



VESICOVAGINAL FISTULA; DEPRESSION AMONG WOMEN

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Article received on:
25/02/2015

Accepted for publication:
16/03/2015

Received after proof reading:
02/06/2015

Importance of the study:

Patients with vesicovaginal suffer in silence due to the neglect they have to face from the society which affects their self esteem and leave them with many psychological disturbances which doctors mostly overlook while treating these patients. Therefore this research was done to evaluate and bring up this issue so that further improvement in the approach of their treatment could be made.

ABSTRACT...Objectives: To screen the women suffering from vesico-vaginal fistulae for depression prior to surgery and different potential precipitating factors that may be involved. **Study Design:** Descriptive cross-sectional study conducted on 22 women diagnosed with vesico-vaginal fistula admitted. **Period:** 15 April 2014 to 15 October 2014. **Setting:** Welfare ward of Obstetrics and Gynaecology Unit at Isra University Hospital Hyderabad, Sindh-Pakistan, waiting for surgery were included in the study. **Material and method:** Women with other causes of urinary incontinence, any co-morbidity and pregnant women were excluded. All data collected on a preformed proforma including the demographic data, profile of fistula and attitude of the husbands, family and neighbors towards them and Hamilton rating scale for depression (HAM-D) was used for screening the patients for depression, after the verbal consent of individuals and was analyzed on SPSS version 16.0. **Results:** The mean age of 22 study participants was 36.36(\pm 9.204) years ranging from 22-55. Majority 81.8% patients were suffering from different severity of depression. Many patients wished they were dead, felt life is not worth living, had suicidal ideas, and even one attempted to commit suicide. Majority of patient's husbands and family were sympathetic and encouraging but many were maltreated by their neighbors ($p=0.04$). **Conclusion:** These patients are living with more than just a physical defect which needs to be considered as part of their treatment.

Key words: Vesico vaginal fistula, depression, mental health

Article Citation: Bohio R, Brohi ZP, Bohio F. Vesicovaginal fistula; Depression among women. Professional Med J 2015;22(6):804-810.

INTRODUCTION

An abnormal link formed between the urinary bladder and the vagina is known as vesico-vaginal fistula (VVF) that consequence in the constant dribbling of urine into the vagina.¹ This constant dribbling of urine due to VVF has a major impact not only on the physical health of the woman but it also causes enormous psychosocial problems in patient's life.²

VVF is a condition that roots through multiple factors including physical, social, cultural, political and economic condition of the women. These all together establish women's status and influences on their health, fertility, behavior, nutrition and

vulnerability to acquire VVF.³ The source of obstetric fistula is obstructed labour that is not relieved, due to which the entrapped fetal head compresses the vaginal, bladder, and rectal soft tissue against the pelvis, resulting in extensive pressure necrosis thus forming a hole in the adjacent organs.⁴ Causes of VVF that are non-obstetric include radiotherapy, gynaecological malignancies and gynaecological surgeries.⁵

According to the World Health Organization (WHO), more or less 2 million women living in Asia, Africa, and Arab are affected by obstetric fistulae and each year 50,000 to 100,000 new cases are seen.⁶ In developing countries the major cause

is found to be obstructed labour compared to developed countries where 90% VVF result due to gynaecological procedure.^{7,8} Obstetric fistulas have been found to be more prevalent in poor, young and illiterate rural girls and women living in the developing countries.⁹ In Pakistan, the major cause of VVF is still found to be obstructed labour in 80-90% of the patients.¹⁰

This uncontrolled urine leakage becomes the source of bad smell in gatherings giving rise to social shame and consequent neglect from the society.¹¹ The end result of this condition are very distressing, where these women are often not accepted in the community, forsaken by their families, divorced and left over childless.¹² A research over 899 fistula patients revealed 71% of their cases suffered from divorce and separation from their husbands¹³, whereas in India and Pakistan, 70%-90% of the patients were either abandoned or divorced due to their condition in 1980s.^{14,15,16}

Though a lot of medical support is provided in form of diagnosis and treatment to the patients of VVF, psycho-social problem seem to be more devastating.¹⁷ Although not much research has been carried out on this issue, results of initial surveys propose that among women suffering with vesico-vaginal fistula, many forms of mental health issues including depression and anxiety are prevalent.¹⁸ Mental health effects and women living with genital tract fistulae have associations, there is a scarcity of data in the literature.^{19,20} Due to the difficulties experienced by these patients in respect to their general health, day-to-day activities, personal relations and social interactions, we hypothesize that these patients maybe suffering from depression. This study is carried out to screen depression in patients suffering from VVF and possible factors involved in our local population.

