

SOCIAL IMPACT OF FISTULA: A CROSS-SECTIONAL STUDY

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Abstract

Background: Obstetric fistula is a devastating childbirth injury that primarily affects women in low-resource settings, leading to severe physical, social, psychological, and economic consequences. **Objective:** This study aims to explore the multifaceted impact of obstetric fistula on women, focusing on its social, psychological, and economic dimensions, as well as the healthcare access and family support provided to affected individuals. **Methods:** This cross-sectional study was conducted at PIMS Hospital Islamabad during July 2020 to July 2023. A total of 220 patients were added in the study. Participants were aged >18 years, diagnosed with fistula resulting from obstructed or prolonged labor, and have not undergone prior surgical treatment for the condition were added in the study. **Results:** 75% of women experienced social stigma and exclusion, while 80% reported feelings of depression and anxiety. The majority of women (70%) were unable to work due to the condition, resulting in a loss of income. Additionally, 60% of women had not received any treatment for their fistula, and of those who did, most received treatment after a significant delay. Family support was found to be lacking, with 60% of participants reporting no assistance from their families. Furthermore, 40% of women faced major financial barriers to accessing treatment. **Conclusion:** It is concluded that obstetric fistula has severe social, psychological, and economic consequences for women, with social exclusion, mental health distress, and financial instability being major challenges.

Introduction

Obstetric fistula is a devastating childbirth-related injury that results from prolonged obstructed labor, causing an abnormal opening between the birth canal and the bladder or rectum. The condition results in perpetual leakage of urine and/or feces which produces severe physical alongside emotional and sociological effects for affected women [1]. Women from low-income areas experience the highest rates of obstetric fistula because these areas lack proper health care facilities combined with insufficient numbers of trained birth attendants and insufficient emergency obstetric services [2]. Many unfortunate women with this condition do not have access to medical treatment because they either cannot afford it or have no knowledge of available treatment options thus resulting in long-term veterinary care suffering, chiten women experience severe societal and financial challenges as a result of fistula apart from their physical afflictions which affects both themselves and their family members and the entire community [3]. Social consequences from obstetric fistulas produce severe discrimination and stigma which affect affected women. Women deal with social rejection from their families and communities and their spouses because the persistent leakage of urine or feces creates an unpleasant smell [4]. Women experience abandonment from their husbands since their lack of bodily control functions is thought of as disgraceful. The development of fistula in cultures where female reproductive health and childbearing are perceived as indicators of value leads communities to consider fistula as a personal misconduct instead of medical illness. Women who develop fistula commonly live in complete isolation while experiencing depression together with deep self-unworthiness [5]. Females who experience fistula face additional difficulties because their condition also creates severe economic challenges. The demanding medical condition prevents numerous affected women from participating in their jobs particularly those that need physical activity or interpersonal connection. Economic independence is vital because families who learn their daughters have fistula may view them as financial burdens because of their monetary dependence [6]. The expense of medical care together with basic necessities puts women into extreme poverty after they develop fistula. The economic effects generated from fistula damage the community through its direct influence on individual women's economic contribution and its reduced ability to harness women's workforce potential during economic activities. Obstetric fistula has major negative effects on a woman's mental state [7]. The continuous leakage together with social isolation and economic hardship leads to depression and anxiety and increases suicidal tendencies in women affected by fistula. A deep psychological distress results from such people experiencing shame and guilt along with feelings of hopelessness because these communities provide inadequate emotional support for women [8]. The condition remains untreatable to many women because they either do not know about available treatments or fear additional risks that accompany treatment. Many developing nations lack sufficient mental health resources which intensifies the situation because women must handle their challenges independently [9].

The effects of fistula reach beyond the individual person so they extend to families and communities as well. The health condition of women affected by fistula results in their children receiving minimal care because their mothers lack appropriate resources to provide proper care. Low-income settings create a heavy financial strain on families who pursue medical help for treatment [10]. Gender-inequality-prone societies force fistula-affected women to face perpetual social marginalization and economic impoverishment because these communities reject their right to remarriage and community reintegration [11]. Strategies that work to mitigate the social effects of fistula need to combine better healthcare for pregnant women with public education about the condition followed by policy changes toward gender equality norms. It is essential to prevent obstetric fistula by guaranteeing women have better prenatal and emergency obstetric health services. Women who have fistula need medical attention combined with rehabilitation programs and economic growth programs to overcome societal rejection. Awareness building about the issue and combating social prejudices are just as vital to create understanding and support among society members who deal with this condition [12].

