Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Psychosocial Challenges and Coping Mechanism among Women Experiencing Obstetric Fistula. The case of Addis Ababa Hamlin Fistula Hospital

By: Tekilil Yirgalem

August 2021

Addis Ababa, Ethiopia

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Psychosocial Challenges and Coping Mechanism among Women Experiencing Obstetric Fistula. The case of Addis Ababa Hamlin Fistula Hospital

By: Tekilil Yirgalem

Advisor: Dame Abera (PhD)

A thesis Submitted to School of Psychology, College of Education and Behavioral Studies, Addis Ababa University in Partial Fulfillment of the Requirements for the Master of Arts Degree in Social Psychology

August 2021

Addis Ababa, Ethiopia

College of Education and Behavioral Studies

School of Psychology

By: Tekilil Yirgalem

Approval of the Board of Examiners:

Advisor

Name_____ Signature_____Date_____

Internal Examiner

Name_____ Signature_____Date_____

External Examiner

Name_____ Signature_____Date_____

Acknowledgements

Above all things, I would like to thank the almighty God who has been with me up to this point, and who is the source of my power and strength in every single days of my life.

I extend my sincere gratitude and appreciation to my advisor, Dr.Deme Abera, for his Constructive technical and professional support to complete this thesis

Most importantly, I am deeply grateful to women and people of all interview participants graciously opened their hearts to me and shared their experience. This thesis is a product of the generosity of all the people mentioned above with their time and the information they provided to me.

I would like to thank all my family and my friends especially, (Anmut Mehari) who directly or indirectly supported for giving me encouragement to accomplish thesis work

Abstract

The main objective of the study was to explore psychosocial challenges and coping mechanism of women experiencing obstetric fistula. Psychosocial challenges and coping mechanism are common in women with obstetric fistula. However, data on psychosocial issues affecting patients with obstetric fistula in Ethiopia are scarce. The study employed a qualitative research approach to answer the questions and achieve the research objectives. The researcher utilized purposive sampling method total 19 participants (15 patients and 4 key informants) were selected to take part in the study. The study area was selected purposively at Addis Ababa Hamline Fistula Hospital. Data was obtained through in-depth interview, key informant interview, and focus group discussion(FGD). Data found from different source was collected and triangulated to assess the trustworthiness of the information and thematic analysis was done. The finding indicates, obstetric fistula had detrimentally affected their health and well being , having psychological challenges like anxiety, fear, depression, worry, stress, stigma, anger, suicide attempt, hopelessness and loneliness. The finding also found different social challenges like social interaction, stigma, discrimination and marital relationship 14 participants are divorced and 1separated. Women coped with obstetric fistula by maintaining strict hygiene, drinking less, ignoring the sickness, self stigma and fistula advocacy to other.

Key words: Women with obstetric fistula, psycho social challenge, coping mechanism.

Table of Contents

Contents **Pages**

Acronyms

AAFH	Addis Ababa Fistula Hospital
FGM	Female Genital Mutilation
MOH	Ministry of Health
OF	Obstetric Fistula
RVF	Recto-Vaginal Fistula
UNFPA	United Nation Fund Population Association
USAID	United State Agency for International Development
VVF	Vesico-Vaginal Fistula
WHO	World Health Organization

List of Table

Chapter One: Introduction

1.1. Background of the Study

Pregnancy related complications are pervasive in the world's poorest regions. Underage childbearing high risk pregnancies hamper the health and wellbeing of reproductive aged women in developing country. The most distressing of all pregnancy related disability, women can have, as the United Nations Population Fund (UNFPA,2003) highlighted, is obstetric fistula, which is currently affecting an estimated 50,000 to 100,000 women around the world every year and is particularly common in Africa where significant portion of the population face challenges in obtaining quality health care. According to, Abrams et al(2012) the estimate of maternal morbidity shows that over 2 million women worldwide are suffering from obstetric fistula and the majority of whom live in Africa and south Asia.

Birth injuries with obstetric fistula are resulted from multiple delays during labor and delivery. As National association for continence (2017) explains that fistula caused by prolonged labor by making an abnormal connection or passage way that connects two organs or vessels that do not usually connect, causing leakage of urine, fistula can develop anywhere between an intestine and the skin between the vagina and the rectum and other place.

According to UNFPA, (2012-2014) obstetric fistula as a childbirth injury caused by prolonged, obstructed labor without medical intervention. During unassisted, prolonged labor, the sustained pressure of the baby's hade on the mother's pelvic bone damages her soft tissues and pelvic nerves, creating a hole(fistula) between the vagina and the bladder and /or rectum. Fistula develops from pressure prevents blood flow to the tissue and eventually, the dead tissue peels off, damaging the original structure of the vagina, resulting in constant leaking of urine and/or feces through the vagina. In most cases, the baby is stillborn and lives only for days, in some cases the baby dies in a women's womb and in most case the women is left paralyzed and in another case the women is left with fistula.

According to Ahmed S, Genadry R, Stanton C, Lalonde A (2007), Women's Dignity Project and Engender Health T,(2006)indicates that in developing countries women lack the power to decide on their pregnancy timing and place of delivery. The women with obstetric fistula reported that their husbands or mothers-in-law make the decision even when they should seek

health care services. Women with obstetric fistula are impacted by community's perception about the condition. Reports showed that the high rates of divorce and abandonment due to women experienced obstetric fistula by direct assault on their ability to fulfill their social expectations.

Sub Saran Africa country like Nigeria has highest prevalence of fistula, approximately 1 million women living with the condition. Although the occurrence of obstetric fistula is preventable, it remained as a major public health treat for many women in Ethiopia and other developing countries. The occurrence rate of obstetric fistula in countries with high maternal mortality could be high as 2 to 3 cases per women (Sunil&Sanga, 2009).

Sunli&Sagna (2009)in their study found out that, approximately 4 percent of the women aged 15-49 reported having an obstructive fistula in Ethiopia. Among women who reported obstetric fistula, one -third had this condition before age 24; the majorities were living a marital union and had no formal education. Over two-third of the case were in reported in rural area and most of those women had their first intercourse before age 19 years. A higher percentage of women also reported that they agree with the notion of husbands beating their wives and having sexual intercourse by force. In terms of maternal care practices among obstetric fistula women, over half of these women received no prenatal care for their pregnancies which lead them to deliver their babies in their homes and primarily a normal mode of delivery was reported.

Liberia fistula Program & UNFPA (2012-2014) found out that, fistula can also have social and psychological effect on patients. Often there is stigma associated with the condition of urine leakage following bad odor these women suffering from fistula are abandoned by their family and marginalized by their community and the psychological effect of fistula due fear and stigma this woman had an anxiety, depression, hopelessness and suicidal attempt.

A UNFPA (2014) and WHO (2017),reported that women who experience obstetric fistula misery constant incontinence of urine or feces or both shame, anxiety, social segregation. Probable more than 2 million young women live untreated obstetric fistula in Asia and sub-Saharan Africa. Women who experienced obstetric fistula show the feeling of powerlessness, physical injury, emotional breakdown depression, divorce. (Y.Gebresilase, 2014).

A study conducted in Nigeria by Amina et al (2010) found out the psychological challenges of obstetric fistula. These include depression, feeling of shame, loneliness, feeling of hopeless as a woman leading them to be abandoned from their family and community, which made them to commit suicide. A study conducted by Zelek, et al, (2013) in Ethiopia among the total of 218 women with obstetric fistula in north west Ethiopia who were tested with Beck Depression inventory scale 97% of them depressive symptom. Low self-esteem, feeling of rejection, depression, stress, anxiety, loss of libido and loss of sexual pleasure were commonly reported by fistula affected women. According to 2007 article on social challenge of women with obstetric fistula in Ethiopia reported 69.2% of fistula victim were divorced and psychologically, the depression rate of women with high the result of isolation and divorce.

Andargie and Debu, (2017) indicate that women who experienced obstetric fistula are abandoned by their husbands, discriminated by the society and even blamed for their condition. Community isolation and abandonment always leads to low self-esteem, stress, depression and emotional trauma. A study done in Nigeria by Amina, Laura,Kimberlee, Heather, Philp, Linda, Salamatou & Hamisu(2010) found out that, social issue leading to fistula are early marriage, lack of education, stigma associated with prenatal care and female circumcision. Once they became victim of fistula, the physical consequences such as incontinence, leakage of urine, the loss of use of legs, having a stillborn infant and damaged reproductive system led to severe social impacts which are stigma, rejection by family and community, blame placed on victim, loss ofstatus as a woman, loss of social network and support, rejection/ divorce/repudiation by husband, rationing of food and loss of control of bodily function, leading to psychological problem of feeling of shame, fear, loneliness, unworthiness, depression, suicidal throughout that made their lives unbearable.

Lilian T, and, Thecla W(2015) find out that the way women use coping mechanisms also different among each other, though there lived experiences and quality of life of women. Patient with obstetric fistula is keeping their hygiene, washing with scented soap, the use of pieces of old cloth as a sanitary pad, and the use were reported as common coping mechanisms. There are also the women use ineffective coping mechanisms such as isolation, hiding, drinking a less and eating less or changing feeding habits. This may result in to other health problems such as depression and malnutrition.

Lewis and Bernis, (2006) indicated that coping with fistula nearly all of the women sought to cope with the hardships related to fistula by washing their clothes regularly and taking bathe frequently. Lewis and Bernis (2006) also suggested other coping mechanisms to manage the odor and leaking including changing clothes frequently, using perfumes or lotion and wearing padding. Minority of women mentioned that they coped by seeking treatments. Furthermore, Women's Dignity Project and Engender Health (2006) suggested other coping mechanism such as isolating themselves by staying home, keeping their fistula a secret, and working reading the bible and perseverance /self-determination.

In Ethiopian it is anticipated that 9,000 women yearly develop obstetric fistula, among them only 1200 can get treatment. Not only has there been generally lack of commitment in addressing and resolving this problem, but also these young girls or women tend to live with their fear and stigmatization in silence and isolation, unknown to the health care system(WHO2006).

Addis Ababa Fistula Hospital(AAFH) is found in Addis Ababa, the capital of Ethiopia. The hospital was established by D.rs, Reginald and Catherine Hamlin, both obstetrician/gynecologist, from New Zealand and Australia respectively. This hospital is the only hospital in the world dedicated exclusively to women with obstetric fistula. It treats all patients completely free of charge(Addis Ababa Fistula, http: www.hamlinefistla.org).

In Addis Ababa, Hamlin's hospital each year treats 1,200 women who have obstetric fistula. This fistula hospital's records show that most patients come from Amhara region, according to (Sonny,2016) survey by the National survey committee on the traditional practice of Ethiopia, found out that the greatest number of early marriages in the country has taken place. The survey points out that the girls in Amhara are promised in marriage, when they are 4or 5years old. The 2000 Demographic and Health Survey for Ethiopia confirmed that the median age at marriage was 14.5 years; among women from Amhara were 20 to49 years old at the survey. Usually, these groups of women have suffered with various physical, social, economic, and psychological problems. However, most of the challenges they experienced are not clearly understood by the society that they are living with.

1.2 Statement of the problem

As UNFP(2003) reported as many as 130,000 new cases of fistula are occurring annually worldwide especially in undeveloped countries and up to 3.5 million women are living with the problem and suffered with various social and psychological challenges. In Ethiopia, a study done by Tirsit (2015) estimated that between 26,000 and 40,000 women suffer from obstetric fistula and 9,000 women develop fistula in each year. The problem is extremely rooted in women's social, cultural, and economic vulnerability. It mostly affected women with younger age, poor economic status, low social status, little or no formal education, and live-in rural community.

Apart from the devastating women health problem, obstetric fistula severely affects the victim's psychological and social wellbeing. According to Esegbona, et al (2012) the psychological challenges of women with obstetric fistula in her literature review that women experience as result of losing their status and value in community. Some women also think to suicide or express constant worry about their future, such as they do not have more children, never being able to marry again, or never being treated (Esegbona, et al (2012p.194).

According to Browning, (2004)women with obstetric fistula are the following psychological and social challenges are influence this are, loss of dignity, lack of support, lack of power to seek care, confidence, rejection, neglect and abandonment by their husbands. Loss of hope, fear of future life, and feelings of dependency were stated as psychological problems. Although these challenges were emerged as the result of different interrelated problems such as lack of support and family care, physical or economical incapability to access care, and lack of understanding about fistula care and treatment. The Perceived problem of fistula social stigma has leads to psychological morbidity to women.

As cited by Ahemed and Holtz (2007), Islam and Begum, done an extensive study on the psychosocial challenges of fistula in Bangladesh in 1992. A majority of women (61.4%) reported become shame in their social lives, 39.4% reported feeling continuousill, and 33.3% reported as to have a pain in sexual relationship. A bout 50% reported a significant reduce in

libido, 59% decreased in the frequency of coitus and ,45% delay in experiencing orgasm. More ever, 52% of the husbands expressed loss in sexual satisfaction with their wives. In terms of their social lives, 87% reported discomfort, 67.4% incapability to perform their prayers, and 62% not happy in their married life. The study conducted in Bangladesh on psychosocial issue that suggests that low self-esteem in women with obstetric fistulas, with many reporting depression and anxiety.

According to wall LL cited by fanta, (2010), obstetric fistula women are a most disposed, outcast, powerless group of women in the world" (Wall, LL,1996p.30). Women who having obstetric fistula changes their quality of life forever. Very a few studies have examined the adverse social, and psychological challenges of fistula, these studies provide some empirical evidence that coping mechanism, social support, and rehabilitation may significantly improve the social and mental health of affected women, However, the vast majority of the women with fistulas do not have access to medical care or to any social services (Ahmend&,2007).Due to the odor and stigma associated with the condition many women live separately from or rejected by spouse and relative and are not seen in public or social gathering. Arrow smith, 2007 study reported that in Ethiopia women suffering from such conditions leave their villages and migrate to city or monasteries (Goitom,2008).

Research conducted by kafunjo, Beyeza, Josaphat, Mbona, Almroth and Elisabeth(2015) found out that, marital and sexual lives were not pleasant, their bodies had changed, their sex live had completely distorted because of the excess fluid, which was shame full to both the women and their partners. These women had been rejected by their husband; also, their study found that was a major challenge leading to divorce. Generally, obstetric fistularesult in serious psychological effects

Rutakumwa and Krogman,(2007) examined, given the inaccessibility of health care service, rural women have developed coping strategies to address their health problem, suggesting that these coping strategies are inadequate; as the participants reported their coping strategies included ignoring the sickness, self-isolation, self-medication, use of herbal/traditional medicine, and secret use of family planning service.

A study conducted in Ethiopia by Tadesse(2014) examined the nature, magnitude, cause of fistula in Addis Ababa and found that, most women don't have medical care during their pregnancies and this is because of poor awareness of and access to health service, unable to afford transportation and traditional belief associated with health care service. In his finding also found that most women had been using traditional practices to minimize the pain associated with labor. Although the occurrence of obstetric fistula is preventable, it remained a major public health treat for many women in Ethiopian and other developing countries around the world. In Addis Ababa Hamlin fistula hospital is the public health center that gives treatment for many women with the problem of obstetric fistula. Therefore, assessment of psychological challenges and coping mechanism of fistula patients is important for understanding their condition and to find an appropriate solution.

As shown above, studies have been conducted on various dimension of obstetric fistula. However, in Ethiopia, the number of studies on psychosocial challenge and coping mechanisms among women experiencing obstetric fistula is very minimal. In addition, as the existing bodies of knowledge showed, women with obstetric fistula are exposed to various psychosocial challenges at various degrees and have different coping mechanism used to avert their problems. However, the type of psychosocial challenges they faced and coping mechanism they used are not well identified and documented particularly in Ethiopian context (Tirsit, 2015).

Therefore, this study recognized such research gaps and tries to identify the major psychosocial challenges and the coping mechanisms used by women with obstetric fistula particularly in the context of Addis Ababa Hamlin fistula hospital.

1.3. Research Questions

1. What are the major psychosocial challenges faced by women experiencing obstetric fistula in the context of Addis Ababa Hamlin fistula hospital?
2. What are the major coping mechanisms used by women experiencing obstetric fistula in the context of Addis Ababa Hamlin fistula hospital?

1.4. Purpose of the study

1.4.1. General Objective

The general objective of the study is to assess the psychosocial challenges and coping mechanism among women experiencing obstetric fistula in Addis Ababa Hamlinfistula hospital.

1.4.2. Specific Objectives

Based on the general objective, the researcher has developed the following specific objectives of the study.

1. To identify the major psychosocial challenges faced by women experiencing obstetric fistula in the context of Addis Ababa Hamlin fistula hospital.
2. To identify the major coping mechanism used by women experiencing obstetric fistula in the context of Addis Ababa Hamlin fistula hospital.

1.5. Scope of the study

The study mainly focused on the psychosocial challenges and coping mechanism among women experiencing obstetric fistula. The researcher delimitated the study in two main areas. Regarding issues include in the study, is focused on psychosocial challenges and coping mechanism among women experiencing obstetric fistula. The researcher is intended collected data from women with obstetric fistula and with key informants as source of data completion. Therefore, the study excludes the psychosocial challenges of the families. In terms of geographic scope, the study conducted at Addis Ababa Hamelin Fistula Hospital.

1.6. Significance of the study

This study can have various significances for different stakeholders. For instance,

- It provided some empirical evidence about the challenges faced and coping mechanism used by women experiencing obstetric fistula.
- It will enhance the knowledge and awareness of practitioners, psychologists, social workers, medical professionals, and policy makers who are working with women experiencing obstetric fistula about the major psychosocial challenges they face and coping strategies used.
- This study will also encourage future researchers to conduct in-depth and broader studies concerning the issue across different parts of the country.

1.7. Conceptual Definition

Coping mechanism: - Which are a woman's active behavioral and /or cognitive efforts to deal with a particular demand for obstetric fistula.

