



*This script is part of the B!RTH project managed by the Liverpool School of Tropical Medicine, supported by the Oglesby Charitable Trust and originally commissioned by the Royal Exchange Theatre Manchester.*

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## **KENYA**

## **ORCHID**

**by Mumbi Kaigwa**

based on interviews

### **CAST (in order of appearance)**

|                     |   |
|---------------------|---|
| THE GIRL            | Witnessing the play                                       |
| NARRATOR            | The writer of the play                                    |
| DOCTOR WESTON KHISA | Fistula Surgeon, works at Kenyatta National Hospital      |
| FEMALE DOCTOR       | General Practitioner, works at Kenyatta National Hospital |
| ANNA CHEMWETICH     | Fistula survivor  |

|                      |   |
|----------------------|---|
| DOCTOR HILARY MABEYA | Founder of Gynocare Fistula Centre Fistula in Eldoret |
| MARY MUMBI           | Fistula Survivor                                      |
| SABRINA              | Fistula survivor                                      |
| CHRISTINE FOX        | Co-Ordinator at Beyond Fistula                        |
| PERCY                | Fistula Survivor                                      |

### **Writer's note**

Although the stories these women relate are painful, they're all filled with hope and really positive about their situation. A listener might even think they were telling a story about some fictional character.

Mary in particular, constantly gets up to demonstrate what she's talking about with gestures. She also leaps up to dance and sing at random.

### **Stage Directions**

... a beat / a pause (longer than a beat, almost a change of thought, or a search for the right word)

**bold** letter or word is emphasised

*Orchid* was commissioned for the BIRTH festival and first performed in October 2016 at the Royal Exchange Theatre Manchester UK with the following cast:

|                 |                                   |
|-----------------|-----------------------------------|
| Yandass Ndlovu  | The Girl                          |
| Mũmbi Kaigwa    | Narrator                          |
| Danielle Henry  | Anna Chemwetich/Percy Kihumba     |
| Abdul Salis     | Dr. Weston Khisa/Dr.Hilary Mabeya |
| Mina Anwar      | Mary Mumbi/Christine Fox          |
| Purveen Hussain | Sabrina/Female Doctors            |

Directed by Emma Callander

The GIRL:

Among my people, in traditional times, the women would ululate to announce the birth of a child. Five ululations for a boy... and three for a girl.

*Girl sits at the front of the stage to watch the action, as an audience member*

NARRATOR

I'm sitting at the Java restaurant, listening to Teddy Pendergrass ask if I want him to "make sweet love" to me.

I'm waiting for Dr. Weston Khisa, who's two hours late; delayed in surgery. We're going to talk about fistula.

There are... I've counted. Four new office blocks across a one-hundred-and-eighty degree (180°) axis that weren't here the last time I was in this neighbourhood about 18 months ago.

Nairobi's a busy, booming, modern city. And full of contradictions.

Dr Khisa arrives and tells me, several stories, over cups of black coffee in amongst the new buildings and the smells of modernity: cement and croissants...

DOCTOR KHISA:

... many of these girls live in places that are far, far away from a hospital. And so by the time they get to the hospital, it's too late.

For those who are poor, it hits very hard. There are those who have been raped, those who have been married too early, and then had a baby. Too early.

There was a **six**-year-old girl who I repaired. Her mother was a sex worker - and she was busy with a client. Another client arrived needing sex. Finding the mother busy, and the little girl locked out of the house he... took... care of her.

NARRATOR:

Over the course of the next six months, I hear many more stories like these... I hear the stories people give... what!! [soft moan] It opens up a whole world of horror that I was previously not aware of, that I'm not even sure should be shared with the world.

ANNA:

I got fistula when I had my first child. I was 17. I stayed like that for 20 years. I have five children but I was torn all that time.

*BEAT*

FEMALE DOCTOR

So. Fistula.

NARRATOR

Njeri is a doctor at Kenyatta National Hospital. It's East Africa's largest referral hospital.

FEMALE DOCTOR

What happens when you give birth? First-stage: labour pains. Second-stage: baby comes down the canal, and third-stage: the placenta comes out.

So Obstetric fistula happen during the second-stage. When the baby's coming down the canal.

*EXPLAINING THE PROCESS WITH HER HANDS*

... this is the canal, and the baby is coming through the canal, and then it can get stuck (a variety of elements can cause this to happen, limited access to skilled medical care or Caesarean section) so... when the baby gets stuck, assuming this is the vaginal canal, this is the urethra here and this is the rectum, the baby pushes down on these tissues and occludes the blood supply and these tissues die off. It's called necrosis. So then there'll be a hole. It leaks ... from either side.

You can have a vaginal-vesico fistula, which is between the vagina and the bladder, so... you leak urine out through the vagina. Or, the rectal fistula, which is between the vagina and the rectum, so you leak faeces out of the vagina. Or you can have both, so then you'll leak both.

