

**Table 1: Differing estimates of obstetric fistula between 2005-2016**

<b>Survey name or research article</b>	<b>Year of survey</b>	<b>Type of survey</b>	<b>Description</b>	<b>Estimated prevalence of obstetric fistula</b>
<a href="#">DHS 2005 with further analysis Biagdeligin 2013</a>	2005	National survey of women of reproductive age asking about symptoms of fistula	14,070 women, nationally representative	0.72% (untreated cases) of women who had ever given birth
<a href="#">Muleta et al., 2008</a>	2005	Fistula survey with physical examination confirmation	19,153 women from seven rural administrative zones (there are 68 zones in Ethiopia)	1.62% (untreated cases) of women who had ever given birth (1.53-2.62%)
<a href="#">Wright et al., 2016</a>	2011-2015	Hospital survey data	Four years of data from three Hamlin fistula hospitals	N/A but a 20% decline each year <sup>^</sup>
<a href="#">Ballard et al., 2016</a>	2014	Fistula survey with physical examination confirmation	23,023 women from three rural administrative zones (there are 68 zones in Ethiopia)	0.06% (untreated cases) of women of reproductive age* (range of 0.03-0.08%)
<a href="#">DHS 2016</a>	2015	National survey of women of reproductive age asking about symptoms of fistula	15,683 women, nationally representative	0.4% (includes women who have been treated in the past) of women of reproductive age*

<sup>^</sup>Within this promising reduction, however, is a rising proportion of surgically induced fistula from poor quality cesarean section, highlighting the challenge of improving both the coverage and quality of comprehensive emergency obstetric care

\*Note that the most recent two surveys have been conducted with women aged 15-49 (women of reproductive age). Not all of these women will have given birth, so the prevalence reported will be lower than if the prevalence was restricted to women who had given birth, the way earlier surveys have reported their data.