



**ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF SOCIAL WORK**

**THE CAUSES AND EFFECTS OF OBSTETRIC FISTULA ON PATIENTS
IN HAMLIN FISTULA HOSPITAL IN ADDIS ABABA, ETHIOPIA**

BY

NATNAEL SOLOMON

ID NO: SGS/0565/2015A

**JULY 2024
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**A THESIS SUBMITTED TO ST. MARY'S UNIVERSITY SCHOOL
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ENDORSEMENT

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DECLARATION

This is to certify that the MA thesis written by Natnael Solomon Engida titled “the causes and effects of obstetric fistula on patients in Hamlin fistula hospital in Addis Ababa, Ethiopia” In partial fulfillment of the requirements for the Degree of Masters in Social Work complies with the regulations of the University and meets the accepted standard with respect to originality and quality.

Natnael Solomon

St. Mary's University, Addis Ababa

Signature & Date

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ACRONYMS

CSO- Central Statistical Agency

UN- United Nations

UNFPA-United Nations Population Fund Activities

WHO- World Health Organization

OF – Obstetric Fistula

Abstract

This research paper investigated the causes and effects of obstetric fistula on patients in Hamlin fistula hospital. The objective of this study was to examine the cause and effects of obstetric fistula on patients. The effects investigated include the physical health, social and psychological effects of obstetric fistula. The study was undertaken utilizing in depth interview as a key instrument in data collection. The participants interviewed for this study include 10 obstetric fistula patients in Hamlin and two key informants namely psychiatric nurse and head nurse of the stomach clinic department. Methodologically the research study used qualitative research approach and case study as a research design. The data obtained from participants were analyzed using thematic analysis with transcription and coding being done before hand. The key findings of the research study are: first life events of participant's especially traumatic life events, local rural traditions, prolonged labor and assistance by traditional midwifer has played an important role in causing their obstetric fistula. Second the physical health problems experienced by the participants differ from person to person depending on the damage they incurred during birth and the amount of time they took to get treatment. Third the social part of participant's lives was severely affected because of the smell associated with obstetric fistula patients leading to self-isolation or discrimination by society or family members. Fourth the psychological effects of obstetric fistula differ from person to person and its severity is conditioned on how much support the participants either got from their families or communities or how soon they got treatment or counseling from professional mental health professional. Obstetric fistula is a complex condition that affects patients in different ways and different level of severity depending on different social and medical factors. This research study recommends an increase in awareness campaign on the causes and effects of obstetric fistula especially in rural part of Ethiopia and also intervention plan that addresses the multiple problems of obstetric fistula patients. The intervention should also include family members of obstetric fistula patients in order to address the problem in a holistic manner.

Key words: obstetric fistula, psychological effect, social effects, physical health, birth

CHAPTER ONE

1.1 Background of the Study

Obstetric fistula is the constant leakage of urine, feces or both due to injury caused during child birth (Mohammed, Ilesanmi, & Dairo, 2018). It occurs when women's pelvis is too narrow for the fetus to pass through and the labor prolongs due to lack of access to emergency obstetric care to discharge the obstruction (Semere & Nour, 2008). Lack of access to obstetric care or lack of awareness of the option to give birth by cesarean section usually leads to obstetric fistula. It leads to the inability to control the leakage of urine or feces leading to a feeling of discomfort when among people. The obstructed labor will eventually lead to the death of the fetus as well as in some cases the death of the mother too. When the woman survives, she is left with constant leaking of urine and/or feces and is often rejected by her husband, blamed by the community, and forced to leave her home (Miller, Lester, & Webster, 2005). Obstetric fistula affects the overall wellbeing of the patients including their physical health, social life and psychological well being of the patient.

The World Health Organization and a systematic review report show that an estimated 2–3 million women and ladies worldwide live with obstetric fistulas (Adler, Ronsmans, Calvert, & Filippi, 2013). Globally, an estimated incidence of 50,000–100,000 new women with fistulas is occurring every year (Ahmed & Tuncalp, 2015). The vast majority of women with obstetric fistulas are in Africa and Asia (Tuncalp, Tripathi, Landry, Stanton, & Ahmed, 2014). The prevalence of obstetric fistula in South Asia was 1.20 per 1,000 women of reproductive age (Adler, Ronsmans, Calvert, & Filippi, 2013). In sub-Saharan African countries, 30,000–130,000 new women with fistulas have been identified and recorded annually (Gedefaw, Wondmienieh, Getie, Bimerew, & Demis, 2021). Ethiopia is among the few countries with a high prevalence of untreated obstetric fistula, with an estimated incidence of 3,500 new cases per year, a prevalence of 37,500 untreated fistula, (range 36–39,000) and 161,000 cases of urinary incontinence (Duby & Hailey, 2013).

Obstetric fistula affects the physical health of women in a very severe and discomforting way. Women living with obstetric fistula suffer urogenital and kidney infection, severe skin irritation and genital lacerations due to incontinence (Emma-Echiegu, Okoye, & Odey, 2014). Physical challenges include the emotional and medical problems of fistula which resulted from incontinence, such as genital sores, smells, wounds, pain, discomfort, exhaustion, and foot drop (Muleta, Hamlin, Fantahun, Kennedy, & Tafesse, 2008). The physical health challenges faced by obstetric fistula patients affect their physical health in a very exposed and compromising way.

The other impact faced by women suffering from obstetric fistula is social stigma and isolation. As a result of their physical health problems their social life will also suffer. Women with obstetric fistula are often left with chronic leakage of urine and feces with a foul odor. As a result, they usually are abandoned by their husbands and family as well neglected by the community, which in turn will result in various psychosocial complications. Without treatment, the patient prospects for work and family life usually get disrupted (Harms, 2012). Women who are married and suffering from obstetric fistula usually face separation from their husbands because their physical condition as well as their inability to perform their marital duties as a wife. Women with obstetric fistulas are often afraid and uncertain about their future with sexual partners, marriage, sex, pregnancy, childbirth, and reintegration into the neighborhood community (Mselle & Kohi, 2015). Many women with obstetric fistulas experience varying degrees of social stigma (Cowgill, Bishop, Norgaard, Rubens, & Gravett, 2015).

The other impact of obstetric fistula on women is psychological problems arising from both the physical and social impact of obstetric fistula. Evidence shows that many women and girls with obstetric fistulas faced many psychological problems such as humiliation (reported by 97.2% of victims); abandonment, stigmatization, and loneliness (reported by 95.8%) (Oluwasolaa & Bello, 2020). Loss of hope, fear of future life, and feelings of dependency were stated as mental health problems (Gebresilase, 2014). These challenges were emerged as the result of different interrelated problems such as lack of support and family care, physical or economical incapability to access care, and lack of information or knowledge about fistula care and treatment (Nsemo, 2014). It might also result from the reactions and comments of people with a poor understanding of the

condition (Kimani, Omondi, & Anthony, 2014). Perceived causes of fistula and social stigma have caused psychological morbidity to women (Mselle, Moland, Evjen, Mvungi, & Kohi, 2011).

This paper has highlighted the effects of fistula on young women on their physical health psychological and social situations. The effects of obstetric fistula on women are multifaceted meaning it affects every aspect of their life if they don't get the appropriate treatment on time. Most of the patients of obstetric fistula are young women who either were married at a very young age or were physically abused at a young age.

1.2 Statement of the Problem

The effects of obstetric fistula on women are undeniably very serious and impact every aspect of women's life. First and foremost the physical health effects are the most serious ones and are the starting point for other effects to come. Study's done by different researchers indicate that the medical effect of obstetric fistula impacting on women suffering from the condition measured in terms of incontinence of urine and/or feces, foot drop, chronic skin irritation, bladder stone, vaginal stenosis, secondary infertility. In Nigeria, studies on obstetric fistula indicates abnormalities such as bone fractures, bone spurs, obliteration of the symphysis and symphyseal separation, foot drop resulting from excessive compression of the sacral nerve plexus due to size of the baby's head, bladder dysfunction or the obstruction, vulvar excoriation and ammonical dermatitis (Cockshott, 1973). Physical complications and comorbidities are associated with fistula; some caused by obstructed/prolonged labor, and others are sequelae of the fistula itself. These include fetal demise, damage to the cervix or pelvic bones, neurological conditions such as foot-drop, leakage of urine and/or feces into the vagina, urogenital infections, ammonia dermatitis, genital lacerations, kidney infections, and amenorrhea (Hilton, 2003). As seen from the above data it is clear that the physical health impacts of obstetric fistula are very serious.

The other impacts associated with obstetric fistula are the social impacts women face while dealing with this situation. Many researchers have found out that women suffering from obstetric fistula face wide ranging social consequences as a result of their condition. Wall in his study puts it that women who suffer the condition of obstetric fistula are "the most dispossessed, outcast, powerless group of women in the world (Wall, 1996)". A UNFPA report in Nigeria concluded that "if anyone

had seen the sad eyes of these young girls, really children, embarrassed and ashamed of themselves, they will never forget the torment and despair. It is disability from pregnancy that is disgraceful, unacceptable, and a denial of our claim to being a caring and compassionate society.... (UNFPA, 2019)". In Guinea Women who develop obstetric fistula often suffer stigma, abandonment, loss of self-esteem, and varying degrees of social isolation. They are considered perpetually unclean as sometimes they are even excluded from food preparation, social events, and prayer ceremonies (Diallo, 2009). The social impacts of obstetric fistula on women affect their social life and their social standing among their communities.

The other impact of obstetric fistula on women is the psychological impact they face as a result of their condition. In a study conducted in Nigeria about 33% of women with fistulas were psychologically depressed, and an additional 51% were bitter about life (Kabir, Abubaker, & Umar, 2004). Studies in low-income countries, including Ethiopia, report that women with fistula have a significantly higher incidence of symptoms of depression, psychosocial dysfunction and anxiety (Wilson, 2015). These symptoms of depression and other psychological conditions were directly related to the social support that the woman was receiving. Lack of social support, stigma, and feelings of shame following the experience of obstetric fistula are correlated with poor mental disorders and in some cases of suicide (Rahm, Renck, & Ringsberg, 2013). Symptoms of depression were inversely correlated with social support. Women who undergo a severe medical problem are less likely to develop depression if they have social support after developing an obstetric fistula (Dennis, 2016). According to Weston and other researchers *symptoms* of depression are significantly associated with a lack of social support following fistula and living with fistula (Weston, Mutiso, Mwangi, Qureshi, & Beard, 2011).

The effects of obstetric fistula on the lives of women as seen from the above paragraphs indicate that they are wide ranging and intertwined with each other. As indicted it starts to first affect the physical health of the women and starts to gradually impact their social and psychological well-being. Many researchers have been done on the effects of obstetric fistula in Ethiopia as well as outside Ethiopia as it was highlighted in the above paragraphs. The main theme of these researchers was how to help patients by allowing them to get corrective surgery. Much emphasis was not given to the psychological distress these women go through while suffering from obstetric fistula. Since

all the effects of obstetric fistula are interconnected in one way or another it will be difficult to separate one effect from the other. The research gap that this study intends to fill is to qualitatively show the effects of obstetric fistula on women by highlighting their individual experiences and also highlighting their shared ordeals.

1.3 Objective of the Study

1.3.1 General Objective

The general objective of this study is to examine the causes and the effects of obstetric fistula have on women.

1.3.2 Specific Objective

1. To explore the contributing factors that caused obstetric fistula on patients in Hamlin fistula hospital.
2. To find out how obstetric fistula affects the physical health of patients in Hamlin fistula hospital
3. To explore how obstetric fistula affects the social aspect of patient's life in Hamlin fistula hospital
4. To identify how obstetric fistula affects the psychological wellbeing of patients in Hamlin fistula hospital.

1.4 Research Questions

1. What are the contributing factors that led to the causation of obstetric fistula in Hamlin Fistula Hospital?
2. How does obstetric fistula affect the physical health of obstetric fistula patients in Hamlin Fistula Hospital?
3. How does obstetric fistula affect the social wellbeing of obstetric fistula patients in Hamlin Fistula Hospital?

4. How does obstetric fistula affect the psychological wellbeing of obstetric fistula patients in Hamlin fistula hospital?

1.5 Significance of the Study

This study will be significant to highlight the factors that caused obstetric fistula and the physical health, social and psychological effects of obstetric fistula in young women in Ethiopia. Women with obstetric fistula will become the primary benefactors to this research because this research aims to highlight the problems faced by them. Highlighting the problem will be useful for women affected by obstetric fistula in order for them to seek early treatment for their physical health as well as their psychosocial wellbeing. The treatment will involve both medical and psychosocial intervention for women that are affected by obstetric fistula. The secondary benefactors for this research will be people closely associated with the women who are affected by obstetric fistula. This includes their spouses (husbands), immediate family members and extended family members who will be affected either directly or indirectly by obstetric fistula. This study will help them understand how their significant other or family member who has obstetric fistula suffers. The main purpose of this study is to fulfill the master's degree requirement as a student of social work department. This study will also help family members or spouses (husbands) become more sympathetic or understanding of the situation that their family member or significant other with obstetric fistula is going through. This research will also help in informing the general public on the effects of obstetric fistula and also it will help young women to protect themselves from this horrific condition.

1.6 Scope of the Study

The scope of the study is limited to studying only about obstetric fistula and doesn't study other types of fistula. The study occurred in a fistula hospital found in Ethiopia called Hamlin. This research investigated the causes and the effects in terms of physical health effects, social effects and psychological issues that are faced by women who are suffering from obstetric fistula. Other issues other than those that are mentioned above will not be included in this research.

The methodological delimitation of this research is that it employed qualitative data that is gained from the target population. The reason for this is that qualitative data explains the subjective

experiences of obstetric fistula patients better than quantitative data. The study primarily utilized in-depth interview to obtain data from the target population of this study.

