

ORIGINAL RESEARCH ARTICLE

AWARENESS AND ATTITUDE REGARDING OBSTETRIC FISTULA AMONG MARRIED WOMEN

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ABSTRACT

Background: Awareness towards the maternal condition has great potential to reduce occurrence of life threatening maternal and child illness. Hence, this study aimed to find out the awareness and attitude regarding obstetric fistula among married women.

Methods: A descriptive cross-sectional study was used to find out the awareness and attitude regarding obstetric fistula among 206 married women. Data were collected by using semi structured interview schedule and Likert Scale. Analysis was done by using descriptive statistics.

Results: The age range of the respondents was 15-79 years. Among literate 163, 34.4% attended general education, 75% were married at the age of 15-19 years, 50% had their first baby at the age of 15-19 years, 65.0% had 1-3 babies, 66.0% had home delivery and postnatal visit was 9.5%. In this study 0.9% respondents were found with obstetric fistula and 60.2% had low level of awareness. Regarding the level of attitude, 50.0% had positive attitude.

Conclusions: The finding concluded that there is low level of awareness and fifty percentages had negative attitude regarding obstetric fistula among married women so there is need of interventional awareness program in community.

INTRODUCTION

Obstetric fistula (OF) is a childbirth injury. It is caused by prolonged obstructed labour. During this time sustained pressure of the baby's head on the mother's pelvic bone damages soft tissues creating a hole between the vagina and the bladder and/or rectum.¹ Obstetric fistula is preventable that affects young and poor women who have lack of access quality maternal health care. About 20% of women with fistula develop complications that limit their daily activities.² Each year between 50,000 to 100,000 women worldwide are affected by obstetric fistula. It is estimated that more than 2 million young women live with untreated obstetric fistula in Asia and sub-Saharan Africa.³

In Nepal, 3 of 2,070 women have obstructed fistula, yielding an extrapolated population rate of 0.15%. Each year about 200-400 new cases occur 56.4 fistulas for 100,000 women aged 15-49. Thus, there are 4,362 OF cases in Nepal.⁴ The contributing factors of fistula are poverty, lack of knowledge, transportation and access to health services from trained providers. Which affect all the developing countries.⁵ Government of Nepal has allocated funds for the free screening of integrated with pel-

vic organ prolapse screening and surgical services at BPKIHS, Kathmandu Model Hospital, and Mid-Western regional hospital.⁶ Fistula Free Nepal works in Eastern Nepal with focusing on awareness, screening, treatment and refer identified patients to B.P. Koirala Institute of Health Sciences.⁷

Few studies have addressed this issue previously. Hence, this study was conducted with the aim of find out the awareness and attitude regarding obstetric fistula among married women.

METHODS

A descriptive cross-sectional study was used. Proportionate and systematic random sampling technique was adopted to select 206 married women in Kalika Municipality, Chitwan. Sample size was calculated by using the following formula:

$$n = Z\alpha^2 pq/d^2$$

Where,

At 95% Confidence Interval, $Z_{0.05}, \alpha/2 = 1.96$

$p = 0.232$ {awareness among married women in Cameroon (WHO, 2015)}

$$q = 1-p = 1 - 0.232 = 0.768 (0.77)$$

d = Effect size 6 % maximum permissible error

n = required sample size

N = 8465{total household of Kalika municipality [each household has 1 married woman]}.

Hence, substituting the formula:

$$n_0 = (1.96 \times 1.96) \times 0.232 \times 0.77$$

$$0.06 \times 0.06$$

$$n_0 = 0.6862 / 0.0036$$

$$= 190.6 (191)$$

$$n = n_0 / 1 + n_0 - 1 / N$$

$$= 191 / 1 + 190 / 8465$$

$$= 186.8 (187)$$

$$n = 187$$

The new sample size (n) = 187+19 (Non-response rate 10% included in the sample size).

The required sample size (n) is 206.

Proportionate and systematic random sampling technique was used to select the 206 samples from the total population at Kalika Municipality. In the first step, out of 8 municipalities of Chitwan district, Kalika municipality was selected from Chitwan district for study area. Kalika Municipality consists of 12 wards. By using simple random sampling (lottery method) 1, 4 and 12 ward numbers were selected. The total household of selected ward 1, 4 and 12 was 636, 424 and 1077 respectively so that total eligible household (N) was 2137. 10 percentage of the sample was selected from each ward 1,4,12 and after then systematic random sampling k^{th} value was calculated as:

Where, N= Total no. of households in selected ward (2137)

$$n = \text{Number of married women required (206)}$$

$$= 10.37 (10^{th})$$

The first respondent was selected randomly and second respondent as per the K^{th} item and so on. In the case where the house was locked (respondent was not met) nearby front household respondent was taken to obtain the sample.

Prior to data collection approval was taken from Institutional Review Committee- Chitwan Medical College (IRC-CMC). Data was collected by researcher with face to face using semi structured interview schedule and Likert Scale. Research instruments of awareness and attitude were pretested among 21 married women of Bharatpur-7, Chitwan. Required modification was done. Entire study was carried out from 24 /10/2016

to 15/2/2017. Data entered in EpiData 3.1 and SPSS 20.0 version and analyzed by using descriptive statistics.

