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Bio-psycho-social impacts and challenges of obstetric fistula on women in northern Ghana

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Abstract: *This study is intended to assess the bio-psychosocial effects of obstetric fistulas (OF) on women and the subsequent consequences and impacts on relationships and self esteem of affected womenparticularly in northern Ghana. To facilitate effective discussion of findings, literature was reviewed from international, national and local perspectives.A quantitative research technique was used to obtain data in order to assess the stigma, prognosis, psychosocial impact and other challenges of people living with fistulas and receiving treatment at the Tamale Fistula Centre. The study design used was cross sectional sample survey.Simple random,convenient and non-purposive sampling technique was used to select one hundred (100) obstetric fistula respondents at the Tamale Fistula Centre at the Tamale West Hospital. To achieve the set objective, the study employed both primary (questionnaires, interviews and observation) and secondary (documented evidence, namely, hospital reports, Ghana Health Service (GHS) and Ministry of Health (MOH)Annual Reports and internet materials) in the data collection process. The information obtained was organized and analysed using Microsoft Word and Excel and presented in the form of tables and graphs. This was subsequently discussed by comparing the conformity or otherwise of the findings to exisiting literature. The study revealed that the respondents loss 234 children as against 192 alive and since recognizing their condition, 43% of respondents were despised by their husbands, 35% of respondents were completely abandoned by their husbands, while 90% of the respondents affirmed that their relationship with people in the community was badly affected as a result of the condition. In addition, 66% of respondents were not allowed to participate in traditional activities, while 97% indicated that obstetric fistula has led to low self-esteem in them. The study recommends that women and families should seek family planning advice from health professionals and report signs and symptomsfor early care to prevent obstetric complications. In addition, treatment for OF should be made free for all affected individuals.*

Key words*: obstetric fistula, northern Ghana, psychosocial, relationships, self-esteem*

I. Introduction

Fistula causes infections, pain, and bad smell, and often triggers stigma and the breakdown of family, work, and community life. Obstetric fistula(OF) is predominantly caused by prolonged obstructed labor, which is one of the five major causes of maternal mortality and accounts for eight percent of maternal deaths worldwide (Fistula Foundation, 2014). During the prolonged obstructed labor, the soft tissues of the birth canal are compressed between the descending head of the infant and the woman's pelvic bone. The lack of blood flow causes tissue to die, creating a hole (fistula) between the woman's vagina and bladder (vesico-vaginal fistula or VVF) or between the vagina and rectum (recto-vaginal fistula or RVF), or both. This leaves the woman leaking urine and/or faeces continuously from the vagina. Women with this condition suffer agonizing labour and death of their babies. In most occassions, because of their fistulae, the women are ostracized by their families. Other direct causes of fistula include sexual abuse and rape, surgical trauma (iatrogenic fistula), and gynaecological cancers and related radiotherapy. The risk of obstetric fistula often begins when young girls get pregnant or marry early, before their bodies are able to safely sustain a pregnancy. Adolescent girls are particularly susceptible to obstructed labour because their pelvises are not fully developed. Fistulas lead to a sorry state for many women because their husbands abuse them or divorce them, and their medical conditions make it difficult for them to find jobs. According to the Human Rights Watch (in The Fistula Foundation, 2014), many women and girls with fistula live isolated lives, confining themselves to their homes due to the stigma and shame associated with the illness.

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II. Background

According to Gwyneth and De Bernis (2006), obstetric fistula (OF) or vaginal fistula is a severe medical condition in which a fistula (hole) develops between either the rectum and vagina (rectovaginal fistula) or between the bladder and vagina (vesicovaginal fistula) after severe or failed childbirth, when adequate medical care is not available. In other words, an OF is an abnormal opening between a woman's vagina and bladder and/or rectum, through which her urine and/or feces continually leak. Naturally these women are grossly embarrassed because they are constantly soiled, wet and smelling due to their inability to control urine or faecal flow. Their pain and shame may be further complicated by recurring infections, infertility, and damage to their vaginal tissue, making sexual activity impossible and may cause paralysis of the muscles in their lower legs which may require the use of crutches.