1.7 Limitation of the Study

This study is limited to ten obstetric fistula patients found in Hamlin fistula hospital who are currently seeking treatment for obstetric fistula and associated conditions. Because of the relative small size of the participants generalization for all obstetric fistula patients in Ethiopia might be difficult. The understanding of some participants on some particular questions and terms might affect the quality of the data collected. This limitation was mitigated by continuously explaining some terminologies to the participants in order to make sure the participants understand the questions that are being asked.

1.8 Operational Definitions

Causes- Contributing factors that lead to the occurrence of a problem

Obstetric fistula- Fistula that is caused as a result of child birth especially prolonged labor

Social Effects- The effect of something to a person in terms of their social interactions with other people

Psychological Effects- The effect of something on the emotional and behavioral state of an individual

Physical Health Effects- The effects of a medical condition on the internal and external part of a human body.

Well-being- The state of overall health in terms of physical, social and psychological health

CHAPTER- TWO

LITREATURE REVIEW

2.1 Definition

Obstetric fistula, is a complication of obstructed labor and/or prolonged labor, is a public-health problem which disproportionally affects women who are most vulnerable due to poverty, limited education possibilities, and lack of access to family planning and reproductive health services, limited knowledge of health professionals including midwives on prevention and management of prolonged and obstructed labor increases this risk. It is one of the most neglected morbidities of childbirth, even though it has the greatest adverse impact on women, families and societies (Saifuddin, Erin, & Laura, 2016).

2.2 Theoretical Framework

2.2.1 Ecological Model

The ecological model helps to explain human health behavior by focusing on the nature of people's transactions with their physical and sociocultural surroundings (Glanz, Rimer, & Lewis, 2000). There are four explicit assumptions in the ecological model. First, health is influenced by multiple components of the physical and social environment, including personal attributes. Second, the environment itself is multidimensional. Third, interactions between humans and their environment can be described at varying levels of aggregation (individuals, families, work and cultural organizations, communities). Fourth, there is feedback across different levels of the environment and groups of people (Sallis & Owen, 2000).

The ecological model helps to explain the socio cultural and environmental factors on the effects of obstetric fistula. The socio-cultural values that the community holds affect obstetric fistula patients in how they interact with their communities. How the community deals with women who have obstetric fistula is largely determined by socio-cultural values the community members have. The fact that most obstetric fistula patients will be divorced and childless will greatly impact their social standing and how other community members will interact with them. Most obstetric fistula patients in Ethiopia are from the rural part of the country meaning awareness on the issue is low

and socio-cultural values are more strictly followed. All this affects coupled with their physical health condition will result in changes to their behavior.

2.2.2 Biosychosocial Model

The Biosychosocial model was founded by George L. Engel it states that “the model depicts the interaction of biological, psychological and social factors in determining the health outcome (Engel, 1977)”. It asserted that Biosychosocial model reveals the development of illness through the interaction of biological factors: genetic, biochemical; psychological factors: mood, personality, behavior; and social factors: cultural, familial, socioeconomic, medical.

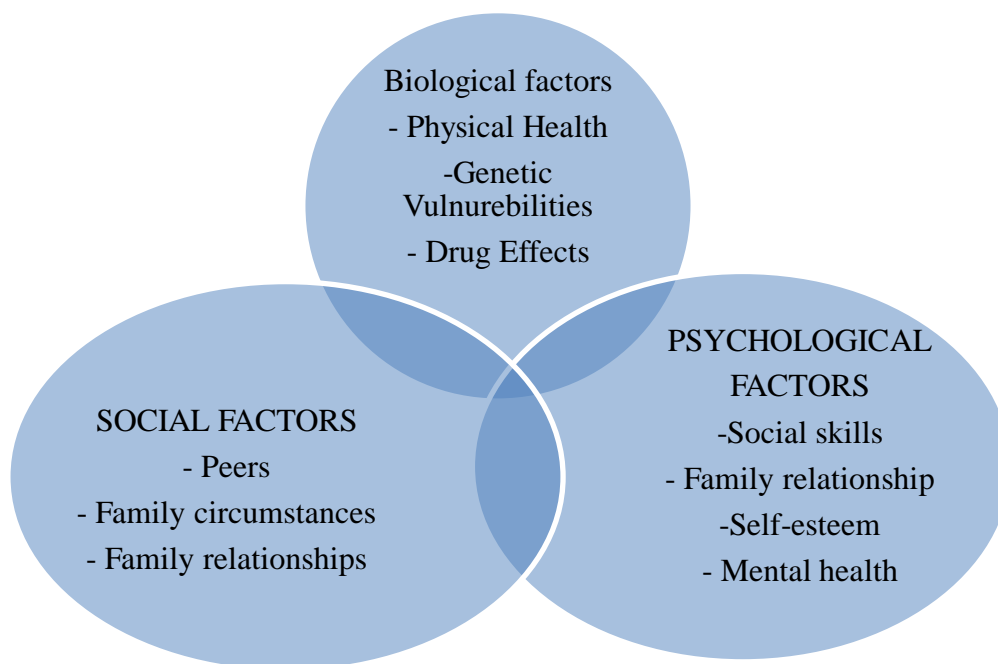


Figure 1: Biosychosocial model (Biosychosocial model, 2020)

The Biosychosocial Model is a holistic approach that considers the different factors that play a crucial role in the outcome of the general health of patients. We can see starting from the biological factors which cause obstetric fistula which are prolonged labor which leads to a hole between the birth canal and the bladder or the rectum. The physical trauma as has been reported by many researchers can result in chronic pain, Infection, incontinence and other medical complications.

The other factor is the psychological factor in which obstetric fistula patients feel shame, embarrassment and social isolation due to stigma associated with the incontinence. In advance

stages women can experience depression, anxiety and low self-esteem as a result of their condition. This psychological factors can further increase the effects of obstetric fistula on women overall health and quality of life.

The other factor is social factor which has far reaching social consequences for women. Their condition will usually lead to social ostracism, marital breakdown and economic problems. Women with obstetric fistula may face discrimination and exclusion from their communities and close family members.

By considering the biological, psychological and social factors involved in obstetric fistula we can gain a more comprehensive understanding of the complex effects of this condition on women's overall health. This comprehensive approach can inform interventions and support services that address the multifaceted needs of women living with obstetric fistula

2.3 The Causes and Effects of Obstetric Fistula

2.3.1 Causes of Obstetric Fistula

A study conducted by WHO about causes of obstetric fistula are early marriage, harmful traditional practices, sexual abuse, lack of access to maternal health care, lack of skilled health care provider and inaccessibility of health care facilities, poverty are among the major causes of obstetric fistula (WHO, 2015).

An obstetric fistula is caused by continuous pressure exerted on the vaginal wall and bladder/rectum by the impacted head of the flutes, which leads to decreased circulation and the breakdown of vaginal tissue. Over time, the tissue gives way, leaving a hole through which urine or stool leak (Belayihun, 2018). A cross-sectional study done by Belayihun stated that the main cause of obstetric fistula is a prolonged labor that puts pressure on the vaginal and rectum walls which eventually cause obstetric fistula.

Obstetric fistula overwhelmingly results from obstructed labor, which occurs in cases of cephalopelvic disproportion and malpresentation. Cephalopelvic disproportion often complicates deliveries in young, primiparous women of low gynecologic age. Social factors, including young age at marriage and malnutrition of girl children, can also contribute to cephalopelvic disproportion (Miller S. , Lester, Webster, & Cowan, 2005). This research article attributes

prolonged labor as the major cause of obstetric fistula in addition it also mentions low gynecologic age and poor diet as factors that cause obstetric fistula.

A qualitative study done in southwestern Ethiopia on twenty four women undergoing obstetric fistula treatment has highlighted the causes of obstetric fistula. In this study, socio-cultural factors such as early marriage and early childbirth were the leading contributors to the occurrence of obstetric fistula. This might be due to the non-fully growing pelvis that might have caused prolonged/obstructed labor leading to the occurrence of obstetric fistula (Sori, Debelew, Berihe, & Hordofa, 2019). As seen from the above statement the main causes of obstetric fistula were prolonged labor in a non-medical setting in addition to socio-cultural factors like early marriage.

2.3.2 The Physical health Effects of Obstetric Fistula

A qualitative research done by Bashah and others on the social experience and coping mechanism of obstetric fistula patients in north western Ethiopia have highlighted the physical health effects experienced by the participants. It states that Women reported that they had general body pain, weakness and constant leak which formed sores due to friction and has limited them from doing routine chores (Bashah, Worku, Mezgebu, & Azale, 2019).

A Qualitative study done on the lived experiences obstetric fistula patients in south western Ethiopia reported some of the physical health consequences experienced by participants. This study revealed that most women with fistula face various physical challenges such as pain, body weakness, and numbness of legs, and as a result of which they usually face problems of carrying out their routine activities (Sori, Debelew, Berihe, & Hordofa, 2019). This research revealed that eighteen participants out of twenty four participants stated that they experienced pain and sixteen out of twenty-four participants stated that they experienced body weakness as a result of obstetric fistula.

2.3.3 Effects of Obstetric Fistula on the Social-Wellbeing

A Research done by Micheal Wombego and others on the bio, psychosocial impacts of obstetric fistula in northern Ghana analyzed the medical and the psychosocial impacts of obstetric fistula. This study reveals the difficulties that people living with fistulas face when they are with people, 49% feel uncomfortable and 36% are ashamed when they are with people, and their husbands despise them (43%) (Wombeogo, Azongo, & Yakong, 2016). We can see from this result that women suffering from obstetric fistula face problems in relation to their communities and their spouses.

A research done in Sudan on the experiences of obstetric fistula patient has discussed the social related effect that is experienced by the participants. The findings indicate that as a result of urine leakage and its smell, the majority of our study participants lived stigmatized lives because of lack of control of a bodily function “urine”. Women had to live with all dimensions of stigma due to leakage and the smell of urine. Due to the common stereotypes related to loss of control of bodily functions in addition to enacted stigma, women internalized feelings of worthlessness and shame and they feared discrimination i.e. anticipated stigma (Ahmed & Thorsen, 2019). As seen from the above statements women affected by obstetric fistula face constant stigmatization and are discriminated from their society.

As a result of the continuous leakage of urine and feces into the vagina, affected women often have an offensive odor, leading them to be ostracized by their husbands, families, and community (Miller S. , Lester, Webster, & Cowan, 2005). This research article states that because of the constant urine leakage and the associated bad odor obstetric fistula affected women suffer discrimination from people who are close to them including their spouses.

A qualitative research done by Bashah and others on the social experience and coping mechanism of obstetric fistula patients in north western Ethiopia found that participants social life was severely affected. It stated that many women suffered loss of dignity as a woman and adverse marital status change continued over time and seven of them were divorced and one separated since they recognized that they have this problem (Bashah, Worku, Mezgebu, & Azale, 2019). The

participants in this research stated that their social relationship with other people was challenged and also they have experienced social isolation.

A Qualitative study done on the lived experiences obstetric fistula patients in southwestern Ethiopia has discussed extensively on the social challenges they face. This study also found that majority of the women affected with fistula face various psychosocial problems. These include stigma and discrimination, inability to participate in social/community events, divorce, stress, headache, depression, and suicidal ideation (Sori, Debelew, Berihe, & Hordofa, 2019). Out of the twenty four participants interviewed for this research eighteen of them stated that they experienced stigma and discrimination. Whereas about fourteen participants out of twenty four participants stated that they couldn't attend social events like ikub, wedding ceremonies and funerals because of their bad odor.

2.3.4 Effects of Obstetric fistula on Psychological health

A research done in rural Tanzania on the socio-cultural experiences of obstetric fistula patients identified some psychological health consequences. The study reported that loss of dignity, lack of support, and lack of power to seek care. Loss of hope, fear of future life, and feelings of dependency were stated as mental health problems (Lilian & Thecla, 2015).

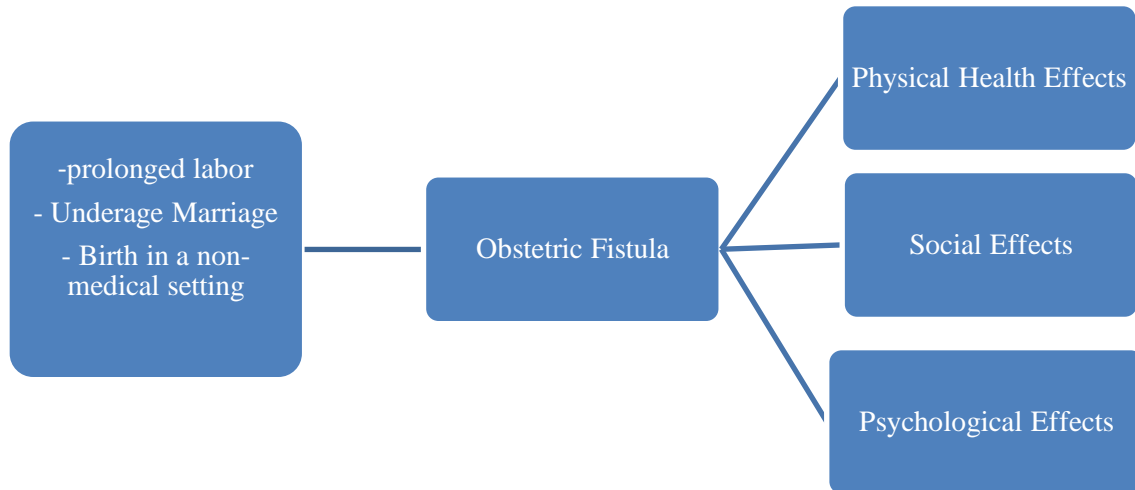
A systematic review on the psycho-social impact of obstetric fistula on women residing in Nigeria has stated the incidences of mental health problems on obstetric fistula patients. Nigerian women with obstetric fistula are subjected to numerous adverse experiences including lack of support, social stigma and economic incapability which exposes them to various mental health issues such as depression, hopelessness, feelings of worthlessness and loss of dignity as revealed in this present review (Nduka, Ali, Kabasinguzi, & Abdy, 2023). As seen from the previous statement the socio-economic effects experienced by obstetric fistula patients directly contribute to psychological problems.

