

Editorial

Psychosocial Impact Among Sudanese Women with Vesico-Vaginal Fistula

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Abstract: Vesicovaginal fistula (VVF) is an abnormal fistulous extension between the urinary bladder and The vagina. The objective of this study was to investigate psychosocial impact among Sudanese women suffering from Vesicovaginal fistula. This cross-sectional descriptive study was conducted among one hundred patients with Vesicovaginal fistula admitted at the fistula ward in Khartoum Teaching Hospital during the period from December 2007 to March 2008. The participants were invited to sign a written informed consent, and a pre-tested questionnaire was used to collect the following information: sociodemographic data, the level of education, marital status, socioeconomic status, and the family attitude towards the patients. The Ethical Committee of the Sudan Specialization Board approved the research, and the Statistical Package for Social Sciences was used for the data analysis. A P-value of, < 0.05 was considered significant. The study revealed that more than two third of patients lie in age group (18-23) years. 71% of patients were valid married, 42% of patients were depressed, 26% of patients were either divorced or separated. 61% of patients were illiterate, and 69% were of low socioeconomic status. Family neglect was evident in 6% of patients while criticism was observed in 1%. Women with vesicovaginal fistula were young, of low socio-economic class, and relatively high level of depression, divorce rate, and separation.

Keywords: Psychosocial, Fistula, Sudan

1. Introduction

According to the World Health Organization, around two million women residing in Africa, Asia, and the Arab countries get affected by obstetric fistula with 50,000 to 100,000 new cases are developed each year. Vesicovaginal fistula is one of the primary sources of physical, psychological, and social distress among women. This could be prevented via the provision of high-quality obstetric care services [1].

Vesicovaginal fistula is an abnormal connection between the urinary tract and the vagina. The term "vesico" denotes urinary bladder. Vesicovaginal fistula is still scourged in the developing countries, with disabling medical and social consequences [2].

There are many causes for VVF, including obstructed labor, caesarean section, hysterectomy, forceps delivery, bladder calculus, and carcinoma cervix [3].

The most common presentation in VVF is constant urinary leakage per vagina. Patients may also complain of recurrent cystitis, perineal skin irritation due to constant leakage, vaginal fungal infections, and pelvic pain [4].

VVF also cause a social stigma for those who are affected, because of the urine leakage and offensive odors [5].

In developing countries, many factors contribute to the development of VVF especially in regions where local traditions facilitate to encourage marriage and pregnancies at a young age. Girls are married earlier in some communities before physical and psychological maturation [2].

The extreme poverty of women in the developing countries is the leading cause of vesicovaginal fistula, the low status, malnutrition and poverty could lead to growth stunting resulting in deformed or contracted pelvis and ultimately to obstructed labor, furthermore in the rural outreaching areas the health facilities and transportation are lacking. The delayed

labor and lack of the health centers for cesarean section all contribute to the formation of vesicovaginal fistula and fetal death [6].

According to Murk [7], the condition is primarily an affliction of the very poorest of society and seals the fate of its victims, who often spend the rest of their lives alone and destitute. Without a doubt, social isolation and stigma often lead to psychological trauma, including depression, anxiety, and in some cases suicide.

Sudan is big country taking about 2% of the earth; health infrastructure is weak especially the pre and antenatal care in rural poor outreaching area. Thus, vesicovaginal fistula is expected to be high. This research aimed to study the psychosocial impact of vesicovaginal fistula among Sudanese women.

2. Material and Methods

This study is a cross-sectional descriptive hospital design conducted at the Fistula Centre in Khartoum Teaching Hospital during the period (December/2007 – March 2008). The fistula center is the reference tertiary care hospital receiving patients from all region of Sudan with more than 100 beds with surgical, social, and psychiatric facilities. Participants signed an informed written consent form, The study purpose and component of confidentiality was explained to the participants. Patients privacy was ensured and a convenient time was then selected, the participants underwent a face to face interview by the principal investigator. A thorough clinical examination was then undertaken. Data collected included: age range, the level of education, marital status, family attitude towards the patients and socio-economic status. To determine depression among the respondents, the Beck's Depression (BDI) Inventory. The BDI has been previously validated [8] and has high sensitivity and specificity for detecting severe depression. The BDI consists of 21 items including emotional, behavioral, and somatic symptoms. Each symptom is scored from 0 to 3. Mild, moderate, and severe depression has a rating of (10-18), (19-29) and (≥ 30), respectively. Ethical approval was obtained from The Sudan Medical Specialization Board Ethical Committee and Khartoum University Hospital. The Statistical Package for Social Sciences was used for data analysis with significance at P-value < 0.05.