Objective

This study aims to explore the multifaceted impact of obstetric fistula on women, focusing on its social, psychological, and economic dimensions, as well as the healthcare access and family support provided to affected individuals.

Methodology

This cross-sectional study was conducted at PIMS Hospital Islamabad during July 2020 to July 2023. A total of 220 patients were added in the study. Participants were aged >18 years, diagnosed with fistula resulting from obstructed or prolonged labor, and have not undergone prior surgical treatment for the condition were added in the study.

Data Collection

Data were collected through a structured, self-administered questionnaire. It included sections on the demographic information of the participants, such as age, marital status, education, and socio-economic status. Fistula injury duration and severity as well as whether the woman had vesicovaginal or rectovaginal fistula became the focus of the medical history section. This section explored all previous medical treatments provided to participants. This component evaluated how fistula affects personal relationships together with social isolation and how patients face stigma and how their daily routines modify because of fistula. The psychological effects of the condition were studied through Likert-scale questions that determined the intensity of depression and anxiety along with the losses a person experiences in dignity.

Data Analysis

Data were analyzed using SPSS v26. Quantitative data was analyzed using descriptive statistics, including frequencies, percentages, and averages, to provide an overview of trends and patterns in the participants' experiences. A p-value of <0.05 were considered as significant.

Discussion

The results of this study highlight the profound social, psychological, and economic impacts that obstetric fistula has on women in affected communities. Fistula functions as a medical as well as social problem which severely impacts women across multiple aspects of their lives while delivering enduring consequences to both their families and mental well-being and financial situation. Women who experience obstetric fistula encounter social rejection along with verbal stigma as their biggest challenge according to participant reports. Severe isolation emerged as the main outcome of social rejection since 75% of women reported this experience. Multiple research studies indicate that cultural rejection perceives women with fistula as source of uncleanness and cursed individuals thus driving them further into social isolation [13]. The inability to take part in essential social events limited sixty-five percent of women so they developed diminished feelings of self-value and personal identity. Community acceptance needs immediate attention through awareness programs to fight social stigma and encourage full inclusion of these women into the society especially after the breakdown of 50% of marriages due to fistula [14]. Acquired obstetric fistula causes severe psychological pressure resulting in depression and anxiety for 80% of affected women. The same results exist in other research that evaluated mental health conditions among women who developed obstetric fistula [15]. The treatment of fistula requires immediate mental health support services because 60% of the women study rated their emotional distress as severe. These women's mental distress increases heavily due to social isolation combined with money problems and delayed medical assistance. Kept suicide thoughts among women reached 55% which demonstrates the intense despair women with fistula experience. The data demonstrates the necessity of addressing both physical needs and complete mental health treatment that should function as an essential part of obstetric fistula management [16]. The availability of counselling programs along with peer support networks and psychological strategies should exist to support women dealing with the psychological trauma of fistula. Medical treatment reached only 40% of the affected women yet most patients received their intervention after the condition caused permanent harm [17]. The delayed treatment reflects weaknesses in healthcare infrastructure because there are insufficient medical specialists and limited community understanding regarding fistula. The availability of medical facilities was reported by exactly 50% of women but 50% of women lacked access to obtain medical care due to travel expenses and limited awareness about health facilities [18]. The way families interact strongly determines how women experience issues with fistula. Research shows that family support plays a vital role during recovery yet 60% of women received no kind of support from their relatives. The psychological stress on these women increases because they do not receive either emotional or financial family support. Women's ability to handle their fistula condition improved when they received support from their family members [19-20]. The research has some limitations from its complete dependency on participant-provided data gathered by questionnaires. The study provides valuable information about how women experience fistula but its reliability might suffer from participant reporting artifacts alongside social desirability biases. Research should incorporate interview techniques and focus group discussions to uncover detailed understanding about the various elements which impact how women experience fistula.

