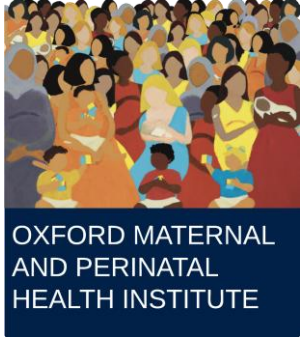

Obstetric Fistula

Module 5
Sexual Health and Obstetric Fistula

2024 update

Acknowledgment

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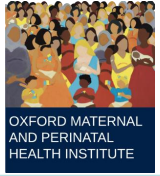

Course Outline:

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:

- Define sexual health and sexuality, and know the factors influencing sexuality
- Understand the effect of obstetric fistula on sexual health
- Illustrate the multifactorial aspects of sexual dysfunction among OF patients
- Describe how to manage sexual dysfunction in OF and understand the need for holistic care

Sexual health and sexuality

Sexual health

According to WHO working definition, sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexuality

Sexuality is defined as a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Although sexuality can include all of these dimensions, not all of them are always experienced or expressed.

Sexuality underlies important behaviours and outcomes related to sexual health. Therefore, the definition, understanding and operationalization of sexual health require a broad consideration of sexuality.

Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.

World Health Organization. Defining sexual health. WHO, n.d. [cited 2024 May 28].

Effect of obstetric fistula on sexual health (1)

Female sexual dysfunction can be categorized into:

- Hypoactive sexual desire disorder (HSDD): Lack of interest in sexual activity
- Arousal disorder: Difficulty becoming aroused
- Orgasmic disorder: Difficulty reaching orgasm
- Sexual pain disorder: Involuntary tightening of the muscles around the vagina (vaginismus) or pain during sexual activity (dyspareunia)

Beyond the physical health issues, obstetric fistula significantly impacts a woman's sexual health, affecting her intimate relationships, as well as her emotional and social well-being (UNFPA 2022). Up to 40% of women reported sexual problems after developing vesicovaginal fistula in a study by Pope (2018). Women with large fistulas (> 3 cm diameter) and vaginal stenosis were statistically more likely to report sexual dysfunction (Pope 2018).

El Ayadi (2023) also showed that patient-reported fistula-related sexual dysfunction is common, and most women mentioned dissatisfaction with their sexual lives and significant loss of sexual interest or pleasure at the time of fistula surgery.

El Ayadi AM, Nalubwama H, Miller S, Mitchell A, Korn AP, Chen CCG, Byamugisha J, Painter C, Obore S, Barageine JK. Women's sexual activity and experiences following female genital fistula surgery. J Sex Med. 2023 Apr 27;20(5):633-44.
Pope R, Ganesh P, Chalamanda C, Nundwe W, Wilkinson J. Sexual Function Before and After Vesicovaginal Fistula Repair. J Sex Med. 2018 Aug;15(8):1125-32.
United Nations Population Fund. Obstetric fistula. UNFPA, 2022 May 23.
Weinberger JM, Houman J, Caron AT, Patel DN, Baskin AS, Ackerman AL, Eilber KS, Anger JT. Female Sexual Dysfunction and the Placebo Effect: A Meta-analysis. Obstet Gynecol. 2018 Aug;132(2):453-458.

Effect of obstetric fistula on sexual health (2)

While sexual dysfunction improves for most women across time following repair, many still experience sexual dissatisfaction. In the study by El Ayadi et al. (2023), pain and loss of pleasure had decreased among study participants by 12 months post-surgery, but approximately half of them continued to report dissatisfaction.

Women's resumption of sexual activity and dysfunction after surgery depends on fistula type, time lived with fistula, postoperative scarring, relationship status, and partner support (El Ayadi 2023).

Dyspareunia, leakage of urine during sexual intercourse, pain from vaginal stitches from the fistula repair, vaginal stenosis and vaginal dryness sometimes persist after repair (Anzaku 2017, El Ayadi 2023, Pope 2018) making intercourse difficult, whilst some women abstain from sexual activity due to reduced sexual desire, fear of fistula recurrence, becoming pregnant and fear of contracting HIV (Anzaku 2017, El Ayadi 2023).

An understanding and consideration for the sexual function of women with OF should be an integral part of their management and rehabilitation.

