

Factors Influencing Obstetric Fistula among Women of Childbearing Age at Banadir Hospital, Somalia

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ABSTRACT

This study focuses on the factors influencing obstetric fistula among the women of childbearing age at Banadir hospital, Somalia. The specific objectives of the study include: to identify the factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Somalia, to assess the impact of obstetric fistula on the physical, emotional, and social well-being of affected women at Banadir Hospital in Somalia and to explore potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Somalia. The study also employed quantitative research approach research method to investigate the factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Somalia. The study utilised close-ended questionnaire instrument data collected from the respondents of the study was entered, coded, sorted, organized and analyzed using Statistical Package Software Science (SPSS) version 28. The findings of the study on factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Somalia which they include: lack of access to skilled obstetric care, poverty prevent women from seeking appropriate medical care during pregnancy and childbirth, lack of education, cultural and social factors, lack of access to clean water and sanitation and gender inequality. The impact of obstetric fistula on the physical, emotional, and social well-being of affected women at Banadir Hospital in Somalia include: chronic incontinence leading to foul-smelling leaks of urine and/or feces, which can cause skin irritation and infections, painful sores and ulcers in the genital area, malnutrition and dehydration due to difficulty in eating and drinking, chronic pelvic and abdominal pain, increased risk of reproductive health issues, including infertility and recurrent infections, feelings of shame, guilt, and isolation due to the stigma associated with obstetric fistula, depression, anxiety, and low self-esteem, loss of sense of self-worth and identity and trauma and social exclusion and discrimination from family, friends, and community members. The potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Somalia entail: increasing access to skilled birth attendance by providing more trained healthcare providers, improving access to emergency obstetric care by ensuring that women have access to timely and appropriate medical care during childbirth, promoting family planning and

contraception by empowering women to make informed choices about family planning and access to contraception, addressing cultural and social determinants by tackling underlying social norms and cultural practices that may contribute to obstetric fistula.

Keywords: *Obstetric fistula, Factors, Women of childbearing age, Banadir hospital, Somalia*

1. INTRODUCTION

Obstetric fistula is a devastating condition that affects thousands of women in Somalia. It is a hole between the birth canal and the bladder or rectum that is caused by prolonged and obstructed labor. Childbirth is a natural and joyous event in the life of a woman; however, for many women in developing countries, it can be a life-threatening experience. Obstetric fistula is one of the most devastating consequences of prolonged and obstructed labor, typically occurring in women without access to skilled obstetric care. Obstetric fistula is a hole between the vagina and the bladder or rectum that results in chronic incontinence of urine and/or feces. It is estimated that over two million women in developing countries are living with untreated obstetric fistula, with thousands of new cases occurring each year (Bangser, 2006).

Several factors have been identified in the literature as contributing to the development of obstetric fistula, including poverty, early marriage, lack of education, poor access to healthcare services, and cultural practices such as female genital mutilation (UNFPA, 2018). Additionally, studies have found that delays in seeking and receiving appropriate maternal healthcare can increase the risk of obstetric fistula (Wall et al., 2012). Understanding how these factors interact and contribute to the high prevalence of obstetric fistula in Somalia is crucial for developing targeted interventions to address the issue.

Obstetric fistula is a devastating condition that affects thousands of women in Somalia. It is a hole between the birth canal and the bladder or rectum that is caused by prolonged and obstructed labor. The factors influencing the prevalence of obstetric fistula among women of childbearing age in Somalia are complex and multi-faceted. According to a recent study by Ali et al. (2020), the prevalence of obstetric fistula in Somalia is alarmingly high, with an estimated 500 cases reported annually. The study found that several factors contribute to the high rates of obstetric fistula in Somalia, including poor access to maternal healthcare services, lack of skilled

birth attendants, and early marriage and childbirth among women. Another study by Ahmed et al. (2019) highlighted the role of poverty and lack of education in increasing the risk of obstetric fistula among Somali women. The study found that women from low socio-economic backgrounds are more likely to experience obstetric fistula due to limited access to healthcare services and lack of awareness about the condition.

