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Research Article

Health-Related Quality of Life and Experiences of Women Living with Obstetric Fistula Attending Selected Secondary and Tertiary Health Facilities in Imo State

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Abstract

Obstetric fistula is the most serious and devastating tragedies in childbirth. Studies on Health Related Quality of Life of women with obstetric fistula in Imo State, southeast Nigeria still appear scarce. This study accessed the health-related quality of life of women living with obstetric fistula in selected secondary and tertiary health facilities in Imo State. Six objectives, six research questions and one hypothesis were raised to guide the study. Parse's "humanbecoming" theory underpinned the study. Institution-based cross-sectional descriptive study design was employed for the study. Twenty-three women living with obstetric fistula or who have been treated of that were purposively recruited into the study. The standardized, interview-administered WHOQOL-BREF version questionnaire with 26 items in Likert-form with comparative fit index of 0.88 was used for data collection. Further test using Pearson's Product Moment Correlation Coefficient before use in study gave satisfactory r of 0.93. Results revealed that majority of the respondents were traders within the ages between 30 and 39 years. The overall health-related quality of life was significantly poor p<0.01. Majority of the women were dissatisfied with the quality of their health (83%; Mean±SD = 2.26±1.05). Obstetric fistula badly affected physical health, psychological, social relationships and environment domains of health-related quality of life of the women (mean = < 3). Overall quality of Life among women is not affected by age (x^2 = .735, f =3; p = .865), educational status (x^2 = 3.312, f =3; p = .346), marital status (x^2 = 1.207, f =3; p = .751), or occupation (x^2 = 3.511, f =3; p = .319). But duration of living with obstetric fistula affected the overall quality of life. The study also found out that women with obstetric fistula in limo state were living socially deprived and isolated life, physically challenged life, and psychologically stigmatised and depressed life. They also lived sexual and marital lives that were no more faithful. They experienced life full of challenges. They devise different coping strategies to deal with these challenges. Their coping mechanisms included withdrawing from gatherings of people to avoid stigma, wearing more than two pads to avoid wetness, use of perfumes and deodorants to prevent bad sells and wetness. The study recommends an all-round treatment approach that will take into consideration, all aspects of life to address the consequences of obstetric fistula and improve the QoL of women living with obstetric fistula. Services for post-repair psychological support may be helpful for reintegration of women with obstetric fistula.

Keywords: *health-related quality of life, experiences of women, obstetric fistula, Imo State.*

INTRODUCTION

Obstetric fistulas, which are frequently linked to difficult labor, continue to be the most severe and catastrophic birth-related catastrophes. This avoidable illness is mostly linked to inadequate obstetric care, particularly in low-resource nations, which results in protracted obstructed labor. If prompt access to high-quality medical care is not available, obstetric fistulas an abnormal opening formed between the bladder and the vagina (vesicovaginal fistula), between the

rectum and vagina (recto vaginal fistula), or both can result in uncontrollably leaking urine and/or feces due to prolonged obstructed labor [1]. Women who have fistulas are distressed and afraid of what lies ahead.

An estimated 2 to 3 million women worldwide suffer from obstetric fistulas, with South Asia and sub-Saharan Africa bearing a disproportionately high burden. Due to inadequate healthcare facilities, the nation's socioeconomic standing, and the sociocultural views of its citizens, obstetric fistulas are still common in Nigeria. The nation is among the top 10 most dangerous places for women to give birth in the world, with an estimated 40,000 pregnancy-related deaths, or roughly 14% of global maternal mortality [2]. According to the World Health Organization's (WHO) global burden of disease study, reproductive illness accounted for 21% of the disability-adjusted life years lost by women between the ages of 15 and 44, and unfavorable maternity-related factors caused 14.5 years of life loss per woman.

According to that study, 22% of all maternal morbid diseases were caused by fistulas originating from obstructed labor. In addition to affecting the production of the home, society, and nation, it has been noted that the fistula issue permanently alters the lives of the afflicted women [3]. One of the most dangerous birth complications is an obstetric fistula. Without access to prompt, highly qualified medical treatment, this medical condition causes uncontrollable urine and/or fecal leakage due to prolonged obstructed labor. It involves an abnormal opening between the bladder and the vagina (vesicovaginal fistula), between the rectum and the vagina (rectovaginal fistula), or both. The disorder causes the skin on the woman's intimate areas to peel, and the wetness and odor that result from uncontrolled urine and/or fecal leakage exposes the lady to social isolation, humiliation, and stigma [4]. According to a study, women who undergo emergency obstetric surgery, particularly for uterine ruptures, may develop iatrogenic fistulas. A history of prior caesarean sections was present in the majority of the women who developed iatrogenic fistula, indicating that women who have cesarean sections are at a heightened risk of developing iatrogenic fistula during a subsequent procedure [5]. Having prompt access to emergency obstetric care can help prevent fistula. Unfortunately, women who did not receive prompt care are stigmatized and become victims of this threat [6]. Obstetric fistula is a terrible ailment that can cause physical, social, and psychological disabilities in its sufferers. It can also make them feel stigmatized and alone, which will inevitably have a significant negative influence on their quality of life and health. The impact of health on an individual's capacity to lead a satisfying life is the main emphasis of their health-related quality of life (HrQoL). It stands for wide notions of well-being that encompass both good and negative elements, as well as physical, psychological, and social relationships [7]. Subjective assessments of life's good and negative aspects are included in quality of life (QoL). For almost everyone and in every field, quality of life has significance. According to the World Health Organization, quality of life is defined as how people view their place in life in relation to their objectives, standards, expectations, and worries as well as the culture and value systems in which they live [8]. It is difficult to measure, though, because various people and organizations may have different definitions of it. There are other aspects of total quality of life, such as employment, housing, schools, and neighborhood, even if health is one of the most significant. The measuring of overall quality of life is made more difficult by the inclusion of important categories such as culture, values, and spirituality [9]. Assessing HRQoL aids in tracking advancement toward the country's health goals.

Among other health and social issues, women who have an obstetric fistula experience social segregation, anxiety, embarrassment, and ongoing incontinence of pee, feces, or both. Due to the difficulties associated with obstetric fistulas, women were unable to fulfill their personal, familial, and social obligations. According to studies, surgical intervention typically closes the fistula and enhances the physical and emotional well-being of impacted women. After fistula treatment, women might be able to effectively reintegrate into society with the help of extra social assistance and counseling. [10]. A major cause of obstetric fistula is cephalo-pelvic disproportion, which puts pressure on the tissues. If expert obstetric intervention is delayed, the prolonged ischemia that results can cause tissue necrosis. Basic information on the quality of individual living with fistula and the impact of the condition on their overall health is crucial for effect healthcare design and implementation. Few studies have been conducted on experiences of women with obstetric fistula in Nigeria. However, there is dearth of literature on the HrQoL of women living with urine incontinence due to a fistula. This study Therefore assessed HrQoL of women with obstetric fistula in selected secondary and tertiary health facilities in Imo State, Imo State, Nigeria.