A meta-analysis conducted on the social and economic consequences in 2007 analyzed different researches done on obstetric fistula from 1985-2007 reported the psychological consequences resulting from obstetric fistula. It stated that Not only that mourning a dead child is almost inevitable for a woman with a fistula from obstructed labor, but she soon finds herself fighting for her own survival, social position, and value in society. Mentally she is tormented and devastated (Ahmed & Holtz, 2007). As read from the previous statement most obstetric fistula patients lose their child while giving birth which creates a psycho-social problem. Losing a child in addition to the physical pain it creates a psychological distress as a result of the reaction from both the society and close family members.

A cross sectional study on Psychological distress in women with obstetric fistula in Ethiopia has stated common psychological problems experienced by patients with low social support. In this study, women with obstetric fistula have less social support, which affected the prevalence of depression and anxiety symptoms (Belayihun, 2018). We can see from this study that there is strong correlation between support received from family members and the prevalence of psychological problems.

A qualitative study done on the experiences of obstetric fistula patients in Addis Ababa have identified some psychological problems experienced by obstetric fistula patients. Participants experienced the anger, sadness, and shame associated with loss of a child, as well as the loss of ability to work and acceptance and support by their husbands, family members, relatives, classmates, community members, and other passengers when using public transport (Gebresilase, 2014). The sources of the psychological distress are many from the loss of a child, lack of support from family members and lack of support from community members.

2.4 Conceptual Framework



2.5 Research Gap

The research gap that this study intends to fill is to look at the effects of obstetric fistula on women in a comprehensive way by linking one effect with the other. This will help to paint with a broad brush in understanding the effects of obstetric fistula. To qualitatively look at these effects in a way that can allow us to interconnect these effects and design an intervention method that can upgrade the existing methods to address this serious problem.

CHAPTER- THREE

RESEARCH METHODS

3.1 Study Area Description

The research area of this research paper was in Hamlin fistula hospital that is located in Addis Ababa, Ethiopia. The hospital was opened in 1974 in Addis Ababa it was the first fistula center that was established in Ethiopia. As of 2018 it can accommodate up to 140 patients and four operations can be performed at once in the theatre. It is the only center in Ethiopia which exclusively treats fistula related problems in a comprehensive way. Almost all the patients coming to Hamlin are from the rural part of Ethiopia. Hamlin fistula hospital has a comprehensive treatment center in Addis Ababa with number of medical professionals and associated professions to address the problems of the patients. It provides reconstructive surgery for obstetric fistula and for other types of fistula patients. If the case is much more severe they also perform diversion surgery that allows patients to discharge their urine through their stomachs. In addition to the physical health intervention they also provide counseling and mental health treatments by qualified professionals. They also have a rehabilitation and reintegration programs to allow patients to return to their local communities with financial assistance.

3.2 Research Paradigms

The research paradigm for this paper will be interpretive because of the believe that multiple realities rather than a single reality. Since human behavior is complex and everyone has different experience in facing a particular issue. Despite the common effects that are faced by all obstetric fistula patients their experience and other encounters that they have faced will be seen. Despite the common effects experienced by all obstetric fistula patients the subjective experience of patients is important to get a broader picture of the problem. The participants experienced different effects that are affected by their local surroundings and with people close to them. To understand how this dynamic plays out this research approach is important to put things into perspective.

3.3 Research Approach

The research approach for this research is qualitative. In order to understand causes of obstetric fistula, the physical health effects, the social and psychological problems faced by women suffering from obstetric fistula. To deeply understand the shared effects of women suffering from obstetric fistula and also to understand the subjective experience of the obstetric fistula patients. Research method literature indicated that this approach helps to discover, describe and capture the meaning and in the study of the lived and deep experience of individuals. It also focuses what all participants have in common as they experience a phenomenon (Creswell, 2007).

3.4 Research Design

The research design for this study is case study method in order to deeply understand the situation that is faced by women suffering from obstetric fistula. To understand the insight of the women who are affected by obstetric fistula focusing on the physical health, social and psychological effects. In addition to that the contributing factors that cause obstetric fistula will also be explored in this study. To capture and understand the women's lived experience, perception and emotions. This method is important in order to understand how their upbringing in their local communities and local traditions affected their lives and eventually led them to suffer from obstetric fistula.

3.5 Types and Sources of data

3.5.1 Primary Data

The primary source of data was from the women who were interviewed for this research in order to understand what they go through when they are suffering from obstetric fistula. In addition key formants like psychiatric nurse and head nurse for the stomach clinic were interviewed to incorporate expert view on the matter. Semi-structured interview questions were used in order to allow the participants to have room to tell their stories with little restrictions. The questions tried to get information on how the participant's life events led then to get exposed to obstetric fistula and the effects they experienced because of obstetric fistula.

3.5.2 Secondary Data

Secondary data will be from scientific research papers and scientific journals like from the United Nations specifically from world health organization and other sources.

3.6 Sampling Design

The sampling design for this research was non-probability sampling because of the qualitative nature of the research. Purposive sampling method was used to track down the first participant with the help of staff working in Hamlin fistula hospital. The participants had to fulfill the inclusion criteria to be included in the research study. The inclusion criteria were that the participant must suffer from obstetric fistula; they must be above the age of eighteen and must be willing to participate in this research study.

3.7 Population and Sample

The target population for this research was women suffering from obstetric fistula. This target population was accessed in Hamlin fistula hospital that is located in Addis Ababa. Obstetric fistula patients currently undergoing treatment for this condition were included in this study. At the time of this research there were one hundred and eight obstetric fistula patients that were undergoing treatment in Hamlin fistula hospital. In addition to the obstetric fistula patients that were involved in these study key informants such as psychiatric nurse and head nurse for the stomach clinic department in Hamlin hospital were also included.

A purposive sampling strategy was used in this research because obstetric fistula patients found in Hamlin hospital will yield the appropriate information for this research. As mentioned in the above paragraph there was one hundred and eight obstetric fistula patients at Hamlin fistula hospital that were undergoing treatment. Because of the sensitive nature of the condition it will be hard to find obstetric fistula patients any other place except in a treatment facility like Hamlin hospital. This strategy facilitated for the in-depth understanding of how obstetric fistula affects the life of patients suffering from it. In addition information from key informants like psychiatric nurse and head nurse for the stomach clinic department were indispensable to understand the causes and effects of obstetric fistula.

3.7.1 Sample Size Determination

The Sample size that was used for this study was ten participants with obstetric fistula and two key informants. The original idea was to consider up to fifteen participants depending on the data saturation it would either be increased or decreased. The data saturation reached at ten participants this was defined as there was enough information to replicate the data. In other words a common trend of information was being obtained from the interview in critical thematic areas. In addition to this key informants were also be included in this research study such as , one head nurse and one psychiatric nurse.

Several factors have been considered in determining the appropriate sample size for this study. These factors include the how early data saturation can be achieved, depth of analysis required to explore participants experience in dealing with the condition and willingness of patients to give information.

3.8 Methods of Data Collection

The main data collection tool for this research was one to one in-depth interview with patients of obstetric fistula. The reason for this is since the study at hand is about the causes and effects of obstetric fistula the only way to understand the causes and effects is to hear it directly from the women suffering from obstetric fistula. Key informants involving one psychiatric nurse and one head nurse in the stomach clinic department with many years of experience in treating obstetric fistula patients were used in this research. The interview for all participants was conducted in Amharic language.

3.9 Data Collection Procedures

The main data collection method was in-depth interview with patients and key informants. Before the interview a set of questions was prepared these questions were semi –structured in order to allow the participants to tell their stories with little restrictions. After securing a participant the researcher proceeded to give the potential participant an information sheet written in Amharic to explain the purpose of the research. Only in two cases were this information sheets were read by the participants the rest asked the researcher to explain it rather than for them to read it. Only small amount of participants are literate and are able to read while the majority was illiterate. Because

of this for the majority of the participants the information sheet and the consent form was explained to them orally. After the participants agreed to participate in the research the consent form was signed by both the participants and the researcher. Before the commencement of the interview the researcher asked the participant's permission to record their voice by using audio recorder. All of the participants agreed to allow audio recorder to be used during the interview. The entire interview was done by using Amharic language as the means of communication between the interviewer and interviewee.

3.10 Trustworthiness

Triangulation with the main focus of in-depth understanding of the situation of the obstetric fistula patients was prioritized for this research. The major sources of data were the women who are affected by obstetric fistula with women from different ages and regions of Ethiopia were included in this research. Based on available information all obstetric fistula patients in Hamlin hospital are originally from outside Addis Ababa since most cases of fistula occur in rural areas of the country. In addition key informants who have experience in dealing with obstetric fistula patients were included in order to incorporate expert information on the matter. All this data sources ensured the data that was produced from this research are reliable and valid. This research is credible in the sense that the experience of the participant is included without altering their words and their responses. The findings of this research are transferable or can be applied in other contexts because majority of effects experienced by obstetric fistula patients are similar in many ways. The findings are dependable in the sense that any other person that wants to do a research in this topic will get similar results. The findings can be confirmed because the research is based on the respondents rather than the interpretation of the researcher.

3.11 Analysis of Data

Because of the qualitative nature of this research the data that was obtained from obstetric fistula patients and key informants were analyzed in a way that explained the phenomena from their experiences. The data was obtained in Amharic language from the participants for this reason it was carefully transcribed to English language by the help of translators. After that I proceeded to start coding based on similar patterns related to the answers of the participants. I continued in reading the transcript again and again by marking interesting quotes. Thematic analysis method

was used in order to analyze the response of the participants. Common themes observed during responses of participants like discrimination, sex life, isolation...etc was discussed under each sub-theme. After that by being guided by the research objective the data was analyzed.

3.12 Ethical Consideration

Because of the sensitive nature of the topic upholding ethical standard was a big priority. Before collecting data possible participants in this research were approached in cooperation with officials in Hamlin hospitals to explain to them the purpose of the research. The explanation was done in Amharic language that is preferred by them in order to ensure they understand the briefing. After that they were asked if they are willing to participate in this research study. After that I proceeded to explain the consent form to the participants and finally the form was signed. They were also made fully aware that they have the right to withdraw at any time they want without any explanation. The other thing that was emphasized to the participants was be the value of their response to the questions presented to them to ensure reliability of the data. The participant's names were changed in order to ensure confidentiality and the safety of the participants.

CHAPTER FOUR

4 DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1. Introduction

This chapter presents the findings obtained from the in-depth interview conducted from obstetric fistula patients found in Hamlin fistula hospital. This chapter discusses the causes of obstetric fistula and the effects of obstetric fistula on participants. Under the effects of obstetric fistula on the participant's life there are sub-themes which are the physical health effects, effects on social well-being and the psychological health effects of obstetric fistula will be discussed. The participants experience under each theme and sub-theme will be discussed. The names of participants in this research study have been changed for their safety.

In addition to the ten participants with obstetric fistula that were interviewed for this research study two key informants were also interviewed. The first one is a psychiatric nurse with an eight year experience working in Hamlin hospital with the job of counseling patients and other psychological treatments. The second key informant is a head nurse for the stomach clinic department in Hamlin hospital with a work experience of fifteen years in Hamlin fistula hospital.

4.2 Causes of Obstetric Fistula

All of the participants were born in a rural areas with little modernity and necessary infrastructure. With some participants saying that they had a normal childhood with their parents and siblings while others saying that they have lost either both parents or a single parent before obstetric fistula happened to them. All of them except one participant were married while they were minors meaning before the age of eighteen. Only three participants have had some kind of education before their marriage while most of the participants are illiterate. All the participants reported that they were in labor for long period of time before they went to health center or had their child in their home. For example let's see the experience of 1st participant life pre-obstetric fistula:

I was raised by my mother and father in a place called Zeysae under Arbaminch woreda. I was raised in a good condition despite it being a rural area. It was a rural area where there was many problems especially water. I was also married in this rural village when I was twelve years old. I have never went to school

She adds :

It was after my marriage and subsequent child birth that I realized I had fistula. I was in labor for some two days and I eventually gave birth at home to a dead child after that my fistula started [1st participant]

As seen from the statement of the first participant she was married when she was twelve years old in an area with many problems and inadequate public infrastructure. In addition to that she was in labor for two days in a place where there are no professional medical personnel or equipment. It can be said that socio-cultural factors like early marriage and lack of access to medical care as well as prolonged labor in a non-medical setting as the cause of fistula in this participant.

2nd participant also states her life before obstetric fistula as follows:

I was a happy child living with both my parents in our rural village. I was a very strong student with a very competitive spirit. When I was ten years old my mother passed away. After that my new step mother married to a guy and this resulted in me discontinuing my education. I was thirteen years old when I got married.

She adds:

When I was in labor during my pregnancy I didn't even know what labor I was a kid. There was no hospital it was at home. They brushed my stomach with butter and eventually I gave birth to a dead child. After a long labor and the death of my child they took me to a health center outside our area. I was in bed for 15days I didn't know about my urine lickage but after I regained full consciousness I realized I could control my urine. [2nd participant]

This participant suffered from sudden traumatic life events in the death of her mother and her father's subsequent marriage to another woman. This is important factors that lead the participant to get married at a young age and discontinue her education. She got married at such a young age in which her body is not well developed to handle child birth as well as she was also assisted by a traditional midwifer. The fact that she was a minor and she gave birth in a non-medical setting without the assistance of a medical professional in addition to her prolonged labor eventually led to her suffering from obstetric fistula.

The 6th participant states how sudden live events influenced her life before obstetric fistula as follows:

I was born in Bebeka in the southern region of Ethiopia I was raised by a single mother. When I was growing up my mother died suddenly because of malaria. Upon my mother's death I discontinued my education and married immediately at the age of fifteen.