ANNA

...poo would just come out. I was torn inside by my first child, because of my circumcision, and having a baby too young.

I didn't have the strength to push the baby out, when I was trying to push the baby the strength in my body got finished.

I was giving birth at home and my mother was there, so she decided to use her fingers; she put them in and then parted them like this...

*BRING THE INDEX AND MIDDLE FINGER TOGETHER AND THEN PART THEM QUICKLY INTO A 'V' SIGN*

FEMALE DOCTOR:

(INTERRUPTING) you were just trying to have a baby, but so young, you weren't ready, your body wasn't ready, and you weren't in a position to seek proper health care and now you and your child are ostracised, you're trying to raise the baby, and then you're also dealing with this, infections, keeping clean... your life stops.

ANNA:

"It's started to rot. Inside." I told my Mum.

She said: "Put some salt inside, then it'll come right."

So I started to put salt in there every day, every day. God helped me to get better. No pus, but the hole didn't heal.

So I stayed like that for the third year and in the fourth year I had a second child. I had sex with that man just once, but wooyooyi, what pain!

You know there's a time when you feel that heat for a man? So si I went out looking, and this guy came along...

When he got inside there I was feeling: "This is good", but also, inside there, it was just too painful. When the pain got too much I was trying to refuse him, but he was already inside, so how was I supposed to get him to come out? So he just did it almost by force, but because it's you who had agreed he's just going with the original plan. And because I was hot, I just got pregnant that same day.

I think he didn't come back because he realised there was some "dirt" on his... You know.

I stayed alone again for three years with this child. Then the heat came back. So I said: "let me agree to go with this guy." A third one.

When we got together, again I was feeling sweet, but after a little while I started to feel pain, and he kept going, so I got the third pregnancy. And then a fourth one and a fifth one.

FEMALE DOCTOR:

It is such a complex thing. When you are faced with obstructed labour in the village you wonder which path you should take. Should you go to hospital? Should you consult traditional birth attendants? Should you go to the healer or the preachers and pastor?

ANNA

Then I heard about a programme on the radio, which made me say:

"What!?! You mean there's a place where they help people (like me)?"

DR. KHISA

Fistula... is not. It's it's it's

*BREATH*

It is a health problem,

But also –

It's a societal problem.

NARRATOR

I spoke to Anna by herself; the other women were in the sitting room, having tea.

I wanted to respect the ladies' privacy, but I don't think I can do these interviews one-on-one.

(TO MARY) Do you think it's okay if I gather everyone together; I need everyone to be there to hold me. I can't do this alone."

MARY:

Of course, these ladies are here for you, Mũmbi. They want to tell you their story. They want people to know what they've been through.

NARRATOR:

Mary Mũmbi. She's close to 70.

MARY:

Haya.

And I speak Kikuyu.

NARRATOR:

Don't worry. That's okay. Speak in Kikuyu.

MARY:

*LOOKS AROUND TO SEE IF SHE HAS EVERYONE'S ATTENTION*

I was really... confused. I didn't know what it was. I was really shocked. I was just spilling water. When I'd get up like this, it would just go, POOOOOO. And then as well as that sound,

I'd also hear another sound. KO KO! I had no idea **what!** was going on. When it wouldn't stop, I went back to the hospital. And so it started. I kept coming back and coming back to the clinic, with no answers. Until my money was finished. Until I got tired. I've spent the last 22 years just spilling water. PORORORORORORO.

And then during the ethnic clashes<sup>1</sup> that's when the water was spilling properly, spilling so completely until I was totally burnt here (*INDICATES BETWEEN HER THIGHS*) I could hardly walk I was so burnt.

At that minute, God is good in all things. We're internally displaced people [IDPs], since the clashes, and we've been relocated and been given land<sup>2</sup> in Rongai<sup>3</sup>. So that's where she came. Mary Tinga. I heard that she was going to teach about "spilling water"...

*POINTS TO ANNA*

She gave me Mary's Tinga's number.

NARRATOR:

Mary Tinga is a retired nurse. She travels around the Rift Valley speaking about fistula, going deep into areas that are barely accessible by vehicle, looking for women who've not heard that their fistula is treatable. Mary personally takes the women to the hospital in Eldoret, paying for their transport, and even sometimes buying them shoes and clothes. She won't be appearing in this play as she said she preferred to stay in the background so that the women's stories could be heard.

DOCTOR MABEYA:

When I was 12 years old, I felt like someday I'll work with lepers. We all know that leprosy is not a big deal anymore, it is treatable, but what I have realised is that what we are doing here is just that; working with lepers of society - they are the ones being pushed away.

