Prevention Of Vesicovaginal Fistula (VVF) and Reintegration after a successful repair

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Outline

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INTRODUCTION

– 2 million women live with VVF
– 100,000 new cases occurs yearly
– Indicator of a failing health system: unable provide accessible, timely and appropriate prenatal and intrapartum care (major problem in the developing countries).

(Tunçalp et al 2015).
INTRODUCTION

– VVF causes suffering and misery in the lives of affected women.
– Social humiliation, shame, embracement, separation/divorce, stigmatizing, depression, loss of dignity and self-identity, interrupted social roles and the consequences of losing their child.
– Also suffer from symptoms of constant leaking of urine – urinary tract infection, sepsis, and bladder stone.
– Others – amenorrhea, infertility, gynaetresia, foot drop etc (Khisa et al., 2011; Mselle, 2011; Wall, 2012).
Campaign to end fistula

- Launched in 2003 - UNFPA and its partners
- Overall goal: Fistula to be a rare condition.
  - Prevent fistula from occurring through interventions
  - Treat all women with fistula
  - Revive the hopes and dreams of those who suffer from fistula
  - Return the women who have undergone treatment to full and productive lives: Reintegration

(UNFPA 2007)
Epidemiology of VVF

- Prevalence is high in areas where:
  - Poverty is high, especially amongst women
  - High illiteracy or low education
  - High maternal and child mortality rates
Global burden of VVF

– Nigeria accounts for about 40% of the annual global burden of VVF
  (UNFPA, 2008)
– 800,000 women suffered from VVF annually in Nigeria
  (UNFPA, 2015)
Global burden of VVF

- WHO reported severe maternal morbidity in five million women annually with obstetric fistula on the top of the list.
- More than 2 million women waiting for surgery worldwide.
Underlying factors for VVF

- Biological
- Social
- Cultural
- Behavioural
- Environmental
Causes

- **OBSTETRIC TRAUMA**
  - Prolonged obstructed labour
  - Instrumental vaginal delivery
  - Gishiri cut
  - Ruptured uterus
  - Difficult C/S
  - Symphysisotomy
  - Destructive operations

- Over 90% of fistula in developing world are of obstetric origin.
Causes

– GYNAECOLOGICAL TRAUMA.

✓ Hysterectomy
  - Vaginal
  - Abdominal
  ✓ Anterior colporrhaphy
✓ Manchester repair
Other Causes

- Congenital causes
- Gynaecological cancers e.g. Ca cervix
- Radiation therapy
- Chronic foreign body in the vagina or bladder
- Infections e.g. LGV
- Direct trauma - fracture of the pelvis
- In contrast to developed countries the causes are mainly iatrogenic-radiation therapy and surgery
Prevention

- Prevention of VVF involves contribution from **ALL** stakeholders: Women, Family, Community, Health workers and Government, NGOs, Development Partners--- All and Sundry
  - Primary
  - Secondary
  - Tertiary
Prevention

- **PRIMARY**
  - Health promotion and awareness
  - Family planning
  - Good nutrition
  - Women Education and Empowerment
  - Adequate antenatal services and surveillance
  - Skilled attendance at all births/deliveries – Sri Lanka, Rwanda
  - Equipping of health facilities with skilled health personnel and equipment
  - Intrapartum monitoring with judicious use of partograph
  - Enact laws to abolish child marriage and harmful traditional practices e.g FGM
  - Good roads
  - Birth preparedness and complication readiness
  - Community support groups
Primary Prevention Themes

• Childhood and women nutrition
• Delaying the age of first pregnancy
• Formal education particularly for the girl child and women
• Planning for all pregnancies by the use of appropriate contraceptives
• Universal Access to minimal package of care
• Overcoming cultural barriers that subjugate women, right issues
Prevention through high level advocacy
Community Engagement
Partners/Community structures

• Community based Organizations (CBOs)
• NGOs
• Religious leaders
• Community leaders
• Ward development Communities (WDCs)
• Volunteers
• Media
• Other structures like NURTW, Women groups etc
• Legislative Assemblies
Fistula Women at SS national Assembly
Involving Northern Emirs in Strengthening RH
Involving Northern Emirs in Strengthening RH
Prevention

– SECONDARY

✓ Development of high-quality comprehensive emergency obstetrics care maternal health services in designated areas: accessible and affordable
✓ Caesarean delivery in Obstructed labour
 ✓ Good surgical skill: Training and retraining of health personnel
✓ Catheter prevention – Prolonged obstructed labour, instrumental vaginal delivery etc
SECONDARY PREVENTION

• Consistent use of partograph for correct monitoring of labour
• Easy and quick means of referral when problems arise in labour
Prevention

- **TERTIARY**
  - Catheter treatment: 4 – 6 weeks
  - Repair of fistula when recognized intraoperatively
  - Early repair- best within 2 weeks of clean injury site/4 wks from POL
  - Availability, accessibility and affordability of fistula repair to all women living with fistula
  - Postoperative rehabilitation
Catheter Prevention and Treatment
Repair of VVF

- Uniquely most VVF prevention (secondary and tertiary) and treatment is achieved through surgical intervention.
- Best approach is the one the surgeon is experienced with and suitable for the case.
Prevention Activities...

