

ADDIS ABABA UNIVERSITY
GRADUATE SCHOOL OF SOCIAL WORK

UNCOVERING STORIES OF RESILIENT WOMEN WITH OBSTETRIC FISTULA
AT ADDIS ABABA FISTULA HOSPITAL: A CASE STUDY

BY
SELAMAWIT ALEMU

JUNE, 2010

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AT ADDIS ABABA FISTULA HOSPITAL : A CASE STUDY

BY

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A Thesis Submitted to the School of Graduate Studies of Addis Ababa
University in Partial Fulfillment of the Requirements for the Degree of
Master in Social Work (MSW)

Advisor: Dr. Mengistu Leggese

Addis Ababa

June, 2010

DECLARATION

I the undersigned, declare that this thesis is my original work and has not been presented for degree in my any other university and that all sources of materials used for this thesis have been duly acknowledged.

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APPROVAL

ADDIS ABABA UNIVERSITY

School of Graduate Studies

Graduate School of Social Work

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Addis Ababa Fistula Hospital

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Approved by Board of Examiners

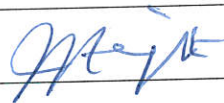
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ACKNOWLEDGEMENT

First of all, thanks be to the one above all of us omnipresent God, for answering my prayers for giving me strength to plod on despite my constitution wanting to give up. O precious Lord, May your name be exalted, honored and glorified

Secondly, I would like to thank Dr. Mengistu Legesse and Ato Hailemichael Tesfahun for their advice throughout the thesis work from the beginning to the end. Next I would like to express my deepest gratitude to Emebet Getachew, candidate of PhD from school of social work, for her advice in deciding to attend my masters degree ('she is an angel'). In addition, I would like to thank Professor Willaiams G. the medical director of Addis Ababa Fistula Hospital for his invaluable comment on my thesis proposal and staff nurses and respondents; with out their full cooperation this thesis would not have been possible. Furthermore, I am indebted to thank my life long colleagues: Dejex T., Mamusha T., Senu T/G., Tata, Mekui.T, Akaleweld R., Adex T., Taddle D., and Mesfin F., for their moral support and inspiration, I will never forget.

Last but not least, I specially thank my family, My Father Alex and particularly my mother Birznesh Teka, I have no suitable word that describe her everlasting love to me. Let the whole world know as you are the true lover, generous and perfect. Mother, I love you.

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GLOSSARY

Obstetric Fistula	Is the permanent leakage of urine and or feces through the vagina when the mother's pelvis can cut off the flow of blood to the soft tissues of the bladder, vagina and rectum due to obstructed labor resulted in a fistula (a hole) between adjacent organs. It is also called
Vesico-vaginal fistula	If the fistula is between the vagina and bladder. In this case, urine leaks from the vagina.
Recto-vaginal	If the fistula is between rectum and vagina. In this case both urine and feces leaks from vagina
Entero Vagina Fistula),	If the fistula is between the intestine and the vagina. Cervical Fistula: if there is an abnormal opening in the cervix.
Utero peritoneal Fistula:	If the fistula is in peritoneal cavity.
Foot drop:	Contracture of the lower limb (leg) and unable to walk due to the nerve trauma due the pressure from the fetal head at the time of prolonged labor

Abstract

Using the construct of resilience, this study looks at the experiences of 10 women with the stories of obstetric fistula who "somehow" manage to function well, live well and aspire well despite facing multiple challenges in their lives. Through the qualitative analysis, it became clear that the women identified different stages of reactions to their difficulties. In-depth qualitative interviews with those women with the stories of obstetric fistula who have been receiving social supports and medical treatment at Addis Ababa Fistula Hospital for over the four years explored the variables of risk, and strengths on the basis of individual functioning. Narrative analysis explored the salient issues related to the women's perceptions of social support resources, social roles (a purpose to life) and the social integration all of which indicate low as well as their high social isolation and limited social network. Moreover, this study uncovers the presence of 10 individual strengths as well as processes through which these strengths were important in the experience of women's resilience. Qualitative findings suggest that role quality and responsibility of managing their life affairs and personal concerns as measured by their work-life experiences and social integration and group supports were inadequate as they received significantly fewer sources of support and used fewer support strategies. However, the variable of individual strengths could be appreciated and promoted since it indicated their higher levels of the individual functioning than the levels of individual risk. Thus, the qualitative research supports the usefulness of identifying and building upon individual and group strengths. To this end, human services providers including social work services should collaborate with the hospital by joining new flexibility and support strategies in life skills domain.

CHAPTER ONE

Introduction

This study has been carried out to explore the resilience of women with obstetric fistula who are currently being treated at Addis Ababa Fistula Hospital. Obstetric fistula is now considered as one of the most life-threatening, traumatic, shameful and harmful life experiences that can happen to any woman in any society where the problems of sexual and human rights abuses are widely prevalent. In fact, obstetric fistula is a serious childbirth injury that leaves girls and women incontinent of urine and/or feces after prolonged and obstructed labor (Zacharin, 2000).

In connection with prolonged labor, the baby's head compresses the vagina against the mother's pelvic bones, and if the compression continues long enough, the tissue becomes necrotic, forming an opening between the vaginal wall and the bladder or the rectum (WHO, 2000). Physical complications are caused by obstructed/prolonged labor and untreated fistula itself. These include fetal demise, damage to the cervix or pelvic bones, neurological conditions such as foot-drop, leakage of urine and/or feces into the vagina, genital lacerations, kidney infections, and amenorrhea (Vangeenderhuysen, Prual, Ould & Joud, 2001).

In line with obstetric fistula problems, psychosocial complications are also devastating, and although they start with social isolation of affected women due to offensive odor, many women are abandoned and divorced. Women suffer for many years, since fistula repair services are rare, and even when available, women lack the knowledge that fistula can be repaired and/or they lack resources for treatment (Arrowsmith, Hamlin, & Wall, 2002).

According to the World Health Organization's [WHO's, 2006] Global Burden of Disease Study, 21.9% of the disability estimated to occur in association to child delivery which occur in reproductive age particularly between 15-44 years of age, that refers to an average of 14.5 years per women will be lost to maternity related problem. According to the study, 22% of all morbidity is associated with fistula which is caused by obstructed labor.

Regardless of Obstetric fistula has been virtually eliminated in developed countries; it is still prevalent in many parts of the developing world (Kelly, 2005). The total number of fistula cases in the world is estimated to be around 2,000,000. And in sub-Saharan Africa and South Asia, 50,000 to 100,000 women are affected each year (WHO, 2006).

As the available evidence indicates, in Ethiopia, obstetric fistula is one of the health problems that women face today. For each dying mother there are many more suffering from acute or chronic complications of childbirth. It is estimated more than 500,000 Ethiopian adult women and girls suffer from disabilities associated with obstetric trauma. There may be 250,000 women suffering from obstetric fistula in Ethiopia. There are an estimated 100,000 women suffering with untreated fistula and another 9000 women who develop fistula every year (WHO, 2006). Most of women are affected by obstetric fistula at early age (mean 16 years) and with the current life expectancy of 55 years (Harrison, 1983).

According to Kelly (1995), their conditions of life is entirely dependent on the willingness of their relatives or family members who either make them more vulnerable to different forms of mistreatment and abuses. It also affects the productivity of the household, the society and the country in general. (Lopez,1981, cited in Murray, 1996).

This study should be seen in this connection that, the problem of obstetric fistula affects the life of women at very important age of their life to play socially expected roles such as being wife and mother. This demonstrates as they are often abandoned by their husbands and family and stigmatized by society (Harrison, 1983). Such devastating consequences and the ways women who suffer from such life trauma adopt to function in such situations are worth looking to bring about positive changes in their lives

In light with this, study will provide information about their living and working conditions, experiences and consequences of obstetric fistula. This kind of information can be helpful for policy makers, social workers, psychologists, social service providers and other concerned bodies to design programs and strategies that would help tackle or minimize the impact of obstetric fistula. This study has also the aim of making these vulnerable groups of women more visible in the eyes of policy makers and practitioners.

STATEMENT OF THE PROBLEM

Fistula affects women's quality of life which is demonstrated in (Rahmat , 2001). And also similar study indicates women with obstetric fistulas are "the most dispossessed, outcaste, powerless group of women in the world2" (WHO, 2006, p.126). Likewise another study describes as Obstetric fistula is more than a woman's health problem. Its roots are embedded in economic, political, and social determinants that underlie poverty and vulnerability. Furthermore the study done on obstetric fistula shows as women have limited financial expenditure on basic and maternal health care services for the poor and marginalized people (Ahmed & Hohz, 2007).

Despite abysmal lack of data in Ethiopia, little seems to be known about the life experience of women with obstetric fistula cases. The available sporadic evidence on

obstetric fistula among women provides a chilling picture of the urgency of medical care and social services. Because of a host of factors including the less priority given to the victim women, and being voiceless to discuss details of their painful experiences, a number of cases remain unreported in Ethiopia.

As the available evidence indicates, according to Kelly (2005), obstetric fistula is a wide spread problem. In Ethiopia, there is no comprehensive and adequate data about the resilience of women in general and those with stories of fistula in particular. As a consequence, little is known about the coping strategy of women living with obstetric fistula problems. However, the actual incidence of obstetric fistula problems among women in Ethiopia can be considerably high since they are vulnerable to different kinds of harsh living conditions.

According to (Arrowsmith, Hamlin & Wall (2002), almost all studies that examined the lives of these women are based on short-term follow-up after surgical repair. However, knowledge remains limited about resiliencies of women with fistula on long-term prognosis following surgery. Moreover, most of the reviewed documents indicate the causes, the physical, social, emotional and psychological consequences of obstetric fistula. However, there is scant information about the resilience of such women. As a result, this study is proposed to investigate the real life situation of the women and their coping mechanism used to survive before and after having surgical repair of obstetric fistula.

Despite lack of reliable statistical figure about the resilience of women with stories of obstetric fistula in Ethiopia, on the basis of the social reality, such women represent one of the vulnerable sub-groups who face the double jeopardy of being poor women and living untreated or cared about. According to Arrowsmith, Hamlin & Wall (2002), women

with obstetric fistula cases are economically poor and uneducated, they receive no medical or social services but live in limbo. As a consequence, they are widely exposed to various forms of atrocities including discrimination and apathy or total abandonment. Regardless of the paucity of objective data, the available evidence indicates that the number of women with obstetric fistula cases can be considerably high and there seems a general consensus that obstetric fistula is a complex issue of widely impacts.

As it is well known, in Ethiopia women routinely work long hours, often without enough earning. When such women fall in sick and left unattended or live in almost total isolation from family and friends, they are more likely to exhibit a variety of emotional, behavioral and somatic responses (Muleta, 2004). In this sense, obstetric fistula, like other traumas, can shatter the victim's construction of reality and challenge in their coping strategies.

With particular reference to Ethiopian situations, given the disproportionately high poverty rates of the people particularly the socio-economic situation (SES) of young women and lack of access to medical care services as well as nonexistence of social services for those who have had surgical repaired of obstetric fistula (Arrowsmith, Hamlin, Wall, 2002). One can easily imagine the devastating life experience of this group of people in society. On the other hand, researchers in Ethiopia appear to give little attention to the problems of in resiliency of women with story of obstetric fistula.

With reference to a significant number of women who are receiving treatment in Addis Ababa fistula hospital, it does seem necessary to do research to investigate how such people cope with the challenges of living with obstetric fistula. Furthermore, on the basis of the literature on resilience and the findings of this study, it seems useful to

provide suggestions to tackle or ameliorate such situations. In other words, having pertaining data is helpful to allow practitioners to use resilience as the knowledge base for practice to create a sense of optimism and hope for victims of obstetric fistula. Research actually done from the vantage point of social work services is necessary to increase insights into addressing the problems and arriving at the solutions.

Research such as WHO (2000), has shown that women who have experienced obstetric fistula are more likely to suffer a variety of sexual and reproductive health problems, such as sexual dysfunction and adverse pregnancy outcomes. So, assessing how these women deal with such life challenges will be value adding especially for those women who have no alternative to live and would like to continue through minimizing risks.

In line with the growing concern about women with obstetric fistula in Ethiopia, various attempts are being made by both government and non-government agencies to find resources to ameliorate the situation. However, there continues a paucity of both human and material resources to reach out to those women who suffer from obstetric fistula (WHO, 2006). Pertinent to this issue, conducting research is considered one of the viable means to curb, if not to eliminate, the situation.

Evidence reveals that the plight of women with obstetric fistula has been neglected since it is seen as a private affair that does not require monitoring and health care intervention (Murray, 1996). Therefore, it can be suggested more studies be undertaken to provide insights on the coping mechanisms of women with fistula to continue to function safely in their community. It is to be noted that our humaneness is measured by respecting our citizenship rights without discriminations.