Materials and Methods

This chapter dealt with the methodology the researcher used in carrying out the study under the following sub-headings; research design, area of study, population of study, sample, sampling techniques, instrument for data collection, validity of the instrument, reliability of the instrument, ethical consideration, procedure for data collection and method of data analysis.

Research design

This was an institution-based cross-sectional descriptive mixed design as consenting women living with obstetric fistula morbidity were assessed to determine at one point their HrQoL changes since the illness, without any intervention.
Research design

Institutional based mixed method descriptive design was applied to investigate and explore the health-related quality of life and experiences of women living with obstetric fistula attending secondary and tertiary health facilities in Imo State.

Area of Study

The study area was Imo State in the Southeast zone of Nigeria with Owerri as the capital city which is also the largest city in the State. It is located between Anambra State in the north, River State in the south, Akwa Ibom State in the east and Delta State in the west. Igbo is the spoken language throughout the state with different dialects. The State occupies the area of 5,530 sq km, with the estimated population of 4.8 million.

The people of Imo State are mostly engaged in agriculture and the State equally one of the chief on-shore petroleum-producing areas in the country. They are mainly Christians, though some are still practicing traditional religion. Imo state has both primary, secondary and tertiary health facilities and educational institutions. The State was created in 1976, and it has homogeneous culture as it is predominantly Igbo speaking State. There are hospitals located at various points in the State especially in the urban areas. Women w cases of obstetric fistula sometimes present at the obstetrics and gynaecology outpatient of the hospital; some end up admitted for treatment.

The study was carried out in selected secondary and tertiary health facilities in Imo State.
The Tertiary facilities include Federal Medical Centre (FMC) located at Owerri, Imo State and Imo State University Teaching Hospital located at Orlu area of Imo State. The secondary facilities include General Hospital Umuguma and Aboh Mbaise General Hospital. Three of these facilities were purposefully selected as they offer services on obstetric fistula. Those selected for tertiary institution include, Frderal Medical Centre Owerri and Imo State University Teaching Hospital Orlu. General Hospital Umuguma was selected for secondary health facility, all are in Imo State.

The Federal Medical Centre and Imo state University Teaching Hospital have obstetric and gynaecological units that are equipped for fistula repairs and each of them has two trained doctors each who do fistula repairs. General Hospital Umuguma enjoys the services of foreign doctors who visit from time to time for fistula campaigns, who along the line carry out fistula repairs and other services. These facilities are not designated for patients with obstetric fistula, but general management is done there for the patients who come in. This warrants the lower health facilities to refer patients to them.

Population of Study

The population of study comprised of all women of child-bearing age (18-49years) living with obstetric fistula or whose fistula had been repaired and who attended selected secondary and tertiary health facilities in Imo State within the period of this study. The total of 39 women with obstetric fistula reported in the three institutions as at the time of this study as follows; Federal Medical Centre = 14, Imo State University Teaching Hospital = 9, General Hospital Umuguma = 16.

Sample

Because this condition is rare, the researcher included all who were readily available and were willing to participate. No sample size calculation was done as the researcher intended to include everybody who was available and willing to participate. This is because the population was small. There were 39 women who reported to the health facilities with obstetric fistula at the time of the study, that is, between February 2022 and July 2022. Only 23 women were available and were willing to participate, they were selected as sample size.

Sampling Technique

Purposive sampling technique was used to recruit women with obstetric fistula into the study .Only women who were physically present and willing to participate was selected.
Inclusion criteria: Women who live with or have been treated of obstetric fistula and are willing to participate.

Instrument for Data Collection

The researcher adopted the WHOQOL-BREF version questionnaire for quantitative data collection and In-depth interview was used to collect qualitative data. The WHOQOL-BREF consisted of 26 questions. 2 out of the 26 questions centred on the overall quality of life while 24 of which were divided into the 4 domains of physical health, psychological, social relationships and environmental health. The questionnaire was arranged in three sections A and B and C. Section. "A "contained of questions on demographic information, Section "B"consisted of questions on overall HrQoL, while Section "C" consisted of questions on the research objectives. A little adjustment was made in the area of test items so that the participants would easily comprehend the questions.

The researcher also used In-depth interview for qualitative data collection. This instrument had been applied to other countries such as Somalia, 2018, Uganda, 2017 Nigeria, 2014, Malawi, 2017, etc. In in-depth method, open ended interview guide was used.

Validity of the Instrument

The draft of the questionnaire was validated by a Lecturer from Nursing Department UNEC, one from Measurement and Evaluation from University of Nigeria Nsukka, and another Lecturer from Public Health Department, Imo State University, Owerri. The valuators were requested to go through the questions alongside the objectives of the study and research questions.

Reliability of the Instrument

The Quality-of-Life Questionnaire of the World Health Organization (WHOQoL-Bref) is a regularly used instrument for assessing the quality of life in both healthy and ill populations. According to inquiries into the psychometric qualities of the WHOQOL-BREF, the validity and reliability are generally known to be satisfactory (Kalfoss et al., 2021; Berlim et al, 2005; Skevington et al, 2004). The confirmatory factor analysis – a method used to test whether the data fits a hypothetical model – gave a Comparative Fit Index (CFI) of .888. Also, the CFI for the single factor model for both ill and well sample populations was well above 0.9 as attached in the appendix.

However, to confirm suitability of the adapted version of instrument for the present study, the instrument was subjected to further reliability test. A test-retest was conducted using 10 women with obstetric fistula who attended selected secondary and tertiary health facilities in Anambra State. 10 questionnaires were administered to them and after 2 weeks, the same instrument was administered to the same group, this time fresh ones were administered. The result was computed using Pearson's Product Moment's Correlation Coefficient. The result yielded positive = 0.93 which is considered very satisfactory.

Ethical considerations

Ethical approval was obtained from Ethical Committee of Imo State University Teaching Hospital Orlu, Imo State, reference number IMSUTH/CS/121/. Letter of introduction was obtained from the Head of Department. The Participants' oral consents were obtained through. Confidentiality was strictly maintained. Voluntary participation was emphasised. Permission to carry out the study was obtained from the respective selected hospital authorities. Informed consent was obtained from the participants before data collection.

Procedure for Data Collection

Interview-administered forms were used where the respondents lack the skills to independently use the instrument. Considering that some of the participants might not be able to independently respond to the items (questions), face to face interviewer-assisted method of data collection was applied. One research assistant was co-opted. She was instructed on what to do which she understood immediately and did it as expected. Before collecting data, the researcher introduced herself to the ward heads who allowed her to distribute the questionnaires to the respondents. The researcher introduced herself to the respondents and the purpose of meeting them. Copies of the questionnaires were then administered with the help of research assistant. Explanations were made where necessary and filled questionnaire were collected after filling. The activity took up to 6 weeks to complete. A total of 23 women living with and or treated of obstetric fistula were used. Qualitative data were collected using in-depth interview.

