Editorial

Vesicovaginal Fistula: Psychosocial Problems In Rural Areas of Pakistan

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Vesicovaginal fistulas (VVF) are the most commonly acquired genital fistulas that are associated with numerous physical, social, psychological and sexual problems in affected individuals. The prevalence of VVF in women is found to be 2 million approximately in Sub-Saharan Africa and South Asia with an increasing number of 50 – 100 thousands cases every year[1].

VVF, also known as the obstetric fistulas, is a serious complication of child birth caused by obstructed or prolonged labour. It is an abnormal communication between the bladder and vagina resulting in the continuous leakage of urine from the vagina. [2] In developing countries, VVF commonly affects young pregnant women with prolonged obstructed labour, without on time medical or surgical intervention. Conversely, it is very uncommon in western or developed parts of the world after the mid of last century but still poses a major problem in developing countries especially in African and Asian countries[3].

Women affected by the VVF have the physical discomfort that increases the anxiety, worry and stress. Apart from the physical discomfort it also causes dermatological infections leading to fever and constant pain[4]. These problems not only increases the suffering but also affects the everyday life of the affected individuals. Due to continuous uncontrolled urinary incontinence in the patients of VVF, their social stigma damaged and therefore leading to psychosocial trauma that lowers their self-esteem and continuous stress[5] results in the detoriation of their mental health. Women with VVF are the vulnerable and the most impoverished members of the society, as they are unable to work and ostracized by society. They neglected by their families and family members do not like to spend time with them, even do not like to eat food cooked by them due to lack of cleanliness and offensive odours[6]. The relationship of VVF affected women with their husbands is also the major concern due to sexual and relationship problems. They are often abandoned by their husbands.

VVF patients also have problems to perform religion based activities. They are not able to perform prayers and have fast for religious purpose. The reason that hinders to perform religious activities is the continuous dribbling of urine. It is not limited to the affected individuals but also people residing with them because dribbling of urine make home and prayer places impure and inappropriate to offer prayers[7]. In addition, medical and surgical treatment of VVF is also a major issue especially in the lower and middle class families and bring financial burden on family. Thus, the women affected with VVF faced many challenges at a time that further deteriorate their overall health.

A community hospital in a rural area is serving to fight with this situation helping out females with this disease across the country, run by renowned team of doctors. Recently we have visited this hospital along with students as a part of their academic field visit in community health sciences, there we interviewed various patients who have done with repair of VVF and those waiting for surgery. Most patients were suffering from this condition more than 3 years and the main reason was the obstructed labour[8] and two cases were as a result of hysterectomy and caesarian sections. The interviews reveled most of the patients experienced at an early age and belonged to rural areas from Pakistan[9]. The common issues that those women faced are such as physical discomforts, social problems due to bad odor of urine that made them isolated from the society and mostly these females are unable to conceive that make their married life insecure mostly ending in separation or divorce, sexual and interpersonal relationship issues, psychological disturbances due to social instability as a result women feels rejected, gave up hopes and tortured, religious concerns, and financial issues. This center is providing services free of cost and rehabilitative activities are also a part of their treatment because sometime they have to go through more than three operations and need to stay for six months.

Lack of availability to skilled birth attendants and accessibility to emergency obstetric care especially in developing countries are the major reasons of acquired obstetric fistulas. Thus, the facilities must be provided with proper antenatal care as well as labor process must be conducted by trained midwives in rural area. The prevention and control strategies of VVF include education of females, safe motherhood initiative, and better family planning services, on government level legislation should be made against early marriages and women empowerment to make them a productive part of society[10]. Policies and laws made for legal age of marriage, health promotion by health awareness programs, provision of better family planning services will help in lowering in lowering the incidence of VVF. Efforts should be made to provide best and affordable healthcare services especially maternity care services with availability and accessibility.

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Rehabilitative activities need to be introduced to empower women, socially as well as economically to make them acceptable by society and a productive part of community.

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