Obstetric fistula: -A hole that forms between the bladder and the vagina (known as a vesico-vaginal fistula, or VVF) or between the rectum and the vagina (a recto-vaginal fistula, or RVF) during prolonged and obstructed labor.

Obstructed labor: -A condition of delivery that difficult and delayed hindering easy passage of the body.

Psychosocial challenge: - A type a challenge that woman with obstetric fistula face relating to the combination of psychological and social problems pertaining to fears and how she relates to other in social setting.

Chapter Two: Review of Related Literature

2.1. Over views of obstetric fistula

Approximately 800 women passed away from pregnancy or childbirth-related complication in the world every day. Obstetric fistula is one of the most severe form of diseases of woman who dies from maternal related cause at least 20 women experience a maternal morbidity. In developing world, the number women that live with obstetric fistula is estimated to be2-3.5 million and between 50,000 to 100,000 new cases develop each year (UNFPA, 2007). Although obstetric fistula eliminated from developed world, it persists to affect the poor women and girls living in some of the most resource starved remote regions in the world. Women with obstetric fistula have psychological and social challenges. These include depression, feeling of shame, loneliness, feeling of hopeless as a woman leading them to be abandoned from their family and community, which can lead them to commit suicide.(Amina et al ,2010)

2.2. The Concept of Obstetric Fistula

Obstetric fistula caused by childbirth injury that has been mostly neglected, regardless of the devastating challenges it has on the lives of affected women. It is usually caused by prolonged, obstructed labor, without timely medical intervention typically an emergency caesarean section. During not assisted, prolonged obstructed labor, the sustained pressure of baby's head of the mother's pelvic bone damage soft tissue, creating a hole or fistula between the vagina and the bladder and /or rectum. The pressure denies blood flow to the tissue, leading to necrosis. Ultimately, the dead tissue which comes away, leaving a fistula, that causes a constant leaking of urine and feces through the vagina (UNFPA, 2012).

2.3. Types of obstetric fistula

Vesico-vaginal Fistula (VVF)

An abnormal connection that formed between the urinary bladder and the vagina is known as vesico-vaginal fistula (VVF) that consequence in the continuous discharge of urine into the vagina. This continuous discharge of urine due to VVF has a major impact not only on the physical health of the woman but also its own psychosocial challenges in women's life.

Recto-vaginal Fistula (RVF)

A recto-vaginal Fistula (RVF) the most prolonged episodes of obstruction, and usuallysimilar with a severe vesico-vaginal Fistula (VVF). Isolated RVFs due to obstructed labor are extremely rarebut may be caused by sexual violence or in under-age marriage.

Urethra and uretero- vaginal fistula are defects linking the vaginal canal with the ureter. Ureterovaginal fistula often occurs as a result of complexity of pelvic surgeries with gynecologic surgeries accounting about two thirds. It is one of the most feared problems of pelvic surgery.

Vasico-uterine and vesico-cervical fistula: - connect the bladder to the uterine cavity and cervical canal respectively and urine passes through the cervical and vagina. Vesico-cervical fistula (VCF) is very unusual problem of cesarean section, and only sporadic cases have been reported. According to Muleta, et.al, (2010) VVF and RVF fistula are communal in worldwide compare to other fistula case while RVF alone fewer common.

2.4. Psychological challenges of obstetric fistula

A study conducted in Uganda by kabayambi et al, (2004) found out that, due to the constant wetness, loss of appetite, weight and inability to work, some women reported that they had suffered constant anxiety and depression, some women expressing deeply held fears , such as not ever getting cured , not being able to have more or any children ,never being able to have sexual relations or marry again and their chance of continuing their education was the cause of their psychological challenge.

Other studies conducted in Tanzania by Siddle et al, (2012) described that, fistula patients reported significantly higher rates of psychosocial problems, sometimes this woman attempts suicide because their condition like leaking constantly and bad odor which was even intolerable for them self yet alone for other people. These women are discriminated by the community and abounded by their husbands, which makes them feel worthless and suicidal.

According to Amina et al, (2010) examined that, many psychological consequences of obstetric fistula, including depression, feeling of shame, loneliness, feeling devalued as a woman leading them wanting to end their lives. Once they became victims of fistula, the physical consequence of incontinence, the loss of use legs, stillborn infant and damaged reproductive system and individual troubles (loss of control bodily function, feeling of shame, fear, loneliness, unworthiness, depression and suicidal thoughts that made their lives unbearable.

The study by Nwoba and Nwite(2017) found out that , the continuous leaking of urine caused a lot of discomfort to them uncontrollable leaking of urine made them feel helpless, anxiety and depressed. In their study one participant clearly stated" I always wet my bed and clothes day and night. Other common complaints discovered by USID (2012) included interrupted sleep caused by the wet bed cover, anxiety, lack of confidence and weakness, with women suggesting that passing urine drained their bed and had to change bed cover. Women also indicated that they always have an unpleasant odor.

The result from studies of Ahmed and Holtz, (2007) describes that, on an average woman incurred fetal loss from the delivery in which the fistula developed leading to emotional and psychological state. Losing of children make woman emotional, but they soon finds their own survival, social position, value in herself and value in society which leads them to psychological challenge like mentally tormented, devastate depressed.

Nwoba and Nwite(2017) found out that, psychological challenge associated with the loss of a child during birth was reported to be traumatizing and produced intense feeling of guilt and self - blame. Women who participated in their study reported women with obstetric fistula blamed themselves for causing the death of their child. Self- blamed was also evident among the participant who led to these women to feel psychological distressed.

Uzoma, Nkechi and perpetua, Abakaliki and Nsukka(2014) examind emotional and psychological experience of obstetric fistula indicating that, apart from mourning a dead child, which is unbearable, they soon found themselves with problem of fistula, they described as devastating and tormenting. Most of the women expressed a loss of self-esteem, depression, stress, anxiety and trauma. A few said that they actually wished they were dead rather than living a life of no self-worth, no dignity, no respect, low self-esteem and guilt for bringing sham to self, family and community was the psychological challenges faced by women with obstetric fistula.

The study result by Habiba, Kabunga and Thananga(2016) found out that, women with obstetric fistula faced the following psychological problem, helplessness, sadness, suicidal thoughts, stigma and blame, feelings of worthlessness, fear, shame, and social withdrawal. The study shows most women experienced sadness, followed by shame and then loss of self- worth as psychological effect of fistula. Although suicidal ideation had a small percentage, as a psychological effect, it is an indication of the problem of fistula among women with fistula.

According to Nwoba and Nwite(2017) in their finding some of the subject had suicidal thought, one of them wished she was dead because she reported being worthless and a family liability, another women felt like taking her life because she felt she had lost her motherhood, her role in life as a women. Also, one participant said" I don't even know the reason why I am surviving because have lost my child and my husband because he cannot have sex with me. I feel so worthless and sometimes I become so down to the extent that I feel like taking my life".

In Ethiopia a study done Tadesse(2014) examined that, participant experienced the anger, sadness, hopelessness and sham associated with loss of child, as well as the loss of ability to work, acceptance and support of a child, as well as the loss of ability to work, acceptance and support of their husband, family member, relative, classmates, community member and other passenger when using public transport which led them to a psychological distress.

Another study found out that, they felt sad most of the time and were rarely happy, the sadness resulted from the discomfort caused by the problem of fistula found by Nwoba and Nwite(2017) in this study finding, one participant clearly stated that "most of my relative and neighbors did not know about my problem and I have suffered a lot . I wet my bed every night and it was difficult washing my blankets every morning. My life has been full of unhappiness and misery".

Farid, Azhar, Sadruddin, Allana, Naz, Bohar, Shamim and Syed(2013) described that, women suffering obstetric fistula are to have physical discomfort that were increasing the anxiety worries and depression. However, in addition to physical discomfort, obstetric fistula was found to be associated with psychological disturbance including low self-esteem and increased stress.

Also other study in Ethiopia done by Tadesse(2014) describes , most women had an accompanying feeling of dependency participant experienced the anger, sadness and shame associated with the loss of a child , as well as the loss of ability to work, acceptance and support of their family was the major challenges leading them to psychological distress.

Study done in Ethiopia by Tadesses (2014) found out that, women with obstetric fistula felt that the future was terrifying and uncertain in relation to having family, partners, marriage, sex, becoming pregnant, giving birth and it's reintegrating back to their local community. They will be afraid of experiencing obstetric fistula and its associated challenges in the future, which was the major cause of anxiety.

According to Mourad, et, al, (2012) women with urinary or fecal incontinency show depression, anxiety and abnormal level of situation life stresses. It is likely that psychological changes are related to the symptom and related to disability and distress than to specific urogynecologic condition.

These women also influence, feeling of insecurity, anger, apathy, dependency, guilty, indignity, feeling of abandonment, shame, embracement, depression and denial are also common. Women feel loss of self- confidence and self-esteem. According to Megabiawe,et, al, (2013), the cross-sectional study was conducted in North West Ethiopia to determine the prevalence of depression among obstetric fistula patient's outpatient clinic of Gondar university referral hospital 67.7% of women obstetric fistula had symptom of depression.

Social situation in relation to marital issues is another burden for fistula patients and their families for example in Nigerian study of 31 fistula patients, the divorce rat, even after repair was 55%, 87% of these women had a stillbirth (Mourad, 2012). Another study conducted by Kelly in Ethiopia Addis Ababa fistula hospital showed that previously married women with fistula repairs among 79 women's 59 of them are divorced and 19 of them are abandoned by their husband (Mourad,et,al,2012)

2.5. The social challenges of fistula

Zipporah, Omondi and Anthony(2014) explored social problems faced by women with obstetric fistula includes humiliation and being marginalized by the society due to their condition, thus being pushed to live in isolation and the unavoidable odor is viewed as offensive; therefore, removing them from the social activities is seen as necessary. Humiliation was confirmed by the majority of the affected women while abandonment, stigmatization and loneliness are experienced among most of the affected women. However, the majority of these women had experienced separation from their husband, while most reported they experienced despair which they termed as the most difficult situation to bear.

Social stigmatization by family, friends often do occur. As Mourad, et,al, (2012) describe the social challenges of woman with obstetric fistula in to family relationship , urinary and fecal incontinency can lead to such disability and dependency that family or home care givers have difficulty coping and responding increased demands. Women also suffers or restrict certain households' chores, churches or holy place attendance, shopping or entertainment. Spousal relationship also appears to be most impaired, perhaps because of an additional adverse effect on sexual relationships. Even incontinent home bound women, have significantly fewer social interaction, particularly with family members (Mourad,et al,2012) **.**

Lewis and Bernis (2006) found out that, in developing countries young woman are living in shame and isolation often abandoned and excluded by their husband, families and the community because of the social challenge associated with fistula. They are usually live-in miserable poverty, are blamed by society, unable to work or earn money shaping them to fall deeper into poverty and further psychological distress like depression.

A research by Kabayambiet al. (2014) identified, the social challenge experienced by women with obstetric fistula. The major social challenges experienced by women with fistula were bad smell, failure to attend social event, loss of marriage and isolation. In their findings one man who was a married to women with obstetric fistula said" It is I who made her get this condition, I cannot have sex with her but I will make sure she gets medical care. My friends have been telling me to abandon her and take her back to her parents, but I won't she is still my wife"

According to Hsiung and savback (2011) many societies in Africa, where the women's social status and role of women is depending on her ability of childbearing, women with obstetric fistula are even forced to leave their home because of the stigmatization.

Their study confirms that the rate of separation or divorce increase with the time, the women still suffer from a fistula, especially in those case when she remains childless. A study by Amina et al (2010) the social consequence of fistula are stigma, rejection by family and community, blame placed onvictim, loss of status as a women, loss of social network and support, rejection/divorce by the husband.

According to Khisa, Wakasiaka, McGowan, Campbell and Lavenderb(2016) described women living with fistula experienced negative social interaction that result feelings of humiliation, distress and stigmatizing by member of their community leading them to withdraw from social events. Women with fistula due to the constant urine leakage and associated smell, many women were called pejorative names. Also, they were compared to wild animal like the mongoose (ekenyaminyonge).

The Abagusii community in Kenya compared women to this animal because it is associated with bad odor, self-isolation, and loneliness (often moves alone).Social consequences of fistula described by Amina et al(2010) involves women with obstetric fistula often feeling unworthy and their illness attributed to some fault of their own which made them blame themselves and resulted rejection from society, isolation and abandonment from husband or divorce. Most women reported having lost their social network and family support as a result of the fistula. Siddle, Mwambingu, Malinga and Fiander(2012) also stated over half of the patients said they would not have been able to access treatment because of the transportation costs.

Likewise, Women's Dignity Project and Engender Health (2006) indicates some women said that, the community did not know about their condition which made those women felt that this was the reason they got along well with their neighbors. Besides shame, women also reported other social and emotional impacts resulting from fistula, fewer than half of the women reported feeling. Great stress in their lives; additional stress was experienced due to their inability to attend social events and being unable to have a child or to marry again brought anxiety. Young

girls were unable to return to school and some women reported the need to eat separately from others.

However, Women's Dignity Project and Engender Health(2006) also points out fewer than half of the woman appeared to be treated well by the community and did not isolate themselves. One woman reported that community member brings her wood, water, and various aids. They also wished her well in seeking treatment and support. Another woman reported that her community cares for her with work so that she can get money for her needs.

Kafunjo et al (2015) found out that, leaking urine affected the women's social interactions so much that they isolated themselves and choseto stay alone. The women could not participate in activities they use to culturally enjoy, such as cooking for visitor since they feared wetting themselves as they participated. Women with fistula lived in state of distress and fear from behavior of relative and neighbors, the physical effects of leaking urine, the bad small and sores simultaneously with the fear of being notice in public place forced the women to live in a state of psychological distress. The women themselves felt it was not worth being in public exploring them self to public humiliation, so they isolated them self from their society. On other hand relatives, neighbors distanced themselves and their family from women with a fistula because of the perceived fear that the condition might be contagious.

2.6. Effects of fistula on marriage

The majority of women were married before they sustained fistula and remained married after wards the stability of these marriages appears to run counter to common perception of the impact of fistula on women's marital status stated by women's Dignity Project and Engender Health (2006). In most case women's partners stay with them after the fistula regardless of the fact that there is pressure from others. Though, fistula negatively affected the marriages of some women. Less than half of the women who were married before fistula were divorced because of the fistula and a number of women reported extremely traumatic and painful ending of their marriages as a result of fistula. Even though a minority of the women that had remained married said that they did not have sexual relationship with their husbands after fistula. Some of the women who were single at the time of the fistula had their partners reject to marry them because

of either the fistula or the loss of the baby. In rare cases, some women have additional children after sustaining fistula (Women's Dignity and Engender Health,2006)

Zipporah et al,(2014) found out that, only 36.6% of the respondents are facing pain during sexual activity expressing a personal lack of sexual desire and their husbands could not touch them, they had no sexual desire because of their condition leading them to divorce.

According to Kafunjo et al, (2015) found out that, most of the women felt because of fistula their marital and sexual live were no longer joyful but rather painful and unpleasant. Others felt they had lost their marital, sexual desire and sexual rights altogether. Their bodies had changed because of continuing urine leakage and bad odor; they missed the happiness they formerly enjoyed. Their sex lives had distorted, many described their sex lives to have been negatively impacted because of the excess fluid, which was unpleasant to both the women and their partners which destroyed their marriage. The majority of the participant in his study found to agree that sex was a major challenge. It was no longer as it used to be and there were many difficult to overcome when having sex.

A research conducted by Zipporah et al, (2014) found out that, living with fistula for years because of continuous leaking of urine and symptoms associated with it, obviously affected women's marital and sex life. Only in some case a woman with obstetric fistula continuous to have a sex with her partner in most case sexual abstinence was common. These women are seen as unclean and undesirable by their husband, which leads them to isolation this was a common experience among women with fistula. The husbands presented the problem more as one of lack of sexual interests on the part their wives. However, the women also reported lack of desire to have sex with their husbands which affected their marriage. The women reported that their husband sometimes had sex with them out of pity does not desire and other husbands were worried about their wives becoming pregnant again and loss a child, therefore decided to abstain totally.

Research by Farid et al, (2013) examined the social and relationship problem. Relation with husband was reported to be a major concern for those women with obstetric fistula. It was reported by study participants that family's, including husband and children do not like to spend

time with them, which made women with fistula feel undesirable and discriminated. They do not like to eat food cooked by study participant because they believe it would be transmitted.

Hsiung and Savback (2011) in their research found out that, women with obstetric fistula were single /divorced, of which patient's condition had a direct consequence on the marriage and they were left or divorced by their husbands because of fistula. However, in their study, one patient was left by her boyfriends because of the fact that she got pregnant and not because of the fistula itself. Women who were left because of fistula expressed fear for a new relationship. Also, Habiba et al, (2016) found out that, the demographics showed 14% of the participants as having divorced whereas only 5% of the response cited having been socially affected by divorce.

Aresearch done by Nwoba and Nwite,(2017) found out that, fearof divorce, some of the subjects reported that they were afraid that they might get divorced by their husbands who were only source of comfort they were left with and thus reflecting their vulnerability. Some women with fistula were anxious and even feared that the condition might be interact table in the future due to the size and pain of the wounds.

According to Addis Ababa Fistula hospital after an average of 7 and 8 months were accompanied by their husbands in only 19 and 35% of case, respectively. Correspondingly, 45 and 24% had already been separated or divorced. In a community where married status is extremely important, it is nonetheless dramatic how swiftly the obstetric fistula is translated into a social exclusion (Muleta, Rasmussen& Torvid,2010).