In addition, cultural practices and beliefs also play a significant role in influencing the prevalence of obstetric fistula among Somali women. A study by Yusuf et al. (2018) found that traditional practices such as female genital mutilation and child marriage are common in Somalia and contribute to the increased risk of obstetric fistula among women.

Banadir Hospital, located in the capital city of Mogadishu, is one of the main referral hospitals in Somalia, where many women seek care for obstetric fistula. Despite efforts to prevent and treat obstetric fistula, the condition continues to affect a significant number of women in the country. Therefore, understanding the factors influencing obstetric fistula among women of childbearing age at Banadir Hospital is essential for developing effective prevention and treatment strategies. This study aims to investigate the factors influencing obstetric fistula among women of childbearing age at Banadir Hospital, Somalia. Specifically, the study will explore the socio-demographic characteristics of women with obstetric fistula, their access to maternal healthcare services, the presence of underlying medical conditions, and the quality of obstetric care received. By examining these factors, the study seeks to provide insights into the root causes of obstetric fistula in Somalia and inform interventions to prevent and treat the condition.

2. THE PURPOSE OF THE STUDY

This purpose of this study is to investigate the factors influencing obstetric fistula among the women of childbearing age at Banadir hospital, Somalia to provide insights into the root causes of obstetric fistula in Somalia and inform interventions to prevent and treat the condition.

2.1. Specific objectives

1. To identify the factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Somalia.

2. To assess the impact of obstetric fistula on the physical, emotional, and social well-being of affected women at Banadir Hospital in Somalia.
3. To explore potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Somalia.

3. THE LITERATURE REVIEW

3.1. Obstetric fistula

Obstetric fistula is a severe childbirth injury that affects millions of women worldwide, particularly in low-income countries where access to maternal healthcare is limited. The condition is characterized by an abnormal opening between the vagina and the bladder or rectum, resulting in continuous leakage of urine and/or feces. Obstetric fistula is a preventable and treatable condition, yet many women suffer in silence due to stigma and lack of access to appropriate medical care.

According to a study by Tuncalp et al. (2018), obstetric fistula is defined as "an abnormal communication between the urinary tract or rectum and the vagina that results in continuous and involuntary leakage of urine and/or feces." The authors emphasize the physical, emotional, and social consequences of obstetric fistula, including chronic pain, infection, social isolation, and economic hardship.

Another study by Muleta et al. (2019) provides a detailed description of obstetric fistula among women of childbearing age, highlighting the risk factors, clinical presentation, and management options for the condition. The authors stress the importance of early detection and timely intervention to prevent long-term complications and improve the quality of life for affected women.

In addition, a review by Wall et al. (2020) discusses the global burden of obstetric fistula and the challenges in addressing this complex public health issue. The authors call for increased investment in maternal healthcare infrastructure, provider training, and community outreach programs to prevent and treat obstetric fistula effectively.

3.2. Factors influencing obstetric fistula among the women of childbearing age

Obstetric fistula is a devastating childbirth injury that affects women, particularly in low-resource settings. Numerous factors have been identified as influencing the occurrence of obstetric fistula among women of childbearing age. Several studies have highlighted the significant role of sociodemographic factors, lack of access to maternal healthcare services, and traditional birthing practices in contributing to the occurrence of obstetric fistula among women.

One study by Mselle et al. (2020) conducted in Tanzania found that sociodemographic factors, such as young maternal age, low level of education, and poverty, were associated with an increased risk of developing obstetric fistula. The study emphasized the need for targeted interventions to address social determinants of health in order to prevent obstetric fistula in this population.

In addition to sociodemographic factors, lack of access to maternal healthcare services has been identified as a key factor influencing the occurrence of obstetric fistula. A study by Mpinga et al. (2021) in the Democratic Republic of Congo highlighted the challenges faced by women in accessing timely and quality obstetric care, which often results in complications such as obstetric fistula. The study called for improved access to maternal healthcare services, including skilled birth attendants and emergency obstetric care, to prevent obstetric fistula in this population.

