Social Reintegration in Obstetric Fistula

Dr Gloria Esegbona, MSc, BSc, MRCOG, MBA

Presentation ISOFS 2010

Special mention:

Mr Musa Isa

Fistula Foundation Network, Nigeria

20 + years experience

What is it and do we need it?

Evidenced Based Medicine Search

Literature search:

- reintegration, rehabilitation, empowerment, followup, outcomes etc

Electronic databases

Web-based documents

Search facilities of web sites of international health and donor organizations

Cross referencing

Personal communication

Fistula Network.org

Not much found!!!

- Only one specific article
- Obstetric Fistula Working Group (IOFWG) 2006
- Best practice – Uganda, Nigeria, Tanzania, Bangladesh, Guinea
- Used openly without clarification
- Multi-faceted
- Depends on 'who' is being reintegrated and why?

- “I will be like the chicken – peeing and shitting from the same place” 16yr old on urinary diversion
- There are incurables in our records ..... more than 70% were operated by nonspecialists before they came to our attention”
- Women identified fertility and continued childbearing as central concerns.. The lived experience of Malawian women with obstetric fistula
- They count the number they have done ... But they have no interest in what happens after”


hidden
Obstetric
malnutrition
injuries
devastating
abandoned
footdrop
infections
bladder
faeces
childbirth injury
maternal death
undignified
low status
pressure
young
baby dies
vvf
poor
marginalized
leaking
illiterate
fistula
maternal injury
trauma
victim
girls
incontinent
woman
ignored
plague
outcast
complications
urine
vesicovaginal
poverty
death
rvf
developing world
shattering
stigma
poor obstetric care
rejected
injured
hole
rectovaginal
two million women
nerve damage
neglected
traumatic
Women
ostracized
shame
unfpa
loss of status
suffering
discrimination
incontinence
ulcerations
women
damaged

