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Reintegration Experiences of Women After Obstetric Fistula Repair, in the Mfantseman Municipal Area in the Central Region of Ghana

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Abstract

Obstetric fistula affects women's social lives, and some women still experience stigma and marital challenges even after successful repair. There is limited information on the experiences of reintegration after a successful fistula repair and a gap remains in the experiences of reintegration services, affecting implementation and policy implications for fistula repair programs. The data for the study was an in-depth interview guide and interviews were audio-taped with permission from participants, transcribed verbatim, and analyzed using thematic analysis. Four (4) main themes, two (2) emerged themes, and thirteen (13) subthemes were generated from the data. All four major themes were derived from the constructs of the socio-ecological model which was used to develop the objectives which guided the study. The findings show that although there is support for treatment, there are no formal support structures for the reintegration of obstetric fistula survivors.

Keywords: *Fistula Repair, Obstetric Fistula, Pregnancy.*

Introduction

Pregnancy is generally perceived as a precious gift that transcends all cultures and beliefs. The period of pregnancy is expected to be a natural phenomenon without actual or potential risks to the expecting mother and foetus no matter the circumstances that may arise [1]. It is expected that the period of pregnancy remains joyful and blissful in the lives of the family. However, some women have negative experiences due to undesirable outcomes like obstetric fistula [2].

Obstetric fistula has been highlighted as one of the most obvious indications of morbidity among women globally and is a serious issue in low-resource nations [3]. Obstetric fistula occurs during prolonged and difficult labour, especially when access to emergency obstetric treatment is limited [3]. The tissues between the vagina and the bladder, or rectum, are damaged during prolonged or obstructed labour due to pressure from the baby's head, which inhibits blood flow and causes necrosis of tissues and fistula formation [4].

WHO estimates that 50,000 to 100,000 new cases of obstetric fistula occur each year worldwide and approximately 2 million women and girls across Africa and Asia are living with untreated obstetric fistula [5]. It is predominant in developing countries like sub-Saharan Africa [6] where an estimated 2% of obstructed labors occur [7].

In Ghana, the prevalent rate of obstetric fistula has been inadequately reported. According to a 2015 UNFPA-sponsored Ghana Health Service report on the prevalence of obstetric fistula in Ghana, there are between an estimated 711 and 1,352 new cases of the

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condition every year. This implies that on average, there are 1.6 to 1.8 cases per 1,000 deliveries. However, only 200 cases (about 40%) of obstetric fistulas are surgically repaired each year [8]. Between the years 2011 and 2014, 1538 cases were identified. The Northern Region recorded the highest number of patients seen with vesico vaginal fistula (527 women; 34.3%), followed by Ashanti (295 women; 19.2%), Western (239 women; 15.5%), Central (148 women; 9.6%), and Upper West Region (104 women; 6.8%) [8].

The treatment capacity of most developing countries is limited to about 6,000 to 7,000 per year, which is low and implies the majority of women who get diagnosed with this dehumanizing condition are forced to endure it for the rest of their lives [9]. Women who experience obstetric fistula are frequently ignored and subjected to severe stigma. Due to the traditional perception of obstetric fistula as a divine punishment or a curse for unpleasant behaviour rather than a medical ailment that can be treated and cured, this stigma may persist even after repair. Although the majority of stigma is addressed in women with obstetric fistula, family members may also experience stigma due to a relative's disease [10].

Most studies in Ghana have focused on the experiences of women with obstetric fistula [11-14] with a few exploring the social acceptance and reintegration barriers faced by obstetric fistula patients' post-treatment and rehabilitation [15, 16]. Hence this study explored the reintegration experiences of women after surgery to help sharpen and strengthen the presentation and packaging of programs, activities, and messages on obstetric fistula to raise awareness of the reintegration experiences to community members and the need for acceptance after a successful repair.

Problem Statement

The UNFPA report shows that each year, about 15% of all pregnancies worldwide end in direct obstetric complication during labour, indicating that Obstetric fistula is still a problem for women and girls in poor nations, even though it has been virtually eradicated in developed nations. This is particularly true for the region of West and Central Africa, which accounts for more than half of the global figures [17].

In addition to the uncontrollable seepage of urine and/or feaces and the related smell, studies on fistula have also shown that untreated obstetric fistula has serious medical, psychosocial, and economic consequences, such as divorce, neglect, and isolation by family and community [18]. Not only are the victims ignorant about the causes of obstetric fistula, but most of them are also unaware of the available treatment options leading to delays in seeking healthcare [19].

Victims of obstetric fistula who recover after successful surgical repair find it extremely difficult to reintegrate back into their communities because of the social scorn associated with this condition [10]. Also, stigmatization associated with genital fistulas has severe health, social, economic, and psychological effects on the well-being of affected women. This, in turn, impairs their recovery and reintegration into their families and communities, even after a successful fistula repair [20]. Although the majority of stigma is addressed to women with obstetric fistula, family members may also experience stigma due to a relative's disease [10]. This may lead to situations where the women are abandoned even after repair and the unavailability of reintegration programs. This is why it is important to explore the reintegration experiences of women after surgery to raise awareness of the reintegration experiences to community members and other stakeholders to influence policy formulation and interventions.

Objectives of the Study

The main purpose of this study was to explore the reintegration experiences of women

after a successful fistula repair in the Mfantseman Municipal area.

Specific Objectives

1. To identify the support provided by family and friends during the reintegration process.
2. To examine the available healthcare services and how they support women after obstetric fistula repair.
3. To explore the available programs in the community that support women after a successful repair. To identify the cultural beliefs and practices that influence the reintegration process.

Significance of the Study

The primary objective of this research is to produce scientific evidence on the experiences of women who had a successful repair and are reintegrating into society in the Mfantseman Municipal area. The study's findings can contribute to policy formulation to guide future health programs and policies aimed at improving the rehabilitation of women after fistula repair, by the provision of not only medical care but also psychosocial care services, financial help, and skill empowerment. This will help the women to cope with the trauma and the negative change that affected their social lives associated with the condition even after a successful repair. After the research is completed, the study's findings will make a significant contribution to improving maternal health services in the district, as well as provide a systematic body of knowledge that can be used for appropriate policy formulation.

The results of this study intend to help formulation and packaging of programs, activities, and messages on obstetric fistula to raise awareness of the reintegration experiences to community members and the need for acceptance after a successful repair. Finally, the study is going to contribute to the creation of new knowledge for use in midwifery practice and assist in gathering crucial midwifery data and viewpoints that support the creation of a nursing and midwifery curriculum on the reintegration aspect of fistula management.

Materials and Methods

Study Site

This study was conducted in the Mfantseman Municipal area in the central region of Ghana. The area is situated along the Atlantic coastline of the Central Region of Ghana. It stretches approximately 21 kilometres along the coastline and about 13 kilometres inland constituting an area of 300.662 square kilometres. The administrative capital of Mfantseman is Saltpond. Many of the ethnic groups distributed around the municipality are Akan, but migration has brought other ethnic groups such as the Gas, Ewes, Ashantis, Akwapems, Northerners, and settlers from other regions of the continent. The Main occupations of the people are agricultural, forestry, and fishery workers. Additionally, the municipality had the fifth-highest number of births (3,537) in the year before the 2010 Census.