Furthermore, traditional birthing practices have also been implicated in the development of obstetric fistula among women of childbearing age. A study by Ahmed et al. (2019) in Ethiopia found that harmful practices such as early marriage, female genital mutilation, and unskilled attendance at childbirth were associated with an increased risk of obstetric fistula. The study

recommended targeted interventions to address these harmful practices and promote safe childbirth practices to prevent obstetric fistula in this population.

In conclusion, the literature review highlights the multifactorial nature of obstetric fistula among women of childbearing age, with sociodemographic factors, lack of access to maternal healthcare services, and traditional birthing practices all playing a significant role in influencing the occurrence of this devastating childbirth injury. Addressing these factors through targeted interventions and improved access to maternal healthcare services is essential to prevent obstetric fistula and improve the reproductive health outcomes of women in low-resource settings.

3.3. The impact of obstetric fistula on the physical, emotional, and social well-being of affected women.

According to the study by Hailemariam Segni Abawollo et al. (2022) on obstetric fistula: physical, social, and psychological dimensions in a cohort of Ethiopian women which examined the physical, social, and psychological impact of obstetric fistula on a cohort of Ethiopian women. The researchers found that women with obstetric fistula experienced significant physical suffering, social exclusion, and emotional distress, highlighting the multifaceted nature of the condition's impact on affected women's well-being.

Similarly, according to the study Oliver Onuga et al. (2021) on the impact of obstetric fistula on women's emotional well-being in Uganda, the findings revealed that women affected by obstetric fistula experienced high levels of emotional distress, including feelings of shame, isolation, and depression. The study emphasized the need for comprehensive psychosocial support for women living with obstetric fistula to address their emotional well-being.

According to Wahaba et al. (2023) study on the obstetric fistula and social stigma: a systematic review of qualitative studies, the systematic review examined the social stigma associated with obstetric fistula based on qualitative studies. The researchers identified that women affected by obstetric fistula often faced social exclusion, discrimination, and stigma, which had detrimental effects on their emotional well-being and social interactions. The study underscored the importance of addressing social stigma as part of holistic care for women with obstetric fistula.

Lastly, a study by Chioma Nwosu et al. (2024) on the living with obstetric fistula: a qualitative study of women's experiences in Nigeria found that women affected by obstetric fistula faced significant physical challenges, such as chronic pain and incontinence, as well as emotional and social consequences, including feelings of shame and social isolation. The study highlighted the need for comprehensive support services to address the multifaceted impact of obstetric fistula on affected women's well-being.

In conclusion, recent literature highlights the complex and profound impact of obstetric fistula on the physical, emotional, and social well-being of affected women, underscoring the need for comprehensive and multidisciplinary care to address the various dimensions of the condition's impact.

3.3. The potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age

Obstetric fistula remains a significant public health concern, particularly in low-resource settings, where access to quality maternal healthcare is limited. This debilitating condition, characterized by an abnormal opening between the vagina and bladder or rectum, primarily affects women of childbearing age and can result in numerous physical and psychosocial complications. In recent years, there has been an increasing focus on identifying and implementing interventions and strategies to prevent and manage obstetric fistula.

One key intervention that has shown promise in preventing obstetric fistula is access to timely and quality maternal healthcare services. A study by Ali et al. (2020) emphasized the importance of antenatal care, skilled birth attendance, and emergency obstetric care in reducing the incidence of obstetric fistula. Similarly, a systematic review by Wilson et al. (2021) highlighted the impact of improving access to safe and timely cesarean sections in preventing obstetric fistula in high-risk pregnancies.

For women already living with obstetric fistula, there is a growing emphasis on the provision of comprehensive treatment and support services. A study by Moyo et al. (2023) highlighted the importance of multi-disciplinary approaches, including surgical repair, psychosocial support, and

reintegration programs, in improving outcomes and quality of life for women with obstetric fistula.

Furthermore, advancements in surgical techniques and technologies have also contributed to improving the management of obstetric fistula. A study by Ouedraogo et al. (2024) evaluated the outcomes of laparoscopic and robotic-assisted surgical repair for obstetric fistula, demonstrating promising results in terms of reducing complications and improving surgical outcomes.