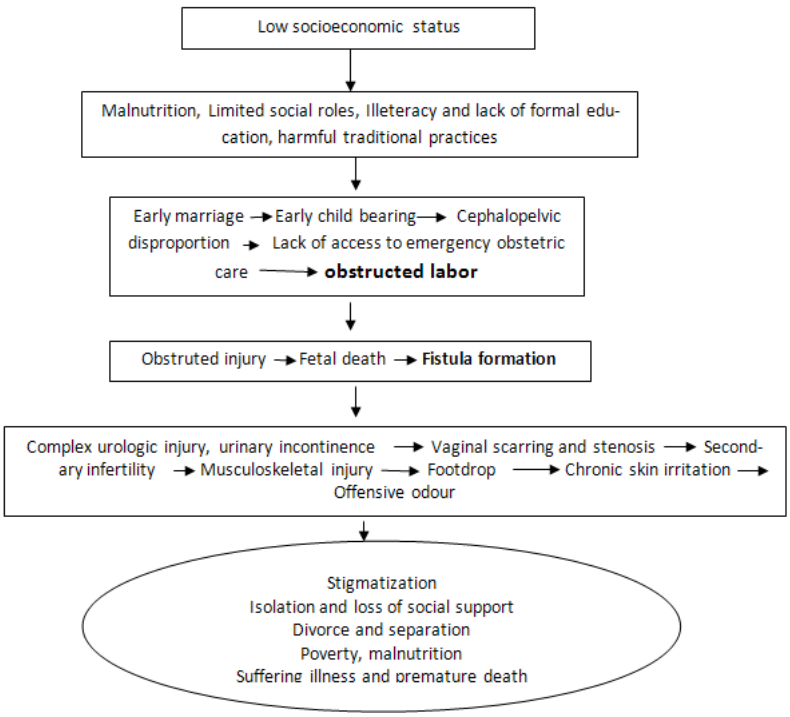
Fistulas are not particular to only Ghana but the entirety of the developing world. According to the World Health Organization, fistula strikes roughly 50,000 to 100,000 women and girls every year, mainly in resource poor countries in sub-saharan Africa and Asia. In Kenya approximately 3,000 women and girls develop fistula every year, while the backlog of those living with untreated fistula is estimated to be between 30,000 and 300,000 cases, (WHO, 2006).

There are many doubts about obstetric fistula estimates in Ghanabecause few studies have been conducted to establish the extent of this problem in the country.Patients with OF are stigmatized by the society based on who has been known and seen to be having the condition at one time or another.

Obstetric fistula is the most devastating and serious of all childbirth injuries. It has been labeled the "most frightful affliction of humankind" (WHO, 2006). Fistula is preventable, when timely emergency obstetric care is available to women experiencing obstructed labour. Obstetric fistula is a serious problem in the world's poorest countries, where most mothers give birth without any medical help (Fistula Foundation,2014)

Obstetric fistula usually develops when a prolonged labour causes pressure on the unborn child in the birth canal cutting off blood flow to the surrounding tissues and causing necroses which eventually rots away. Injury as a result of female genital cutting, poorly performed abortions and pelvic fractures can cause obstetric fistulas. Other potential direct causes of OF are sexual abuse and rape, especially within conflict/post-conflict areas, other surgical trauma, gynecological cancers or other related radiotherapy. Other casues of OF are limited access to obstetrical care or emergency services, poverty, lack of education, early marriage and childbirth, the role and status of women in poorer communities in Ghana and harmful traditional practices.

According to Gwyneth (2006), obstetric fistulas develop along the following pathway:



A cursory look at the obstetric fistula pathway indicates that the eventual consequence of OF is marrital dissolution, hightened poverty and suffering for the women and child delinquency, loss of school attendance hours, school drop outs and cyclic early marriages in the case of the girl child from victims of OF.Devkumari(2011), intimates that sufferers from this disorder are usually also subject to severe social stigma

due to odour, perceptions of uncleanliness, a mistaken assumption of venereal disease, and in some cases, the inability to have children.

III. Methods and procedures

A quantitative research technique wasused to attain data in order to find the stigma, prognosis, psychosocial impact and challenges of people living with fistulas and receiving treatment at the Tamale Fistula Centre. The study design used was cross sectional sample survey as data was picked from the respondents once. This was necessary to avoid double counting. It was from this data that hypothesis and conclusions were formulated.

A convenient sample method was adopted for the study,which was limited to the Fistula Centre of the Tamale Central Hospital and to only women who have had the condition and who paid visits to the centre from time to time to receive medical care, counseling and encouragement from health professionals.

Convenient and non-purposive sampling technique was used to select hundred (100) obstetric fistula respondents at the Tamale Fistula Centre at the Tamale West Hospital. To achieve the set objective, the study employed both primary (questionnaires, interviews and observation) and secondary (documented evidence, namely, hospital reports, Ghana Health Service (GHS) annual reports and internets materials) in the data collection process. The sample size of 100 respondentswas to ensure that the sample statistic didnot varysignificantly from the population parameter and had similar or totally the same characteristics as the population under study.