According to the [21], MMA in the Central Region of Ghana has the third highest incidence of obstetric fistula in Southern Ghana and the fourth highest in the entire nation [21]. The Mercy Women's Catholic Hospital's Obstetrics Fistula Unit located in Mankesim served as the main study site. The Catholic Archdiocese of Cape Coast founded this facility in 2009 to provide care for women throughout the nation who experience obstetric fistula. The facility is the largest obstetric fistula centre in sub-Saharan Africa, with a 45-bed capacity ward. It has a theatre, a recovery ward, an outpatient clinic, and a patient's family member's residence. The facility receives patients as referrals from other facilities and has an outreach team that plans outreach programs to the villages and sub districts looking for patients with the condition, as well as a repair team made up of surgeons, fistula nurses, and

other paramedics who all work together to provide these patients with comprehensive care. Three hundred and eighty-nine (389) cases have been repaired at no cost to the patients since the clinic opened and 56% of the repairs have been successful [22].

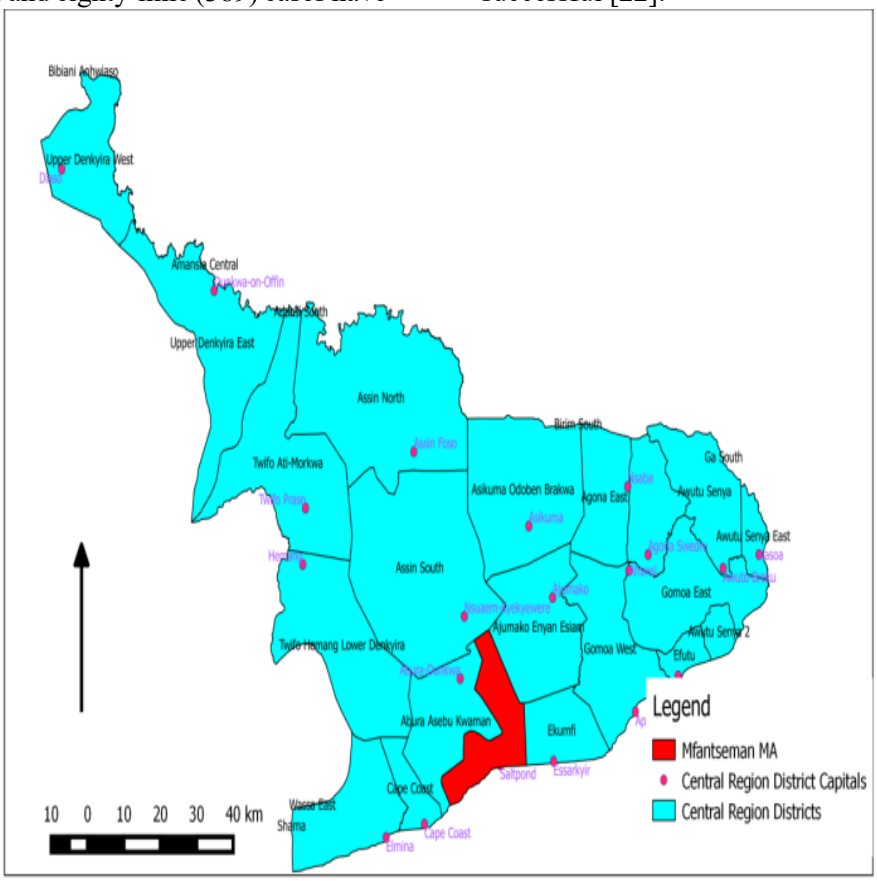

Figure 1. District Map of Mfantseman. Source: Ghana Statistical Service, GIS

Inclusion Criteria

Only women who had a successful repair and lived within the Mfantseman municipal area for at least five years were sampled for the study. To qualify for selection to participate in the study, the women must have had the obstetric fistula condition have undergone successful obstetric fistula repair within the past five years and be willing to be part of the study.

Exclusion Criteria

Women with unsuccessful fistula repair and women who may fit the criteria for selection but were non-residents in any community in the district did not qualify to participate in the study. This was to ensure the data gathered from respondents were the true reflection of the phenomenon being studied in the district. Also, those with successful fistula repair residing in the study area for at least 5 years but were seriously ill, not mentally sound, or declined to be part of the study were excluded.

Sample Size and Sampling Technique

Qualitative research with a purposive sampling technique was employed for this study. This study data saturation was reached by the 13th participant with no emerging new themes.

Data Collection Tool

An in-depth interview guide allowed for the exploration of people's experiences, thus making it the right tool used to gather data from respondents. The interview guide for this study was in four sections. The first section discussed the participants' socio-demographic background. The second section discussed the

obstetric data of participants, the third section discussed experiences of obstetric fistula and the last part discussed experiences after obstetric fistula repair.

Data Collection Procedure

A Rapport was established with potential participants to seek their consent to participate in the study and were informed of the study's purpose to recruit them, and those who expressed interest were chosen to participate. In their preferred language, the research was explained to the participants about the purpose, objectives, potential benefits, and risks, and they were given enough time to decide whether to participate. Participants were also informed that interviews will be audiotaped using a voice recorder. Those who agreed and qualified according to the criteria of the study were asked to sign or thumb-print consent forms. Participants were informed of their right to opt out of the study even after completing the consent forms with no consequences. During the recruitment process, codes were given to each participant to maintain their anonymity, which were then utilized in all notes and transcripts. Codes were replaced by names stated during the interview and later quoted directly from participants. Participants were informed that information provided would not be linked to them without their approval. The interview was a face-to-face encounter between the researcher and the participants, lasting 34-52 minutes and audio recorded with the participants' consent. The aim for tape recording the interviews was to capture every aspect of the participants' responses to ensure accurate and rich data. The period of data collection lasted for one month.

Data Analysis

A thematic content analysis was used to analyse the data. Braun and Clarke created a six-phase method for reflective thematic analysis which was improved by Saunders to create practical theme analysis, using a simplified and educational approach that keeps the important components of their six phases. Braun and Clarke's phase 1 (Being familiar with the data) is reflected in their initial reading process. The second step of coding is phase two, or coding. The third theming stage is a representation of phases 3 (creating initial themes), 4 (developing and reviewing themes), and 5 (refining, defining, and identifying themes). In this third stage of theming, phase 6 (writing up) also takes place, but following a thematic analysis session [23]. After conducting each interview, transcription was done and the initial notes taken, reading over the field notes and transcriptions multiple times helped the researcher become comfortable with the data by highlighting sentences and phrases that were significant. Similar phrases or statements were looked for, sorted into separate files, and given names. The initial codes that resulted in the construction of themes and subthemes were created by combining similar files and grouping them into meaningful units.

Results

Demographic

The demographic characteristics of participants who responded to the research interview show that the majority of participants were within the age range of 40-49 years. Regarding participants' marital status, the majority (seven) of them indicated they were married. Out of the seven who were married, 3 participants were married to new husbands, 2 were still with their old husbands, and 2 separated. One was divorced, two were widows and three never married. Also, about educational level, the majority of the participants indicated they have a primary school certificate. On the issue of occupation, the analysis shows that three participants (3) were petty traders, two (2) were housewives, seamstresses, and Teachers respectively and one (1) indicated she was a Hairdresser.