Statistical Analysis

Quantitative data collected were collated; tallied and analysed using SPSS version 20. The analysis was done based on the research questions. Data were analyzed using SPSS version 20. Presentation of result was done using tables and figures.

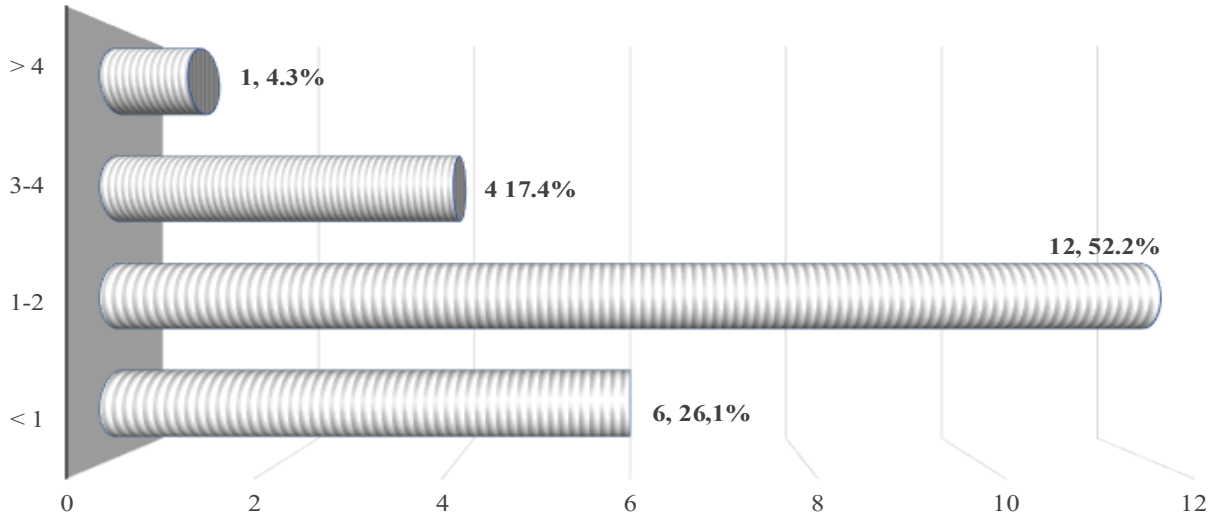
Results

Table 1: Demographic information of the participants *n = 23*

Demographic Characteristics		N	%
Age	< 20	5	21.7
	20 – 29	7	30.4
	30 – 39	8	34.8
	≥40	3	13.0
	Mean ± SD	**38.4 ± 9.9 Years**	
Educational Status	No formal education	2	8.7
	Primary	10	43.5
	Secondary	7	30.4
	Tertiary	4	17.4
Marital Status	Married	14	60.9
	Never Married	2	8.7
	Separated/Divorced	4	17.4
	Widow	3	13.0
Occupation	Civil Servant	5	21.7
	Farmer	5	21.7
	Trader	10	43.5
	Domestic Work/House Maker	3	13.0

Table 1 shows that majority of the participants 8(34.8%) were within the ages between 30 and 39 years followed by those of 20 to 29 years 7 (30.4%). The average age of respondents was 38.4 ± 9.9 years. Majority attained only primary and secondary education 10 (43.5%) and 7 (30.4%) respectively. Fourteen (60.9%) of the respondents were married which were in majority. This is followed by those who were separated/divorced and widows with 4 (17.4%) and 3 (13.0%) respectively. On their occupation, majority 10 (43.5%) were traders, followed by the farmers and civil servants who were 5 (21.7%) each. Domestic work / house makers were the list with 3(13.0%).

Figure 1: Duration of living with obstetric fistula



Duration of living with obstetric fistula revealed that 12 (52.2%) have been with this condition for 1 and below 2 years, while 6 (26.1%) have lived with it for less than 1 year. 4 (17.4%) and 1(4.3%) of them have lived with this condition for 2-3 years and above 3 years respectively. The M±SD of the duration was 1.5±0.8 years.

Table 2: Mean scores on the physical health domain of the HrQoL of the respondents *n = 23*

Variables		Not at all n(%)	Rarely n(%)	moderate Amount n(%)	Very much n(%)	Extreme Amount n(%)	M±SD
Physical health variables	Extent to which physical pain is felt to prevent doing what need doing	1(4.3)	1(4.3)	6(26.1)	9 (39.1)	6(26.1)	3.78±1.04
	How much medical treatment is needed to function in daily life	4 (17.4)	1(4.3)	6(26.1)	7(30.4)	5(21.7)	3.35±1.37
	How much energy for everyday life you have?	Not at all 6(26.1)	A little 5 (21.7)	Moderately 7(30.4)	So much 3 (13.0)	Completely 2(8.7)	2.57±1.27
	How satisfied with the ability to perform daily activities	Very dissatisfied 6(26.1)	Dissatisfied 7 (30.4)	Neither satisfied nor dissatisfied 3(13.0)	Satisfied 5 (21.7)	Very satisfied 2(8.7)	2.30±1.11
	How are you satisfied with ssleep?	7(30.4)	9 (39.1)	4(17.4)	3 (13.0)	0(0.0)	2.13±1.01
	How well able to get around	Very Poor 3(13.0)	Poor 7 (30.4)	Fair 6(26.1)	Good 5 (21.7)	Very Good 2(8.7)	2.83±1.19

From Table 2, women expressed that physical pain greatly prevented them from doing what needed doing (Mean±SD = 3.78±1.04), and they needed medical treatment very much to function in their daily life (Mean ± SD = 3.35±1.37).