In conclusion, the literature highlights the importance of a multi-faceted approach to preventing and managing obstetric fistula among women of childbearing age. This includes improving access to quality maternal healthcare services, implementing community-based interventions, providing comprehensive treatment and support services, and utilizing advancements in surgical techniques. Further research and collaboration are needed to continue addressing the challenges associated with obstetric fistula and ultimately improve the well-being of affected women.

4. METHODOLOGY

This study employed quantitative research approach research method to investigate the factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Somalia, the impact of obstetric fistula on the physical, emotional, and social well-being of affected women at Banadir Hospital in Somalia and the potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Somalia. A descriptive cross-sectional study was undertaken at Banadir Hospital in Mogadishu, Somalia, to examine the factors influencing obstetric fistula among the women of child bearing age at Banadir hospital, Mogadishu, Somalia. The study utilized Morgan and Krejcie 1970 sample size determination table and arrived at a sample size 52 willing participants out 60 of the population of the women targeted at Banadir Hospital in Somalia. The study utilised close-ended questionnaire instrument data collected from the respondents of the study was entered, coded, sorted, organized and analyzed using Statistical Package Software Science (SPSS) version 28.

5. THE RESULTS AND DISCUSSION

The results and discussion of the study in relation to the factors influencing obstetric fistula among the women of child bearing age at Banadir hospital, Mogadishu, Somalia entail the following:

5.1. Results:

5.1.1. Demographic variables of respondents

Table 5.1: Demographic Variables of Respondents

		Frequency	Percent
Valid	18-25 years	10	19.2
	26-35 years	28	53.8
	36-45 years	14	26.9
	Total years	52	100.0
Female	52	100.0	52
marital status	Married	45	86.5
	Divorced	5	9.6
	Widowed	2	3.8
	Total	52	100.0
	Education	No formal education	15
	Secondary Level	29	55.8
	University Level	8	15.4
	Total	52	100.0
Occupation	Employed	13	25.0
	Unemployed	39	75.0

	Total	52	100.0
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Source Primary data, February 2024.

The study revealed that the majority of respondents, 28 (53.8%), were aged between 26-35 years, with 14 (26.9%) falling in the same age group, and 10 (19.2%) falling in the 18-25 years age bracket. All 52 (100%) respondents in the gender group were female, indicating a majority of female participants. In terms of marital status, the study found that 45 (86.5%) were married, 5 (9.6%) were divorced, and 2 (3.8%) were widowed. In the education group, the majority of respondents, 29 (55.8%), had a secondary education, while 15 (28.8%) had no formal education, and 8 (15.4%) had a university degree. Within the occupation group, 39 (75.0%) were unemployed, while 13 (25.0%) were employed.

5.1.2. The factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Somalia.

The researcher sought to identify the factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Somalia. The findings of the study on the factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Mogadishu, Somalia are presented in table 4.9 below:

Table 5.2: The factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Mogadishu, Somalia.

NO	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
F1	Women who do not have access to skilled obstetric care during pregnancy and childbirth are at higher risk of developing obstetric fistula.	02 (3.8%)	01 (1.9%)	00 (00.0%)	37 (71.2%)	12 (23.1%)
F2	Prolonged obstructed labor is a major cause of obstetric fistula, because access to emergency obstetric care is limited.	02 (3.8%)	03 (5.7%)	00 (00.0%)	35 (67.3%)	12 (23.1%)

F3	Women who marry and become pregnant at a young age are more likely to experience complications during childbirth, including obstetric fistula.	01 (1.9%)	04 (7.7%)	00 (00.0%)	37 (71.2%)	10 (19.2%)
F4	Poverty prevent women from seeking appropriate medical care during pregnancy and childbirth, increasing their risk of developing obstetric fistula.	02 (3.8%)	02 (3.8%)	00 (00.0%)	35 (67.3%)	13 (25%)
F5	Women with lower levels of education are less likely to receive information about reproductive health and family planning, increasing their risk of complications during childbirth.	02 (3.8%)	01 (1.9%)	00 (0.00%)	37 (71.2%)	12 (23.1%)
F6	Societal norms and customs prevent women from seeking medical care or may contribute to delayed treatment for obstetric fistula.	02 (3.8%)	03 (5.7%)	00 (00.0%)	35 (67.3%)	12 (23.1%)
F7	Poor hygiene practices increase the risk of infection, which can lead to obstetric fistula.	04 (7.7%)	02 (3.8%)	00 (00.0%)	36 (69.3%)	10 (19.3%)
F8	Discriminatory practices and lack of autonomy for women hinder their ability to make decisions about their	03 (5.7%)	02 (3.8%)	00 (00.0%)	37 (71.2%)	11 (21.2%)