RESULTS

Table 1: Respondents' socio-demographic characteristics (n=206)

Variables	Number (%)
Age group (in years)	
≤ 30-39	125 (60.6)
>40-	81(39.3)
Religion	
Hindu	183(88.8)
Non-Hindu	23(11.2)
Education status	
Literate	163(79.1)
Cannot read and write	43(20.9)
Spouse's educational status	
Literate	188(91.3)
cannot read and write	18(8.7)
Occupation	
Housewife	123(59.7)
Agriculture	48(23.3)
Service	22(10.7)
Business	9(4.4)
Labor	4(1.9)
Type of family	
Nuclear	103(50.0)
Joint	103(50.0)

Table1 shows that that among 206,below 30 to 39 years respondents were 60.6% and 39.3% were 40 years and above. Regarding religion, 88.8%were Hindu and in the educational status 79.1% were literate. With regard to occupation 59.7% were housewives. Concerning type of family, nuclear and joint family were in equal percentage.

Table 2: Respondents' obstetric characteristics (n=206)

Variables	Number (%)
Age of marriage (in years)	
≤19	155(75.2)
≥20	51(24.7)
Ever pregnant	
Yes	200(97.1)
No	6(2.9)
Age of having first child (in years) (n=200)	
≤19	100(50.0)
≥ 20	100(50.0)
<i>Mean ± SD 19.65 ± 2.96 Min- 14 Max-29</i>	
Parity(n=200)	
1-3	130(65.0)
>3	70(35.0)
Place of delivery (last child)(n=200)	
Home	132(66.0)
Institution	68(34.0)

Table 2 shows that majority of the respondents (75.2%) were married at the age of 19 years and below and 97.1% had pregnant at least once. About 50.0% had given birth of first child at the age of 19 years and below. Likewise, 65.0% had 1-3 children. Concerning place of delivery 66.0% had home delivery.

Table 3: Respondents' level of awareness regarding obstetric fistula (n=206)

Level of Awareness	Number (%)
Low (<60%)	124(60.2)
Moderate (60-80%)	67(32.5)
High (>80%)	15(7.3)
Total	206 (100.0)

Table 3 shows that 60.2% of respondents had

low awareness and only 7.3% of respondents had high level of awareness regarding obstetric fistula.

Table 4: Respondents' level of attitude regarding obstetric fistula (n=206)

Level of Attitude	Number (%)
Negative (below mean level)	103(50.0)
Positive (above mean level)	103(50.0)
Total	206(100.0)

Mean: 3.50

Table 4 shows that positive and negative level of attitude regarding obstetric fistula was 50% in each.

Table 5: Respondents' mean and standard deviation regarding attitude scale on obstetric fistula(n =206)

Variables	Mean± SD
OF is social problem.	3.46±0.990
OF caused by curse of god.	3.70±1.142
OF preventable and treatable disease	4.10±0.658
OF same as having any other disease.	3.41±0.826
Woman should feel humiliation.	3.04±1.117
Prolonged labor is one of the cause of obstetric fistula.	3.83±0.702
Delay marriage and birth spacing can prevent obstetric fistula.	3.90±0.772
No meaning of early detection	3.30±0.852
Completely cured after surgery	3.65±0.812
Should control the urine/ stool.	3.44±0.944
Problem should be hide due to social stigmatization.	2.91±1.107
Antenatal checkup reduce obstetric fistula.	3.94±0.675
Caesarean section cause obstetric fistula	3.11±0.931
Malnourish woman are prone to develop obstetric fistula.	3.65±0.787
OF can occur in any time during pregnancy.	2.67±0.882
Most of home delivery increases the risk of having OF	3.66±0.922
Woman should be divorced.	3.42±1.083
Should be supported and guided by family.	4.28±0.654
Should be excluded from society.	3.85±1.016
OF is not the disease of poverty.	2.83±1.170
Total Score	3.50 ± 0.308

Table 5 shows that the Mean± SD 4.28±0.654 with women having obstetric fistula should be supported and guided by family. Likewise, the Mean± SD 4.10±0.658 of obstetric fistula preventable and treatable disease.

DISCUSSION

Obstetrics fistula is a public health issue among the women of the developing countries. It is a complication due to prolonged labor. This condition if left untreated results into ischemia and tissue damage and ultimately incontinence of urine. Obstetrics fistula normally affects people of lower socio-economic class who generally do not have access to timely proper health care by qualified health personnel. Hence this study was carried out to assess the awareness

and attitude of obstetric fistula among the married women.

In this study 60.2% of the respondents had low level of awareness, 32.5% had moderate and 7.3% had high level of awareness which is supported by the study⁸ where 65.8% of respondents had low knowledge level while the rate of moderate knowledge and high knowledge were 29.5% and 4.7 respectively. The level of education also plays a role on better health education and health behaviour. This study showed that the literacy rate of study participants was high 163(79.1). Even the spouse were educated. The high literacy rate among the study participants and the spouse also explain their consciousness towards the health.

Finding of this study on level of attitude regarding obstet-

ric fistula, 50% respondents had negative attitude and 50% had positive attitude towards the obstetric fistula. This was totally contradictory with the another study⁸ where the majority of the respondents had moderate attitude with the rate of 60.8%, 35.0% had negative attitude and only 4.2% respondents had positive attitude. This finding indicated that compare to other setting Nepalese women had less misconception than other setting's women about obstetric fistula.

Study was conducted in only one setting Kalika Municipality, Chitwan with limited sample thus findings cannot be generalized on entire population.

CONCLUSION

In conclusion, more than fifty percentages of the respondents have low level of awareness regarding obstetric fistula. Both

positive and negative level of attitude regarding obstetric fistula was fifty percentage in each. Even though the literacy rate was high in our study, there was still a gap in the education level which has to be resolved so that the women who suffer from obstetric fistula lead a better live and also have access to quality health care.

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