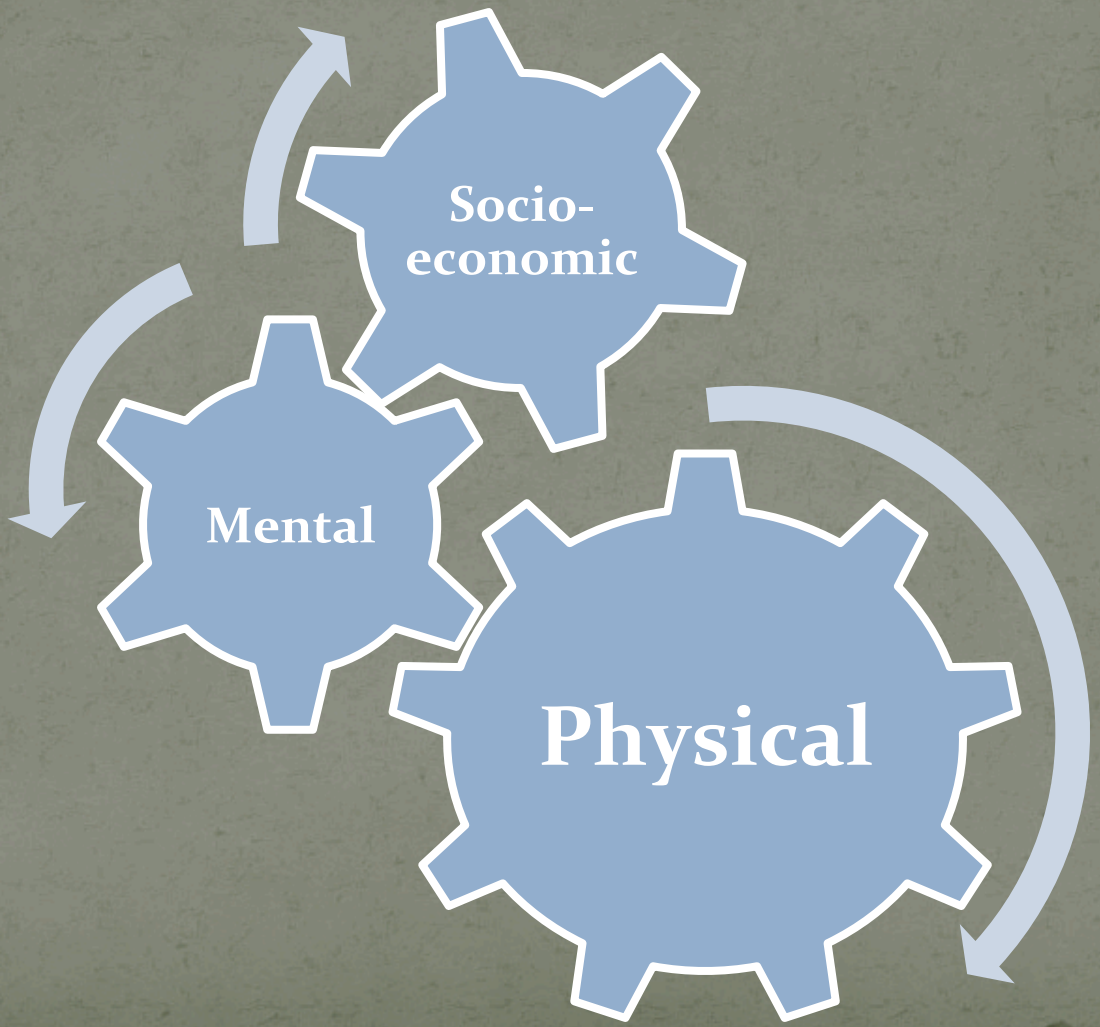
Recommendations

Definition

Social reintegration should be seen as appropriate interventions that help women with obstetric fistula overcome physical, psychological and socioeconomic challenges freely identified by themselves in order to enhance their return back to communities and social networks of their choosing, such that the risk that they will present with another fistula is minimized. (Grade D)

Aim

breaking the fistula recurrence-occurence cycle (D)



Who it involves

Social reintegration should be seen as happening from the time the leaking of unit becomes manifest and every subsequent intervention should have the reintegration of the woman back into her community as the primary goal. So it is the responsibility of everyone who cares for the woman (Grade D)

Social Reintegration Matrix (Esegbona et al)

Element	Level		
	Facility	**Community**	**Political**
Physical Improved physical health	**Early detection** **Rehabilitation** **Skilled surgeon** **Timely repair** **Designated space**	**Outreach** **Health education** **Follow up**	**Allocate funds for treatment**
Psychological Improved mental health	**Psychosocial therapy- e.g. counseling**	**Advocacy and sensitization** **Follow up**	**Raise awareness on issues of stigmatization.**
Socio-economic Increased social connection	**Vocational skill training** **Linkage with existing programs.**	**Microcredit or finance** **Follow up**	**Link up with ongoing national poverty alleviation programmes**

What it in involves – Physical 1

- Surgery is a key aspect of reintegration identified by most women as central to their reintegration as it usually closes the fistula and improves the chances of reintegration by improving the physical, social, economic and psychological health of affected women. (Grade C)

- It is crucial that repair of the fistula be performed by a skilled surgeon to ensure the best chance of success. (D)

What it in involves – Physical 2

Repair should be as soon as possible and preferably within 3 months of developing the fistula as this is likely to limit the length of time she is seen as abnormal by her family or community and thus perceived as an outcast. (Grade C)

Surgery is a key aspect of reintegration which needs outcome based results. Surgeons should consider the impact of surgery on reproductive performance with regard to menstruation, satisfactory coitus and childbearing and counsel appropriately. (D)

What it in involves – Physical 3

If possible the choice should be available for women to recuperate in a designated space rather than going home and encounter the risk of behaviours that may make it likely that a recurrence of fistula occurs due to an exacerbating physical event such as sexual intercourse and heavy work. Also helps with peer counselling. (D)

It is crucial that adequate follow-up is taken of each and every case for at least eight weeks to ensure that the surgeon has knowledge about the long-term contribution of their fistula repair to QOL improvement and social reintegration so they can adapt techniques accordingly.

What it in involves – Psychological 1

Serious consideration should be given to incorporating culturally appropriate counseling into services for surgical repair of obstetric fistula as it has the potential to improve the physical and mental well-being of women undergoing fistula repair and can help reduce the chance that they present with another fistula. (D)

What it in involves – Psychological 2

- Women should be counseled formally both pre-operatively and post-operatively to assess their knowledge about their fistula condition and its cause, and their behavioral intentions for health maintenance and social reintegration following surgical repair. (D)

- Women should be given specific information about their condition dispelling any myths and misperceptions surrounding the causes and consequences of obstetric fistula and its treatment, what to expect in terms of treatment and recovery, and how to care for themselves. So as to minimize behaviours that may make it likely that a recurrence of their fistula occurs.