Anzaku SA, Lengmang SJ, Mikah S, Shephard SN, Edem BE. Sexual activity among Nigerian women following successful obstetric fistula repair. Int J Gynaecol Obstet. 2017 Apr;137(1):67-71.
El Ayadi AM, Nalubwama H, Miller S, Mitchell A, Korn AP, Chen CCG, Byamugisha J, Painter C, Obore S, Barageine JK. Women's sexual activity and experiences following female genital fistula surgery. J Sex Med. 2023 Apr 27;20(5):633-44.
Pope R, Ganesh P, Chalamanda C, Nundwe W, Wilkinson J. Sexual Function Before and After Vesicovaginal Fistula Repair. J Sex Med. 2018 Aug;15(8):1125-32.

Causes of sexual dysfunction (1)

Complications related to physical health

Chronic incontinence: The continuous leakage of urine or feces due to fistula leading to hygiene problems, skin infections, and persistent bad odor can make sexual activity uncomfortable or painful. Pope et al. (2018) in their study found up to 15% of women reporting sexual problems due to incontinence and 23.5% due to pain.

Painful intercourse: The inflammation, infection, or scarring in the vaginal tissues resulting from the fistula can lead to dyspareunia (painful sexual intercourse) (WHO 2006). El Ayadi et al. (2023) reported 27% of sexually active participants having pain during sexual intercourse before fistula surgery.

Recurrent infections: Recurrent urinary tract infections (UTIs) and vaginal infections are also common in the women due to the constant presence of urine or feces in the vaginal area and these can preclude sexual activity.

Infertility: The damage to reproductive organs during prolonged obstructed labor can lead to infertility, which can affect the woman's sense of sexual identity and fulfilment. (WHO 2006)

El Ayadi AM, Nalubwama H, Miller S, Mitchell A, Korn AP, Chen CCG, Byamugisha J, Painter C, Obore S, Barageine JK. Women's sexual activity and experiences following female genital fistula surgery. J Sex Med. 2023 Apr 27;20(5):633-44.
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World Health Organization. Obstetric Fistula Guiding principles for clinical management and programme development. WHO, 2006.

Causes of sexual dysfunction (2)

Emotional and psychological impact of OF

Lack of sexual desire: Chronic pain, discomfort, and the emotional toll of dealing with a fistula can lead to a decreased libido. A recent study showed that 82% of women reported loss of sexual desire before fistula repair in a study, with 60% of them describing this as extreme (El Ayadi 2023).

Anxiety and depression: Fistula patients suffer a lot of stigma and social isolation which can cause significant psychological distress, complicated by depression and anxiety, negatively impacting their sexual health.

Body shame/ embarrassment from persistent odour: The physical changes and persistent odor can negatively affect a woman's body image and self-esteem, impacting her willingness to engage in sexual relationships.

Relationship strain/ Spousal abuse: Partners of OF patients may struggle to cope with the physical and emotional challenges posed by the condition putting a strain on intimacy and marital relationships.

Social consequences

Stigmatization: Women with obstetric fistula often face severe stigmatization and social ostracism, which can lead to abandonment by spouses and family.

Sexual violence: In some cases, women with fistulas may be more vulnerable to sexual violence due to their marginalized status.

El Ayadi AM, Nalubwama H, Miller S, Mitchell A, Korn AP, Chen CCG, Byamugisha J, Painter C, Obore S, Barageine JK. Women's sexual activity and experiences following female genital fistula surgery. J Sex Med. 2023 Apr 27;20(5):633-44.
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Management of sexual dysfunction (1)

Surgery is the primary mode of treatment in cases of fistula. Research suggests that sexual function improves after fistula repair for many women with obstetric fistula. However, some other women continue to experience reduced sexual desire and pain. Therefore, a multidisciplinary approach covering the physical, physiological, psychological, and social aspects of care is needed for comprehensive reintegration of the woman and the restoration of desired sexuality.

Mernoff R, Chigwale S, Pope R. Physical etiology of sexual dysfunction in obstetric fistula patients: A prospective study. Int J Gynaecol Obstet. 2020 May;149(2):178-183. doi: 10.1002/ijgo.13106. Epub 2020 Mar 29. PMID: 32010960.
Pope R, Ganesh P, Chalamanda C, Nundwe W, Wilkinson J. Sexual Function Before and After Vesicovaginal Fistula Repair. J Sex Med. 2018 Aug;15(8):1125-32.

