

PROFILE OF WOMEN WHO EXPERIENCED VESICOVAGINAL FISTULA DUE TO OBSTETRIC TRAUMA: Results from survey at Gynecological Surgery Camp 2005

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ABSTRACT

Objective: To assess the demographic, sociocultural and environmental factors responsible for the causation of Vesicovaginal fistula (VVF) due to obstetric injury.

Methodology: This was a descriptive survey carried out among patients with Vesicovaginal fistula, recruited from free fistula repair camps arranged at the interior of Sindh Province Pakistan from 6th January 2005 to 18th January 2005. Twenty seven patients were interviewed. The information regarding demography, sociocultural and environmental factors was gathered and analyzed by SPSS V 16.

Results: The mean age of patients was 25.37±6.5 years. The mean age at first delivery was 18.55±2.4 years. Majority of patients 22(81.5%) were illiterate and 21(77.8%) belonged to poor socioeconomic class. Nineteen (70.4%) patients had availability of transport 24 hours a day. Twenty four (88.9%) patients traveled for 1-5 hours to reach health facility.

Conclusion: Early age at the time of marriage and pregnancy, illiteracy, poor socioeconomic condition and unavailability of emergency obstetric care by skilled person are the causative factors for Vesicovaginal fistula.

KEY WORDS: Vesicovaginal fistula, Obstetric injury, Sociocultural, Factors.

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INTRODUCTION

It is estimated by World Health Organization that globally every year more than five hundred thousand (500,000) women die of pregnancy related causes. The maternal death represents the tip of iceberg as it is estimated that for every maternal death 15-20 women suffer damage or disability to their health mainly due to direct birth injuries. The majority of all these deaths and disabilities occur among poor in developing countries.^{1,2}

The Vesicovaginal fistula (VVF) is the direct pathological communication between urinary bladder and vagina predominantly caused by prolonged or obstructed labour, resulting in uncontrolled leakage of urine from vagina.³

The true incidence of Vesicovaginal fistula (VVF) is unknown. It is estimated to 1-2 per 1000 deliveries world wide with an annual incidence of 50,000 to 100,000.⁴

In Pakistan incidence of Vesicovaginal fistula is 3 percent, it is about 2 percent in Sindh Province.⁵ The incidence of Vesicovaginal fistula is closely related to the maternal care during pregnancy and at time of delivery. Numerous physical, social, cultural, economical and political factors interplay for causation of VVF.⁶ It is widely prevalent in areas where traditional, cultural and religious practices encourage the early marriage and childhood pregnancy while interfere(s) with provision and acceptance of essential obstetric services. It also determines the status of women, their health, education, nutrition and access to reproductive rights within society.^{7,8}

Vesicovaginal fistula is accompanied with social and cultural stigma, along with the persistent odor of urine and discomfort due to continuous leakage of urine from vagina, the victims of VVF are rejected by their husbands, isolated from society and suffer psychological damage, loss of status and dignity, unable to offer prayers and perform other religious duties.⁹

Many studies have been done on the surgical success of VVF in Pakistan, but very little work was done on the social factors and cultural influences in the causation of VVF. The present study was conducted on patients in the Vesicovaginal fistula repair camp in 2005, to assess the demographic, sociocultural and environmental factors responsible for the development of Vesicovaginal fistula.

METHODOLOGY

This is a descriptive survey carried out among patients with Vesicovaginal fistula due to obstetric injury. All the patients included in study were recruited through free medical camps conducted at interior of Sindh Province Pakistan from Jan 6th 2005 to Jan 18th 2005. They were admitted at Liaquat University Hospital Hyderabad Sindh. The repair of Vesicovaginal fistula was done by experts in the field.

Total seventy patients were admitted, out of them 32 had urogenital fistula and remaining had other gynecological problems. Out of 32 patients, twenty nine presented with Vesicovaginal fistula. Twenty seven patients had obstetric fistula while in two patients the reason for fistula was gynecological surgery.

After taking informed consent detailed history was taken from all the patients with obstetric fistula. Data regarding age, sociodemographic, reproductive parameters like education of patient and husband, economic status, age at the time of marriage and first delivery, the total number of children and number of live babies were inquired. Very few women had their identity cards showing year of birth, hence it was not possible to exactly find out their age. However, it was calculated in most of the elderly women by asking different questions to their male attendants as years since marriage, age of the first baby or if they remembered their age at the time of some important political events in the country. As regards determination of their socio economic status, those respondents having monthly income less than rupees five thousand per month were categorized from poor socioeconomic class, those having monthly income of between five to ten thousand rupees were categorized a middle class.

Details regarding the environmental factors like availability of transport, health care facility and distance between home and facility was also collected. The structured questionnaire was used to collect all the information. All the data collected was entered and analyzed on (by) SPSS Version. 16

RESULTS

At the time of surgery youngest patient was of 18 and oldest was 45 years old, the mean age was 25.37 ± 6.5 years. The mean age at the time of marriage was 16.07 ± 3.5 years with range from 10-24 years.