IV. Results

Table 1 Marital status

Marital status	Frequency	Percentage
Single	15	15
Married	45	45
Divorced	26	26
Widowed	14	14
Total	**100**	**100**

Table 2 Religion

Religion	Frequency	Percentage
Christian	50	50
Moslem	33	33
Traditionalist	17	17
Total	**100**	**100**

It was observed that the highest number of respondents were christians representing 50% of the respondents.33% were muslims and the least involved respondents were traditionalists consisting of 17% of the respondents.

Table 3 Educational level

Educational level	Frequency	Percentage
Primary	10	10
Secondary	4	4
Tertiary	1	1
None	85	85
Total	**100**	**100**

An interesting observation made here is that 85% of the respondents have never been to school before, 10% made it to the primary level, 4% to high school and only one respondent has been to a tertiary institution.

Table 4 Occupation

Occupation	Frequency	Percentage
Farming	51	51
Trading	16	16
House wife	28	28
Student	1	1
Hairdressing	4	4
Total	**100**	**100**

From the table above almost half of the respondents representing 51% were farmers.28% of the women were housewives, 16% were traders, 4% hairdressers and 1% students.

Table 5 Number of children per respondent alive

Number of living children	Frequency	Total alive	Percentage
None	24	0	24
One	16	16	16
Two	29	58	29
Three	15	45	15
Four	12	48	12
Five	0	0	0
Six	3	18	3
Seven	1	7	1
Total	**100**	**192**	**100**

From the table which describes the frequency of number of living children, 1% of the respondents had 7 children, 3% had six children, no respondent had five children, 12% had four children, 15% had three children, 29% had two children, 16% had one child and 24% had no living child.

Table 6 **Number of children per respondent dead**

Number of dead children	Frequency	Total loss	Percentage
None	8	0	8
One	28	28	28
Two	25	50	25
Three	13	39	13
Four	17	68	17
Five	5	25	5
Six	4	24	4
Seven	0	0	0
Total	**100**	**234**	**100**

Table 6 depicts that 4% of the respondents loss six children, 5% of respondents loss five children, 17% had four dead children, 13% had three dead children, 25% had two dead children, 28% had one dead child and 8% had no dead child. From the table the total number of dead children of participants is 234 and the total number of children alive is 190. In comparing the two tables, more respondents had no living child rather more loss one or more children.

Table 7 Method of deliveries

Method of deliveries	**Frequency**	**Percentage**
In the hospital with aid of a midwife	16	16
At home with aid of community midwife	4	4
At home with aid of TBA's	26	26
At home with aid of an untrained personnel	42	42
In the farm assisted by an untrained personnel	4	4
Unassisted	0	0
Cesarean section	8	8
Total	**100**	**100**

42% of the respondents were delivered at home by untrained personnels.26% of the respondents also resorted to the help of TBA's.16% of the respondents were delivered in the hospital by trained midwives.8% underwent cesarean section, 4% were delivered by community midwives at home, 4% also happen to have delivered accidentally in the farm. None of the respondents ever delivered without assistance.

Table 8 Frequency of knowledge of obsttric fistulas

Response	Frequency	Percentage
Yes	71	71
No	29	29
Total	**100**	**100**

From the above distribution, majority of the respondents, 71% said they have ever heard of the obstetric fistulas and 29% have never heard of it.

Table 9 Source of knowledge

Place	Frequency	Percentage
In the hospital	27	38
In the community	44	62
Total	**71**	**100**

With regards to the place where respondents heard of obstetric fistulas, 27 of the respondents representing 38% of those who said they have heard it, heard it in the hospital.62% heard it from their various communities.

Table 10 Description of obstetric fistulas

Description	Frequency	Percentage
A bladder disease(hole in bladder)	15	21.1
Uncontrolled urinating	41	57.7
A vaginal disease(hole in vagina)	6	8.5
A punishment from evil spirits	7	9.9
Urinating from the birth canal	2	2.8
Total	**71**	**100**

Respondents were asked to tell in their own views what an obstric fistula is. It was observed that majority of the women, 57% described it as uncontrolled urinating, 21% said it was a bladder disease, 9.9% related it to superstition by saying it was a punishment from evil spirits.8.5% described it as a vaginal disease or a hole in the vagina and 2.8% said it is urinating from the birth canal.