Results

Data were collected from 220 participants, majority of participants (65%) were between 25 and 34 years of age, with 55% being married and 40% divorced or separated. Most women (60%) had no formal education, and 70% came from low-income households. In terms of the type of fistula, 70% of women had vesicovaginal fistula (VVF), with the primary cause being obstructed labor (80%). The duration of the fistula varied, with 40% of women having had it for 1-2 years, and 60% had either not received any treatment.

Table 1: Demographic Characteristics of Participants

Characteristic	Frequency (n = 220)	Percentage
Age		
18-24 years	40	18.2%
25-34 years	143	65%
35-45 years	37	16.8%
Marital Status		
Married	121	55%
Divorced/Separated	88	40%
Unmarried	11	5%
Education Level		
No formal education	132	60%
Some formal education	88	40%
Socio-Economic Status		
Low-income	154	70%
Middle-income	66	30%
Type of Fistula		
Vesicovaginal Fistula (VVF)	154	70%
Rectovaginal Fistula (RVF)	66	30%
Duration of Fistula		
1-2 years	88	40%
3-5 years	77	35%
>5 years	55	25%
Cause of Fistula		
Obstructed labor	176	80%
Other causes	44	20%
Previous Treatment		
No treatment	132	60%
Initial/conservative treatment	88	40%

The social impact of fistula on the participants was significant, with 75% reporting experiencing social stigma, and 65% indicating social exclusion, particularly being unable to participate in community events. Half of the participants (50%) reported that their marriages were either strained or ended, with 30% being abandoned by their husbands. Additionally, 70% experienced rejection and discrimination from their families or communities, leading to feelings of isolation and loneliness for 65% of women. Psychologically, 80% of the participants reported feelings of depression and anxiety, with 60% describing their emotional distress as severe.

Table 2: Social Impact of Fistula

Social Impact	Frequency (n = 220)	Percentage
Experience of Social Stigma		
Yes	165	75%
No	55	25%
Social Exclusion (unable to participate in community events)	143	65%
Marriage Impact		
Marriage ended/strained	110	50%
Abandoned by husband	66	30%
No impact on marriage	44	20%
Rejection and Discrimination from Family/Community	154	70%
Isolation and Loneliness	143	65%
Psychological Impact		
Feelings of Depression and Anxiety		
Yes	176	80%
No	44	20%
Self-reported Severity of Emotional Distress (1-5 scale)		
4 or 5 (severe distress)	132	60%
3 (moderate distress)	66	30%
1 or 2 (mild distress)	22	10%
Loss of Dignity and Self-Esteem		
Yes	143	65%
No	77	35%
Suicidal Thoughts		
Yes	121	55%
No	99	45%

The impact of fistula on family dynamics was considerable, with 65% of participants reporting significant strain in family relationships. Half of the women (50%) indicated that they were unable to care for their children effectively, while the other half (50%) were able to continue parenting. Regarding family support, 60% of women received no support from their families, and 55% reported that a family member provided financial assistance to help with the economic burden caused by the condition. However, 45% of women did not receive any financial support from their families, indicating further challenges in managing the economic impact of fistula.

Table 3: Impact of Fistula on Family Dynamics

Family Impact	Frequency (n = 220)	Percentage
Effect on Family Relationships		
Significant strain in relationships	143	65%
No significant impact	77	35%
Impact on Parenting		
Unable to care for children effectively	110	50%
Able to care for children	110	50%
Support from Family		
Received no support	132	60%
Received support	88	40%
Family's Economic Support (Fistula-related)		
Family member provides financial support	121	55%
No financial support from family	99	45%

Conclusion

It is concluded that obstetric fistula has a profound and multi-dimensional impact on the lives of women, affecting them socially, psychologically, and economically. The results of this study clearly demonstrate that fistula not only leads to severe physical health complications but also results in significant social exclusion, stigmatization, and isolation. A majority of the participants experienced marital disruptions, social rejection, and a loss of dignity, which further exacerbated their emotional distress and feelings of depression and anxiety.

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