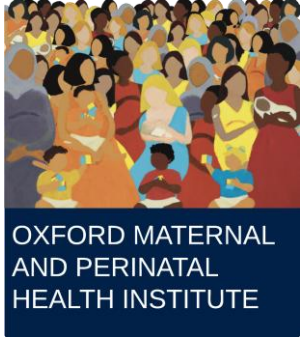

Obstetric Fistula

Module 4
Social Reintegration

2024 update

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Course Outline:

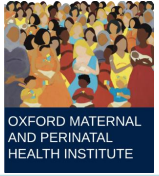
Module 1. Definition, Epidemiology, Pathogenesis, Causes, Risk Factors, and Prevention of Obstetric Fistula

Module 2. Diagnosis and Classification of Obstetric Fistula

Module 3. Management of Obstetric Fistula

Module 4. Social Reintegration

Module 5. Sexual Health and Obstetric Fistula



By the end of this module, the learner should be able to:

- Understand the importance of social integration
- Examine in detail the components of integration
- Understand the levels of integration through the social integration matrix
- Analyze, challenge, critique or discuss the current evidence on any of the subtopics covered in the module, with the aim of improving research geared towards eradication of the problem.

Social reintegration: Introduction (1)

Social integration is defined as:

"*Appropriate interventions that help women with obstetric fistula overcome physical, psychological and socio-economic challenges, freely identified by themselves, in order to enhance their return to the communities and social networks of their choosing, such that the risk of them presenting with another fistula is minimized*" (Abrams 2013).

Many women report improved quality of life and reintegration into society after successful repair of obstetric fistula. There is however a proportion in which the repair fails. Long term follow-up of patients who have undergone repair is therefore an important aspect of the fistula program.

After treatment, women often go back to the communities from which they came. They could be concerned about issues such as going back to work, resumption of sexual intercourse with the spouse and future reproductive function. These women could also be considered as ambassadors in the community, and as peer educators.

Abrams P, De Ridder D, De Vries C, Elneil S, Emasu A, Esegbono G, Gueye S, Hilton P, Mohammad R, Mourad S, Muleta M, Pickard R, Rovner E, Stanford E. Fistula. In: Incontinence: 5th International Consultation on Incontinence, Paris February, 2012. Paris: ICUD-EAU; 2013. 5th Ed. p. 1529-82.
Johnson KA, Turan JM, Hailemariam L, Mengsteab E, Jena D, Polan ML. The role of counseling for obstetric fistula patients: lessons learned from Eritrea. Patient Educ Couns. 2010 Aug;80(2):262-5.

Social reintegration: Introduction (2)

Thus, patients need adequate pre-operative counselling and education aimed at improving their psychological being and physical health. A holistic care approach that addresses not only the fistula and associated health problems, but also the emotional and economic well-being of the patient, is therefore recommended in fistula treatment (FIGO 2022).

Through a counselling program in Eritrea, self-esteem for women with fistula significantly improved, they were more willing to be around others, and were willing to practice healthy behavior, and talk to their families and the community about fistula (Johnson 2010).

Due to the scarcity of resources, long-term follow-up is virtually non-existent in many settings, and patients' rehabilitation and community reintegration are difficult to accomplish (Ahmed 2007, Creanga 2007).

Reintegration, apart from restoring a woman's physical, psychosocial and economic state before fistula, should aim at improving all three, in order to prevent the vicious cycle. A matrix has been suggested, highlighting the various levels of integration (Abrams 2013) (see Fig. 4.1).

Abrams P, De Ridder D, De Vries C, Elneil S, Emasu A, Esegbono G, Gueye S, Hilton P, Mohammad R, Mourad S, Muleta M, Pickard R, Rovner E, Stanford E. Fistula. In: Incontinence: 5th International Consultation on Incontinence, Paris February, 2012. Paris: ICUD-EAU; 2013. 5th Ed. p. 1529-82.
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Figure 4.1: Reintegration Matrix (Abrams 2013)

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. stigmatisation	Advocacy and sensitisation Follow up	Raise awareness on issues of counselling
Socio-economic Increased social connection	Vocational skill training Linkage with Existing programmes	Microcredit or finance Follow up	Link up with ongoing national poverty alleviation programmes

Abrams P, De Ridder D, De Vries C, Elneil S, Emasu A, Esegbono G, Gueye S, Hilton P, Mohammad R, Mourad S, Muleta M, Pickard R, Rovner E, Stanford E. Fistula. In: Incontinence: 5th International Consultation on Incontinence, Paris February, 2012. Paris: ICUD-EAU; 2013. 5th Ed. p. 1529-82.