Table 3: Mean scores on the psychological domain of HrQoL of the participants *n = 23*

Variables		n(%)	n(%)	n(%)	n(%)	n(%)	M±SD
Psychology-cal variables	Acceptance of bodily appearance	Not at all 6 (26.1)	A little 10(43.5)	Moderate 6 (26.1)	Mostly 1 (4.3)	Completely 0 (0.0)	2.09±.85
	How well able to concentrate	5 (21.7)	6 (26.1)	7 (30.4)	3 (13.0)	2 (8.7)	2.61±1.23
	How much life is enjoyed	6 (26.1)	9 (39.1)	5 (21.7)	3 (13.0)	0 (0.0)	2.22±.10
	Extent life is felt to be meaningful	6(26.1)	9(39.1)	5(21.7)	2(8.7)	1(4.3)	2.26±1.10
	How satisfied with self	Very dissatisfied 9 (39.1)	Dissatisfied 7 (30.4)	Neither satisfied nor dissatisfied 3 (13.0)	Satisfied 0 (0.0)	Very satisfied 4 (17.4)	2.26±1.45
	Frequency of negative feeling - anxiety, depression, despair, etc	Always 6 (26.1)	Very often 8 (34.8)	Quite often 5 (21.7)	Seldom 4 (17.4)	Never 0 (0.0)	2.30±1.06

For their Psychological domain, their HrQoL items recorded low scores, the least being accepting bodily their appearance (Mean±SD = 2.09±.85) (Table 3)

Table 4: Mean scores on the social relationship's domain of HrQoL of the respondents *n = 23*

Variables		n(%)	n(%)	n(%)	n(%)	n(%)	M±SD
Social relationships variables		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	
	Satisfaction with personal relationship	6 (26.1)	10 (43.5)	6 (26.1)	1 (4.3)	0 (0.0)	2.09±.58
	Satisfaction with sex life	6 (26.1)	7 (30.4)	7 (30.4)	3 (13.0)	0 (0.0)	2.30±1.02
	Satisfaction with support from friend	3 (13.0)	4 (17.4)	6 (26.1)	6 (26.1)	4 (17.4)	3.17±1.30
	Have enough money to meet needs	Not at all 10 (43.5)	A little 8 (34.8)	Moderately 5 (21.7)	Mostly 0 (0.0)	Completely 0 (0.0)	1.78±.80
	Extent of opportunity for leisure activities	Very Poor 5 (21.7)	Poor 7 (30.4)	Fair 5 (21.7)	Good 4 (17.4	Very Good 2 (8.7)	2.61±1.27

For the social relationships domain (Table 4), respondents expressed being satisfied with support from friends (Mean± SD =3.17±1.30). However, they had low scores on the other social relationships domain items, the least being having enough money to meet personal needs (Mean±SD =1.78±.80).

Table 5: Mean scores on the environmental domain of HrQoL of the participants *n = 23*

Variables		n(%)	n(%)	n(%)	n(%)	n(%)	M±SD
Environment variables		Not at all	A little	Moderate	Mostly	Completely	
	Healthiness of the physical environment	4 (17.4)	4 (17.4)	8 (34.8)	4 (17.4)	3 (13.0)	2.91±1.28
		5 (21.7)	7 (30.4)	5 (21.7)	4 (17.4)	2 (8.7)	2.61±1.27
	Feelings of safety in daily life	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	
	Satisfaction with access to health services	5 (21.7)	8 (34.8)	5 (21.7)	2 (8.7)	3 (13.0)	2.57±1.31
	satisfaction with living place condition	4 (17.4)	6 (26.1)	4 (17.4)	5 (21.7)	4 (17.4)	2.96±1.40
	Satisfaction with transport	4 (17.4)	8 (34.8)	5 (21.7)	5(21.7)	1 (4.3)	2.61±1.16
	Availability of information need in day-to-day life	Not at all 3 (13.0)	A little 5 (21.7)	Moderatey 7 (30.4)	Mostly 5(21.7)	Completely 3 (13.0)	3.00±1.24
	Ability to get around	Very Poor	Poor	Fair	Good	Very Good	
		5 (21.7)	7 (30.4)	5 (21.7)	4 (17.4)	2 (8.7)	2.61±1.27

Environmentally, information needed in day-to-day life were only readily available to the participants on the average (Mean ±SD =3.00±1.24), which was followed closely by slightly below satisfactory level for living place condition (Mean ±SD = 2.96±1.40) and living place condition (Mean ±SD = 2.96±1.40)(Table 5).

Table 6: Overall quality of life of the participants. *n= 23*

Overall and General HrQoL							Binomial test of proportion				
							N	OP	n	OP	*p*-value
Self-rate of Overall quality of life	Very poor	Poor	Fair	Good	Very Good		Poor		Good		0.003
	6(26.1)	9(39.1)	4(17.4)	4(17.4)	0 (0.0)	2. 26±1.05	19. 83		4 .17		
How satisfied with general health	Very dissatisfied	Dissatisfied	Neither satisfied Nor issatisfied	Satisfied	Very satisfied		Dissatisfied		Satisfied		0.003
	(26.1)	(39.1)	(17.4)	(17.4)	(0.0)	.26±1.05	9	83	17		

n = number; OP = Observed Proportion

As shown in Table 6, the participant' overall self-rate of their quality of life and satisfaction with general health indicated suboptimal or below average scores (Mean±SD = 2.26±1.05 for each).A binomial test of proportion shows that a high significant proportion of women (83%) with obstetric fistula in relation to their quality of life domain, agree that their quality of life is poor (p= 0.83; *p* =0.003, p<0.01), and not satisfied with their health (p= 0.83, *p* =0.003; *p*<0.01).

Table 7: Summary of quality of life of the women with obstetric fistula

Domain	Mean Score of QoL (±SD)	Decision
Physical health Domain	2.83±1.67	Poor/Dissatisfied
Psychological Domain	2.29±1.12	Poor/Dissatisfied
Social relationships Domain	2.34±1.05	Poor/Dissatisfied
Environmental Domain	2.75±1.27	Poor/Dissatisfied
Overall Quality of Life	2.26±1.05	Poor/Dissatisfied

Summary of the mean scores across the four domains as in Table 7 shows that women had poor /dissatisfied HrQoL as a result of their dieases condition with the overall value as (Mean± SD = 2.2 ± 1.05).

Table 8: Binomial and chi square test of effects of obstetric fistula on the physical health of HRQOL of the respondents

	Binomial test of proportion					chi square test		
Physical health variables	n	OP	n	OP	*p*-value	χ^2 Val	df	*p-value*
Extent to which physical pain is felt to prevents doing what need doing	Little		Much		*<0.01*	1.621	1	.203
	2	.09	21	.91				
How much medical treatment is needed to function in daily life	No treatment		some treatment		0.011	8.074	1	. 004
	5	.22	18	.78				
How much energy for everyday life	Little		Complete		0.011	8.074	1	.004
	18	.78	5	.22				
How satisfied with the ability to perform daily activities	Not Satisfied		Satisfied		0.093	11.068	1	.001
	16	.70	7	.30				
How satisfied with sleep	20	.87	3	.13	<0.01	16.388	1	.000
How well able to get around	Poor		Good		0.093;	11.068	1	.001
	16	.70	7	.30				

A binomial test of proportion (Table 8) shows that a significant proportion of women with obstetric fistula in the physical health domain agreeing that much physical pain prevents them from doing what they need doing. (p= 0.91; p<0.01), much of medical treatment is needed to function in their daily life (p = 0.78; p =0.011; p<0.05), have little energy for everyday life (p= 0.78; p<0.011; p<0.05), not satisfied with their sleep (p= 0.87; p<0.01). In contrast, a non-significant proportion of Women with obstetric fistula (70%) in the physical health domain claimed not satisfied with the ability to perform daily activities (p= 0.70; p =0.093; p>0.05) and described their wellness and ability to get around as poor (p=

0.70; p =0.093; p>0.05).Results further show that obstetric fistula does not make patients feel that physical pain can prevent them from doing what they need doing (χ^2 =1.621, df=1; p= 0.203, p>0.05). However other parameters of physical health domain of HrQoL of the women are highly significantly affected by obstetric fistula.

