

A survey on obstetric fistula awareness in Northern Ghana

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ABSTRACT

Obstetric fistula which is an opening in the wall of the vagina connecting to the bladder or rectum due to prolonged obstructed labour is a very devastating form of maternal morbidity and it is widely prevalent in most developing countries including Ghana. Women with the condition are usually subjected to social humiliation, shame and embarrassment yet awareness and knowledge about obstetric fistula is still low in rural Ghana. The objective of the present study was to assess the awareness about risk factors of obstetric fistulae and treatment seeking behaviour in rural communities in northern Ghana. This cross-sectional study was carried out in 13 selected districts from the three regions of Northern Ghana. A standard questionnaire was administered to 3224 people resident in 25 communities within the selected districts to assess the awareness and knowledge of the people about obstetric fistula. The response rate was 82.1% after 576 were excluded for various reasons. Of the remaining 2648 respondent, 466 were males and 1982 were females representing 19.0% and 81.0% respectively. The mean age of respondents was 31.7 ± 2.1 (range; 17-60 years). The general awareness level of obstetric fistula among the study population was 45.0% (1096/2438). The level of awareness was high among female (45.8%) compare to male respondent which was 40.8%. Awareness level was highest among the 21-30 years age bracket and was significantly high among those respondents with at least high school level education. The study also showed that the preferred place to seek treatment vary depending on the educational level of the respondents with majority of respondents who had no or very little education preferring to seek treatment from traditional birth attendants and spiritual healers. The awareness level of obstetric fistula among the study population is low which can be attributed to low literacy and the lack of awareness programme in the study area. It is therefore imperative to place more emphasis on neglected health conditions such as obstetric fistula.

Keywords: Obstetric fistula, Northern Ghana, Awareness

INTRODUCTION

Obstetric fistula is characterized by an abnormal passageway between the vagina and the bladder or rectum, leading to persistent leakage of urine and/or feces through the vagina. Obstetric fistula is predominantly caused by neglected obstructed labor [1-3]. If the labor is unrelieved by a prompt cesarean section, the baby typically dies, and the prolonged pressure of the baby's head compresses the mother's soft internal tissues against her pelvic bones, resulting in a lack of local blood flow, death of the surrounding tissue, and the development of a fistula [4-6]. In places where fistula is common, women either are unable to obtain a cesarean section or receive one too late, after the fistula and fetal death have already occurred [4-6]. The persistent incontinence and odour that result, together with myriad other possible outcomes, such as secondary infertility, chronic infection, excoriation of the skin, and neurologic injury, are debilitating and humiliating [5]. Such women frequently find themselves abandoned by their husband, family and the entire society, and barred from employment. That the condition is essentially an affliction of the very poorest of society seals the fate of its victims, who often spend the rest of their lives alone and destitute.

Although surgical repair can alleviate most cases of obstetric fistula, poverty, social stigmatization, widespread misconceptions about the condition, and a paucity of surgical capacity effectively make treatment unattainable for most of these women. Virtually eradicated in industrialized countries after cesarean section became routinely available, obstetric fistula remains a scourge in large swathes of the developing world [1-3]. Over 2 million women live with untreated fistulas in sub-Saharan Africa and South Asian countries [7] making obstetric fistula an international public health problem which is attracting increasing international attention yet the physical, psychological and social consequences suffered by those affected remains largely unattended [8]. According to the WHO there are half a million maternal deaths worldwide each year, and that 99% of those deaths occur in developing countries, with slightly more than half of those deaths occurring in sub-Saharan Africa[8]. These regions are noted to have high incidence of fistula which could be a contributory factor to these high number of maternal deaths. There is however paucity of reliable data on the knowledge and awareness about obstetric fistula in most of these areas. Despite the severity of the consequence of obstetric fistula, there has not been a comprehensive study on awareness about obstetric fistula and its risk factors among the Ghanaian populace. The present study was thus undertaken to assess the awareness level, self reported prevalence of obstetric fistula and treatment seeking pattern of the Ghanaian populace.