Table 1. Demographic Characteristics of Participants

CODES	Age	Marital status	Level of Educ.	Occupation	Religion
P001	30-39	Married	Secondary	Medicine Counter Assistant	Christian
P002	Unknown	Widow	No formal education	Rice seller	Christian
P003	40-49	Married	No formal education	Hairdresser	Christian
P004	30-39	Married	Primary	Housewife	Christian
P005	40-49	Widow	Secondary	Food Seller	Muslim
P006	30-39	Married	Secondary	Seamstress	Christian
P007	18-29	Single	Primary	Seamstress	Christian
P008	18-29	Single	Secondary	Teacher	Christian
P009	40-49	Divorced	Tertiary	Teacher	Christian
P010	40-49	Married	Secondary	Trader	Christian
P011	40-49	Married	Primary	Housewife	Christian
P012	40-49	Married	Primary	Hairdresser	Christian
P013	18-29	Single	Primary	Trader	Christian

Organization of Themes

Overall, four (4) main themes, two (2) emerged themes, and thirteen (13) subthemes were generated from the data. All four major themes were derived from the constructs of the socio-ecological model which was used to develop the study objectives. The detailed representation of the four (4) major themes are as follows, Recovery and social support, Availability of healthcare services, community post-repair programs, cultural beliefs and practices. Other themes that emerged are challenges after repair, and suggestions from women after repair. These themes and subthemes help to provide insight into what women experienced as they returned to their normal lives after successful obstetric fistula repair and their opinion on what services ought to be in place to aid their social reintegration. The various themes emerged, and sub-themes are presented in Table 2.

Table 2. Organization of Themes

Main Themes	Emerged Themes	Sub-Themes
Recovery and social support		• Initial experience • Support 1. Partner/ family support 2. Social support
Availability of healthcare services		• Sponsorship • Staff counselling/ Education

Community post repair Programs		• Institutional policies/programs • Media support
Cultural beliefs and practices		• Traditional beliefs • Community perspective
	Challenges after OF repair	• Infertility • Post-surgery complication • Financial
	Suggestions from women after repair	• Government initiatives 1. Awareness creation 2. training • Support groups

Recovery and Social Support

In expressing their reintegration and social support experiences, participants mentioned a profound sense of relief and happiness that their medical condition has been successfully treated. They shared their initial experiences after the repair and how they had support from family.

Initial Experience

Living with Fistula was a depressing experience that affected the woman's daily life, her marriage, her socio-economic life, and her relationship with society. After the surgery, there was a feeling of happiness and relief. The entire family expressed joy at the recovery of their relative's condition. A participant who had suffered for three years expressed how thankful she was to God that the suffering was finally over. To her the feeling was different.

That day I was very happy and knelt at the toilet thanking God, finally this was over. And the day I was discharged home it was all joy when I went home, as if I returned from abroad. ***(P013).***

The feeling of happiness was expressed by most of the participants. Another participant expressed that she became the happiest woman on earth knowing she was free from the condition.

"…I was the happiest woman on earth knowing that finally this condition was no more with me, and I was free now back to myself again…" ***(P001).***

Some participants expressed freedom and a heart filled with joy knowing the condition is no more.

*...I had so much joy in my heart, madam you don't know what I went through, the fact that finally I am free from this bad condition [obstetric fistula] is a big relief for me, and I will be forever grateful to God. (****P008).***

It was a feeling of relief for some participants. To step into the community, one had to be mindful of their dressing so that they don't stain their clothes with urine or feaces, knowing that they could dress without packing more clothes was a relief.

"*…I used to pack myself with old clothes and go to work with them, when it gets wet, I change quickly. Now I don't have to pack any clothes and it makes me relieved*" (***P012).***

"…Now I can go to places without wearing a pad, I am not leaking feaces again, I can go to church, market and everywhere, I feel free…" ***(P006).***

Support

It is beneficial for the woman to regain her psychological, physical, and social health if she receives adequate care following repair. Participants highlighted the support networks

that were accessible to them during this unfortunate situation and how this support played a significant role in facilitating their reintegration. Women were assisted in reintegrating into the community by three support systems: partner and family support, social support, and financial support.

Partner and Family Support

Support received from a partner is very crucial after a successful obstetric fistula repair. One participant reported how his partner has been supportive throughout her moments with the condition and even after the surgery.

*...Life has been good after surgery because I am a happy woman, my husband too was happy after the surgery and he has been with me from the time the problem happened, supporting me every time… (**P006).***

Another participant also recounted:

*"We were all happy and my husband too was very happy, he has shown me love, the way he was with me throughout all these years, supporting me, it helped me to stay positive" (**P012).***

Participants whose partners neglected them when they developed obstetric fistula had no support before and after the surgery. These were their experiences:

*The man I was pregnant with left us after I had the condition, he said he did not have money and that he lost his job, so he was never supportive, and he never came back even though I had the surgery and has never been supportive (**P008).***

*...I can't tell whether my husband is happy I had the surgery or not because he did not show it and he is not even supporting me; he gives me money for our upkeep when he wants to and it is not even enough… (**P011).***

Support from family members helped most of these women go through the condition without losing their sanity. Some participants mentioned that the support they received from their immediate family members before and after the surgery has been enormous.

*My family members have been so supportive since I had the condition, they have been financially supportive and physically present. They even helped me bury my husband, the few who knew in my church were also supportive. They come and pray with me once in a while and give you something small. So, it has been so great that finally everything is over **(P002).***

Also, another woman in the study narrated her story as:

*...I had so much joy in my heart, my mother and two sisters were very happy and supportive, they have been encouraging me and I am living with my son hoping to get the strength to take care of him… (**P008).***

Another participant stated that:

"…my children have been so supportive all these years and I know God will bless them. My family too has been there for me visiting and calling to check up on me…" **(P010).**

Social Support

Participants who had social support were able to get through with the condition, were positive, and were able to have the surgery with good recovery outcomes. Support in the form of receiving words of encouragement from their neighbors, and prayers from their pastors and church members came in handy. Two participants had their stories to share.

*Now I can go to places without wearing a pad, I am not leaking feaces again, and I go to church, market, and everywhere. My church leaders are happy I can now partake in church activities, some other people also got to know me after the surgery and they are happy for me, in all the support has been great. The people in my church were happy and were with me in prayers, when they heard I went to do my surgery and I went to testify at church (**P006).***

The people in my community were happy and were with me in prayers when they heard I went to do my surgery after I came home everyone was glad to see me cheerful again **(*P013).***

Some participants hid the condition from their community due to fear of stigma, but those

who found out later were supportive, these were some of the statements they shared:

A lot of people did not know, I never told a lot of people because I kept myself very well, I don't want anyone to see me and laugh at me because I am a shy person. Some church members knew too. Even the woman I was buying Pampers from was wondering what I was using the Pampers for, so I eventually told her, and she even made one woman who also had the same problem come and see me, and I sent her to the in charge of the fistula center ***(P003).***

*In my area nobody knew about my condition, I don't even have friends, so nobody knew I went through such a situation, it was the lady at my workplace who got to know before I had the surgery, but she was okay and seemed happy when I returned (****P001).***

It was some few church members and some few family members who knew I had the condition initially and there were no issues with them. Some friends and people in my area got to know later, I lost a lot of my friends, they never visited to even check up on me, even though they knew I was sick. I kept myself well so I was not smelling, but people would not stand and chat with me or invite me to their programs. So, I started distancing myself **(P002).**

Some participants also shared their plight on the fact that they are still struggling to be accepted back and get the support needed from their community. These are some of their comments:

*Hmm when I went back people did not believe that this time, I was free from urine, some people still believe I am sick, even though I tried to explain to them that I am no longer leaking, they believe it will come back again, so I am still trying to build my relationship with some of my friends, but some are not just good people (****P002).***

P008 also added:

*Nobody has come here to visit me, my head teacher called me and sent me some money, but she didn't ask me when I should return to school, so I can't tell how they feel about my return home (****P008).***

Availability of Healthcare Services

Positive reintegration experiences of women after fistula begin with the care given to them by the hospital in the form of sponsorship, staff support through counselling, and education on how to care for themselves after the surgery.

Sponsorship

Participants acknowledged that they received sponsorship for the surgery and that was a major source of relief for them. Many people are still living with the condition because they do not know about the free surgery services provided in some hospitals.