Table 9: Binomial and chi square test of effects of obstetric fistula on the psychological health of HRQOL of the Women

	Binomial test of proportion			chi square test		
Psychological variables	n OP	n OP	*p*-value	χ^2 *Value*	df	*p-value*
Acceptance of bodily appearance	A little 17 .74	Much 6 .26	0.035	13.719	1	.000
How satisfied with self	Dissatisfied 19 .83	Satisfied 4 .17	0.003	11.185	1	.001
Frequency of negative feeling - anxiety, depression, despair, etc.	Always 20 .87	Never 3 .13	0.01	.726	1	.394
How well able to concentrate	A little 17 .77	Much 5 .23	0.017	16.622	1	.000
How much life is enjoyed	20 .87	3 .13	*0.01*	16.388	1	.000
Extent life is felt to be meaningful	20 .87	3 .13	*0.01*	16.388	1	.000

A binomial test of proportion in Table 9show that a significant proportion of women with Obstetric Fistula in the Psychological Domain agreed on being able to accept their bodily appearance (p= 0.74; *p* =0.035; *p*<0.05), dissatisfaction with self (p= 0.83; *p* =0.003; *p*<0.01), always having negative feeling such as anxiety, depression, despair (p= 0.87; *p*<0.01), a little ability to concentrate.(p= 0.77; *p* =0.017; *p*<0.05), enjoying a little lie.(p= 0.87; *p*<0.01), and a little feeling of a meaningful life (p= 0.87; *p*<0.01).

To explore the effect of obstetric fistula on the psychological domain of HrQoL of the women, Chi-square (χ^2) testwas conducted to measure the effects of obstetric fistula on the Psychological Domain of HrQoL of the women. Results show that obstetric fistula does not make patients experience negative feeling such as anxiety, depression, despair etc (χ^2 χ^2 = 0.726, *p*= 0.394, *p*>0.05). However other parameters of psychological domain of HrQoL of the women are highly significantly affected by obstetric fistula.

Table 10: Binomial and chi square test of effects of obstetric fistula on the social relationships domain of HRQOL of the Women

	binomial test of proportion		chi square test			
	n OP	n OP	Proportion (p) / *p*-value	χ^2 *Value*	df	*p-value*
Social relationships variables	Dissatisfied	Satisfied				
How satisfied with personal relationship	22 .96	1 .04	*<0.01*	.220	1	.639
How satisfied with sex life	20 .87	3 .13	*<0.01*	16.388	1	.000
How satisfied with support from friend	10 .43	13 .57	0.67	6.295	1	.012
Have enough money to meet needs	Much 5 .22	A little 18 .78	0.011	2.273	1	.132
Extent of opportunity for leisure activities	Good 6 .26	Poor 17 .74	0.035	6.008	1	.014

A binomial test of proportion shows that a significant proportion of women with obstetric fistula in the social relationships domain claimed dissatisfied with their personal relationship (p= 0.96; *p*<0.01), dissatisfaction with their sex life (p= 0.87; *p*<0.01), dissatisfied with the support they get from their friends (p= 0.57; *p* =0.67; *p*>0.05),

claimed having a little money to meet needs (p= 0.78; p =0.011; p<0.05), and described their opportunity for leisure activities as Poor (p= 0.74; p =0.035; p<0.05) (Table 10).

To determine the effect of obstetric fistula on the social relationships domain of HrQoL of the women, Chi-square (χ^2) test was conducted to measure the effects of Obstetric Fistula on the social relationships domain of HRQOL of the women. Results show that obstetric fistula does not influence how satisfied patients are with their personal relationship (χ^2 χ^2 = 0.220, p= 0.639, p>0.05). Also, obstetric fistula does not influence the sufficiency of money to meet needs (χ^2 χ^2 = 2,273, p= 0.132, p>0.05). However other parameters of social relationships domain of HrQoL of the women are significantly affected by obstetric fistula.

Table11: Binomial and chi square test of effects of obstetric fistula on the environmental health of HRQOL of the Women

	binomial test of proportion			chi square test		
Environmental variables	n OP	n OP	*p*-value	χ^2 *Value*	df	*p-value*
How healthy is your physical environment	Much 7 .30	A little 16 .70	0.093	4.542	1	.033
How safe do you feel in your daily life	3 .13	20 .87	0.87	.726	1	.394
How satisfied with access to health services	Dissatisfied 18 .78	Satisfied 5 .22	0.011	17.432	1	.000
How satisfied with condition of living place	14 .61	9 .39	0.405	7.532	1	.006
How satisfied with transport	17 .74	6 .26	0.035	1.436	1	.231
How available information need in day-to-day life is	Much 8 .35	A little 15 .65	0.210	.494	1	.482
How well able to get around	Poor 17 .74	Good 6 .26	0.035	13.719	1	.000

A binomial test of proportion in Table 11shows that a significant proportion of women with obstetric fistula in the environment domain perceived that their daily life is a little safe (p= 0.87; p<0.01), claimed dissatisfied with access to health services (p= 0.78; p =0.011; p<0.05), claimed dissatisfied with transport (p= 0.74; p =0.035; p<0.05), and described their wellness ability to get around as Poor (p= 0.74; p =0.035; p<0.05). In contrast, a non-significant proportion of women with obstetric fistula in the environment domain claimed that their physical environment is a little healthy (p= 0.70; p =0.093; p>0.05), claimed dissatisfied with the condition of living place (p= 0.61; p =0.405; p>0.05), and perceived that only a little information needed in their day-to-day life was available (p= 0.65; p =0.210; p>0.05).

To determine how the obstetric fistula affects the environment domain of HrQoL of the women, Chi-square (χ^2) test was conducted to measure the effects of obstetric fistula on the environment domain of HRQOL of the women. Results show that obstetric fistula does not have any significant relationship with how safe patients feel in their daily life. (χ^2 χ^2 = 0.726, p= 0.394, p>0.05). Also, obstetric fistula does not have any significant relationship with how satisfied patients are with your transport. (χ^2 χ^2 = 1.436, p= 0.231, p>0.05), and the availability of information needed for day-to-day life (χ^2 χ^2 = 0.498, p= 0.428, p>0.05). However other parameters of environment domain of HRQOL of the women are significantly affected by obstetric fistula, namely: the healthiness of physical environment (χ^2 χ^2 =4.542, df=1, p= 0.033, p<0.05); satisfaction with access to health services (χ^2 χ^2 = 17.432, p<0.01), satisfaction with the condition of living place (χ^2 χ^2 = 7.532, p= 0.006, p<0.01), and the wellness and ability to get around (χ^2 χ^2 = 7.532, p= 0.006, p<0.01.