3. Results

100 patients were included; their ages ranged from 18-66 years. The majority of women (67%) were younger and lie in age group (18 -35, (Table 1) showed age range among vesicovaginal fistula patients. Sixty-one (61%) was illiterate, 26% had a primary education while higher education was concluded in 13% of patients. Seventy-one (71%) were married, one-fifth of our sample was divorced, 6% were separated, and 3% were widowed. Low socio-economic status constituted (69%) of the sample, the majority (72%) were maltreated because of their disease. Their families

accepted the majority (93%), after the illness, (6%) were criticized, while neglect was reported in (1%). (Table 2).

Forty-one (41%) of the sample was depressed; mild depression was found in (15%) while (26%) were moderately depressed. Depression was commonest among the age group 18-35 years (49%) while (41%) of illiterate patients were depressed (Table 3).

Table 1. Shows age groups among the study group.

Age group (years)	No%
< 18	6 (6%)
18-25	35 (35%)
26-35	32 (32%)
36-45	15 (15%)
46-55	7 (7%)
56-65	4 (4%)
>65	1 (1%)
Total	100 (100%)

Table 2. Shows patient's characteristics.

No %	Character
	Level of education
61%	Illiterate
26%	Primary education
13%	High education
	Marital status
71%	Valid Married
20%	Divorced
6%	Separated
3%	Widowed
	Socioeconomic status
69%	Low
26%	Average
5%	High
	Family attitude
93%	Accept patient
6%	neglect
1%	criticism

Table 3. Depicted the prevalence of depression among study group.

Degree of depression	No%
Mild	15%
Moderate	26%
Severe	0
Total	41%

4. Discussion

Due to early off marriage, lack of healthcare infrastructure, and the reversed pyramid for health facilities, most of the women with vesicovaginal fistula were in the productive age group (18-35 years, researchers from Nigeria observed similar results [2].

Sudan is wide country and due to instability, lack of transportation, and low income per capita in most of the rural areas, it is not uncommon for new midwives and traditional

healers to attend deliveries. Proper antenatal care lack, thus vesicovaginal fistula mostly develop due to prolonged obstructed labor and may be accompanied by fetal loss. Shortly after that patients with the fistula may lose the husband support (in the current study 26% were either divorced or separated), beginning a long journey of suffering. Because of the very sensitive areas involved and religious and traditional issues, females may conceal their pain from the community and enter a lonely way that may not end for one's life.

Although supportive (93% of patients were accepted by their families) Sudan culture is very conservative. Also, open discussion about personal issues may be limited. Furthermore, diseases involving the genital organs may be very stigmatizing. A long time may elapse before patients with this severe disease express themselves. Attribution of the fistula to punishment from God for infidelity or other sins [9, 10] is not common in Sudan culture.

Previous studies relate low economic status and illiteracy to the occurrence of VVF in women [11-13]. In the present study, 69% and 61% of fistula patient were a low social class or illiterate.

The psychosocial findings in this study resemble those previously recorded in African countries [14] where the majority of sufferers developed depression. In the present study, 26% of patients were either divorced or separated, the findings of this study were consistent with other studies where women suffered from social disruption such as divorce because of vesicovaginal fistula [13-12].

Since childbearing is highly important in Sudanese society, the feeling of guilt and loss of interest of those who develop the fistula promoted them to develop a depressed mood. In the current study near half of patients with vesicovaginal fistula were depressed. Patients with vesicovaginal fistula are lonely and isolated, most the family members including the husband and children don't want to stay with them, and some don't like to eat the food cooked by them. The religious practice is more likely to be affected by most of the illiterate patients due to the continuous dribbling [1].

This study had many limitations: The relatively small sample, the fact that it was conducted at a single center, and the reliance of self-reported questionnaire, further larger multicenter studies are needed.

5. Conclusion

This study showed that women with vesicovaginal fistula are young, illiterate, and came from low socioeconomic status. Also reflected that the majority of them suffered from emotional disorders such as depression.

Limitations

The study limitations were the small number of the study group, the study was conducted at a single tertiary centers that generalization can not be insured, and the reliance on a self-administered questionnaire is more prone to subjectivity.

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