She adds about how she gave birth:

I was in labor for eight days in a city called Dima with my husband after that we went to a Red Cross center but they told us to go to Amanuel hospital. While we were going I gave birth in the car [6th participant]

The case with this participant starts with the death of her mother which led to the participant to get married at an early age in order to avoid being lonely. After her marriage she got pregnant at an early age and eventually gave birth after a long labor. We can see socio-cultural factors such as death of her single mother and her subsequent marriage while she was a minor. In addition to that her extended labor period and giving birth in a car as important factors in contributing to her obstetric fistula exposure.

The 8th participant states her pre-obstetric fistula life as follows:

I was born in jimma aba jifar in oromia a rural village. I was raised by my parents in which I had a normal life like every other child in our area. I never went to school I don't even think there is a school close to our area. I got married when I was twelve years old.

She adds about the circumstances surrounding her Childs birth:

A traditional midwifer caused my fistula; I was in labor for seven days. I gave birth at home and the traditional midwifer during labor ruined me! [8th participant]

In this participants case the traditional midwifer and prolonged labor take the big chunk of the blame for her exposure to obstetric fistula. The fact that she was a minor when she got married and was in a prolonged labor assisted by unqualified midwifer caused her obstetric fistula.

It can be said that prolonged labor is the number one cause of obstetric fistula among the participants. The maximum amount of days reported by the participant was 8 days of labor with the smallest reported day being two days. The other factor was assistance from traditional midwifers in a non-medical setting which was reported by most participants and was an important factor in the causation of fistula. The other factors were socio-cultural factors like early marriage which also played their own role in the causation of obstetric fistula. Regarding early marriage one participant was married and became pregnant while she was an adult while three other participants were exposed to fistula while they were adults. Meaning despite being married while they were minors they had successful pregnancy and subsequent birth of children. The problem of obstetric fistula occurred after the birth of their first child while they were above the age of eighteen. So we can say in this study underage marriage had lesser contributing factor compared to prolonged labor in a non-medical setting and assistance by traditional midwifers.

4.3 The Effects of Obstetric Fistula

4.3.1 The Physical Health Effects

Inability to Control Urine Discharge

Inability to control urine was reported to be the number one physical problem the participants face as a result of obstetric fistula. All participants reported that they couldn't control their urine which caused problems ranging from bad odor to sores in their thigh and genital area. The constant urine leakage affected the participants live in every way. Let's see the experience of some participants:

I couldn't move for 15 days after I gave birth and my urine was licking. I didn't even know what happened or where I was. At some point I realized that I couldn't control my urine which confused me for a while. As I have told you before I gave birth at home with traditional midwife. Because of the urine leakage my thighs and buttocks area were sore and the skin was sometimes coming off. (2nd participant)

Another participant shares her experience in which she states about her urine leakage and its associated effects it had on her:

Urine leakage and sores around my thighs were my main problems. I went to a health center in gohala in our area and then referred me to bahirdar. I was treated in bahirdar for a while and eventually they said it was beyond their capacity and referred me to Hamlin hospital in Addis. (3rd participant)

This participant explains how urine leakage affected her and how she tried to control it:

I can't go a long road trips wearing underwear because my thighs are sore as result of constant urine leakage. I can't even go short road trips because of pain in my thighs. I was isolated from my friends and I can't wear the cloth I want to wear because of fistula.

She adds:

When I drink water my urine discharge increases. But if I refrain from drinking water for two days my womb becomes inflamed. (5th participant)

Inability to control urine discharge was reported by all the participants who took part in this research study. It is the number one and most noticeable physical health problem that is encountered by the participants and it is also the number one factor that creates social and psychological problems for the participants.

Other Physical health Effects besides Urine Leakage

The physical health problems that obstetric fistula patients suffer from differ from one participant to another. As explained in the previous section the common physical health problems experienced by participants is inability to control urine discharge. Most participants were visibly weak especially when they walk. This phenomenon is explained by the head nurse for the stomach clinic department in Hamlin fistula hospital as follows:

The first is constant urine leakage.... There might also be inability to control feces discharge. Closed vagina can also happen especially if the case is very severe which will lead to the inability to have sexual intercourse. In some cases during menses (menstruation) can cause pain. The physical pain depends on how severe the fistula or how wide the gap is. Some of them might not have any pain while others especially those who didn't get treatment for a long time their kidneys might be compromised..... Sometimes because of infections their kidneys might fail. (Head nurse for the stomach clinic department in Hamlin)

As explained in the previous quote the physical health problems experienced by obstetric fistula patients is different. Let's see the experience of a participant:

After my treatment and subsequent recovery out of fear of urine discharge I almost stopped drinking water. This eventually led to stones being formed around my kidney this is why I am here to get treatment for this (2nd participant)

There was also a participant who was unable to control her feces discharge in addition to urine discharge she shares her experience as follows

A traditional midwife caused my fistula I was in labor for seven days. I gave birth at home and the traditional midwife ruined me. My urine and feces were leaking out of me I couldn't control it. I was hurt a lot! (8th participant)

As it was explained by the head nurse of the stomach clinic in Hamlin fistula hospital besides the inability to control urine leakage the physical health effects experienced by the participants is different. It is conditioned on the damage incurred during birth and how soon they get medical treatment. As seen from the above quotes one participant in addition to not controlling her urine

discharge can't also control her feces. While some participants also reported having kidney problems, hypertension, frequent headaches and back pain since the start of obstetric fistula.

4.3.2 The Effects of Obstetric Fistula on Social Well-being

Facing Discrimination

Most participants reported incidents of discrimination either from their family members, husbands and community. The primary reason they face discrimination is because of their inability to control their urine discharge and the associated bad odor that come with it. The physical health problems mainly urine leakage is the primary reason the participants faced discrimination from their family members or their communities. Let's share the experience of one participant:

Yes I have faced discrimination. When I sit in church people next to me will say is there a child here what smells. I become the center of attention because of this I have been isolating myself from the society.....even my brothers do not understand me rather they blame me for having fistula they say "its gods punishment".

She adds on saying:

They don't want to be in an area where I am present because of the smell. They [her family] don't consider me to be alive they don't consider me as a human being. They consider my condition as incurable. I don't have any friends [men or women] after fistula I am lonely even my family members blame me for having fistula and isolate me. (5th participant)

Another participant shares her experience about the discrimination and ridicule she faced from her community because of obstetric fistula she says:

Yes I have experienced discrimination I am a very strong person I try to hide my condition from people. One time a person saw me changing my underwear after I washed it after that the news spread throughout our neighborhood quickly. They even gave me a nick name "pampers [referring to the diaper brand]" because of this I changed my living area... This incident has forced me to change my living area. I use to feel severe discomfort I use to even change direction when walking in order to avoid that area and the people there. Fistula is a very hard thing...

She adds on:

Now I am with people who do not know my health conditions. All the discrimination happened while I was in our village with people who know me. I don't have family members neither from my mother or fathers side. I don't think they would want me like this maybe in the future I will reconnect with them. (6th participant)

Another participant shares the discrimination she faced from her extended family she tells her experience as follows:

I had never felt freedom people hold their nose on me whether in the market or church. I don't go to church I never leave home. People always say that am cursed especially in motta area.

She adds:

My family until know have supported me they buy diapers for me especially my father is very supportive. My mom has died when I was a child. But my distant relatives say "hasn't that girl died yet or what" my distant relatives have discriminated me! (10th participant)

Another participant experienced discrimination because of her condition but it wasn't only her that experienced discrimination she states her experience as follows:

Yes I have [regarding facing discrimination] I don't go to the market or church I was there for seven years I have suffered a lot! Because it's a rural village there is discrimination

She adds:

After fistula I don't mix up with my friends or husband. Until know my family has supported me they do what they can for me. My friends don't want me I don't want them either They have discriminated me. When my mother goes to the river to wash our cloths they [people in the community] would say to her "why do you wash here cloth here when it smells of urine what will we drink" and they would prevent her from washing our clothes (8th participant)

Discrimination is reported by participants with differing severity and frequency either from their family members or their community or in most cases both. The fact that the participant have bad odor because of their inability to control their urine is the primary reason they are discriminated. In some cases the discrimination is from both family and the wider community while in other cases the discrimination is only from close family members. As seen from the story of the 8th participant the discrimination might also affect close family members of obstetric fistula patients. We cannot restrict the social effects of obstetric fistula only to the patient it can also affect close family members in there interaction with the wider community.

Effect on Marriage and Personal Life

Except one participant all the participants were married while they were minors meaning below the age of eighteen. Most of them stated that they got married while they were minors because they had to conform to their local traditions. While others married because of sudden life events like the death of parents. All of the participants came from the rural part of Ethiopia in which underage marriage is common. Majority of the participants have reported that they got divorced or separated from their husbands because of obstetric fistula. While one participant got separated from their husbands before obstetric fistula happened to them. Let's hear from one participant who is currently married and shares her experience on how obstetric fistula affected her relationship with her husband she says:

It was after my treatment in yirgalem that I was able to have sexual relationship with my husband before that I couldn't have sexual relationship because of the constant urine leakage it was uncomfortable to live with. Despite my treatment I still don't have comfort in having sexual relations. (1st participant)

Another participant shares her experience on how obstetric fistula affected her relationship with her husband she says:

My husband died and I haven't tried marriage after that. I am alone! My husband after bringing me to the hospital left because he didn't want me in my condition. He left me when I was sick and he died shortly after that and I am still here thanks god! (4th participant)

This participant shares how obstetric fistula affected her relationship with her husband she states:

I use to feel discomfort [regarding living with her husband] sometimes I even feel happy that he divorced me. Since when I stand or sleep my urine was licking. It created severe discomfort and confusion on my part. I would even say I wish it never gets dark in order not to sleep it has affected us severely

She adds:

Yes he did at the time [regarding getting support from her husband] but he eventually left me (6th participant)

Despite being separated from her husband before being exposed to obstetric fistula this participant shares her experiences regarding how obstetric fistula affected her relationship with the opposite sex. She says:

I and my husband were separated before I gave birth and after that he has he's own family..... Once I tried to have a partner he was a good man very supportive but now we are separated. I told him that I don't want to have sex. He used to try to convince me to have sex but we never did. (7th participant)

The sex life of participant with the opposite sex was never the same after obstetric fistula. Even if their husbands are supportive their medical conditions will prevent them from having the same sex life they had before fistula. This doesn't mean they can't have sex with their partners or husbands rather it means their sex lives will be much slower and cautionary.

In addition to the experiences of obstetric fistula patients a psychiatric nurse working in Hamlin fistula hospital expressed her experience in her professional encounter with obstetric fistula patients regarding their social interactions or individual relationships. She says:

In their personal relationships most of them face discrimination from their families and they also get abandoned by their husbands. In their societal relationships they will face widespread discrimination and won't have a healthy relationship with their community. They will prefer to be alone or change the location of their living area. There are some who go to other areas and

start a family by permanently disconnecting with their family's back home. Most of their families think that they are dead because they remember how their condition was when they bring them to Hamlin. The awareness on fistula is very low I think now it's a little better.
{Psychiatric nurse in Hamlin fistula hospital}

As heard from the participants themselves and the psychiatric nurse the effect of obstetric fistula on the marriage of participants is very severe. Most of the participants got separated or divorced because of their inability to control their urine and the associate smell that comes with it. Sexual relationship with husbands became difficult because of their physical condition. As it is well known sexual relationship between married couples is a fundamental necessity to maintain and preserve marriage. The lack of sexual relationship between married couples will create strain the marriage and usually lead to separation in most cases. Obstetric fistula has created problems for participants who are still married to their husbands because of the fear that the participants have regarding having sex.

4.3.3 The Psychological health Consequences of Obstetric Fistula Patients

All the effects caused by obstetric fistula are interconnected meaning discrimination from society or family causes psychological stress on the patients. Because of obstetric fistula the emotional state and change of behavior was expected on the participants. All of the participants said that obstetric fistula has taken a toll on their emotional state and changed their behavior. Some participants had been impacted severely with one participant attempting suicide while others thinking of suicide as a way out. The psychological effects are the most severe effects that affect the patient for a long time. The emotional problems identified by the participants range from severe stress up to attempted suicide. The most common problem witnessed on the participants is self-isolation and severe stress brought up on by obstetric fistula.

Self-Isolation

This is a problem that was reported by every participant with differing severity and effect. Participants isolated themselves from their families, friends and community members. Even those participants who have a good support system have difficult time accepting their new reality. A participant shares her experience regarding how obstetric fistula affected her emotional well-being she says:

I feel very sad especially when I see my friends with their kids moving and playing around. When I see that they are married and leading a normal life while I live isolated from others renting a single room alone. I feel very distressed..... I sometime talk to myself and I cry a lot. My heart was broken my mental health was very hurt. (5th participant)

Another participant explains how she isolated herself from her community and how much it has affected her she says:

My mind has been poisoned by fistula..... You get me. I don't even trust myself even when am fine I just can't trust myself. I have been separated from my friends and from all the people I know..... I have been separated from the people I love. I am now currently living in another area..... When I see my old friends who have good lives they are married and have children. I have avoided them [her friends] in order to protect myself from sadness. (6th participant)

The level of self-isolation from family member or the society differs from one participant to another depending on the level of discrimination they experienced. Like the fifth and sixth participant if the level of discrimination they suffered is high they will most likely isolate themselves from their surroundings as way to protect themselves from the psychological pressure. Those small numbers of participants with a better support system from either their families or their communities will not self-isolate completely from their families or communities. That's not to say that they don't isolate themselves they do isolate themselves but because they are supported by their families the frequency is much lower. The participants are isolating themselves as mentioned earlier in order to protect themselves from the psychological pressure that will be exerted by either their families or communities in most cases both.

Severe Stress

Stress is a reoccurring theme regarding the psychological problems experienced by the participants. Their physical health problems and the social problem they experience because of obstetric fistula created a severe stress on the participants. Even those small numbers of participants who have a support system in their homes experience severe stress because of their conditions. Let's see the experience of one participant regarding stress associated with obstetric fistula that she experienced. She says:

It was hard for me especially regarding men..... I didn't think I could ever meet another man [life partner] it was a hard feeling to deal with. Even after my treatment my social life has suffered I have become more secretive. I don't have any girlfriends I couldn't form a relationship with others without being honest with others. My relationship with others is superficial nothing deep..... I fear that if I tell them about my condition they will treat me as others have treated me. It's very hard!