Table 11 Causes of ostetric fistulas

Causes	**Frequency**	**Percentage**
Complication of birth	48	67.6
Home deliveries	6	8.5
Harmful traditional practices	3	4.2
A punishment from god	5	7.0
Evil spirits	5	7.0
Poverty	2	2.8
No response	2	2.8
Total	**71**	**100**

An interesting observation from this table shows that among those who have heard of obstetric fistula before, 67.6% respondents know that obstetric fistulas are caused by complication of delivery and the remaining percentage was fairly distributed among the other causes.8.5% said the causes are home deliveries, 7% said punishments from the gods, another 7% said evil spirits,4.2% said harmful traditional practices, 2.8% said it's poverty and 2.8% did not give any response to the causes of obstetric fistula.

Table 12 Respondents perception of the category of women affected by it

Type of women	**Frequency**	**Percentage**
Adolescents	11	15.5
The old	12	16.9
Primary gravida	5	7.0
Multi gravida	14	19.7
All women	24	33.8
No response	5	7.0
Total	**71**	**100**

From the above distribution 33.8% of the respondents who heard of of said it affects all type of women.19.7% said it affects the multi gravida.16.9% said it affects older women.15.5%.said it affects younger women.7% said it affects primary gravida and 7% did not respond.

Table 13 Knowledge of number of women affected in respondents' community

Response	Frequency	Percentage
Yes	39	39
No	59	59
No response	2	2
Total	**100**	**100**

With regards to whether of affects women in their community, 39% responded yes, 59% responded no and two people had no knowledge of hwther it affects people in their community or not.

Knowlegde on treatment options available for people living with obstetric fitulas

Table 14Availability of treatments in the community

Response	Frequency	Percentage
Yes	22	22
No	78	78
Total	**100**	**100**

A greater percentage of the respondents, 78 said treatments of of are not available in their communities and 22% said there are treatments available.

Table 15 Types of treatments available

Types of treatments	Frequency	Percentage
Local treatment	18	81.8
Medical treatment	4	18.2
Total	**22**	**100**

Among the respondents who said there are treatments available in their community, 81.8% said they were local treatment while 18.2% said they were medical treatment.

Table 16 Accessibility of treatments of obstetric fistulas to everybody

Easily accessible	Frequency	Percentage
Yes	23	23
No	75	75
No response	2	2
Total	**100**	**100**

The table above indicates that 23% of the respondents said that the treatments of obstetric fistulas are easily accessible to everybody, 75% of the respondents on the contrary did not agree with the other respondents and 2% failed to respond to the question.

Table 17 Reasons for no accessibility

Reasons	Frequency	Percentage
Limited facilities for treatments of obstetric fistulas	6	8
Stigmatization	12	16
Lack of knowledge about availability of treatments	33	44
Financial problems	8	10.7
Transportation problems	16	21.3
Total	**75**	**100**

The respondents who who said the treatments of of are not easily accessible gave different reasons why this is so, 44% said it was due to lack of knowledge about availability of treatments, 21.3% said it was because of transportation problems, 16% said it was due to the fear of stigmatization, 10.7% said it was due to financial restrains and lastly 8% said it was due to limited facilities

Table 18 Affordability of treatments

Response	Frequency	Percentge
Yes	61	61
No	35	35
No response	4	4
Total	**100**	**100**

From the above distribution majority of the respondents, 61% said of treatments were affordable, 35% said they were not affordable and 4% did not respond.

Table 19 Feeling in the mist of other people

Response	Frequency	Percentage
Normal	15	15
Uncomfortable	49	49
Ashamed	36	36
Total	**100**	**100**

The above table depicts that a small percentage of the respondents;15% feel normal when they are among people,36% of the respondents on the other hand feel ashamed when they are with people and 49% feel uncomfortable.

Table 20 Feelings of husbands

Response	Frequency	Percentage
Normal	20	20
Loving and caring	23	23
Despises	43	43
No responses(widowed)	14	14
Total	**100**	**100**

With regards to the way husbands feel against the respondents, 20% said their husbands have `a normal feeling towards them, 23% said their husbands are loving and caring, 43% said their husbands despise them and 14% accounting for the widowed did not respond.

Table 21 Abandoned by husband because of the condition

Response	Frequency	Percentage
Yes	35	35
No	51	51
No response(widowed)	14	14
Total	**100**	**100**

This table is an indication that 35% of the respondents were abandoned by their husbands, 51% were not and widows among the respondents representing 14% did not respond.

