Rebuilding life after obstetric fistula repair – a look into the lives of women in rural Tanzania

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What happens after these women have undergone fistula repair?
Methodology

• Qualitative community-based study
• Purposive selection of informants from hospital records
• Study period: Aug 2011 – Jan 2012
In-depth Interviews:

<table>
<thead>
<tr>
<th>Informant type</th>
<th>Dodoma</th>
<th>Mwanza</th>
<th>Mbeya</th>
<th>Dar es Salaam</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women treated for fistula</td>
<td>11</td>
<td>9</td>
<td>9</td>
<td>1</td>
<td>30</td>
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<tr>
<td>Fistula Surgeons</td>
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<td>0</td>
<td>2</td>
<td>3</td>
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<td>Fistula Nurses</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ambassadors</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>40</strong></td>
<td><strong>40</strong></td>
<td><strong>40</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>

1 FGD with 8 women in Singida
Findings

Experiences before treatment

Success of treatment

Duration lived with fistula

Experiences during reintegration
Results

- SHAME
- PHYSICAL DISCOMFORT
- INABILITY TO WORK
- ISOLATION
- LOST WOMANHOOD
- ABANDONMENT
- DEPLETED INCOME
- 10
- 20
Almost all who received treatment quickly and were completely dry, seemed to easily regain their social and economic positions in their communities.
Challenges during reintegration

- Failure at childbirth
- Being a wife, sexuality and expectations
- Inability to work
- Health seeking
- Resentment
- Fear
- Depletion of money/assets
- Debt
- Dependency
Loss: Being a mother

“If I had a child it would not hurt me so much”

“I felt very happy that I was treated and be like my fellow women... what I want in my life is to bear children like what others do”

(029, Age 17, Mwanza, 0 children alive)
“I was lucky I got pregnant but unfortunately the child died. After that incident the man deserted me and he said he could not live with a rotten human being who bears children that die”. (Eva, 3 children died in the past)
Fear of fistula recurring

“Yes, I am still afraid. It is like death. I am imagining that when I get pregnant I will get fistula again” (006, Age 22, Dodoma, 1 child alive)

“Yes, I am afraid when I sleep with my husband ... I can get fistula again” (005, Age 39, Dodoma, 4 children alive)
Fear of fistula recurring

She stayed with fistula for 10 years before getting treatment:
I: what would you do if your husband decided to get another wife?
R: “I will leave him because when I was suffering, I was alone. If he decides to get married it is ok...I am sure I don’t want [another pregnancy].” (Age 32, Mbeya, 1 child alive)
Womanhood

• ‘R’ had been through 9 pregnancies and had 4 children alive and still wanted more children after obstetric fistula. Her husband had been very supportive while she lived with obstetric fistula for five months. During those five months, she used a catheter before she was treated. She was now completely dry and cured.
Womanhood – being a wife

• Sample: 30
  – 11 women were abandoned by their husbands
  – 19 cases, the husbands stayed with them
    • 13 were treated within one year and all were completely dry except 1 who was still incontinent.
    • 6 were treated after one year, some of whom were still experiencing some incontinence
Loss: sexuality

Woman with 2 failed repairs:
“I don’t want it [sex] because of leaking urine ... we use other methods until he gets satisfied ... no, I do not enjoy it, I only satisfy him ... if I don’t get cured, my husband will have to look for another wife...although he will be taking care of me but he will have to get married again [because] I can get a child but we cannot have sex”
I: “When he gets married do you think you will have peace?”
R: “It [peace] will not be there but what can I do?” (051, Age 25, Dar es Salaam, 1 child alive)
Being a wife: forced sex

“When I was back he disturbed me as he wanted to have sex with me. I told him that I was instructed not to have sex with him until four months passed. He did not understand me. He said I was avoiding him and that I was not having such a problem. Then he continued to force me. So, I decided to leave and to go home because I could not go against the instruction I was given.” (016, Age 43, Dodoma, 0 children alive)

“... My relatives condemned me because my mother took me from my husband”
“We are [currently] eating the maize we cultivated last year ... it is a little... we are two [in the house] but we sold a lot of maize when I was sick, so that I could be taken to hospital. He [husband] was borrowing money from people so that he could take me ... he was going to customers and borrowing money with the promise of paying back after harvesting.” (046, Age 20, Mbeya)
“The cultivation season passed, my mother did not cultivate [because she was taking care of me] so currently we do not have food, we are buying food...I can now cultivate but not hard cultivation... I dream to have money then my mind can settle”
Conclusion

• Early, good quality treatment is the key to rehabilitation success

• Treatment of fistula must also go beyond the physical closing of a hole, and address physical, psycho-social and economic challenges to completely rehabilitate the individual affected after repair
Acknowledgements

• The resilient women in Tanzania who shared their stories with us

• University of Bergen, Norway

• Muhimbili University of Health & Allied Sciences, Tanzania

• Women’s Dignity Project, Tanzania