

AWARENESS REGARDING VESICOVAGINAL FISTULA AMONG WOMEN RESIDING IN A MUNICIPALITY OF KAPILVASTU

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ABSTRACT

INTRODUCTION

Vesicovaginal fistula (VVF) is one of the most distressing maternal morbidities. It is a physically and socially disabling obstetric complication that affects many women annually. It has a devastating social, economic and psychological effect on the health and well-being of the affected women. The aim of the study was to find out awareness regarding vesicovaginal fistula among women.

MATERIAL AND METHODS

Descriptive study design was used for the study to find out awareness regarding vesicovaginal fistula. Hundred women were selected as the study sample by non purposive and snow ball sampling technique. Pretested semi structured interview schedule was used for data collection and analyzed by using descriptive and inferential statistics.

RESULTS

The findings of the study revealed that 81% and 100% of women knew that delivery by non skilled and wetting under garments is risk factor and symptom of VVF. 82% and 73% of women knew that VVF is preventable and curable respectively. 58% of women had knowledge that women can become pregnant in case of VVF and 47 % knew that VVF can be reoccurred. Out of 73 women, 23% knew that surgery as the treatment of VVF. Forty nine percentage of women had answered regarding family and social misbehave and depression (5%) being social consequences of VVF. Seventy percentage of women answered that cervicitis is complication of VVF.

CONCLUSION

Based on the findings of the study half of the women had low knowledge regarding VVF. So, it is recommended to organize continue awareness program to the women regarding VVF.

KEYWORDS Awareness, vesicovaginal fistula, community

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INTRODUCTION

Vesicovaginal fistula (VVF) is a subtype of female urogenital fistula (UGF). VVF is an abnormal fistulous tract extending between the bladder and the vagina that allows the continuous involuntary discharge of urine into the vaginal vault.¹ Global burden of study suggested that obstructed labour affects at least 7 million women every year, 6.5 million of whom live in the least-developed regions of the world. Only 2% of obstructed labour in the developing world result in a subsequent fistula, 130000 new cases would be added each year.¹ VVF is usually caused by child birth called as an obstetric fistula, when a prolonged labor presses the unborn child tightly against the pelvis, cutting off blood flow to the vesicovaginal wall. The affected tissue may necrotize leaving a hole. If obstructed labour is not treated by caesarean section, it can result in death of baby and the mother or fistula for mother who survives. VVF can also result from violent rape; this injury has become common in some war zones, where rape is used as a weapon against civilian populations resulting to VVF.²

VVF following hysterectomy is most likely to arise from an unrecognized bladder injury at the time of surgery which results in the formation of an urinoma. A second possible mechanism is pressure necrosis from incorrectly placed sutures between the vaginal cuff and posterior bladder. Hematoma and infection are often complicating factors.³ Women with fistula mention offensive order as a source of shame, stigma and isolation. The majority of women who sustain an obstetric fistula are abandoned by their husband and many shunned by their families. All these could lead to low self esteem which impact on receptiveness to preventive measures.⁴ Unfortunately, some women get recurrence of VVF, either from poor healing or during subsequent pregnancies. The chances of success of VVF repair during second or third attempts are very low.⁵

MATERIAL AND METHODS

Descriptive study design was used to find out awareness regarding VVF among women. The study was conducted in Buddhabhumi municipality ward no. 24, Kapilvastu. Hundred women were selected as sample by non probability purposive and snow ball sampling technique. Interview method was used for data collection with use of pretested semi structured questionnaire developed by researchers by reviewing the related literatures consulting with the subject experts. There were 20 questions regarding VVF. Data collection was done in April to September, 2017. Administrative and ethical approval was obtained from concerned authorities prior to data collection.

The researchers contacted each respondent (married woman aged 20-49 years having at least one child) and obtained written informed consent for the study and interviewed. Researchers interviewed five to six respondents per day and only one woman was included in the study from one household. Descriptive and inferential statistical method was used with SPSS Version 16.

RESULTS

Regarding socio-demographic variables, mean age of the respondents was 37.75 years. About sixty percent respondents were Brahmin/Chhetri and 63% of respondents were homemaker. Ninety-nine percentage of the respondents were literate and 100% had no positive family history of VVF. Among 137 respondents, 100 (72.99 %) of respondents had heard about VVF.

Respondents' awareness regarding risk factors of VVF, 81% of respondents answered delivery by non skilled and 16 % answered hysterectomy. Mean percentage score of awareness regarding risk factors of VVF is 55.

Table 1. Respondents' awareness regarding risk factors of VVF n=100

Risk Factors of VVF	Correct response	
	Frequency	Percentage
Prolonged obstructed labour	68	68.0
Delivery by non skilled worker	81	81.0
Home delivery	40	40.0
Hysterectomy	16	16.0
Sexual violence	70	70.0

Mean percentage score= 55.0

As regards symptoms of VVF, 100% of respondents answered wetting of under garments and of 50% of respondents answered vulval pruritus. Mean percentage score of symptoms of VVF is 84.6.