*I thought I would pay so much money for the surgery, so I stayed at home for a long time, but I heard about the free surgery on the radio. Maybe some people like me also don't know about it (****P010).***

Another participant said:

They have been very helpful, just imagine if they had asked us to pay for all the two weeks we were there, where would we have gotten the money from, so I appreciate their support. The nurses are so nice to us and very professional ***(P007).***

Some participants expressed joy about the fact that they received support both in cash and in-kind throughout their stay in the hospital. These were their comments in their excitement:

*It was very helpful and the support throughout the surgery too, because when you calculate it's about four thousand Ghana cedis for each person's surgery, but we had it free and free feeding and accommodation (****P011).***

"The hospital was very helpful because it was very expensive to do the surgeries at other places and we had it free here, and they even fed us free, so they have been very helpful" ***(P004).***

Other participants commended the professionalism and kindness of the hospital

staff, particularly the nurses. These statements collectively reflect the positive impact of the hospital's services on the participants' well-being and highlight the importance of accessible and compassionate healthcare. They narrated their views with a grateful heart as follows.

"The people in this hospital(staff) have done very well. All the support from all the nurses and doctors and the information they gave was very helpful" ***(P001).***

*"The nurses are so nice to us and very professional. I have never met such nurses like that except in this hospital and I recommend them" (****P007).***

Staff Counselling and Education

Fistula had a negative psychological impact on the mothers. All participants acknowledged that they were educated and counselled by the nursing staff after the surgery which was very helpful. They shared that the counselling session raised their hopes for a better future.

*A counsellor came to also talk to us and told us that we are healed now so we should forget the past days when we were sad and thinking of suicidal things and encouraged us to be positive about for the future because we are healed, we should take those things out of our head (****P001).***

Another participant also shared her story:

*I was encouraged not to give up on my life and relationship because this condition destroyed my life, so I don't think I will ever marry. But they counselled me, but I am praying for strength to take care of my son (****P008).***

Participants reported that the best part of their recovery was the encouragement they received from the counsellors.

*"…a woman came to talk to us and encouraged us to forget about all that we went through, and it helped me a lot…" (****P005).***

*They showed us pictures of how the fistula came about, how to maintain our hygiene, and how to keep ourselves during our menses, they encouraged us so well, but we didn't experience such encouragement at home, so were happy at the hospital and didn't want to go home, everything was free. Their care was very helpful (****P013).***

The nurses provided information on how participants should care for themselves. They received education in the various areas they needed to pay attention to, to aid in wound healing. Some participants recall receiving education on their diet and personal hygiene. These were their comments:

*"…The nurses at the hospital told us how to maintain our hygiene so that our wounds will heal faster …" (****P006).***

*They showed us pictures of how the fistula came about, how to maintain our hygiene, and how to keep ourselves during our menses. The nurses told us to eat very well and take our medicines so that our wounds will heal well (****P013).***

*"…They also told us to eat plenty of fruits and eat well so that the wound will heal well…" (****P010).***

Other participants remember the education they received about when to resume sexual activity; three participants shared their statements as follows;

*"…The nurses at the hospital told us when to resume sex, they said after six months…" (****P006).***

*"…They told us to keep ourselves well and to resume sex after six months..." (****P004).***

*"…They also told us when to resume sex, they said we should wait till six months before…" (****P007).***

Whilst some participants were grateful for the education given one participant had concerns following discharge education, according to her, she did not receive any education from the nurses but had information from other clients.

We were not given any education they didn't tell us anything like how to take care of ourselves or when to resume sex, it was one lady who told us about the sex part during the conversation. but we were given review dates ***(P009).***

Community Post-Repair Programs

There are policies and programs laid down to help women reintegrate back into their communities, but there are implementation problems. The African Union has also called for the development of policies to address the social and economic impact of obstetric fistula on women, including the provision of psychosocial support and vocational training. However, a lack of political will prevents these policies from being implemented and programs organized for these women to help them reintegrate.

Institutional Policies and Programs

Many women after the repair do not know where to send their concerns and how to bounce back to their normal lives again. They run back to the hospital where they had the repairs and expect them to help them with vocational skills and finances to start up a business or trade. They shared their views as follows.

We don't have anything like that(programs) in the community, after you are discharged you are on your own, no one is even willing to give you a loan to start something, so you rely on family members and friends ***(P001).***

"There is nothing like that, we don't have people supporting us after our repair. we don't have anything like that here" ***(P002).***

"No please after discharge home you have to start your life by yourself, there are no plans for us, no one to talk to for help" ***(P013).***

Other participants recall that some organizations other than the hospital supported them with some cash and used clothes after the repair.

I know the NGOs who are outside the country support people with fistula to have the surgery, and it does that, but apart from them, I haven't heard of any programs like that. Usually after the surgery, they give some used clothes which are donated by people because some people don't even have clothes to wear, and 200gh as transportation back home ***(P012).***

Another participant commented:

"No support like that, it's only the catholic hospital that is currently supporting women who go through fistula with free surgery and after that, you are on your own" ***(P007).***

Three participants also had an idea about some programs from NGOs and the hospital community and how it was beneficial and had this to say.

"The Catholic hospital is the one trying to organize something like that but one year now, I haven't heard anything" ***(P009).***

"What I know is that the queen mother in Mankessim said she will organize some people to come and train us on soap making, slippers, and catering" ***(P010).***

We are now appealing to the government to support us. The Mankessim queen also brings us fruits and water after the surgery as a way to support us, she is even planning to empower us the women who have had the surgery with skills and I hope she can do it ***(P011).***

Media support

The media plays an integral role when it comes to helping mothers get back onto their feet after they have received treatment. Some of the participants stated that they received tremendous support from the media to enable them to start life all over again. These were some of their comments.

…There is nothing like that in my community, but there was a program on Adom TV and I also remember seeing another one on Angel TV discussing how they can help women who have fistula with money to start something with their lives after surgery, so they also supported me with some money, but apart from them nobody does that kind of thing in Ghana… ***(P006).***

Apart from Angel TV who was so supportive financially after the surgery, I heard about another one at Atinka TV but when I went there, the queue was very long so they could not support me there. We are now appealing to the government to support us with more finances. The Mankessim queen also brings us fruits and water after the surgery as a way to support us,

she is even planning to empower us the women who have had the surgery with skills and I hope she can do it ***(P011).***

Cultural Beliefs and Practices

Some of the participants come from a cultural background where spiritual beliefs play a significant role in explaining and addressing health issues. When health problems arise, consulting a spiritualist is the initial response, and these spiritualists often provide explanations that involve evil-minded intentions from relatives. In response to perceived spiritual threats or health issues, there is a reliance on traditional remedies and concoctions, suggesting a preference for non-conventional healing methods within these cultural contexts.

Traditional Beliefs

Traditions play a role in our day-to-day lives; women are not able to reintegrate well because there are spiritual beliefs that are attached to the condition of obstetric fistula. Participants reported that fistula is associated with spirituality and the traditional bodies must be consulted to find the cause, however, after realising it is a medical condition that can be treated with surgery, they refused to continue with the traditional concoctions.

Where I come from when the problem came, they went to ask a spiritualist and he said it was from some relative who wanted to kill me, so they asked spiritually and we were doing concoctions, but after the surgery, I haven't gone back to my hometown, and I have stopped taking the medicines they gave me ***(P0012).***

Some participants believed they had been placed under a curse since they didn't see the condition as normal. Having a successful surgery was an eye-opener for them, they decided to put the past behind them and move on with their lives.