Recommendations in reintegration: 5th International Consultation on Incontinence (1)

Social reintegration is important for all women with obstetric fistula. It is the process by which women learn, with help, how to overcome physical, psychological and socioeconomic challenges, freely identified by themselves, in order to enhance their level of social functioning in communities and social networks of their choosing, so that the risk of having another fistula is minimized.

Social reintegration should be used for all women. However, this series of interventions can be performed by any trained care worker, providing it focuses on making the woman part of her social fabric again, or the one she chooses given that some women might not wish to go back home for a variety of reasons, and commences from the time leaking of urine becomes manifest.

Social reintegration should be designed to break the fistula recurrence cycle in which the woman's physical state is inextricably connected to her mental state and her socio-economic situation.

Early successful surgical repair or catheter management is highly recommended and is likely to be the only thing needed for social reintegration. Surgery should be performed as soon as possible by a skilled surgeon, and preferably within 3 months of developing the fistula, as this is likely to limit the length of time the woman is stigmatized by her family or community and thus perceived as an outcast.

Abrams P, De Ridder D, De Vries C, Elneil S, Emasu A, Esegbono G, Gueye S, Hilton P, Mohammad R, Mourad S, Muleta M, Pickard R, Rovner E, Stanford E. Fistula. In: Incontinence: 5th International Consultation on Incontinence, Paris February, 2012. Paris: ICUD-EAU; 2013. 5th Ed. p. 1529-82.

Recommendations in reintegration: 5th International Consultation on Incontinence (2)

Social reintegration should start in a designated space where women can recuperate, perhaps within the repair facility or nearby, rather than going home and encountering risky behaviors which may make it more likely for fistula to reoccur, either due to an exacerbating physical event such as early sexual intercourse or heavy work. Also, peer counseling is more likely to be available in this space.

Surgeons and other care workers should consider social reintegration as not just a social tool but also as a means of ensuring that adequate follow-up of the postsurgical improvement in quality of life is done and reported on. At the least, there should be a review of individually defined success of surgery and surgical outcomes, including continence and return to fertility and/or sexual life, as desired by the woman.

Appropriate counseling messages about the risk factors and causes associated with fistula should be targeted at family members (including husbands) and the community, as this can help to overcome the stigma, discrimination and misconceptions surrounding the condition and enhance her community inclusion. There is then an opportunity to make changes so that the woman does not present with another fistula in the future.

Counseling should be seen as an opportunity for health providers to understand the socioeconomic, psychological and physical experiences that are faced by girls and women living with fistula, before and after surgery, so that they may give meaningful help. This will also help to generate knowledge on social reintegration processes and will help in the planning of a broader range of outcomes for women living with fistula.

Abrams P, De Ridder D, De Vries C, Elneil S, Emasu A, Esegbono G, Gueye S, Hilton P, Mohammad R, Mourad S, Muleta M, Pickard R, Rovner E, Stanford E. Fistula. In: Incontinence: 5th International Consultation on Incontinence, Paris February, 2012. Paris: ICUD-EAU; 2013. 5th Ed. p. 1529-82.

Recommendations in reintegration: 5th International Consultation on Incontinence (2)

Social reintegration should include assistance with education and life skills, and encouragement of private initiatives through vocational skills development and microcredit support. If this is freely chosen, it will not keep a woman away from her community unduly, and will help her regain or improve her previous economic status and enhance her self-sufficiency and community inclusion.

Social reintegration should include vocational skills training with the aim of providing women with alternative ways to generate income, without jeopardizing their recuperation, by teaching them a trade which is economically viable within their community.

