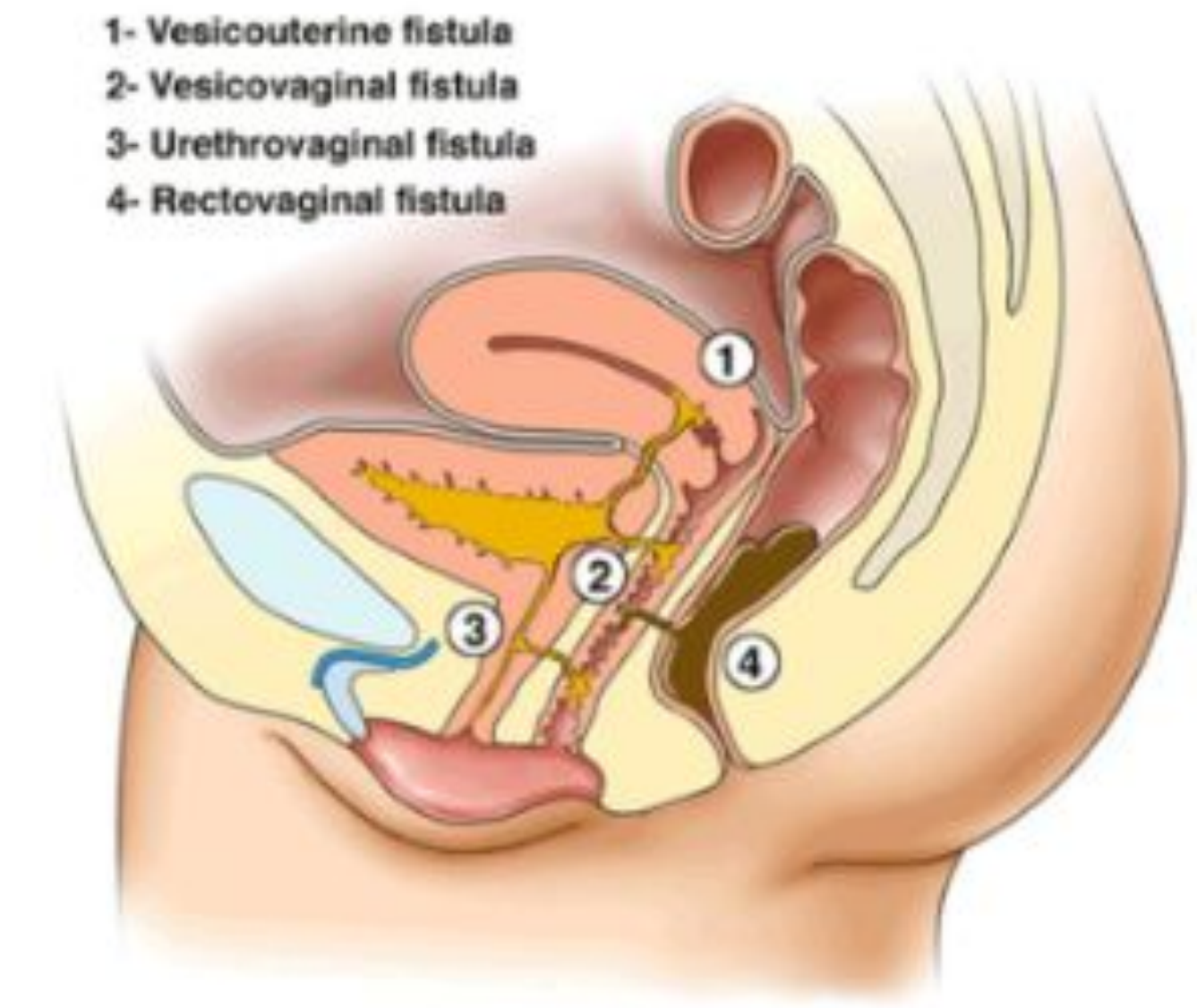


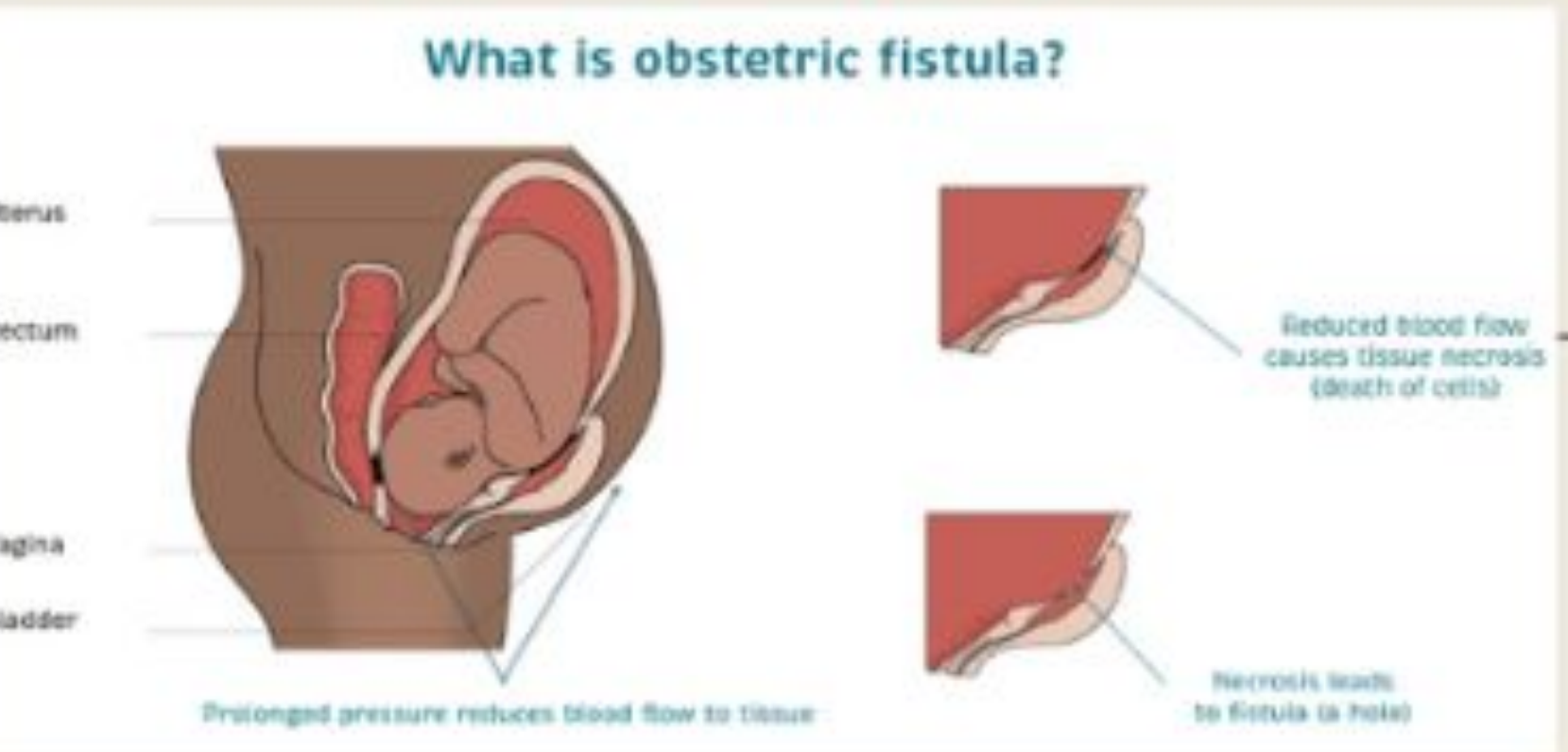
The Impact of Healthcare Access and Education on the Prevalence of Obstetric Fistulas in Underserved Populations

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QUESTION

In pregnant women, how does limited access to high-quality healthcare and education affect the incidence of obstetric fistulas in underserved populations during pregnancy and childbirth?



BACKGROUND

- Serious global health issue resulting in women living with this condition experiencing constant leaking of urine and feces through the vaginal canal, among many other complications such as stillbirth, amenorrhea, infertility and neurological disorders (Pollaczek et al., 2022).
- An estimated 2 to 3 million women currently living with a fistula globally. Almost 60 countries and an estimated 50,000 to 100,000 new cases are recorded each year (Pollaczek et al., 2022).
- This condition is mostly seen in low-income developing countries, particularly sub-Saharan Africa and parts of the middle east, also known as "the fistula belt" (Pollaczek et al., 2022).
- The main interventions include improving healthcare access, education, and awareness surrounding obstetric fistulas to reduce their occurrence (Pollaczek et al., 2022).
- It is important to reduce the rate of obstetric fistulas and increase the knowledge, awareness, and education around this condition. This can be a life-threatening condition if untreated resulting in significant physical and social challenges such as incontinence of bowel and bladder, stigma, and mental health issues (Mahbooba et al., 2021).

