



## TOWARDS PROMOTION OF MATERNAL HEALTH: THE PSYCHOLOGICAL IMPACT OF OBSTETRIC FISTULA ON WOMEN IN ZIMBABWE

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### ABSTRACT

**Objectives:** *The study sought to determine the psychological effects of obstetric fistula on women in Zimbabwe.*

**Methods:** *The study was qualitative in nature and the phenomenological design was used. Purposive sampling was used to identify four women with obstetric fistula in two hospitals in Zimbabwe. In-depth interviews using unstructured interview guides were done with these women. Strict ethical principles were adhered to in order to avoid harm to participants. Data that was obtained from the interviews was grouped into themes and analysed using content analysis.*

**Results:** *The results of the study revealed that women with obstetric fistula faced the following psychological problems- helplessness, sadness, suicidal thoughts, stigma and blame, feelings of worthlessness, fear, shame and social withdrawal.*

**Conclusions:** *Women with obstetric fistula face a number of psychological problems and henceforth issues to do with their mental health need to be taken seriously.*

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**Keywords:** Obstetric fistula, Maternal health, Psychological impact, Women, Mental health

### INTRODUCTION

One of the Millennium Development Goals adopted by Zimbabwe is to improve maternal health (United Nations Development Fund., 2011). Despite progress, pregnancy remains a major health risk for women in several regions. Women suffer from a wide range of birth complications and a pregnancy that has progressed without any apparent hitch can still give way to complications during delivery. A small percentage of women mostly first time mothers may experience a labor that lasts too long and this could be a direct consequence of child marriage, poverty, and poor

service delivery (WHO., 2006). In this situation, both the mother and the baby are at risk for several complications and obstetric fistula is one of such complications. WHO. (2006) also noted that birth injuries can be devastating and present physical, emotional, and financial challenges for a family.

The average age at first marriage in Zimbabwe is 19 years and 47% of females give birth by the age of 20 (WHO., 2006). In Zimbabwe, for every woman or girl who dies as a result of pregnancy-related causes, between 20 and 30 more will develop short- and long-term disabilities such as obstetric fistula (WHO., 2004). While maternal mortality figures vary widely by source and are highly controversial, the best estimates for Zimbabwe suggest that roughly between 1,300 and 2,800 women and girls die each year due to pregnancy related complications (WHO., 2006). Additionally, another 26,000 to 84,000 women and girls will suffer from disabilities caused by complications during pregnancy and childbirth each year (WHO., 2006). Research has shown that every minute 20 women worldwide suffer from a devastating disability including obstetric fistula due to childbirth complications (Cook *et al.*, 2004).

African mothers` beauty and wholesomeness is realised through child bearing and rearing and childbearing is such a celebrated accomplishment in the Zimbabwean context as given in the proverbs :Unaki hwemukadzi huri pamwana (The beauty of a wife lies in the child): Chikuru mwana, kurwadza kwenhumbu hakuyeukwi (A child is more important for labor pains are soon forgotten (Mazuru and Nyambi 2012). Given the fact that in most cases woman with obstetric fistula lose their babies (Ahmed and Holtz, 2007), there is need to find out how this loss of motherhood psychologically impacts on women in a society that greatly honors childbearing.

## LITERATURE REVIEW

A recent review of more than 2,250 published studies on maternal mortality revealed a lack of research on obstetric fistula in the view of its burden to maternal health (WHO., 2006). Nicol (2005) however argues that obstetric fistula is prevalent where maternal mortality is highest especially where emergency obstetric care, referral systems, and infrastructure are poor.

A meta- analysis conducted by Ahmed and Holtz (2007) showed that an average of 85% of the women suffering from obstetric fistula experience fetal loss, and to make matters worse, while they feel mentally tormented and devastated, they typically find themselves violently thrashed into an intense environment where they are not given the chance to mourn. Instead, their main priority becomes their ongoing fight to live and for social position and value in society. It is therefore not surprising that most women with fistula report disturbed sexual lives which would result in them being deserted by their husbands (Kabir *et al.*, 2004).