She adds:

Even after my recovery when people say something smells I immediately think it's about me..... For example in a taxi if someone says it smells of urine I immediately think it's about me. It's very discomforting... (2nd participant)

Another participant shares her experience in the stressful nature of obstetric fistula. She says:

Well it's normal to be stressed you know. I get stressed because I don't work or I don't mix up with people How can I live like this I say to myself and cry! I get stressed but thanks god my mind is fine. (7th participant)

This participant has a relatively more supportive family and community despite that she shares how obstetric fistula and other things created stress for her she says:

I use to stress very much whether I will recover and become normal again. Even when I was coming here [Hamlin hospital] the area I was passing by..... before reaching Debrebirhan

was a site of armed conflict and I thought I was never going to come here. These things created stress for me other than that am recovering. (9th Participant)

Severe stress is something all the participants with differing scale experienced in terms of their physical health and other effects they experienced because of obstetric fistula. With the physical health effects like inability to control urine being the number one source of stress for all the participants. The differing aspects are regarding how family members and the wider community react to their condition meaning whether they are supportive or judgmental. Most participants have stated that they have not received the emotional support that is required to reduce their stress rather the opposite happened. This occurrence increased the level of stress that is experienced by the participants and creates additional emotional burden on them. Even those small number of participants with supportive families experienced severe stress primarily because of their physical health rather than the social factors.

Lack of Confidence

All participants said that their self confidence was severely affected by obstetric fistula since all of the participants were young when they were exposed to obstetric fistula. Their young age was the time for them to do a lot of things in their lives but since obstetric fistula they constantly doubt themselves and are in constant stress. This has impacted their social mobility as well as their dreams to achieve their personal goals. One participant states how obstetric fistula affected her self confidence and her attempt to achieve personal goals as follows:

Because of the constant urine leakage it was hard to work to make a living..... It can erode your confidence about living. When I think about suicide my religion doesn't allow it so I decided that gods will shall be implemented.....

She adds:

I wanted to serve god in my church but this fistula has prevented me from doing this. I also use to learn my education but that has also stopped working. Even if I wanted to do agricultural work I couldn't I don't have the strength. I wish to serve god in church that's my dream. (1st participant)

Another participant states how obstetric fistula affected her confidences as follows:

Despite my capacity to do there is always something that holds you back. For example because I couldn't learn it has coasted me many years of my life. You plan to do something but there is something that holds you back. (2nd participant)

The medical condition that all participants deal with has created self doubt and loss of self-esteem because of the effects of obstetric fistula. The self –confidence of the participant or their ability to believe in themselves has been affected by obstetric fistula because of the uncertainty they feel regarding their future. The participants say they can't face people because at any time without warning their urine might leak and cause them embarrassment among people. Even those who got treatment don't trust themselves and are in constant fear that their urine might leak suddenly.

As seen from above the level of psychological distress differs from one person to another. The psychiatric nurse in Hamlin fistula hospital explains some of the clinical symptoms obstetric fistula patients show regarding psychological health she says:

Some of the clinical symptoms they show is the believe that it's only them that is affected by this condition [obstetric fistula]. Because when they look from the area they came from its only them that is affected by this after that they start self-isolation. They say that god hates them and they start regretting when they got pregnant or their marriage. When their family's don't show them support they say that "people don't like me" and staff like that. They even wish for their death they would say "is this life". Some have attempted suicide and by some luck have survived. In short to generalize it they isolate themselves, they don't eat food, they cry, wishing for death and some even start planning for suicide. Even after coming here [Hamlin fistula hospital] some of them plan to commit suicide in case the treatment doesn't work {Psychiatric nurse in Hamlin fistula hospital}

The psychological problem experienced by participants is a direct result of the social and physical health impacts experienced by the participants. Social factors like how they are perceived by the society or family members in addition to the perception that the society hold regarding a certain medical condition also is important. The fact that all participants come from rural areas where awareness on obstetric fistula is very low and societal reaction to such medical conditions being

associated to some kind of curse or devilish spirit. The support system received by participants from their families and the community also determines how severe the psychological problems will be.

4.4 Discussion

Causes of Obstetric Fistula

The participant's life before obstetric fistula differs from person to person. With some participants having stable life's with either both parents and a single parent present to raise them. While others were raised by people who are not their parents including their siblings or step-mothers. As mentioned earlier all the participants were raised in rural areas where basic infrastructures are either very limited or nonexistent. Sudden life changing experiences like a death of a parent has deeply influenced some participants to change their life course. In short life events of participants especially traumatic life events and local rural tradition has played an important role in shaping their future life courses.

In addition the practice of underage marriage witnessed in rural areas was also prevalent in the areas in which the participants were raised. As mentioned in the previous chapter only one participant was married when she was above the age of eighteen. All other participants were married while they were minors or under the age of eighteen. Except one participant all the participants were married to conform to local traditional expectations.

All of the participants got pregnant immediately or within a year of being married. Except two participants all of the other participants gave birth at home with the assistance of traditional midwife. One participant was in labor for three days at home and during the fourth day went to a health center to give birth. While another participant was in labor at home for some seven days and was finally going to be taken to a health center when she gave birth in the car. To generalize all of the participants gave birth in circumstances that jeopardized their health and risked the health of the child. We can conclude here that home birth with assistance by unqualified midwife, delayed time of going to the health center and prolonged labor in a non-medical setting as important factors for the causation of obstetric fistula on the participants. This finding is similar to a research done

by WHO in which it stated” the causes of obstetric fistula are early marriage, harmful traditional practices, sexual abuse, lack of access to maternal health care, lack of skilled health care provider and inaccessibility of health care facilities, poverty are among the major causes of obstetric fistula (WHO, 2015)”.

The Effects of Obstetric Fistula

Physical health Effects of Obstetric Fistula

The physical health consequences on the participants range from only urine leakage to associated kidney problems. All the participants suffered from still births or they lost their child after giving birth before the start of obstetric fistula. According to a research done by Cowgill and others obstetric fistula remains a significant obstetrical problem in low-resource countries. It is strongly associated with stillbirth, as both are related to obstructed labor in the absence of emergency obstetrical care (Cowgill, Bishop, Norgaard, Rubens, & Gravett, 2015). The data obtained from participants vary from person to person; the one common thing all participants share is inability to control urine leakage. Physical consequence was the main theme shared across most studies, described as loss of body control and the challenges faced to keep cleanliness (Lilian TM, and, Thecla WK.). A qualitative study done by Bashah and his associates on eleven women with obstetric fistula in north western part of Ethiopia states about the physical challenges experienced by the patients. Women reported that they had general body pain, weakness and constant leak which formed sores due to friction and has limited them from doing routine chores (Bashah, Worku, Mezgebu, & Azale, 2019). One participant said that she can't control both her feces and urine because of obstetric fistula. Two participants said they have problems with their kidney while one patient said they have hypertension problems. Most of the participants said they experienced some kind of pain because of sores around their genital and thigh areas. A research done by Muleta also confirms this which states that Physical challenges include the emotional and medical problems of fistula which resulted from incontinence, such as genital sores, smells, wounds, pain, discomfort, exhaustion, and foot drop (Muleta, Hamlin, Fantahun, Kennedy, & Tafesse, 2008). In conclusion the physical health impact apart from inability to control urine differs from person to person depending on the gap created during the child's birth or the damage caused during birth and how soon the patient is treated for the problem.

The Effects of Obstetric Fistula on the Social Well-being

The data obtained from participants show that the participant's social life was impacted because of obstetric fistula. This impact differs from person to person with some experiencing severe discrimination from their families and community. While others experiencing discrimination only from the community while having a supportive family. The other scenario is having a supportive family and a supportive community for obstetric fistula patients. The most important factor that creates social problem for obstetric fistula patients is the inability to control urine and its associated smell. In Guinea Women who develop OF often suffer stigma, abandonment, loss of self-esteem, and varying degrees of social isolation. They are considered perpetually unclean as sometimes they are even excluded from food preparation, social events, and prayer ceremonies (Diallo, 2009). The smell factor is the main challenge faced by obstetric fistula patients which prevents them from mixing with other people. Even participants who have supportive families and community have stated their reservations in joining people in a social setting because of their inability to control their urine and its associated bad odor. A qualitative study done by yenenesh Tadesse on the experience of obstetric fistula survivors in Addis Ababa stated its findings on the social effects of obstetric fistula. To avoid the social rejection, stigma, and discrimination arising from being a woman with a fistula, the participants did not reintegrate into their family and local community (Gebresilase, 2014). In conclusion it can be stated that the smell associated with obstetric fistula as the main factor that serves as a barrier for a healthy social interaction.

Participant's personal lives were severely affected by obstetric fistula which resulted in divorce or separation from their husbands. Most participants reported that they were separated from their husbands because of obstetric fistula while a very small number of participants are currently married. These findings are similar to other researches done on this topic for example a qualitative study done by Bashah and his associates on eleven women with obstetric fistula in north western Ethiopia had similar results. It stated besides these difficulties many women suffered loss of dignity as a woman and adverse marital status change continued over time and seven of them were divorced and one separated since they recognized that they have this problem (Bashah, Worku, Mezgebu, & Azale, 2019). Another study done in Nigeria by Murphy also stated the number of women that were divorced from their husband because of obstetric fistula. The study reported that immediately after the fistula occurred, 14% of new patients were divorced by their husbands and

only 42% continued to live with their husbands and if the condition persisted, 28% of the women were divorced and only 11% were allowed to stay (Murphy, 1981). In this study participants reported that their ability to have sexual relationship with the opposite sex was severely affected by obstetric fistula. Because of this some participants have never had sexual relationship after they divorced their husbands while others have had sexual relationships after their divorce. Even those participants that are still married with their husbands reported that having sexual relationship was hard because of their condition. A study done on Consequences of obstetric fistula in sub-Saharan African countries, from patients' perspective which was a systematic review of qualitative studies done on obstetric fistula. The study said that Separation and divorce have been reported as a common occurrence mostly because of the associated stigmatization or because they fail to satisfy their husband's sexual needs and/or failure to bear children (Bashah, Worku, & Mengistu, 2018). Participants who had successful constructive surgery also reported that they are not comfortable in having sex out of fear that their fistula will return back,

The Psychological Consequences of Obstetric Fistula

The emotional and psychological toll obstetric fistula takes on patients is the most severe one according to the data obtained. The effects is different from person to person what is not different is some kind of psychological distress is experienced by all of them. Some of the psychological problems are self-isolation, suicidal thoughts, lack of self-confidence and severe stress. These effects are experienced in differing scale from person to person and also depend on the support the patient is getting from family or the society. Despite families or community support some kind of psychological distress happened according to the data obtained from this study. The support the patient receives from family or community and how soon the patients get treatment are the two important factors that contribute to how severe the psychological problems will be.

Self isolation is one of the psychological effects experienced by the participants because of their health conditions. The level of self isolation ranges from totally isolating themselves from their families and community's to decreasing their interaction with them. These factors were determined by the level of support they have received from their families and communities. Most participants stated that they did not get the required support from their families or their communities. While a small number of participants reported that they had the full support from their families, friends and local communities. While other participants reported partial support from some of family members

or friends. Previous study done regarding psychological effects of obstetric fistula reported that, women with obstetric fistula have significant lower social support; this deficit is a possible explanation for elevations in psychological symptoms (Wilson, 2015).

Severe stress is another common feature witnessed on the participants in regards to the psychological effects of obstetric fistula. Their physical condition coupled with the social effects like discrimination created stress on the participants. Studies in low-income countries, including Ethiopia, report that women with fistula have a significantly higher incidence of symptoms of depression, psychosocial dysfunction and anxiety (Wilson, 2015). The level of stress experienced by participants is different with some experiencing severe stress while others experiencing moderate level of stress. The stress level is conditioned on the level of support the participants have and on their physical health condition. The small number of Participants who had the support of their family's and local communities has smaller level of stress compared to those who don't have supportive families and communities. Previous studies suggests that women with a low level of social support have a high level of depression and anxiety symptom, and a significant proportion of women end up divorced or separated from their partners (Dennis, 2016).

Lack of self confidence is another psychological effect that is experienced by participants because of their health condition. This problem affected their ability to start new chapter in their lives even after having successful repair surgery. Their previous experiences with their family members or society make them very distrustful of people and fear that their previous experience will be repeated again. This lack of confidence and self-doubt has prevented the participants from fulfilling their personal dreams. A study done in Kenya by Weston and his associates stated that these feelings of psychological distress may affect individual performance of daily activities; worsen interpersonal relationships; and even lead to self-neglect and suicidal thoughts (Weston, Mutiso, Mwangi, Qureshi, & Beard, 2011).

CHAPTER-FIVE

5. SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

Causes of obstetric fistula

- The main cause of obstetric fistula among the participants was prolonged labor in a non-medical setting. Untrained midwifery also play a big role in the cause of obstetric fistula on the participants.
- Underage marriage played a lesser role in the occurrence of obstetric fistula compared to other causes mentioned above.

The physical Health Effects

- The main physical health consequences of obstetric fistula among participants were inability to control urine leakage, weakness, and sores around the thigh and genital areas.
- To a lesser extent kidney, hypertension, back pain and frequent headaches were reported as problems

Effects on Social well-being

- The social wellbeing of most participants was characterized by discrimination from family and society. As well as social isolation from social affairs and social gatherings like churches, weddings and funerals because of obstetric fistula.
- The main barrier for healthy social interaction for participants was the smell associated with the urine leakage associated with obstetric fistula.
- Divorce or separation from husbands has been reported by most participants because of obstetric fistula
- Sex life of small number of currently married or large number of divorced participants has been adversely affected because of obstetric fistula.