In light of these problems, as most of study mentioned in different part of the study, researcher is interested to look for the study of resilience and suggest measures of minimizing the effects of obstetric fistula. The contributions of such measurements may include the following: First, it can provide an idea of professional interventions (perhaps through psychosocial services and medical care) that might be desirable to mitigate the effects of obstetric fistula on women. Second, it can provide a better idea of one of the benefits of policies and projects to reduce the incidence of obstetric fistula, and so lead to the better design of such interventions. It is therefore important to undertake research geared towards these goals.

There are a number of individuals who are able to function well despite the various adversaries they encounter in their lives (Carver 1998). Likewise, there are many women who are survivors of obstetric fistula. What remains as an important issue here is to explore and understand "why different individuals from the same high risk-factor or low supportive environment emerge so differently" in their respond to and become survivors of obstetric fistula, and "why do some people suffer from posttraumatic stress syndrome while others often seem to thrive after a major stressor?"

In an attempt to answer the questions of resiliency researchers such as Hunter (1978), suggest the importance of studying and analyzing the social milieu by looking at ways individuals are able to maintain high functioning despite facing difficult life experience. Therefore as a social workers, the researchers agree that measuring resilience among survivors of the trauma is one viable approach to explore and study its effects in functioning well in a society. As the current study mentioned in different part indicates, a number of them are able to confront those life challenges and continue to function in a

seemingly normal way. In short, such people can be considered as survivors. From such perspective, it can be understood that most of them can be motivated to be survivors if their strengths are supported. However, there is little reliable data to indicate how they remain survivors or have the ability to function well despite the devastating consequences of obstetric fistula without social work interventions or additional professional support.

In this vein, resilience is viewed as a continual process involving both the environment and the ego factors of the individual. In this context, there is a need to examine the cognitive, affective and developmental domains of the survivors in relation to other environmental factors (Kaplan, Turner, Norman, & Stillson 1996). Assessing their resiliency is therefore important to provide information about their responses to obstetric fistula repairs and post-assault recovery.

In this regard, it has been worth investigating their ability and strengths that sustain their lives now and the future. Hence, this study attempts to identify their resilience or coping mechanisms to understand their capacities that enable them to continue to live with the problems of obstetric fistula.

Most importantly, this study is undertaken to envisage the resilience of women with stories of obstetric fistula in Addis Ababa fistula hospital in order to provide information and suggestions useful to alleviate the situation and to help develop justice-based social intervention plans that can promote the well-being of their social environment.

RATIONALE OF THE STUDY

Considering the various issues associated with obstetric fistula, it has become appropriate for this investigation to undertake a study to assess resilience of women with stories of obstetric fistula. This study will contribute to the scant information available on

the survivor strengths and skills of women with obstetric fistula in Ethiopia. In addition, the findings of this study will help to create awareness to the public and policy makers that women with obstetric fistula are human beings whose living conditions are unfortunately affected. Moreover, the study will provide information regarding the determinants of obstetric fistula, its effects on psychosocial, personality and self steam development. Furthermore, this study will provide information like the nature of enduring capacity of women with the experiences of living with traumatic condition.

In cognizant with the harmful consequences of obstetric fistula, most countries in the world have now legislations governing the treatment of women and provision of services to them. While acknowledging the importance of programs and services in this area, one should be aware, however, that their implementations are not easy but rather a lengthy process that, even when successful, will in practice tend to leave room for a substantial incidence of obstetric fistula for some time to come. Consequently, enforcement is often difficult in many countries, making the impact of obstetric fistula devastating. In line with this concern, this study will help provide some insights or directions about how to make best use of those programs and practices in Ethiopia.

In connection with this, social work researchers can explore positive as well as negative outcomes from self-reported life experiences. If it is possible to understand how such women are able to function well in the context of harsh living and working conditions, a number of organizations and concerned bodies can take advantage of the information to develop new practice strategies useful to provide services such as culturally competent counseling services or person-family relationships. Therefore, this study would

contribute deeper understanding about the circumstances that precipitate obstetric fistula and coping mechanisms.

In this vein, the study findings help to provide, in addition to recognizing their capacities and toughness by learning about their resilience, information and suggestions it is necessary to respect and energize their capacities by increasing, where possible, improving the current practices available at the hospital to achieve its objectives particularly in the area of social work services for victims of obstetric fistula.

Study Objective

Major objective

To examine and determine the factors that promote resiliency in women with surgically repaired obstetric fistula.

Specific Objectives

The study aimed to accomplish the following specific objectives:

- To identify factors that contribute to coping strategies;
- To assess the living and working conditions of women with obstetric fistula cases;
- To explore women's knowledge of what obstetric fistula is and its impacts are;
- To examine the impacts of obstetric fistula on the women's economic, health and psychological well-being;
- To predict the impact of obstetric fistula on the perception of the women's future life success or failure;

Scope of study

This study include only 10 women with obstetric fistula found at Addis Ababa fistula hospital with limited range of age between 18 -35 (average young age women), those lived with the problem that is associated with child birth and, most importantly women who lived with the problem for about 4-20 years. This is because to explore coping mechanism of obstetric fistula survivors in somehow diversity. However, may not be representative for all women who are treated obstetric fistula. Moreover, Time, resource were constraints encountered during the study process.

Operational definitions of terms

“Case”: refers individuals with specific entity, lifestyle or situation; for this study, cases are women under surgical repair of Obstetric fistula at Addis Ababa fistula Hospital.

Resilience - refers to the mechanism through which individual develop coping, adapting or endure the situation, or events they actually live in.

Social support - refers to any process through which social relationships can influence health or psychological well-being.

Support group – members of one's social network who lack or desire contact with peers in similar stressful circumstances due to their uncertainty about appropriate feelings, thoughts, and ways of behaving or coping in their new stressful circumstances.

Social integration – is the extent to which an individual participates in a broad range of social relationships in order to promote positive affect and prevent negative affect specifically in the area of health behaviors

Social network - refers to the relationships that exist between members or represent a tie that connects a specific set of individuals who may be of relevance to health.

Social Control - refers to two processes, namely, (1) direct efforts others make to influence the health practices of the target (in the present case, women with fistula) and (2) the regulating, stabilizing responsibilities associated with holding social positions

Ethical Consideration

Ethical standards were used throughout study process, since the research used human beings as research participants. The rights of participants was not threatened or violated. Therefore, protection measures for instance, when the crying or emotional disturbance happened while they were asked about their experiences at the time interview. The participants was informed as they have a right to quit, to postpone, withdraw from participation with out any prejudice. It was helped to minimize the anticipated risk mentioned above. In addition, there were a great care, respect and privacy during interview. They were informed for confidentiality for any information that will affect their personal interest and as the data will be stored in locked area only available to the principal investigator and as it will be used only for academic purpose. The assurance of all the processes were done through legal permission and using informed consent that was signed by the participants to show as its legal and done by the willingness the participants. All the information mentioned was included in the informed consenting format (Annex 1).

CHAPTER TWO

Review of Related Literature

In order to explore the resilience of women with obstetric fistula and their place in society, it seems appropriate to describe first the core concept of obstetric fistula and its impacts on the lives of women who have encountered it. In addition, reviewing the resilience literature and finding information about the causes and consequences of

obstetric fistula can help this writer not only to understand the survival skills of the victims and their life challenges, but also to provide some suggestions useful for social work intervention to improve the lots of women who suffer from such trauma.

Concepts and Definition of Obstetric fistula

An obstetric fistula is direct consequence of un- clever obstetrical intervention or, most often, of an obstructed labor. During prolonged labor, the pressure of the baby's head against the mother's pelvis can cut off the flow of blood to the soft tissues of the bladder, vagina and rectum. The mother's injured pelvic tissue soon sloughs away, leaving a fistula (a hole) between adjacent organs. It could be between the vagina and bladder or the vagina and the rectum or both and results in continuous urinary and/or fecal incontinence (WHO, 2006).

There are various types of obstetric fistula as out lined by Arrowsmith. Include: Vesico-Vaginal Fistula (VVF), if the fistula is between the vagina and bladder. In this case, urine leaks from the vagina. Recto- Vaginal Fistula (RVF), if the fistula is between rectum and vagina. Entero Vagina Fistula (EVF), if the fistula is between the intestine and the vagina. Cervical Fistula: if there is an abnormal opening in the cervix. Utero peritoneal Fistula: if the fistula is in peritoneal cavity. The majority of fistula cases are vesico- vaginal. This is estimated about 85% in Ethiopia and 84% in Nigeria. Obstetric fistula which is caused by combined of VVF and RVF is estimated about 6% to 24% (Arrowsmith, 2000).

Arrowsmith and colleagues (2002), coined the phrase "obstructed labor injury complex" to encompass the extent of physical and social injury caused by fistulas. Almost 80% of women will develop chronic excoriation of the skin from the direct

irritation caused by urine and foot drop (due to neurological injury), they may develop amenorrhea, vaginal fibrosis, infertility and infection. In addition, the social consequence of obstetric fistula is due to the permanent leakage of urine and or feces through the vagina leads to the rejection of women because of misperceptions regarding its cause and stigmatizes by their communities. Moreover, the physical and mental trauma are factor that aggravate their sudden social isolation and economic hardship (Arrowsmith, Hamlin & Wall, 2002).

Causes of Obstetric Fistula and Physical Consequences

World Health Organization classifies causes of obstetric fistula as early marriage, harmful traditional practices, sexual abuse, lack of access to maternal health care, lack of skilled health care provider and inaccessibility of health care facilities, poverty are among the major causes of obstetric fistula (WHO,2000).

In addition, the previous study by Ahmed and Hohz (2007), have examined the four major adverse consequences of obstetric fistula; physical consequences, social and economic consequences, emotional and psychological consequences, and social displacement. The other cause; Early marriage is wide spread in Ethiopia. When young girls whose pelvis is not fully developed which in turn make pregnancy and childbirth are risk endeavors for a women's life, particularly for 29 millions women who live in rural area. In addition, pregnant women traditionally deliver their babies at home with only female elders in attendance. For women in obstructed labor, the closest skilled doctors able to provide a cesarean section, but health care facilities and skilled health care providers are inaccessible in remote areas (Kelly, 2002).

Social and Economic Consequences

Fistula is considered a “social calamity” (Harrison, 1985). Moreover, women with VVFs are often not accepted by their husbands, families, and communities. The condition is often considered a sexually transmitted disease and viewed as a punishment from God. Most women with fistulas report disturbed socio-psychosexual lives and are usually deserted by their husbands.

Women’s Dignity Project (2003), reported that immediately after the fistula occurred, 14% of new patients were divorced and only 42% continued to live with their husbands; and if the condition persisted, 28% of the women were divorced and only 11% were allowed to stay (Murphy ,1981). In addition, similar study in Africa shows, as among women affected with fistulas in Niger, 63% were divorced (Lendon,2001). Often, until they are cured, married women with fistulas are sent back to their parents’ home where they are not allowed to cook food, participate in social events, or to perform religious rituals (Murphy,1981 and Ojanuga,1991). As well as a study of women with fistulas perceive the societal reaction toward them in Nigeria found that most (53%) consider themselves rejected (Kabir , Abubaker & Umar ,2004).

Whether the presence of children was associated with the risk of divorce or separation was examined only in little study conducted in Zaria, Nigeria. The findings suggest that the presence of living children may reduce the risk of separation or divorce unless the mother has long been affected with a fistula (Women’s Dignity Project, 2003). A study in Addis Ababa found that without support from their husbands and without the means of earning their livelihood, 39% of the women with fistulas were dependent on relatives for food and 22% begged or lived on donations (Muleta, 2004).

Kelly (1995) gave a vivid glimpse on their social isolation. When suggested treating a blind woman with a fistula for her blindness first, she replied, "Cure my fistula first. If I am blind people will sit with me and talk to me, but no one will come near me because I'm wet and I smell." And also another study indicates the reduction of stigma remains a major challenge for public health programs involved with the problem of fistula (Bangser, 2006).

Emotional and psychological consequences

Women with obstetric fistula are affected psychologically and emotionally. As they fight for their own survival, social status and value in society. They are mentally tormented, traumatized and stressed (Islam and Begum, 1992).

Psychological study conducted in Nigeria shows about 33% of women with fistulas were psychologically depressed, and an additional 51% were bitter about life (Kabir, Abubaker & Umar, 2004).

A qualitative case study examined psychological effects of VVF, including anger, depression, and disappointment with life, in 53 women from northern Nigeria. Most reported a loss of self-esteem and experienced stress and anxiety (Ojanuga, 1991). It also examines if emotional support was provided by their husbands, however, the women reported an optimistic view of life.