- Community prevention
- Facility level prevention
- Government policies
- Family Planning
Community level Prevention Activities.....

Community level -
• Community engagement for positive BCC
• Increasing awareness at the community level about fistula prevention and the importance of maternal health care
• Health seeking behavior
• Birth preparedness
• Health promotion
• Family Planning
Facility Level prevention:

- Upgrading emergency obstetric care to prevent obstetric fistula
- Improving access to family planning
- Readiness to provide safe and quality Caesarian section operation
- Client friendly, affordable services
- Use of Catheter and Partograph to monitor labor
Government Interventions... 

- Government Interventions – Many
- Girl Child Education, Women empowerment, Poverty reduction, Road Networks and other infrastructures
- Advocating policy changes that tackle the root causes of obstetric fistula, such as delays in accessing emergency obstetric care
• Increase political commitment to health (Budget)
• Improvement of Health infrastructure and National Health System by Govt. & other stakeholders.
• Poverty Alleviation & socio-economic empowerment of women
• Promoting gender equity and reducing violence against women.
Family Planning...

• Today, an estimated 220 million women worldwide want to avoid pregnancy and plan their families but lack access to modern contraception. Family planning does more than help women and couples determine the size of their families:

• It safeguards individual health and rights, preserves natural resources, and can improve economic outcomes for families and communities.
• Family planning also saves lives—up to one-third of all maternal deaths and illnesses could be prevented if women had access to contraception.

• More than 1.2 billion young people ages 15 to 24 are entering their reproductive years, comprising about 18% of the world’s population—the largest adolescent contingent in human history.

• Eighty-eight percent of these young people live in the developing world.
Treatment vs Treatment & Reintegration
Reintegration

- Is the process of helping women (post successful fistula repair) return to the life they lived before they developed fistula in order to enhance their return to the communities and social networks of their choice such that the risk of them presenting with another fistula is minimized
- Providing them with opportunities and potentials for a far better future/tomorrow.
- Including women deemed incurable.
Freedom
– Happiness
– Love
– Maternity
– Sensuality
Reintegration

- **Multidisciplinary:** Doctors, Nurses, Social workers, Physiotherapist, Occupational therapist, Psychologist, Counsellors, Family members, Households, Community(structures), Government etc.

- **Areas of concern:**
  - Physical
  - Psychological
  - Social
  - Economic/ Financial
Post successful repair
Reintegration

✓ Physical: Physiotherapy, Quality medical care and health education on hygiene
✓ Psychological: Management of depression, restore self esteem and dignity
✓ Socioeconomic: Skill acquisition training for self empowerment, financial support, restoration to family, literacy training (Mselle, 2011, Abrams, 2012)
REINTEGRATION

As currently Practiced

– Decided by Health Workers
– No input by clients, support system
– Largely not evidence based, some recent data
– No SOP
– A single perceived size fits all.
Health providers should:

- Individualize the women
- Understand their specific needs - socioeconomic, psychological or physical
- Provide appropriate interventions or refer to where identified skills are available.
Post successful repair
Reintegration

- Holistic program encompasses supportive policies, active community engagement and partnership and government involvement.
- Reintegration intervention programs can be performed by trained care worker based on the context of need of the individual.
- Though women’s needs are similar, it often varies depending on context, thus requiring a careful balance when addressing perceived versus real needs of a fistula survivor.

(Lewis, 2006; Lombard, 2015)
RLAC outreach in Zamfara
Compound meeting in Zamfara
Community dialogue in Zamfara
Drama presentation in Sokoto
Reintegration
Reports

- Studies demonstrated improvement in perceived quality of life among women with successful VVF repair and post-repair reintegration.

- In Nigeria, 67%, and Tanzania, 68% of the women with successful fistula repair found family support as the most important factor for their reintegration while 60% of the women reported that work was imperative in helping them feel ‘normal again. However, reintegration experience was much improved with family support, especially when their economic and emotional needs are met.

(Pope, 2011)


Reports

– In Kenya, the women felt psychological and moral support is the most essential to their reintegration following their successful fistula surgery. *(Khisa, 2015)*

– In Tanzania, a close association was found between having an independent income and regaining dignity as a woman in the community post successful repair. *(Mselle, 2015)*

– Having a child of their own was common in women’s hopes and expectations post successful fistula repair in most studies.
Interventions for the eradication of obstetric fistula

![Bar chart showing percentages of treatment, prevention, and rehabilitation and reintegration.]

- Treatment: 60%
- Prevention: 30%
- Rehab and Reintegration: 10%
Conclusion

- VVF is a preventable and treatable condition.
- Reintegration of fistula patients is equally important to a successful repair.
- A holistic approach involving different contributors at different levels is required for reintegration
- Individualization is crucial in reintegration
- Of importance is the family and community support, economic empowerment as well as their sexual and reproductive needs.
Thank you
References


References