Table 12: Chi-Square test of association between the participants' overall HrQoL and their demographic characteristics and fistula history

Demographics and fistula history with overall *quality of life*		χ^2 *Value*	df	*p-value*
Age	not affected	.735	3	.865
Educational Status	not affected	3.312	3	.346
Marital Status	not affected	1.207	3	.751
Occupation	not affected	3.511	3	.319
Duration living with fistula	affected	14.363	3	.002*
How satisfied with health	affected	23.000	3	.000*

* Duration of living with fistula significantly affected the overall QoL p<0.5

* Satisfaction with the QoL was poor p<0.01

To evaluate how demographic characteristics of women affect or in associated with overall HrQoL among women, a Chi-square (χ^2) test was conducted (T able 12). Results show that, the overall quality of Life among women is not affected by age (χ^2 χ^2 = .735, df =3; p= 0.865; p>0.05), educational status (χ^2 χ^2 = 3.312, df=3; p= 0.346; p >0.05), marital status (χ^2 χ^2 = 1.207, df=3; p= 0.751;p >0.05), and occupation (χ^2 χ^2 = 3.511, df=3. p= 0.319; p >0.05). However, there is a high significant relationship between the overall quality of Life among women and duration of living with fistula. That is to say that the duration of living with fistula significantly affects the overall quality of Life among women (χ^2 χ^2 = 14.363, df=3; p= 0.002, p <0.01). Also, their perception of how satisfied they are with their health significantly affects the overall quality of life among women (χ^2 = 23.000, df=3; p= 0.000, p <0.01).

Table 13: Themes and categories that emerged during the in-depth interview

Themes	Categories
(1). Physical challenges	(a) Smells and wound (b) Urine incontinence
(2). Psychological challenges	(a) Stigma and discrimination (b) Disrupted marital relationship
(3). Socioeconomic challenges	(a) Dependency (b) Profound poverty and financial constraint
(4). Coping strategy	(a) Withdrawal from the society (b) Improved personal hygiene

The transcripts were thoroughly red. Codes were identified and similar codes were organised together to form themes and categories. The narration of the participants represented their experiences and opinion living with obstetric fistula.

Challenges of living with obstetric fistula

All the participants reported different kinds of challenges and these were classified into physical, psychological and socio-economic challenges. These challenges were grouped into categories and subcategories as summarized.

Physical challenges

All the participants reported different kinds of physical challenges associated with obstetric fistula trauma. Majority of them experienced problems like body pains, wetness that cause them wound in-between the thighs, body weakness, urine leakage, general body weakness, discomfort in working due to wound, bad odour due to constant dribbling of urine.

Smells and wounds

Majority of them experienced smells and wounds. Bad odour was the most serious physical challenge reported.

My husband refused to sleep with me for more than one year now, since he noticed this problem.
I also noticed that other family members are not comfortable whenever I am around. I don' like going where people gather, like burials, weddings, market, meetings, to avoid people noticing the problem. I always think people are talking about me. I am even uncomfortable with the odour myself. In the meeting, in other to make caricature of me, some women would ask, "What smells here? Then I would be so uncomfortable (Oluchi, 31 year old living with obstetric fistula for 8 months).

I change often so as to avoid wetness and odour. I notice that my good friends are trying to avoid me. If I want to go out, apart from padding properly. I also use perfume to prevent the smell of urine. I never felt as if I am human being again. The major problem I have with this sickness is the odour of urine, no more. (Deborah, 29 year old living with obstetric fistula for $1^1/2$ years, awaiting repairs)

About 3 of them said that they developed sores in-between their thighs that discomforts them especially on walking.
As I am talking to you now, I have wound between my thighs; I often change my pad because the pain is worse when I feel wet there. This is a terrible condition. (Oluebube, 34 year old living with obstetric fistula for 2yeas). No matter the deodorant I apply, the smell is still there. I don't know what to do again. Because of that, I don't like to go out where people gather. This is terrible disease. (Oluebube, 34 years lived obstetric fistula for 2years).

Urine and incontinence

All the participants experienced urine incontinence living with obstetric fistula. They all expressed concern about urine leakage. One of the participants stated that frriquent leakage of urine is life threatening and that it leads to social isolation.

"Eziokwu, I bute udi oria a n'uwa a, nke Gi agwula" (Honestly if you have this type of condition in this world your own has finished). You can't sit like a normal person. You always check yourself. You change every time as you can be soaked any time. I don't like going out because the leakage of uring. You notice some reactions when you come close to people. (Emmanuella, 42 year old living with obstetric fistula for 1 year and 7 months).

Psychological challenges

The participants narrated that they experience psychological challenges like stigma and isolation, marriage problems like divorce or separation. Most of them had the feeling that their marital life was no longer joyful.

Stigma and Discrimination

The women experienced discrimination and isolation but the degree they experienced it depends on individual. Some of them were discriminated by husband, family members, friends, women group, colleagues on because of urine leakage and the odour that followed it. Some of them isolated themselves from people in other to avoid stigma.

I had to stop attending ceremonies like weddings, burials, meetings and even church because of this condition. I can't imagine myself not attending church. All my friends deserted me. The give me one excuse to the other in other to avoid my company. (Rose, a 41 year old. living with fistula for 3years).

Ogonna a 39 year old experienced a divorce from her husband due to frequent leakage of urine.

"I do mini job to support myself" "My pain is that I lost my baby during delivery."

I felt like dead person the day i was turned away by our women group at our village meeting(Adaku a 33 year old with fistula for 1 year}. "Adaku we don't need to tell you not to be coming to our gatherings, you should know yourself by now and respect yourself, and an you please leave the meeting."

Disrupted marital relationship and immediate divorce

The women reported that they no longer have normal sex life in their marriage living with obstetric fistula. 3 of them experience divorce due to living with obstetric fistula.

My husband is planning to marry another wife without letting me know. (Comfort, 36 year old living with fistula for 3 years). Since I develop this condition, I lost interest in any sexual activities. My husband too has no sexual interest on me too. Janet 24year old with fistula for 1 year).

Because of the way I am treated since I developed this condition by my husband's family members, I had to live them for my father's house. (Uchechi, 31 year old, living with fistula for 1year and 4 months).