An extensive study on the psychosocial consequences of having a fistula in Bangladesh indicates: majority of women (61.4%) reported embarrassment in their social lives, 39.4% reported feeling constantly ill, and 33.3% reported difficulty in maintaining a sexual relationship. About 50% reported a significant decrease in libido; 59% a reduction in the frequency of coitus; and 45% a delay in experiencing orgasm. Moreover,

52% of the husbands expressed a loss in sexual pleasure with their wives. Regarding their social lives, 87% reported embarrassment; 67.4% an inability to perform their prayers; and 62% unhappiness in their married life. Loss of menstruation was reported by 37.9% of the women (Islam and Begum, 1992). Another recent psychosocial study in Bangladesh suggests low self-esteem in women with fistulas, with many reporting depression and anxiety (Goh and Browning, 2005).

CONSTRUCT OF RESILIENCE

The construct of resilience has been equated with strength (Rak & Patterson, 1992). And a concept that has traditionally been a part of social work practice has used the construct a of resilience to refer to situations in which people are able to avoid the negative consequences typically associated with high risk. From a developmental viewpoint, resilience is the ability to effectively negotiate each successive stage of development by means of intrapersonal knowledge and coping skills and an external supportive environment (Pearlin & Schooler 1992).

Resilience theory in context with Strength can be described as the capacity to cope with difficulties, to maintain functioning in the face of stress, to bounce back in the face of significant trauma, and to use social supports as a source of resilience (Carver, 1998).

Accordingly Polk (1997) has identified several groups of strengths, including: What people have learned about themselves, other and their world ... personal qualities, traits, and virtues that people have cultural and personal stories and lore,..... Pride... and community (pp. 51-52).

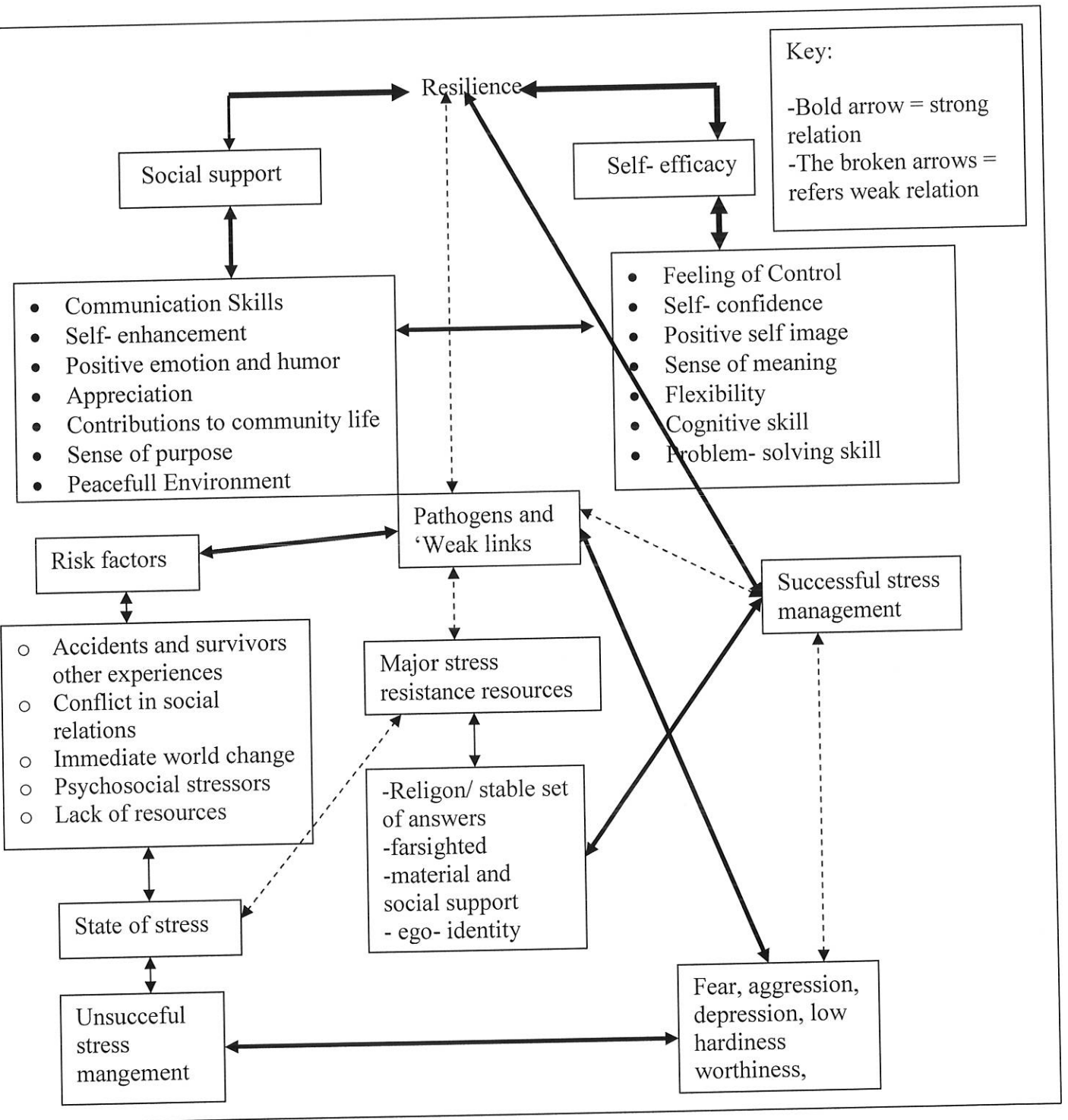


Figure 1. A new conceptual framework for understanding of resilience theory, demonstrate the relationship of stressor, risk factor and resilience. The arrows within the framework indicate possible consequence of interaction of risk and resilience factors.

Source : (Pearlin, & Schooler, 1992). The structure of coping. Family stress, coping, and social support (pp. 109-135).

In relation to these, Rotter (1966 p. 25), indicated the more resilient characteristics indicated as follows: The individual who has a strong belief that he can control their own destiny is likely to (a) be more alert to those aspects of the environment which provide useful information for his future behavior; (b) take steps to improve their environmental condition; (c) place greater value on skill or achievement reinforcements and be generally more concerned with their ability, particularly their failures; and (d) be resistive to subtle attempts to influence them.

Consistent with this notion, a study of resiliency in women with stories of obstetric fistula would be significant to identify the factors that are found in resilient individuals in order to bring about desired outcomes, or to avoid chronic self-destructiveness resulting from ill health situations.

In this context, the study that focuses on women who are survivors of obstetric fistula problems will provide information about how such women deal with the trauma, identity, and social support systems available in their society. In other words, the study will investigate their ability to function well after the trauma. In this context, the study will explore the use of positive survival techniques, or adaptive coping skills and intrapersonal strengths.

RESEARCH QUESTION

The main research question of this study is:

How do women with obstetric fistula facing so many challenges manage to be resilient and continue 'to love well, work well, play well and aspire well?'

Specific Questions

- What are the circumstances that precipitated obstetric fistula cases among women?
- How can the women describe their own recollections of the incident of obstetric fistula and the events which seemed to trigger it?
- What are the social, health and psychological consequences of obstetric fistula as described by the women who have gone through such health problems?
- What are the life experiences of women with the history of obstetric fistula cases?
- What are the protection and risk factors among women who have been victims of obstetric fistula and thus have been treated?
- What are the implications of the study based on findings?

CHAPTER THREE

RESEARCH METHOD

Case Study design

The method that used to study resilience of women with fistula is a qualitative approach. Qualitative method is understood to have a substantial contribution to make understanding of the construct of resilience researches. Descriptive Case study research strategy was employed in the study of resilience to deepen the understanding of the phenomenon in specific context. In this study, cases were individual participants living with obstetric fistula found at Addis Ababa Fistula Hospital. According to Yin, the distinctive need for case study arises out of the desire to understand complex social phenomena. In addition, case study method allows retaining the holistic and meaningful characteristics of real- life events (Yin ,2003, p.2).

Multiple-case study was an appropriate design to study the resilience of women with fistula. This idea is explained : Multiple-case design has distinct advantages in comparison to single-case designs. To begin with, the evidence from multiple-cases is often considered more compelling, and the overall study is therefore regarded as being more robust. At the same time, the rationale for multiple-case studies, the immediate research goal would be to replicate the finding by conducting a second, third, and even more experiments. Only with such replications would the original finding be considered robust and worthy of continued investigation or interpretation (Herriott and Firestone, 1983 cited in Yin, 2003, p. 46).

Secondly, multiple-case study design is preferred over single-case design because the chances of doing a good case study will be better than using a single-case design. Because multiple-case design is more importantly to get benefits from having two or more cases that is substantial since there is the possibility of direct replication, analytic conclusions independently arising from multiple-cases. It is more powerful than those coming from a single case alone. (Yin ,2003, P.52).

Thirdly, the contents of the two or more cases, it is likely to differ to some extent. If under these varied circumstance, it is still possible to arrive at common conclusions from both cases, it will have immeasurably expand the external generalizability of the findings, again when compared to those from a single case alone. (Yin, 2003 P.53)

Study area

The study was conducted at Addis Ababa Fistula Hospital where women living with obstetric fistula found for treatment. It is located in the old Airport areas/ kolfe Keranio sub city area behind the Augusta Garment Factory in Addis Ababa. This site was chosen as a study area

because there was more advantage of the opportunity related to the presence of large number of cases at a single focal point, i.e. Addis Ababa Fistula hospital.

Source of data

The primary source of data was women who were under treatment of obstetric fistula for the first time and repeat cases admitted up on the follow appointment. All of them were found at Addis Ababa fistula hospital. It helped to explore the coping mechanism as it is perceived by them. They were accessed through the record of the hospital by the help of staff nurse to select the participants who fulfilled the selection criteria. That was used to help to acquire information on how they are dealing with the problem and to get the in-depth insight of the problem since fistula do not exist independent of other obstetric or reproductive health and social problems of women.

Participants of the Study

Women who were found at Addis Ababa Fistula Hospital were regarded as population of a study. Selection of the obstetric fistula survivor women for the interview was done through purposive sampling. The rationale for purposive sampling was to acquire most knowledgeable informants on the study area and to increase its validity and avoid the limitations of case study design. (Yin 2003,pp.33-39) discusses about the criteria for judging the quality and validity of research based on: the sources of information. He argues that “to increase construct validity when doing case studies, the use of *multiple sources of evidence*, in a manner encouraging convergent lines of inquiry is relevant during data collection” (p. 36).

The total number of the participants for the study was ten, with the age rang from 18-35 years if age (i.e the average age with the experience of the problem from both extremes). Moreover, 18 years old age and more (legally allowed to sign consent form). Since the study had

multiple case study design it will consider some how diversity of cases. Then, volunteer participant was recruited for in-depth interview after introducing with them through support of staff. After that participants were informed about the study and signed informed consent and three participants per day were interviewed because the nature of in-depth interview needed more time to look for deep understanding. Moreover, the time that is available to participants was considered i.e., participants was interviewed when they were comfortable.

The participant's inclusion criteria for the study were included the following:

- a). those women who came from different regions,
- b). women who have lived with fistula for about 4-20 years,
- c). Women who were found in Addis Ababa Fistula hospital.
- d). Women who were within the age range of 18-35years
- e). Women with stories of obstetric fistula that is associated with child birth.

The rationale for study participants' selection was to maintain the homogenous of the participants, to get some how diversified information that can help to understand the resilience of women with fistula as they were classified based on different adaptation. In addition, it help in searching for detailed knowledge of contextual circumstances that were especially important for understanding of individual cases in resilience related factors to identify the social work implication through in-depth interviews.

Setting of the interview was done with very great care. For instance, with regards privacy, since this kind of case are much traumatized and can be affected in telling the experiences they encountered. Thus, especial care were considered : such as they have given choices to withdraw, when they felt interview guide questions that were very sensitive or when they want to quit participating , time was given till they adjust themselves to normal while

emotional with some interview guide questions and they also told to did so at any time they wanted.

Data Collection Tools

Open end in-depth interview

During the time of the research, in-depth interview with open ended interview guide was used for participants to explore the resilience of women with the story of obstetric fistula. It is supported by Patton (2002), open end in-depth interview helps to capture participants' in their own terms' one must learn their categories for rendering explicable and coherent the flux of raw reality that reveal respondents' depth of emotion. And another research finding suggests the ways individuals perceived, organized their world, their thoughts about what is happening, their experiences, and their basic perception better understood by in-depth interview (Barnard, 1994).

Reviewing of secondary data such as books, journal, organizational documents, and internet sources was used as instruments of the study. The rational was that to assess different studies about obstetric fistula and resilience, from program records, official publications and reports.

Procedures of data collection

The data was collected from April 10-April 16, 2010. The first step was introducing with staffs and clients after having permission of concerned body: such as medical director of the fistula hospital and staff nurses in concerned medical ward staffs.

During the study time, open ended interview guide question was used as instruments for probing in the study. Note taking of purposive participant observation and the tape recorders was used during the in-depth interviews of women who were under surgically treatment of obstetric fistula. The in-depth interview was included the guiding question on coping mechanism of

women, the life change and challenges they face before and after having surgical repair of obstetric fistula. In addition, desk review of secondary data i.e., books, journals, articles and organizational documents were reviewed.