2.7. Situation of obstetric fistula in Ethiopia

According to Muleta, (1997) who was fistula surgeon at the Addis Ababa hospital, the main etiological factors contributing to the existence of fistula were the absence of health care facilities and absence of transportation for patients. An extensive case study conducted by the Addis Ababa Fistula Hospital indicated that the women who have these injuries are young, uneducated, and with low socioeconomic background. (Giotom,2007).

As Fanta cited in her study shown in 2010, at Addis Ababa Fistula Hospital, women affected by obstetric fistula are always abandoned by their husband, dishonor by their community, and even blamed for their condition. Social isolation and abandonment often lead to low self-esteem,

depression and prolonged emotional trauma (wall,2006). About early marriages, as Fanta (2010) cited, a study conducted on fistula patient admitted to the AAFH between May 1999and February 2000,shows that 83% of those who were married at average age of 15 had fistula at birth before they reached the age of 20.

Wall, (2006) found out an effective fistula treatment must be comprised of healing the wound and accompanied by psychosocial therapies to assist women in regaining their self- esteem and to facilitate good socioeconomic reintegration. Fanta (2010) shows in her study that obstetric fistula victim are prone to worsened, economic dependency on relative or family members. Obstetric fistula is one the most neglected issues in the women's health and rights (Engender health,2006). The victims are mostly unaware of the availability of the fistula treatment hospital due to extreme isolation from society and lack of information.

If the woman's is aware of the hospital service, they are likely to lack of transportation service to the facility or the resource to get transportation. The real-world policy, the intervention required by government of Ethiopia seems to overshadowed by other more prevalent prioritized maternal health issues. Nonetheless, the AAFH (with subsidiary mini hospital) is the only center giving free treatment rehabilitation including psychosocial therapy and skill training to victim despite the magnitude of the complication (Fanta,2010).

2.8. Coping mechanism of women with obstetric fistula

In this part of the literature review, the researcher presents the views of various scholars in relation to the different kinds of coping mechanisms of women with fistula, such as living in social deprivation and isolation, change in lifestyle, pads (pants and protection), catheters and fistula advocacy to other.

2.8.1. Living in social depravation and isolation

The study conducted in Uganda by Kafunjo et al (2015) found out that, most of the women felt they were socially isolated. They believe that is because of their condition, they would either isolate themselves or be isolated from relatives, community, and friends. Women with obstetric fistula attributed the social isolation to the rejection they received from friends, neighbors and

relatives as a result of the leakage and the smell, isolation was a coping mechanism used by women with obstetric fistula.

According to Lavender, Wakasiaka, McGowane, Moraa, Omari and Khisa(2006) examined that, women with fistula and their families adopted coping strategies to hide the fistula, such as staying at their home or avoiding community activities and family events. On their study, one male participant gave an example of how challenging it was to keep the fistula a secret. Alsoone community male questioned the need to tell others, suggesting that it should be kept between the couple secrete. However, it is unclear, whether his paternalism was equally about protecting himself from the stigma.

Coping strategies adopted by women living with obstetric fistula suggested by Kabayambi et al(2004) found out that, majority coped by hiding from the general public, maintaining strict hygiene (washing all the time, padding with heavy, torn old soft clothes, drinking a lot of water to reduce sores due to the urine, ignoring people comments and resorting to prayer where the major coping strategies found in their study. Other coped by seeking refuge in church(30%) using water proof(polythene) material on mattresses(17%) and keeping busy with making handcrafts(9%). Women with obstetric fistula changed cloths frequently and used perfumes and lotions to reduce the bad odors resulting from sores and urine this was one of their coping strategies.

2.8.2. Changes in lifestyle

Anders (2000) found out that, women with obstetric fistula urinary incontinence often adjust their fluid in an attempt to control their symptoms. However, limit in fluid intake can have adverse effects. Frequent avoiding in combination with a low urine output can result in a reeducation of the bladder's functional capacity, resulting in habitual avoiding in smaller volumes. Very low fluid intakes are dangerous, especially in the elderly and should be discouraged.

Leaking urine affected the women's social interaction so much that they preferred to stay alone as a coping response. The women could not participate in activities they were culturally supposed to enjoy, such as entertainment and cooking for visitor since they feared wetting themselves as they participated (Kafunji, et al, 2015).

2.8.3. Pads, pants and protection

According to Anders (2000) the use of incontinence pads and pants is, for many women, the first method of control. Some women who can afford to buy their own products, usually sanitary towels, which are often unsuitable and uncomfortable. Products are continuously changing and developing with companies endeavoring to ensure that their products suit the users need. It is complicated even for a specialist continence nurse to keep up with the alternative available.

Few products have been assessed in good quality and those that have many undergone changes before the result were published. However, professional and careers need to ensure that women are using the correct pad or appliance to allow maximum benefit. Pads may be required as temporary measure while investigation are undertaken, or treatment is a awaited although they do provide appropriate containment for those with intractable incontinence.

A study conducted by Kafunjo et al (2015) found out that, women padded themselves all the time using locally devised pads that would eventually "burn" and "itchy" them and made them uncomfortable. All the time, the women were pre-occupied with ways to reduce being noticed when they were wet, which was physically challenging in their daily activities.

Kafunjo et al (2015) explored that, most women with obstetric fistula decided to continue life without sex after facing sexual challenges by their husbands because of their condition. However, other often stayed away from their partner to avoid abuse and neglect. Separation or divorce was very common among women with fistula. Most reported that either they left their abusive partner or their partner, just abandoned them.

2.8.4. Catheters

According to Anderse(2000) study there are two main routes of catheterization, urethral and suprapubic. Urethral catheterization can be self-retaining (indwelling) or non-retaining for single use, while catheters can be used when all other treatment and forms of containment fail, women who have intractable incontinence, but suprapubic should only be used as a last resort, however they are easier to manage than urethral catheters, having a lower incidence of infection and they are more comfortable for women and avoid urethral trauma. They are particularly useful in

women who are wheelchair bound and once a path has been formed, they can be changed with little effort of a person who supports them.

2.8.5. Fistula advocacy to others

A research article in Malawi by Laura, Jeffrey, Nunwe, Moyo,Mwale and Jennifer(2015) suggested that the majority of the women with obstetric fistula knew of other women in their villages or community who were living with unrepaired obstetric fistula.

The majority of women with obstetric fistula expressed personal efforts that had helped other women with fistula and prevented fistula development in other women or advocated for those who are facing challenge because of fistula. Some of the women had encouraged other women with fistula to seek repair and they referred these women to the fistula care center. The most common effort to help women with obstetric fistula includes escorting them to the fistula care center and accompanying these women during their stay at the center and the advocate fistula repair.

According to Laura et al(2015) assisting women with fistula needed include encouraging women who have fistula to "come out" or "speak up" about their condition, informing women that fistula repair is available, advocating for other and developing groups among former fistula patient to mobilize community, advocate repair and educate other about fistula. In their study one women expressed those personal testimonies from former fistula patients could encourage fistula repair among women. She also noted many women avoid fistula repair because they are advised to abstain from sex following repair.

2.9. Theoretical Modal

This study considers bio-psychosocial model theory in trying to understand the psychosocial challenges and coping mechanism of women experiencing obstetric fistula. Therefore this section tries to discuss the basic principles of the model relation to the study topic.

According to Marks et al,(2010 p.6) this modal follows the major themes of definition of health this means, health is state of wellbeing with physical, cultural, psychosocial, and spiritual aspects ,not simple the absence of illness. This study considers bio-psychosocial model trying to

understand the psychosocial challenges and coping mechanism among women experiencing obstetric fistula.

2.9.1Bio-Psychosocial Model

According to Dogar,(2007)bio-psychosocial model is an" integrated approach to human behavior and disease. This modal emphasis on the interaction of the biological, psychological (which includes thoughts, emotions, and behaviors)and social aspects (socioeconomically, socio-environmental, and cultural) cause, that plays significant role in human performance in the context of disease or illness.

Bio psycho social modal also encompasses community and family prevention of illness and promotion of health as much as on treatment of disease (Dogar, 2007, p. 11).However, health is best understood in terms of a combination of biological, psychological, and social factors rather than purely in biological terms Santrock (2007). Additionally, critics of this model have further proposed the spiritual constructs which also affect human disease or illness. Some scholars see the bio-psychosocial model in terms of causation.

The biological component of the bio-psychosocial model seeks to understand how the cause of the illness stems from the functioning of the human body. The psychological component of the bio-psychosocial model looks for potential psychological causes for a health problem such as lack of self-control, negative thinking, depression, loneliness, and feeling of hopeless. The social component of the bio-psychosocial model examines how different social factors such as socioeconomic, status, culture, poverty, and religion can influence health (Santrock, 2007; DiMatteo, Haskard, and Williams, 2007).

According to Diatteo, Haskard and Williams, (2007) the bio-psychosocial model presumes that it is important to handle the three together as a growing body of empirical literature suggests that patient perceptions of health and threat of disease, as well as barriers in a patient's social appear to influence the likelihood that a patient will engage in health-promoting or treatment behaviors, such as medication taking, proper diet and engaging in physical activity. The relationship between how the mind, environment and social factors influence the physical health of the body has been proven in more recent times, especially in the treatment of chronic condition.

Landis and Um'bBrson (1988), Levine, Coe and Wiener (1989) and Weitz (1996), Hutchison (1999, p. 85)state that there is a relationship between physical, psychological and social experiences which are well indicated and backed with "strong conceptual, theoretical and empirical evidence". Lowe (1997) suggested not to view health as an experience precise only to an individual but within the structure of the community, and organization (as cited in Hutchison, 1999, p. 85) which is common in the healthcare system, where bio-medical model takes precedence, integrated mind and body treatment tend lack (Sperry, 2006, as cited in Atkinsa, Colville & John, 2012, p. 134).

Obstetric fistula is bio-psychosocial disease as it not only affects the biological (physical) aspects butits own also the social and psychological aspects. Obstetric fistula not only elicits anxiety, but also disrupts the lives of the patients such as routines, tasks, responsibility, etc. The bio-psychosocial model implies that treatment of disease processes in obstetric fistula requires that the health care team to address the biological, psychological and social influences of the disease upon a patient's functioning. Therefore, to explore and understand the psychosocial challenges and coping mechanism of women experiencing obstetric fistula it needs of patients holistically, the bio-psychosocial model is used as a conceptual framework for this study.

Chapter Three: Research methods

3.1. Research Design

Burns and Grove (2003, p. 195) define a research design as" an outline for conducting a study with the highest control over facts that may interfere with validity of the finding. The main objective of the research was to assess psychosocial challenges and coping mechanism of women experiencing obstetric fistula. To achieve these objectives, informed by so the study employed a qualitative approach since their principles are suitable for assess psychosocial challenges and coping mechanism of the participant. According to Creswell(2007), it is appropriate to use qualitative research to explore the problem or issue under the study (pp.39-40). Similar, the aim of this study was to assess the psychosocial challenges and coping mechanism of women experiencing obstetric fistula using their direct expression, words, feelings, opinion and experience about the phenomenon under study. Hence, using qualitative research methodology was a good fit to attain the predetermined aim of the study.

Creswe (2013) claimed, qualitative research is informed by social constructivist ontology, reality as seen as complex, dynamic, and social constructed, and the social world is bounded with layers of meaning of originating from the diversity in the context of human experience and interpretations.

As a result, from the five types of qualitative research designs, the researcher used qualitative phenomenology study design. According to Vander stop and Johnston (2009) phenomenology approach focus on how people experience a particular phenomenon thorough exploring how individual constructs their meaning about the experience (p.206). The researcher chooses this approach because this study was looking to understand and explore psychosocial challenge and coping mechanism of women with problem of obstetric fistula so the researcher found phenomenology is the best approach for the study.

The phenomenological method by itself has got different aspects/approaches: - 1, Descriptive phenomenology; 2, Interpretive Hermeneutical phenomenology and 3, Critical Narrative analysis (langdridge,2007, pp,55-56).

Based on the purpose of the study, the study use descriptive phenomenology (Mayoh& Onwuegbuzie,2013) suggested descriptive phenomenology describes the common themes from

that experience the identity the phenomenon and transcends the experience of different individual. The researcher chose descriptive phenomenology because the study focuses on the descriptions of participant individual experience.

3.2. Description of the study site

The study is conducted in Addis Ababa Hamlinfistula hospital. This hospital located in the old Airport area/kolfeKeranio sub city worda 04behind the Augusta Garment Factory. The HamlinFistula Hospital was co-founded by D.rs. Reginald and Hamlin Catherine in 1974, to treat women suffering from obstetric fistula. Hamlin fistula hospital have five branchesin addition to the main hospital of Addis Ababa these are found Ethiopian cities of BahirDar, Mekele, Yirgalem, Harar, and Metu. Hamlin's come to Ethiopia from Australia in 1959 to set upMidwifery College on their contract with the Ethiopian government. However, they soon discovered the plight of the fistula patients a dedicated their lives to this work. The hospital gives free treatments for women who suffer from child birth injury and also provides counseling service.

D.rs. Reginald and Catherine, both Gynecologist -Obstetrician, the Hamline's plagued by this devastating medical condition of these poor women with obstetric fistula and have contributed outstandingly and incessantly to alleviate the heavy burden carried by these poor women in Ethiopia. They found that the plight of fistula patient so tragic that they immersed themselves in service to those suffering from Obstetric Fistula in Ethiopia. The hospital rehabilitation center called Hamline Desta Mender. The hospital is run by donation granted from different aiding agencies, manly from Australia and USA.

3.3. Sources of Data

In this study, the primary data were collected directly from women with experiencing obstetric fistula and health professionals. Primary data were collected using; in-depth interview, key informants and focus group discussion. The study also compiled various secondary sources which are published and unpublished documents: book, journals, empirical studies that are related to obstetric fistula.

3.4. Participants of the study and inclusion criteria

The participants of the study were selected fifteen women with obstetric fistula and four key informants from Addis Ababa Hamline Fistula Hospital. The primary rational for selecting this much number is in order to get accurate data from different participants. Other factors which the researcher has taken into account were inclusion criteria. Burns and Grove(2003, p,234) defined eligibility criteria as "list of characteristics that are needed for membership in the aimed population "Based on this, the respective inclusion criteria were separately used for two groups of participants.

The first group of participants are women experiencing obstetric, and their inclusion criterion are, who have been living with obstetric fistula at least one-year participants above 18 years old, and those who are willing and give consent to participant in the study are include.

The second group of participants are key informants, the key informants are staff member of the Addis Ababa Hamline fistula hospital and included as key informants the inclusion criteria include: - participants who are currently working in the center, participants who have been working for at least two years and those who are willing and give consent to participates in the study are included.

Participants who satisfied the above inclusion criteria were included in the study. The rational for the inclusion criteria was by taking in to account research ethics and longer these women lived with obstetric fistula and longer work experience the more in-depth knowledge and the life experience they have about the psychosocial challenge and coping mechanism, this will benefit the research to have quality data.

3.5. Sampling technique and sample size

Purposive sampling was employed to select the research participants. Patton (2001) states the significance of using purposive sampling technique in such studs as follow" it allows case election involves explicitly and thoughtfully picking case that are congruent with the study purpose and that will yield data on majority study question (p.197)".

According to walliman(2006, p.79)purposive sampling is applied in a situation where the researcher preferred what he/she thinks is "typical" sample based on specialist knowledge or

selection criteria in the study area. Therefore, the actual study participants wereselected using eligibility criteria developed by the researcher.

Thus, in order to investigate psychosocial challenges and coping mechanism among women experiencing obstetric fistula based on inclusion criteria, the study recruited 8 women with obstetric fistula for in-depth interview, 7 women with obstetric fistula for FGD and four key informants. The key informants were assigned based on, experience, knowledge and position .participants are(two nurses, one psychiatrist and one doctor from Hamline Hospital). Therefore, a total of 19 participants were included in the study.

3.6. Data Collection Instruments

Kafle (2011) suggested that to accomplish the purpose of generating the experiences of the research participants appropriate tools can be applied depending on the context and area of research issue. Therefore, in-depth interview, Focus Group Discussion (FGD), and Key informants data collection tools were employed and triangulated.

3.6.1 In-depth interview

In this study in in-depth interview was used because it is the most commonly used method of data gathering for qualitative studies due to the reason that it enables the researcher to get in-depth information about the experience of the informants. According to Heather &Marty(2004) in depth interview enables the researcher to clarify meaning of participants' action and behavior through conversation with participants or through posing semi-structured interview questions.

Therefore, based on the review of various literatures the researcher was identify the indicators or develop semi-structured questions or guideline items used for identifying the psychosocial challenges and coping mechanism of women with fistula. Because semi-structured interview questions were allow participants to discuss their views, experience and challenges in detail manner. It also helps the researcher to probe more about the issue under study. The questions was validated by the comments of the subject matter experts and advisor of this research

Also the interview was tape recorded with the consent of the participant. In -depth interview are use full when you went detailed information about a person's thoughts and behavior or went explore issue in depth. However, the participants can stop the interview at any time they went

and continue whenever they can. In all interview, Amharic language was used as a medium of communication during the interview to have a clear understanding between the researcher and the participant

3.6.2. Focus Group Discussion

Frietas et al. (1998) recommended that to answer the question "how do people consider an experience, idea and event" utilizing focus group (FGD) is valuable in the qualitative researches. The researcher was believe that using FGD in the study offered an opportunity to understand the shared group insight on the phenomenon or psychological challenges and coping mechanisms used by women experiencing obstetric fistula.

Onwuegbuzie et al,(2009,pp,3-4) suggested that using several meeting allow the focus group researcher to ass the extent to which the data saturation appears. During the time FGD session tape-recorder was used and also the researcher had to moderator role to facilitate the discussion. As a moderator the researcher tried involving all the participants in the discussion and to keep the discussion point to be on track. As a result, FGD enriches the data collection, in order to triangulate the data that was acquired from key informants interview and in-depth interview.