METHOD AND MATERIAL

Objective

To screen for depression in women suffering from vesico-vaginal fistulae prior to surgery and different potential precipitating factors that may

be involved.

Design

A descriptive study, Cross-sectional study

Place

Welfare ward of Obstetrics and Gynaecology Unit at Isra University Hospital Hyderabad, Sindh – Pakistan

Duration

15 - April-2014 to 15- October – 2014

Study participants

22 patients

Data collection procedure

All data collected on a preformed questionnaire which included the bio-data of the patients, period lived with fistula, attitude towards the possibility of the disease to be curable and attitude of the husbands, family and neighbors towards them and Hamilton rating scale for depression (HAM-D)²¹ was used for screening the patients for depression, after the verbal consent of individuals and in proper privacy

Inclusion criteria

Study included women suffering from vesico-vaginal fistulae admitted to Isra University Hospital during the study period and waiting for evaluation and treatment.

Exclusion criteria

Women with other causes of urinary incontinence, any co-morbidity and pregnant women were excluded.

DATA ANALYSIS PROCEDURE

All information was recorded on preformed questionnaires. Descriptive statistics were used and percentages were calculated for qualitative variables like period lived with fistula, attitude towards the possibility of the disease to be curable and attitude of the husbands, family and neighbors towards them. Mean \pm Standard deviation were calculated for age of the patient and gestational age. Pearson correlation was used where applicable and was analyzed on

SPSS version 16.0.

ETHICAL APPROVAL

Ethics approval was taken from the ethics committee of Isra university Hyderabad which is an institutional ethics committee , approval date 7th April 2014.

RESULTS

A total number of 22 patients participated in this research. The mean age of patients was 36.36(\pm 9.204) years. The youngest patient was 22 years old and oldest was 55 years old. The parity status of these cases was grandmultipara 11(50%), multipara 9(40.9%), primipara 1(4.5%) and nullipara 1(4.5%). 7(31.8%) had history of abortion and 14(63.6%) had no history of abortion and 1(4.5%) was nullipara. Majority of the patients were from rural area 19(86.4%), semi-urban 2(9.1%) and urban 1(4.5%). According to marital status 19(86.4%) were married, 2(9.1%) were widow and 1(4.5%) was left by her husband. Majority of these patients got married at age less than 18 years 18(81.8%) and only 4(18.2%) got married after the age of 18. All of these patients belong to low socioeconomic status. 19 (86.4%) patients were illiterate and only 3(13.6%) got primary education. 20(90.9%) of these patients were housewife and 2(9.1%) were working women.(Table-I)

S.NO	VARIABLES	No.	%age
1	Age in groups		
	18-24	3	13.6%
	25-44	12	54.5%
	45 and above	7	31.8%
2	Parity		
	Nullipara	1	4.5%
	Primipara	1	4.5%
	Multipara	9	40.9%
	Grandmultipara	11	50%
2	Residence		
	Urban	1	4.5%
	Rural	19	86.4%
	Semi-urban	2	9.1%
3	Marital Status		
	Married	19	86.4%
	Widow	2	9.1%
	Left	1	4.5%

4	Age of Marriage		
	<18	18	81.6%
	18 and above	4	18.2%
5	Socioeconomic status		
	Low	22	100%
6	Education		
	Illiterate	19	86.4%
	Primary	3	13.6%
7	Occupation		
	Housewife	20	90.9%
	Working	2	9.1%

Table-I Demographic Data of study participants (n=22)

According to period lived with fistula 12(54.5%) patients who had lived less than one year, 5(22.7%) lived 1-5 years, 3(13.6%) had this problem for 6-10 years and 2(9.1%) suffered from the fistula since more than 10 years. Only 3(13.6%) had previous attempts of fistula repair surgery and majority 19(86.4%) had no history of any attempt.. Majority 14(63.6%) of the patients included in study had iatrogenic cause of fistula and 8(36.4%) suffered from obstetrics fistula. 21(95.5%) underwent VVF repair and only 1(4.5%) had evaluation under anesthesia. (Table-II) All of the patients believed that the disease was curable.