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<sup>1</sup> of 2007/2008

<sup>2</sup> by the government

<sup>3</sup> in the Rift Valley, 35 kilometres from Nakuru



NARRATOR:

Doctor Mabeya is the founder of the Gynocare Centre in Eldoret.

DOCTOR MABEYA:

Often times their husbands just push them away because, number one, you're smelling, number two, you are leaking, number three, they think you can't have another baby.

They they think there is no cure for it so they just somehow get by. So to see the women realize that there is a chance to start their lives again is huge. It's huge.

MARY:

There,

*SHE LEAPS TO HER FEET*

I saw God's plan. I was fixed. And I wasn't scared. When my children heard that I was going to have an operation they refused to come and sign the consent forms. Even my husband refused to come and give his permission. He said I'm too old. "Your years are finished." I told the doctor, "Doctor Mabeya, I'll just sign those consent forms... for myself!"

So I signed and they took me to the operating theatre.

*ALMOST SHOUTING*

And I was fixed. And I was well.

And I'm always so happy now, like when you called Mary the other day and you said you were coming to see us, I felt so happy, so happy, so happy, sooo happy...

*LEAPS TO HER FEET*

Now when I go to church and sing. And dance. And sing. I don't feel the water spilling anymore.

I dance soo well, without fear, with my legs apart. Look! Look!

*SHOUTS OF LAUGHTER AND THE OTHER WOMEN ARE TAKEN UP BY HER  
ENTHUSIASM*

How I thank God for bringing Mary Tinga!!

NARRATOR:

It's so good to hear the happier outcomes of these stories.

So I learnt that according to statistics, there are over one million women suffering from obstetric fistula worldwide. And it's most prevalent in sub-Saharan Africa and Asia. But obstetric fistula is both preventable and treatable. It can be prevented if labouring women are provided with adequate and timely emergency obstetric care when complications arise.

DOCTOR MABEYA:

Many of these women haven't had much education. In many cases the fistula happens to a woman from communities where they practice FGM<sup>4</sup>. A girl is married off... at 11, 12, 13, and her body is really not ready to give birth, but it is not her choice.

...

Emotionally, physically, a 12-year-old girl is not ready to be a mother. Often girls are not given the same portion of food as the boy. They are not well nourished and their bodies are smaller. You saw how small some of the girls are, and some of them...

the cut, depending on the degree of the cutting, you know if they have only taken off the labia it's not a big deal when you come to child birth, but some communities actually close the vagina to the point...

NARRATOR:

(INTERRUPTING) It's so brutal what these women have gone through, so horrible, so private.

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<sup>4</sup> FGM – Female Genital Mutilation (also known as female circumcision, or “the cut”).

Meeting and listening to, and recording these ladies, and then transcribing their interviews, and then translating them from the original languages in which they were told, it's hard to see how to inflict this violence on an audience. And yet, isn't it important that people know?

SABINA:

In my handbag all I really carry are just my pieces of cloth.

When it starts to sting, I just remove the cloth the way one would remove a baby's diaper to give the child a break.

I keep having miscarriages. I have had eight miscarriages and I couldn't figure out what the problem was. I was told there was a dried up foetus in my womb.

I would hide from people. I had no idea where this illness could be treated. I have just been bearing with it from age 19 to 47.

But when Mary Tinga took me to the fistula centre, they performed an operation on me.

I am healed.

May God bless all of you and may you continue with your good work.

Let us always give Jesus Christ the glory. Every woman who had the fistula treatment just lifts her hand and praises the Lord and says Amen!

NARRATOR:

I ask myself how these women can find strength in a God who lets this happen...

It's difficult not to feel somehow responsible; for these women's lives. I could shut it out, say, I can't hear these stories; they're too painful.

The world they live in, it's hard to think we're from the same country...

And yet, these women, my sisters, they're teaching me so much.

DOCTOR MABEYA:

In 2011, the 19<sup>th</sup> of June 2011 exactly, I decided to start a fistula programme at Moi Referral Hospital, in Eldoret; Gynocare Fistula Centre. A small facility.

Then I moved to this house. It was built in 1954. When I found it, it was completely run down and being used as a car wash.

One of my colleagues said, "Are you crazy?" But my hope, my desire, was to create a place where I can give these women care despite the fact that we didn't have enough money then, but I just used some of my small savings to build that base into a functioning health facility.

The reception, was the car wash bay. I renovated the kitchen into a theatre, and one of the bathrooms became our laboratory.

That first day, I know that morning I did four patients; it was a Sunday. I had only three beds so I had to send someone to my house to bring my bed so that the fourth patient could have something good to sleep on

From that June 2011 we have done over 2,000 operations in this small clinic.