Table 2. Respondents' awareness regarding symptoms of VVF n=100

Symptoms of VVF	Correct response	
	Frequency	Percentage
Urinary incontinence	97	97.0
No urge to pass urine	83	83.0
Vulval pruritus	50	50.0
Foul smelling	93	93.0
Wetting of under garments	100	100.0

Mean percentage score= 84.6

Regarding general concepts of VVF, 82% of the respondents answered VVF is preventable, curable (73%), not hereditary

(70%) and not communicable (60%). Fifty eight percent of respondents answered that it is possible to have pregnancy with VVF and 47 % answered it reoccurs.

Table 3. Respondents' awareness regarding VVF n=100

Facts about VVF	Correct Response	
	Frequency	Percentage
VVF is not communicable	60	60.0
VVF is not hereditary	70	70.0
VVF is preventable	82	82.0
VVF is curable	73	73.0
VVF is reoccur	47	47.0
Women with VVF can become pregnant	58	58.0

Mean percentage score= 65

Out of 82 respondents who answered VVF is preventable, 50%, 64.63% and 87.80% of respondents answered delaying marriage, delivery by skilled birth attendance and regular antenatal checkup respectively are preventive measures of VVF.

Table 4. Respondents' awareness regarding prevention of VVF n=82

Prevention of WF	Correct Response	
	Frequency	Percentage
Delaying marriage	41	50.0
Regular antenatal check up	53	64.63
Delivery by skilled birth attendance	72	87.80

Mean percentage score= 67.47

Regarding social consequence of VVF, 49% of respondents answered family and social misbehave (hates) are consequences of VVF and 5% of respondents answered depression.

Table 5. Respondents' awareness regarding social consequences of VVF n=100

Consequences of VVF	Frequency	Percentage
Social isolation	10	10.0
Depression	5	5.0
Physical violence	7	7.0
Second marriage	16	16.0
Kick out from home	13	13.0
Family and social misbehave	49	49.0

Mean percentage score= 16.66

As regards complication of VVF, 70% of respondents answered cervicitis and 38% of respondents answered recurrent fistula formation is a complication of VVF.

Table 6. Respondents' awareness regarding complications of VVF n=100

Complications of VVF**	Frequency	Percentage
Recurrent fistula formation*	38	38.0
Cervicitis	70	70.0
Irritative lower urinary tract*	50	50.0
Reduced bladder capacity*	58	58.0
Salpingitis	-	-

**Multiple responses

*Correct response

*Mean percentage score=48.66

Regarding overall awareness regarding VVF, 50% of respondents had high awareness of VVF. Total score was 19 and mean score was 12.29.

Table 7. Respondents' overall awareness regarding VVF n=100

Awareness level	Frequency	Percentage
High	50	50.0
Average	-	-
Low	50	50.0

Mean score= 12.29

DISCUSSION

The study was conducted to find out the awareness regarding vesico vaginal fistula among women residing in a municipality of Kapilvastu.

The findings of the study showed that out of 137 respondents, 72.99 % of respondents had heard about VVF which is not consistent with the study⁶ conducted in Burkina Faso which shows that 36.4% of respondents had heard about VVF.

The findings of the study showed that 68% of respondents knew prolonged obstructed labour is risk factor of VVF which is not consistent with the study⁷ conducted in Sub-Saharan Africa which shows that 36.3% of respondents knew that prolonged obstructed labour is risk factor of VVF.

The findings of the study showed that 82% of respondents knew that delivery by non skilled worker increases the risk factor of VVF which is not consistent with the study⁸ conducted in Afghanistan which shows that 23.2% of respondents were aware that delivery by non skilled worker is risk factor of VVF.

The findings of the study showed that 40% of respondents knew that home delivery is the risk factor of VVF which is consistent with the study⁶ which shows that 38% of respondents knew that home delivery is risk factor of VVF.

The findings of the study showed that, 16% of respondents knew that hysterectomy is risk factor of VVF which is not consistent with the study⁷ which shows that 71.1% of respondents were aware that hysterectomy is the risk factor of VVF.

The findings of the study showed that 70% of respondents had knowledge that sexual violence is risk factor of VVF which is not consistent with the study⁷ which shows that 23% of respondents had knowledge that sexual violence is risk factor of VVF.

The findings of the study showed that 97% of respondents knew that urinary incontinence is symptom of VVF which is not consistent with the study⁶ which shows that 90% of respondents knew that urinary incontinence is symptom of VVF.

The findings of the study showed that 100% of respondents had knowledge that wetting of under garments is a symptom of VVF which is not consistent with the study⁷ which shows that 72% of respondents knew that wetting of under garments is a symptom of VVF.