reproductive health and seek appropriate medical care.

Source: Primary Data, February 2024.

The results of the findings as indicated in Table 5.2 above show that 37 (71.2%) of the respondents agreed and 12 (23.1%) of the respondents strongly agreed that Women who do not have access to skilled obstetric care during pregnancy and childbirth are at higher risk of developing obstetric fistula, 35 (67.3%) of the respondents agreed and 12 (23.1%) strongly agreed that prolonged obstructed labor is a major cause of obstetric fistula, because access to emergency obstetric care is limited, 37 (71.2%) of the respondents and 10 (19.2%) strongly agreed that women who marry and become pregnant at a young age are more likely to experience complications during childbirth, including obstetric fistula, 35 (67.3%) of the respondents agreed and 13 (25%) strongly agreed that poverty prevent women from seeking appropriate medical care during pregnancy and childbirth, increasing their risk of developing obstetric fistula.the organization's employee level is taken into consideration when developing the training content or curriculum, 37 (71.2%) of the respondents agreed and 12 (23.1%) strongly agreed that women with lower levels of education are less likely to receive information about reproductive health and family planning, increasing their risk of complications during childbirth, 35 (67.3%) of the respondents agreed and 12 (23.1%) strongly agreed that societal norms and customs prevent women from seeking medical care or may contribute to delayed treatment for obstetric fistula, 36 (69.3%) of the respondents agreed and 10 (19.3%) strongly agreed that poor hygiene practices increase the risk of infection, which can lead to obstetric fistula and lastly, 37 (71.2%) of the respondents agreed and 11 (21.2%) strongly agreed that discriminatory practices and lack of

autonomy for women hinder their ability to make decisions about their reproductive health and seek appropriate medical care.

5.1.3. The potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Mogadishu, Somalia.

The researcher sought to assess the impact of obstetric fistula on the physical, emotional, and social well-being of affected women at Banadir Hospital in Mogadishu, Somalia. The findings of the study on the assess the impact of obstetric fistula on the physical, emotional, and social well-being of affected women at Banadir Hospital in Mogadishu, Somalia are presented in table 4.8 below:

Table 5.3: The impact of obstetric fistula on the physical, emotional, and social well-being of affected women at Banadir Hospital in Mogadishu, Somalia.

NO	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
M1	Chronic incontinence leading to foul-smelling leaks of urine and/or feces, which can cause skin irritation and infections.	02 (3.8%)	02 (3.8%)	01 (1.9%)	35 (67.3%)	12 (23.1%)
M2	Painful sores and ulcers in the genital area.	02 (3.8%)	01 (1.9%)	00 (0.00%)	37 (71.2%)	12 (23.1%)
M3	Malnutrition and dehydration due to difficulty in eating and drinking.	03 (5.7%)	02 (3.8%)	01 (1.9%)	35 (67.3%)	11 (21.2%)
M4	Chronic pelvic and abdominal pain.	03 (5.7%)	03 (5.7%)	00 (0.00%)	37 (71.2%)	09 (17.3%)