The psychological Effects

- The psychological effects experienced by the participants include severe stress, self-isolation and degradation of their self-confidence. Suicidal thoughts were also reported by participants because of the severe stress associated with obstetric fistula.
- The support received from family members or community members and how soon they get psychological help determines the severity of the psychological distress experienced by participants

5.2 Conclusion

According to this study obstetric fistula is a complex phenomenon that affects every aspect of patient's life without sparing any part. The causes of obstetric fistula among participants was primarily prolonged labor in a non-medical setting with other social factors like traditional midwives and underage marriage playing their own role. As heard from the patients themselves the condition affected every aspect of their live including their physical health, social aspect of their life and psychological health. The effects experienced by patients are not the same either physically, socially and psychologically. Despite similarities in some ways the effects experienced by obstetric fistula patients are conditioned to some factors. These factors include the damage incurred during birth, the level of support gained from family members and community and how soon they get treatment for obstetric fistula. So in short obstetric fistula is a complex condition and does not affect everyone in the same way and severity. Despite the attempt to see each effect separately all the effects experienced by obstetric fistula patients are interconnected to each other especially the social effects and the psychological effects.

5.3 Recommendations

Policy Recommendations ((specifically for ministry of health at federal and regional level)

- Increase media awareness especially in rural areas through medias, extension workers etc...
- Increase the capacity of regional health centers especially those found in a very rural areas ability to treat obstetric fistula.
- Upgrade training of midwife profession across Ethiopia with annual skill trainings.
- Allow for equal and affordable medicine distribution in regional rural areas especially those of mental health medicines and others.
- Stricter implementation of laws that prohibit under age marriage across the country especially rural parts of the country.
- Strict lawful crackdowns on so called traditional midwife or traditional healers who don't have medical scientific prove for the treatment they provide.

Policy Recommendations Non-governmental institutions (like Hamlin fistula Hospital)

- Increase media awareness and its scope through your own means like social media and through extension workers in cooperation with government institutions.
- Increase skilled man power such as doctors, nurses and other professions....
- Increase the bed capacity of the hospital both in Addis Ababa and regional states
- Add family members of obstetric fistula patients to counseling sessions frequently
- Increase the number of doctors especially doctors who perform diversion surgery both in the capital and regional states.

Social Work Practice Recommendations

For social work practice obstetric fistula patients create an opportunity for social workers to truly implement the practice of social work. Patients suffering from obstetric fistula require massive intervention beside the medical intervention that only addresses their physical health. Despite the suffering obstetric fistula a patient incurs in terms of their physical health the psychosocial effects are more devastating and long-term. To address this problem cooperation at institutional levels, professional levels and personal level is required. Social workers should be at the heart of this intervention because of the multi-disciplinary nature of the practice that allows it to relate to different professions. To give credit Hamlin Fistula Hospital in Addis Ababa have an inclusive treatment programs that address the physical health needs, the social needs and the psychological needs of obstetric fistula patients. Social workers can contribute to the intervention by counseling, patient identification work especially in rural communities, communication work, lobbying governmental institutions and awareness campaigns especially in the rural parts of Ethiopia.

Implications for Social Work Education

The implications of this study on social work education can be very beneficial for training upcoming social workers in the future. Because of the multiple interventions required to rehabilitate the social functioning of obstetric fistula patients this will become a good opportunity to teach the mechanism of successful intervention to students. Starting from patient identification work in rural areas up to the integration of obstetric fistula patients back to their local community after their treatments. The job requires absolute dedication to the social work principle of comprehensive intervention in order to empower obstetric fistula patients to change their lives for the better. This study area can teach social workers the value of non-judgmental approach towards clients, effective communication, inter-field relationships and inter-institutional relationships to conduct a successful intervention.

Implications for Future Social Work Research

This particular topic is a great research area to understand the cause and the multiple effects of obstetric fistula. Because of the multiple effects that this medical condition has on women who are affected it will be beneficial to understand how this effects contribute to the state of the patient. It will force us to see the effects medical condition in a broader sense and device a comprehensive intervention method to address multiple effects of obstetric fistula. The psychological effect is an area that requires further research in cooperation with other field of studies closely aligned with psychological studies.

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Annex 1: Data Collection Tools
In-depth Interview Guide
For Obstetric Fistula patients

1. Could you tell me about your upbringing including your about your family, education and other related staffs?
2. How were you exposed to obstetric fistula?
3. Can you describe the physical symptoms and challenges you have experienced as a result of obstetric fistula?
4. How do these physical symptoms impact your daily life and activities?
5. Have you faced any stigma or discrimination from your community or healthcare providers due to obstetric fistula? If so can you describe your experience?
6. How has obstetric fistula affected your emotional well-being and mental health?
7. Have you experienced any changes in your relationships with family members, friend or your partner as a result of obstetric fistula? If so how have these changes impacted you?
8. Can you discuss any challenges you have encountered in accessing medical care and treatment for obstetric fistula?
9. What support systems or coping mechanisms have you found helpful in dealing with the psychosocial effects of obstetric fistula?
10. How do you envision your future and your ability to lead a fulfilling life while living with obstetric fistula?
11. Have you received any counseling or mental health support to help you navigate the emotional challenges of obstetric fistula? If so how has it helped you?
12. How has obstetric fistula impacted your sense of self-worth and identity?
13. Can you describe any cultural or societal beliefs surrounding obstetric fistula in your community and how these beliefs have influenced your experience?
14. How do you navigate intimate relationships and sexual health concerns while living with obstetric fistula?
15. Have you experienced any difficulties in accessing education or pursuing personal goals because of obstetric fistula? If yes how have you addressed these challenges?

16. In your opinion what must be done to ensure other women do not suffer from obstetric fistula?

በጥልቀት የሚካሄድ የቃለመጠይቅ መመሪያ

ከወሊድ ጋር ተያያዝነት ያለው ፊስቱላ ታካሚዎች

1. እስቲ ስለ አስተዳደግሽ ስለ ቤተሰቦችሽ ፣ ስለ ትምህርት እና ስለ ተያያዙ ነገሮች ትነግሯች?
2. እንዴት ከወሊድ ጋር ተያያዝነት ያለው ፊስቱላ ልትጋለጩ ቻልሽ
3. በወሊድ ፊስቱላም ክንያት ያጋጠሙዎትን አካላዊ ምልክቶች እና ተግዳሮቶች መግለፅ ይችላሉ?
4. እነዚህ አካላዊ ምልክቶች በዕለት ተዕለት ሕይወትዎ እና በእንቅስቃሴዎ ላይ ምን ተጽዕኖ ያሳድራሉ?
5. በማህፀን ፊስቱላም ክንያት ከማህበረሰብዎ ወይም ከጤና አጠባበቅ አቅራቢዎች ዎች ምንም አይነት መገለል ወይም መድልዎ አጋጥሞዎታል? ከሆነ የእርስዎን ተሞክሮ መግለጽ ይችላሉ?
6. የወሊድ ፊስቱላ በስሜታዊ ደህንነትዎ እና በአእምሮ ጤናዎ ላይ ምን ተጽዕኖ አሳድሯል?
7. በማህፀን ፊስቱላም ክንያት ከቤተሰብ አባላት ፣ ከጓደኛዎ ወይም ከባልደረባዎ ጋር በሰዎች ግንኙነት ላይ ምንም አይነት ለውጥ አጋጥሞዎታል? ከሆነ እነዚህ ለውጦች በእርስዎ ላይ ምን ተጽዕኖ አሳድረዋል?
8. በማህፀን ፊስቱላ ህክምና እና ህክምና ለማግኘት ያጋጠሙዎትን ተግዳሮቶች መደብደብ ይችላሉ?
9. የማህፀን ፊስቱላ ስነልቦናዊ ተፅዕኖዎችን ለመቋቋም ምን አይነት የድጋፍ ስርዓቶች ወይም የመቋቋሚያ ዘዴዎች አጋኙህ ሆነው አግኝተዋቸዋል?
10. ከማህፀን ፊስቱላ ጋር በሚኖሩበት ጊዜ የወደፊት ሕይወትዎን እና የተሟላ ሕይወት የመምራት ችሎታዎን እንዴት ያስባሉ?
11. የማህፀን ፊስቱላ ስሜታዊ ፈተናዎችን ለመከታተል የሚረዳዎባቸው ክርክር ወይም የአእምሮ ጤና ድጋፍ አግኝተዋል? ከሆነ ስለ እንዴት ረዳህ?
12. የማህፀን ፊስቱላ በራስዎ መተማመን ስሜት እና ማንነት ላይ ምን ተጽዕኖ አሳድሯል?
13. በማህበረሰብዎ ውስጥ በማህፀን ፊስቱላ ዙሪያ ያሉ ማንኛውንም ባህላዊ ወይም ማህበረሰባዊ እምነቶች እና እነዚህ እምነቶች በእርስዎ ልምድ ላይ እንዴት ተጽዕኖ እንዳሳደሩ መግለጽ ይችላሉ?
14. ከማህፀን ፊስቱላ ጋር በሚኖሩበት ጊዜ የቅርብ ግንኙነቶችን እና የጾታ ጤና ጉዳዮችን እንዴት ማሰስ ይችላሉ?
15. በማህፀን ፊስቱላም ክንያት ትምህርት ለማግኘት ወይም የግል ግቦችን ለመከታተል ምን ግድቶች አጋጥመውዎታል? አዎ ከሆነ እነዚህን ፈተናዎች እንዴት ፈታሃቸው?

16. በእርስዎ አስተያየት ሌሎች ሴቶች በማህፀን ፌስቲቭ እንዳይሰቃዩም ንመደረግ አለበት?

In-depth Interview Guide

Psychiatric Nurse

1. Can you describe the psychological effect of obstetric fistula has on women who suffer from it?
2. How do these psychological effects affect the daily lives and activities of women with obstetric fistula?
3. What are some common psychosocial challenges faced by women living with obstetric fistula?
4. How do these psychosocial challenges manifest in their personal relationships and social interactions?
5. In your experience what are some of the emotional tolls obstetric fistula can take on affected women?
6. Can you discuss any stigmas or social ostracizing faced by women with obstetric fistula in their communities?
7. What support systems or interventions have you found to be effective in addressing the psychosocial effects of obstetric fistula?
8. How do cultural beliefs and practices impact the experiences of women with obstetric fistula?
9. What are the long-term implications psychologically for women who undergo successful repair surgeries for obstetric fistula?
10. From your perspective what additional resources or services are needed to better support women affected by obstetric fistula?
11. How do healthcare providers and facilities address the unique needs of women with obstetric fistula both in terms of medical treatment and psychosocial support?
13. Can you describe any disparities or challenges in accessing healthcare services especially psychiatric services for women with obstetric fistula particularly in rural or low resource setting areas?
14. How does community based organizations or grassroots initiatives support women affected by obstetric fistula and what gaps do they encounter during the support?
15. In your opinion what are the most urgent priorities for advocacy and policy change to improve outcomes for women affected by obstetric fistula?

**በጥልቀት የሚካሄድ የቃለመጠይቅ መመሪያ
ለ ሳይካትሪክ ነርስ**

1. የማህፀን ፊስቱላ በህመም በሚሰቃዩ ሴቶች ላይ የሚያደርሰውን ስነ ልቦናዊ ተፅእኖ መግለፅ ይችላሉ?
2. እነዚህ የስነ ልቦና ተፅእኖዎች በማህፀን ፊስቱላ የተጠቁ ሴቶችን የዕለት ተዕለት ኑሮ እና እንቅስቃሴ ላይ ምን ተጽዕኖ ያሳድራሉ?
3. በማህፀን ፊስቱላ የሚኖሩ ሴቶች የሚያጋጥሟቸው አንዳንድ የተለመዱ የስነ-ልቦና ማህበራዊ ተግዳሮቶች ምን ድንገቶች ናቸው?
4. እነዚህ የስነ-ልቦና-ማህበራዊ ተግዳሮቶች በግልግንኙነታቸው እና በማህበራዊ ግንኙነታቸው እንዴት ይገለጣሉ?
5. በእርስዎ ልምድ የወሊድ ፊስቱላ በተጠቁ ሴቶች ላይ የሚወስዳቸው አንዳንድ ስሜታዊ ጥያቄዎች ምን ድንገቶች ናቸው?
6. በማኅበረሰባቸው ውስጥ የማህፀን ፊስቱላ ለባቸው ሴቶች የሚያጋጥሟቸውን መገለሎች ወይም ማህበራዊ ማግለል መወያየት ይችላሉ?
7. የማህፀን ፊስቱላ ስነ ልቦናዊ ማህበራዊ ተፅእኖዎችን ለመቅረፍ ምን አይነት የድጋፍ ስርዓቶች ወይም ጣልቃገብነቶች ውጤታማ ሆነው አግኝተዋል?
8. ባህላዊ እምነቶች እና ልምዶች በማህፀን ፊስቱላ ለባቸውን ሴቶች ልምድ እንዴት ይጎዳሉ?
9. ለማህፀን ፊስቱላ ስኬታማ የጥገና ቀደጥና ለሚያደርጉ ሴቶች የረጅም ጊዜ ስነ ልቦናዊ ተፅእኖዎች ምን ድንገቶች ናቸው?
10. በእርስዎ እይታ በማህፀን ፊስቱላ የተጠቁ ሴቶችን በተሻለ ሁኔታ ለመደገፍ ምን ተጨማሪ ግብዓቶች ወይም አገልግሎቶች ያስፈልጋሉ?
11. የጤና እንክብካቤ አቅራቢዎች እና ፋሲሊቲዎች የማህፀን ፊስቱላ ለባቸውን ሴቶች በህክምና እና በስነ-ልቦናዊ ድጋፍ ረገድ ልዩ ፍላጎቶችን እንዴት ያሟላሉ?
12. የጤና አጠባበቅ አገልግሎቶችን በተለይም የማህፀን ፊስቱላ ላለባቸው ሴቶች የአዕምሮ ህክምና አገልግሎትን በተለይም በገጠር ወይም ዝቅተኛ ግብአት ማስፈጸሚያ አካባቢዎች ያሉ ልዩነቶችን ወይም ተግዳሮቶችን መግለጽ ይችላሉ?
13. ማህበረሰቡን መሰረት ያደረጉ ድርጅቶች ወይም መሰረታዊ ተነሳሽነቶች በማህፀን ፊስቱላ የተጠቁ ሴቶችን እንዴት ይደግፋሉ እና በድጋፊ ወቅት ምን ክፍተቶች ያጋጥሟቸዋል?
14. በእርስዎ አስተያየት በማህፀን ፊስቱላ የተጠቁ ሴቶችን ውጤት ለማሻሻል ለጥብቅና እና ለፖሊሲ ለውጥ በጣም አስቸኳይ ቅድሚያ የሚሰጣቸው ነገሮች የትኞቹ ናቸው?