The average age at the time of first delivery was 18.55 ± 2.4 and range was 14-25 years. Approximately 22(81.5%) women had never

attended school while only 5(18.5%) had education for eight year maximum. Regarding the education of husband 17(63%) were uneducated while 8(29.6%) and 1(3.7%) had education for 8 years and 12 years respectively.

Majority of women 21(77.8%) belonged to poor socioeconomic class, as Shown in Table-I.

For ten (37%) patients this was their first pregnancy while 17(63%) were Para 2-9. The mean parity was 2.96 ± 2.36 and mean number of live children was 1.37 ± 1.6 . Twenty five (92.6%) women delivered still born baby while only 2 (7.4%) deliveries resulted in live issue.

Eighteen (66.7%) patients had vaginal delivery at home while 9(33.3%) were delivered by cesarean section at hospital after having obstructed labour that was initiated at home. Labour was attended by traditional birth atten-

Table-I: Demographic profile of the study subjects (n=27)

Variables	No.	%
<i>Age of patient(in years)</i>		
18-24	15	55.6
25-31	8	29.6
>31	4	14.8
<i>Age at Marriage (in years)</i>		
10-14	7	25.9
15-19	16	59.3
20-24	4	14.8
<i>Age at first delivery (in years)</i>		
14-17	9	33.3
18-21	16	59.3
22-25	2	7.4
<i>Parity</i>		
1-2	17	63
3-4	5	18.5
>4	5	18.5
<i>Education of women</i>		
No formal education	22	81.5
Five years	3	11.1
Eight years	2	7.4
<i>Education of husband</i>		
No formal education	17	63
Five years	7	25.9
Eight years	2	7.4
Ten years	1	3.7
<i>Socioeconomic status</i>		
Poor	21	77.8
Middle class	6	22.2

dant at home in almost all patients. Among the study subjects 19(70.4%) had availability of public transport round the clock while eight (29.6%) had transport available in the morning only. Twenty four (88.9%) patients had to travel for 1-5 hours to reach health facility while one (3.7%) and two (7.4%) patients had to travel for 6-12 and 13-24 hours respectively.

Sixteen (59.3%) patients had approached hospital for repairing of VVF within one year of fistula formation, while seven (25.9%), three (11.1%) and one (3.7%) had reached hospital within 1-6 years, 7-12 years and > 12 years respectively as shown in Table-II.

DISCUSSION

Vesicovaginal fistula of obstetric origin is the problem of past in the developed countries while it still remains the serious health related issue for millions of young girls and women in the resource poor countries. Early marriage and young age at first pregnancy have long been recognized to be the risk factor for the develop-

Table-II: Environmental factors responsible for the causation of Vesicovaginal fistula (n=27)

Variables	No.	%
<i>Availability of public transport</i>		
Round the clock	19	70.4
AT morning time only	8	29.6
<i>Availability of health care facility (In village or nearby village)</i>		
Primary health care centre	6	22.2
Secondary health care centre	1	3.7
Tertiary health care centre	5	18.5
No health care facility	15	55.6
<i>Time required to reach health facility (in hours)</i>		
1-5	24	88.9
6-12	1	3.7
13-24	2	7.4
<i>Time between formation of fistula and repair</i>		
Within 25 days	6	22.2
1-3 months	6	22.2
4-9 months	4	14.9
1-6 years	7	25.9
7-12 years	3	11.1
>12 years	1	3.7

Results are expressed as number and percentages.

ment of obstetric fistula.¹⁰⁻¹³ which is supported by present study.

It was found in the present study that most of the women 22(81.5%) were illiterate and those who were literate only 5(18.5%) had schooling for 8 years while the level of education of husband, 17(63%) were illiterate and only 9(33.3%) had attended school for 8 years. Majority of women that is 21(77.8%) belong to poor socioeconomic status. These findings are consistent with other reported studies where the illiteracy, low socioeconomic status and rural location were found to be the predisposing factors for the condition.¹³⁻¹⁶

In resource poor countries the lack of essential obstetric care or poor utilization of health care services due to sociocultural norms for home delivery, poor health care seeking behavior due to low level of education, poverty, long distance travel to reach health facility and lack of transport facility especially in the night are the reasons for obstructed/Prolonged labour which is the major reason for development of Vesicovaginal fistula. This has been reported in the literature¹³ and supported by present study.

Among the patients studied it was found that 16(59.3%) patients were living with urinary leakage for one year. Similar results were reported in literature.^{13,17} Ignorant and restrictive attitude towards women and lack of information about the health care centers with VVF repair facility may be the reasons for delayed approach to seek care.

CONCLUSION

An obstetric fistula is predominately the results of preventable causes. Delay in marriage and first birth, increasing formal education for women and men, provision of essential obstetric care 24 hours a day and basic amenities like good roads and 24 hours availability of transport can help in the prevention of obstetric Vesicovaginal fistula.

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