Data analysis procedure

The data was transcribed from audio tape recorder. Then the pre coding process was preceded thorough repeated reading transcribed data to find similar information from the ten cases, which was followed by coding accordingly to the similar information found from the ten participants. Moreover, similar information and key ideas were merged together and categorizes to major theme in line with the objectives of the study. Then connection of information one another or analysis done through pattern matching of the concepts of findings and the literatures related to resiliencies of fistula cases. This is supported by (Yin, 2003) describes that “pattern matching” is one promising approach to link data to the proposition for case studies, whereby several pieces of information from the same case may be related to some theoretical proposition. According to Yin (2003), the pattern matching technique is a way of relating the data to the theoretical perspective or propositions, when the entire study consists of multiple cases(p.). Finally, the report the was organized and written.

The research has the following three limitations

1. The research may not represent all the women living with fistula because few women were participated in the study
2. The study participants since they have traumatic life experience, in the process of probing to understand their perspective, some of them were so emotional and crying that may affect the answer they can give

2. The participants of the study were not free to answer some of the questions because suspecting as it has something to do with their treatment. Therefore, they may not give right answer for some questions

CHAPTER FOUR

RESULTS

In this chapter, in view of the objectives of the study, the findings of the study are interpreted and presented. The main data were obtained from the administration of a number of interviews with the study participants who were 10 women with obstetric fistula and it is analyzed in conjunction with the data obtained directly from the in-depth interviews.

On the basis of the research objectives, the various experiences of the study participants are presented in six main themes. The first theme presents the demographic characteristics of the study participants. The second theme revealed the circumstances that precipitate obstetric fistula. The third theme describes recollections of the life experiences of obstetric fistula survivors. The fourth indicates resilience or protection mechanism of obstetric fistula survivors. The fifth describes the risk factors and its consequences. The sixth theme provides indicators of low resilience or low power of endurance among women who have been victims of obstetric fistula. These main themes helped to understand and examine the major finding in line with the research objective or research questions of the study.

Characteristics of the Study Participants

Study participants had various demographic characteristics. Pertinent to their background, during the interview the respondents were able to indicate their age,

educational status, ethnicity, place of origin, family size, religion, marital status, income, age at the time of marriage, and current living conditions. Such information was sought to get some insight about the demographic characteristics of the respondents and to determine whether or not such personal background data has any relation with the causes for obstetric fistula. Table 1: shows the summary of personal profile of the participants (ten women with stories of obstetric fistula).

Table 1: Background Information of the Respondents

s	Age	Place of origin	Marital status	Religion	Ethnicity	Educational status	Age at the marriage	Total years lived with Fistula	No. year with untreated	No. of children
s1	30	Ilibabor	Separated	Muslim	Oromo	Illiterate	16	12	7	none
s2	18	Afar	Divorced	Muslim	Amhara	Grade 4	12	6	1	none
s3	27	Gindbert	Divorced	Christian	Oromo	Illiterate	12	15	1	none
s4	25	Selal	Unmarried	Christian	Oromo	Illiterate	15	10	10	none
s5	35	Wello	Married	Christian	Amhara	Illiterate	14	20	20	3
s6	28	Aswa	Remarried	Christian	Tigræ	Grade 4	16	11	6 month	1
s7	19	Gojam	Unmarried	Christian	Amhara	Illiterate	15	4	6 month	none
s8	18	Dila	Married	Christian	Welyita	Grade 3	13	4	6 month	none
s9	24	Mekele	Divorced	Christian	Tigre	Illiterate	14	10	2	none
s10	22	Wello	Divorced	Christian	Amhara	Illiterate	14	4	1	none

Age

The participants' age ranged from 18 to 35 years. In fact, all of them were under 16 at the time of marriage. Sadly, 2 of them were 12 while other two were 14 years. Generally, this indicates that all of them were not physically and mentally ready when they got married. Moreover, according to the Ethiopian family law, they were not supposed to marriage before the age of 16. In this case these young girls

might have been forced to marry without their consent. Such family arranged marriage is still common in Ethiopia despite the family law forbids. One may see the consequences of the violation of the laws in this regard. The Minimum Age for marriage, according the Ethiopian law, is above 18. As it was made clear during the time of interviewing, since 8 out of 10 of them were above the age of 21 years expressed their motive, if protected by the laws, to take legal actions against those who breached the laws to make them victims of obstetric fistula.

Moreover, all participants have suffered from untreated fistula problems for sometime that ranged from 6months to 20 years. case 5 lived for 20 years, case 3 lived for fifteen years, case 4 lived for 10 years, case one lived for 7 years, case nine lived for 2 years, case 2 and 10 lived for 1 year each. And the rest case 6,7,8 lived for 6 months with un treatment fistula.

As discussed in Chapter Two of this study, marriage at this age can bring about some significant disadvantages for the girls since this age is primary meant for physical growth and attending schools. In simple terms, these girls, if their own living circumstances didn't dictate them, were supposed to be at schools instead of forming a family and taking care of family affairs including working and running various errands. In light of this argument, during the interview, most of the women pointed out their reasons why they could not attend school, but rather enter into marriage life. Their responses mainly reflect their own parental willingness and attitudes bound by culture and absence of any law enforcement agents or supportive sources for young girls who refuse early marriage. In fact, all of them, despite their

strong ambition to lead a better life, lack of education, their health conditions, and poverty levels were also factors for affecting their motivation not to aspire a lot.

Educational Level

In regard to their educational status, the respondents were asked to indicate what grade level they had completed. As shown in the above table, all of the respondents were illiterate though 3 of them were from 3-5 grade and few are currently attending some form of informal education at the hospital. In fact, due to the nonexistence of schools around their place of birth and lack of parental willingness compounded by financial constraints, these young people were left without schooling. Similarly, when asked about their parental educational level, all of them said that their parents were also illiterates and financially poor. This sort of cycle of deprivation should come to an end by any means if we are committed to improving the lots of many people in our country

Ethnic Background

Respondents were asked to indicate their ethnic background in order to examine whether poverty and ethnicity were related as a push factor into early marriage life during their young age. As shown in table1, the ethnic composition of the respondents distributed as follows: Amhara(4) followed by Oromo(3), Tigray (2) and Wolayta (1). As indicated by both focus group participants, most of the women who were receiving treatment and support from the hospital came far from Addis Ababa. As a consequence, most of them have no close relatives in Addis Ababa who can visit or help them. In fact, the researcher's idea to include ethnicity as a variable was to understand if there was any relationship between early marriage practice and

ethnicity. Knowing societal attitude towards early marriage, though such circumstance was no apparent here, probably due to the small size of the sample, would be important for social work and legal interventions.

Ojanuga (1991), noted that parental attitude can be a cause of early marriage. In this study, the cause was not only parental attitude, but also the abject poverty of the parents who could not afford to send their children to school. In the Ethiopian context, almost every family in the urban area (unlike the rural area) wants their children to go to school to learn since they hold a high belief that education is the only panacea to go out of poverty and having an educated child is also considered as a source of pride for the entire family.

Another study demonstrate that these days, such strong belief in education is growing up in the minds of the rural people too. However, many rural parents, despite their positive attitude toward education, force their little kids to be engaged in some kinds of work to supplement the family income and to support themselves.

As a result, many young girls before they get spoiled and become a disgrace for their entire family as a consequence of the possible elopement or sexual assaults, are forced to get married instead of going to school. From this perspective, societal attitude, apart from parental economic conditions, can be a motivating factor for the cause of obstetric fistula (Ahmed & Hohz 2007). Therefore, it may be concluded here that due to their limited chances for schooling, young girls in many rural families before they acquire essential skills for marriage life become victims of obstetric fistula. In such a situation, early marriage can weaken the values women place on sexuality and husband-wife relationships.

Place of Origin

As regards their place of origin (place of birth), it was found out that all of them (10) were born out of Addis Ababa. As far as the birth place (origin) of the women is concerned, 2 of them were born in Wello and 1 from Ambo whereas the remaining (7) came to this hospital as far from Illubabor and other far places.

The main reason to know their place of origin was to see if the existence of fistula hospital is known throughout the country and to project the increasing fistula case treatments. Obviously, women with the histories of obstetric fistula move from place of origin with the expectations of finding treatments or cure. The literature review shows the negative aspects of living with obstetric fistula (Googins, 1991). The problem arises from the hardships that such women face on a journey and the fact that many of them lead difficult situations after they reach places of treatment.

For instance, even though many of the fistula women had moved to urban centers in order to search for better treatment and life, they hardly succeeded to realize their dream. The majority of them join informal activities such as street begging and other jobs hazardous that affect their physical and psychological well-being.

Circumstances that Precipitate Obstetric Fistula

This section of the findings presents the findings related to circumstance that precipitate the fistula problems and participants' experiences that they felt complicate their life as women who were living with obstetric fistula. During the interview, all of the participants agree that this injury is very horrible unlike other disease it makes the patient smell so that no one can come closer regardless of their demand more than any thing else.

In addition, different factors have been identified as a precipitating circumstance for the cause and a lot of challenges of obstetric fistula after it happened.

Most of the participants interviewed indicated that delivery of dead child along with occurrence of obstetric fistula at the same time, living with untreated fistula, using traditional medicine and searching for local healers. Moreover, lack of information about fistula treatment by rural birth attendants, and lack of source of income were the major circumstances that precipitate their fistula problem. However, few participants got the chance of having healthy children to be brought up after the occurrence of fistula. For instance, case 6 had one child after treatment and case 5 got three children before getting treatment. Similar to most of literatures on obstetric fistula, almost all of fistula resulted in still birth at the time of occurrence.

Most of them (case 1,3,4,5,6,8,10) were supported by local birth attendants 'Awalaji' and they blame as it is one factor that precipitate the occurrence of obstetric fistula. For instance, one of the participants (case 3) indicated,

Obstetric fistula is caused by traditional medical practitioner 'Awalaji'. While I was in labor at my early age. I was massaged by five different traditional practitioners, and then still birth and fistula (both feces and urine) resulted.

Likewise Case 4 felt that the reason behind fistula injury happened when the traditional healer 'Awalaji' cutting the dead parts of the child's body during delivery process that also hurt her too or resulted in obstetric fistula. In addition, Case 10 said,

Obstetric fistula happened after having five days prolonged labor at my sisters home and it occurred when the rural birth attendants pull out the dead body forcefully it resulted in this injury, leakage of urine and feces...even after treatment, there is still urine residue though complete cure of feces leakage is attained, it is a very great sorrow to me.

Among the 10 cases, 2 of them had resulted in fistula during delivery complications without having legal marriage. As the participants described their experiences, they faced double trouble and trauma than others because such illegitimated relationship is culturally unacceptable. They were also considered as sinful persons in the community. In addition, the participants' response reflected that unwanted pregnancy - that happened because of rape. On top delivery of dead child, it is found to be the very important precipitating factor of obstetric fistula.

Most of the participants mentioned that being illiterate was found to be one of the contributing factors that precipitated obstetric fistula. For instance, case 3 mentioned as follows;

Girls should have education to prevent this kind of injuries. When I was a child there was a saying 'what is importance of educating girls' but look at all the patients here in hospital, all are illiterate and come from rural areas where you can't find well educated women who are grown in urban area. Thus, girls should be educated to have knowledge how to prevent the occurrence and exposure to fistula. Education can help them to be aware of the causes and prevention of this problem.

For instance, cases 8,7, & 10 suffered from feces and urine incontinence for a long time due to lack of information about the availability fistula treatment. Besides, due to the smell of the feces and urine incontinence it was difficult to get along with others and lack of income to get means of treatment. And Case 6 explains her own experience as follows;

Before I got treatment, I have gone through a lot of pains. I used to feel a lot of emotional pains especially when people covered their noses when they looked at me. I was feeling like spoiled because I was not smelling good but bad and differently. That is very difficult to tell others, people may not understand that is hard to explain it too.

Furthermore, some of the participants (case 3,6,8,10) indicated as the precipitating factor they were unable to walk due to which is caused by nerve damage of the leg that is

related with obstetric fistula on top all the other consequences precipitating factors mentioned.

Recollections of the life experience of obstetric fistula survivors

This section presents the recollections of the life experience of women with story of obstetric fistula. There are two major themes. The first theme describes participants' experience of health problem. The second theme expresses the psychosocial consequences obstetric fistula and social isolation of the victims. These two themes also indicate the challenge and traumatic life experiences along with the perception and meaning attached by the participants.

Health problem

When participants asked to highlight their life experience they bitterly and sadly tried to recollect their memories. In this instance, most of participants noted that urine and/ or feces incontinence due to the injury of birth canal, burning sensation during urination and foot drop or inability to walk until they have got therapy. The finding of the study indicates all of the participants are with the residual urine leakage and only few of them were with additional feces incontinence (for instance case 3,6,8,10). In general, as

Case 4 pointed out that many of the participants suffered from serious health problem "I can't tell you all the past I have gone through, with a lot of pain of injury that was increasing as the time went, the burning sensation as the urine incontinence". As well as Case 9 also described her health problem as she was very weak, not even to walk, and after few days she recognized the occurrence of fistula.