Therefore, in this stage of data collection, the participants was presented with three major questions discussed, and provide their views in the group. The questions include *"what are the major psychological challenges, social challenges you have faced? And what coping mechanism you used?"*

3.6.3. Key informants' interview

The researcher did an interview with four key informants, about the psychosocial challenges and coping practice of women experiencing fistula. This helped the researcher to triangulate data obtained through in -depth interview with obstetric fistula patients, also helped the research to have detailed information about obstetric fistula. As a result, in order to verify the data, the researcher included key informants to acquire additional evidence regarding the psychosocial challenge and coping mechanism of women experiencing obstetric fistula. Interview guides is preparing to cover the main themes of the research question during interview with key informant.

The researcher believes that key informants can provide their unique view point regarding about obstetric fistula, the patient, and issue or problem faced by the patient, which the researcher is investigating. Also, the interview was tape record with the consent of the participant. The purpose of choosing key informants' interview is to collect information from professional; this particular knowledge and understanding that help the researcher provide insight on the nature of problem and give recommendation for solution

3.7. Data Collection Procedures

This section discussed the processes that were used to conduct the study. After the topic was approved by school of psychology at AAU, the researcher stated developing the proposal of the thesis, after the proposal was approved; semi- structured data collection guides were translated from English to Amharic versions. The researcher took letter of support from the school of psychology to get permission to conduct the study in the study site. When the researcher got approval to collect the data, the researcher visited the Addis Ababa Hamlin fistula hospital.

The researcher used to collection method such as in-depth interview, key informant interview, and FGD. The reason behind utilizing these multiple source of data collection method is they help to obtain quality data in the study through triangulation. There searcher familiarizes him / herself at the organization in order to arrange the setting for the interview, key informants and FGDs. In addition, before starting of the formal interview with each of the participants, the researcher discussed about the ethical issue. In the study participants was selected using purposive sampling method ,eight participants were selected for the in-depth interview, four participants were selected for key informants interview and the FGD was conducted by one group of seven members.

Interview with each participants was expected to last form one -and-a-half hours to three hours, depending on the amount of information the interviewee wished to share (wilcke,2001).

3.8. Methods of Data Analysis

The process of data collection, data analysis and report writing are not distinct steps in research, rather often interrelated and go on simultaneously (Creswell,2007,p.150). Influenced by the assumption of social constructivist the data were analyzed and presented based on their

subjective interpretations of the participants. Braun and Clarke (2006) clarified thematic analysis as a method for identifying, analyzing, and reporting patterns(themes) within the data(p.6).

Thus, the data of the current study were analyzed using the thematic analysis. More over Alhojailan(2012,p.6) also revealed thematic analysis is considered appropriate for any study that seeks to discover the human experience by using participant own interpretation. Braun and Clarke (2006) provide an outline to guide thematic analysis using the six phase of analysis. The analysis procedures and phases of the current study were adapted from Braun and Clarke.

Accordingly, the first step of the data analysis was familiarizing the researcher with the data. Subsequently, the verbal data of the in-depth interview, key informants and FGD was transcribed in to written form that will enable to conduct the thematic analysis.

Transcribing the verbal data into written form Amharic language and translating the Amharic written form of the collected data in to its English version was undertaken thoughtfully and carefully to have further familiarization with the data. Also the researcher readied and immerses the data obtained repeatedly in order to understand giving meaning, and give pattern that make data to code out suitably. Hence, the researcher applied this stage of data analysis in the study conducted.

The second phase of this thematic analysis was produced primary codes. After the researcher reads and familiarizes himself/herself with the data, then the researcher involved in the production of initial codes for collected data. The codes were identified as a feature of the data that was considered in a significant way towards the phenomenon of the study. The coded data was written in the text, notes manually using highlighters to indicate the pattern. At this stage, most basic segment or element of the raw data was assessed in significant way regarding the psychosocial challenges and coping mechanism of women with obstetric fistula.

The third phase of the data analysis was searching for themes. In this stage, was categorization of different codes in to potential themes to form an overarching them. Then organizing was placed as the main themes and sub-themes of the study. The fourth stage of this thematic data analysis was reviewing the themes, at this phase candidates themes to support the finding of the study or collapse one other, reframed and adjusted in another way in order to produce a meaning full report of the study.

The fifth step of data analysis was defining and naming themes , at this phase the themes was defined, further refined and presented for analyzing the data and explored the data within each theme. In this phase clearly defined what the themes are and what they are not that need to be avoiding from the data presented by depending on the data that was obtained from the participant.

The final stage of the data analysis process was producing the report, which involved the final analysis and write-up of the final report of the study. At this stage, the researcher provides a brief and non-repetitive justification of psychosocial challenges and coping mechanism of women experiencing obstetric fistula.

3.9. Validity and Trustworthiness of the of the study

According to Creswell, (2007) in qualitative research validity means the accuracy of the findings by employing certain procedures, In order to ensure validity of this study the data that was gathered from different sources have been triangulated. In addition to this to determine the trustworthiness of the qualitative findings, the recorded data were checked twice to avoid obvious mistakes during the transcription process.

According to Baxter &Jack(2008) the collection and comparison of data collected from different source enhance data quality based on the standards of idea convergence and the confirmation of the findings. The researcher use triangulation of data, which involves using different source of information in order to increase the trustworthiness of a study, data were collected through in-depth interview, key informant interview, FGD and document review during interpretations data obtained from in-depth interview was cross checked with focused group discussion, key informants interview and documents reviewing and vice versa.

Baxter & Jack(2008), as the data are collected and analyzed, researcher should integrate member checking, where participants have the opportunities to discuss, clarify their understanding and contribute a new additional perspective on the issue under study. The researcher also used member checking after interpretation to check for the meaning and thus to make changes if they believe that something is wrong with the theme. The data collection instruments and for the clarity of the language used, the English version of translation was repeatedly checked by other two MA holders in English department who worked at higher learning institution. In addition to

the above trustworthiness and validity of the finding, the researcher was cross checked the data offered from different method of data collection tools and also the time of data collection session, the researcher was never misleads the participants by any means or gives wrong personal impression regarding the issue.

Finally, the researcher engaged in building comfortable relationship and familiarizing with the participants by having two or more contact with them before handling the interview. This prior contact helped the researcher to establish good report with the participant and get precise and a adequate information.

Getting feedback from the research advisor and peer review is another procedure employed to enhance the credibility of the study

3.10. Ethical Consideration

The researcher believes that there should be an ethical issue that need to be coincided for instance privacy, confidentiality and informed consent. Anonymity and confidentiality where used to protect the participant by not using their name. The information gain from the participant is kept confidential. Anonymity guaranteed by not using any information that might identify participant and exposed their information. The place and time of the interview were arranged to be favorable for participants. The researcher avoids personal value judgment and bias in writing and reporting the information of the research.

Chapter Four: Results

This chapter presents the statement of the findings of the study together with the objectives of the study. The section includes demographic characteristics of participants and the qualitative findings related to the psychosocial challenges of women experiencing obstetric fistula and their coping mechanisms.

4.1. Back ground of the study participants

Thus, in order to investigate the psychosocial challenges of women experiencing obstetric fistula and their coping mechanism; this study employed 8 women with obstetric fistula for in-depth interview, 7 women with obstetric fistula for FGD and 4 key informants (two nurse, one psychiatrist and one doctor) who met the inclusion criteria and the purpose of the study.

The following (tables 1&2), shows some demographic variables of the women affected with obstetric fistula. 15 of the participants were between the ages of 24-37 years. All of the women are from the rural areas and most of them had no formal schooling while a few had attended elementary school. All had been married and reportedly their ages at the first marriage ranged from 10 to 19 years. Many were married off at a young age by parents or close relatives,(one of them was separated and fourteen were divorced). Only one of the participants had children and all had lived with obstetric fistula from 11 to 22years .The majority are followers of Orthodox Christian faith and some are Muslim. In order to guarantee confidentially of their respective responses, the responses of the respondents are anonymous instead the researcher assigns codes for all of the participants. As a result Participants (P) with the assigned numbers represented women with obstetric fistula participated in this thorough interview, Participants (P) with the assigned number represents women with obstetric fistula participated in the FGD and Key informants (KII) with their respective assigned numbers are key informants. The table shows how majority of the participants got pregnant immediately after they got married; which is the opportunity for them giving 9 months pregnancy time before the occurrence of fistula. Some of the participants got pregnant after a year or two of their marriage.

I. Table one: Back ground information of the interviewed participants.

No	Pseudonyms	Age	Education	Marital status	Children	Years of 1st marriage	Years they live with fistula
1	Participant (1)	29	Uneducated	Separated	None	13	15 years
2	Participant (2)	30	Grad -2	Divorced	None	11	17 years
3	Participant(3)	27	Uneducated	Divorced	None	14	13 years
4	Participant(4)	30	Grad-3	Divorced	None	12	17 years
5	Participant(5)	36	Uneducated	Divorced	None	19	16 years
6	Participant(6)	24	Grad-5	Divorced	None	12	11 years
7	Participant(7)	37	Uneducated	Divorced	2	14	22 years
8	Participant(8)	33	Uneducated	Divorced	None	14	18 years

II. Table Two: Back ground information of focus group discussants.

No	Pseudonyms	Age	Education	Marital status	Children	Year of 1st marriage	Years they live with fistula
1	Participant(1)	32	Uneducated	Divorced	None	12	19 years
2	Participant(2)	31	Grad-4	Divorced	None	12	18 years
3	Participant(3)	29	Grad-2	Divorced	None	13	15 years
4	Participant(4)	35	Uneducated	Divorced	None	12	22 years
5	Participant(5)	24	Uneducated	Divorced	None	11	12years
6	Participant(6)	26	Uneducated	Divorced	None	10	15 years
7	Participant(7)	29	Uneducated	Divorced	None	14	14 years

III. Table three: Back ground information of key informants

No	Pseudonyms	Position	Year of experience	Profession
1	Key informant (KI 1)	Psychiatry Nurse	5	Masters Degree
2	Key informant (KI 2)	Doctor	3	Doctorate
3	Key informant (KI 3)	Nurse	12	Masters Degree
4	Key informant (KI 4)	Nurse	16	Degreein Nursing

4.2. Psychological challenges of women experiencing obstetric fistula.

In depth interview participants were asked regarding the psychological challenges faced by women living with obstetric fistula. However the degree and extent of psychological challenges that affected obstetric fistula patients vary considerably, the participants of the study have got psychological disorders like anxiety, hopelessness, anger, (sadness), self-stigma and suicidal thoughts as a result of obstetric fistula.

4.2.1. Helplessness of women affected by obstetric fistula

Based on the in-depth interview of obstetric fistula patient participants, it was found out that they feel helpless due to the combined effect of continuing stigma by their community, minimum of role and burdens to the family and community and lack of self- esteem. They also have been discriminated, abounded, and isolated by their community; which made them feel hopeless and ashamed of this inflammation. They lose hope of developing the intimacies they originally had with their husbands, family members and the community isolated them. Continued isolation and stigma leads to feelings of helplessness, to the extent the women contemplates suicide. Such Stigma, isolation and being pitied often lead to stress and depression in turn creates the feeling of being worthless and they are burden to others

The findings show that urine incontinence leads on them lots of discomfort. The urine incontinence, bad odor and pain made them feel helpless, lose trust with others, lack social relationship, and belief that it has no remedy. Also the participants have suffered with stress and depression; some expressing deep fears of not ever getting cured, not being able to have more or any children and they shall never marry again.

Regarding the above issue, Participant (3)stated in the in-depth interview:-

> *……..After I knew I have obstetric fistula, I can do anything but broke into tears with the feeling of hopelessness…….no one was there to help me, my living condition is devastating, particularly when you are engaged in the community for things you have no control over……Everyone in my society scared of me for the fear of infection…… therefore, I hardly rely on the community and made my only hope to God…*

Regarding the issue related to helplessness, Participants (4) in the in-depth interview stated that:-

> *I felt hopeless where I acted like a baby. I depend on my family or relatives for everything and I don't do any activities on my own .I lost everything and when I think about it I desperately lose hope*.

Participants (1), (5) (2) and (7) in the in-depth interview said that we experienced lack of trust and hope with others. They believed that obstetric fistula have no treatment. Women with obstetric fistula have been discriminated, abounded, and isolated by their community, which made them feel hopeless and ashamed of their sickness. They feel like they cannot develop the relationships they had before with their husband, family members and the community that had isolated them.

Regarding the above issue, Participant (8) in the in-depth interview stated that:-

> *I lock myself in my class and it became my custom wetting my bed by my tears day and night. I was irritated as my condition was not going better; I have developed rashes which were always itching; I cannot even stop scratching my body even in front of people. It is very painful because I couldn't do anything about it and I was hurt since there was no one who cares to help me at the time. My situation that I couldn't do anything for myself, made me feel helpless.*

4.2.2 Anxiety on women experiencing obstetric fistula.

According to the interview of participants; the patients are led to anxiety because of over thinking about their marriages, further life and about their changed relationship status after they develop obstetric fistula. They become like disabled person. In addition to the above these patients are led into anxiety because of loss of their child, and loss of relationship as soon as they feel the signs and symptoms of obstetric fistula in their body, and also when people blame them for the loss of their child. But the major impact leads the patients to anxiety comes from their husbands, parents, relatives and friends when they are abounded and left alone. The study participants added that they got anxious for the fear of further health complications, for being unable to help themselves and their fate of life in the future and then depression follows.

The findings indicate that women with obstetric fistula are highly affected by anxiety being concerned about their marriages, further health and their relationship. The relationship status for many women changed after they develop obstetric fistula. Urine incontinence always stressed their relationships. These women always stressed on how their relationship can survive the challenges of fistula.

Regarding the above issue, participant (6) in the in-depth interview stated that:-

> *The doctor told me, you have obstetric fistula when I became so anxious. I thought my whole world got into the pit and I imagined my life would be impossible. I was very stressed because I was not able to help myself or do anything I imagine to do. My whole world shattered to the point I can not do anything as if crippled. I was in a very stressful and anxious situation. When I think about my life or what my further condition would be like, what would I do with my life, who would accept me, I get so anxious….*

The participant stated that they got anxious because of obstetric fistula , participants (1) , (3),(5), and (8) further elaborated that having obstetric fistula leads to anxiety because they over think about further life.

Regarding to the above issue participant (4) in the in-depth describes that:

> *I was married at my 12 years of age, as soon as I got married, I got pregnant…….I got obstetric fistula during the time when I give birth. The doctor also said that you have obstetric fistula and also he told me the cause of obstetric fistula. After that I become anxious just as I started to think about further life, health, and marriage. Also I started to blame my family because they let me labor three days in my home before they take me to the hospital when I begged them crying. After that I discontinued any relationship with anyone.*

4.2.3. Self-stigma on women with obstetric fistula.

According to the interview the participants stated that they practice self-stigma by themselves, due to several factors they face in their community. The stigma and discrimination practiced by their family, relatives, friends and community following their urine incontinence and bad odor is one of the reasons for self-stigma. The participants in the study stated that, due to stigma and discrimination as a result of the above mentioned factors, fistula patients feel as they are cursed and unique from the other members of community. As a result, they were not willing to participate in different social event rather prefer self-stigma. The other reason given by the women who isolate themselves from the society and relatives was they had been isolated and discriminated even by their own community. Due to this challenges they faced women with obstetric fistula isolate themselves also they are forced to break their relationships.

The finding indicates that women who have obstetric fistula prefer to be lonely, they are discriminated by their family and community, and they cease not caring themselves and stop any relationship.

Regarding with above issue, Participants (2) in the in-depth interview stated that:-

> *When I have obstetric fistula I became sick, I directly prefer to separate myself from anyone since everyone discriminated me. I was often in my bed where I couldn't take care of myself. My family hated me except my father and my mother. They were my father and my mother who take turns to bath me; their attention was turned to take care of me.*

Regarding to the above issue participant (5) in the in-depth describes that:

> *I looked better prospect of my future where I decided to marry in my19 years of age. My parents wanted to make me happy. The marriage ceremony was colorful whereby my families and I joined my new life. I was in good relationship and well taken care of by my husband. It was like my dream come true. I got pregnant and at the time of delivery I developed obstetric fistula. That was a striking moment to lead my life into hell. I developed obstetric fistula when no one even my husband wanted to have relations with me because I have bad odor. The community and my family discriminated me from any activity, due to this I prefer self stigma and staying alone.*

4.2.4. Anger and sadness on women with obstetric fistula.

Through the time of in-depth interview, the participants was asked, whether obstetric fistula brings behavioral change on them. The participants agreed that their behavior changed as result of obstetric fistula. This change in behavior is mainly stated in the form of shame, fear, anger,(sadness) and blame. So women with obstetric fistula have behavioral changes due to continuous urine incontinence followed by bad odor. These women have been stigmatized by the community and close family; the experience of isolation, stigma and discrimination brought a lot of anger, mood changes and sadness in these women. In some cases women with obstetric fistula have the thought of suicidal attempt.

The finding indicated that from this generated data, obstetric fistula change the participant behavior. This patient experienced anger, sadness and shame mostly associated with loss of child, as well as the loss ability to work, acceptance and the support of their family members, relatives and community members. Participants also reported experiencing bad moods, felling morally deteriorated and they continuously feel emotional disturbance.

In line with the above stated issue, Participant (1) in the in-depth stated that

> *before obstetric fistula happened to me, I was very confident, have high self-esteem and happy but due to obstetric fistula, I had the feeling of being ashamed, fear of others, blaming and being easily angered (saddened). I was always angry and fight with my family. I was not satisfied with anything and everything annoys me and was unhappy with my life.*

Similar to participant (4), participant (5) and (7) in the in-depth interview who shared their experience about the psychological effects of obstetric fistula, also reflected some common ideas on the issue. They stated that fistula brought behavioral change; they become fearful, isolated, loss self-confidence and angry. Because of these psychological effects most of the times they remain angry.

