolated huts for years.

Even after a successful operation, the danger is not over as women are almost certain to get fistula again when they have another child unless they have a Caesarean section or at least receive help from a skilled birth attendant.

Hence educating both women and their communities -- particularly the men -- is crucial after treatment.

To address this, outreach workers have started visiting recovering patients and their families to explain what they can do to prevent a return of the condition, though it's not always an easy subject to discuss.

One of the main requirements is the women must not have sex for at least six months after their operations.

"It's difficult because there's a lot of stigma. But if you don't have the husbands on your side, the village elders, you're wasting your time," said Zeinab Sadik, a Red Cross volunteer.

In spite of the obstacles, working to end fistula is rewarding, says Iiyasu, who has operated on hundreds of women with the condition in the northern state of Kano.

"There are few things you can do as a doctor that have such a transforming effect on the life of your patient," he said.

"A woman who recovers from fistula feels like she has got her life back."

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