S.NO	Variables	No.	%age
1	PERIOD LIVED WITH FISTULA		
	< 1 year	12	54.5%
	1-5 years	5	22.7%
	6-10 years	3	13.6%
	>10 years	2	9.1%
2	Cause of fistula		
	Obstetric	8	36.4%
	Iatrogenic	14	63.6%
3	Previous attempts for VVF repair		
	Yes	3	13.6%
	No	19	86.4%
4	Procedure for current admission		
	VVF repair	21	95.5%
	EUA	1	4.5%

Table-II. Profile of fistula (n=22)

According to Hamilton depression scale, majority of the patients 8(36.4%) were suffering from moderate depression, 6(27.3%) had mild depression, 4(18.2%) had no depression, 2(9.1%)

had severe depression and 2(9.1%) suffered from very severe depression. (Fig-I) Majority of the patients wished she was dead 9(40.9%), 6(27.3%) felt life is not worth living, 1 (4.5%) had suicidal ideas, 1 (4.5%) attempted suicide. (Fig-II) Majority 20(90.9%) husbands were sympathetic and encouraging and only 2(9.1%) patients felt they were rejected by their husbands. Similarly 18(81.8%) patients had sympathetic and encouraging family were as 2(9.1%) said that they were maltreated and 2(9.1%) isolated them. 12(54.5%) said that behavior of their neighbors was sympathetic and encouraging but many 10(45.5%) were maltreated by them. (Table-III) Depression was significantly associated with negative behavior of neighbors ($p=0.04$).

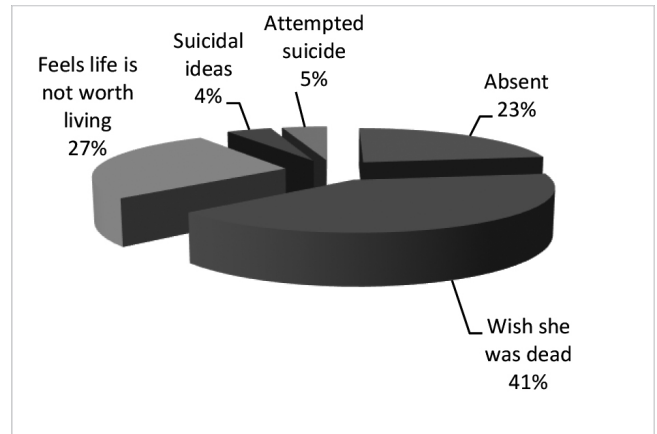


Fig - 2 Perception towards life and suicidal ideations.

S.NO	RESPONSE	No.	%age
1	Husband		
	Sympathetic and encouraging	20	90.9%
2	Family		
	Sympathetic and encouraging	18	81.8%
	Maltreat	2	9.1%
	Isolate	2	9.1%
3	Neighbors		
	Sympathetic and encouraging	12	54.5%
	Maltreat	10	45.5%

Table-III. VVF patients' perception of society's reaction towards them. (n=22)

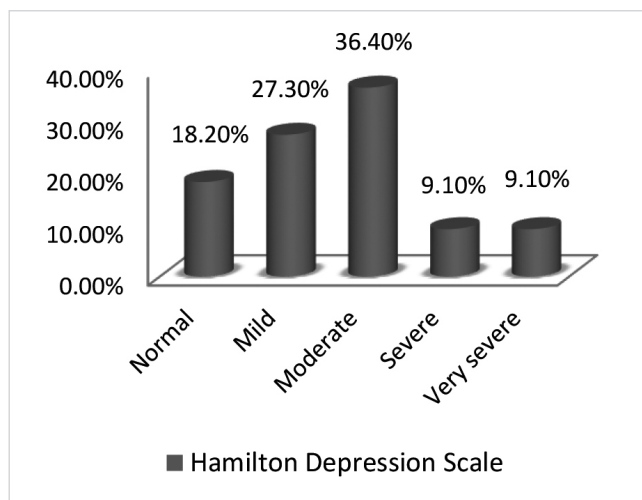


Fig - 1 Hamilton Depression Scale

DISCUSSIONS

Where these women have to bear the pain of a fetal loss, they are also left with embarrassing complication and resulting neglect from their family members and society, which leads them to depression, loss of self-worth and a feeling of guilt owing to which they isolate themselves. As Fasakin G said "VVF is a stigma due to the damaging effect and is a brutal punch headed for the psychological well-being of its sufferer. A stigmatized individual is unable to live a happy and successful life; this explains a case of a woman living with VVF!"¹⁷ Delay in treatment of these patients due to lack of awareness further fan the flames of these psychological problems which more often doctors fail to notice during the treatment. Many studies have been published on identifying the site of defect, treatment options and outcomes of the repair but very few researches have been done to evaluate patient's psychological well-being.