My husband had to marry another wife because he could not tolerate bed wetting and smells of urine (Ogonnaya, 38 year old living with fistula for 2years).

Socio-economic challenges

Nearly all the women reported that obstetric fistula affected their ability to work. Those of them working just do that to make the ends meet. 3 of the women were divorced by their husbands..One of them as dismissed from her job due to the smells of the urine.

Dependency and powerlessness

My parents have really suffered for me since I get this disease. They have really spent a lot for me especially since I left my job because of my condition. (Patricia, 43 year old living with fistula for 3 years).

My husband is very supportive; if not for the support from him I would have been a different person by now. (Sarah, 22 year old living with fistula for 1 year).

I can say anything in the family due to I don't have any source of income as my condition does not allow me to do anything. I am dependent on any decision made on me. (Chinenye, 33 year old living for fistula for 2years).

"I don't have power again to do anything. I am just "sit-down-de-look." No money no power. (Ruth, 29 years, living with obstetric fistula for 1year).

Poverty and financial constraint

All the participants reported having insufficient income and aa of them need more money to maintain cleanliness and some medical treatment. majority had limited source of income due to obstetric fistula.

I was not like this before, I used to sell cloth, but now I can't. i don't money again having used it to take care of myself. I don't have any financial support, and this condition has incapacitated me. (Uloaku, a 43year old living with obstetric fistula for 3 years).

The health care services is very costly, sometimes I cannot assess it because of financial constraint. My husband is a petit-trader and does not always have the money to pay for my bill. (Ngozi, 31 year old living with fistula for 1 year and 7 months).

Since I developed this condition, I depend on what my parents could afford for me. I was sacked by my manager where I was working as a result of urine leakage and smells. (Victoria, a 34 year old living with obstetric fistula for 2years).

Coping strategy

The women reported different efforts they made to cope with their condition. Some of these efforts include; isolating oneself from people, non-disclosure of their condition for fear of stigma, frequent bathing and washing and changing pads, use of deodorants etc.

Withdrawal from the community

I avoid coming in contact with people to avoid their calling me names and gossiping about me. In fact apart from my husband and my mother, I have never told anybody about my condition. (Ujunwa, 26year old living with obstetric fistula for 1 year and 5 months).

I have stopped going for burials, church, weddings or any gathering at all, because I know people must surely notice my condition and shame will catch me. one of the participants reported.

Improved personal hygiene

I frequently wash my cloths and take bath to prevent odour. I equally use deodorants, even though these do not completely solve the problem. (Julie 37 year old living with fistula for 4 years)

Another participant reported that she avoids sitting down when ever she goes out so as to avoid soaking her cloths with urine. Yet another one said the she uses up to 3 pieces of cloth to pad herself the problem in other.

Discussion

Demographic information results revealed that majority of the respondents fall within the age range of 30 – 39 (34.8%) and 20 – 29(30 .4%) respectively. The mean age of the respondents was 38+- 9.9 years. This is not in line with the earlier findings of [11] that discovered the age range of women with fistula to be 15 – 40 years with the average mean age of 26.6.Furthermore, majority of them (10(43.5%) had primary education. This does not agree with the findings of [12] that majority of them had poor education affect quality of life. Considering their marital status, majority were married 14(60.9%) was married. No wonder the high incidence of obstetric fistula among them as the case has something to do with labour and delivery. Majority were traders 10(43.5%), whereas only 5(21%) of them were civil servants. the rest fall into the categories of farmers, domestic work/house maker. No wonder then majority had poor quality of life since they were not empowered to make decision and also to take care of their health. This finding is in consonant with the earlier findings of [13] that discovered that women who were not employed had poor QoL. Again, the duration of living with obstetric fistula revealed that majority 25(52.2%) had lived with it for 1 and below two years and only one of them had lived with it for more than 3 years. This must be the reason why majority experienced poor QoL. This finding is in line with the findings of [4] who found out that 46% of women had lived with obstetric fistula for 1 and 12 months.

A binomial test of proportion shows that a high significant proportion of women (83%) with obstetric fistula in relation to quality of life domain, agreed that their quality of life is poor, and not satisfied with their health. Generally majority of the women experienced poor QoL, and also were not satisfied with their health status. These are due to problems inherent in the HrQoL with obstetric fistula. The findings are in line with the earlier findings of [8] who discovered that the majority of women with obstetric fistula had poor QoL. The diminished quality of life among the women living with obstetric fistula were discovered. A number of factors could be fingered to contribute to this poor quality of life. For instance, with thrty-eight as the average of the women, obstetric fistula will be an embarrassing to their young and productive age life. This may be frustrating, a source of worry and personal disappointment.

Findings here revealed that obstetric fistula moderately affects HrQoL of the women in their physical health domain, with the average mean score of 3. Majority of the women were dissatisfied with their sleep. They agreed that physical pain very much prevents them from doing what they need to do and that they moderately needed medical treatment to perform. No wonder the overall QoL was poor. This finding is in consonant with the earlier findings of [6] that the women experienced physical symptoms such as body pain, painful blisters, burning feelings, irritation and itching in the genital areas and the thighs due to constant wet and friction. These will greatly impact HrQoL in the physical health domain.

Findings here showed that obstetric fistula does not make the women experience negative feelings such as anxiety, depression, despair etc, $p>0.05$, but the other parameters of psychological domain of the women were significantly affected by obstetric fistula. It was found out that majority of the women reported having blue mood, despair, anxiety and depression which were associated with poor quality of life. It could be that the women were having fear and must have lost hope of getting themselves cured of this ailment [11].

The overall result here showed that the women feel little dissatisfied living with obstetric fistula; the average mean score was 2. They were really dissatisfied with their self-image, and they also agreed that life has little meaning to them living with this condition. These findings are in line with the findings of [12] who found out that women with obstetric fistula internalize feelings of worthlessness and shame, and that they feared discrimination. So HrQoL in the psychological domain is really impacted with all these. This fear of stigma may have stemmed from prior understanding of social norms around bowel and bladder control, which do not account for a condition such as obstetric fistula. This misunderstanding may have resulted from a lack of knowledge regarding the condition's actual causes. Awareness creation and educating the women and their family and communities members about the causes of obstetric fistula, and its prevention and treatment, may help to prevent fistula as well as reduce all dimensions of stigma, and consequently increase dignity and quality of life for these women.

Findings here revealed that obstetric fistula does not influence how satisfied the women were with their personal relationship, neither does it influence the sufficiency of money to meet day to day needs $P>0.05$. However the other parameters were significantly affected by obstetric fistula $p<0.05$. The earlier findings of [9] showed relationship between QoL and social relationship as majority who were dissatisfied with personal relationship and felt lonely had poorer QoL, and that majority were dissatisfied with their sexual life.