Psychosocial consequences .

The finding under this theme indicates the psychosocial experience of the participants. Most of the participants mentioned attitudinal change towards the meaning of life and this world. In this connection they expressed emotional challenges they faced such as fear of discrimination, social isolation, confusion, and hopelessness. As a consequence they believed their fate was predetermined and unavoidable. This belief had led them to have frequent crying, sadness, self hating, feeling of incapacitation and loneliness, divorce, negative relationship with family members, drop out by intimate friends and neighborhood participation, unable to live at birth place, unsuccessful to find convenient jobs. In most of participants' psychosocial consequences resulted in attitudinal changes to wards life and the world is illustrated in the following description:

Case 1 states;

This world is cruel and uncomfortable for women. Look at all the patients found in this hospital compound. Can you see any male patient except female? Therefore, I would say that this world is of course not a comfortable place for women to live in. Its being women that leads to this kind of disorder.

In addition, Case 2 described her conditions as:

My attitude towards life has been changed in a sense I considers my self as a patient and I think if I am not getting cured I don't want to go back to my parents because I wouldn't like to suffer from being dependent and isolated.

Several of participants believed as if their fate is predetermined when they think that their health condition is not improved. They compared their situation with those who were able to get treatment and left the hospital to go back home when they have come from. Case 3 explained her own experience as follows;

I believe my fate is predetermined because I have been living with fistula since my childhood. It has been already fifteen years since I have been doing nothing important but rather remain a patient. Now it is my third time to come here for treatment and to anticipate what will be my final destiny.

Exceptionally, case 5 doesn't think her fate as predetermined even though she faces a lot of challenges since she was able to bear children and be able to give some care at least at home, that what she think is the important thing to live than thinking about the sufferings.

And nearly all of the participants case 1-10, have been experienced frequent crying, sadness, self hating, feeling of patient, confusion total isolation. And few of them like case 4 and 10 experienced fear of insult of the people. Case 4 illustrated the psychosocial consequence as follows; "I have been confused and isolating my selves or I couldn't get be along with others despite my wish to be married and to be closer to others".

The case study of participants' life experience illustrates as they are divorced case (2,3,6,9,10) exceptionally case 6, she is remarried after treatment. In addition, case 1, is separated. When participants are asked about their recollections of the occurrence of obstetric fistula; all of the 10 participants said, it 'is very painful, everything has been changed against" and life became challenging.

Two of participants Case 3 & 10 said that it sometimes leads to crazy. Case 3 described it as follows;" This injury is not an easy illness which can lead to madness". While Case 10 says, "at the time of high stressful condition is afraid of getting crazy. At that time starts to tell to my self not to over stress and getting mad".

Case 7 indicated that: “Firstly, when the injury happened it was shocking to me and to my mother then I completely feel left out, the incontinence was all the day I couldn’t be able to be along with the other; therefore, I was isolated”.

In addition, from all the interviewed, only one participant (case1) expressed her past memories about fistula as it is very darkness of life. Case 1 said:

When I think about fistula, I wish if I had been died with along with my child.

Because when I compare the situation happened to me, it is darkness and the same as dying. I couldn’t be able to see myself alive like the healthier persons.

Social isolation related to obstetric fistula

All of the participants stated that they suffered social isolation. They faced dropped out by former intimate friends, believe in too difficult to find trust worthy friends or relatives unable to get along with others due to smell, difficult to have trust worth friends and relatives, feeling of loneliness, negative relation with relatives and neighbors, unable to participate in different societal and religious association.

In line with this case 3 described her isolation as follows;

That is better to have what so ever disease than fistula because fistula has got smell that create not to be closer with others, in short it results in complete isolation.

This participant didn’t get along with others. She doesn’t have any intimate friends and most of the time she want to be alone. Therefore, She feels higher degree of loneliness. She felt completely left out of her friends and she can’t resist all her stress. Because she lost the child twice, she lost her marriage; her relation ship with her parents some how negatively changed. As a result, she left the birth place and living alone in other urban area at Ambo by renting a house at slum and completely alone no friends or

no relatives very far from them. She finalizes that it is difficulty to find trust worth friend or relative due to fistula cases. She has been never in social club or religious groups

Case5 she has been isolated from the religious institution, and from any community association her world is restricted at home. Fistula has changed her life in isolating her from the majority and participation in public areas and has been communicating only with her husband, her children, and few trust worthy relatives and friends.

Exceptionally Case 6, she didn't feel that she don't have friends or relatives to day but formerly she felt that she is left out by her friend due to fistula but now, following her health improvement every thing is becoming corrected but still it is difficult to find trust worth friends. Right after the occurrence of fistula, things were changed negatively in her relationship with her friends and other people around. Although most of the people in the community were used to cover their noses when they looked at her as if a fistula patient is not a human being.

Another participant, Case7, explained her situation as follows;

I don't have any feeling of belonging to any group except to some of the hospital members. I never disclose my condition except to the hospital because if others know she thinks, they know they will hate her.

In addition, there is no one around her village or at hospital she came that can provide her information or any resources to her to cope with the stress however, in hospital peoples are very kind and provide all her needs such as food, treatment and other needs. Otherwise, she says:

It is impossible to find trustworthy friends or relatives that is what happened to me. I was already left out by my friends and I developed negative relationship with my brother since the occurrence of the fistula. I have never been in social

clubs or in religious groups but here in hospital I will participate praying program.

According to Case8's description of the situation;

There is no one that can help me to cope with the stress however my stress has been decreasing after I have seen the possibility of cure and since I can talk with others because all understand my situation. I don't believe that can find trustworthy friends or relatives that can help my loneliness. I don't have any friends. In addition, there is a negative change relationship in my family, but only my sister gives me moral support that helped me a lot to get strength. However, I feels people in the community have negative attitudes towards women with obstetric fistula. Thus, I have never been in social club or in any religious groups but when I feel discomfort I will pray, that is also add strength to me.

Case 9 says;

I am completely alone. I don't have any friend and I left my families residence since the incident happen. I never been involved in any social club or religious groups because of the bad smell of the urine but some times I stand very far away of the church to pray when I am sure of no body will be there for example at mid day and the I will go back to my relatives home .

Another participant, case 10 described:

I feel every body else except my sister every body is against me, they hate me. Even my brother never talked with me from the onset of fistula. I never have to talk to my situation because other my problem because I never been close to any one else.

Resilience

In identifying the resilience of fistula survivors against precipitating circumstance and challenges (stressors or negative life events) the participants mentioned different types of strategies that are similar with and unique to each of them. The findings of this study indicate different mechanism used by participants to minimize the negative effect of stressor and help them to survive along with difficult life events. The study participants mentioned : praying, positive attitude, moral support, endurance, accepting

the problem as it is because of a believe if given from God, hiding from out side, crying, working at home, hoping for better day (cure), self talk, thinking about the worst, able to accomplish some work at home to participate on supporting family and escaping. These are coping mechanism, one or more of them used by the respondents.

All of the 10 participants, described their coping mechanism as it is mostly related to religious based or / spiritual life activities such as praying accepting the problem as it is given from God. Three of the participants (case 2,5,6) described their coping mechanism is also based on accepting the situation and having positive attitude to wards the incident, patience or endurance. for instance case 2 says;

There will be always a chance of having bad incident or illness in human being in life time, that is what happened to me but this injury may be cured if it is the will of God because as he brought this to me he can take it from me.

Case 5 & 6 mentioned as a additional source of strength to resist challenges of obstetric fistula is assuming as they have something important to live for (child and their own family), a saying "life is very important thing even though it has sufferings like fistula", thinking about others who are in worst condition, hoping for better day to come, having patience chatting with the child and engaged to support their family in some way is help them a lot to be more endurance.

Case 6 also described her additional protection mechanism:

I am optimistic to life events because I believes as there is nothing that happen always good and always bad it means there is good and bad thing going to happen in all human being. My plan to get marred and childe fulfilled even though I am living with the residual urine leakage but still the worst is passed. This are the thing help me to cope with challenges. She added I will sings songs to my self when some times fell tensioned

During the interview, the participant case 5 says:

I will not frustrate because I am the mother of three and I have got supportive husband that what makes me strong despite the challenges that is attached to the fistula injury. In addition, my problem is not much worst.

One of the participant, Case7 stated:

I pessimist about life. I don't have patient to stand against odds. But the thing that helped me a little bit to resist the trauma is praying, then getting treatment, being in the environment that every body is with similar problem and there is understanding about fistula so that minimizes my pain and worry about my condition.

Another participant , case 8 says:

My ability of coping with the trauma is increase after I get treatment, praying, crying, looking other women cured from fistula and my sister's moral support are some of my strength to minimize my stress. For the participant Case 10, having treatment, and feeling of she is not the only one affected and the hope of curing for future are some of her coping mechanism.

Risk factors that deteriorate individual's resilience

This section describes risk factors drives individuals to low endurance/ unable to cope with stresses /low resilience/strength. The findings of this study presented three general major risk factors which debilitate the strength of the study participants: lack of family and social support, dependency, and environmental stress. These conditions minimize the coping ability or minimize normal functioning of the survivors at the face of stressors.

Lack of family and social support

Most of the participants stated that their relationship with their family, neighborhood and community has changed negatively. During the interview of participants all, the cases (1-10) were replied that they were isolated in one or another

way. It seems that it is a very challenging consequence of obstetric fistula. However, those who developed relative resilience, case 5 and 6, have got a source of coping ability from the supportive husband even though they are isolated by their society.

Case five said: "I never heard about the treatment of fistula because I was isolated. I think that is why I didn't get information. Now my children are grown up, and they told me the availability of treatment.

Case 9 states:

Now I am getting treatment and previously my family provided me material support. However, no one is considering my need to help how to cope with the stress. No one needs spent time with me to help me avoid my loneliness.

Dependency

Almost all of the respondents expressed that it was very difficult to build financial capacity and independency because of unavailability of financial capacity, leakage as well as the smell of the urine.

One of the participants, case 6 says:

Due to her fistula, every thing is overwhelming in my financial capacity, because I am not working any jobs to earn rather I am completely dependent on my husband's monthly salary as long as he is alive. I don't have any one who is sensitive for my financial or psychological need except my husband.

Another participant, case 2 says,

After I have been divorced, I am living in my parents home with out doing nothing. I am completely dependant. When I tried to things at home, my family will not allow me to participate in any duties, they rather told me to sit because I am a patient. I am bored of being dependant.

Environmental stress

When participants asked to highlight environmental challenges against their coping ability, four of the participants (1,4,7,8) noted that environment has the worst living place after fistula occurrence . In addition, it is difficult to live out side of the

hospital compound. It seems the participants develop fear and avoidance to wards the environment.

case1 says:

It will be very difficult to live outside these compound because of the especial need of the disease as urine incontincy there will be a need of high water consumption, money otherwise it will lead to complication and infections for instance if we assume to live in rented houses the pipe water may gone for two three days or a week even if we able to rent the house the owner my not be happy with the situation.

Case 3 described the environmental relation with her condition as follows:

Now I am living very far from the environment that I been living in . I couldn't be able to resist t the environmental stress, that is all what I see or it was beyond my capacity to resist.. I escaped from all the suffering, fear and isolation.

Case 9 raised about the challenge she face by using transportation / taxi to come to the hospital

I have been taking a taxi when I came here on my follow up appointment. There were a great stress happened always on me because people are asking each other, is there urinated child? or what is the smell about? When I heard this all I will keep quite. However, it creates very bad stress, like my head is going to blow.

Case 10 says:

The environment is too difficult to live with fistula because I couldn't be able to work, even when I tried to wash my clothes and fetching water in my village, every body look at my leg to see the leakage of the urine. That hurts me a lot and make to loss my confidence, endurance and that make me feel inferior. Now I prefer to be in other places rather than returning to my village.

Indicators of low power of endurance / low hardiness

This section presents the indicators of low power of endurance in the face of multifaceted life adversity. Similarly, the obstetric fistula survivors are not only face the health problem but also so many challenges in relation to it. They may get medical

treatment but remain low coping to what they are experiencing in their real life. Because of all what is mentioned above, most of the participants developed the following behaviors such as sense of hopelessness, sense of worthlessness, impulsivity, hostility, depression, lack of future positive time perspective. These sub themes indicates the context in which inability of coping that found in study participants.

Sense of hopelessness

The finding under this theme indicates the sense of hopelessness experienced by the participants during living with fistula. This was mainly due to lack of supportive family, community or environment, unable to have convenient job to help themselves and still they leakage or residue of urine after treatment and repeated treatment for most of participants.

Participants described they can't be cope the stress the faced. Most of them seemed to have predominantly feel frustration, feeling of being patient, feeling of unsuccessful, lack capacity to cope with the challenges, unable to be independent because of inability to do heavy duties in rural area when they are returned back to community and lack of alternative.