Management of sexual dysfunction (2)

Medical and surgical interventions:

Surgical repair: A study found that about a third of women returned to normal sexual function after VVF repair (Pope 2018). Another study found that 55% of women were sexually active at one year after repair compared to 18% at baseline (El Ayadi 2023). In the same study, pain during sexual intercourse decreased from 27% at baseline to10% by 12 months after surgery. Kopp et al. (2017) also reported the resumption of menses within 1-4 years of follow-up in 78.1% of women who were amenorrheic at the time of surgery and 21% of the women were able to conceive.

Fistula repair can restore normal anatomy and function, and thereby address the physical aspects of sexual health. Hence during the repair, it is important to consider the sexual function of the patient and ensure that enough vaginal depth is preserved in those who are sexually active (Rutman 2008).

Even after repair, a significant proportion of women report sexual dysfunction (Mernoff 2020). Screening tools and surgical techniques targeting sexual dysfunction are needed. A holistic postoperative care is also crucial to ensure successful healing and prevent complications.

El Ayadi AM, Nalubwama H, Miller S, Mitchell A, Korn AP, Chen CCG, Byamugisha J, Painter C, Obore S, Barageine JK. Women's sexual activity and experiences following female genital fistula surgery. J Sex Med. 2023 Apr 27;20(5):633-44.
Kopp DM, Wilkinson J, Bengtson A, Chipungu E, Pope RJ, Moyo M, Tang JH. Fertility outcomes following obstetric fistula repair: a prospective cohort study. Reproductive Health. 2017 Nov 28;14(1):159.
Mernoff R, Chigwale S, Pope R. Physical etiology of sexual dysfunction in obstetric fistula patients: A prospective study. Int J Gynaecol Obstet. 2020 May;149(2):178-183. doi: 10.1002/ijgo.13106. Epub 2020 Mar 29. PMID: 32010960.
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Rutman MP, Rodríguez LV, Raz S. Chapter 81 - VESICOVAGINAL FISTULA: VAGINAL APPROACH. In: Rodríguez SRV, ed. Female Urology (Third Edition). Philadelphia: W.B. Saunders; 2008:794-801.

Management of sexual dysfunction (3)

Medical and surgical interventions cont'd.:

Treatment of infections: Regular screening and treatment for UTIs and vaginal infections are essential to prevent recurrent infections and manage symptoms effectively (FIGO 2022).

Pain management: Appropriate pain management strategies, including medication and physical therapy, can help alleviate pain during intercourse and improve overall comfort.

Management of vaginal dryness: Generally, vaginal estrogen therapy has improved sexual activity among women experiencing dryness and/or pain; these and other treatment or coping strategies should be further researched to address and improve women's sexual experiences post repair (El Ayadi 2023, FIGO 2022).

El Ayadi AM, Nalubwama H, Miller S, Mitchell A, Korn AP, Chen CCG, Byamugisha J, Painter C, Obore S, Barageine JK. Women's sexual activity and experiences following female genital fistula surgery. J Sex Med. 2023 Apr 27;20(5):633-44.
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Management of sexual dysfunction (3)

Psychological support:

Counselling and therapy: Psychological counselling and therapy can help women cope with the emotional and mental health challenges associated with obstetric fistula. Support groups and peer counselling can also provide a sense of community and understanding. Adequate support post fistula repair is also vital to resumption of sexual life for these women (El Ayadi 2023, FIGO 2022, UNFPA 2022).

Sexual health education: Educating patients about sexual health, safe practices, and ways to communicate with their partners about their condition can empower them to reclaim their sexual lives (Ngogo 2023).

Physiotherapy

Physiotherapy can significantly improve the quality of life of fistula patients both before and after repair. Pelvic floor exercises to strengthen the pelvic floor muscles may help to improve urinary and fecal continence, which is crucial for resuming sexual activity comfortably. In post-VVF repair management, the Paula exercise method (PEM) has been shown to have beneficial effects in reducing urine leakage, improving pelvic floor muscles strength, quality of life and sexual function. A multi-disciplinary approach to provide the best care for OF should therefore include an active physiotherapy team (Cardozo 2023).

Cardozo L, Rovner E, Wagg A, Wein A, Abrams P. Incontinence: 7th International Consultation on Incontinence. ICUD ICS, 2023. 7th ed.
El Ayadi AM, Nalubwama H, Miller S, Mitchell A, Korn AP, Chen CCG, Byamugisha J, Painter C, Obore S, Barageine JK. Women's sexual activity and experiences following female genital fistula surgery. J Sex Med. 2023 Apr 27;20(5):633-44.
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Ngongo CJ, Raassen TJIP, Mahendeka M, Bisanzio D, Lombard L, Bann C. Living with obstetric fistula: learnings from nine African countries. BMJ Global Health. 2023 May 1;8(5):e012509.
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Management of sexual dysfunction (4)

Social and community support:

Community education: Raising awareness in communities about obstetric fistula and its impacts can reduce stigma and encourage support for affected women.