M5	Increased risk of reproductive health issues, including infertility and recurrent infections.	02 (3.8%)	02 (3.8%)	00 (0.00%)	38 (73.1%)	10 (19.2%)
M6	Increased risk of reproductive health issues, including infertility and recurrent infections.	02 (3.8%)	03 (5.7%)	00 (0.00%)	35 (67.3%)	12 (23.1%)
M7	Feelings of shame, guilt, and isolation due to the stigma associated with obstetric fistula.	04 (7.7%)	02 (3.8%)	01 (1.9%)	37 (71.2%)	08 (15.4%)
M8	Depression, anxiety, and low self-esteem.	03 (5.7%)	02 (3.8%)	03 (5.7%)	35 (67.3%)	09 (17.3%)
M9	Loss of sense of self-worth and identity among the affected women.	02 (3.8%)	03 (5.7%)	01 (1.9%)	34 (65.4%)	12 (23.1%)
M10	Trauma from the experience of obstetric fistula and the conditions surrounding it.	02 (3.8%)	03 (5.7%)	00 (00.0%)	36 (69.3%)	11 (21.2%)
M11	Social exclusion and discrimination from family, friends, and community members.	02 (3.8%)	02 (3.8%)	00 (00.0%)	39 (75%)	09 (17.3%)
M12	Loss of social support and relationships.	01 (1.9%)	02 (3.8%)	00 (00.0%)	34 (65.4%)	05 (9.6%)
M13	Marginalization and lack of access to healthcare services, including treatment for obstetric fistula.	02 (3.8%)	04 (7.7%)	00 (00.0%)	35 (67.3%)	11 (21.2%)

Source: Primary Data, February 2024.

The results of the findings in 5.3 above indicated that 35 (67.3%) of the respondents agreed and 12 (23.1%) strongly agreed that chronic incontinence leading to foul-smelling leaks of urine and/or feces, which can cause skin irritation and infections is an impact of obstetric fistula, 37 (71.2%) of the respondents agreed and 12 (23.1%) strongly agreed that painful sores and ulcers in the genital area is an impact of obstetric fistula, 35 (67.3%) of the respondents agreed and 11 (21.2%) strongly agreed that another impact of obstetric fistula on the affected women is malnutrition and dehydration due to difficulty in eating and drinking, 37 (71.2%) of the respondents agreed and 09 (17.3%)²³ strongly agreed that chronic pelvic and abdominal pain is also another impact of obstetric fistula on the affected women, 38 (73.1%) of the respondents agreed and 10 (19.2%) strongly agreed that increased risk of reproductive health issues, including infertility and recurrent infections is another impact of obstetric fistula on the affected women, 35 (67.3%) of the respondents agreed and 12 (23.1%) strongly agreed that increased risk of reproductive health issues, including infertility and recurrent infections is another , 37 (71.2%) of the respondents agreed and 08 (15.4%) strongly agreed that feelings of shame, guilt, and isolation due to the stigma associated with obstetric fistula, 35 (67.3%) of the respondents agreed and 09 (17.3%) strongly agreed that depression, anxiety, and low self-esteem is an impact of obstetric fistula on the affected women, 34 (65.4%) of the respondents agreed and 12 (23.1%) strongly agreed that loss of sense of self-worth and identity among the affected women is an impact of obstetric fistula on the affected women, 36 (69.3%) of the respondents agreed and 11 (21.2%) strongly agreed that trauma from the experience of obstetric fistula and the conditions surrounding it is an impact of obstetric fistula on the affected women, 39 (75%) of the respondents agreed and 09 (17.3%) strongly agreed that social exclusion and discrimination from family, friends, and community members is an impact of obstetric fistula on the affected women, 34 (65.4%) of the respondents agreed and 05 (9.6%) strongly agreed that loss of social support

and relationships is an impact of obstetric fistula on the affected women and lastly 35 (67.3%) of the respondents strongly agreed and 11 (21.2%) strongly agreed that marginalization and lack of access to healthcare services, including treatment for obstetric fistula.

5.1.4. The potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Somalia.

The researcher sought to explore the potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Mogadishu, Somalia. The findings of the study on the potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital, Mogadishu, Somalia are presented in table 4.9 below:

Table 5.4: The potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Mogadishu, Somalia.

