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Psychosocial Experiences of Women with Vesicovaginal Fistula: A Qualitative Approach

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ABSTRACT

Vesicovaginal fistula (VVF) is a condition associated with a number of physical and psychological consequences. In order to gain a deeper understanding of the issues faced by women diagnosed with VVF, a qualitative exploratory study was carried out to explore the experiences of women suffering from VVF. The study included 8 women hospitalized with the diagnosis of vesicovaginal fistula at Kohi Goth Women's Hospital, Karachi, Pakistan. Semi structured interviews of each participant were conducted, recorded, and transcribed. Five major themes were identified, among which all of the participants experienced physical discomforts, psychological disturbances, issues with social and interpersonal relationships and financial constraints. However, concerns with religious practices were experienced by 87.5% of the participants. Pakistani women who are suffering through VVF face many challenges. Combined efforts should be made to offer supportive services to women suffering from this condition.

Key Words: Vesicovaginal fistula. Psychosocial experience. Challenges.

According to the World Health Organization (WHO) around 2 million women residing in Asia, Africa, and Arab get affected by obstetric fistula and 50,000 to 100,000 new cases are developed each year.¹ VVF is one of the major sources of physical, psychological, and social distress among women. This could be prevented via provision of good quality obstetric care services. This study focuses on the psychosocial experiences of women suffering from VVF.

The study included 8 women hospitalized with the diagnosis of VVF at the Kohi Goth Women's Hospital, Karachi. Women with VVF, who were able to understand and speak Urdu or Sindhi language and consented to participate in the study, were recruited. Semi structured interviews were conducted and recorded. The study purpose and component of confidentiality was explained to the participants. A convenient time was then selected

and face-to-face interviews were carried out after ensuring privacy. Open-ended question that guided the interview was about the experience related to VVF'. Other questions included the history of illness, antecedent events that led to VVF, details about the previous deliveries and associated complications, socio-economic history, social life issues, and other problems associated with VVF. Interview guide was revised based on emerging issues. The interviewer acted as facilitator and participant was the major speaker. Each interview lasted between 30 to 90 minutes.

The age of the interviewed women ranged from 19 to 45 years. Two informants were working as peasant and others were homemakers. Participants were experiencing VVF from 6 months to 7 years. All these participants had developed VVF as a result of obstetric trauma. Five had been handled by untrained birth attendants; 3 by gynecologists. As a result, 2 had experienced still birth. Three participants were initially taking herbal treatment but when treatment was not effective they visited gynecologists. However, the rest had visited gynecologists for treatment.

After reviewing the interviews, five major themes were identified including: 'physical discomforts', 'psychological disturbances', 'issues with social and interpersonal relationships', 'concerns with religious practices', and 'financial constraints'.

Women suffering through VVF reported to have physical discomforts that were increasing the anxieties and worries. Physical discomforts faced by participants included pain, fever, urinary incontinence, and skin infections. These physical discomforts not only increase

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suffering, but also disturb activity of daily living. In addition to physical discomfort, VVF was found to be associated with psychological disturbances including low self-esteem and increased stress.

Participants also reported social and relationship problems. Relationship with husband was reported to be a major concern of study participants. It was reported by study participants that family members including husband and children do not like to spend time with them. Even they do not like to eat food cooked by study participants.

Religious practices were also reported to be affected by the disease process. Dribbling of urine was reported to be the reason that hinders individuals to offer religious practices. Moreover, participants were unable to fast during their religious month. It was also reported that people residing with affected females are also not able to perform prayers because urine dribbling make their home impure and inappropriate to offer prayers.

Financial constraints were also reported to be a major concern of women suffering from VVF. The treatment including surgical procedure and medications bring additional financial burden on entire family.

Consistent with the findings of current study, the physical discomforts were also identified as a major issue in literature. Around 80% of women suffering from fistula develop chronic excoriation of skin. In addition, women may also suffer from pain, amenorrhea, vaginal stenosis, infertility, infection, and bladder calculi.² Very few studies in literature have examined the psychological status of women with VVF. A Nigerian study reported that around 33% of women with fistula suffer from depression.³ In line with the findings of current study with regard to relationship concerns, it was reported that after being diagnosed with fistula, 18% of the women got divorced by their husbands.⁴ Another study identified that 53% of the women with fistula considered themselves rejected from the society.³ Moreover, consistent with the findings of current study, 39% of the women with fistula were reported to be dependent on their relatives for food and 22% of women reported to live their livelihood by begging or donation.⁵

The findings of current study revealed that women with VVF experiences physical, psychological, religious, relationship, and financial challenges. These challenges

adversely impacts on living status of women. It may further deteriorate physical and psychological health of women with VVF. The symptoms associated with VVF influences on their self-esteem and body image which eventually compromise their social and spiritual life.

Campaign to end fistula was initiated in Bangladesh which adopted a number of strategies including provision of trained birth attendants, expansion of emergency obstetric services, financial schemes for poor pregnant women, awareness building programs, provision of family planning services, and 18 years of age considered as legal age of marriage.⁶ In a similar manner, understanding the issues associated with incidences and management of fistula is essential. Hence, combined efforts should be made to offer preventive, curative, and supportive services to women suffering from VVF. It will improve sense of worth among women and hence positively influence on their quality of life. Besides this, better and affordable healthcare services should be made available and efforts needs to be made to minimize the incidence of VVF by providing accessibility to better labour and delivery healthcare services. Lastly, educational sessions should be arranged to economically and socially empower women with VVF.

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