The finding revealed that the women were neither satisfied nor dissatisfied with the overall life in social relationships domain; the overall mean score was 3. The women were mainly dissatisfied with their personal relationship which is really due to the leakage of urine with the inherent odour that might make people not wanting to come close or make the woman to distant herself due to shame. They were also dissatisfied with their sex life. All these impact greatly on the QoL in this domain. The finding is in consonant with the findings of [10] that discovered changes in the social life of the women due to obstetric fistula. Women living with obstetric fistula may resort to socially restricted and disrupted life due to fear of involuntary disclosure of their condition and embarrassment. They may lose their positive self-image due to the urine incontinence and attendant smell. In line with this, [11] earlier reported that to avoid shame and embarrassment, that these women avoided public gatherings such as church, market, weddings etc. It was found out that women with obstetric fistula lived socially deprived and isolated lives, and that they equally lived sexual and marital lives that were no longer joyful due to leakage of urine [2].

Findings in this domain revealed that the parameters here were significantly affected by obstetric fistula, $p<0.05$, but obstetric fistula does not have any significant relationship with how the women feel in their daily life and how satisfied they were with their temper. It was reported significant association between QoL abd and the parameters in the environmental domain where majority of the women indicated that lack of lack of opportunity for leisure activities., felt unsafe in daily life, limited access to information in day-to-day life and uhealthy physical environment had poorer HrQoL.

The average mean score of 3 here revealed that life of the women here was moderately affected. They were neither satisfied nor dissatisfied with their access to health care services, and availability of information they will need for their day-to-day life was moderate too. Their felling of safety here was also moderate, so life in this domain was moderately

impacted. This finding is line with the findings of [7] who discovered that women with obstetric fistula experienced great health and social consequences which obstructed their fulfilment of social, family and personal responsibilities. These experiences range from having bad odour, incontinence of urine, stigma, isolation, divorce, powerlessness, dependency, financial constraints etc.

The mean age of the women was 38.4 years with a standard deviation of ± 9.9 years. This is not in line with the earlier findings of [12] that discovered the age range of the women with obstetric fistula to be 15 – 40 years with the average mean score of 26.6. Furthermore, majority of them 10(43.5%) had primary education. This does not agree with the findings of [13] that majority of them had poor education affecting the quality of life. Considering their marital status, majority were married 14(60.9%). No wonder the high incidence of obstetric fistula among the as cases had something to do with labour and delivery. Majority were traders 10(43.5%), whereas only 5(21%) of them were civil servants, the rest fall into the categories of farmers, domestic work/house maker. No wander majority had poor life since they were not empowered to make decisions and also to take care of their health. This finding is in consonant with the earlier findings of [14] that discovered that women who were not employed had poor QoL. Again, the duration of living with obstetric fistula revealed that 12 (52.2%) had lived with it for 1 and below two years, and only one of them had lived with it for more than 3 years. This must have been the reason majority experienced poor QoL. This finding is in line with the findings of [15] who found out that 46% of the women had lived with obstetric fistula for 1 and 12 months.

The result revealed that the overall HrQoL was not affected by age, educational status, marital status and occupational status of the women, $p > 0.05$, but duration of living with fistula significantly affected the overall HrQoL of the women, $p<0.5$. This finding is not in line with the earlier findings of [14] that the level of education, employment status, satisfaction with personal relationship, feeling of loneliness, negative feelings and self-confidence were all associated with poor QoL This is due to leakage of urine has repercussion on the women's QoL.It was discovered association between education and QoL with majority of the women with no formal education having poorer QoL. This might be as a result of limited knowledge and skills to create an enabling environment for better QoL. It may also mean that the impact is global irrespective of socio-demographic circumstances of the sufferer.

From the in-depth interview, the women reported many challenges which ranged from physical, psychological and socio-demographic challenges. They equally reported some ways they were coping with the problem.

The result on the physical challenges, revealed that majority of them experienced problems like body pains, wetness that cause them wound in-between the thighs, urine leakage, general body weakness, discomfort in working due to wound, bad odour due to constant dribbling of urine. It was discovered that in Somalia and Pakistan respectively women with obstetric fistula experienced physical challenges of urine incontinence, wounds around genitalia, bad odour, incontinence of urine and faeces [15]. The finding is also in consonant with the earlier findings of [5] discovered in Ebonyi State Nigeria that women with obstetric fistula experienced physical symptoms like soreness, irritation and itching in genital area, general body pains painful blisters on the thighs due to wetness and friction.

The findings revealed that participants experienced psychological challenges like stigma and isolation, marriage problems like divorce or separation, depression and anxiety. Most of them had the feeling that their marital life was no longer joyful. This finding is in line with the earlier findings of [16] that reported that majority of the women with obstetric fistula experienced stigmatization, isolation, and discrimination arising from leakage of urine and faeces. The finding also corresponds with the findings of [17] that discovered in Uganda that women with obstetric fistula experienced psychological stigma and depression, social exclusion and loneliness, psychological stigma and depression [18].

Findings here revealed that nearly all the women said that obstetric fistula affected their ability to work. Those of them working just do that to make the ends meet. 3 of the women were divorced by their husbands. One of them was dismissed from her job due to the smells of the urine. Some of them reported not doing meaningful job and all these make many of them to be dependent. This finding is in line with the earlier findings of [19] that found out that woman with obstetric fistula experienced powerlessness, dependency, limited social support, profound poverty and loss of healthy years.

Findings showed the women reporting different efforts they made to cope with their condition. Some of these efforts include; isolating oneself from people or gathering, non-disclosure of their condition for fear of stigma, frequent bathing and washing and changing pads, use of deodorants etc. This finding is in consonant with the findings of [20] that discovered women awaiting fistula repairs in Ebonyi State, Nigeria reported going through physical and emotional problems and that they devised ways of coping with the problems by bathing often, using straps of old wrappers as pads, attending religious gatherings to cope emotionally, also setting up income yielding businesses.

Conclusion

Based in the findings, the researcher concludes that:Obstetric fistula has major health and social repercussions for women, making it difficult for them to meet their social relationships, familial, and personal obligations. The overall HrQoL of women with obstetric fistula in Imo State was poor and majority of women were dissatisfied with their health. Obstetric fistula impacts moderately on the physical health, social relationships and environmental domains while it highly significantly impacts the parameters in the psychological domain.

- Duration of living with fistula significantly associated with poor HrQoL of the women, $p<0.05$. Association also exists between obstetric fistula and the 4 domains of HrQoL. No wonder the overall HrQoL is poor.
- Women with obstetric fistula experienced physical, psychological and socio-economic challenges, they devised ways such as frequent bathing and washing cloyhs, use of deodorants, avoiding going to gatherings, to cope with these challenges.
- Awareness on how to stop and treat obstetric fistulas requires an understanding of the complicated social background.

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