In-depth Interview Guide

Head Nurse

1. Can you describe the physical health impact of obstetric fistula has on women who suffer from it?
2. How do these physical health effects affect the daily lives and activities of women with obstetric fistula?
3. What are some common medical challenges faced by women living with obstetric fistula?
4. How do these physical challenges manifest in their in their overall well-being?
5. In your experience what are some of the associated medical problems that obstetric fistula patients face?
6. Can you discuss any stigmas or social ostracizing faced by women with obstetric fistula in their communities?
7. What treatment methods are effective in addressing the physical health effects of obstetric fistula?
8. How do cultural beliefs and practices impact the experiences of women with obstetric fistula?
9. What are the long-term impactions physically for women who undergo successful repair surgeries for obstetric fistula?
10. From your perspective what additional resources or services are needed to better support women affected by obstetric fistula?
11. How do healthcare providers and facilities address the unique needs of women with obstetric in terms of their physical health?
13. Can you describe any disparities or challenges in accessing healthcare services for women with obstetric fistula particularly in rural or low resource setting areas?
14. How does community based organizations or grassroots initiatives support women affected by obstetric fistula and what gaps do they encounter during the support?
15. In your opinion what are the most urgent priorities for advocacy and policy change to improve outcomes for women affected by obstetric fistula?

**በጥልቀት የሚካሄድ የቃለመጠይቅ መመሪያ
ለ ዋና ነርስ**

1. በወሊድ የፊስቱ ላህመም በሚሰቃዩ ሴቶች ላይ የሚያደርሰውን አካላዊ ተጽእኖ መግለፅ ትችላለህ?
2. እነዚህ አካላዊ ተፅእኖዎች የወሊድ የፊስቱ ላይ ለባቸው ሴቶች የዕለት ተዕለት ኑሮ እና እንቅስቃሴ ላይ ምን ተጽዕኖ ያሳድራሉ?
3. በወሊድ የፊስቱ ላይ የሚኖሩ ሴቶች የሚያጋጥሟቸው አንዳንድ የተለመዱ የሕክምና ተግዳሮቶች ምን ይኖራቸዋል?
4. እነዚህ አካላዊ ተግዳሮቶች በአጠቃላይ ይህንን ታቸው ውስጥ እንዴት ይገለጣሉ?
5. በእርስዎ ልምድ የወሊድ የፊስቱ ላህመም ተፅዕኖ የሚያጋጥሟቸው አንዳንድ ተያያዥ የሕክምና ግጥሞች ምን ይኖራቸዋል?
6. በማህበረሰባቸው ውስጥ የማህፀን ፊስቱ ላይ ለባቸው ሴቶች የሚያጋጥሟቸውን መገለጫቸው ይመመራላቸዋል ማግለል መደባቸዎት ይችላሉ?
7. በማህፀን ፊስቱ ላይ የሚደርሰውን አካላዊ የጤና ግርላ መፍታት ምን ዓይነት የሕክምና ዘዴዎች ውጤታማና ቸቸው?
8. ባህላዊ እምነቶች እና ልምዶች በማህፀን ፊስቱ ላይ ለባቸው ሴቶች ልምድ እንዴት ይጎዳሉ?
9. ለማህፀን ፊስቱ ላህኬታማ የጥገና ቀድሞ ገና ለሚያደርጉ ሴቶች በአካል ጤንነታቸው የረዥም ጊዜ ተጽእኖዎች ምን ይኖራቸዋል?
10. በእርስዎ እይታ በማህፀን ፊስቱ ላይ የተጠቁ ሴቶችን በተሻለ ሁኔታ ለመደገፍ ምን ተጨማሪ ግብዓቶች ይመዘገባሉ?
11. የጤና እንክብካቤ አቅራቢዎች እና ፋሲሊቲዎች በወሊድ የፊስቱ ላውስጥ ሆሎ ሴቶችን ከአካላዊ ጤንነታቸው አንፃር ልዩ ፍላጎቶች እንዴት ይመለከታሉ?
12. የማህፀን ፊስቱ ላላ ለባቸው ሴቶች በተለይም በገጠር ወይም በዝቅተኛ የግብዓት አቅርቦት አካባቢዎች የጤና አጠባበቅ አገልግሎትን ለማግኘት ልዩነቶችን ወይም ተግዳሮቶችን መግለፅ ይችላሉ?
13. ማህበረሰቡን መሰረት ያደረጉ ድርጅቶች ወይም መሰረታዊ ተሳታፊዎች በማህፀን ፊስቱ ላይ የተጠቁ ሴቶችን እንዴት ይደግፋሉ እና በድጋፊ ወቅት ምን ዘዴዎችን ያጋጥሟቸዋል?

14.

በእርስዎ አስተያየት በማህፀን ፌስቲቫል የተጠቁሱ ቶችን ውጤት ለማሻሻል ለጥብቅ እና ለፖሊሲ ለውጥ በጣም አስቸኳይ ቅድሚያዎች ሆነው ነገሮች የትኞቹ ናቸው?

Annex-2: Participant information sheet

N0	Participant names	Age	Age when obstetric Fistula developed	Marital status	Religion	Place of origin	Education level or grade	Number of children
1	Participant 1	30	13	Married	Protestant	Near Arbaminch, Southern region of Ethiopia	Illiterate	1 child
2	Participant 2	27	14	Re-Married	Orthodox Christian	Wollo, Amhara region	4 th Grade	1 child
3	Participant 3	32	23	Married	Orthodox Christian	Sahla woreda, near Sekota, Amhara region	Illiterate	4 children
4	Participant 4	45	25	Divorced	Muslim	Wegede, Wollo, Amhara region	Illiterate	1 child
5	Participant 5	36	26	Divorced	Protestant	Meti zone, Gambella region	Illiterate	-No children
6	Participant 6	27	15	Divorced	Orthodox Christian	Bebeka, Southern region of Ethiopia	2 nd Grade	No children
7	Participant 7	45	15	Divorced	Muslim	Desse, Wollo	Illiterate	No children
8	Participant 8	26	13	Divorced	Orthodox Christian	Jimma Abajifar, Oromia region	Illiterate	No children
9	Participant 9	25	19	Married	Muslim	Jamha wollo, Amhara region	Illiterate	2 children
10	Participant 10	24	13	Divorced	Orthodox Christian	Motta, gojjam, Amhara region	2 nd Grade	No children

Annex-3 Information Sheet

Title-The causes and effects of obstetric fistula on patients in Hamlin fistula hospital

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Take time to decide whether or not to take part.

WHO I AM AND WHAT THIS STUDY IS ABOUT

I am a social work master's degree program student in my final year doing my senior essay as part of my requirement in finishing my academic study. The aim of this research study is to investigate the health and psychosocial effects of obstetric fistula patients. It is to understand what they go through and what their experience is in dealing with this situation. It is to understand deeply how obstetric fistula affects their life from them.

WHAT WILL TAKING PART INVOLVE?

Being involved in this research study will involve participants sharing their experience in dealing with obstetric fistula and how it has affected their life. Those who are willing to participate will be asked a series of questions by the researcher in order to understand their experience with obstetric fistula. The interview session will be held in a location and time that is comfortable for the participants. There is a plan to use audio recorder in order to accurately record what the participants are saying. The audio recorder will only be used after getting consent from the participants.

WHY HAVE YOU BEEN INVITED TO TAKE PART

You were selected to participate in this research study because the researcher believed that you can give important insight into the experience of living with obstetric fistula and also explain the multifaceted effects of this condition.

DO YOU HAVE TO TAKE PART?

Participation in this research study is completely voluntary and is in no way mandatory. Even after accepting to participate in this research you have the right to withdraw at any time or refuse to answer a question that you are not comfortable with. Withdrawing from this research at any time will not have any consequences to you or to anybody.

WHAT ARE THE POSSIBLE RISKS AND BENEFITS OF TAKING PART?

The risk to participants when getting involved in this research study could be psychological distress as a result discussing some things that are painful to remember for the participant. When this kind of things happens the participant has the right to request a break or withdraw from the interview. The benefits of being involved in this research will be increase awareness of society members regarding obstetric fistula. As well as your involvement in sharing your experience with obstetric fistula will also educate women to protect themselves from obstetric fistula.

WILL TAKING PART BE CONFIDENTIAL?

Keeping Confidentiality of the information given by the participants of this study will be a top priority. Confidentiality will be kept by insuring the anonymity of the participant and any other person they talk about during the interview. The names of the participants will be changed when the research study is written as well as the recorded audio will be kept in a safe place and will eventually be deleted after a certain amount of time. The only way confidentiality will be broken is if the researcher believes the safety of the participant and other people is at risk.

HOW WILL INFORMATION YOU PROVIDE BE RECORDED, STORED AND PROTECTED?

The information you provide will either be voice recorded or recorded through writing. The choice of how to record the information the participant gives will be the participant's decision. If it is audio recorded it will be recorded by using a password locked cell phone. If it is recorded through writing it will be stored in a safe locker where only the researcher has access to.

WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY?

After the conclusion of the research the results of the research will be submitted for dissertation as part of fluffing academic requirement in masters program.

WHO SHOULD YOU CONTACT FOR FURTHER INFORMATION?

- **NAME-** Natnael Solomon
- **Cell phone-** +251921946088
- **Email-** natisolomon824@gmail.com
- **Affiliation-** Saint Mary University

- For Any ethical complaint and your right
Hamlin Fistula Ethiopia/HFE

Scientific and ethical Review Office/SERO

HFE-IRERC [Tel:+251](tel:+251118685503) 118685503/15

የፅሁፍ መረጃ

አርዕስት በአዲስ አበባ ሀምሊን ሆስፒታል

የማህፀን ፊትቴላ ህመምተኞች የጤና ፣ የማህበራዊና ስነልቦናዊ ምርመራ

የዚህ ጥናታዊ ፅሁፍ አካል እንዲሆኑ ልጋብዘት እወዳለሁ። ከመወሰንዎት በፊት ለምን ይህን ጥናታዊ ፅሁፍ እንዴት እንደሚካሄድና ለእርስዎ ምን እንደሚጠቅም መረዳት አለብኝ። ያልተረዱት ነገር ካለ መጠየቅ ይቻላል። ለመሳተፍ ወይም ላለመሳተፍ በቂ ሰዓት ወስደው ይወስኑ።

ፅሁፍን የሚያዘጋጀው ማንነት እና ስለ ጥናታዊ ፅሁፉ ምንነት

እኔ የመጨረሻ ዓመት የሶሻል ወርክ የማስተር ዲግሪ ተማሪ ስሆን ይህን ጥናታዊ ፅሁፍ የምሰራው የማስተር ዲግሪ ትምህርት መስፈርት ለማሟላት ነው። የዚህ ጥናታዊ ፅሁፍ ዓላማ ከወሊድ ጋር ተያይዞ የሚመጣን ፊትቴላ ሴቶች ላይ የሚያስከትለውን አካላዊ ፣ ማህበራዊና ስነ ልቦናዊ ተፅዕኖዎች በጥልቀት ለማወቅና ለመረዳት ነው።

መሳተፍ ምንን ይጨምራል ?

እዚህ ጥናታዊ ፅሁፍ ላይ መሳተፍ ከወሊድ ጋር ተያይዞ የሆነውን ፊትቴላ ያለባቸውን ሴቶች ተሞክሮዎቻቸውን ያካፍላል። እንዴት ፊትቴላ ህይወታቸው ላይ ተፅዕኖ እንዳደረገ እና እንዴት አብረው እንደሚኖሩ እንዲያስረዱ ነው። የጥናታዊ ፅሁፍን የሚያካሂድው ሰው ተሳታፊዎቹን ቃለ ምልልስ ያረጋል። ቃለ ምልልስ የሚድረገው ተሳታፊዎቹ በመረጡት ቦታ እና ሰዓት ይሆናል። በቃለ ምልልስ ጊዜ የድምፅ መቅጃ የመጠቀም እቅድ አለኝ። ይህን የድምፅ መቅጃ ጥናቱን የሚያጠናው የሚጠቀመው ከተሳታፊዎቹ ፍቃደኝነት ሲያገኝ ብቻ ነው።

ለምን እዚህ ጥናት ላይ ተጋበዙ ?

እዚህ ጥናት ላይ የተጋበዙት ከወሊድ ጋር የሚመጣን ፊትቴላ ጋር በተያያዘ ያሉዎት ተሞክሮና ያጋጠሞዎትን ችግር እንዲያካፍሉት ነው። ከወሊድ ጋር ተያይዞ የሚመጣን ፊትቴላ ጋር ያሉዎትን ተሞክሮ ለዚህ ጥናታዊ ፅሁፍ በጣም አስፈላጊ ስለሆነ ነው።

መሳተፍ አለብኝ ወይ ?

እዚህ ጥናታዊ ፅሁፍ ላይ የሚሳተፍበት በበጎ ፈቃድ እንጂ ማንም እርስዎን የሚያስገድዶት የለም። ለመሳተፍ ከተስማሙ በኋላም በየትኛውም ሰዓት አቋርጠው መውጣት ይችላሉ። በቃለ ምልልስ ወቅትም መቻሉ ያልስጡት ጥያቄ ካለ ያለመመለስ ሙሉ መብት አለዎት።

ለመሳተፉ አደጋዎች እና ጥቅሞቹ ምንድን ናቸው ?