Table 22 Impact on relationship with people

Response	Frequency	Percentage
Yes	90	90
No	10	10
Total	**100**	**100**

From the above table 90% of the respondents said the condition has affected their relationship with people and 10% on the contrary said it has not.

Table 23 How people treat respondents when in public

Response	Frequency	Percentage
Normal	2	2
Avoid me	98	98
Total	**100**	**100**

From the above frequency distribution majority of the respondents, 98% said people avoid them when they are in public. Only 2% of the respondents receive normal treatment from people when in public.

Table 24 Obstetric fistulas and respondents of low self- esteem

Response	Frequency	Percentage
Yes	97	97
No	3	3
Total	**100**	**100**

This table is an indication that majority of the respondents, 97% believe OF can lead to low self-esteem while the rest, 3% also believe it cannot.

Table 25 Impact on respondents participation in traditional activities

Response	Frequency	Percentage
Yes	34	34
No	66	66
Total	**100**	**100**

The above table depicts that 34% of the respondents said they are allowed to take part in traditional activities and 66% not allowed to.

Table 26 Unattained goal or position fistula condition has contributed to

Response	Frequency	Percentage
Yes	96	96
No	4	4
Total	**100**	**100**

An interesting observation made from this frequency distribution was that almost all the respondents accounting for 96% said OFcontributed largely to their inability toattain certain goals in life, such as a loving and lasting relationship with husbands and family. Only 4% did not have a goal which OF prevented them from attaining.

Table 27 Allowed to perform your duties as a wife and a mother

Response	Frequency	Percentage
Yes	63	63
No	37	37
Total	**100**	**100**

63% of the respondents said they were allowed to perform their duties as wives and mothers while 37% of the respondents said they werenot allowed to do so.

Table 28 Other challenges faced

Challenges	Frequency	Percentage
Fear of isolation	25	7.1
Fear of losing husband	23	6.6
Hopelessness due to inability to heal	16	4.6
Discomfort due to bad odor	89	25.4
Financial constrains	54	15.4
Frequent washing of clothing	76	21.7
Frequent hospitalization	34	9.7
Suicidal thoughts	9	2.6
Depression	24	6.9
Total	**350**	**100**

4.6 knowledge on understanding of preventive modalities and extent of using them in the prevention of obstetric fistulas

Table 29 Are you aware of any ways of preventing obstetric fistulas

Response	Frequency	Percentage
Yes	44	44
No	66	66
Total	**100**	**100**

From the above frequency distribution, 44% of the respondents said they knew of ways by which of can be prevented and 66% did not.

Table 30 What are the preventive measures you know?

Preventions	Frequency	Percentage
Surgery	18	40.9
Antenatal visits during pregnancy	9	20.5
Creating awareness on causes and prevention	3	6.8
Avoiding stress during pregnancy	2	4.5
Delivering in the hospital	4	9.1
Taking local treatments during pregnancy	6	13.6
Praying and having faith	2	4.5
Total	**44**	**100**

From this table, 40.9% represent the number of respondents who stated surgery as a method of preventing of, 20.5% said antenatal visits during pregnancy, 6.8% also said creating awareness on causes and prevention, 4.5% suggested avoiding stress during pregnancy, 9.1% said delivering in the hospital, 13.6% said taking of local treatments during pregnancy, and 4.5% believed in praying and having faith as a preventive tool of of.

Table 31 Ways of preventing negative impacts of obstetric fistulas on relationships and self-esteem

Preventive measures	Frequency	Percentage
Educating the public and creating of awareness on of	33	33
Supporting affected people morally	9	9
Self-appreciation	11	11
Early treatment of obstetric fistulas	18	18
Prayers	5	5
Personal hygiene	11	11
Family planning	2	2

No response	11	11
Total	**100**	**100**

Respondents gave different suggestions as to how to prevent the negative impacts of of on relationship and self-esteem.33% said educating the public and creating of awareness, 9% said supporting affected people, 11% said affected people should accept their condition and seek for help, 18% suggested early treatment of of, 5% said prayers, 11% said personal hygiene, 25%said family planning and 11% did not respond.

V. Discussions

Characteristics of women living with obstetric fistulas

The findings of this study indicates that women living with OF are women of child bearing age that is between the ages of 15 years to 50 years with majority being in the middle ages. The highest percentage of the women interviewed(39%) were between the ages of 31 and 40 years and 34% were between 21 and 30years. This finding does not support the literature on OF, where out of 150 fistula cases in Ghana, 53% of the patients were under the age of 25. (Danso&Martey et al in Wall et al, 1996).