A study was conducted at ISRA university hospital over 22 patients suffering from VVF and waiting for the surgery to screen for depression. Among these patients, 81.8% patients were suffering from different severity of depression which reflects the major psychological impact of this disease over the patients. A similar study conducted in Pakistan over 8 patients also showed association of VVF with psychological disturbances counting low self-esteem and increased stress.²² Fasakin G conducted a study in Nigeria also showed

depression and low self-esteem to be the major psychological effects experienced by VVF victims.¹⁷ Similarly other studies conducted in Nigeria by Aboh JU also showed depression (73.81%) and (72.9%) in Korea with 25.7% meeting criteria for severe depression^{23,24} A study conducted in Dhaka and Ethiopia in which 97 % patients were positive for mental dysfunction and major depression estimated between 23.3 % and 38.8% to be prevalent in fistula women.¹⁸

Though all of these patients were Muslim by religion which prohibits suicide and to have suicidal thought but still due to negative impact of the disease led these patients to think over it. Majority of the patients wished she was dead 9(40.9%), 6(27.3%) felt their life is worthless, 1 (4.5%) had suicidal ideas and 1(4.5%) attempted to commit suicide. This was same result seen in Fasakin G study which also pour light on the importance of adequate and urgent attendance of these patients as many of these patients may end up committing suicide.¹⁷ Another study also showed 40% of the VVF patients had the 'idea of taking their own lives'.¹⁸ Weston K conducted a study in Kenya over 70 women, 2 (2.9%) had history of psychiatric illness and 12 (17.1%) reported suicidal ideations.²⁴ A study was conducted in Niger where women reported depression, shame, and loneliness and others felt undervalued as a woman and wish to end their lives.²⁵ In Cameroon, fifteen percent of patients considered the solution for their fistula problem to be suicide which showed a very negative impression about the disease among the patients.¹²

100% patients considered this disease to be curable and were having high hopes which was mostly related to their religious believe, moral support from their families and free treatment provided at hospital also helped them in getting them proper treatment as soon as possible which also relieved them from fear of affording the surgeries. On the contrary, a study conducted in Cameroon, 57% did not believed the fistula to be curable, reflecting lack of information regarding the possibility of obstetrics fistula to be treated.¹²

Considering the factors which may have played role for them to suffer from depression, the most negative impact was from the neighbors of the patients which formed 45.5% of the maltreated patients. Better response was seen from husbands and family. Depression was associated with negative behavior of neighbors ($P=0.04$). Weston K, showed that with women >20 years of age, joblessness, lack of support following fistula and lived >3 months with VVF ($P=0.01$), ($P=0.03$), ($P=0.04$) and ($P=0.01$) were significantly associated with depression among these patients, respectively.²⁴

CONCLUSION

In context of our study we conclude that these women are living with more than just a physical defect which needs to be considered as a part of their treatment. Providing the patients with emotional support, better obstetric facilities and rehabilitating them back into the society after restoring the physical health and taking measures to educate the society about this problem by arranging awareness programs and motivating them to seek medical help early in the disease course will help restore general health of these patients.

ACKNOWLEDGMENT

We would like to thank Professor Dr. Nishat Zohra, Professor Dr. Aftab A. Munir and Professor Dr. Pushpa Srichand for allowing us to conduct the research in the Department of Obstetrics and Gynaecology. We would also like to thank the patients who participated.

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PREVIOUS RELATED STUDY

Abdul Latif Khan, Masha Khan, Akhtar Bano. VESICOVAGINAL FISTULA; SURGICAL MANAGEMENT (Original) Prof Med Jour 11(3) 261-266 Jul, Aug, Sep, 2004.

M Shuja Tahir, Mahnaz Roohi. VESICOVAGINAL FISTULA (Rev) Prof Med Jour 16(1) 1-11 Jan, Feb, Mar 2009.



“No duty is more urgent than that of returning thanks.”

James Allen



AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Dr. Rabail Bohio	Principle investigator, conceptualization and design of the research work, data collection. literature search, statistical analysis and interpretation, drafting, revision and writing of Manuscript.	
2	Dr. Zahida Perveen Brohi	Data collection, drafting, revision and final approval	
3	Dr. Farrukh Bohio	Statistical analysis, drafting, revision and final approval	