Smithson (2006) argues that women with fistula constitute an extremely vulnerable population. Obstetric fistula is argued to perforate the female psyche and delivering a stillborn is particularly distressing. Women with obstetric fistula are sometimes described as “poor little girls,” “the wretched of the earth,” and “women who cannot even be successful or even prostitutes,” (Ahmed and Holtz, 2007). Hall (1998) asserts that fistula imposes social consequences, including lifelong isolation, stigma, unemployment, and threats or attempts of domestic violence, of which all these would affect the woman psychologically.

### **Causes of Obstetric Fistula**

When adolescent girls and women experience prolonged labour for as long as 24 hours and are unable to travel to a health facility for a caesarean section, the compression of tissues between the baby’s head and the woman’s pelvis cuts off blood flow to the bladder and rectum (Kabir *et al.*, 2004). The tissues in this area die within 3-10 days, resulting in an opening or fistula, between the vagina and or the rectum and chronic incontinence for the woman (UNFPA., 2004). Obstetric fistula can therefore be defined as a hole (or “false communication”) that forms between the bladder and the vagina (known as vesico-vaginal fistula) or between the rectum and the vagina (a recto- vaginal fistula) (Ahmed and Holtz, 2007). Severe nerve damage often affects a woman’s ability to walk and in up to 90% of the cases the baby is stillborn or dies within weeks (Ijaiya and Aboyeji, 2004). Two million women in Sub- Saharan Africa, South Asia and Middle East were living with fistula and up to 100000 cases develop each year (WHO., 2004). These women may have to live with a catheter to control the leaking urine.

While the proximate causes of fistulas are physical injuries, the larger causes are social that is, poverty, lack of education, childbearing at too early age and lack of medical care (Kabir *et al.*, 2004). In many rural areas in Africa, girls are married off just after they experience their first menstrual flow between 10 and 15 years of age (Ahmed and Holtz, 2007).

### **Effects of Obstetric Fistula**

Women with obstetric fistula face a myriad of psychological problems and these may include mental health dysfunctions, post traumatic stress disorders loss of body control, shattered sex life, and loss of dignity and self worth (UNFPA., 2004). Goheta in WHO. (2006) conducted a prospective observational study to screen women in Bangladesh and Ethiopia with fistula for mental health dysfunctions. From his study, he found out that of the 68 women with fistula, 66 were at risk for mental dysfunction as measured by the General Health Questionnaire (GHQ-28). Obstetric fistula can qualify as a traumatic event leading to the development of Post Traumatic Stress Disorder (PTSD) or post traumatic stress (WHO., 2006; Ahmed and Holtz, 2007) and the triggering event can be beyond the range of usual human experiences (Ahmed, 2007). Women who have experienced a difficult or traumatic birth can go on to develop psychological problems, for example, PTSD (Smithson, 2006).

Living with fistula means continuous leaking of urine and symptoms associated with it and that would obviously affect women's sex life. Only in rare cases could a woman with obstetric fistula continue having sex with her partner (UNFPA., 2004). The pain of being unclean and sexually undesirable affects women psychologically. A meta-analysis by Ahmed and Holtz (2007) also showed that 36% of women afflicted with fistula were divorced or separated and fetal loss occurred in 85% of the cases in which fistula developed. Low self esteem, feelings of rejection, depression, stress, anxiety, loss of libido, and loss of sexual pleasure were reported. They also found out that the rates of separation increase the longer a woman lives with fistula, particularly if she remains childless (Ahmed and Holtz, 2007).

As a result of their health condition, women with obstetric fistula may lose their jobs or will not be able carry out economic tasks they used to do (Nicol, 2005). That may result in these women being dependent on their husbands and family members which may lead to a sense of uselessness. Muleta and Williams (1999) pointed out that leaking urine and faeces can lead to other medical complications like genital sores, ulcerations, dehydration, frequent infection, and kidney disease. The woman might therefore have difficulties even when walking which would then result in unemployment. That inability to work might push the woman further into poverty of which that might affect her psychologically.