In regards to the above issue, Participant (3) in the in-depth interview stated that:-

> *Due to this disease, my behavior changed for the feeling of shame, intense anger and blames my parents for everything. I was irritated with everyone, often I wanted to be alone and cry mostly. I hated my life, my friends, especially my family; at that time lots of anger in me has made me to say I could go crazy.*

Regarding the above issue, participant (6) said that:-

> *Due to obstetric fistula, I lost everything: my family, my child, my social life and my husband. I don't know what I did which deserve such punishment. I even lost my faith in God, because I was left alone in the darkness and pain. I was frustrated and angry, That is why my family didn't Stand besides me to go through this tragedy. I didn't bring this on myself. All of the challenges that I faced made me so angry and disappointed.*

4.2.5. Suicide attempt on women experiencing with obstetric fistula

According to in depth interview, one of the major causes for their attempt to suicide was failure to function properly due to the weakening of their body, being dependent on others, loss of husbands, and their child. In addition to this, as it can be inferred from the information and as the participation told the researcher, the women with fistula faces huge emotional problems and they were living in terrible conditions.

According to the answer of the participants data generated from the finding of this study shows that, the participants felt unhappy, sad, worried, depressed, stressed, lost their hope in themselves and others because of stigma and discrimination they faces in their community and fear of long term misery due to obstetric fistula.

Regarding the above issue, Participant (5) in the in-depth interview said that:-

> *Du to this disease I have tried to commit suicide at several times. After I got obstetric fistula I couldn't even imagine of living this life. I was bedridden with urine incontinence. I didn't bath myself, I was often lonely and I was discriminated by my society, every one stigmatize me and I couldn't even mourn the Loss of my child.*

Participant (4) and (1) in the in-depth interview raised similar ideas, that they tried to commit suicide when they got separated from their family, friends and community. The fear of long term misery due to fistula and considering themselves hopeless, lonely and useless that is another motivating factor to attempt suicide.

Regarding the above issue, participant (8) in in-depth interview stated that:-

> *The first time I have tried to commit suicide was when I got my home from the hospital because of the loss of my child but I was rescued. There were many people coming to my houseto see me, which event made my life hard but I didn't want no body to come my house and tell me everything will be alright. I didn't want to see people where I want to be just alone. Every day was a misery for me, but soon my life got worse when my husband left me and married other women that was when I attempted to commit suicide and strangled myself using rope, unfortunately my mother found me and saved my life again.*

However, participant (2), from the in-depth interview had a different view on the issue of about suicide. According to her, she did not attempt suicide even though she faced fistula and its resultant problems.

Regarding issue related to suicide, Participant (2) in in-depth interview added that:-

> *I don't think about committing suicide because I was matured enough to understand everything and I strongly believe in God and I only made my faith on him I was wedded at an early age, soon after that I got pregnant and given birth and I lost my child. I didn't' even know what to do as I was left with obstetric fistula ……..I have been discriminated by my family and society. No one helped me. They all have blamed me and I was forced to leave my home town which helped me find a new life*

in Addis Ababa. If I didn't get fistula, I would have still be in that life which I hated so much, but God has a way to save me by getting me to Addis Ababa fistula hospital.

Based on in depth interview participants were asked, if they ever think about suicide. About the issue of suicide, the finding of the study shows, participant (6) and (3) raised similar ideas that, they had attempted suicide using various methods like poisoned drink and strangle using rope.

4.3. Social challenges of women experiencing obstetric fistula

Obstetric fistula patients have different social challenges, like social participation and restrictions in social gathering such as weddings, funerals , Idir, Mahiber, and such like and social relationships with family , friends & society they had and the social challenges they faced due to obstetric fistula are forwarded beneath.

4.3.1. Social rejection of women experiencing obstetric fistula.

According to in depth interview of participants the finding informs us that were asked, whether they had been social rejection from their society. The interviewed participant's encountered social rejection, but the extent and the degree vary to participant to participant. They reported that, they have got a challenge of social interaction in different settings such as in churches, market place and in social events like wedding and funeral ceremony, due to this misunderstanding about obstetric fistula. They added that the bad odor following and physical deformity of their lags also another factor that limited their social participation. They further explained that many people gave them a special attention when they tried to involve in the social events.

The findings from in-depth interview indicate that leaking urine affected the women's social interaction. The women could not participate in social and cultural activities, such as social gatherings, entertainment and also cooking for visitor for they feared wetting themselves as they participated. They stated that, the major challenges of social interaction they face in due to the misconception about obstetric fistula , the society have no knowledge about the cause of obstetric fistula which made them to stigma women with obstetric fistula in different setting and in social events.

Regarding issues related to social rejection. Participant (7) in the in-depth interview described that:-

> *I went without anyone and more time I sat alone when the urine starts to leak on my legs so that others can see it. When people see something is licking between my legs, they all stare at me, gossip about me and laugh on how I walk and sat down. If I sat down and got up no one will sit in the place I sat down.*

Participant (3) in the in-depth narrates her experience:-

> *Before obstetric fistula happened to me there was leaking of urine and faces. It was a member of my village church and I took myself good care. Obstetric fistula has affected my attendance at churches. As I fear people laughed on me when I pass urine in the church. One day I was very sad, so I wanted to go to church, I padded myself very well to make sure urine does not pass. After two hours of sitting, I felt ashamed and just walked out because the chair I was seated on becoming wet and start to smell. Which made many people around me to get out I went out and urine flowed down as I was walking, I cried and just backed Home. Since then, I have never gone back to church.*

4.3.2. Stigma and discrimination on women experiencing obstetric fistula.

According to in-depth interview of the participants were, if they ever fill stigmatized or discriminated because of their condition. The participants in this study declared that they have been stigmatized and discriminated by the family, relatives, peers and community. One of the big challenges of obstetric fistula is social stigma and discrimination attached to the disease. Very high limited awareness of obstetric fistula plays a significant role to this kind social problem; the society has no knowledge about obstetric fistula and treatment of fistula. As per the information obtained from the participants' shows, obstetric fistula is diseases highly attached with the stigma.

The finding indicates the women with obstetric fistula showed they were stigmatized by the condition of leaking urine and bad odor. The participants also reported having faced by the stigma .The stigma manifested itself as felling that others were irritated by the small and leakage of urine. The women regularly worried that others would notice their problems. Stigma was also

experienced through the behaviors of others, especially close relatives, toward women with a fistula.

Regarding the above issue, Participant (7) in in-depth interview was explained her social experience that, she faced a problem due to obstetric fistula on community and family. She reported that:-

> *In my village the community hate women whom lived with obstetric fistula because they didn't know even what obstetric fistula is, what is the causes of obstetric fistula and they think fistula is a transmitted diseases. They also thought my problem would jump and catch them. So they discriminated me from social gatherings.*

Participant (6) in in-depth interview who shared the same way about stigma and discrimination of obstetric fistula:-

> *My society did not invite me even to the traditional coffee ceremony as a result of this disease. I had always felt like an out caste person in the society.*

Regarding issue related to stigma, Participant (2) in in-depth described that:-

> *……before I have obstetric fistula I loved the social relationship and social engagement we had in my community. I use to laugh with my friends and the community but as soon as I got sick no one invited me to these events, even the coffee ceremony. One time my childhood friends was getting married, I thought I couldn't miss her wedding so I went but all the people was starting at me like something was on my face I passed through that and seat they all got up….*

Participant (5), who stressed of gossip and finger pointed made by the people around her, created a big destructive social effects on her life. They spread rumors about fistula as something she caught because of " heredity and evil spirits ", she added that, "the people got afraid of me and restricted me to engage in major social activities.

Correspondingly , similar with the above participants , participant (4) in in-depth interview, who was disclosed with her fistula status in the society she used to live with and they (the society) isolated her from social participation as she explained it this way ," *I couldn't participant in*

social occasions and share no meals together(in weeding , funerals, baptizing rituals) in my locality. "

Regarding the above issue, Participant (6) in in-depth also reported that

> *……I didn't participate with people in my society, because all of them point their fingers at me and I was on every body's lip gossiping for the sickness I had. They all blamed me for having fistula. I was scared and alone.*

4.3.3. The challenge of women with obstetric fistula in their marriage.

Participants of the study were also asked, about the challenges of obstetric fistula in their marital relationship. Obstetric fistula has a serious impact on marriage of participants. Marriage is one journey of life where people establish a family, bear children and it builds social ties. As it was started by the participants, the social impacts of fistula are huge. Most participants that obstetric fistula affected, their family, especially in relation to marriage. In relation to this significant of the participants involved in this study separates from their partners due to the problem they encountered

As it can be elicited from the finding of the in in-depth interview participants of the study, obstetric fistula patients' greatly affects on marriage. The participants before they develop the diseases they are happy and good relationship with their husbands but after they develop the obstetric fistula their relationship is less and their husbands are left from them.

Regarding the above issue, participants (3) in in-depth interview stated that:-

> *....I and my husband used to work on the farm together. As soon as I got sick, I failed to control my urine and started having a bad odor. A s a result, he left me with my family and he never comes back and forgets even I exist. After a while he got married to another girl……..*

Similar to the above issue, Participant (5) in in-depth described that:-

> *I and my husband were wedded at an early age, we were bonded perfectly, but after developing fistula things changed. I was sick and in bed for almost two years, he*

couldn't last with me so he got tired of waiting and taking care of me. Finally, he left and he got remarried……..

Regarding issues related to the challenges of fistula on marriage, Participant (1)in in-depth interview described that:-

I was happily married to my husband for years but after I give birth to a child I developed fistula and started leaking urine. After six months realizing that I am not healing the man started complaining, by this time we had already separated beds and he did not want me to use the sheet because he was saying I was wetting the sheets with my urine. He becomes unhappy, angry and complains all the time, that's when I decided to go back to my parents' home. I have been living with them until I have got the opportunity to come to Addis Ababa to get treatment. It was my every day prayer that I can heal and become normal.

4.4. Coping mechanisms of women experiencing obstetric fistula.

In depth interview participants were asked, the kind of coping mechanism they employ to overcome their problems. Given the inaccessibility of health care service, women with obstetric fistula had developed coping strategies to address their health problems. The data suggest that their coping strategies included maintaining strict hygiene (Washing all the time, padding with heavy, torn old soft clothes), changing life style (drinking less), ignoring the sickness, self – stigma, migration and fistula advocacy to others.

4.4.1.Hygiene related with women experiencing obstetric fistula.

Women with obstetric fistula uses hygiene by washing all the time , padding with soft close if they couldn't afford to by pads or use pads in order to avoid the bad odor they have because of this have been practiced by the participants. The participants said they changed clothes frequently and used hygiene to reduce the bad odor resulting from sores and urine.

The finding indicate that in order to minimize the bad odor of the urine incontinence women with obstetric fistula use strict hygiene like washing and changing clothes frequently was the major coping mechanism used by women with obstetric fistula.

In relation to the above issue, Participant (3) in in-depth interview described as:-

Having obstetric fistula have a bad odor every time, whether you washed or not, but washing frequently makes it a little better. At times I had fistula I was weak, I was in bed every time, I could not help myself to do anything. So by that time my families used to put me on" selene" which is used to wash since it could dry quickly, they put me in there and bath me twice a day to avoid bad odor, but after I got better and started to walk with the help of a stick(wood), I could wash frequently. Other than that, if I have to go outside, I use to put clothes so that it wouldn't leak in front of other people that helped me to cope up with the leakage.

Participant (6), (3) (2) (4) had similar ideas washing and changing clothes frequently in order to avoid the leakage of urine.

4.4.2. Changing life style of women experiencing obstetric fistula

The women's lives generally changed the moment they realized they were leaking urine uncontrollably. They were wet all the time; a challenge they had to cope devising way of passage less urine and avoiding being noticed by those around them. In response to the leakage, most of the women decided to drink less to reduce being constantly hot. However some the participant didn't use drinking less as a coping mechanisms because it made them produce concentrated and smelly urine, which then cause " burns" and also sores on the genitals and thighs.

Data generated from the participants the finding indicate that revealed that, women experiencing obstetric fistula tends to drink less water in order to avoid the urine incontinence and the bad odor that comes with the urine. Most of the participants agreed to use less drinking as one of the coping mechanism, except one participant (8) in in-depth interview said that she didn't use less drinking as coping mechanism she further elaborated that

I used to drink a lot of water in order to avoid the bad odor that I was having. I used to believe that if I drink a lot of water it would clear my bladder and stop the bad odor…So I used to drink a lot in order to cope up with the bad odor.

Regarding issue stated above, participants (4) in in-depth interview stated that:-

Since I was leaking all the time I was stressed. so in order stop the leaking I use to drink less and if I had to go out the market I used to put stone in order to stop my urine from leaking so every time if I had to go be around people I put stone.

Participant (1), (3) (2) (5) had similar ideas they used drink less water in order to avoid the leakage of urine, they said if they drink less they don't have to pee. Participant(1) in in-depth interview elaborates as:-

I used to love having coffee with my friends and family. It was traditional thing to have discussions over the coffee ceremony; but after having fistula I couldn't control my urine and I stopped drinking coffee the event I love.

4.4.3. Ignoring the sickness on women experiencing obstetric fistula.

The women tended to ignore their sickness because they lacked both the support of their husbands and family , which is consistent with cultural expectation that a women with this kind of condition are called cursed there for they would humiliate the family , so women with fistula ignore their sickness .

The participants reported that they ignored illness because the distance of health service from their homes and some participants said that they often ignored their ailments in the hope that their condition would go way by its own with the support of good nutrition.

Regarding issue of the above, Participants (4) (2) (7) and (6) in in-depth interview had similar experience; they used to ignore the sickness as coping mechanism.

Participant (7) in in-depth interview further explained as follows:-

In our society, it is traditional that women have to eat and drink a lot after giving birth, so that her body becomes strong. In my case after I give birth I had a fistula and I couldn't control my urine where my family believed this is the condition resulted from giving birth. So they told me to ignore the sickness and strength myself so that I could heal through time. By having this in my mind I totally ignored my condition to heal by Itself so I didn't even go to health care center……

4.4.4. Self- Stigma related with women experiencing obstetric fistula.

In relation to the coping mechanism, the participant stated that they use self- stigma from their family, relatives and different social activities as one of their coping strategies as stated by the interviewed obstetric fistula patients. Data generating from the interview shows that, significant of the participant used self-stigma as a coping mechanism they didn't want people to visit them or be around other people. Their reason for self-stigma was these women faced a lot of challenges from their family and friends they have been pushed out of their society and abandoned by their husbands.

This finding indicates that the participated in the study stated that they were socially isolated. They shared the view that because of their condition, they could either isolate themselves or be isolated by relatives and friends. The attributed the social isolation to the rejection they received from friends , neighbors and relatives as result of the leakage and the smell, and isolation was a coping mechanism for most of them.

Regarding the above issue, Participant (6) in in-depth interview stated that.

> *I didn't want nobody to come to my house. I just wanted to be alone by my self and cry all day since I have been stigmatized by my society where I avoided ever body. However, my family helped me to come up with my situation at that time. My friends at Addis Ababa fistula hospital who have the same condition like me gave me the strength and the support I needed, that have will be cured and have a normal life as I used too. Before coming to Hamelin my life was hell and all day and night was too long for me.*

Regarding the above issue, Participant (8) in in-depth described that

> *I have been stigmatized by my society because of having obstetric fistula. I lost my friends, my life changed, but my husband was around supporting me. The thing is I didn't want him around and I blame him for my condition. I know one day he is going to leave me. I was stressed by thinking that he would leave me, so I had to leave him at last believing that If I leave him this would make me feel less stigmatized. At that time I avoided everyone and I just want be alone.*

4.4.5. Migration on women experiencing obstetric fistula.

Another coping mechanism of fistula patients was migrated to the city in search of better treatment, awareness, a place where they are accepted and community that having a similar experience .Addis Ababa Hamlin fistula hospital helped them to cope up the fistula challenges; it was a place where they feel comforted by friends who have the problem.

This finding indicate that the participants migrated from their home town because they have been stigmatized by their society so they had to migrate to another place that they would be accepted , most of the participants use to leave in different part of rural area .

Concerning the above issue, Participant (2) in in-depth interview stated that:-

> *By fearing the influence of the stigma and discrimination from my community, I was hiding my health status and avoiding ever body. I tried to cop up the challenges by the support of my family who are the reason for my strength next to God. I become a burden to my family so I had to Leave my home due to the oppression from my father. Therefore my mother helped me to go Addis Ababa Hamlin Fistula Hospital*

4.4.6. Fistula advocacy on women experiencing obstetric fistula.

At the time of the interview, nearly half of the women knew of other women in their villages who were living with obstetric fistula. The participants expressed personal efforts to help other women with fistula and prevent fistula from developing in other women. Mostly this women shares same experience and knowing they are not the only one with this problem give them strength. When this women helps other women with the same problem or save a women from the occurrence of fistula makes them feel that have a purpose in their life.

Regarding the above issue, Participant (5) in in-depth interview stated that:-

> *I am a fistula patient and I had passed the challenges that comes with fistula. I couldn't allow another women suffering the same challenge I passed. So I advice those women who have no support by their society or to those people who have no knowledge about fistula. I tell to everyone how fistula resulted and if it did I will stand beside them and help them to have a better life. That it is not the end of the world. They could have a life after fistula as I have. May be this is the purpose in life*

……in my society young women would call me when they are about to be wedded at an early age. I would go and stop them. Fistula have to stop with me, I Couldn't allow another women to suffer from fistula, one time my little sister, who was 12 and she was about to be wedded to an older man.so she called me, where I went to my home town and stopped the wedding ceremony. It was a very hard things to do for me because in order to stop her from being married I had to get my father arrested…....