MATERIALS AND METHODS

The study was carried out between July to September, 2009 in the three regions of Northern Ghana (Upper East Region, Upper West Region, and Northern Region). Within each region, some districts were purposively selected based on the selection criteria. A total of 13 districts were involved in the study. Within each of the Districts, 25 communities were selected. Selection criteria for inclusion was base on the community being within a five kilometre radius of a Health Centre, availability of portable water and being accessible by a third class road.

Study Design

The study was carried out using a standardized structured survey questionnaire which sought information on Socio-demographic characteristics of the participants. The questionnaire also included questions which sought to identify fistula awareness level of the participants, self-reported prevalence of Fistula, whether they had sought treatment and the preferred mode of treatment. The questionnaires were administered by Field enumerators who could speak both English and the local language of the locality in question. The questionnaires were written in English and translated into the various local languages for respondents who could not read English. In all 3224 questionnaires were administered and 2648 were returned giving a response rate of 82.1%.

Statistical Analysis

The questionnaires were analyzed and the data entered into SPSS and then exported into a Microsoft Excel spreadsheet. Statistical analysis was done using SPSS version 12.0 for windows and Graph pad prism 5.10 for windows (Graphpad software, San Diego, CA. USA). All categorical variables were expressed as proportions and were compared using Chi-Square. In all statistical tests, a value of $P < 0.05$ was considered significant.

RESULTS

The age range of the participants was 17-60 with a mean of 31.7 ± 2.1 . About 17.9% (436/2438) were within the age brackets of 31-40. On the level of education of the participants, about 45.6 % had attained at least primary education with only 20.1% attaining at least Secondary education. Analysis of the participant's base on religion indicates that 49.9% (1216/2438) were Christians, 33.2% (809/2438) were Moslems with only 16.9% (413/2438) being Traditional African believers (Figure 4). In all there were 466 male participants compare to 1982 participants who were females (figure 3).

The general Fistula awareness level among the participants was about 45.0% (1096/2438) as shown in figure 1. Awareness level was high among participants within the 31-40 year group. Prevalence of fistula was however low among female participants who were age 20 years and below (figure 1). Age of participants did not have significant influence as to whether participant sought treatment or not and whether the treatment was sought from a Doctor, Nurse/Midwife or Traditional Birth Attendant (figure 3). Majority of those who sought treatment were within 21-40 years as shown in figure 3.