NO	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
C1	Increasing access to skilled birth attendance by providing more trained healthcare providers, particularly midwives and obstetricians, in rural areas where obstetric fistula rates are higher.	02 (3.8%)	04 (7.7%)	00 (0.0%)	36 (69.3%)	10 (19.2%)
C2	Improving access to emergency obstetric care by ensuring that women have access to timely and appropriate medical care during childbirth.	04 (7.7%)	02 (3.8%)	00 (00.0%)	35 (67.3%)	11 (21.2%)
C3	Promoting family planning and contraception by empowering women to make informed choices about family	04 (7.7%)	02 (3.8%)	00 (00.0%)	37 (71.2%)	09 (17.3%)

	planning and access to contraception.					
C4	Addressing cultural and social determinants by tackling underlying social norms and cultural practices that may contribute to obstetric fistula, such as early marriage, lack of education, and gender inequality.	02 (3.8%)	02 (3.8%)	00 (00.0%)	35 (67.3%)	13 (25%)
C5	Providing comprehensive obstetric care by ensuring that pregnant women have access to antenatal care, skilled birth attendance, and postnatal care to help detect and manage complications early on.	02 (3.8%)	03 (5.7%)	00 (0.00%)	37 (71.2%)	10 (19.2%)
C6	Offering psychosocial support by providing counseling and support services to women who have experienced obstetric fistula to help them recover physically and emotionally from this traumatic condition.	02 (3.8%)	03 (5.7%)	00 (00.0%)	34 (65.4%)	13 (25%)
C7	Raising awareness through educating communities about the causes, symptoms, and consequences of obstetric fistula to help reduce stigma and encourage women to seek timely medical care.	04 (7.7%)	02 (3.8%)	00 (00.0%)	36 (69.3%)	10 (19.2%)
C8	Strengthening health systems by investing in healthcare infrastructure, equipment, and	03 (5.7%)	02	00	37	11

training to help improve the quality of obstetric care and prevent obstetric fistula from occurring.	(3.8%)	(00.0%)	(71.2%)	(21.2%)
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Source: Primary Data, February 2024.

The results of the findings as indicated in Table 5.4 above show that 36 (69.3%) of the respondents agreed and 10 (19.2%) of the respondents strongly agreed that increasing access to skilled birth attendance by providing more trained healthcare providers, particularly midwives and obstetricians, in rural areas where obstetric fistula rates are higher, 35 (67.3%) of the respondents agreed and 11 (21.2%) strongly agreed that improving access to emergency obstetric care by ensuring that women have access to timely and appropriate medical care during childbirth, 37 (71.2%) of the respondents and 09 (17.3%) strongly agreed that promoting family planning and contraception by empowering women to make informed choices about family planning and access to contraception, 35 (67.3%) of the respondents agreed and 13 (25%) strongly agreed that addressing cultural and social determinants by tackling underlying social norms and cultural practices that may contribute to obstetric fistula, such as early marriage, lack of education, and gender inequality, 37 (71.2%) of the respondents agreed and 10 (19.2%) strongly agreed that providing comprehensive obstetric care by ensuring that pregnant women have access to antenatal care, skilled birth attendance, and postnatal care to help detect and manage complications early on, 34 (65.4%) of the respondents agreed and 13 (25%) strongly agreed that offering psychosocial support by providing counseling and support services to women who have experienced obstetric fistula to help them recover physically and emotionally from this traumatic condition, 36 (69.3%) of the respondents agreed and 10 (19.2%) strongly agreed that raising awareness through educating communities about the causes, symptoms, and

consequences of obstetric fistula to help reduce stigma and encourage women to seek timely medical care and lastly, 37 (71.2%) of the respondents agreed and 11 (21.2%) strongly agreed that strengthening health systems by investing in healthcare infrastructure, equipment, and training to help improve the quality of obstetric care and prevent obstetric fistula from occurring.

5.2. Discussion of the findings

The findings of the study on the factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Somalia revealed that approximately 92% of the respondents agreed that the factors that contribute to obstetric fistula among women of childbearing age at Banadir Hospital in Somalia include: lack of access to skilled obstetric care, poverty prevent women from seeking appropriate medical care during pregnancy and childbirth, lack of education, cultural and social factors, lack of access to clean water and sanitation and gender inequality. These findings are consistent with Mselle et al. (2020) study conducted in Tanzania found that sociodemographic factors, such as young maternal age, low level of education, and poverty, were associated with an increased risk of developing obstetric fistula. The study emphasized the need for targeted interventions to address social determinants of health in order to prevent obstetric fistula in this population. Similarly, a study by Ahmed et al. (2019) in Ethiopia found that harmful practices such as early marriage, female genital mutilation, and unskilled attendance at childbirth were associated with an increased risk of obstetric fistula.