One of the participants, case 10, described her hopelessness in this way:

I have no hope, I am a patient, I am not educated to find job. If I am not going to be cure, it doesn't make any sense to go back to my village, what I am going to answer when the people asked me whether I am cure or not. That is what bothered me. Because if I am not cured that isolation will be repeated on me like the previous and if I am going to say I am cured they are going to proof it.. At the time of discharge if I am not cured it is hopeless to go back, I would prefer to be beggar in other place. Because I can't do anything at all in rural.

Another participant, case 7 described her hopelessness as follows:

I feels as they have only little hope of curing and getting job out side. However, I have been trying to be hired in the hospital as cleaner and been working as co-worker with out payment but she was still unsuccessful.

Sense of worthlessness

For the participants in this study, sense of worthlessness has been the major indicator of inability to endure the live adversity they have faced. Most of participants mentioned negative self regard, feeling of low self worth, low pride, low self esteem, feeling of un able to do important thing in their life. Nearly all of the 10 participants except case 5&6 feel disrespect, low pride and low self worth. And low self worth is described by case 3 as follows:

I told my self that, I am no more a person and I am very sad and I should put my self that I am in moaning ('lekiso or hazen') for myself. and what I did was, I shaved my hair and dressing dark dresses and I use to stay at home like the condition done for somebody is dead because I feel like I am dead I am not alive as my trauma is deep rooted. I have done this because I don't worth to be called a person . When the neighbors and other people asked me what happened to me, whether I lost any of my relatives or what her problem is, I didn't tell to any of them. I was thinking that I am lonely and I have to live alone in my home like nun. Moreover, when people asked me what problem I had , I didn't tell them as I am fistula patient. Then my hair was grown and I started to think about if she continuous being obsessed and stressed, I will go to madness, then started to consolidate myself and I came here to fistula for the third time to see my final hope in life if I am going to be cure or not.

Another participant , Case4 stated as her life is changed due to the injury. She hated herself, She don't feel as she is still a person of worth, She feels she has very low pride, she thinks as she doesn't have unique qualities in life , she don't think she can do important thing in her life since the occurrence of fistula she doesn't care about herself except washing the urine soaked cloths.

One of the participant Case 9, also explained her worthlessness in this way:

I feels I am not lucky in life. I am the only one our village to be affected like this, divorced, and she has no child unlike her friends and she can't perform the work that is expected to accomplish in rural area, She has got very low self- worth and very low self- esteem she feel inferior to her friends, she can't live in her village of origin she can't be employed.

Another participant, Case 10 described her feeling of worthlessness as follows: " I feel inferior of being a person, low pride, low self esteem, and feeling of inability whether I can do important thing in her life.

Depression

All of the 10 participant have been experienced sadness, frequent crying, significant weight loss, decreased sexual desire, worrying about future. In addition, most of participants except (5, 6,) have been encountered in difficulty of concentration and making decision.

One of the participant ,Case 5 partially lost the interest of enjoyable activities, low exhaustion, no problem with sleep but the urine may wet her or burn that awake her many times through the night, no problem as such in concentrating and making decision.

Another participant, Case 7 explained her experience of depression in line with the interview questions:

I have been crying all the time, I feel sad all the time, my interest regarding to enjoyable activities became neutral. I don't care about anything after the occurrence of fistula. I have no sexual desire, low appetite for food, weight loss, sleep pattern is alternative day which means if have sleep one day I will not have the next day, less exhaustion, She has got difficult in concentrating as a result . For instance, I couldn't be able to learn alphabet in the informal education that is given by Addis Ababa fistula hospital because I can't concentrate

Impulsivity

The entire participant stated that they experienced at least one of impulsivity characteristics of the following: feeling of anger towards self and others, unable to cool immediately at time of anger, unpredictable behavior and a need for quick response upon request. This is what resulted in unresolved or inability to endure the emotional stress.

One of the respondents, case 9 reflected upon her impulsivity behavior as follows:

I get very angry for easy reason, and it takes me time to cool from my anger. Some times my behavior is unpredictable. I may cry suddenly or I don't want to talk with my own sister and brother if they came to my relative's house where I reside. Because all a sudden I thought as they damped me because I am a patient while they are healthy. Thus, some times that makes me angry and I couldn't be able to control it.

Two of the participants, case 5 and 6 however, described as they can manage their temper. This was because they have at least supportive husband and they can get what they want, they have children that is what supported them to calm. And another respondent, Case 8 also mentioned she has got patience, not becoming judgmental of other behaviors, she doesn't need quick responses, and she said, she will forget her anger immediately while she get angry.

Hostility

In this sub- theme, participants mentioned the feeling of unfair treatment by society, feeling of jealous of age mate, hating themselves, fear and anger towards their husband and anger towards society. This was because they were discriminated, insulted, un able to function well according to the expectation of the society as most of them divorce and out caste by their community because of fistula and its challenges.

Likewise, nearly all of the participants except case 5, they feel treated unfairly, feeling of jealous of age mate. Case 2 thinks she is not treated fairly in the society, because of smell of the urine no one is getting closer and understand the magnitude and pain of fistula and its challenges in addition has feelings of jealous on other age –mates who have no health problems; she thought people are not feeling her financial problem &/or her frustration. According to them people can't understand the magnitude of fistula unless it happened on them.

Another participant, case3 stated :

I feel much jealous on my age- mates in my village who have no health problems. Because she said, when I look at them along with their children, in their home with their husbands, get along with others, doing the job this is what I feel lost. Also it is the main thing that makes me leave my birth place and prefer to live in another urban area which is Ambo when no one knows about me and escaping from that make me because I can't resist.

Two of the participations (case 5&6) stresses that the never be angry on others or on their husbands. Because their husbands understands the situation and supportive.

Concerning the society case says even though she was isolated and no one is sensitive to her frustration they didn't bring the injury to her. According to case 6, she don't have anger on others because the worst situation has been passed and every thing is getting better now. However, she feel jealous when she look her age mate having many children but she consolidate herself by looking her condition that highly improving from the former situation,

Case7 states :

I was highly jealous of other age -mates because I feel inferior than them that makes me angry and she added let alone other things I feel anger when I heard of the sound of urine, I wishes to be like them.

Case 10, she feels jealous and anger on other age-mates who are healthy because they are capable of work and they have intimate friends unlike her. During the interview many of them (case 1,3,4,8,9,10) mentioned that they feel anger towards themselves or to other.

Case 4 says;

I have high level of anger towards other and myself because I was not treated anymore in the community I have been forgotten as I am not there. No body loves me , no one help her during her frustration . Due to these, even when i see a person, I feel angry because the people around me used to insult me because of fistula. I needs quick responses for my requests otherwise I get angry. besides, it takes more time to cool down because I doesn't express my anger.

Lack of future positive time perspective

From this study, many of the participants don't have any plan for future because they focused on present negative events and they feel they are patient and if they are not cured they can't think about future although they are much worried about future whether they are going to be cured or not.

Among the participants, case (3) indicates:

Most of the time I think all about the negative events of the fistula. I am highly affected by the injury for many years but still not cured there is residue of urine linkage. I can't be able to resist. I always think my divorce marriage because my ex- husband even has number of children. Now because of fistula I am very far from everything.

CHAPTER FIVE

DISCUSSION

This research attempts to explore the resilience of obstetric fistula survivor at Addis Ababa fistula hospital. It considers different stressors that are related to individuals coping mechanism in general and ability to coping in particular. Understanding of protective mechanism of obstetric fistula survivors helps to grasp social functioning

challenges that are linked between an individual and stressful situations. And it also increases the capacity to take action in response to a situation. Better understanding will be achieved in light of resilience theory framework.

From this case study, similarities are found in different individuals' experiences although every situation and every experience is different to each of the individuals. To maintain the consistency of the discussion, it is organized based on the thematic categorization like that of findings section. Additionally, the major themes were analyzed by using literature reviews.

Circumstance that Precipitate Obstetric Fistula

Resilience theoretical perspectives

Resilience is the capacity to maintain competent functioning in the face of major life stressor and an important component of resilience, however is the hazardous, adverse and threatening life circumstances that result in individual vulnerability (Kaplan, Turner, Norman, & Stillson, 1996, p.158). Another study shows an individual's resilience at any moment is calculated by the ratio between the presence of protective factors and the presence of hazardous circumstance (Googins, 1991).

In examining the circumstances that precipitate obstetric fistula survivors, all of the participants identified the crucial factors such as dead child delivery. Because giving still birth is mainly considered as related with some sorts of sinful acts that can be a sign of curse or punishment by God in many rural areas of the country, women who do not bear live child will lose the guarantee to function in society. Hence, in order to help woman to be a wife and a mother as well as to keep the marriage functioning, it is imperative to remain physically and mentally healthy.

In this connection, some of the precipitating factors /stressors that impact negatively on the lives of the women include living with untreated fistula, use of local (unproven) medicine and unskilled rural birth attendants, lack of information about fistula treatment at the time of incident, divorce and lack of income, and lack of social support.

In addition to the very nature of the injury which is urine and/or feces incontinence, few of the participants, in addition to the above stressors, were unable to walk. Similarly, great deal of research conducted on resilience 1960s and 1970s demonstrated that “stressful life events precipitate somatic and psychological disease” (Kobasa, 1979, p.26).

Recollections of the life experience of women with stories of obstetric fistula

In exploring the recollections of the life experience of fistula survivor women, almost all participants recalled health and psychosocial problems and social isolation as the major challenges they face. This was due to lack of access to maternity health care service, lack of social support, of information about the availability treatments, misinterpretation about fistula patients. In fact, the social consequence of obstetric fistula is due to the permanent leakage of urine and or feces through the vagina.

The finding is supported by the following study which stated as follows: it leads to the rejection of women because of misperceptions regarding its cause and stigmatization in their communities. Moreover, the physical and mental traumas are factors that aggravate their sudden social isolation and economic hardship (Arrowsmith, Hamlin & Wall, 2002).

Health Problem

The findings indicated that many of the participants experienced health problems such as urinary tract infection, kidney infection, burning sensation. It was understood that few of them were unable to walk as a result of urine &/or feces incontinence. This is consistent with the study result that shows the infection of the urinary and genital tract is associated with obstetric fistula, urine dermatitis, the constant irritation of the surrounding skin from the continuous urine leakage leads to various degrees of skin change and inflammation of pubis which have bony abnormalities/foot drop, the prevalence of clinical foot drop is about 20% (Arrowsmith, Hamlin, & Wall LL 1996).

Psychosocial Consequences

In exploring the psychosocial consequences faced by fistula survivors, the findings indicate that the social isolation, fear of discrimination, stigmatization, feeling of desperate (feeling of fate as predetermined), confusion they experience after they have been victimized by obstetric fistula contribute for attitudinal changes towards life and this world. According to the respondents, this world is not a good place for the women to live in. Similarly, the research that emerged as a result of the Schedule of Recent Life Events demonstrated a consistently significant relationship between stress and illness (Kobasa, 1979, p. 2).

All of the participants have developed fear of discrimination due to obstetric fistula. As a result, they do not want to disclose it to any one. Because of the negative reactions from the public, they always prefer to hide their situation even after they have been treated. The stigma associated with such health condition often jeopardizes their psychological well-being. Similar study on psychological impact of obstetric fistula

shows that women with obstetric fistula are affected psychologically and emotionally.

According to Islam and Begum (1992), as they fight for their own survival, social status and value in society, they are mentally tormented, traumatized and stressed

Few of the participants who believe that their fate is predetermined attributed their prolonged ill health or long term treatment to external locus of control. Such women think the reason why they remain with urine residue after closure of fistula and why they are repeatedly admitted but not completely cured are due to their fate. (Goldstein, 1997, p. 32) states that the greatest weight to resilience is a state of mind. This means that basic principles of coping begin with a primary focus on – or better, a commitment to – how clients perceive their world.”

This implies that women with obstetric fistula, unless they receive social and emotional supports necessary to deal with their trauma, may lack understanding of the effects of life event changes and suffer from adjustment problems associated with physical illness and psychosocial effects. Because of these, most of them feel bored or unhappy in life, incline to attempt suicide. Nevertheless, a few of them have developed resistance not to be affected by the life stressors or events or by the attitudinal changes. Parallel to this study, other study findings demonstrated the link between psychosocial phenomena and physical well-being. By demonstrating that the occurrence of life events that cause change and readjustment (e.g., job, illness, divorce, transfer, death of parent, marriage) increases the likelihood of one's falling sick, beyond physiological and biochemical processes to psychological and sociological processes (Kobasa, 1979, p.3).