So, after the condition, my husband stopped coming to me, so I thought my mother-in-law had cursed me, but after I went to the hospital and was healed, I decided to move on with my life, after all my husband stopped coming to me and I now know better that the condition [obstetric fistula] is not from a curse ***(P003).***

Other participants did not face cultural obstacles or stigma after undergoing obstetric fistula repair. They suggested that such issues were not prevalent in their communities. Their statements collectively provide insights into the varying cultural perceptions and awareness levels related to obstetric fistula and its repair within different communities. These were their statements.

"…I didn't have any problems with my community, and growing up I didn't hear of anything like that so we did not attach any spirituality to the condition.…" ***(P004).***

For me, because we are living in our own homes, and not mingling in the community, I don't think there is something like that [cultural stigma], and even if it is there it did not affect me in any way ***(P007).***

Community Perspective

Women after obstetric fistula repair are the subject of discussion in some communities. People still don't believe they are no more suffering from the condition. The participants of the study gave varied expressions of their experience.

… Also, the way some people treated me made me feel very bad so even though I have had the surgery, I can't still go out often. The way some people look at me sometimes makes me feel very bad. so, I am taking it step by step… ***(P008).***

However, P006's statement highlights that some misconceptions related to fertility and the past condition may still exist.

"…Even though I had the surgery, and I am healed, people still think the condition [obstetric fistula] I had is the reason why I am not able to get pregnant …" ***(P006).***

Challenges after Repair

Although living with fistula came with a lot of challenges for mothers who experienced it, going for the surgery was supposed to relieve these mothers of the challenges. Life after fistula repair also came with some challenges such as fertility issues, issues with intimacy, financial difficulties, and post-surgery complications.

Infertility

Some participants mentioned experiencing multiple miscarriages after developing obstetric fistula and hoped to sustain pregnancy till term after the surgery but have not yet gotten pregnant. Two participants shared similar experiences:

*And you know I told you I had three miscarriages after the fistula and after the surgery, I thought I would be able to get pregnant and have another baby, but after 2years I am still not pregnant again (**P010).***

*"... I want to concentrate and have children because I lost another pregnancy after the fistula surgery…" (**P006).***

Other participants who hoped to get pregnant after the repair reported that, her menstruation seized after the surgery and advanced age which has prevented them from getting pregnant.

*"My menses stopped coming after the surgery, so I am having difficulties having children, so I am thinking of adoption due to my age now" **(P012).***

*"... I don't think I can ever get pregnant again, because no husband and my age now, no child too" **(P002).***

Fear and apprehension about the potential for pain or discomfort can hinder sexual intimacy.

(P013) mentioned being afraid to engage in sexual activity after the repair due to concerns about what might happen.

*"I have not tried sex because I am afraid of what will happen, because if I had not had sex, I wouldn't have gotten pregnant and gotten myself into this problem" **(P013).***

Some participants also had intimacy problems, the first time they tried, but currently are enjoying their sex life without any problems.

*When I resumed sex, it was a little uncomfortable, and my vagina was very sensitive now especially if I put my fingers there but now, I don't have any problem, I am enjoying sex with my husband **(P006).***

Post-surgery Complications

Even after successful repair some participants still had problems physically and psychologically which made it difficult to reintegrate well.

Physical

Even after successful repair some of the clients developed some conditions which affected their daily lives. Some were sexual, and others were medical issues. Several participants mentioned experiencing pain or discomfort during sex after their fistula repair. This physical discomfort can lead to emotional distress and can create difficulties in maintaining a healthy sexual relationship. These were their comments:

*They told us to have sex after six months, so I tried but there was bleeding, so I gave myself some one week and later I tried again and was still bleeding so since then I have stopped having sex, also when I urinate, I was in pain after the surgery, but currently I don't experience those problems **(P009).***

A similar experience was shared by another participant;

*I have pain after sex, I even cried during sex and if a man is sleeping with you and you are complaining that you are in pain, he will always have problems with you, so I stopped having sex with my husband and he packed out to stay with my rival **(P011).***

Other participants were faced with medical challenges, and they had this to say:

"I had constipation initially, so they gave me medicine and I was able to pass stools, they advised me to eat well so that I don't have constipation" ***(P010).***

Another participant recounted;

*When I scream or cough hard at times some of the urine comes into my panty, but it is small and I feel pain when defecating there is blood in my stools when I constipate, so I am careful, and always make sure I don't keep urine for a long time. I also take in lots of fruits and water so that I don't get constipation (****P007).***

Psychosocial

The experiences shared by these participants after the repair of the obstetric fistula revolve around anxiety and lingering negative thoughts. These accounts emphasize the long-lasting psychological effects and challenges that individuals may face even after their fistula repair; these were their painful experiences in the following narration.

*When I went home initially, I was anxious, I was afraid the problem would come back in case I did anything hard, so I was very careful and complied with the advice given to us (other fistula clients) by the nurses (****P001).***

*"I still have the negative thoughts and experiences of what I went through. At times I feel it might come back again, so I am taking it step by step" (****P008).***

One participant discussed the presence of discrimination among women with fistula, where some women with less severe forms of the condition looked down on others which puts more burden on fistula clients even after repair. These were her comments.

*Some people had very severe forms of the fistula, so some of the women felt their type of fistula was better than others and were looking down on some of the women if you don't have the heart and courage you will give up (****P009).***

*Well as I told you a lot of people did not know, but one of my aunties came to visit me unexpectedly, and from how she was nosing around she wanted to be sure I was healed, but I was not bothered at all, because when you give my family a chance, they will destroy your life (****P009).***

Even after successful repair, some people were still stigmatized. Intra-community discrimination can add to the emotional burden experienced by individuals with a fistula and one who had the condition for 18 years had this to say.

*Madam do you know that my in-laws think I have been cursed because of what happened to me, with my pregnancies and condition, so they never reached out and when my husband died what they took me through, but my family didn't allow them, so even though they heard I am healed, they still think it's spiritual and I killed their son and a whole lot of issues, but at times you want to believe them, because madam just look at me and what has happened to me is it not spiritual. (****P002).***

Other participants sadly narrated their stories:

*"I know some people don't believe I am healed because many thought this condition can never be repaired, so once in a while, you can see their attitude is to confirm whether it has come back" (****P010).***

Also, the way some people treated me made me feel very bad so even though I have had surgery, I can't still go out often. The way some people look at me sometimes makes me feel very bad. so, I am taking it step by step ***(P008).***

Financial

The financial challenges faced by these participants after the successful repair of obstetric fistula primarily revolve around the fact that partners or husbands do not support some of these women adequately, making life difficult for them, some too for fear of having the condition recurring do not want to engage in any hard work and tends to depend on people for financial support. These were their comments.

I am looking for someone to give me a loan to start my trading business again. For my

*husband he brings money whenever he likes, at times one month we don't hear from him. It is a sad situation because you went to the hospital to deliver and you didn't plan for this to happen, all your plans have to end because you had the condition and the man who impregnated you doesn't even care, so it makes life very difficult and you don't even know what to do, but once there is the life you move on and hope for the best (**P004).***

Similarly, two (2) other participants also had their experiences to share:

*...financial problems, because I was trading but when the problem happened, I had to stop, so I don't work now and I have to get money for me and my son, so there is hardship, even though my mother has been helping us out, no husband to support us financially (**P013).***

*"...Also, I need money to start up something in case I am not able to go back to school to teach since I don't have a husband..." (**P008).***

One participant who was doing her seamstress business could not go back to do her work due to the fact that she did not want to stress herself after surgery and was dependent on her husband for financial support.

*"...I also had to stop the seamstress work because I did not want to cause any problems, like stressing myself so financially my husband is the one supporting me..." (**P006).***

Another participant also recounted that.