### **Materials and Methods**

To gain an understanding of the psychological effects of obstetric fistula on women a qualitative research approach was used. It was chosen because it gives the perspective of the interviewee and can facilitate the meaning-making process (Lythcott and Duschl, 1990). The phenomenological research design was used. Phenomenological research is concerned with the lived experience of a group of people with a phenomenon of interest (Hancock, 2002). The primary goal of this research was to increase understanding of the psychological effects of obstetric fistula on women in Zimbabwe. Four women were purposively selected from two main hospitals in Zimbabwe. Since obstetric fistula is quite a rare condition a small sample had to be used for this study. Initially a total of seven women were approached but three declined to take part in this study. The women who participated signed consent forms. Their ages ranged from 17-31 years.

An unstructured interview guide was used to collect data. It was checked for consistency and correctness by an expert in the maternal health field. Data was collected over a period of three months. Data collection was done until there was saturation of themes and no new ideas were being generated. The researcher visited two hospitals and sought permission to carry out the research from the administrative staff at the hospitals. Informed consent was sought from every woman who participated in the research. The women signed consent forms and the interviews were done the following day at an agreed time. The interviews took 45- 60 minutes. Content analysis was used to analyse data. Data was transcribed into English and themes were drawn from the data.

## **Ethical Considerations**

Ethical approval to undertake the study was obtained from the hospital administrators who granted permission for data collection. Participants gave their informed consent to take part in the study after receiving detailed information regarding the voluntary nature of participation and about confidentiality. Participants were made fully aware of the nature and purpose of the research.

The researcher also exercised the utmost consideration for the obstetric fistula patients' circumstances to ensure that they were protected from any psychological harm. Prior arrangements had been made with the hospital counselors to help individuals who would need psychological help. The interviewees were informed that they could terminate the study whenever they felt uncomfortable. The researcher also observed the confidentiality of participants by safeguarding the privacy and anonymity of the participants. Participants' personal characteristics were not made known. Anonymity was maintained by providing each participant with a code name. In addition, code names were used during data presentation and analysis.

## **RESULTS**

### **Characteristics of Respondents**

The researcher conducted in-depth interviews with four women with obstetric fistula. In the study, the youngest woman was 17 years old and the oldest was 31 years old. All of the participants were married. For confidentiality sake, respondents were coded as participant1, 2, 3, and 4.

Participant 1: 23 years old – no children – lived with obstetric fistula for 3 months

Participant 2: 19 years old – no children - lived with obstetric fistula for three weeks

Participant 3: 17 years old – no children - lived with obstetric fistula for 6 months

Participant 4: 31 years old – 2 children - lived with obstetric fistula for 4 years

### **The Psychological Experiences of Women with Obstetric Fistula**

The results of this study revealed that women with obstetric fistula faced the following psychological challenges as a result of their condition- helplessness, sadness, suicidal thoughts, stigma and blame, feelings of worthlessness, fear, shame and social withdrawal.

#### **Helplessness**

The participants reported that continuous leaking of urine and faeces caused a lot of discomfort to them. Moreover, the uncontrollable leaking of urine made women with obstetric fistula feel helpless and depressed. Participant 3 who was awaiting treatment clearly stated:

*“... I always wet my bed and clothes day and night. It is irritating because the sores are not healing, I have even developed rashes which are always itching. Someone advised me to use pads but I can no longer meet the cost. It is really painful because I cannot do anything about it and I am now straining my husband.”*

The women also associated their dependency with a child's status and that also led to feelings of helplessness, as participant 4 described her situation:

*"...I have turned back into being like a baby. I have to depend on my parents or relatives and neighbours and cannot do anything on my own...."*

### **Sadness**

Women with obstetric fistula reported that they were sad most of the time and rarely happy. The sadness resulted from the discomfort caused by the condition. Participant 3 clearly stated that:

*"...most of my relatives and neighbours do not know about my problem but I suffer a lot. I wet my bed every night and it is difficult to wash my blankets every morning. My life is now full of unhappiness and misery...."*