Some of the participants from the interview didn't go to advocate because in order to advocate they have to tell that they have fistula, they didn't want to tell their status about fistula because of the fear of being stigmatized. Participant (8) and (7) in in-depth interview have similar idea that they didn't want to discuss it was anybody that they have fistula because of the experience they have when they got fistula.

Regarding the above issue, Participant (7) in in-depth further explained:-

I have been stigmatized by my society, friends and family because of fistula, no body accepted me or understands me. They all named me on different names, fingers pointed at me blaming me how I am cursed. My husband left me, I tried to even kill myself because of the challenges I had. At the time my life was in hell ……..I didn't want to go on same situation I had, so, I decided to myself never tell my status of having fistula, which was my coping mechanism

4.5. Analysis of Focus group discussion.

There themes emerged from the data: *Psychological challenges, Social challenges, and Coping mechanism of women experiencing obstetric fistula.*

4.5.1. Psychological challenges of women experiencing obstetric fistula.

FGD participants have faced the following psychological challenges like anxiety, hopelessness, anger, (sadness), self-stigma and suicidal thoughts due to the impact of obstetric fistula. A combination of continuing stigmatization, loss of role and being burden to others eroded women's self-esteem. Being stigmatization, isolated and pitied often lead to stress and depression, women felt worthless and believed they were a burden on others. Ongoing isolation led them feelings of desperation, to the extent that several women contemplated suicide.

Data obtained from FGD the finding indicate that the participant had psychological challenges one way or another. Some of the participants said that they have been feeling helplessness, anxiety, and behavioral change because of obstetric fistula. In addition, some of the participant from the FGD said they did not have suicidal thought ,but participant (P2) and (P5) in FGD side they have tried to kill them self's because of psychological stress they have in their life's. One of the major causes for their attempt to suicide was failure to function properly due to the weakening of their body, being dependent on others person, loss of husbands, and their child.

Regarding the above issue, P (2), in FGD further explained the psychological challenges fistula patients faced as follow:-

> *Obstetric fistula has a high psychological challenge than other diseases. after I had fistula I face a lot of challenges: I lost my child , unable control my urine, because of this leakage I had a bad odor, which made me face a lot of stigma. I was not accepted by my society, family and friends. I got stigmatized from my society, they forced me to leave my home facing all of these challenges. I got anxiety, I feel hopeless, angry and I even tried to commit suicide.*

During the FGD issue was raised regarding the above issue, Participant (P4) in FGD described that:-

> *I strongly feel stressed and depressed due to obstetric fistula. Many body parts are harmed by this disease besides, some of the others around our community and my family insults me due to this diseases. They isolate and separate us. They make us feel hopeless.*

4.5.2. Social challenges on experiencing obstetric fistula.

The finding informs us the data obtained from the FGD, revealed that significant of the FGD discussants considered obstetric fistula as a disease highly attached with social stigma, social rejection and marriage. The FGD participants emphasized on social rejection as the major social problem most fistula affected women are identified with. This participants also they strongly argued that, obstetric fistula big challenges people are suffering from social stigma and discrimination. They emphasized that obstetric fistula challenges women are discriminated and neglected from various social engagements like ider, senbete and the like. With regard to the social effects of fistula on the patient issue was raised as, the stigma and discrimination is highly

associated with the limited awareness of the cause of fistula. Almost all of the participants have agreed that it is one of the most stigmatized diseases. During the FGD, one of the participant (p3) in FGD said that*,"…….any disease is better than having obstetric fistula*". It is show how the disease is highly attached with stigma which leads to discrimination. While the FGD was proceeding a large amount of time was taken talking about social exclusion. Most of the respondents talked about their experience related to social exclusion.

The FGD finding indicates that women experiencing obstetric fistula, they do not do any activity even if preparing food. They also no body went to relation from there and they were socially rejected. This implies that a obstetric fistula women's are socially excluded or not participate social activity due to bad odor and they were consider unclean from the society. Data obtained from FGD the participant indicated that, some people excluded not only obstetric fistula patients but also their families.

In addition to this participants in FGD had similar experience regarding issue related stigma associated with affected person and their family, these women and their families had been stigmatized and isolated from social gathering.

From the FGD data shows that they were social excluded, as they do not perform any activity what they expected from them as their culturally normal duties, like preparing food. They could not touch anything, for they were considered unclean and if they did whatever touched would be thrown away. This made the women with fistula feel socially rejected.

> Regarding the above issue, participant (P4) from FGD said that:-
>
> *Nobody went on having relations with me because having bad small. I was restricted from being in touch with everything; I could neither touch anything, nor prepare food for the family. Whenever I prepared food or touched on a cup or plate my family would not eat. So my families don't touch the material due to bad small.*

Participants from the FGD they strongly argued that, obstetric fistula big challenges people are suffering from social stigma and discrimination.

In regarding the above issue, participant (P5) from the FGD stated that:-

I use to sit outside my house in the morning ……..I often see my friends going to school. They all see me and pass without even saying hallo. Sometimes they point their fingers, gossip and laugh at me …..We use to go to school together before I had a fistula, but now they me from everything we use to do"

Data obtained from FGD most of the participants indicated that, some people excluded not only fistula patients but also their families. Participants (6) and (3) had similar experience regarding issue related stigma associated with affected person and their family, these women and their families had been stigmatized and isolated from social gathering.

Regarding the above issue, participant (3) in FGD further discussed that:-

…..I have been stigmatized form my society because I have obstetric fistula. I was not invited in any social gatherings. Excluding me was not enough, they also excluded my family. They have been Stigmatized as much as I am. My family had to hide in the middle of the night to wash my clothes and shit otherwise the people will not allow them to wash…….

4.5. 3. Coping mechanisms of women experiencing obstetric fistula

According to FGD participants use different kind of coping mechanism they employ to overcome their problems. The data suggest that their coping mechanism included maintaining strict hygiene (Washing all the time, padding with heavy, torn old soft clothes), changing life style (drinking less), ignoring the sickness, self –stigma, migration and fistula advocacy to others. The data indicated in relation to coping mechanism, the most of the participant stated that they use strict hygiene, ignoring the sickness, self –stigma, migration and fistula advocacy to others. .

FGD participants shows they used strict hygiene in order to minimize the bad odor caused by urine incontinence women with obstetric fistula use strict hygiene like washing and changing clothes frequently was the major coping mechanism used by women with obstetric fistula.

Regarding the above issue of FGD shows that, most that of these women used strict hygiene as their coping mechanism. Participant (P6) from the FGD further elaborates.

A woman have to bath every time and need to go to the bathroom. Leave alone being identified with fistula even being a woman is hard by itself. Any women could have a bad odor if we didn't Wash, but when they have fistula bad odor is the biggest challenges. So I use to wash and changing clothes frequently as a coping mechanism in order to avoid the bad odor.

From FGD discussion women use ignoring sickness as they use coping mechanism women with obstetric fistula

Regarding issue of ignoring the sickness, Participant (P7) from FGD explained as flow:-

Most of the time in my society when we got sick, we expect the diseases to heal by itself through natural ways. In my society it is believed that a women should give birth at her home. It is traditional, so the complication that comes with giving birth, the diseases and the urine incontinence is said to be healed by food and eventually the disease would heal itself. So we are left to sit in our home with the support of family and heal our selves…….I do not go to health care, because of the way I was raised, thinking the sickness will go away on Its own.

Women with obstetric fistula they used migration as coping mechanism in FGD discussion, participants explained as flow:-

Data generated from the FGD show that most of the participants migrated from their home town because they have been stigmatized by their society so they had to migrate to another place that they would be accepted , most of the participants use to leave in different part of rural area but they all migrated to Addis Ababa Hamline Fistula Hospital and started a new life around this hospital they feel that they are accepted by the society, they have similar people (fistula patients) living around there and they have friends with the same condition

Data from FGD group shows that they used advocacy to others as a coping mechanism. Most of the participants agreed that it is their responsibility to empower women to go to health care to give birth and stop early marriage. Advocating to others give them reason in life.

Regarding the above issue, Participant (P4) from FGD as follows:-

I encourage my mother so that she should know more about obstetric fistula. It forced me to go ahead and tell Women what obstetric fistula actually is. I tell them the cause of fistula and now they go to hospital in time. I believe that it is our responsibility to give awareness of obstetric fistula. If we advocate for all People to stop fistula and our testimony in our society we would change the faith of a lot women……no women should suffer because of fistula.

The FGD participants confirmed that they strived to cope up the social problems due to fistula by social isolation and institutional support from the Addis Ababa Hamelin Hospital. The experiences of some of the FGD participants showed that, they were able to cope up the social problems after joining Hamlin hospital. They have got friends who share similar experience in the shelter, and able to continue their life after a long period of time that gave hope for them.

Concerning the above issue, Participant (R6) from FGD stated that:-

After I came to Hamline hospital, then I went to the psychosocial case team of the hospital. I met the social worker there and we discussed the problem I was encountered with. They appointed me to gain intuitional to support. They gave me a refereed paper and the institution providing me home to live in with other fistula patients , clothes, food ,business development skill training and initial capital to engage in petty trade (candle and church Pictures) as my other friends who suffer from fistula . That helped me to have many friends having similar experience with me and to share experience. That also assisted me to follow my treatment properly and to be self-sustained individual.

4.6. Analysis of key informant interview

4.6.1. Psychological challenges women experiencing obstetric fistula.

According to key informants interviews (KII) the key informants reported that , women with obstetric fistula faced the following psychological challenges like, lost their hope in them self and other because of stigma and discrimination they faces in their community, major psychological problems they face are, anxiety, depression, and hopelessness, due to the impacts of obstetric fistula.

This implies that obstetric fistula how seriously affects their psychological well- being of patients. So data generated from the finding of this study shows that, according to the answer of the key informants them felt unhappy, sad, worried, depressed, stressed. Anxiety, fear, low self-confidence, low self-esteem, depression, and hopelessness,

Concerning the above issue, a key informants (KII 3), interviewed explained the psychological challenges fistula patients face as follows:-

> *Obstetric fistula patients usually affected many psychological challenges that started from daily activity. These patients usually influenced by uneducated, low understanding and not informed peoples about obstetric fistula. This is leads to the women for depression, stigma and discrimination in their society. Due to this the women have financially problems to go the hospital, unable to reintegrate within their community of origin and to be productive , loss of social acceptance and negative attitude towards being fistula affected person , because of these impacts the usually got psychological disorder mainly , anxiety, fear, low self-confidence, low self-esteem, and depression. Some of the manifestations of anxiety are worried about the disease, fear about their further life and indicators of depression or self-stigma, hopelessness, suicide attempt and so on.*

4.6.2. Social challenges on women experiencing obstetric fistula.

According to key informant interview (KII) obstetric fistula women face different social challenges like they exclude different social life. The women also leads to divorce and they not accepted by the society because diseases considered as evil spirit. This suggest that the patients to be stigmatized and discriminated by their society, even by their closest family members. Their cultural assumption about the obstetric fistula leads to stigmatize women with obstetric fistula. Particularly, the belief of society associating the disease with evil spirits, witchcraft, hereditary and considering it as a punishment of God for something the women or the family did to earn that.

Key informant interview (KII 1) explained the social challenges fistula patients face as follow:-

> *Women who have fistula have lots challenges .....one of the challenges these women face is the social challenges. These women use to have a tight social life like coffee*

ceremony and social gathering. As soon as this women gets fistula all their social life changes. They are segregated and abandoned from their society……some of the believes of the society about it is it is not a disease. They think a person who have fistula Isn't acceptable in the eyes God, not only her but also her family. So they believe if they had anything to do with her, they would be curse. So they stigmatized them from different social activity and stigmatized by their family and community…..mainly the cause of this stigma is lack of awareness. The women lead to divorce, restricted by day to day activity, lack of income, loss of child.

A key informant interview (KII 4) was asked, about the impact of fistula on family and marriage. She explained as follows:-

We have been treating women with fistula, in my years of experience. Most of these women had been forced out of their marriage as their husbands could not stand the leaking of urine and its associated problems. It's a pity for the mothers who end up losing their dignity and marriages.

4.6.3. Coping mechanisms of women experiencing obstetric fistula.

Data generated from the interview key informants show that the participant migrated from their home town because they have been stigmatized by their society so they had to migrate to another place that they would be accepted , most of the participants use to leave in different part of rural area but they all migrated to Addis Ababa Hamline Fistula Hospital, and started a new life. They feel that they are accepted by the society, they have similar people (fistula patients) living around there and they have friends with the same condition and also the women use as coping mechanism closing a hole with any material and drinking less water.

Regarding issue related to coping mechanism, key informants interview (KII2) illustrated

Changing their place of origin is another survival strategy for women with obstetric fistula, which gives them relief as there is no more labeling and there are people having similar Experience with them. Some of the women with fistula attempted to be productive and self-Sufficient, but the damage on their body and mind affected their effort. Many of these women with fistula are not well educated, because of than they engaged in labor Intensive works and become vulnerable of health

complication. The support from the Hamelin fistula Hospital is another coping mechanism from women with fistula. They also engaged in variety of Income generating skill training at the hospital……..In some cases, they marry people of their own, after migrated to the community the hospital to support each other. In addition to this the women also use closed the hole and drinking less.

Chapter Five: Discussion

This chapter presents the discussion of the finding under different sub-themes in line with research objectives, research question and the related view of literatures. The major themes which the researcher discusses in relation to different literature encompass, psychological challenges, social challenges and coping mechanism of women those who experiencing obstetric fistula.

5.1. Psychological challenges of women experiencing obstetric fistula

This study indicated that women with obstetric fistula have psychological challenges. According to the participants women faced by the following psychological challenges like, anxiety, and depression. In addition to the above, based to the participants of the current study also faced, stressed, worry, fear, shame, loneliness, helplessness, self-stigma and suicide attempt. Similarly the study conducted by Habiba, Kabunga and Thananga (2016) found out that, women with obstetric fistula encounter the following psychological challenges, helplessness, sadness, suicidal thoughts, stigma and blame, feelings of worthlessness, fear, shame, and social withdrawal. The study shows a women experienced sadness, followed by shame and then loss of self- worth as psychological effect of obstetric fistula. Although suicidal ideation had a small percentage, as a psychological effect, it is an indication of the problem of fistula among women with fistula.

Data generated from this study show that, the participants got anxiety when they first know they developed obstetric fistula, lost a child and when they think about their future. Some of the participants feel hopeless when they are unable to help them self and when they are dependent on others. The participants also practice self-stigma because of the fear of being stigmatized or had been stigmatized by their family and community.

Some of the participants tried to commit suicide because of the psychological challenges they face. In a related study that was conducted in Tanzania by Siddle et al, (2012) found out that , obstetric fistula patients reported high rates of psychosocial morbidity because of their condition leaking constantly and bad odor , these women are discriminated by the community and abounded by their husband, which makes them feel worthless. A study by Ahmed and Holtz (2007) and Nwoba, and Nwite (2017) found out that , the loss of child during birth was reported to traumatizing and produce intense feelings of guilt feelings and self-blame leading to a psychological state.

The finding from this study indicates that, the loss of a child brought higher level of psychological stress these women blame them self's and other blame them for the loss of their child they are seen as cursed and weak, participants confirmed these lead women to fell psychological distressed . The study also indicates that, the participants had been discriminated because urine leakage and bad odor, for that matter thus women have been abounded by their husband, family and community which lead them to psychological stress.

A study carried out by Uzoma et al , (2014) and Habiba et al , (2016) found out that, apart from mourning a dead child , they soon found themselves fighting for their own survival and psychological challenges like a loss of self-esteem , depression, stress, anxiety, and trauma. Studies done by Tadesse (2014) Nwoba and Nwite (2017) and Amina et al,(2010)this study found out , women with fistula experienced anger, sadness, hopeless, shame, and even thought of suicide.

The finding of this study shows women with obstetric fistula could not even mourn the loss of their child because of the psychological challenges they face. The finding of this study have similarity with other study's women with fistula have a behavioral changes like anger and sadness, these women are unhappy and unsatisfied with their life , therefore they express their anger on their family. The participants express the anger, sadness, and shame most associated with the loss of their child and unable to help them self. Some of these women have suicidal thought because of psychological stress.

5.2. Social challenges of women experiencing obstetric fistula

Social challenges faced by women with obstetric fistula a study that was conducted in Kenya, by Khisa et al(2016) and Zipporah et al, (2014) their finding indicates that, women living with obstetric fistula experienced negative social interaction that initiated feelings of humiliation , distress and stigmatized by the member of their local community leading them to withdraw from social events. The major social challenges found in their study include, women with obstetric fistula hade bad small, failure attend social events, and isolation. Also other studies by Hisung and Savback (2011) and Amina et al ,(2010) found out that, social problems faced by obstetric fistula includes humiliation and being marginalized by the society due to their condition , where the women's social status and role of women is lot depending on her ability of child bearing , women with obstetric fistula are even forced to leave their home , because

of the stigmatization . However Women ‘s Dignity Project and Engender Health (2006) Also points out that, less than half of women appeared to be treated well by the community and did not isolate themselves .

The finding of this study about women with obstetric fistula has similar social challenges, the women with obstetric fistula in this study faced challenges in social interaction. In different setting they have been faced stigma and discrimination from their society due to bad odor and problem associated with obstetric fistula , therefore this women are forced to migrate from their home because of the stigmatization they face from their society. The participants of the current study confirmed that the social challenges were created due to the social misconception about the cause, means of transmission and treatment of fistula. The social challenges mentioned in this study include stigmatized, labeled, discriminated and isolated for the social involvement by the peers and the community. Because of that, their participation in different social activities is very limited. The participants had also faced social rejection from different social events and gathering.