The findings of the study showed that 50% of respondents stated that vulval pruritus is a symptom of VVF which is not consistent with the study⁶ conducted in Burkina Faso which showed that 72% of respondents said that vulval pruritus is symptom of VVF.

The findings of the study showed that 83% and 93% of respondents knew that no urge to pass urine and foul smelling is a symptom of VVF respectively.

The findings of the study showed that 73% of respondents said that VVF is curable among them 23% knew operation is the treatment of VVF. Forty seven percent of respondents knew that VVF reoccurs, not communicable (60%) and not hereditary (70%)

The findings of the study showed that 82% of women had knowledge that VVF is preventable. Among them 87.80% of respondents said that delivery by skilled birth attendant is preventive measure of VVF which is not consistent with the study⁹ which shows that 76% of respondents knew that delivery by skilled birth attendant is preventive measure of VVF.

The findings of the study showed that 16% and 5% of respondents had knowledge that second marriage and depression is social consequence of VVF which is not consistent with the study¹⁰ which shows that 54.7% and 54% of respondents knew that second marriage and depression is social consequence of VVF respectively.

The findings of the study showed that 20.6% and 29.4% of respondents knew that recurrent fistula formation and reduced bladder capacity is complication of VVF which is not consistent with the study¹¹ which shows that 42% and 58% of respondents knew that recurrent fistula formation and reduced bladder capacity is a complication of VVF respectively.

The findings of the study showed that 6.9%, 8.3%, 13.9% and 51.4% of respondents were aware that social isolation, physical violence, kick out from home and family and social misbehave (hates) is consequence of VVF respectively. The finding of the study shows that 17.5% of respondents expressed that irrigative lower urinary tract is complication of VVF respectively.

There was statically no significant association between level of awareness regarding VVF and age group of respondents ($p=0.354$).

CONCLUSION

On the basis of findings of the study, it is concluded that overall half of the women have high knowledge regarding VVF. Majority of women know regarding risk factors, symptoms and prevention of VVF. Women have less knowledge regarding social consequences and complications of VVF.

ACKNOWLEDGEMENTS

Researchers deeply express their heartfelt thanks to all women who participated in the study for immense support and cooperation. Researchers express their deep and sincere gratitude to all those experts for their valuable judgment, constructive feedbacks and enlightening suggestions throughout the study.

REFERENCES

1. Spurlock, J. Vesico vaginal fistula: Background, History of the procedure, problem 2016. Retrived from: emedicine. medscape.com.
2. Ngoma, J. Prevention of vesico vaginal fistula, Turku University of Applied Sciences, (Bachelor Thesis), 2010.
3. Garthwaite M, Harris N. Vesicovaginal fistulae. Indian journal of urology: IJU: journal of the Urological Society of India. 2010 Apr; 26(2):253-256.
4. Roush KM. Social implications of obstetric fistula: an integrative review. The Journal of Midwifery & Women's Health. 2009 Mar 4; 54(2):e21-33.
5. Holme A, Breen M, MacArthur C. Obstetric fistulae: a study of women managed at the Monze Mission Hospital, Zambia. BJOG:

An International Journal of Obstetrics & Gynaecology. 2007 Aug 1;114(8):1010-1017.

6. Banke-Thomas AO, Kouraogo SF, Siribie A, Taddese HB, Mueller JE. Knowledge of obstetric fistula prevention amongst young women in urban and rural Burkina Faso: a cross-sectional study. *PloS one*. 2013 Dec 31;8(12):e85921.
7. Maheu-Giroux M, Filippi V, Maulet N, Samadoulougou S, Castro MC, Meda N, Pouliot M, Kirakoya-Samadoulougou F. Risk factors for vaginal fistula symptoms in Sub-Saharan Africa: a pooled analysis of national household survey data. *BMC pregnancy and childbirth*. 2016 Dec;16(1):82.
8. Mohmand K. A, Sharifi K, Bahram A. Survey report: prevalence of obstetric fistula among women of reproductive age in six provinces of Afghanistan, 2011 (Doctoral Dissertation).
9. Walz NK, Farouq M, Begum A, Sultana N, Sarker S, Faisal AJ. Situation analysis of obstetric fistula in Bangladesh. Dhaka, Engender Health. 2003 Sep.
10. Kimani ZM, Ogutu O, Kibe A. The prevalence and impact of obstetric fistula on women of Kaptembwa-Nakuru, Kenya. *International Journal of Applied*. 2014 May;4(3):273-87.
11. Kasamba N, Kaye DK, Mbalinda SN. Community awareness about risk factors, presentation and prevention and obstetric fistula in Nabitovu village, Iganga district, Uganda. *BMC pregnancy and childbirth*. 2013 Dec;13(1):229.