### **Suicidal Thoughts**

Women living with obstetric fistula had suicidal thoughts. One woman wished she was dead because she reported that she was now worthless and was now a family liability. Another woman felt like taking her life because she felt she had lost her motherhood. Participant 1 said:

*"..... I don't even know the reason why I am surviving because I have lost my child and my husband cannot have sex with me I feel so worthless and sometimes I become so down to the extent that I feel like taking my life...."*

Participant 4 reported that she could no longer take care of her children and that made her feel she was no longer useful in this world and therefore believed that if she died she would relieve her family of burden. On the contrary, one woman was hopeful and believed that she could still make it in life. This showed that she had accepted her fate and was optimistic that there is still more to life. Participant 2 said that:

*".....I believe that this is not the end of the world. If I get treatment and get healed I will go back home and start my new life, maybe I will even become a better person...."*

### **Stigma and Blame**

The loss of a child during birth was reported to be traumatizing and produced intense feelings of guilt feelings and self blame. Women who participated in this study reported that their relative (especially from the husband's side) would blame them for not using traditional herbal medicines during pregnancy. The herbs were meant to loosen the vaginal muscles and therefore reduce birth complications. Therefore women who participated in this study even blamed themselves for causing the death of their babies. Participant 3 said:

*"...My in-laws seem to be putting the blame on me because no one in the family has ever developed this problem, I do not even know what"*

*they are thinking of me. Only my family supports me but how can I live happily with my husband when my in laws are putting the blame on me. They say if I had used the herbs that they gave me properly there could not have been any problems with `masuwo` (the dilation of the uterus). I wish there could be someone to convince them that it is not my fault....”*

Self blame was also evident among the participants as participant 2 confirmed:

*“... If only I had drank all the holly water that my mother brought from the prophets I don't think I could have had this problem. Somehow I think I killed my baby.*

### **Loss of Self Worth**

Due to their physical condition, women with obstetric fistula reported that they were no longer able to carry out daily activities like household chores which made them feel worthless. Some complained that they found it difficult to walk and the pain from their sores did not allow them to do their normal duties. Participant 1 reported:

*“...I have developed a condition which they call foot drop and the sores are so painful that it is very difficult for me to carry out my normal duties as a mother. It sometimes makes me feel worthless because my mother is the one who is now cooking for my husband and doing most of the duties that I am supposed to do. My husband sometimes does his own laundry and it seems I am just being a burden to him....”*

### **Fear**

Women with obstetric fistula reported that they were afraid that they might get divorced by their husbands who were the only source of comfort they were left with and thus reflecting their vulnerability. One 17 year old with fistula said:

*“...I am now afraid that my husband may find the leaking urine distasteful and might look for another clean and fertile woman. I do not want to lose my husband, he is all I am left with because my child died during birth. I wish the fistula surgery would be a success so that I can go back home a clean woman....”*

Some were anxious and even feared that the condition might be untreatable due to the size and pain of the wounds. One participant clearly stated:

*“...even though the matron is looking after us very well and is giving us hope, I am afraid that my condition may not heal completely because of its severity...”*

However, some were hopeful that the surgery would be a success as participant 3 clearly stated that:

*“... Although this problem has caused me distress, I am now hopeful that I will get healed and get back to my normal life because treatment has already started, they gave me antibiotics and medication to control the pain and continuous infection whilst I am waiting for the fistula surgery...”*

### **Shame**

Participants revealed that obstetric fistula resulted in feelings of shame. Women with obstetric fistula expressed the shame associated with messing oneself in the presence of own children and other people. They also felt that they were burdening their children with doing all the work and even cleaning their mess. Participant 4 reported:

*“...before I came to hospital I felt ashamed of myself because I always soiled myself in front of people, it seemed I was also failing my other two children when they had to clean my mess and when I could not carry out my roles as a mother....”*

### **Social Withdrawal**

Obstetric fistula patients who took part in this study reported that they experienced social withdrawal. During the interviews participant 1 stated that:

*“I always told myself that I should remain in my home as much as possible. I no longer went to church gatherings like I used to do, that is all because I know I would not withstand the shame of soiling myself in front of everyone...”*