On the marital status of the respondents, it was observed that almost half (45%) of the women were married and staying with their husbands. Significant numbers of the women (26%) were divorced. This learns credence to Lassey (2012) 14% of respondents were divorced and 15% were unmarried women.

All respondents were residing in the northern region at the time of the study. The social causes of the condition were attributed to reasons such as the practice of early marriages, harmful traditional practices, home deliveries and poor nutrition during pregnancy, among others. The findings also show that fistula occurs among northern women who are more likely to be poor and less educated.

Women living with obstetric fistulas are less likely to be employed or have an income generating activity because in rural environs of northern Ghana where most people cannot afford to go to school, evidenced by 85% of respondents having no education whatsoever (table 3), 10% having primary education, 4% secondary education and 1% tertiary. Their poor education background appears to have increased their vulnerability to limited economic capacity. Almost half (50%) of the women interviewed were farmers, 16% were into petty trading, 28% were house wives 4% were hairdressers. Women with higher education and better income and family support are generally more likely to seek health care promptly. This lends credence to the findings ofLassey (2012) and that of (Gwyneth and De Bernis, 2006) stating that obstetric fistula is associated with reduced school attendance,thus contributing to illiteracy, poverty, and low status in the community.

With regards to the number of children, a correlation was made between the number of dead children and living children respondents had. The findings indicates that the number of respondents who had no living child (24%) were more than those who had no dead child (8%). In addition, 16% have only one living child yet more (28%) have lost a child.29% had two living children and yet 25% have lost two,15% have three living and 13%, three dead.12% had four living and 17% had four dead5% had lost five children,3% have six living children and4% lost six.only1% had seven living children. An interesting finding also emerged indicating that the total number of living children of all respondents is 190 and the total number of dead children of all respondents is 234 this implies that women living with obstetric fistulas have lost more children than those they have alive. This finding is similar to that of (un, 2010) wherein almost 90 per cent of fistula cases, the baby is stillborn or dies within the first week of life

The immediate cause of obstetric fistula is obstructed labor. Hence for the purpose of the study it was essential to know the methods by which the respondents delivered. Almost half of the respondents (46%) had most of their deliveries assisted by untrained personnel and 26% delivered with the aid of TBAs. This findings bear resemblance to the findings of (lewis and de bernis, 2006) which proves that women with of are women in remote areas of poor countries, give birth at home, without assistance from trained personnel.

knowledgde in obstetric fistulas

In trying to know the level of awareness of of among respondents, it was observed that majority of the women responded (71%) yes to having heard of of and 29% of the respondents never heard of the condition or saw it until they had it. Among the 71 respondents who knew about OF, 62% of them already knew it from their community while 38% got to know of it in the hospital. During the study, the researchers interviewed memuna, a woman who had suffered from of and this what she said "i was in kpalsi (a suburb of tamale) when i started suffering fistula; my husband abused me physically, chased me away and accused me of possessing an evil smelly spirit in between my thighs. He said, “how can i stay with a woman who smells all the time like a filthy pig smeared with faeces". "at that time i knew nothing about fistula until i reached the tamale fistula centre with the help of a colleague who had been there before, there i understood more about fistula."

When respondents were asked to describe OF in their own words, majority (57%) said it is a disease of uncontrolled urinating, 21% described it as a bladder disease or a hole in the bladder, 8.5% also said it was a vaginal disease while those with the least percentages labeled it a punishment from evil spirits and urinating

from the birth canal. Contrary to literature, obstetric fistula is an abnormal communication between the genital organs and the surrounding structures that results from unrelieved obstructed labor. It most commonly involves the bladder and the vagina (vesicovaginal fistula) followed by the involvement of the rectum and the vagina (rectovaginal fistula) (tafasse et al, 2006). This clearly indicates that respondents had little knowledge of what their condition is about and obviously women who have never had any sort of formal education are less likely to know the literature of a medical condition. However more than half of the respondents (67.6%) knew it results from a complication they had immediately after delivery.8.5% also attributed it to home deliveries, 4.2% to harmful traditional practices, 2.8% to poverty and 7% each to punishment from god and evil spirits.

