

Understanding Women's Pregnancy Intentions, Decision-Making, and Factors Influencing Reproductive Choices After Genital Fistula Repair in Uganda: A Qualitative Study

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Introduction

- Female genital fistula is a debilitating injury that may affect as many as two million women globally. (1,2)
- Women with fistula have uncontrollable leakage of urine and/or feces, among other physical symptoms, are heavily stigmatized, and experience high psychiatric morbidity. (2)
- Women's pregnancy intentions and reproductive experiences following fistula repair vary, thus we seek to explore the factors influencing pregnancy decisions among women who have undergone fistula repair.

Methods

- We purposively recruited and selected participants from across Uganda from specialized fistula repair facilities.
- We conducted in depth semi-structured interviews with 30 who became pregnant following their fistula repair and 10 who had not become pregnant after their fistula repair.
- Interviews were translated and transcribed into English for analysis to allow the entire team to be involved.
- Deductive codes, developed based on the IDI guide and prior literature, were applied to the data using Dedoose software. Inductive codes, which emerged organically from the data, were then added to the coding framework and applied to various segments of the text.

Stages of Post Repair Pregnancy Decision Making

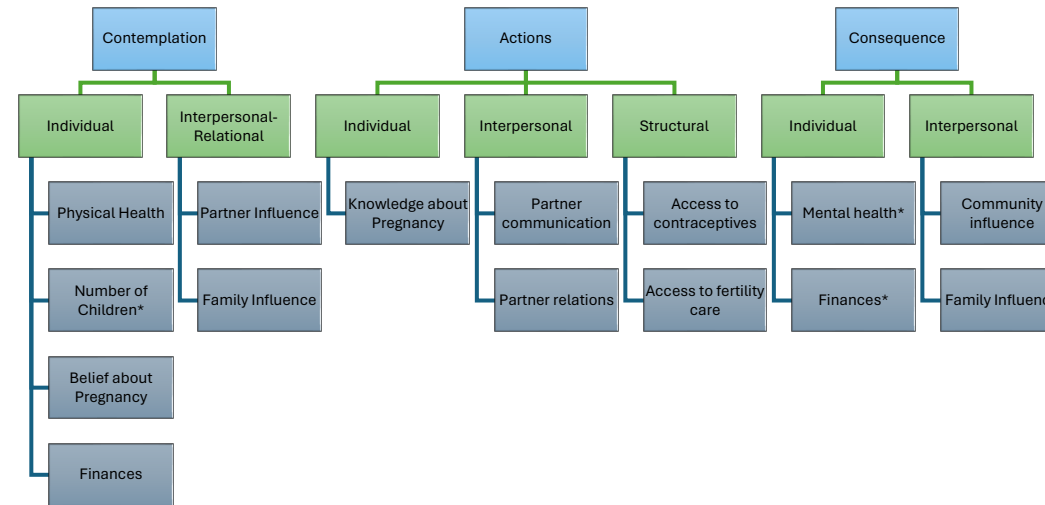


Figure 1: Pregnancy decision making across individual, interpersonal-relational, community, and structural levels of the socio-ecological framework.

Results

Beliefs about the adequate number of children*

- "It crossed my mind some time ago when I thought that, maybe I should have one more child as evidence that I got a child after my fistula repair." (Participant 1, Age 42, separated, did not become pregnant, pregnancy considered but not currently desired).

Financial Insecurity*

- "I no longer have the appetite to give birth. Whoever tries to tell me about giving birth, I just tell them that I am not giving it a try again. Let me just look for money at the moment, because the moment you try giving birth [...] you cannot work." (Participant 6, Age 32, married, self-employed, became pregnant, pregnancy not desired)

Mental Health*

- "I told him (my husband) that we are now 3 months pregnant... I lie to him that I need to go to the hospital for antenatal, so he gives me money but I just spend the day at my sister's.... I keep on lying because I think that maybe I'll get pregnant the next month but I don't." (Participant 5, Age 22, Married, did not become pregnant, desired pregnancy)

Results (cont.)

- Average age: 32 years old. 65% completed primary level education or higher and 70% became pregnant. Of those who became pregnant, 70% desired the pregnancy. Of those who did not become pregnant, a majority 70% did not want to become pregnant.
- Many women move back-and-forth between stages, reflective of the many complexities that surround these decisions, and oriented by whether participants desired or did not desire pregnancy.

Discussion

- Barriers and facilitators include physical health perceptions, fears of surgery and fistula recurrence, traditional Ugandan gender norms and access to economic resources.
- Several factors influenced a participant's preferences and plans often changed over time. This is characteristic of pregnancy intention overall and is an important consideration when providing care to this population.
- Our research supports the need to broadly evaluate influences and competing physical, psychological, social, and economic interests to inform patient-centered strategies to support the reproductive autonomy and care needs of this unique population.

References

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