STUDY	DESCRIPTION	RESULTS
The teenage pregnancy on obstetric fistula among women in fistula center at Malalai Hospital, Kabul Afghanistan: A cross-sectional study by Mahbooba et al., 2021.	Level IV, descriptive cross-sectional study conducted over a one-year period to determine the major risk factors contributing to obstetric fistulas in 30 women with obstetric fistulas at the Fistula Center of Malalai Maternity Hospital.	Among 30 women with obstetric fistulas, the majority were: -20-37 years old (yo) -Married from 16-20 yo -First delivery of a child at 16-20 yo -Height of the woman <150 cm -Have had 1-4 parities -Duration of labor longer than one day -Live in remote or rural areas -Recto-vaginal fistulas
Women's knowledge of symptoms of obstetric fistula, experiences, and associated factors in Sierra Leone by Osborne et al., 2024.	Level IV, observational cross-sectional study, comprised of 15,574 reproductive women in Sierra Leon aged 15 to 49, surveying the factors associated with knowledge of obstetric fistula symptoms.	-Women in Sierra Leon with knowledge of obstetric fistula symptoms: 57.5% -Factors contributing to decreased knowledge of symptoms among women with a fistula: Young, limited education, limited access to media, less parities, never having had sex, smaller household size, living in the Western region
Awareness of obstetric fistula and associated factors among women in the reproductive age group attending public hospitals in southwest Ethiopia by Rundasa et al., 2021.	Level IV, institutional-based cross-sectional study that examined the education levels and awareness of obstetric fistulas in 413 women across five hospitals in southwest Ethiopia.	-Poor awareness of obstetric fistulas with 50% of women visiting hospitals in the southwest have not heard of obstetric fistulas. -Education plays a role in awareness and women who cannot read or write are 85% less likely to have awareness of the condition than women who have an education above the secondary level. -Women who have primary education level are 83% less likely to have awareness than women who are above the secondary level of education.
Building a country-wide Fistula Treatment Network (FTN) in Kenya: Results from the first six years (2014-2020) by Pollaczek et al., 2022.	Level IV, observational, longitudinal cohort study. This study illustrates the success of the integration of the fistula treatment model over the course of six years from 2014-2020.	-FTN has raised awareness, reduced stigma, and improved access to obstetric fistula care. -FTN supported 6,233 surgeries, expanded its reach to all 47 counties in Kenya. -FTN established a fistula training center, training 11 surgeons and 424 community health volunteers, and grew to 7 hospitals and 5 outreach organizations. -FTN strengthened both healthcare and community ties, improving care for women with obstetric fistulas.
The predictors of intent to prevent obstetric fistula recurrence among women with fistula in Ethiopia: A facility-based cross-sectional study by Hurissa et al., 2022.	Level IV, facility based cross-sectional study involving 478 women with obstetric fistulas at five treatment centers in the Addis Ababa and Oromia regions. The participants were women who were at five different stages in obstetric fistulas treatment. The purpose of this study was to prevent the occurrence of obstetric fistulas in women and to reduce the risk of recurrence in those who have already experienced one.	-The mean score of intent to prevent obstetric fistula for women was 27.27 +- (5.05 from the mean). -Results show that the intent to prevent obstetric fistulas was low, indicating an urgent need for further education for this population of reproductive-aged women in this region.
Prevalence and factors associated with the awareness of obstetric fistula among women of reproductive age in The Gambia: A multilevel fixed effects analysis by Faya et al., 2022.	Level IV, population-based-cross-sectional study that used data from the Gambia Demographic and Health Survey sampling 11,823 female patients of reproductive age. The questionnaire was given to women ages 15-49 years old surveying if they had any knowledge about obstetric fistulas or about the leakage of stool or urine from the vaginal canal after a difficult childbirth, sexual assault, or pelvic surgery.	-The prevalence of obstetric fistula awareness was 12.81%, -Women aged 45-49 results were 2.17%. -The researchers recommend from these findings reproducible health education on obstetric fistulas beyond the hospital setting, raising awareness in reproductive aged women.

CONCLUSIONS


- Overall, increasing education and advocating for access to proper healthcare in rural areas decreases the prevalence of obstetric fistulas.
- The majority of women with obstetric fistulas do not have previous knowledge of the symptoms.
- Improved access can reduce the occurrence of fistulas by reducing prolonged, obstructed labor, one of the main causes of obstetric fistulas and also allows for women experiencing this condition to receive a clinical diagnosis and be treated.



APPLICATION

- Additional resources for rural communities can be prioritized regarding proper healthcare.
- Nurses can educate their patients prior to becoming pregnant on the risk factors and signs and symptoms of this condition.
- With awareness by healthcare professionals comes awareness provided to patients.
- Nurses' compassion and education is essential for providing care to reduce the physical and mental suffering women with fistulas experience.

REFERENCES:



This work is not original. This is an evidence-based practice brief that includes published research conducted by professionals. Guidance was provided by Dr. Zuleyha Inceoz, Professor of NU 307: Evidence-Based Practice Research Methods.