Social isolation

In examining, the social isolation encountered by obstetric fistula survivors, the findings indicated what they experienced is a contribution of the divorce, discrimination, unable to get appropriate treatment, residual urine leakage that is with bad smell, drop out by their intimate friends, by the neighborhood and a society at large. Unfortunately, their situation is aggravated since they received no social support in society to help them develop strength towards obstetric fistula consequences and feeling of loneliness. Therefore, it seems true that they don't have any body to turn to in the time of stress. In considering lack of social support and appropriate social work services in their community, one would say that they could be much more incapacitated to resolve their problem by themselves and unable to develop resiliency. The necessity of social support, as stated by (McCubbin & McCubbin 1992). It is also confirmed by other study of on social support as the basis for all new research and theory. Related to social support, identified four kinds of support: "Social Support, is a kind of support involves the caring exchange of information and has three components:

Emotional support leading the recipient to believe that she is cared for and loved.

Esteem support leading the recipient to believe that she is esteemed and valued.

Network support leading the recipient to believes that she has a defined position in a network of communication and mutual obligation. (Carver, 1998).

Most of the respondents experienced social isolation in different level that is very painful to explain according to them and one of the participants described it as very darkness. It shows how to minimize the development of coping mechanism with the stressor. Similarly, A study in Addis Ababa found that without support from their husbands and without the means of earning in their livelihood, 39% of the women with

fistulas were dependent on relatives for food and 22% begged or lived on donations (Muleta ,2004). Moreover, Arrowsmith, Hamlin & Wall (2002) have confirmed social isolation to aggravate life hardships

Resilience

The resilience perspective should broaden our understanding on coping mechanism of women living with obstetric fistula. The capacity of an individual to cope during difficulty is central to their resilience. Pearlin and Schooler (1982, p. 109) define coping as “the thing that people do to avoid being harmed by life strain.” Respondents coping mechanism is analyzed by using resilience theoretical perspectives. In short, resilience theory addresses the strengths that people and systems demonstrate to enable them to rise above adversity. As study noted, on emergence of resilience theory is associated with a reduction in emphasis on pathology and an increase in emphasis on strengths (Rak & Patterson, 1996).

From this perspective, the case study research findings indicated that all the participants describe their coping mechanism mostly related to faith /religious base or spirituality such as praying to God to give them back their health. Such a strong belief has helped most of them to hope for the best and not to commit suicide because taking away one's life is not allowed by the commandment of God. This and other protective mechanism helps them somehow to endure the stressful conditions. In fact, the presence of own children is also another protective factor for their continual survival.

In addition, some of the participants said that they would accept the illness passively as it is a natural phenomenon that can happen to everybody at any time. One of the participants had accepted the situation like a normal event by believing that illness

could happen once in life time in every human being. And having positive attitude towards herself and the incident and believing in God to bring this situation to normalcy has helped her to protect herself from bad thoughts and further damage.

The idea coping mechanism from the research finding is supported by other, Polk (1997) has synthesized patterns of resilience from the individual resilience literature: The dispositional pattern relates to physical and ego-related psychosocial attributes that promote resilience. These entail those aspects of an individual that promote a resilient disposition towards life stressors, and can include a sense of autonomy or self-reliance, a sense of basic self-worth, good physical health and good physical appearance.

In addition, three of the participants also mentioned that they have developed endurance towards odds in their life and assume that they have something very important to live for, for instance to live for their child and their own family particularly those who have supportive husbands. All of them mentioned close relatives that can be at least helpful to them in one or other. This indicates in turn gives them a sense of worthiness. And very exceptionally two participants as they used singing songs for themselves.

Differently, some of the study participants were experienced living with obstetric fistula ranged from minimum of four in the cases (7,8,10), and a maximum of case 5 for twenty years however, the finding shows that it is not how much longer or shorter experienced but it seems how much they have supportive environment to boost their resilience. As well observable that the case five has better resilience than other cases despite she has been living for long with live adversity.

Resilience is primarily defined in terms of the “presence of protective factors (personal, social, familial, and institutional safety nets)” which enables individuals to resist life stress (Kaplan, Turner, Norman, & Stillson 1996). This finding is also supported by similar studies which confirm commitment as opposed to alienation (Kobasa, Maddi, & Courington, 1981, p. 369). Kobasa (1979) states “Among persons under stress, those who feel committed to the various areas of their lives will remain healthier than those who are alienated”(p. 4). For Kobasa (1982, p. 7) demonstrated as commitment is firstly the valuing of one’s life, one’s self, one’s relationships, and secondly the investment of oneself in these valued dimensions of life. Commitment results in a sense of purpose that can carry a person through difficult turbulent times. Commitment “is based in a sense of community – what existentialists call being-with-others”

Risk factors and its Consequences

Regarding the most comprehensive risk factors that contribute vulnerability or inability for the development of coping mechanism, most participants mentioned they don’t have significant family and social support. As it is shown by other study, family is a source of resilience. Family researchers conceive of the family as a system impacting on the resilience of the individual and the very potential source of resilience (Caplan, 1982).

Despite addressing the family in the context of family stress and coping, it serves purely as a support system to the individual of one family member, and thus it is a vehicle for individual resilience. This implies that lack of family support is one of the risk factors likewise almost all participants reported a lack of social support. Because there is no

communication with their family members partly due to distances and lack of integration in the neighborhood, they are unable to attend any social or religious activities.

Dependency and environmental stress.

Several of the participants indicated the risk factor is dependency on the family or on their relatives. Such dependency has adversely affected their ability of self reliant financially or emotionally, and their ability to decide on what is important to do. Almost all of the participants mentioned environmental stress or disequilibrium which includes lack of opportunities to participate and work in the community since the work loads are very heavy and unmatched to their physical strengths and health situations; they are filled with emotional stress beyond the capacity. Lack legal/social protection, fear of transportation

Indicator of low power of endurance / low power of resilience

In exploring indicators of low power of endurance of fistula survivors, the findings indicated that several of the participants exhibit low power of resilience that is and revealed by feeling of sense of hopelessness, sense of worthlessness, impulsivity, hostility, depression, lack of future positive time perspective.

Sense of hopelessness

Regarding low power of endurance, most of the participants experienced a state of frustration due to low ability of coping life challenges and low level of societal acceptance and their long term treatments with little sign of improvement and lack of social support and relationships, feeling of patient, illiteracy and inability to function well or being unsuccessful in obtaining or securing a job. Among the respondents, one was

lucky enough not to feel frustrated because of her supportive husband, children and her positive attitude to accept the situation.

Sense of worthlessness

In regard to the sense of worthlessness, the finding of the study indicate that most of the participants considered themselves to have low self worthiness, low pride, low self esteem, self-disrespect and feeling of loser- all contributing to low hardiness. This is consistent with a recent psychosocial study in Bangladesh that indicates the presence of low self-esteem and low pride, depression and anxiety in women living with fistulas (Goh and Browning, 2005).

Impulsivity

The present study revealed the presence of impulsivity on most of the participants' as a result low power of resilience or as a compensatory mechanism such as unpredictable behavior like anger or crying, feeling on anger on others and unable to cool immediately at the time of anger or stressor. However, three of the participants who are well supported by their husband they are found to manage their temper.

Hostility

This study indicates the participants feeling like feeling of unfair treatment by their community, feeling of jealous of age mates, hating themselves and the society as a result of being discriminated, insulted and inability to deal their problem because they are patient unlike others. According to the finding, nearly all of the participants except one of them have felt as they were discriminated, had no fun with their age mates that led them

to be jealous towards their peers, or anger towards others. Another participant said that she has left her place of birth due to anger and jealous on her age mates.

Depression

In this study, several of the participants experienced frequent crying, sadness, decreased weight and lack of sleep and difficulty of concentration and making decisions as some of the challenge they encountered. In this regard, two of the participants were not in difficulty of decision making and less loses of interest for enjoyable activities.

Concerning low hardiness, similar study indicates high resilient people were likely to notice positive meanings within the problems they faced. They feel grateful to be alive , endured, fewer depressive symptom, low aggression or impulsivity, and experienced more positive emotions than low resilient people (Barnard, 1994).

Lack of future positive time perspective

Most of them don't have any positive time perspective as long as they are not cured. Five of the participants expressed as they have no long term or short term plan (life goals) to accomplish in their future life because they think that is beyond their capacity and most of the participants always worry about their future. Similar study indicates Persons low in hardiness tends to find themselves and the environment boring, meaningless, and threatening. They feel sense of helplessness, in the face of overwhelming forces. When stressful events occur, such persons have little basis for optimistic cognitive appraisal or decisive actions. Because their personalities provide little or no buffer, the stressful events are allowed to have a debilitating effect on health (Carver, (1998).

Conclusion

The case study has uncovered the resilience of women with the stories of obstetric fistula. The occurrence of obstetric fistula and its consequences such as health problems, social isolation and discrimination as well as negative psychosocial consequences are considered as the life events or stressor. The finding of the study has demonstrated that there are coping mechanisms that are used by the fistula survivors to resist the stressor's negative effect through religious based beliefs, passive acceptance of the situation, unique understanding of the situation, hoping of cure, having feelings or being committed for what they feel important.

From the study some of the participants found to be more resilient than others while they are facing the same injury- being victims of obstetric fistula that is because of the varied precipitating circumstances, risk factor and low personal hardiness, less availability of support, lack of resources, beliefs and attitude or perception about self and the world.

The case study research on obstetric fistula survivors demonstrates that the need of understanding and conceptualizing the individual who faces adversity in their life and yet has survived, precipitating circumstances, risk factors, indicators of low endurance and sources of resilience. Thus, the study finding analysis can be a foundation to promote these values which can contribute to strengthen source of resilience that help to design appropriate strategies to enhance the quality of life of the obstetric fistula survivor.

Social work implications of the study

Social work practice promotes human well-being by strengthening opportunities, resources and capacities of people in their environment, by creating policies and services

to correct conditions that limit human rights and the quality of life. The social work profession works to eliminate poverty, discrimination and oppression. Guided by a person-in-environment perspective and respective respect for human diversity, the profession works to effect social and economic justice world wide. (Campton, Galaway, Counoyer, 2005).

In light of this perspective, the finding in this study clearly indicate that the survivors of fistula need the assistance of social workers since social work's commitment in developing client's strength as most of them have low coping strategy. Social workers can play a key role to assist in identifying and resolving or minimizing problems arising out of disequilibrium between individual or groups and their environment through strengthening coping mechanism. In addition to help in curative and preventive aims, to seek out, identify, and strengthen the maximum potential in individual, groups and communities that can be a source of strength to the victims.

In order to improve the lives of obstetric fistula survivors, the social workers should advocate for social protection, promotion of education about fistula for girls and public at large in collaboration with human service provider and fistula hospitals. Moreover, religious institutions should be part of social protection strategy in helping fistula survivor since almost the entire study participant coping mechanism is based on religious aspect. That can also be used in educating or enhancing the coping mechanism of the victim, their family as well as the community that could help to strengthen source of resilience of individuals.

Social worker can play a role in linking the fistula survivors with mutual self-help group who share the same problem for the purpose of mutual aid and as this study

indicates, nearly all of the obstetric fistula survivor lack social support. This stimulate or boost their strength through providing a meaning that is understandable by the members and a positive reflection on the obstetric fistula survivors' abilities and accomplishments and helping the survivors to find other positive reflection in environment since almost all of the fistula survivors faces environmental stress.

Implication for Policies

The research finding calls for a need of set of policies and programs that are designed to reduce poverty or dependency and vulnerability by diminishing people's exposure to risk, and enhancing their capacity to protect themselves against hazards. As the study indicates, there is no social protection and source of income for obstetric fistula survivors to help themselves.

The research implies that policies should focus on gender mainstreaming to ensure that a gender perspective is integrated in all its activities. In the area of social protection, there is a need of advanced and more equitable systems of social protection policies with adequate monitoring, inspection and enforcement to enhance coverage and effectiveness of social protection for all.

Research finding indicated that most of the participants don't have work opportunity, this implies that there should be policies which promote and create opportunities for women to secure decent employment and income because most of fistula survivors lack convenient work environment.

Implication for further research

This research suggest for the need of further research for future on the area of availability of cultural resources as protective factors. Assuming that can help to find the available cultural competence resource, to reach out the survivor's and to strengthen sources of resilient.

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Annex I

Addis Ababa University

Graduate School of Social Work

Informed Consent Form

Identifier code _____

Title of Research Project: Resiliency of women with obstetric fistula

Principal investigator: Selamawit Alemu

Type of consent: Oral consent

Participants: Women with obstetric at Addis Ababa Fistula Hospital

Introduction: Good Morning/Good Afternoon

First of all, I would like to introduce myself. My name is Selamawit Alemu. I am a second year MSW student at Addis Ababa University School of Social Work. I am now doing a research on the resiliency of women with the stories of obstetric fistula, found in Addis Ababa Fistula Hospital, as a partial fulfillment of the requirement for my Masters degree in Social Work.

Purpose of Research Project: The purpose of research is to collect information about your personal coping skills related to your health conditions and how you have been able to deal with it despite the hardship you have gone through in your life.