According to Lassey (2012) and united nation population fund (2007), the major risk of of is early marriage, that is marriage before the age 18years.and adolescent girls are particularly at risk for of and face a risk of maternal death two to five times greater than that faced by women in their twenties. This finding is quite conflicting to the findings of this research as, 33.8% said it affects all women, 16.9% older women are at risk, 19.7% said multi gravida are at risk, 7% said primary gravida and only 15% said it affects adolescents more. Moreover 59% of the respondents said of does not affect many women in their community while 39% said it does. But according to (asante, 2006), an estimate of 100,000 to 150,000 pregnant women in Ghana develop of. In any case from the findings of (gyneth & de bernis, 2006).It is difficult to estimate the prevalence of fistula caused by sexual abuse, however, because many victims do not seek treatment, often fearing stigmatisation or lacking access to health care. This and other reasons could probably be the reason why respondents don't know about the prevalence of of.

Treatment options available for people living with obstetric fistulas

The findings of this study revealed that there are no treatments available in the communities, evidenced by 78% of women responding 'no' to availability of treatments in their communities and 18.2 %(probably those living in tamale where the fistula center is located) said there are medical treatment available for of. Among those who responded yes, 81% said the treatments available are local treatments. And evidence from literature shows that,the number of well-established centers offering effective surgery for of in Ghana are few (Lassey, 2012). Also many women and/or their families, especially those who lacked skilled care during delivery, may not even know that a treatment exists for fistula (Gwyneth & De Bernis, 2006).

Again 75%respondents said the treatments of of are not easily accessible due to limited facilities, stigmatization, lack of knowledge about availability of treatments, financial problems and transportation problems. This supports the findings of (The Fistula Foundation, 2014) which also listed barriers to accessing healthcare to be lack of money, difficulty in reaching a health facility, and cultural barriers such as relying on herbal doctors who are mostly uneducated. With regards to affordability of treatments, 61% are able to afford treatments using the national health insurance whiles 35% can not, this supports the findings of (Lassey, 2007) which demonstrates that the use of spinal anesthesia for fistula repairs in Ghana can be carried out effectively in low cost settings.

Challenges and impacts of obstetric fistulas on relationship

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%).this is undistinguishable from literature stating that people living with of hide their conditions because they don't want to be seen as social outcast. (Lassey, 2012).

The findings of this study also reveal that an appreciable number of respondents (35%) were abandoned by their husbands, this findings supports that of literature where, women with of lose all friends, relatives and most importantly a husband whom on could think of relying on in times of trouble was most unpleasant. (the daily guide, 2006)

Challenges and impacts on self-esteem

As revealed in findings of this study, women living with of do not appreciate themselves (59%), are avoided when they are in public(98%).so does the literature also state "women with fistula suffer profound psychological trauma resulting from their utter loss of status and dignity" (the fistula foundation). Almost all the respondents (97%) agreed that of leads to low self-esteem. The study reveals that women living with of are not allowed to take part in traditional activities (66% are not allowed), but can be allowed to do house hold chores as mothers and wives (63% are allowed).also almost all respondents (96%) have not been able to achieve certain goal in their lives because of this condition which support the findings of (Gwyneth and De Bernis, 2006) in thatsome women are denied access to care, or actually harmed, due to cultural beliefs and traditional practices. This finding also bears resemblance to the recent publications by (un, 2010), stating that many women are abandoned by their husbands and their families and often cannot participate in daily family and community life.

They may find it difficult to maintain a source of income or support, thereby deepening their poverty. Feelings of isolation may affect their mental health, resulting in depression, low self-esteem and, in some cases, suicide. The findings of this study of this study also reveals other challenges faced by women living with of to be fear of isolation (7.1%), fear of losing husband (6.6%), hopelessness (4.6%), discomfort of bad odor (25.4), financial constrains (15.4%), frequent washing (21.7%), frequent hospitalization (9.7%), suicidal thoughts (2.6%), depression (6.9%).these challenges have a role to play in the prognosis fistula treatment. This finding is undistinguishable from the psychosocial effects of of from the obstetric fistula path way by (gwyneth, 2006).

Awareness of preventions of obstetric fistulas

With regards to preventions, more women (66%) do not have any knowledge on the prevention of of. Among the 44 respondents who said they knew of ways to prevent of, 40.9% said surgery was the preventive method, 20.5% said antenatal visits, 6.8% said educating of people on of, 9.1% said delivering in the hospital, 4.5% said avoiding stress during pregnancy, 13.6% said use of local treatments and 4.5% said praying and having faith. This response indicates that women who suffer of are do not have knowledge about the preventions of of. This is more likely due to the fact that they are women with no education and low socio economic status as also stated by

Respondents however suggested ways to prevent negative impacts of of on relationship and self-esteem, the study reveals eight way ;creation of awareness, moral support of people living with of, learning to appreciate yourself an seeking treatment, early detection of of and treatment, personal hygiene, family planning and praying contrary to the findings of (Gwyneth &De Bernis, 2006)and the Daily Guide, 2006)emphasizing on the empowerment of women and education and health promotion on the prevention of fistula and information on the availability of repair services to both communities and their leaders.