FEMALE DOCTOR:

Loosely, the fistula repair is whereby the fistula (the hole) is surgically closed and continence of urine restored. The specific procedure would be complex to describe here as every fistula demands a specific approach. It's not that easy. An ordinary doctor could do it, but the more skilled the better. It's typically done by an obstetrician/gynaecologist. The longer it's left unrepaired the harder it is to repair it because of formation of scar tissue.

DOCTOR MABEYA:

We have to go to the villages to convince the women that this operation can be done, that we have a cure for this condition.

We have had ladies who have leakages for 20 years, 50 years. The oldest actually that I operated had 77 years of leakage. She was 93 years of age. She said before I operated on her that she wanted to die clean, without the wetness. With dignity.

It's the smile of these patients after the operation, when these women feel they are actually dry; that's what makes me continue.

FEMALE DOCTOR:

So Obstetric Fistula occurs during childbirth, but there can also be Traumatic Fistula caused by rape or sexual violence and Iatrogenic Fistula caused unintentionally by a health care provider.

PERCY KIHUMBA:

Good afternoon, I am one of the fistula patients who passed through Dr. Mabeya. I am an administrator and coordinator at a Presbyterian university. I have a degree, a Masters in Philosophy from Moi University. When I went to give birth to my second child in March this year, I went to hospital, I passed through the hands of a gynaecologist, went through caesarian section and ended up with Fistula.

It is messy, it is painful and it is expensive to manage.

I want to make a call to all the doctors, your work is to preserve lives and not destroy them. We do not refute that accidents happen. But can we be humane enough to accept what we have done? And men. Do not abandon your wives when they face this problem. What they need is support. They need you more than ever before. Stand by them.

NARRATOR:

You see, there's a pre-miracle; you don't know that this is a curable condition. That it's not a curse, not your fault, not because, once again, you are just a "dirty woman."

Then there's the miracle. You realise - there's a cure.

And then, there's the post-miracle...

DOCTOR MABEYA:

What we came to realise is that communities can be very cruel. These women have to be accepted again. In Kisii there is a lady who they still describe as dirty stagnant water.

FEMALE DOCTOR:

You're expected to reintegrate. You're expected as a woman in the society to perform certain roles. Of course you're expected first to have a man. You're expected to join a family. To reintegrate in the family and start running the roles of a woman. Another of a wife. The roles of a social being.

DOCTOR MABEYA:

So. All these roles are supposed to come back once fistula has been removed.

There's so much damage, baggage, you're carrying, from so much stigmatisation, so...

CHRISTINE FOX:

Yesterday a woman who was giving a testimony said: "Now I am whole." I am Christine Fox. I was a theatre nurse in the US. When I heard about Fistula I came out of retirement.

To many of our girls the perception is that they might be whole physically, but they are not whole holistically, emotionally; they don't have a way of having an income and providing for themselves and their children. We run a reintegration programme at Gynocare. If they have interest to go back to school we send them back to school or vocational training. The dream is to have a full reintegration centre we would then have the ability for these girls to learn how to farm, to raise chicken, raise cows, raise goats and have a real place where they can come and heal. You know emotionally, physically and just holistically become a woman again so that when they go back to their homes and villages they go with their heads held high.

FEMALE DOCTOR:

The bottom line is

that  
when a woman is in an obstructive labour  
there is not much you can do  
except  
a Caesarian section  
if it is done in a timely manner  
then  
there is no fistula,  
the baby is alive,  
the mother is alive  
that is why in the western cultures like the US  
there hasn't been a true case of fistula  
for  
over  
200  
years  
because when a baby cannot be born naturally  
the woman is rushed into theatre.

DOCTOR MABEYA:

We are active in painting a picture of HOPE. And not a picture of SHAME. We don't want the women to look down like this.

*CASTS HIS EYES DOWNWARDS*

No. No.

*LAUGHS*

We want to give hope to the people who are coming with fistula. We want to tell them, "We are here. For you. Come."

NARRATOR:

So, in this land of contradictions, with poverty and lack of education sitting side-by-side with spanking new high rises and glassy buildings, it's good to know there are people building a legacy of placing these women in the story of progress that we're telling ourselves, and the world, about ourselves.

*PAUSE*

ALL WOMEN:

Remember us as your children.

NARRATOR:

Among my people, in traditional times, the women would ululate to announce the birth of a child. Five ululations for a boy... and three for a girl.

In a departure from this culture, I'd like to ululate for the girls. And for these women who've shared their stories with us. Six times.

A- li - li - li - li - li - li - li - li - li - li - liiiii!!!

A- li - li - li - li - li - li - li - li - li - li - liiiii!!!

A- li - li - li - li - li - li - li - li - li - li - liiiii!!!

A- li - li - li - li - li - li - li - li - li - li - liiiii!!!

A- li - li - li - li - li - li - li - li - li - li - liiiii!!!

A- li - li - li - li - li - li - li - li - li - li - liiiii!!!

== the end ==