What it in involves – Psychological 3

- Appropriate counselling messages should also be targeted at family members (including husbands) and the community. As this can be an opportunity for system change.(D)

- Counselling provides an opportunity for health providers to understand the social economic, psychological and physical realities of life before and after surgery faced by girls and women living with fistula so that they may rgive meaningful help. This will also help to generate knowledge on social reintegration processes and will help programmes consider a broadened range of outcomes of women living with fistula.

Women who are considerably younger or older than average and those whose fistula is inoperable will have specific counseling needs (D)

What it in involves - Socioeconomic

The care of women with OF should go beyond surgical treatment and should include support for sustainable reintegration into civilian life to prevent a new escalation of the problems that resulted in them developing a fistula. (C)

A reintegration program should target areas such as education, and vocational training, freely chosen and based on the interests of women in order to enhance their dignity, self-sufficiency and community inclusion.

What it in involves – Socioeconomic 2

Reintegration assistance can consist of initiatives to raise the status of the woman such as education and life skills, encouragement of private initiative through skills development and microcredit support. This economic integration will help women regain or improve their prior economic status and help them acquire the skill sets required to succeed in the community, will help in reestablishing the necessary contacts and relationships in the community and minimize the chances that they will return.

Levels of involvement

Social reintegration should involve close collaboration with the women's family from the outset and her community. As *working with them can reduce stigma surrounding the condition and ensure women are welcomed back into society. (Grade D)*

Whenever possible, a continuum of complete from the hospital to the community and from the pre-surgery period through to the community should be provided by linking institutional reintegration interventions services with community-based services.(D)

Levels of involvement

- Communities have a key role to play in the successful reintegration. However, specific strategies are required to mobilize, raise awareness, and sustain community interest and involvement so as to demystify the condition. (C)

- Reintegration can be scaled up by the use of motivational mobilisers in the form of former fistula women as this can contribute to community mobilization movements for safe motherhood, fistula case mapping and referrals for treatment. (D)

Levels of involvement

At the policy level, key components of reintegration could include the involvement of key ministries the establishment and maintenance of national coordination bodies and steering committees and engaging parliamentarians, especially women. As this can contribute to community mobilization movements for safe motherhood, fistula case mapping and referrals for treatment. And improvement in the status of women. (D)

Measuring impact 1

- It is important to develop evidence a broadened range of outcomes of women living with fistula as can be more varied than anticipated.
- Monitoring and evaluation should be an integral part of all reintegration programmes to collect evidence that that positive reintegration outcomes are attained.
- At a minimum there should be a review of individually defined success of *surgery and the outcomes thereof* including continence and return to fertility and/or sexual life as desired by the woman.

Measuring impact 2

- The success of social reintegration should be also measured by multiple perspectives from families, and community members. (D)

- A monitoring system should also focus on collecting information about actions and initiatives taken by different actors and agencies involved in reintegration. So that the paucity of empirical research can begin to be remedied and, in so doing used in the design and delivery of programs (B)

Challenges

"Disintegration & dependency"

Be careful not to increase the burden of stigma and therefore inadvertently impede reintegration. Of particular concern should be women who are still incontinent, those who are deemed incurable, those who have no children and those whom have lived with fistula for a long period of time (D)

"Disintegration & dependency"

- Programs should consider the potential ethical dilemmas in reintegration such as providing targeted financial support or high value goods to women with fistula in poor communities rather than as part of a specific economic empowerment programme, or linked to broader family and community development (C).

Benefits

Follow up, followup, followup

The importance of social reintegration should be recognized not just as a social tool but in ensuring that long-term follow-up of the postsurgical improvement in quality of life is done and reported on (C)

Research, Research, Research

Benefits

Follow up, followup, followup

- These assessments can provide insight into the capacities, gaps, and perspectives specific to each country regarding fistula prevention and treatment and the social reintegration of treated women. And the culturally appropriate channels for mobilising communities against obstetric fistula, stigmatization of victims, and for improving access and acceptability to health services. (C)