Why selected: The participant of this study will be 10 women started treatment here in Addis Ababa Fistula Hospital. In addition, who are with the age of 18-35 years old with 4-20 years live with fistula experience.

What is expected from the respondents? If you agree to voluntarily, participate in a study from Addis Ababa University, school of social work, on examining the resiliencies of women with

history of obstetric fistula. Therefore, you will be asked question related to your coping mechanism, experiences that help you manage the situation you face.

Risks/Discomforts: While you are answering the questions, some of the question may make you recall some memories that may make you feel discomfort. so if you feel discomfort to answer any question, you have the right to omit it. In addition, the question will take 30-45 minutes of your time.

Benefits: There is no benefit to you from participating in this study. However, the information you can provide to me will be of great help to assess and explore both the determinants and the consequences of obstetric fistula on women and to forward some suggestions to improve the situation and I would like to remind you from the outset that this questionnaire is prepared merely for educational purpose.

Alternatives to participation: you may withdraw your participation in this study at any time without any prejudice or penalties of any sort. And not affect your treatment.

Privacy, anonymity and confidentiality: In order to be authentic in presenting the information, and to follow the data collection procedures, I would like your full cooperation and willingness to provide your honest answer. In the process of collecting information you are going to provide audio tape recorder will be used , and everything will be kept confidential, and I assure you that, except for me, your privacy and identity will remain anonymous. I believe that your true and honest answer will be invaluable to achieve my research objectives. I highly appreciate your cooperation.

Compensation: There is no financial compensation for participation in this study.

Voluntaries, Right not to participate and withdraw: Please be informed that there is no penalty, or right and wrong answer for any question. While you are answering the questions, if you feel

discomfort to answer any question, you have the right to omit it. However, please do not hesitate to ask me to elaborate any question that you do not clearly understand. Therefore, you should feel at ease to answer any question as you like.

Person to contact: If you have any question you can contact the investigator :

Selamawit Alemu is the principal investigator of this study, Tel.No. 0911-346517

Principal advisor Dr. Mengistu Legesse Tel.No. 0911-905452

Co-Advisor Ato Hailemichael Tesfahun Tel.No. 0911-840020

Medical director of Fistula Hospital, Professor Gordon Williams Tel.No.0913-032972

Do you have any questions?

Are you willing to participate in this study?

If the participant agrees to participate in this research project, then write with the name below.

Print Names of subject: _____

Signature of person obtaining consent

Date

Annex II

Addis Ababa University

Graduate School of Social Work

Open end interview Guide for women with

Obstetric fistula at Addis Ababa Fistula Hospital

Case Identifier _____

1. Background Information

Code _____

Age: _____

Sex: _____

Marital Status:

Married ____ Widowed ____ Separated ____ Divorced ____

e). How old were you when you married? _____

f). If not divorced, what is your relationship with your husband? _____

g). If not divorced, what is your husband's job? _____

h). If not divorced, what is your husband's housing condition? _____

i). Place of permanent residence _____

j). Birth Place (Place of Origin): _____

k). Educational Level: _____

l). What is/ was your the monthly income? _____

m). How many children do you have?

boys ____ (ages) _____ girls ____ (Ages _____)

n). How long have you been here _____

2. Family Background

Are your parents alive? Yes _____ No _____

If no, who is deceased: Father _____ Mother _____ Both _____

What is the educational level of your parents?

Father _____ Mother _____

What is your parent's occupation?

Father _____ Mother _____

How many brothers and sisters do you have

Brothers _____ Sisters _____

What are the occupations of your sisters or brothers?

Brothers _____

Sisters _____

Living Conditions

With whom do you live now? _____

How long (how many years) have you been living (did you live) in the house where you became a victim of obstetric fistula?

How much money do you get for your living expenses per month (on average) _____ Birr

How much money do you spend for yourself monthly on average? _____ Birr

On what do you spend? _____

Whom, if any, support you now financially? _____

If yes, how much money do you get from them? _____ Birr

3. Conditions and Causes of obstetric fistula

3.1. Could you please describe your recollection of the first incident of

obstetric fistula and the events which seemed to trigger it?

Probe: a). What was your reaction to the incident?

b). Where and when did the incident happen?

c). What was the reaction of your family members (husband, parents, or siblings) after the incident?

f). For how long have you experienced the trauma before you got the treatment? How did you manage it?

3.2. What do you think the reasons behind the obstetric fistula? Please describe your life experience while living with obstetric fistula (Include the precipitating event, location, what happened prior to the incident, type and extent of injuries, approximately how long the incident lasted, use of local medicines).

RESILIENCE ASSESSMENT CHECKLIST

Instructions:

The statements and questions are prepared to determine just how much resilience is among fistula patients and the level of resiliency precipitated by any actual or anticipated events in the survivor's life, such as loss of a job, change in life style, humiliation, etc, and the vulnerability of the survivors to sexual abuses. To this effect, the respondents are supposed to answer the statements by saying either Yes-or-No (or Agree-or Disagree), as well as open-ended questions orally as appropriately.

PART I

Procedure: During the interview, the assessor rates her own impressions of the survivor's status on each of the following items. Ratings are based on the researcher's initial perceptions of the survivor's status rather than on changes resulting from any intervention.

1. SURVIVOR HAS A DEFINITE PLAN

Has the survivor formulated a plan to improve herself other than a vague "I'm going to change myself"?

- a. Do you go to work?
- b. Do you think you have a definite plan in life to accomplish?
- c. Do you get along with others?
- d. Do you have high levels of positive regard to your life?
- e. Do you have long or short term plan of actions to accomplish in life?

TAKING FINAL PLANS

1: Locus of Control

What faith based or religious/spiritual life activities (e.g., praying, attending church, daydreaming,) have you used to overcome the trauma experience?

- 1.1. Do you think your fate is predetermined?
- 1.2. In time of stress, what actions do you take?
- 1.3. Do you think your life has changed forever as a result of obstetric fistula?

2: Social Support

Does the woman have feelings of belonging to and of being esteemed by a group significant to her?

- 2.1. Did you disclose the incident to other people? If yes, to whom.....
 - 2.1.1. If yes, how did they treat you?
 - 2.1.2. If no, why didn't you do it?
- 2.2. Do you think there are enough people around you in (hospital or at

Village you came)? Can provide information and materials resources to you in order to help you cope with the stress?

2.3. Do you believe that you can find trustworthy friends or relatives who Spent the time to listen to you and make you feel that you are understood and that you are not alone?

PREVIOUS ABUSIVE STORY

Abusive story is used here as a broad term to include the range from physical to unexplained emotional, medical, as well as an untreated fistula condition, lack of support and love that cause harm or injury to the woman.

3.1. Due to the obstetric fistula, do you think your attitude toward life has changed? Explain:

3.2. What was your reaction to that incident? (What have you done immediately after the incident?)

3.3. What were the immediate and subsequent reactions of the incident?

3. DISCUSSING OBSTETRIC FISTULA

Has the woman had a close friend or relative who has been the victim of obstetric fistula, and yet was able to resolve the emotional turmoil resulting from it?

4.1. Have you ever got a chance to express your anger and disappointments about the pain that has been inflicted on you and other women due to obstetric fistula?

4. 2.Has any one of your friends or relatives given you a shelter and a psychological support?

4.3. After the incident, have you felt that the world is not a healthy place for any

woman anywhere?

4.5. How long have you stayed with your husband after the incidence?

PART II

Procedure:

Ratings of the following items are to be based upon my impressions of the survivor's status or "feelings." For example, how hopeless does the survivor "seem" to feel as opposed to how hopeless I think the survivor "should" feel based upon initial impressions of the survivor's status rather than on the survivor's feelings resulting from successful resolution of the presenting situations?

Considering all of the information available, the researcher indicates the survivor's level of resiliency on the following items:

Items (Indicators)
SENSE OF HOPELESSNESS:
SENSE OF WORTHLESSNESS:
SOCIAL ISOLATION:
DEPRESSION:
IMPULSIVITY:
HOSTILITY:
ENVIRONMENTAL STRESS:
ABSENCE OF FUTURE POSITIVE TIME PERSPECTIVE:

Descriptions of the indicators and their related questions**1. SENSE OF HOPELESSNESS**

To what degree does the survivor "feel" that there is no hope of improvement in her situation in the future?

How often do you think of changing your lifestyle, but remain unsuccessful?

1.1.1. What will happen to you if you leave your current residence?

1.1.2. If you decided to change your residence, what barriers would you face?

Explain reasons for not changing your residence?

1.1.3. Do you think you can have access to employment opportunities?

For you, no matter what, having sex with your husband is the only sure way to keep your living with him? You do not think that any government or non-government agencies (NGO) can ameliorate your current situation.

2. SENSE OF WORTHLESSNESS

To what degree does the survivor "feel" that she has no personal worth or value to herself and others?

2.1. How do you feel about yourself after the incident?

2.1.1. Have you felt that you are still a person of worth?

2.2. Does the incident change your attitude towards life?

2.2.1. Do you take good care of yourself?

2.2.2. Do you feel you have low pride?

2.2.3. Do you have some unique qualities that you are proud of?

2.2.4. Do you feel you are guilty, dirty, sinful, and disrespectful due

to the incident?

2.2.5. Do you have a feeling of "I am incapable of doing important things in my life"?

3. SOCIAL ISOLATION

To what degree does the survivor "feel" that she has no friends and relatives to whom she can turn?

3.1. Do you think you feel lonely because you have no intimate friends, or your old friends have dropped you?

3.2 Has your relationship changed negatively with your family members, your friends, and other individuals around you since this incident occurred to you?

3.3. Do you feel that most people in the community have negative attitudes towards women with obstetric fistula cases?

3.4. Do you think it is too difficult for people like me to find trust-worthy friends / relatives to count on in time of need?

3.5. Have you been involved in any social club or religious groups?
Why? ...

4. DEPRESSION

To what degree does the survivor exhibit signs of depression, i. e., inactivity, lack of interest, disrupted eating and/or sleeping habits, etc.? Pay attention to the following symptoms:

Loss of interest in usually enjoyable activities

Low sexual desire

Low appetite for food

Significant weight gain or loss

Increased or decreased sleep

General sense of exhaustion

Difficulty concentrating and making decisions

Low self-worth, feelings of guilt, or low self-esteem

Sadness, frequent crying, looking for help

Worrying a lot about the future.

5. IMPULSIVITY

To what degree does the survivor exhibit impulsive behavior, i.e., acting with little rational thought to overcome problems?

5.1. Do you easily lose your temper when asked for a sex ?

5.2. Do you think you are becoming more judgmental of other behaviors?

5.3. Do you feel that you should get quick responses for your requests?

5.4. Do you think your behavior is unpredictable and difficult to manage?

5.5. Once you become angry, does it take more time to cool down?

6. HOSTILITY

How much anger does the survivor seem to have towards herself or others, or society, or institutions?

6.1. Do you think you are not treated anymore fairly in the community because you are a fistula patient?

6.2. Have you been able to express your anger towards those around you who have disappointed you?

6.3. Do you still have hostile attitude including fear and anger towards

your husband ?

6.4. Do you feel jealous of other age-mates who have no health problems

6.5. Do you think people are insensitive to your financial plight and frustration?

7. INTENT TO FUNCTION WELL

To what degree does the survivor seem determined to carry out her plans to their full executions/ conclusions?

7.1. Despite your suffering, do you tend to regard your life as important as anything?

7.2. Do you think there might come a time when you would want to make some changes in your life styles?

7.3. Do you have high spirituality/ religiosity to change your life?

7.4. Do you have high morale, work ethics & endurance to stand against odds?

7.5. Are you optimistic or pessimistic about events in your life?

8. ENVIRONMENTAL STRESS

To what degree does the survivor "feel" that events in her life are "overwhelming," painful, humiliating or are providing insurmountable obstacles?

8.1. Due to your financial capacity, do you think your living conditions (e.g., rent, living expenses, arrangements, etc.) are not up to your expectations?

8.2. In case of accident or emergency, do you have access to any social support groups/ health care and legal protection institutions?

8.3. Do you think there are many worst living environments than you have now in this center (your community)?

8.4. Do you think you can not have a better place to live in if you leave this one?

9. THE ABSENCE OF POSITIVE FUTURE TIME PERSPECTIVE

To what extent is the survivor able to focus on the future or positive future events as opposed to focusing on only the present or negative events?

9.1. Would you like to have advocacy roles by sharing your experiences?

with others so that they can learn from you?

9.2. What strategies do you think you can use to protect yourself from another similar incident?

9.3. Do you restrict discussion and display of your sexual feelings with your husband?

9.4. How can you avoid the same incident from happening again?

9.5. What are the conditions that have increased your ability to cope with the trauma?

9.6. Would you like to have more information about the possible job options you could have in the future? If so, what kind?

9.7. What do you think should be done to stop such problem?

THANK YOU FOR TAKING YOUR TIME TO PARTICIPATE IN THIS STUDY!!!