Participants who depended on their husbands for financial support before they had the condition was abandoned and now even after repair are still not working and have financial challenges. One participant in her narration said,

*... now I cannot do difficult jobs again because I don't want to do anything that will affect the surgery, so financially we are suffering, my husband did not allow me to work so I have been a housewife all these years, so I don't even know where to start from, and he is not supporting financially too, I am living on the small donations I get from people...(P**011).***

Some participants were able to pick up the pieces of their lives and started their business to earn a living. Here are the varied responses of the study participants:

*"... but I started selling polythene bags in the market and I am doing my business, earning my small, small money, people are buying, and I don't have to depend on my husband for everything" (**P010).***

*Everything was okay, I was just grateful for healing mercies, and some months later I could resume my waakye business, making my own money and taking care of my children, and by the grace of God people are buying my food (**P005).***

Luckily for some participants, because they were working in the government sector, they were still being paid salaries and were able to cope before and after surgical repair.

*"...luckily, they[employer] were still paying me salary so I could fend for myself and did not have to depend on anybody, so I have been financially stable..." (**P009).***

Suggestions from Women After Repair

All participants after successful repair, had a message for the government and the community. In their opinion people don't know what obstetric fistula is and how it came about, so a lot of community education should be done. Other suggestions from them also implied that there was a need to form support groups and serve as advocates.

Government Initiatives

All participants in this study were of the view that the government needs to support women after successful surgical repair in the form of monetary or skill acquisition. They believe this support can go a long way to help them reintegrate after a successful repair.

Awareness Creation

Lack of education is a major complaint many of the participants mentioned that they had not heard of the condition until they experienced it. They recommend that nurses and healthcare

providers conduct community education and awareness campaigns to ensure that people are informed about the condition and know where to seek help. These are what some participants said:

*"...It was my first time hearing of fistula after I had the condition, so the nurses should be doing education in the community to create awareness so that people can know where to get help…" **(P007).***

*"...There should be avenues that people can know that there are places like this hospital for people who have gone through this situation to come in for help…" **(P004).***

*Education should be done for people to be aware of the fistula, people are having it but don't know where to get help, the nurses should spread the news to churches and schools and add it to their antenatal education, they can print pictures and post them around the hospital **(P009).***

Additionally, they emphasized the importance of educating society about this condition, possibly to reduce stigma and provide information and support.

*"...because the people have not heard about this condition, they feel it is because you have done something bad, so if the people in our community know about it they will not say that…" **(P010).***

Trainings

Participants advocate for government-sponsored training programs. They believe that these programs would empower women who have undergone surgery, by equipping them with skills that could help them earn a living. The emphasis is on post-surgery training to enhance the livelihoods of these women, and these were their suggestions:

*I think the government should bring out training so that we can take part after the surgery and earn a living, and the government should talk to the community about the condition, that it's not spiritual so that they are aware and stop stigmatizing people **(P002).***

*"...There should be training for women to empower them with skills after surgery…" **(P013).***

"…**I hope that they can organize the training for us so that we can add it to what we are doing and get money to take care of ourselves because the men are cheating on us…" **(P010).

Peer Support Groups

Participants suggest that individuals who have the condition should come together to provide peer support for each other. They believe that connecting with others who share a similar experience can be beneficial for those dealing with the condition. These were their expressions:

*"...I think if I know people who have those conditions(fistula) we can be peer support for them and educate them on the condition…" **(P005).***

*"...and I want to use myself as an ambassador for fistula, so if I get the opportunity, I can go to radio stations to talk about it **…" (P009).***

Summary of Findings

After being informed of the goals and purpose of the study, thirteen women who underwent successful obstetric fistula repairs gave their permission and were eligible to take part. An in-depth interview guide was used to help with the interview. To analyse the data, and recorded the interview sessions and transcribed them using the thematic content analysis approaches. Four main themes, two emerged themes and thirteen sub-themes emerged from the data. The findings proved that obstetric fistula destroys the lives of women when they are affected and destroys their relationships. But after successful repair one is expected to return to their normal lives, their initial experience after surgery is met with happiness and joy, but this is cut short when they do not get the needed support from their partners, family, and community. Women can reintegrate successfully if they get good support.

The hospital where these women had their repairs were very instrumental in helping these women stay positive and look forward to a bright future, they gave advice and counselled them, but after these women were discharged, some had challenges that did not allow them to reintegrate fully, others also did not get the needed support in the form of skill training, other's wanted capital to start up a business but did not get the needed support and had to depend on relatives for survival. The study findings revealed that some women after repair were able to reintegrate with the needed support, but the majority did not fully reintegrate because they did not get all the support needed.

Discussion

Obstetric fistula can have profound physical, mental, and social outcomes for affected women, making the process of reintegration a critical component of their recovery [24, 25] Majority of the women in this study expressed happiness and a profound sense of relief from the burden of obstetric fistula after successful repair. A study conducted on Ethiopian women stated that women's emotional well-being was improved after surgical repair; these women reported feeling happy as well as a profound sense of relief and gratitude [26]. This is also consistent with findings from other studies in Addis Ababa and Nigeria that also reported that women's response following successful treatment is predictably one of happiness, joy, and relief. [27, 28].

On the contrary, even after successful repair, some women continue to face severe social marginalization and severe emotional pain. They become profoundly aware of their loss of sexual and marital privileges due to the impact of the obstetric fistula [29]. According to a study by [28], while successful repair helps women feel happy and hopeful again, it only addresses a small percentage of the numerous issues these women face. Many of them are still trapped in stigma, severe poverty, and relationship struggles. A comprehensive analysis of ten qualitative studies detailing the reintegration and rehabilitation processes of women in sub-Saharan Africa who had undergone obstetric fistula repair revealed that nearly all the studies had unfavorable outcomes. The negative features of rehabilitation that were most frequently noted were the long-term emotional, financial, and physical repercussions. The majority of the women stated that it traumatized them to be their families' financial burden [6]. Fortunately, the majority of the women in this study had favorable outcomes. This profound sense of relief stemmed from the fact that the specific context and environment played a crucial role in their recovery and well-being, contributing to the positive outcomes.

Some participants in this study, experienced divorce after repair because they did not live up to their husband's expectations sexually, and some other participants separated because their men abandoned them and moved to live with other women even after repair. This finding is consistent with a study conducted in Banadir and Mudug regions, Somalia which concluded that women with obstetric fistula frequently get divorced even after repair. Some husbands divorce their spouses due to the foul urine odours and leaks that come with obstetric fistula, which they find repulsive before repair. Some divorce their spouses because the survivors of fistula cannot please them sexually, and others are divorced because they are unable to conceive and require years to heal after surgical repair [30].

In addition, this study found out that, some husbands choose to stay with their second or third wives rather than their spouses due to fistulas even after successful repair, and these women did not receive the needed support which is in line with a study done in Malawi which revealed that due to polygamy, women with obstetric fistulas do not receive much help from their spouses [7].

Interestingly some participants in this study still had support from their husbands after repair and some even still maintained their marital status even though they could not conceive. This result is similar to other studies conducted in Guinea and Tanzania, in their study nearly half of the participants referred to their husbands as “supportive carers”, indicating that their husbands were of great support to them [31, 32].

In this study, most of the women had support from family which made them return to their social and economic activities. A study of Kenyan women who underwent fistula treatment found that partner and family support played a significant role in their reintegration after surgery [33]. Also, further findings in this study established that fistula survivors relied on their partners or family for financial and emotional support which was consistent with a study by [28] who stated that family and friends can assume a basic part in offering social help for women during the reintegration process. This assistance may include psychological support, assistance in daily life, and financial support. For example, relatives may provide support in routine activities such as food preparation and housekeeping, while partners may offer emotional support and companionship.[34].