Institutional reintegration services should be incorporated into existing community activities or programmes directed to empower women (e.g. education, skills training, income generation, self-esteem).

Reintegration programmes should develop criteria to determine where support with socioeconomic interventions should be given, as funds may be limited and fistula consequences can vary dramatically by country and region. They should also 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 who have lived with fistula for a long period of time.

Abrams P, De Ridder D, De Vries C, Elneil S, Emasu A, Esegbono G, Gueye S, Hilton P, Mohammad R, Mourad S, Muleta M, Pickard R, Rovner E, Stanford E. Fistula. In: Incontinence: 5th International Consultation on Incontinence, Paris February, 2012. Paris: ICUD-EAU; 2013. 5th Ed. p. 1529-82.

Recommendations in reintegration: 5th International Consultation on Incontinence (3)

Social reintegration programmes need to consider the potential ethical dilemmas in reintegration such as providing targeted financial support or high value goods to women with fistula in poor communities, other than as part of a community approach.

Social reintegration should seek to involve women who have been successfully reintegrated into their communities. These women can be termed motivational mobilisers and can contribute to community mobilization movements for safe motherhood, fistula case mapping and referrals for treatment.

Abrams P, De Ridder D, De Vries C, Elneil S, Emasu A, Esegbono G, Gueye S, Hilton P, Mohammad R, Mourad S, Muleta M, Pickard R, Rovner E, Stanford E. Fistula. In: Incontinence: 5th International Consultation on Incontinence, Paris February, 2012. Paris: ICUD-EAU; 2013. 5th Ed. p. 1529-82.

Module 4 knowledge tests

Answer 'True' or 'False'

1 Social reintegration should empower women to make decisions on whether to go back to the community or not.

2 Women with obstetric fistula can easily reintegrate into the community once the repair is successful and a specific reintegration program is therefore not necessary.

3 Social reintegration should also help the health worker in better understanding the needs of patient with obstetric fistula in order to better provide mental and physical care to them.

4 Socioeconomic empowerment of women who have had fistula repair includes vocational training and provision of microcredit.

5 A woman who has been successfully reintegrated is an asset in the reintegration program.

Answers to Module 4 knowledge tests

Question 1

Social reintegration should empower women to make decisions on whether to go back to the community or not.

Answer: True

Women often go back to the communities from which they came. However, they could be concerned about issues such as going back to work, resumption of sexual intercourse with the spouse and future reproductive function. In some instances, the community may not be a safe space, for example in cases where the fistula was a result of sexual gender-based violence.

Question 2

Women with obstetric fistula can easily reintegrate into the community once the repair is successful and a specific reintegration program is therefore not necessary.

Answer: False

Social reintegration is important for all women with obstetric fistula. Through this, the women learn, with help, how to overcome physical, psychological and socioeconomic challenges, freely identified by themselves, in order to enhance their level of social functioning in communities.

Question 3

Social reintegration should also help the health worker in better understanding the needs of patient with obstetric fistula in order to better provide mental and physical care to them.

Answer: True

Surgeons and other care workers should consider social reintegration as not just a social tool but also as a means of ensuring that adequate follow-up of the postsurgical improvement in quality of life is done and reported on.

Answers to Module 4 knowledge tests

Question 4

Socioeconomic empowerment of women who have had fistula repair includes vocational training and provision of microcredit.

Answer: True

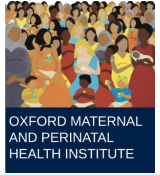
Obstetric fistula often leads to loss of livelihoods by survivors. Therefore, social reintegration should include vocational skills training with the aim of providing women with alternative ways to generate income, without jeopardizing their recuperation, by teaching them a trade which is economically viable within their community.

Question 5

A woman who has been successfully reintegrated is an asset in the reintegration program.

Answer: True

Amongst other things, the women could also be considered as ambassadors in the community, and as peer educators in the fight against obstructed labour and obstetric fistula.



You have completed this module; you should now be able to:

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- Examine in detail the components of integration
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References

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