The impact of fistula on women marital status by the women dignity Projects and Engenders Health (2006) shows in several cases women ‘s partners continued to stay with them after fistula despite pressure from others. However, obstetric fistula negatively affected the marriages of some women, women who were married before fistula were divorced as a result of the fistula . A study conducted by (Habiba et al, 2016) found out that, 14%of the participants as having been socially affected by divorce.

According to the finding, this study agree with the above body of knowledge. The study found out that women with obstetric fistula have challenged on their marital life, these women had been pushed by their husband because of the urine leakage and unpleasant odor they have as a result the husband become undesirable , the majority of the women are divorced and others are separated . A t the same time the study disagrees with the above document of , Engender Health (2006) reported that , in several cases , women partner continued to stay with them after fistula despite pressure from other. The finding of this study did not discover any data , which women’s partner continue to stay with them after fistula . These women have been abounded by their husbands , whether they have pressure from others or not.

5.3. Coping Mechanism of women experiencing obstetric fistula

The study showed that various mechanism have been utilized by woman to manage their problem.

A study by Kafunjo et al, (2015) and Lavender et al , (2016) discovered that , women with obstetric fistula coped by isolation , to rejection they received from friends , neighbor and relative as result of the leakage and the smell. I isolation was a coping mechanism used by women obstetric fistula. Other study by Laura et al (2015) found out that, women with obstetric fistula use coping mechanism expressed to help other women with fistula and prevented fistula development in other women or advocate for those who are facing challenges because of fistula.

The current study findings are in agreement with above study. Finding shows that, women with obstetric fistula tended to cope through social measures including maintain strict hygiene , changing life style (drinking less), ignoring the sickness , self –stigma , migration and fistula advocacy to others According to this study the women use isolation as coping mechanism because of the discrimination and isolation they face and the bad odor and urine leakage . Another coping mechanisms found the study is to advocate for others , women with obstetric fistula tend to have a purpose in life by helping other who are facing the same problem or by creating awareness of the cause of obstetric fistula.

A study conducted Uganda by Rutakeumwa and Krogman (2007) examined that, give n the inaccessibility of health care service , women have developed coping strategies to address their health problems reported their coping strategies included the sickness, self-isolation, self- medication, use of herbal/traditional medicine and secret use of family planning service.

The current study agrees with above study of their coping strategies of ignoring the sickness believing it will heal in time, self-isolation and self- medication. It is also disapproves of the use of the secrete use of family planning service, the finding of this study did not discover the use of family planning as one of the coping strategies .

Chapter Six

Summary, Conclusions and Recommendations

6.1. Summary

This study explored the psychosocial challenges and coping mechanisms of women experiencing obstetric fistula. To this end, the study tried to answer the following research questions 1, What are the major psychosocial challenges faced by women experiencing obstetric fistula in the context of Hamlin fistula hospital in Addis Ababa? 2, What are the major coping mechanisms used by women experiencing obstetric fistula in the context of Hamlin fistula hospital in Addis Ababa?

The study employed a qualitative research design to answer the questions and achieve the research objectives. The researcher utilized purposive sampling method total of 19 participants who fulfilled the criteria (15 patients and 4 key informants) were selected to take part in the study. The study area was selected purposively at Addis Ababa Hamline Fistula Hospital. Data was obtained through in-depth interview, key informant interview, and focus group discussion(FGD). Data found from different source was collected and triangulated to assess the trustworthiness of the information and thematic analysis was done. The finding indicates, obstetric fistula had detrimentally affected their health and well being of women by having psychological challenges likeanxiety, fear, depression, worry, stress, stigma, anger, suicide attempt, hopelessness and loneliness. The finding also found different social challenges like social interaction, stigma, discrimination and marital relationship.

Women with obstetric fistula coped by maintaining strict hygiene, drinking less, ignoring sickness, self stigma and fistula advocacy to other. In general, women experiencing obstetric fistula in Addis Ababa Hamlin fistula hospital they face psychological and social challenges. From this study the participants are divorced so this finding suggest a need to aware or educate women, and community about psychosocial challenges and coping mechanisms of obstetric fistula.

6.2. Conclusion

Based on the summary of the findings indicated above, the researcher draws the following conclusions, and their corresponding implications: The results of the this study showed that women experiencing obstetric fistula have psychological challenges such as fear, worry, stress, self-stigma, anger (sad), suicide attempt, hopelessness and loneliness. This psychological challenges across two reason, first, related with the diseases with stigma and discrimination with the family and community and the second women have not get good psychological service beyond medical intervention in Addis Ababa Hamlin fistula hospital. There is not significant communication between women with obstetric fistula; health care providers including social worker to the extent it can serve as instrument it reduced psychological challenges. Actually this hospital, the patents get the medication and the service for free.

In addition psychological challenges in this study they have social challenges women experiencing obstetric fistula mentioned by the study participants were a problem of social interaction, stigma, discrimination and marital relationship. These challenges are mainly associated with community misconception to wards with obstetric fistula. The patient can note work or attend a social gathering because of the smell of urine. Howe ever , the study show that need for strong awareness creation for the rural women with obstetric fistula and community to reduce the misconception about means of transmission and treatment of obstetric fistula to reduce the stigma and discrimination

The study finding further showed that coping mechanism of women experiencing obstetric fistula. According to the finding of the study, women with obstetric fistula tried to cope up the psychosocial challenges through different coping strategies . They attempted to cope up the challenges of obstetric fistula found are maintaining strict hygiene , changing life style (drinking less), ignoring the sickness, self-stigma and fistula advocacy to other. The study participants also struggled to cope up the social challenges through migration to cities , hiding their health status , support from their family member and medical professionals. Women also reported that by themselves and family to support their coping mechanisms

6.3. Recommendations

Based on the findings and discussion the following are recommendations are forward

- Obstetric fistula is associated with psychosocial challenges. The hospital need to consider providing patient education. Women should aware of the possible psychosocial services that they can get from the hospital. In addition, suitable counseling room and places are essential to conduct group and individual counseling session.
- The hospital facilitate to women experiencing obstetric fistula from a behavioral health provider may be effective when difficulties are persistent. However, diagnosable psychological condition, referral should be sought with a provider having the appropriate mental health expertise.
- Addis Ababa fistula hospital need to work with educational institutes, community workers, medias, both governmental and non-governmental health related institutes for raise awareness the community about obstetric fistula.
- In addition to medical service the hospital work on awareness raising projects have to be well developed for women experiencing obstetric fistula have improved knowledge about the psychosocial challenges and coping mechanism.
- It needs professional psychologists and social worker to given emphasis while counseling on coping up with the new life style women with obstetric fistula are going to have and in helping obstetric fistula patients.
- This study recommends that to reduce the psychosocial challenges and coping mechanisms of women with experiencing obstetric fistula. The intervention mechanisms should necessary focus not only on the biomedical aspects but also psychosocial effects of the diseases. A holistic approach should be implemented to address the problem in Addis Ababa Hamlin fistula hospital.
- Understanding the issues associated with challenges and management of obstetric fistula is essential. Therefore, combined efforts should be made to offer preventive , curative and supportive service to women suffering from obstetric fistula , as well as enabling women to access family planning service can greatly reduce their chance of developing obstetric fistula.

- Advocacy, and support and reintegration efforts should be instituted to reduce the psychosocial challenges of obstetric fistula. The finding of the study suggest that support from family, friends and community can be enhanced by using public education and advocacy efforts to break the stigma around women with obstetric fistula .
- Finally, further studies should have to be done on psychosocial challenges and coping mechanisms women with obstetric fistula.

Reference

Ahmed S, Genadry R, Stanton C, Lalonde A. Dead women walking: neglected millions with obstetric fistula. Int J Gynecol Obstet. 2007;99(Suppl 1):S1–3

Ahmed,S.& H,S.(2007). Social and economic consequences of obstetric fistula: Life changed forever? Family and Reproductive Health. *International Journal of Gynecology and Obstetrics.Available atwww.sciencedirect.com*

Alhojailan,M.I.(2012). Thematic analysis: A *Critical review of its process and evaluation;* WEIInternational European academic conference proceedings. Zagreb, Croatia.

Amina, P,Laura,M., Kimberlee,R., Heather, B.,Phillip,J., Linda,B.,Salamatou,T.&Hamisu,M. (2010). The psychosocial impact of vesico-vaginal fistula in Niger.

Anders,K.(2000).Coping strategies for women with urinary incontinence. Urogysnaecology Nurse Specialist king's College Hospital, Denmark Hill, London, Uk Baillie Are's Clinical obstetrics and Gynaecolgy Vol.14, No.2.doi:10.1053/beog.1999.0078,available online at http://www.idealibrary.com.

Atkins, Ellie, Colville, Gillian & John, Marry (2012). A 'bio psychosocial' model for recovery: a, grounded theory study of families' journeys after a paediatric intensive careadmission. Intensive and Critical care nursing, 28, 133-140. DOI: 10.1016/j.iccn.2011.12.002

Andargie and Debu, (2017) indicate that women who experienced obstetric fistula are abandoned by their husbands, discriminated by the society in Nigeria.

Baxter, P.,&Jack,S.(2008). Qualitative case study methods: Study design and implementation for novice researcher. The qualitative report.13(4),544-559 Retrieved fromhttp://www.nova.edu/ssss/QR/QR13-4/Baxter. pdf.

Biruk,T., Mulu,M.,Ambaya,W.,Hailegiorgis,A.(2006). Obstetric fistula and its physical, Social and psychological dimension: The Ethiopia scenario, Addis Ababa FistulaHospital , Addis Ababa University, Addis Ababa, Ethiopia.

Burns,S,N.,&Grove,S.K.(2003). Understanding nursing research.Third edition.Berihun Megabiaw Zeleke,Tadesse Awoke Ayeele, MulatuAdefrisWolddetsadik,TelakeAzaleBisetegn and Akilew Awoke Adane (2013). *Depression among Women with obstetric fistula and pelvic organ prolapsed in North West Ethiopia.A research article College of Medicine and Health sciences , university of Gondar , Gondar Ethiopia.*

Creswell, W.J.(2003). Research design :Qualitative ,quantitative and mixed methods approach(2nd Ed.)USA; Sage Publication.

Creswell, W.J.(2007). Qualitative inquiry and research design: Choosing among five approaches(2nd Ed). USA: Sage Publication.

Creswell, W.J.(2012). Educational research; Planning conducting and evaluating quantitative

Dogar, Ahmad Im'i‘iaz (2007).Biopsychosocial model. Punjab Medical College Faisalabad Department of Psychiatry and Behavioral Sciences. Retrieved fromhttp://applications.emro.who.int/imemrf/Ann_Punjab_Med_Coll/Ann_Punjab_ Med_Coll_2007_1_1_11_13.pd and qualitative research(4th Ed.). Boston; Pearson.

Farid,N., Azhar,M., Sadruddins,S.S, Allana,S., NazaA.,Bohar,F.,Shamim & Syed,S.(2013).Psychosocial Experience of Women with Vesicovaginal Fistula; A Qualitative Approach.*Journal of the College of Physicians and Surgeons Pakistan.Vol.23(11);828-829.*

Freitas,H., Oliveira, M.,Jenkins, M., &Popjoy,O.(1998). The Focus Group, a qualitative research method. Merrick School of Business, University of Baltimore (MD,EUA), WP ISRC NO.010298, Retrieved from, http;//ginati.ea.ufrgs.br/files/artigos/1998/1998-079 -ISRC. Pdf.

Gloria Esegbona (2012). *Obstetric fistula in developing world.* Published by an International Consultation on Urological Diseases

Goitom (2007). Voice of women ;The experience of women supervisors with obstetric fistula In Ethiopia .Unpublished MA Thesis, University of Calagary, Canada.

Gray, David. E.(2004). Doing Research in the Real World.London; Sage Publications.

Habiba, C., Kabunga, A. &Thananga, N. (2016). Psychosocial Effects of Obstetric Fistula onYoung Mothers in Western Kenya.*International Journal of Science: Basic and Applied Research (IJSBAR). Volume 26, No 1, pp 395-404. ISSN 2307-4531(Print & Online). http:// gassrr.org/index.php? Journal=Journal of Basic and Applied.*

HealtherD'Cruz&Martyn, J. (2004).Social work research ethical and political context. Sage Publication, London.

Hsiung, J. &Savback, S. (2011). Long-time Suffering from Psychosocial Consequences.A problem for Women with Vaginal Fistula in Moshi, Tanzania.Medical student atSahlgrenska Academy, Gothenburg University.

Jane Ogden (2004). Health Psychology:A text book 3rd edition :Open University press, England.

Kabayambi,J., Kafunjo,J.B., Joseph, K.B., Beyeza,J., Ekirapa,E.& Rhoda K.W.(2014). Living with Obstetric Fistula; Perceived Cause, Challenges and Coping Strategies amongWomen attending the fistula Clinic at Mulago Hospital, Uganda.*International Journal of Tropical Diseases & Health, 4(3);352-361,2014. SCIENCEDOMAIN internationalwww.sciencedomain.org.*

Kafle, P.N.(2011). Hermeneutic phenomenological research methods simplified. Bodhi:*An interdisciplinary Journal, 5,ISNN:2094-0479 retrieved from http://kucc.ku.edu.np/ Bodhi/vo 15-no1/11.%20 Narayan% Kafle.% Hermeneutic% pdf.*

Kafunjio,J.B., Beyeza, J.K.,Josaphat, K.B.,Mbona, N.T., Almroth,L.&Elisabeth,F.E. (2015)." I am alone and isolated": a qualitative study of experiences of women livinggenital fistula in Uganda. Research article.

Khisa,W.,Wakasiaka,S., McGowan,L,. Campbell,M., Lavenderb, T. (2016). Understanding the Lived*experience* of women before and after fistula repair: a qualitative study in Kenya.

Langdridge, D.(2007). *Phenomenological psychology: Theory, research and method. London Pearson Educational Limited.*

Laura, B., Jeffrey,P., Nundwe,W., Moyo,M., Mataya,R., Mwale,M.& Jennifer, H.(2015). Long –term out comes for women after obstetric fistula repair in Lilongwe, Malawi:A qualitative study.Research article.

Lavender,T,.Wakasiaka, S,.McGowan, l,. Moraa,M,M.,Omari, J.&Khisa, W.(2016). A Grounded theory of community perspectives of women suffering from obstetricFistula, in Kenya . Midwifery 42.54-60. *Journal home page:www.elsevier.com.*

Lewis, G&Bernis, L. (2006).Guiding principles for clinical management and program development.

Liberia Fistula Program &UNFPA (2012-2014). The project will be expanded to provide Support to women who have undergone unsuccessful fistula repair surgeries andwomen with fistula that cannot be surgically repaired (inoperable).

Lilian T, and, Thecla W. Living with constant leaking of urine and odour: thematic analysis of socio-cultural experiences of women affected by obstetric fistula in rural Tanzania. BMC Womens Health. 2015;15(107):1–9.Marks (2010). Health Psychology : An introduction.

Mayoh, J & Onwuegbuzie, A. J. (2015). Toward conceptualization of Mixed Methods Phenomenological Research . Journal of Mixed Methods Research. 2015, vol.9 (91-107).

Muleta, M., Rasmussen , S. &Torvid, K.T(2010). Obstetric fistula in 14,928 Ethiopian women.Main research article. Obstetric ate Gynecological.

National Association for Continence (2017). Learn about incontinence and bladder leakageCause and treatments national association for continence.

Naz, F.F., Azhar,M., Sadruddin, S.S., Allana,S,& Naz, A. (2013). Psychosocial experience of Women with vesico-vaginal fistula : a qualitative approach. Aga Khan University,Farah.naz@aku.edu

Nwoba, D.N&Nwite, M. I.(2017). Psychosocial experience of subjects with vesico vaginalFistula.A qualitative study.*Global journal of medicine and public health .Vol.6, issue1*.

Onwuegbuzie, J, A., Dickinson, B.W., Leech, L.N., & Zoran, G.A.(2009). A Qualitative frame work for collecting and analyzing data in focus group research.*InternationalJournal of Qualitative Methods, 8(3).Retrieved from.http;// research .apc.org/Images/2/2f/A Qualitative Framework for collecting.Pdf.*

Padgett, D.K(2008). Qualitative Methods in Social Work research Thousand oaks; sagePhiladelphia: Saunders.

Patton, M.Q.(2001). Qualitative evaluation and research methods (3rd Ed). Thousand Oaks,CA: Sage Publication, Inc.

Rutakumwa, W.&Krogman, N. (2007). Women's health in rural Uganda: Problems ,CopingStrategies and recommendation for change. Vol.39 No 3,104-125.

Saldana,J. (2008). The coding manual for qualitative researchers:-An introduction to codes and Coding .Retrieved on 18/03/2013 from http:// www.sagepub.com/upmdata/24614 01 saldana-Ch-01.pdf.

Siddle, K., Mwambingu, S., Malinga,T.&Fiander, A.(2012). Psychosocial impact of obstetric Fistula in women presenting for surgical care in Tanzania. The internationalUrogynecological Association.

Sonny,I, (2016). Married as Children , women with obstetric fistula have no future.

Sunil,T.& Sagna, M.(2009). Analysis of obstetric fistula in Ethiopia. University of Texas at San Antonio, USA.*Journal of family and Reproductive Health.*

Tadesse, Y.G.(2014). A qualitative study of the experience of obstetric fistula supervisorin Addis Ababa Ethiopia. Programme quality Department, Vita, Addis Ababa, Ethiopia*International* journal *of women 's Health*.

Technology Vol.4.No.3

Tirsit. T., (2015), Assessment of the role of Counseling Service during Pre and Post Treatments Of Fistula Patients at Addis Ababa Fistula Hospital, ADDIS ABEBA.

UNFP (2003). Second Meeting of the Working Group for the Prevention and Treatment of Obstetric Fistula. Addis Ababa, 30 October-1November, 2002, New York: UNFPA.