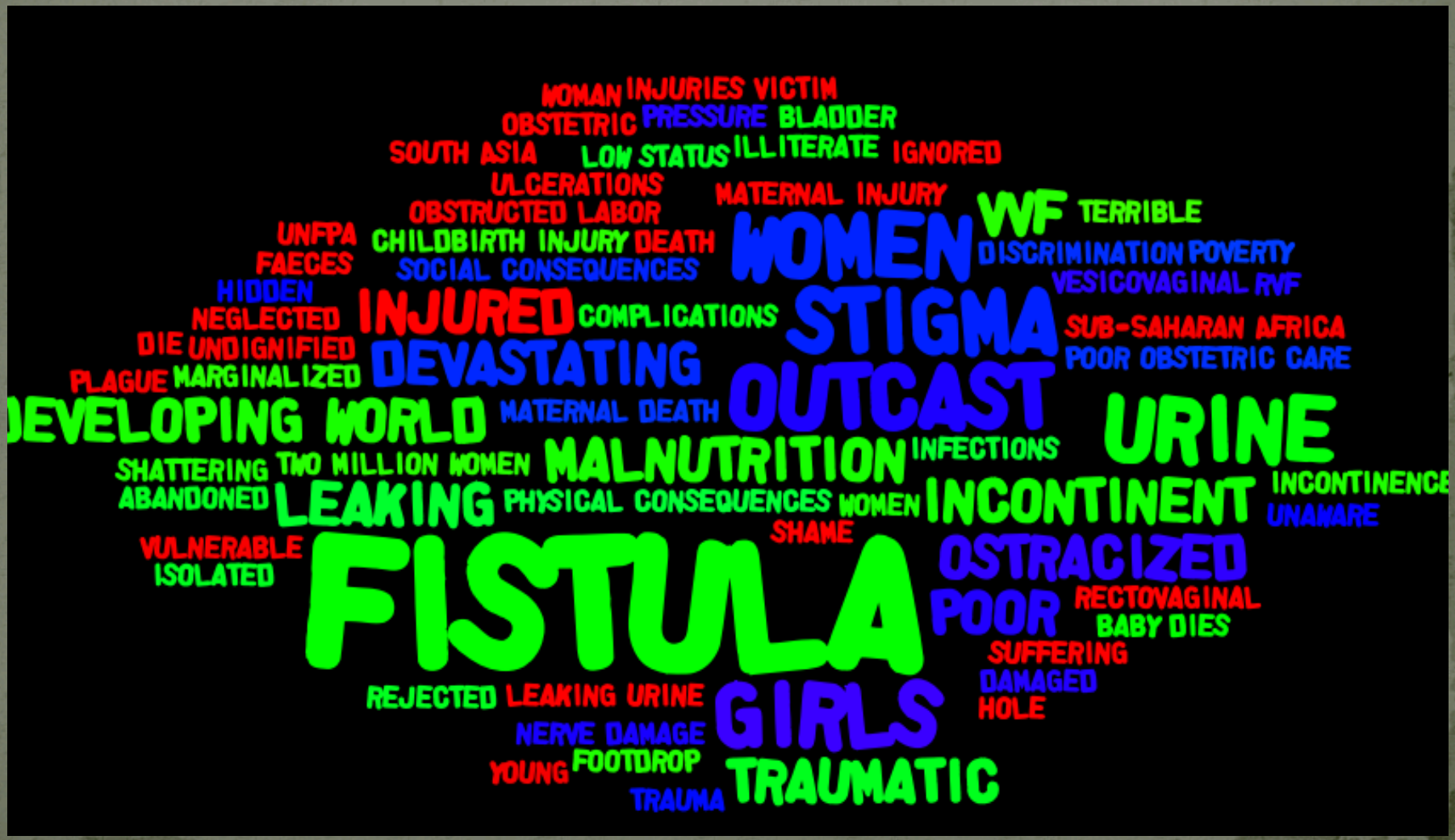
Conclusions

- ’ Not all women are outcasts or need reintegration
- Reintegration about facilitation - through, physical, psychological and socio-economic empowerment
- The goal is to break the occurrence and recurrence cycle in the community.
- Surgery is a key aspect which needs functional classification, the distinction between trained and skilled, and outcome based results.

About partnerships of people and institutions committed to equitable treatment of women. And that challenging underlying policies that create and perpetuate stigmatizing conditions and poverty.

Not all women are outcasts or need full reintegration.

With finite resources - best return on extremely vulnerable groups such as incurables.




fistula
girls
women
stigma
malnutrition
injured
ostracized
devastating
outcast
urine
leaking
vvf
incontinent
traumatic
poor
developing world
maternal injury
marginalized
unfpa
undignified
physical consequences
rectovaginal
plague
discrimination
Obstetric
two million women
Women
hidden
bladder
victim
maternal death
shattering
illiterate
social consequences
death
vesicovaginal
footdrop
baby dies
rejected
vulnerable
complications
South Asia
obstructed labor
nerve damage
young
neglected
injuries
damaged
abandoned
unaware
infections
faeces
incontinence
poverty
isolated
childbirth injury
poor obstetric care
sub-Saharan Africa
trauma
suffering
pressure
leaking urine
low status
ulcerations
ignored
shame
terrible