Findings from this study further illustrate the support women received from their mothers, siblings, and children. Which was very instrumental after repair and helped women to move forward and be hopeful for the future. Similarly, according to [26], women survived after surgery because of family support. Family and relatives were the most dependable source of financial and emotional support for women living with obstetric fistula, even though some of the women faced rejection from their spouses and communities. Family members, particularly parents, siblings, and their children were crucial in providing assistance and support for clothing, food, and water despite the minimal resources available [30, 35]. These statements convey a theme of strong familial support in this study, particularly from mothers and sisters, in times of need. They highlight the valuable contributions of family members in providing care and assistance, which can be vital in various life situations.

Social support is an important part of reintegration. Social support can come from friends, family, and the community. The type and amount of social support required will vary depending on the individual needs of each woman [36].

Despite the significance of social support in the reintegration cycle, numerous women with obstetric fistula face critical boundaries in accessing the support they need even after repair [37] Most women in this study said that their fistulas damaged their relationships with friends and family and reduced their communal activities. Nonetheless, the majority of our study population found it easy to reintegrate and fortify these relationships following repair and were able to carry on with their regular activities, such as attending funerals and markets after repair even though they suffered with relationships when they had the condition. This was in line with a qualitative study of 20 Malawian women who were interviewed and in their responses these women were received warmly upon returning to their homes, and most soon after, they started taking part in programs again [38].

Despite other studies stating that some women were not accepted back into their communities after fistula repair [39], the majority of the participants in this study did not report facing challenges returning to the community. The findings in this study reflect previous research by [40] which indicated that following obstetric fistula repair, reintegration was relatively easy for Malawian women [40]. The fact that most women in this study did not face stigma or social obstacles during their reintegration is a good result of fistula repair surgery.

A few women in this study however continued to experience stigma and are still struggling to be accepted by people in the community even after repair. Similar reports are seen in Kenya and Ethiopia [27, 39, 24]. Moreover, the reintegration process for women may be greatly influenced by their prior experience of living with a fistula before undergoing treatment. The extent of their isolation and stigmatization during the time living with obstetric fistula could significantly impact their status even after successful repair, regardless of whether these women were no longer experiencing symptoms.

Healthcare providers also play an important role in supporting the reintegration process. Healthcare providers can provide medical treatment, counseling, and rehabilitation services to help women regain their physical and psychological health [21, 10]. The participants in this study expressed sincere gratitude for the assistance provided by the hospital staff. Their statements emphasize the hospital's financial support, which made necessary medical procedures accessible to them.

After the repair of the obstetric fistula, women require a scope of healthcare services, including follow-up care, rehabilitation, and family planning services. Follow-up care is basic to monitor the woman and recognize any potential complications that might emerge. The women appreciated the information provided before discharge, suggesting the importance of patient education. Additionally, they commend the professionalism and kindness of the hospital staff, particularly the nurses. These statements collectively reflect the positive impact of the hospital's services on the participants' well-being and highlight the importance of accessible and compassionate healthcare.

On the contrary, even though the majority of the clients were appreciative of the information given, some complained about not getting adequate and needed information. Family planning services are likewise fundamental, as numerous women who have developed obstetric fistula are at a higher risk of developing complications during pregnancy and childbirth, interestingly none of the participants in this study mentioned family planning or the use of contraception as part of the topics of health education required during discharge and their future fertility goals. This is consistent with findings from a study by [7] which stated that one of the more difficult aspects of the discharge process is preventing women from having sex for six months following fistula repair, to allow the vaginal tissue to heal properly. These women who are discouraged from having sex may be less likely to ask about the availability and options for contraception, which could result in unwanted pregnancies among women who have had fistula repairs [7]. Therefore, this study suggests that women after repair at fistula repair centers would benefit from a more comprehensive discharge process. This includes contraceptive education and a discussion of future fertility goals. As supported by [7], health workers should include this in their discharge process [7].

This study provides additional evidence of the importance of counselling, and education considering the psychological effects that the illness has on women and the stigma attached to it. This is in line with a study by Khisa on Kenyan women and in her discussion, she stated that women may benefit from counselling that focuses on dealing with reproductive issues, infertility, and return to normal lives. Information, education, and communication about exercise, hygiene, adequate hydration, and nutrition may come during the counselling sessions [33]. The findings in this study support evidence that some of the women who received some counselling from healthcare workers were able to reintegrate well after discharge home even though it was not from a trained professional counselor.

The World Health Organization (WHO) recommends Reintegration as a crucial element of the guiding concept for the care of women who have obstetric fistulas. On the other hand, not much is known about the best practices for reintegration programs, what it means for women to reintegrate, and what kind of assistance they require to live their pre-illness regular lives again. Many of the women interviewed had no idea of any reintegration programs for them after surgery.

The study findings indicate that there are currently no reintegration programmes at the fistula centre of the Mercy Women's catholic hospital in Ghana. There are no activities or programs organized for clients when WHO clearly has outlined reintegration steps for clients after repair. Formal reintegration programmes are not available. A few clients who had skill training organized by the queen mother of Mankessim in collaboration with UNFPA did not have the finances to continue and had skill training abandoned causing financial problems for them.

The data collectively underscores the significant absence of support programs, activities, or policies for women recovering from obstetric fistula repair in these participants' communities. This gap in support highlights a potential issue in ensuring holistic care and recovery for women affected by obstetric fistula. It also suggests a need for increased awareness, advocacy, and potential policy changes to address this issue and provide better post-repair support for affected women.

In Ghana there is no comprehensive approach to the management of obstetric fistula before and after repair, therefore government must collaborate with some institutions and bring out such initiatives to help women fully reintegrate after obstetric fistula repair like in countries with well-established fistula centers.

The media played as a good support system by allowing some of the clients to share their stories for free and even gave some women support financially, they also helped in creating awareness on the plight of women with fistula even after surgery.

Cultural beliefs contribute to the difficulty that clients have in reintegrating because, some cultures believe that obstetric fistula is spiritual, which makes it difficult for some clients to be accepted back into their communities even after a successful repair. Some of the participants come from a cultural background where spiritual beliefs play a significant role in explaining and addressing health issues and some beliefs that the woman was a witch or promiscuous during pregnancy make it difficult for them to be reintegrated after repair. When health problems arise, consulting a spiritualist is the initial response, and these spiritualists often provide explanations that involve malevolent intentions from relatives. In response to perceived spiritual threats or health issues, there is a reliance on traditional remedies and concoctions, suggesting a preference for non-conventional healing methods within these cultural contexts.

An encouraging finding from our study is that most of the respondents confirmed that there is no cultural taboo that affected them when they returned back to their communities. According to the respondents, socio-cultural beliefs did not hinder their reintegration process. They had the freedom to socialize with others and fulfil their responsibilities within the community after surgery. The majority of participants did not report facing cultural obstacles or stigma after undergoing obstetric fistula repair. They suggest that such issues were not prevalent in their communities. Their statements collectively provide insights into the varying cultural perceptions and awareness levels related to obstetric fistula and its repair within different communities. Other studies in Nigeria highlight that sociocultural beliefs do not impede these women's integration process. They are free to socialize and carry out their routine responsibilities within the community [28]. The observation that many of the studies reported that women were hiding and reluctant

to be seen or interviewed due to past fistulas seemed contradictory [28].

A study done by Jarvis in the Northern Region of Ghana however reported that it was difficult for many women in the Northern part who had undergone surgery to reintegrate and this was made difficult by cultural and societal, limitations for women [10]. Interpreting this data underscores, the importance of cultural sensitivity and understanding when addressing healthcare disparities and practices within diverse communities.

