KAP Study

Women Perception and Awareness about Genitourinary Fistula

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ABSTRACT

OBJECTIVE: To determine the knowledge of women about different causes of urogenital fistula and their attitude about fistula prevention:
STUDY DESIGN: A Descriptive qualitative KAP study
STUDY SETTING: This Study was done in Obstetrics & Gynecology ward of Isra University Hospital Hyderabad (IUH) from January 2011 to December 2013.
METHODOLOGY: By using non-probability purposive sampling technique, women who were admitted in GU-11 with genitourinary fistula were included in this study while women who have urinary incontinence, other than fistula were excluded. Women were asked about their awareness for cause of fistula formation, its preventive measures, source of knowledge, information regarding willingness to accept caesarean section as a primary mode of delivery after successful fistula repair, all information were recorded on questionnaire and data analyzed by using SPSS 16.
RESULT: One hundred and ten women were included in this study, 57 % women were illiterate imposing great challenge towards genitourinary fistula. Out of these 110 women 59 (53.6%) were having obstetrical fistula and 43 (39%) were having iatrogenic fistula. About 38.2% women were well aware about their problem while12 women (10.9 %) perceived it as a curse of God and 9(8.18%) of women has knowledge about iatrogenic injury to bladder. After successful repair 31.8% preferred tertiary care hospital delivery however 20.9% did not want future conception.
CONCLUSION: There is a high association of illiteracy with genitourinary fistula. Women must be educated about the cause of fistula and its prevention. There is a need to create awareness among women about hospital delivery, and to take well directive efforts to increased skill among junior doctors involved in pelvic surgeries.

KEY WORDS: Vesico vaginal fistula, awareness, attitude, etiological factors.

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INTRODUCTION

The Genitourinary fistula (GUF) is a distressing condition[1] with urological, hygienic, social and psychycosocial consequence[1, 2]. GUF has been known since olden times, being well-known in the Egyptian mummies dating back to 2000 BC. Since then women's vvf desolation has started.[1] Vesico-vaginal fistula (VVF) is a direct pathological communication between the urinary bladder and the vagina resulting in unrestrained escape of urine into the vagina from the bladder[3, 4]. A numbers of social, biological, and environmental factors are related to high prevalence of VVF[5]. It is reported that more than 3.5 million women are living with GUF all over the world[1]. A large number of studies from Pakistan have reported obstetrical fistula (OF) as the commonest cause[6] of GUF; however recent studies also shown that there is an increasing tendency of iatrogenic fistula in Pakistan[7]. GUF is estimated to occur as 1-2 per 1000 deliveries worldwide with an annual incidence of 50,000 to 100,000[7]. In Pakistan incidence of vesico-vaginal fistulae is 3 percent and is about 2 percent in Sindh[8]. The incidence of iatrogenic fistulae (IF) following gynecological surgery especially hysterectomy has increased. The reason could be that the gynecological surgeries, at peripheral hospital, are being done by health professional who are not appropriately trained[9]. This horrible complication (IF) leaves the affected women with constant leakage of urine into vagina causing bad smell and distress which causes serious social problems[10] such as ruling out from the family, cooking and touching common utensils etc[9]. The national and international studies addressing epidemiological factors and surgical outcome of fistulous women showed that these women have very poor knowledge of their problem and mode of prevention in future.

This study will be beneficial at community level for both women and health care provider. The affected and aware women will share their knowledge with others women about the preventive measures. Medical officers, Nurses, and paramedics will do proper counseling which could change the views and attitude

of affected women. Keeping all these factors in mind this study was conducted to determine the knowledge of women about different causes of urogenital fistula and their attitude and awareness about genitourinary fistula prevention.

MATERIAL AND METHODS

The establishment of Genito urinary fistula centre at Isra University Hospital (IUH) in collaboration with UNFPA, enabled us to share our experience of management of GUF as well as women's perception about their problems. We have conducted a descriptive qualitative Knowledge, Attitude and Practises(KAP) study. It measures knowledge, attitude and practises in people. Knowledge obsessed by a community refers to their understanding of any given subject. Attitude refers to their feeling and practice or behaviours are the apparent actions of an individual in response to a motivation. All those women who were admitted for fistula repair, or came for follow up after successful repair in the department of obstetrics and gynaecology from Jan 2011 to Dec 2013 were included in this study by taking interview. However women with having urinary incontinence without fistula were excluded. Women were interviewed regarding their perception and awareness of the fistula. They were also asked what they will do after successful repair; willing for further pregnancy, what mode of delivery will they prefer, will help other women in prevention of the fistula by propagating their personal experience. All information were recorded in the proforma, were entered and analyzed on SPSS version 16.

RESULT

A total of one hundred and ten women with genitourinary fistula were included in the study. The mean age of the respondents was 27.5 (SD ±6.07) years shown in Table I. 62 (57 %) women have no formal education while 44 (40%) has attended primary school and the remaining 4 (3%) have attained a secondary or higher level of education. Majority of women were nulliparous 44 (40 %) while 34 (31 %) were multiparous and 32 (29%) were multiparous. Out of 110 women 59 (53%) women were having obstetrical fistula, 43 (39%) having iatrogenic fistula while miscellaneous causes accounted for 8 %.

Table 11 depicts the perception and attitude of fistulous women about the mode of delivery after successful repair, about 25 (22.7%) preferred home delivery after fistula repair, 27(24.5%) preferred to deliver in private clinic, 35 (31.8 %) preferred tertiary care hospital delivery while 23 (20.9%) did not want future conception. Regarding the awareness, about 42 (38.2 %) were well aware about disease, 28 (25.45%) had no idea, 19(71.27%) were told by doctor, 09 (8.18) developed after pelvic surgery and 12(10.9%) perceived it as God gifted shown in table III.