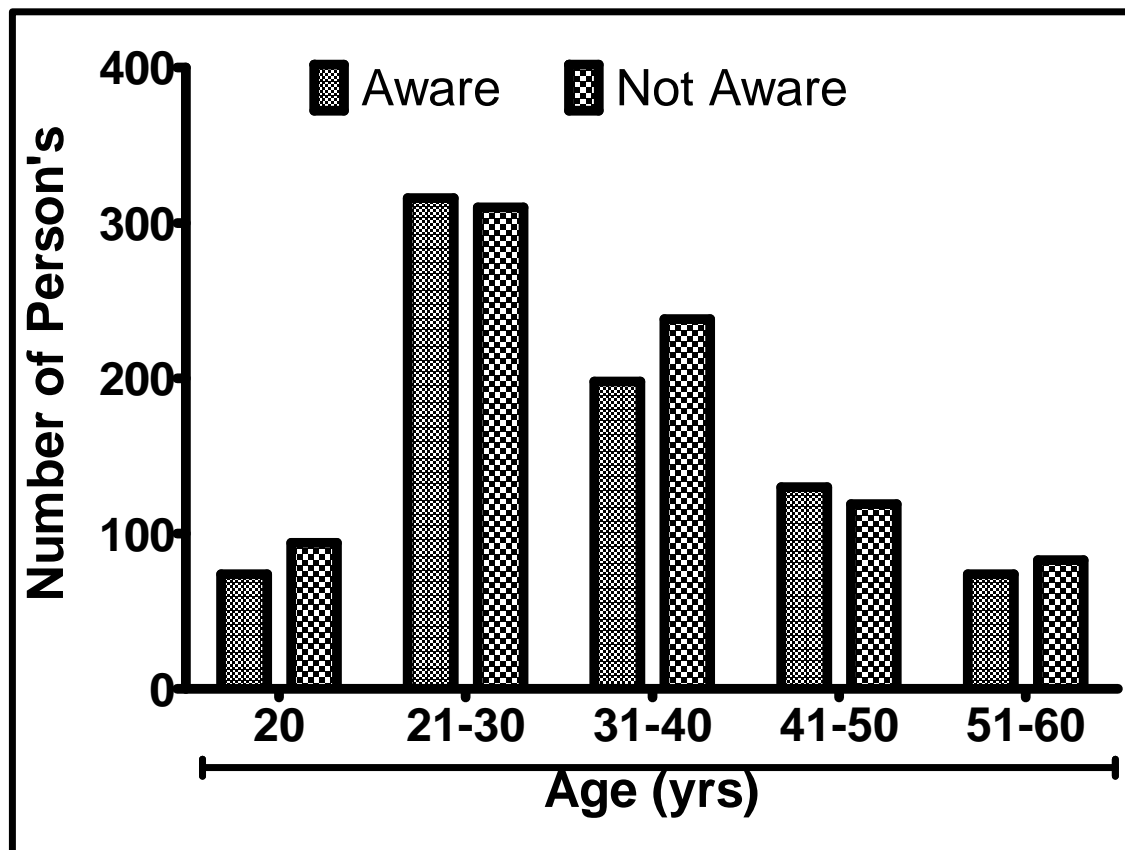


Figure 1: Awareness level of Fistula stratified by age

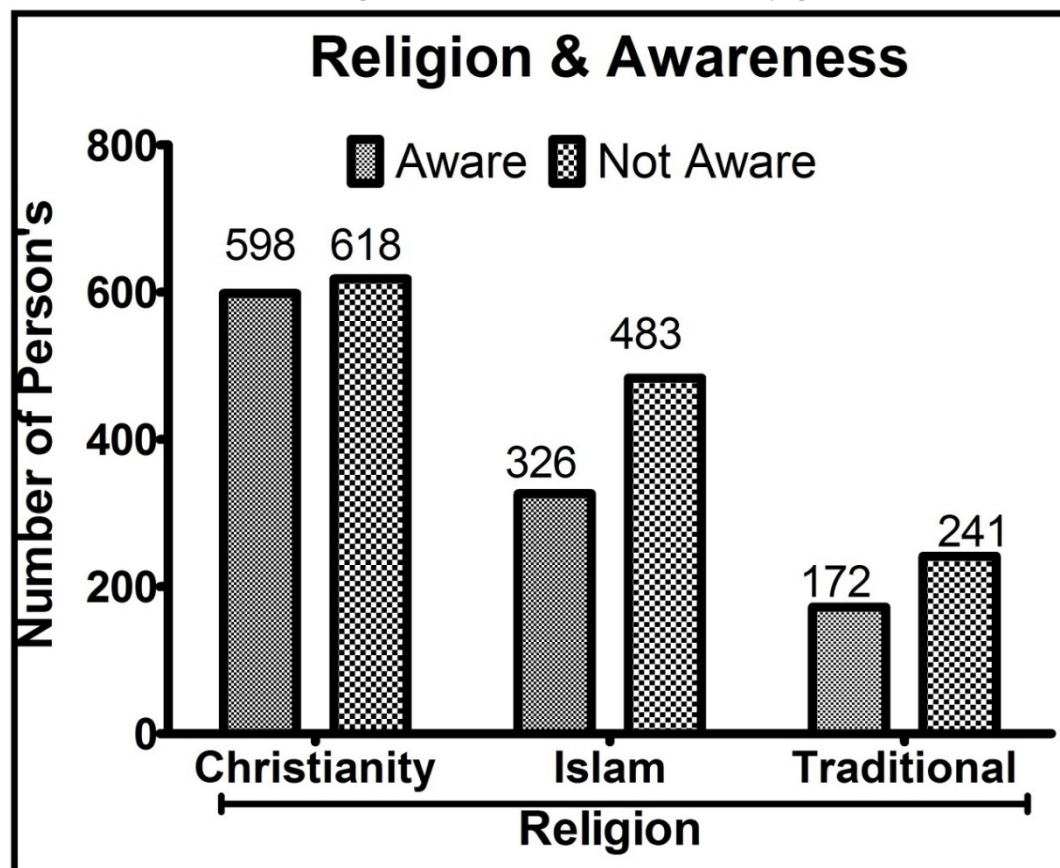
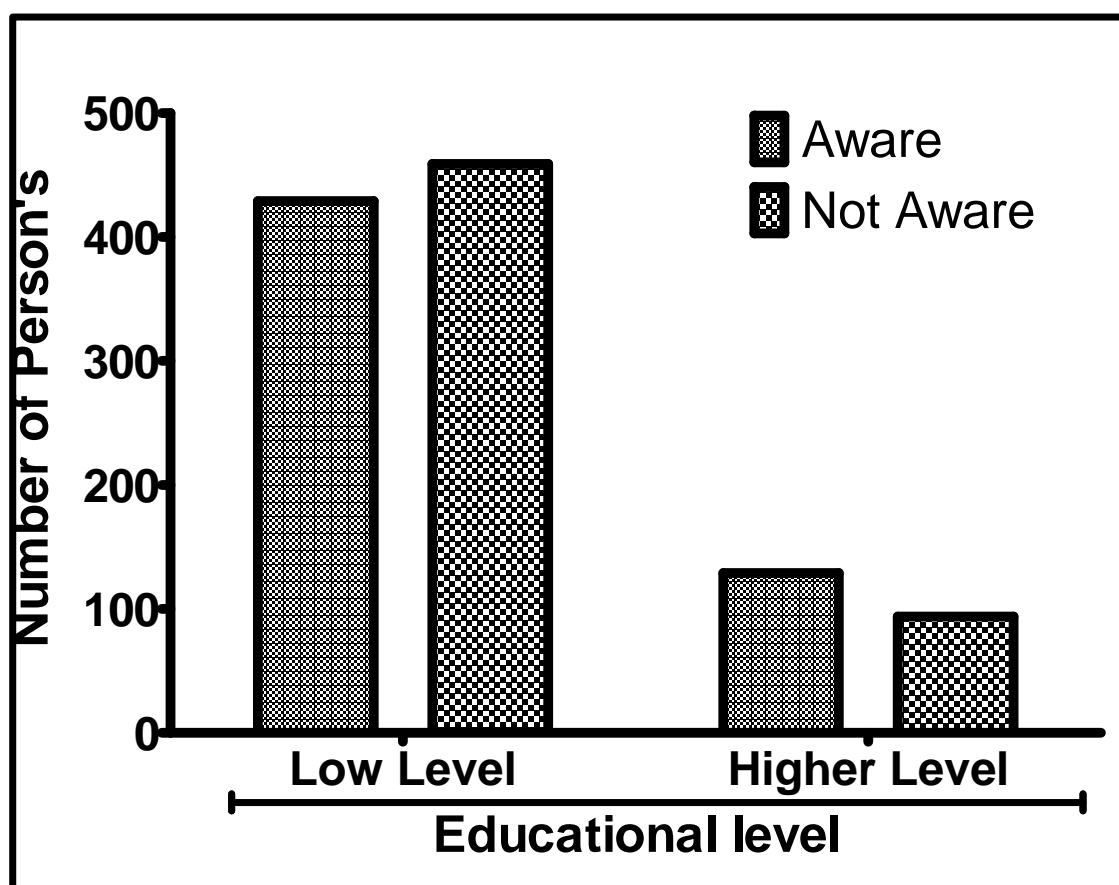


Figure 4: Awareness of Fistula base on religious believe of the participants

Fistula awareness level was 49.2% (598/1216) among Christians, 40.3% (326/809) among Moslems and 41.6% (172/413) among Traditional Believers. The difference in awareness level among the various religions was statistically significant ($P = 0.001$) as shown in figure 4.