The findings of the study on the impact of obstetric fistula on the physical, emotional, and social well-being of affected women at Banadir Hospital in Somalia 91% of the respondents agreed that the impact of obstetric fistula on the physical, emotional, and social well-being of affected women at Banadir Hospital in Somalia include: chronic incontinence leading to foul-smelling leaks of urine and/or feces, which can cause skin irritation and infections, painful sores and ulcers in the genital area, malnutrition and dehydration due to difficulty in eating and drinking, chronic pelvic and abdominal pain, increased risk of reproductive health issues, including infertility and recurrent infections, feelings of shame, guilt, and isolation due to the stigma associated with obstetric fistula, depression, anxiety, and low self-esteem, loss of sense of self-worth and identity and trauma from the experience of obstetric fistula and the conditions

surrounding it, social exclusion and discrimination from family, friends, and community members, loss of social support and relationships and Marginalization and lack of access to healthcare services, including treatment for obstetric fistula. These findings are in line with Hailemariam Segni Abawollo et al. (2022), who found that women with obstetric fistula experienced significant physical suffering, social exclusion, and emotional distress, highlighting the multifaceted nature of the condition's impact on affected women's well-being. Additionally, a study by Oliver Onuga et al. (2021) revealed that women affected by obstetric fistula experienced high levels of emotional distress, including feelings of shame, isolation, and depression.

Lastly, the findings of the study on potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Somalia revealed that the potential interventions and strategies to prevent and manage obstetric fistula among women of childbearing age at Banadir Hospital in Somalia entail: increasing access to skilled birth attendance by providing more trained healthcare providers, improving access to emergency obstetric care by ensuring that women have access to timely and appropriate medical care during childbirth, promoting family planning and contraception by empowering women to make informed choices about family planning and access to contraception, addressing cultural and social determinants by tackling underlying social norms and cultural practices that may contribute to obstetric fistula, providing comprehensive obstetric care by ensuring that pregnant women have access to antenatal care, skilled birth attendance, and postnatal, Offering psychosocial support by providing counseling and support services to women who have experienced obstetric fistula, raising awareness through educating communities about the causes, symptoms, and consequences of obstetric fistula and lastly strengthening health systems by investing in healthcare infrastructure, equipment, and training to help improve the quality of obstetric care and prevent obstetric fistula from occurring. The findings of this study are in line with the study by Ali et al. (2020) emphasized the importance of antenatal care, skilled birth attendance, and emergency obstetric care in reducing the incidence of obstetric fistula. Similarly, a systematic review by Wilson et al. (2021) highlighted the impact of improving access to safe and timely cesarean sections in preventing obstetric fistula in high-risk pregnancies.

Additionally, a study by Moyo et al. (2023) highlighted the importance of multi-disciplinary approaches, including surgical repair, psychosocial support, and reintegration programs, in improving outcomes and quality of life for women with obstetric fistula.

6. CONCLUSION

A study on obstetric fistula among women at Banadir Hospital in Somalia found poverty, lack of education, and limited access to skilled care during pregnancy and childbirth contribute to the condition. Women with fistula experience incontinence, infections, social isolation, and depression. The study suggests increasing access to skilled birth attendants, promoting family planning, and improving access to healthcare as ways to prevent and manage fistula.

Conflict of Interest

Author declares no conflict of interest

Ethical Approval

The ethical committee of Horseed International University has reviewed and approved the study.

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In addition to improving access to maternal healthcare services, there have been efforts to enhance obstetric fistula prevention through community-based interventions. A study by Gebremichael et al. (2022) explored the role of community health workers in educating women about the importance of antenatal care and facilitating timely referrals for obstetric complications, including obstructed labor, which can lead to obstetric fistula.

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