Table IV describe the modes of sharing knowledge among women. About 23 (20.9%) preferred to share their knowledge to mother while 18(16.4%), 22(20 %), 14(12.7%) to siblings, mother and whole community respectively.

TABLE I: HISTOGRAM SHOWING THE AGE OF FISTULOUS WOMEN

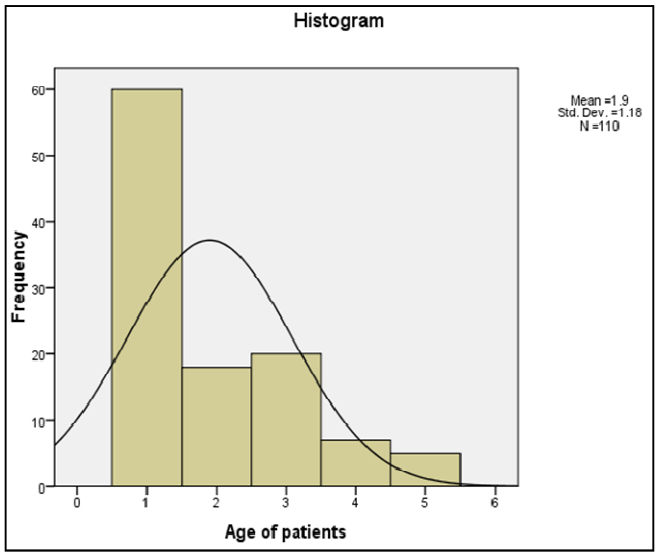

TABLE II: PERCEPTION AND ATTITUDE OF FISTULOUS WOMEN FOR FUTURE PREGNENCY (n=110)

Home: 25 (22.7%)
Private clinic: 27(24.5%)
Tertiary care Hospital: 35(31.8%)
Does not want future conception: 23(20.9%)

TABLE III: SHOWING THE KNOWLEDGE OF FISTULOUS WOMEN ABOUT GENITOURINARY FISTULA (n=110)

	Does women knows about the cause of GUF	Frequency (110)	Percent (100 %)
Valid	Yes	42	38.2
	No	28	25.45.
	Developed after pelvic surgery (Iatrogenic)	09	8.18
	Told by doctor	19	17.27
	GOD gifted	12	10.9
	Total	110	100.0

TABLE IV: SHOWING THE RESPONSE OF KNOWLEDGE AMONG PARTICIPANT

Whom you will like to give knowledge about GUF in family				
Persons in community	**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Mother	23	20.9	20.9	37.3
Friends	16	14.5	14.5	51.8
Neighbors	8	7.3	7.3	59.1
In Laws	22	20.0	20.0	79.1
Husband	9	8.2	8.2	87.3
Whole community	14	12.7	12.7	100.0
Total	110	100.0	100.0	

DISCUSSION

In biological psychology, awareness is defined as a human's or an animal's perception and cognitive reaction to a condition or event. Women have minimal knowledge about genitourinary fistula even in those countries where it is more common[11]. Female having GUF represent disagreeable health condition which leads to physical disability, social segregation and depression[12]. The consequences of GUF can never be under estimated, since this is just not a pathology causing seepage of urine but has emotional disturbances for the patient who have perceived a loss of dignity. Majority of them pass their lives with this complex burden for years. There is limited data available about awareness of obstetric fistula in communities, particularly its presentation, management and prevention[13]. Detailed information about obstetric fistula will prepare the health professionals and support organizations about the need for primary prevention through sensitization of rural communities about the condition. Kochakarn et al has reported that sufferer of most of the fistulous women attributed obstetric fistula to young age of women[14]. They assumed that women married at a younger age get pregnancies which are followed by obstetrical complications such as genital injuries .Present study has showed that most of the fistulous women were belonging to younger age group as compared to others study[15]. Current study has also showed that 56 % of participant were illiterate which is consistent with results of other study which has reported a strong correlation between illiteracy and incidence of vvf[15].

In present study, most of the causative factors for GUF were obstetrical trauma i.e. 59(53.6%) followed by iatrogenic injury 43(39%) encountered during pelvic surgeries. This prevalence of iatrogenic injury is comparable to s national study that reported 54%[16,17]. Awareness of obstetrical fistula in developing countries remains a huge challenge and insufficient resources at primary health care level seems to contribute the problem to large extent. Most of the time women have limited knowledge about this condition, 33% attributed the condition to God and 70% of the women considered prolonged labor to be responsible for obstetric fistula[17,18]. Similarly 70% of the Nigerian women[2] identified prolong labor as a cause of the fistula. The result of the present study are consistent with these studies, with respect to decreased awareness of the condition, it cause and prevention. In present study 42 (38.2 %) are well aware about their condition, 32(29.1%) did not understand about what they had, and 12(10.9%) women relate their cause to curse by GOD.

According to study by Hassan and Ekele, 45% of their responded did not want future conception[19]. A study from Cameroon showed that 41.7% of women with fistula had no knowledge of the cause[20]. The majority of the participants were not aware of the term fistula. Among those who were aware, they had information from leaflets distributed at the health centers and clinics. Some got information from the electronic media (radio, TV) or from those had undergone fistula repair[21,22].

The importance of dissemination of knowledge about fistula in community must be encouraged[23, 24]. The patients that has had experience of the fistula must be encourage, at her level to share cause, management and prevention of fistula. The result of the current study showed that only 12.7% participants were agree to disseminate knowledge about fistula in the community at large.

CONCLUSION

There is urgent need to reinforce preexisting facilities of health system and appropriate training of junior doctors involved in pelvic surgeries if risk of iatrogenic injuries and fistula formation is to be reduced.

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