Reintegration programs: Programs that provide vocational training, education, and social support can help women reintegrate into society and regain their independence and self-esteem (FIGO 2022).

Partner involvement: Engaging partners in the treatment and recovery process can improve relationship dynamics and support sexual health. Educating partners about the condition and its implications fosters empathy and understanding. (El Ayadi 2023, Ngogo 2023, UNFPA 2022).

Comprehensive sexual health services:

Integrated care: Providing integrated sexual and reproductive health services that address the broader aspects of women's health, including family planning, STI prevention, and routine gynecological care, can ensure a holistic approach to managing sexual health.

Access to care: Ensuring that women have access to quality healthcare services, especially in low-resource settings, is critical for the prevention and timely treatment of obstetric fistula, as well as the management of associated sexual health issues. (UNFPA 2022, WHO 2006)

El Ayadi AM, Nalubwama H, Miller S, Mitchell A, Korn AP, Chen CCG, Byamugisha J, Painter C, Obore S, Barageine JK. Women's sexual activity and experiences following female genital fistula surgery. J Sex Med. 2023 Apr 27;20(5):633-44.
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Conclusion

Managing sexual dysfunctions in obstetric fistula patients requires a multifaceted approach that combines medical treatment, psychological support, and social reintegration. Surgical repair, infection management, pain relief, and psychological counselling are essential components of care.

Additionally, raising community awareness and involving partners in the recovery process can significantly improve the sexual health and overall well-being of affected women. By addressing these challenges holistically, women with obstetric fistula can be supported to lead healthier, more fulfilling lives.

El Ayadi AM, Nalubwama H, Miller S, Mitchell A, Korn AP, Chen CCG, Byamugisha J, Painter C, Obore S, Barageine JK. Women's sexual activity and experiences following female genital fistula surgery. J Sex Med. 2023 Apr 27;20(5):633-44.
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Module 5 knowledge tests

Answer 'True' or 'False'

1 Report of sexual dysfunction is common among fistula patients.

2 Pain due to infection and scarred vagina can cause sexual dysfunction.

3 All women with obstetric fistula regain normal sexual function after fistula repair.

4 Management of sexual dysfunction does not include social reintegration.

5 Involving partners in the recovery process of patients with fistula can improve their sexual health.

Answers to Module 5 knowledge tests

Question 1

Report of sexual dysfunction is common among fistula patients.

Answer: True

Some studies have shown that up to 40% of women reported sexual problems after developing vesicovaginal fistula (Pope 2018).

Question 2

Pain due to infection and scarred vagina can cause sexual dysfunction.

Answer: True

The inflammation, infection, or scarring in the vaginal tissues resulting from the fistula can lead to dyspareunia. In a study by El Ayadi et al. (2023), 27% of sexually active participants reported pain during sexual intercourse before fistula surgery. The continuous leakage of urine or feces from the fistula, causing hygiene problems, skin infections, and persistent bad odor can also make sexual activity uncomfortable or painful.

Question 3

All women with obstetric fistula regain normal sexual function after fistula repair.

Answer: False

In the study by El Ayadi (2023), while pain and loss of pleasure had decreased among study participants by 12 months post-surgery, approximately half of study participants continued to report sexual dissatisfaction.

Answers to Module 5 knowledge tests

Question 4

Management of sexual dysfunction does not include social reintegration.

Answer: False

The physical changes and persistent odor from the fistula can negatively affect a woman's body image and self-esteem, impacting her willingness to engage in sexual relationships. Programs that provide vocational training, education, and social support can help women reintegrate into society and regain their independence and self-esteem.

Question 5

Involving partners in the recovery process of patients with fistula can improve their sexual health.

Answer: True

Affected women are often abandoned by their husbands and families. 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. Moreover, engaging partners in the treatment and recovery process can improve relationship dynamics and support sexual health.

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

- Define sexual health and sexuality, and know the factors influencing sexuality
- Understand the effect of obstetric fistula on sexual health
- Illustrate the multifactorial aspects of sexual dysfunction among OF patients
- Describe how to manage sexual dysfunction in OF and understand the need for holistic care

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