Treatment seeking behavior did not depend on the religious believe of the participants even though majority of Christians and Moslems were more likely to seek treatment from doctors, nurses or midwife compare to the Traditional believers (Figure 12)

Level of education of the participants had a significant influence on the awareness level of fistula with about 50.2% of those with higher education being aware of fistula compare to 49.8% who had no knowledge of fistula (figure 7). The educational level of participants also had a significant influence as to the treatment seeking pattern of the participants. Majority of the participants who had higher education preferred treatment from a doctors, nurses or Midwife compare to Traditional Birth Attendants as shown in figure 9.

**Figure 7: Fistula awareness level among participants base on education**

DISCUSSION

It is believed in Africa that the sun should not rise or set twice on a woman who is in labour. However this cannot hold for some unfortunate women who suffer complications of prolonged labour with the most common complication being Obstetric fistula. The objective of this study is to access the level of knowledge and awareness of the people in the study communities about obstetric fistula as well as their preferred mode of treatment. It is evident from the results of this study that the level of awareness of the people about obstetric fistula is very low compare to other studies [9]. Despite the fact that the lack of awareness of obstetric fistula may be true, the supposed ignorance could be due to unwillingness of many community members not wanting to divulge existence of the condition in their community [6]. Studies have shown that there is a lot of social stigma associated with the condition and many people in rural communities might pretend ignorance of the condition. Other studies have also showed that there is a tendency of some people not wanting to reveal the existence of obstetric fistula in their community [7, 9]. Fistula

limits women's ability to work or access jobs due to stigma. In general, women experience severe reduction in their source of independent income, which increases their dependence on others (UNFPA, 2006).

The level of awareness and knowledge of participants about obstetric fistula was highest within the 21-30 year group. Similarly women were more likely to be aware of the condition than men. This finding is similar to other studies [7, 9]. Age wise occurrence of fistula depicts that high percentage of woman after 29 years have fistula. This may be in accordance to the fact that with increase in the number of children with age, the woman becomes reluctant to avail health care services as a result they become more prone to have fistula. Unfortunately women whose age at consummation and age at first birth are less than 18 years have fistula as compared to those who are above 18 years [3, 4, 7, 9]. Educational campaign for the eradication this condition should therefore be directed at women in their early teen through religious groupings and as part of school activity such as drama and debate clubs starting from upper primary. Analyses of the result of the present study also show that participants who were practicing the Christian faith were more aware of the condition compare to those who were Muslims and traditional Africa believers. Most church setup unlike the others have some form of reproductive health issues are discuss and this might have help to create the awareness among their followers. The other religions are more reserve when it comes to reproductive issues and this could be a contributory factor to the low level of awareness about obstetric fistula.

The level of education of the participants was a significant factor that influences awareness. The study reveals that those who had at least high school level of education were more aware of the condition compare to those who had not been to school or lower level of education. Early marriage and lack/ or low level of education place women at severe disadvantage and do not enable them to be advocates for their own reproductive health issues and wellbeing [3, 4, 7, 9]. This finding is similar to the work of Gulati et al [3] who found that women with less than five years of education suffer more from obstetric fistula. The study also showed that the kind of treatment people will seek was highly dependent on the level of education of the participant with the uneducated and those with low education preferring to seek treatment from traditional healers and spiritual camps whereas those with high level of education will prefer to consult a train health professionals like Auxiliary/community health nurse, Midwives, and Doctors.

CONCLUSION

The awareness level of obstetric fistula among the study population is low which can be attributed to low literacy and lack of awareness campaign programmes in the area. It is there imperative to as a matter of urgency put emphasis on this much neglected condition. Preventive programmes need to be adapted to local contexts and to use existing multi-sectoral programmes such as the school for life programme (which is aim at children who are not in formal education) to ensure sustainability of the health literacy efforts.

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