UNFPA (2007) Report on the regional conference on obstetric fistula and maternal health.

UNFPA (2012) Report on obstetric fistula and maternal health.

UNFPA and Campaign to End Fistula: Obstetric Fistula, "A neglected crisis that affects millions of women and girls worldwide," +e United Nations Secretary-General Report, Supporting Efforts to End Obstetric Fistula, http://endfistula. org, 2014.

USID (2012). Living with obstetric fistula :Qualitative Research Finding from Bangladesh andthe Democratic Republic Congo. USID2012 Engender Health.www.fistulacare.org.

Uzoma,O., Nkechi, E,&Perpetua,L., Abakaliki&Nsukka, N.(2014). Living with vesico-vaginal fistula: experience of women awaiting repairs in Ebonyi state, Nigeria.*TanzaniaJournal of Health Research Doi://http dx.doi.org/10.4314/thrb.v16i.9 volume 16.*

Vanderstoep, W,S,& Johnston, D.D.(2009). Research methods for everyday life: BlendingQualitative and quantitative approaches. San Francisco:John Wily &Sons, Inc.

Wall,L.L(2006). Obstetric Vesico vaginal Fistula as an International Public –Health Problem.The Lancet 368:1201-09

Walliman, N.(2006). *Social research methods.* London: Sage Publication.

Wilcke, M.M. (2002. Hermeneutic phenomenology as a research method in social work. New Scholarship in the human service , 1(1), 1-10 Retrieved from http://fsw.ucalgary.ca/ currents-prod-v1/articles/wilcke-v1-n1.htm.

Woman's Dignity Project(2006). Living with obstetric fistula. The Devastating Impacts of the condition and ways of coping. Women's Dignity Project and Engender Health.Website:www.womensdignity.org.

Women's Dignity Project and EngenderHealth T. Reducing the Risk of Obstetric Fistula: Skilled Birth Attendance and Emergency Obstetric Care. 2006:1-13

World Health Organization, "End fistula. Restore women's dignity WHO," November 2017, http://www.who.int/ reproductivehealth/topics/maternal_perinatal/fistula/en/2016.

Y. Gebresilase, "A qualitative study of the experience of obstetric fistula survivors in Addis Ababa, Ethiopia," International Journal of Women's Health, vol. 6, pp. 1033–1043, 2014

Yin,R.K.(2010). Qualitative Research from Start to Finish. Guilford Press New York..

Zipporah,M., Omondi,O,&Anthony,K.(2014). The prevalence and Impact of obstetric fistulaof women of kaptembwa-Nakuru, Kenya. *International Journal of Applied science and*

Appendices

Appendix I: Informed consent form (English Version)

Consent Statements

Addis Ababa University

College of Education and Behavioral studies

School of psychology

Introduction

My name is Tekililyergalem ,I am a graduate student in Addis Ababa University department of social psychology.I am currently collecting data for my thesis project entitled "psychosocial challenges and coping mechanism among women experiencing obstetric fistula". The aim of this research is to explore psychosocial challenges and coping mechanism among women experiencing with obstetric fistula. Accordingly, you will be asked to discuss your thoughts, experiences and feeling related to obstetric fistula. I will conduct one to one interview and will use a tape recorder to record the interview. The interview will be conducted in a place and time inconvenient to the participant. You may end the interview at any time if you need time and can also end your participation in this study if you wish. You may refuse question if you don't want to answer. But the information you provide are extremely important input in the direction and accomplishments of this study, so please try to be honest, and careful. I would like to express my deepest gratitude for your active participation. The information that you will provided will be kept confidentially and only applicable for the academic purposes of this study. . If you are unclear about the question, and if you have question you are free to ask at anytime throughout this study. Thank you again and I appreciate you for your willingness to participate in the interview. Signature ---------- Date……..

Thank you for participation.

Appendix II: Topic guide or Interview guide for obstetric fistula patients

Socio-Demographic characteristics

Age_____

Marital status_____

Number of children_____

Educational status_____

Years of living with fistula_____

Part II: Psychological challenges faced by women living with obstetric fistula.

- Could you tell me how does fistula affect the health and well-being of individual, families, groups, and community?
- What do you think about the psychological effect of fistula on the affected person? Could you tell me about your condition regarding psychological effect?
- Did you ever feel stressed, anger or sadness, anxiety, depression, loneliness and hopelessness? Did you ever try to commit suicide?
- How does your condition affect your personal relationship with people and the environment?
- What did your family say when you told them about your condition? How is your relationship with your family after your condition?
- Does it have similar impact on the family members? Does having a fistula bring behavioral change on you? If there is any, can you tell us

Part III: Social challenges affecting women with obstetric fistula

- What are the social impacts of fistula?
- Could you tell me your relationship with your society before and after your condition?

- Could you tell me the impact of fistula on your family and community?
- How do you see the reaction of fistula patient towards that social stigma and discrimination?
- Did you ever fill stigmatized or discrimination because of your condition? How did that make you feel?
- How did your friends, neighbors, and community respond to you test result? How did your condition make you feel around friends, neighbors, & community?
- How do the people around you and the community understand the cause of fistula?
- Are you married? How old were you when you got married? How long have you been married?
- How is your relationship with your husband? How did your husband respond to your test result?
- Did your condition affect your marriage? How did having a fistula affect your marriage?
- Did you ever feel stigmatized by your husband? How did your condition make you feel around your husband? How did you husband feel about your condition? How did you cop up with it?
- Could you tell me how does your husband feel about your condition?
- Do you have children? How do they know about your condition? How do they feel about your condition?
- Having you or your family experienced negative effects involving your conditions? Can you tell us some of those experience, if there is any?
- How does your conditions affect your personal relationships with people? Does it have similar impact on the family members?
- What has been the most stress of your problem regarding your conditions?

Part IV: Coping mechanism of women with obstetric fistula.

- When you face discrimination and stigmatization of being affected by fistula how do you cope up with it? If there is any?

- Could you tell me the support you have received from family or friends in dealing with this problem?
- Did you have any support from your community and colleges or other support than your family in order to cope up in your conditions? Could you tell me what kind of support? And cope up conditions if there is any?
- What kind of coping practice do you use?
- What kind of coping mechanism do you use to overcome psychological challenges?
- Is there anything that I haven't asked you, but that you would like to tell me, about your experience?

Thank you for your cooperation!

Appendix III: Topic guide health care providers (English version)

Socio-demographic characteristics

Sex_____

Years of service working with fistula patients_____

Educational status_____

Occupation_____

For how long you have been working here----------?

Part II: Psychological challenges faced by women living with obstetric fistula.

- What are the major psychological challenges faced by women obstetric fistula patients?

Part III: Social challenge affecting women with obstetric fistula

- What are the social challenges faced by obstetric fistula patients?
- What is the impact of fistula on family and marriage?
- What is your experience on fistula patents related to social stigma and discrimination?

Part IV: Coping mechanism of women with obstetric fistula

- What kinds of practice are used to cope up with fistula?
- What kind of coping mechanism do fistula patients use to overcome psychological problem?
- What kind of coping mechanism do fistula patients use to overcome social challenges?

Thank you for your cooperation.

Appendix IV : Topic guide or FGD guide (English version)

Focus group guide for fistula patients

- Introduction-introduces self, each other and explain how long the session expected to run.
- Focus group discussion objectives -introduce the aim of the study and emphasize confidentiality.
- Warm up discussion and other things to establish a good rapport.

Discussion Themes

- Psychological challenge of obstetric fistula
- Social challenge of obstetric fistula
- Coping strategies to overcome challenges related the psycho social problems obstetric fistula

Thank you for your cooperation.

Appendix V: Consent form (Amharic version)

አዲስ አበባ ዩኒቨርሲቲ የትምህርት እና ስነ-ባህሪ ኮላጅ የስነ-ሌቦና ትምህርት ክፍል

የፍቃደኝነት መግለጫ ፎርም

ስሜ ጠቅልል ይረጋለም ይባላል የአዲስ አበባ ዩኒቨረስቲ ሶሻል ሳይኮሎጂ ምሩ ቅ ተማሪ ነኝ በአሁኑ ጊዜ በምሰራበት በፌስቱላ የተያዙ ህመ·ማን አዕምሮአዊና ማህበራዊ እክሎችና መፍቴሄዎቸውላይ መረጃዎችን እየሰበሰብኩ ነው፡፡ አላማው በፌስቱላ ህመ·ማን ላይ የሚደረሰውን አዕምሮአዊንማህበረሰባዊክህሎትናመፍትሄዎቻቸውንማጥናትነው ፡፡ ጥናቱም በህመምሽ ምክንያት ያለሽን ልምዶችና ምን አይነት መፍትሄዎች እንደተጠቀምሽ ያጣናል፡፡ ስለዚህም ያሉሽን ሀሳቦች ልምዶችና ስሜቶችሽን እንወያይባቸዋለን ቃለመጠየቁ በእኔእና በእናንተ መሀል ሲሆን የቴፕ ቅጂ እጠቀማለሁ ቃለመጠየቁም ላንቺ በሚመችሽ ስአት እና ቦታ ይሆናል ቃለመጠይቁን በፈለግሽ ሰአት የማቋረጥና የማቆም መብት አሉሽ፡፡ የማትፈልጊውንም ጥያቄ ያለመመለስ መብት አለሽ ነገረ ግን ለጥያቄው ትክክለኛውን መልስ መስጠት አለብሽ ያልገባሽ ወይንም መጠየቅ የምትፈልጊው ጥያቄ ካለ በፈለግሽው ስአት ልትጠይቂኝ ትችያለሽ፡፡

ፊረማ……..ቀን……

ለትብብራችሁ አመሰግናለሁ፡፡

I. የተሳታፊዎች ቃለ መጠይቅ

1. ዕድሜ------ 2.ጾታ--------- 3. ትዳረ------4.የትምህረትደረጃ------
5.ምንያህልአመትከፌስቱላጋርኖረሻል----------

6. ፌስቱላ መቼ ያዘሽ----------

II. አዕምሮዊ ተፅዕኖ በፌስቱላ በሽተኞች ላይ

1. ፌስቱላ በሽተኞች ምን አይነት አዕምሮአዊ ተፅእኖ አላቸው? አንቺ ላይ ምን አይነት አዕምሮአዊ ተፅዕኖ አመጣብሽ?

2.ፌስቱላ በመያዝበ ጭንቀት ድብረት ፈርሃት እና ስጋት ተስምቶሽ ያውቃል እራስሽን ለማጥፋት ሞክረሽ ታውቂያለሽ?

3. በሽታሽ ከሰዎች ጋር እና ከአካባቢሽ ጋር ያለሽ ግንኙነት ላይ ተጽኖ ፈጥሮዋል?

4.ቤተሰቦችሽ ስለ በሽታሽ ስትነግሪያቸው ምን አይነት መልስ ሰጡሽ? በፌስቱላ ከተያዝሽ በኋላ ከቤተሰብሽ ጋር ያለሽ ግንኙነት ምን ይመስላል?

5. የአዕምሮ ጭንቀትሽ በቤተሰቦችሽ ላይ አንድ አይነት ተፅዕኖ አለው? ካለው ልትነግረኝ ትችያለሽ?

III. ማህበራዊ ተፅዕኖ በፌስቱላ በሽተኞች ላይ

1. ፌስቱላ ከመያዝሽ በፊት እና በኋላ ከማህበረሰብ ጋር ምን አይነት ግንኙነት እንዳለሽ ልትነግኝ ትችያለሽ?

2. ፌስቱላ በመያዝሽ ከቤተሰቦች ጋር እና ከማህበረሰብ ጋር ያለሽ ግንኙነት ምን አይነት ተፅዕኖ ፍጥሮዋል?

3. ፌስቱላ በሽተኞች በመገለል እና መድሎ ላይ ያላቸውን አስተሳሰብ ልትነግሪኝ ትችያለሽ?

4. መግለል እና መድሎ ደረሶብሽ ያውቃል ምን አይነት ስሜት እዲሰማሽ አደረጉ?

5.በበሽታሽ ጓደኞችሽ ጎረቤቶችሽ እና ማህበረሰብሽ ምን አይነት ምላሽ ሰጡሽ ከነዚህም ሰዎች አካባቢ ስትሆኝምን አይነት ስሜት ይሰማሽ ነበር?

6. በአካባቢሽ ያሉ ሰዎች እና በማህበረሰቦች ያሉ ሰዎች ፊስቶላ በምን እንደሚመጣ ያውቃሉ?

7. አግብተሻል? በስንት አመትሽ ላይ ነው ያገባሽው በስንት አመትሽ አረገዝሽ? ለምን ያህል ጊዜ ነው በትዳር የቆየሽው?

8. ከባለቤትሽ ጋር ያለሽ ግንኙነት ምን አይነት ነው? ባለቤትሽስ ለበሽታው ምን አይነት ምላሽ ሰጠሽ?

9. በሽታሽ በትዳረሽ ላይ ተፅዕኖ ፍጥሮዋል? በምን አይነት ምንደነው ተፅዕኖ የፈጠረብሽ?

10.ካባልሽ መገለል ደረሶብሽ ያውቃል? በበሽታሽ ምክንያት ከባለቤትሽ ጋር ስትሆኚ ምን አይነት ስሜት ይሰማሻል በምን አይነት መንገድ ፈታሽው?

11. ባለቤትሽ ስለበሽታሽ ምን ይሰማዋል?

12. ልጆችሽ አለሽ ስለበሽታሽ ያውቃሉ ምንአይነት ስሜት ይሰማቸዋል ስለበሽታሽ?

13.አንቺ እና ቤተሰቦች አሉታዊ ተጽዕኖ ደረሶባቸው ያውቃል በበሽታሽ ምክንያት ተፅዕኖችቹን ልትነግሪኝ ትችያለሽ ተፅእኖ ካለው?

14.በበሽታሽ ምክንያት ከሰዎች ጋር ያለ ሽግንኙነት ጋረ ተፅዕኖ ፍጥሮዋል በቤተሰቦችሽ ለአንድ አይነት ተፅዕኖ አለው?

15. በበሽታሽ የተነሳበጣም የሚያስጨንቅሽ ነገር ምንድ ነው?

IV. **የፌስቱላ በሽተኞች የሚተቀሙበት መፍትሄዎች**

1. መግለል እና መድሎ ቢደረስብሽ በበሽታሽ ምክንያት በምን አይነት መንገድ ትፈችዋለሽ?

2.ከቤተሰቦችሽ ወይም ከጓደኞችሽ ችግረሽን በመፍታት ላይ ምን አይነት ድጋፍ ታደረጊያለሽ ድጋፍካለሽ?

3.ከቤተሰቦችሽ ውጪ ከአካባቢ ምን አይነት ድጋፍአለሽ? ከነዚህ ውጪ ድጋፍ አለሽ ምንአይነት ድጋፍ እደሆነልትነግኝ ትችያለሽ?

4. ምን አይነት መፍትሄ መፍቻት ጠቀሚያለሽ?

5.ያልጠየኩሽ ጥያቄ ካለ ልትነግረኝ የምትፈልጊው ነገር ካለ ስለህይወት ተሞክሮሽ ልትነግኝትችያለሽ?

6. ምን አይነት መፍትሄ ትጠቀማያለሽ አዕምሮአዊ ችግሮችሽን ለመፍታት?

7.ማህበራዊ ችግሮችሽ ለመፍታት ምን አይነት መፍትሄ ትጠቀማያለሽ?

ለትብብራችሁ አመሰግናለሁ!!

ለጤና ባለሙያዎች የተዘጋጅ መጠይቆች

I. የግልመረጃ

1. ዖታ---------- 2. የምን ያህል አመት የስራ ልምድ ከፊስቶላበሽታዎች ጋር ሰረተዋል---

3. የትምህረት ደርጃ---------- 4. የስራ አይነት----------

II. አዕምሮዊ ተዕዕኖ በፊስቱላ በሽታዎች ላይ የሚደረሰው

3. ማህበራዊ ተዕኖ

3.1. የወሊድ ፊስቱላ ምን አይነት ማህበራዊ ተዕዕኖ አለው በፊስቱላ ታማሚዎች ላይ?

3.2. የወሊድ ፊስቱላ ምን አይነት ተዕዕኖ አለው በቤተሰብ እና በትዳር ላይ?

3. ምን አይነት ልምድ አለሽ /አለክበፊስቱላ በሽተኞች ላይ የሚደርሰው ማግለል እና መድሎ በተመለከተ?

IV. የፊስቱላ በሽተኞች የሚጠቀሙ መፍትሄዎች

1. ምን አይነት መፍትሄዎች ነው ፊስቱላ በሽተኞች የሚጠቀሙት ችግሮቻቸው ለመፍታት?

2. አዕምሮዊ ችግሮችን ለመፍታት ምን አይነ ትመፍትሄ ይጠቀማሉ?

3. ማህበራዊ ችግሮችን ለመፍታት ምን አይነት መፍትሄ ይጠቀማሉ?

I. የፊስቱላ ሚና

1. እረስ በእረስ መተዋወቅ እና ለምን ያህል እንደምንወያይ ማሳውቅ

2. ጥሩ ውይይት እንዲኖር መፍጠር

3. ውይይትን ማሳወቅ እና የጥናቱን ግብምን እንደሆነ ማሳውቅ

4.ውይይትቱን ማዋቀር እና ጥሩ ውይይት እንዲኖር መፍጠር

II. *መወያያ ርዕሶች*

1.አዕምሮአዊ ተዕዕኖ የሚፈጥረው በፊስቱላ በሽተኞች ላይ

2.የፊስቱላ ማህበራዊ ተዕዕኖ

3.ማህበራዊ አዕምሮአዊ ችግሮች ለመፍታት የሚጠቀሙበት መፍትሄዎች

ለትብብረችሁ አመሰግለሁ::