However, those who attended social gatherings like funerals were always quick to leave as evidenced by a statement from participant 3 who clearly stated that:

*“I attend funerals because everyone is expected to do so but I am always quick to leave before everyone notices my problem and because those who know my problem would be staring at me with talking eyes of which that makes me feel very uncomfortable.....”*

## **DISCUSSIONS**

In this study women living with obstetric fistula were found to be experiencing psychological problems such as social withdrawal . [Bangser et al. \(2001\)](#) reported that women with obstetric fistula may be depressed because they are constantly in pain, they experience incontinence of urine or feces and most of the time bear a heavy burden of sadness in discovering their child is stillborn and these circumstances led them to withdraw from other people. Results of this study also



revealed that women with obstetric fistula had suicidal thoughts and they felt that if they died they would ease their family burden. This finding is in line with [Hilton \(2003\)](#) where he found that suicidal ideation was a common psychological problem faced by women with obstetric fistula. These women felt that they had lost their motherhood. Loss of fetus consequently leads to loss of motherhood as alluded to by [Mazuru and Nyambi \(2012\)](#) in their article on Shona/Africana mothers. They indicated that giving birth and nurturing children is a way in which Shona/Africana mothers realise their full womanhood and they derive fulfillment from this biological role.

In the current study the failure of the women with obstetric fistula to manage their roles, or participate in social economic activities made them lose their identity as women, wives, friends, and community members. They tended to see themselves as worthless and incomplete. These findings are in line with studies by [Nicol \(2005\)](#), who found out that woman with obstetric fistula felt that they were useless to their husbands because they had failed their duties as mothers and wives and thus regarded themselves as unworthy. [Mazuru and Nyambi \(2012\)](#) reported that in the Zimbabwean context for the Shona/Africana woman to earn herself family and societal respect, she must fulfill her roles as a mother as given in the following proverb : mai vemba igonzo (a housewife is like a rat ,which stores up things ). This means that women are expected to work for their families but consequences of obstetric fistula may make this impossible.

Women with obstetric fistula revealed that their condition resulted in traumatic experiences, for example, experiences of losing a child was psychologically devastating to them. In Africa safe delivery of a healthy baby is always an occasion for great rejoicing [Muleta and Williams \(1999\)](#), but in the case of women with obstetric fistula, the baby is usually stillborn and this together with the fact that their odour is offensive means that such celebrations cannot take place. [Arrowsmith et al. \(1996\)](#) noted that women with obstetric fistula face serious social problems like stigma, and some women may be labeled as witches who have eaten their own children.

In this study women with obstetric fistula reported failed sex lives. They had strong negative feelings over their inability to have sex with their husbands and partners, largely because of their need to reaffirm intimacy and bonding. This is in tandem with results from a study by [Cook et al. \(2004\)](#) who found out that vaginal injuries often made sexual intercourse impossible, and the constant leaking of urine makes it otherwise unpleasant.

This study also showed that women with obstetric fistula experienced fear, for instance, they feared that they might lose their husbands. [Hamlin \(2001\)](#) also found out that women with obstetric fistula lived in fear that their husbands might regard them as useless because they were no longer able to carry out their roles as wives and thus would opt to remarry. [Shefren \(2009\)](#) asserted that adulthood is largely marked by not only managing one's emotions but also through being able to control body functions however this study showed that women with obstetric fistula regressed to childhood as they may were no longer able to do adult roles as they become dependent on others

for their day to day living. Henceforth this brought a sense of helplessness, shame and guilt in women with obstetric fistula.

## CONCLUSION

This study has revealed that women with obstetric fistula face a myriad of psychological problems. Some of these problems include social withdrawal as a result of the discomfort caused by the offensive odour from the lack of bowel control. These women believed that they were a burden to their families and they sometimes contemplated dying as a way of easing their families of the burden. Since child bearing is highly valued in African cultures, losing a child and the consequent inability to work which results from obstetric fistula was found to result in women feeling a sense of worthlessness due to the loss of motherhood. Shattered sex lives were also found to lead to helplessness among women with a fistula.

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