እዚህ ጥናት ላይ በሚሳተፍበት ወቅት አንዳንድ ጥያቄዎች ምሽት ላይሰጡት ወይም ስነልቦናዊ ጫና ሊያሳድርበት ይችላል። ማስታወስ የማይፈልጉትን ነገር አስታውሰው ደስ የማይል ስሜት ሊሰማዎት ይችላል። ይህ አይነት ነገር በሚያጋጥምዎት ወቅት ዕረፍት መውሰድ ወይም ጥያቄዎን አልመልስም የማለት ሙሉ መብት አለዎት። በተቃራኒ ይህ ጥናታዊ ፅሁፍ ብዙ ጠቀሜታዎች አሉት። ከነዚህም ውስጥ ስለ ወሊድ ጋር ተያይዞ ስለሆነው ፊትቴላ ተጠቂ ለሆኑ ሴቶች መፍትሄ ለማምጣት፣ ማህበረሰቡን ለማስተማርና ፊትቴላ ተገቢው ትኩረት እንዲያገኝ ለማድረግ ይረዳል።

እዚህ ጥናታዊ ፅሁፍ ላይ መሳተፉ ሚስጥሩ ይጠበቃል :-

የተሳታፊዎች መረጃ በጥብቅ ሚስጥር መያዝ ትልቅ ቦታ የሚሰጠው ተግባር ነው። የመረጃ ሚስጥር የሚጠበቀው የተሳታፊውን ማንነት ከስማቸው ጀምሮ በመቀየር በቃለምልልሱ ወቅት የሚጠቀሱ ሰዎችም ስማቸው ለይህንነታቸው ሲባል ይለወጣል። የድምፅ ቅጂ ከተቀዳ በኋላ በአስተማማኝ ቦታ ማንም ሊያገኘው የማይችለው ቦታ ይቀመጣል። የተሳታፊዎች ሚስጥር ለሶስተኛ ወገን የሚተላለፍ የተሳታፊው ወይም የሌላ ሰው ህይወት አደጋ ላይ ከሆነ ብቻ ነው።

የሚያቀርቡት መረጃ እንዴት እንደሚመዘገብ፣ እንደሚከማች እና እንደሚጠበቅ

ተሳታፊዎች የሚሰጡት መረጃ በድምፅ ቅጂ ይያዛል ወይም በፅሁፍ ይመዘገባል። እንዴት ተሳታፊዎች የሰጡት መረጃ እንደሚመዘገብ የሚወሰኑት የጥናቱ ተሳታፊዎች ይሆናሉ። በድምፅ ቅጂ ከሆነ የሚቀዳው የሚቀዳበት ስልክ በሚስጥር ቁጥር የተቆለፈ ጥናቱን የሚያጠናው ብቻ የሚከፍተው ይሆናል። በፅሁፍ የሚፃፍ ከሆነ ጥናቱን የሚያጠናው ብቻ ሊከፍተው በሚችለው አስተማማኝ ቦታ ይቀመጣል።

የጥናቱ ውጤት ምን ይሆናል ?

ጥናታዊው ፅሁፍ ከተጠናቀቀ በኋላ የተገኘው ውጤት ለማስተረስ ዲግሪ መመሪያ ፅሁፍ አገልግሎት ይውላል።

• ለተጨማሪ መረጃ ማንን ማግኘት አለቦት ?

ስም :- ናትናኤል ሰለሞን እንግዳ

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ኢሜል:- natisolomon824@gmail.com

ተቋም :- ቅድስት ማሪያም ዩኒቨርሲቲ

• □□□□□ የስነምግባር ቅሬታ እና መብት

ሀምሊን ፊስቱላ ኢትዮጵያ / HFE

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HFE-IRERC - ስልክ ቁጥር:- +251-118685503/15

Annex 4: Consent Form

CONSENT FORM

TITLE OF STUDY

The causes and effects of obstetric fistula on patients in Hamlin fistula hospital

PRINCIPAL INVESTIGATOR

Name- Natnael Solomon

Department- Social Work (Saint Mary University)

Phone -+251921946088

Email- natisolomon824@gmail.com

Purpose of the Study

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to investigate the physical health, social and psychological effects of obstetric fistula in Hamlin hospital. The aim is to understand what women suffering from obstetric fistula go through and how they deal with the associated effects of obstetric fistula.

STUDY PROCEDURES

when a potential participant in this study agrees to take part in this study they will be informed about what the researcher is trying to study and what is needed from them. After being briefed about the study if they agree to take part in the research study they will sign a consent form that states that they are sharing their information willingly without any pressure. The researcher will proceed to conduct one to one interview with the participant. The researcher will ask a series of questions to the participant regarding obstetric fistula and its effect. Before the interview starts the researcher will ask the participant if audio recorder can be used to record the interview session. If the participant is willing the audio recorder will be used if not we will proceed to record the interview session through writing. The interview session might last from forty five minutes up to one hour depending on the circumstances.

RISKS

The anticipated risks that might arise for the participants include psychological distress as a result of recalling something that is a painful past memory. Some questions that are asked by the researcher might create a discomfort in the participant. When these kinds of things happen the participant has the right to take a break from the interview or completely withdraw. The

participant has also the right to refuse to answer any question that makes them uncomfortable.

BENEFITS

the benefit of this research will be to women who are suffering from obstetric fistula and also to protect other women from being afflicted by this dangerous condition. The results that are going to be obtained from this research will help craft a comprehensive intervention treatment for obstetric fistula patients in the future. It will also help in educating the wider society about obstetric fistula and its effects on women. There won't be any direct benefit to the participants of this research in terms of treatment or any other thing. But the information obtained from the participants will help women in dealing with obstetric fistula in the future.

CONFIDENTIALITY

Keeping Confidentiality of the information given by the participants of this study will be a top priority. Confidentiality will be kept by insuring the anonymity of the participant and any other person they talk about during the interview. The names of the participants will be changed when the research study is written as well as the recorded audio will be kept in a safe place and will eventually be deleted after a certain amount of time.

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

በመረጃየተደገፈስምምነት

የጥናትርዕስ:- በአዲስአበባሀምሊንሆስፒታልየማህፀንፊስቱላ

ታማሚዎችጤና፣የማህበራዊናስነልቦናዊምርመራ

ዋና መርማሪ

ስም :- ናትናኤል ሰለሞን / Natnael Solomon/

ዲፓርትመንት :- ሶሽል ወርክ / ቅድስት ማርያም ዩኒቨርሲቲ

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የጥናቱ ዓላማ

በምርመራጥናቱላይእንዲሳተፎእየተጠየቁነው።በዚህጥናትውስጥለመሳተፍከመወሰንምበፊትጥናቱስለምንእንደሆነናእናምንእንደሚያጠቃልልመረዳትእስፈላጊነው።እባክዎሚከተለውንመረጃበጥንቃቄያንብቡ።ግልፅያልሆነገርካለወይምተጨማሪመረጃከፈለጉተመራማሪዎንይጠይቁ።

የዚህጥናትዓላማበሀምሊንሆስፒታልውስጥየውሊድፊስቱላን

አካላዊእናስነልቦናዊተፅዕኖዎችንመመርመርነው።ዓላማውበማህፀንፊስቱላየሚስቃዩሴቶችንምንእንድሚገጥማቸውናከማህፀንፊስቱላጋርተያያዥነትያላቸውንችግሮችእንዴትእንደሚቋቋሙለመረዳትነው።

የጥናቱ ሂደቶች

በዚህጥናትውስጥሊሳተፉየሚችሉሰውበዚህጥናትውስጥለመሳተፍሲስማማተመራማሪውለማጥናትእየሞከረስላልውገገር እነሰከነሱምንእንደሚያስፈልግይነገራቸዋል።ስለጥናቱገለፃከተደረገላቸውበኋላበምርመራጥናቱለመሳተፍከተስማሙያለምንምጫናመረጃቸውንበፊቃደኝነትእንደሚያካፍሉየሚገልፅየስምምነትፎርምይፈርማሉ።ተመራማሪውለጥናቱመረጃለማግኝትከተሳታፊውጋርአንድላአንድቃልምልልስያደርጋል።ተመራማሪውየማህፀንፊስቱላንእናውጤቱንበተመለከተውተከታታይጥያቄዎችንለተሳታፊውይጠይቃል።ቃለመጠይቁከመጀመሩበፊትተመራማሪውየቃልመጠይቁንክፍላጊዜለመቅዳትየድምፅመቅጃመጠቀምይቻልእንደሆነተሳታፊዎንይጠይቃል።ተሳታፊውፍቃደኝከሆነየድምፅመቅጃውንጥቅምላይወላልካልሆነግንየቃልመጠይቁንክፍላጊዜበፀሁፍመመዝገብይጀምራል።የቃለመጠይቁክፍላጊዜእንደሆኑታውከአርባአምስትደቂቃ እስከእንድሰዓትሊቆይይችላል።

አደጋዎች

ለተሳታፊዎችሊነሱየሚችሉአደጋዎችየስነልቦናጫናሊሆንይችላል።ይህምሊሆንየሚችለውአንዳንድየሚጠየቁጥያቄዎችየማይፈለግወይምየተረሳትውስታንሊቀስቅስይችላል።እንደነዚህአይነትነገሮችሲከሰቱተሳታፊውከቃለመጠየቁዕረፍትመውሰድወይምሙሉበሙሉአቋርጦመውጣትይችላል።በተጨማሪተሳታፊውምችትየማይሰጠውንጥያቄአልመልስምየማለትሙሉመብትአለው።

ጥቅሞች

የዚህ ጥናት ጥቅም በማህበረሰቡ ለሚከሰቱ ችግሮች እና እንዲሁም ሌሎች ስሜቶች በዚህ አደገኛ ሁኔታ አንዳይሰቃይም ለመከላከል ነው። ከዚህ የመርምር ጥናት የተገኘው ውጤት ለወደፊት የማህበረሰቡ ለህመም ማንሁሉን አቀፍ ህክምና ለማድረግ ይረዳል። በተጨማሪም ስለወሊድ ፊት ለፍታ ስሜቶች ላይ ስለሚያመጣው ተፅዕኖ ሰፊውን ህብረተሰብ ለማስተማር ይረዳል። በህክምና ሆስፒታሊነት ላይ የዚህ ጥናት ተሳታፊዎች ምንም ዓይነት ቀጥተኛ ጥቅም አያገኙም። ነገር ግን ከተሳተፉት ስሜቶች የተገኘው መረጃ ወደፊት የማህበረሰቡ ህክምና ለመረዳት ይጠቅማል።

ሚስጥራዊነት

የዚህ ጥናት ተሳታፊዎች የሚሰጡትን መረጃ ሚስጥራዊነት መጠበቅ ድሞ የሚሰጠው ጉዳይ ይሆናል። በቃለመጠይቁ ውስጥ ለተሳታፊው እና ስለሚገኘው ሌላ ሰው ማንነታቸው እንዳይታወቅ በማድረግ ሚስጥራዊነቱን መጠበቅ ይቻላል። የጥናቱ ፅሁፍ በሚፃፍበት ጊዜ የተሳታፊዎችን ስም የቀይራል እንዲሁም የተቀዳው ድምፅ በአስተማማኝነታቸው ቀመጣል እና በመጨረሻ ከተወሰነ ጊዜ በኋላ ይሰረዛል። ተመራማሪው የተሳታፊዎችን መረጃ ሚስጥራዊነት ይጠበቃል። ነገር ግን የተሳታፊው ህይወት አደጋ ላይ እንደሆነ ከተሰማው መረጃውን ለሶስተኛው አሳልፎ ሊሰጥ ይችላል።

የመገኛ አድራሻ

ስለዚህ ጥናት በማንኛውም ጊዜ ጥያቄዎች ካሉዎት ይም በዚህ ጥናት ውስጥ በመሳተፉ ምክንያት የጎንዮሽ ጉዳዮች ካጋጠሙዎት የመገኛ መረጃው በመጀመሪያ ገፅ ላይ የቀረበውን ተመራማሪ ማናገር ይችላሉ።

የፊቃደኝነት ተሳትፎ

በዚህ ጥናት ውስጥ ያለዎት ተሳትፎ በፊቃደኝነት የተመሰረተ ነው። በዚህ ጥናት ውስጥ ለመሳተፍ ይም ላለመሳተፍ መወሰን የእርስዎ ውሳኔ ነው። በዚህ ጥናት ለመሳተፍ ከወሰኑ የስምምነት ፎርም እንዲፈርሙ ይጠየቃሉ። የስምምነቱ ቅጽ ከፈረሙ በኋላ በማንኛውም ጊዜ እና ምክንያት ሳይሰጡ የመውጣት መብት አለዎት። ከዚህ ጥናት መውጣት ከተመራማሪዎ ጋር ያልዎትን ግንኙነት አይጉዳውም። መረጃው ሰብስብ ከመጠናቀቁ በፊት ከጥናቱ ከወጡ የእርስዎ መረጃ ይመለስ ለሎታል ወይም ከመረጃው ቋት ይሰረዛል።

ስምምነት

አንብቤ የቀረበውን መረጃ ተረብሮ እና ጥያቄዎችን ለመጠየቅ እድሉን አግኝቻለሁ !!
የእኔ ተሳትፎ በፊቃደኝነት እንደሆነ ተረብሮ እና ምንም ጊዜም ክንያት ሳልገልፅ እና ያለምንም ውጪ ለመልቀቅ ነፃ መሆኔን ተረብሮ እናለሁ። የዚህ የስምምነት ቅጽ ጂኔራል ስምን ተረብሮ እናለሁ። በዚህ ጥናት ለመሳተፍ በፊቃደኝነት ተስማምቻለሁ።

የተሳታፊው ስም _____

ፊርማ _____

ቀን _____

የመርማሪ:-

ስም _____ ፊርማ _____

ቀን _____