VI. Summary of findings

Obstetric fistula is the most devastating and serious of all childbirth injuries. It has been labeled the "most frightful affliction of humankind." It is a serious problem in the world's poorest countries, where most mothers give birth without any medical help. This report seeks to understand the experiences of women affected by fistula. So considered this as a baseline for the study and to recommend possible solutions and ways in which to support these women, the following findings emerged:

Most respondents were between the ages of 21years and 40years, even though adolescents are particularly at risk of getting of. The study has confirmed that 45% of the respondents were married and a significant number (26%) were divorced legally. All respondents were from the northern region with majority been konkombas. Half of the respondents were christians, 33% were muslims and a few were traditionalists. The study also confirms that women with fistulas are less likely to be literates as 85% of the women interviewed have never been to school and could neither read nor write in english. This could be the reason for their low economic status as almost all the women interviewed were into farming and petty trading. The number of children the respondents had lost due to of was more than those alive. Women living with or have lived with fistula are less likely to have had help from a skilled midwife during delivery. For example this study found that 72% of women interviewed were assisted by an unskilled attendant (relative or traditional birth attendant).

Surprisingly 72% of the respondents had heard of fistula of which 62% knew of it before they developed it. The main idea respondents (57%) had about fistula was that it is a disease of uncontrolled urinating and that it is a complication resulting from the process of giving birth. Some respondents in any case had superstitious beliefs about obstetric fistula. More than half of the respondents (59%) also attested to the fact that OF is prevalent in their communities.

The study confirms that there are no forms of medical treatment for OF in the rural areas except at the Tamale Fistula Centre where most of these poor and abandoned women have to transport themselves to treat this condition. Due to this, some people resort to local treatment. While some do not even know that there is treatment, others do not seek for treatment because of stigmatization and financial constraints.

Respondents said they face so many challenges being with people including discomfort, shame and, fear of isolation. Some also were depressed and had suicidal thoughts. A significant number (35%) have been abandoned by their husbands because of the condition. They also faced challenges with their self-esteem in that they do not appreciate themselves (59%).almost all the women (98%) are avoided by people when they are in public. They could not partake in traditional activities and could not play their roles effectively as mothers and wives. This study has also found that 96% of the respondents have not been able to achieve certain goals they made due to their conditions.

Majority of the respondents did not know how to prevent fistulas. However some suggested some ways to prevent the negative impacts of on their relationship and self-esteem. These were creation of awareness on of, supporting people with of, early treatment, personal hygiene, self-appreciation and praying.

VII. Conclusions

Based on the findings the following conclusions were drawn,

- Women with living with of are less educated and are of low economic status. They lack knowledge about of, its causes, treatment and prevention.
- Women with of are less likely to have delivered in the hospital or with the help of a trained personnel.
- There no treatments for of in the rural areas where these women live and many are not aware of the availability of treatment at the tamale fistula center.
- Due to financial problems and stigmatization many women do not want to seek treatment.
- Women with of face a lot of challenges with their relationships and self-esteem and many are abandoned by their husbands and some have lost friends and relatives.
- In order to reduce the negative impacts of OF on relationship and self-esteem, the public should be educated on the condition and women with of should learn to appreciate themselves and always keep themselves clean.

VIII. Recommendations

- Encourage women and families to make birth plans, educate on pregnancy and childbirth related problems and encourage them to seek care early for obstetric complications.
- Educate women and families on OF and encourage husbands and other relatives to support women living with OF.
- Encourage OF survivors to be advocates at community level.
- Ghana Health Service enhance awareness creation on treatment of obstetric fistula
- Expand the number of community midwives to cover many more rural communities in northern Ghana.
- Build more maternity homes in the districts and communities to enhance antenatal and post natal services to minimize occurrence of obstetric fistula
- Train more fistula teams (nurses, doctors, theatre staff, physiotherapists and social workers) at the district levelto embark community door to door campaigns and mobilize affected women for prompt assistance at the Tamale Fistula Centre.
- Treatment for OF should be made free for all affected individuals

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