Fertility concerns, changes in physical abilities, and financial struggles significantly impacted some participant's lives. Fertility complications were one of the complaints by participants, which reflects previous research that listed fertility as one complication after fistula repair [39]. In addition, the present study found that some women experienced infertility due to the absence of menstruation, and difficulty in conceiving and subfertility which was also reported by other studies that some women perceived difficulties becoming pregnant due to subfertility, absences of menstruation and outright attacks on their capacity to be a wife and mother [11, 38].

The present study reported some of the challenges which some participants encountered even after successful surgical repair, some clients reported they had stress incontinence, dyspareunia, and vaginal dryness. Many women continued to experience sexual dissatisfaction and difficulties during sexual activity even after undergoing surgical repair. Women also linked difficulties in relationships to similar issues related to sexual activity which reflects previous findings by Drew who conducted a qualitative study on 20 Malawian women and reported similar difficulties experienced by these women including pain during sexual activity, and some reported being anxious that their sexual encounter would trigger a recurrence of the fistula [38]. In addition, several studies in Ethiopia, Uganda and Tanzania have recorded challenges, such as ongoing symptoms associated with fistula repairs, such as discomfort and fatigue, stress incontinence, dry vagina, secondary infertility, sexual dysfunction, or pain [26].

A study in Tanzanian and Ghana on women's psychological expectations after fistula treatment reported some women in their response stated that they would never want to have close friends again due to mistrust and lack of support during critical times.[35] In this present study, few of the participants indicated that they were still stigmatized and still isolated themselves after repair and therefore failed to fully reintegrate.

All the respondents interviewed in this study felt they required financial assistance to alleviate their misery. Providing women with a source of income is crucial for their successful reintegration. Given that they have previously undergone a great deal of agony from poverty, shame, and neglect before surgery, releasing them back into the community to continue living in poverty amounts to initiating a new cycle of suffering that may result in another fistula. A Kenyan study found that providing income-generating activities, skill acquisition training and government support can help women reintegrate into society [33, 28].

In this study, women faced financial difficulties. These women lost their jobs or were unable to do jobs that provided them with an income as a result of fistula repair, causing them to experience financial difficulties that hampered their reintegration. There is evidence to suggest that women who have good financial support will be able to resume their usual lives. These accounts highlight the complex and multifaceted challenges that women may face after obstetric fistula repair. Participants underscore the idea that financial support can be a means of empowering them after they have undergone treatment. They hold the view that financial assistance can contribute to their ability to rebuild their lives, possibly by engaging in income-generating activities.

Participants in this study emphasized the importance of educating people about this condition, possibly to reduce stigma and provide information and support. Many of the participants mentioned that they had not heard of the condition until they experienced it. They recommend that Government, nurses, and healthcare providers conduct community education and awareness campaigns to ensure that people are informed about the condition and know where to seek help.

Women in this study stated that the Government should bring out training programmes on income-generating activities to help them get the needed skills and be able to return to their normal lives again. Participants in other studies reveal a variety of post-repair rehabilitative interventions available to women in Sub-Saharan Africa, including income-generating skills (embroidery), clothing and soap gifts, paid transportation for follow-up visits, small monetary stipends, and basic literacy training. This will help them to have more positive reintegration experiences following fistula repair, health education and counselling for women and their communities, among other treatments, should be provided [6].

In this study, some of the women advocated for the need for support groups to meet and share information and also support people who are yet to do their surgeries, which is consistent with findings by Yeakey in which participants suggest that affected women who underwent successful fistula repair desired to work as advocates to help other women who were going through such challenges [40]. They believe that connecting with others who share a similar experience can be beneficial for those suffering from the condition. This was in line with the study conducted in Malawi which stated that a significant number of women were great advocates of fistula repair, and many were also teaching and supporting those who required repair [38, 9].

Overall, these statements underscore the need for awareness, education, and support for women dealing with challenges during the reintegration process. The participants are advocating for a multi-faceted approach involving peer support, financial assistance, community education, healthcare access, and personal advocacy to address this health issue effectively.

Conclusion

Women with obstetric fistula face challenges, surgical repair is the only treatment option for obstetric fistula management. Social reintegration of obstetric fistula has not been given the attention it deserves, just like its treatment. This study has shown that women reintegrated fully or partially depending on the support received from partners, family, community, and health workers. It has also brought attention to the plight of women who experience problems with reproduction and sex after surgery, which has a detrimental impact on their relationships and marriages. It also brought attention to the fact that further studies need to be done on the advantages of post-repair reintegration programmes from the viewpoint of women and ways to support them.

Consequently, more studies on post-repair women's experiences in the community may help address concerns related to sexual and reproductive health, enhancing care accessibility, and addressing the obstacles that women confront. These results show, there is a need for better and higher-quality care for women post-surgical repair, and they can also be used to inform policy development.

Recommendations

Based on the findings of this study, the following recommendations are made to the Ministry of Health, Ghana Health Service, Nursing and Midwifery Council, Fistula centres, and other interest groups.

1. The Ministry of Health and Ghana Health Service should partner with non-

governmental agencies and develop a comprehensive program for women undergoing obstetric fistula therapy at the fistula centres.

2. Ministry of Health and Ghana Health Service should formulate policies with an emphasis on reintegration implementation and make sure all fistula centres adhere to it.
3. Ministry of Health and Ghana Health Service should collaborate and design a discharge protocol for all fistula centres. The researcher recommends that women in fistula repair centers would benefit from a more thorough discharge process that includes contraceptive education and a discussion of future fertility objectives since none of the clients talked about family planning in this study. Also, the discharge process should involve psychological counselling which deals with positive ways of dealing with challenges when they arise after discharge home.
4. Also, Ministry of Health and Ghana Health Service can empower health workers so that they can ascertain whether these women have been fully reintegrated by following up with them at the community level. Also, there should be professional counsellors at the fistula site to give professional counselling to these clients before discharge.
5. A more comprehensive program can be organized by Ministry of Health and Ghana Health Service at the various fistula centres where reintegration services like vocational training, small scale enterprises would be established, and these women can be enrolled into it before they are released into their communities. To guarantee complete recovery, the women must receive social support and be reintegrated economically when they return home following a successful repair.
6. Ministry of Health, the Ministry of Information, and Ghana Health Service, in collaboration with community leaders, should actively promote extensive awareness regarding obstetric fistula. This awareness campaign should emphasize the importance of reintegration for affected individuals. Notably, despite surgical repair, obstetric fistula continues to carry a significant stigma, which necessitates targeted efforts to address it. Furthermore, it is crucial to advocate for counseling programs that specifically target spouses, family members, and the general public. These programs can play a vital role in supporting affected women and fostering understanding within the community.
7. Nurses and Midwifery Council should integrate obstetric fistula, its management, and reintegration aspects into the curriculum for the training of midwives in the training colleges and universities.
8. The council should also organize continuous professional development on obstetric fistula, its management, and reintegration services for practicing midwives, with relevant CPD points.

Recommendations for Future Research

1. Future research into the reintegration experiences of women after unsuccessful obstetric fistula repair should be done due to diverse perspectives arising from their experiences.
2. Additionally, quantitative study, encompassing a larger participant pool, is essential. Such research would provide a more comprehensive understanding of the topic.
3. Furthermore, it is crucial to conduct a distinct study specifically in the central region and other regions of Ghana. This research would enable the collection of ample data and facilitate an assessment of the applicability of the study's findings in these specific contexts.

Conflict of Interest

There is no conflict of interest.

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