KNOWLEDGE, ATTITUDE AND PRACTICE OF WOMEN REGARDING PREVENTION OF OBSTETRIC FISTULA AT KABALE REGIONAL REFERRAL HOSPITAL

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NOVEMBER 2016
DECLARATION

I declare that the work contained in this report about the, “Knowledge, attitude and practice of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital”, is mine and has never been presented before any academic institution for any award

BAKUNDANE CATHERINE

Signature: ………………………………………

Date: …………………………………………………
APPROVAL

This is submitted with my approval

MS. WANYENZE EVA

Signature:………………………………………..

Date:………………………………………………
DEDICATION

I dedicate this piece of work to my parents Mr. and Mrs. Baryakareeba Alex who have paid my school dues since primary and for their support towards my well being.
ACKNOWLEDGEMENT

I thank the invisible hand of the Almighty God for lifting his ordinary servant through the entire study and his unwavering protection.

I would like to extend my sincere gratitude to International Health Sciences University (IHSU) for enabling me to pursue BNS degree and all the lecturers who laboured to impart knowledge in me! For this am honestly thankful!

Ultimately, I would like to salute the concerted effort by my family in opening my avenues to ensure my long academic dream. Special mention goes to my dear father and mother for their spiritual, economic and social support during the course of my study.

My heartfelt appreciation also goes to my husband for his kindness and ensuring timely remittances towards my studies.

I would like, in a special way to express my sincere thanks to my supervisor, Ms. Wanyenze Eva for her indispensable contribution and genuine timely sacrifice towards my study.

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DEFINITION OF OPERATIONAL TERMS

Family planning - This is child birth control: the use of birth control methods to choose the number and timing of children born into a family

Gynecology - Medicine treating women: the branch of medicine that deals with women's health, especially with the health of women's reproductive organs

Obstetric fistula - An obstetric fistula is an opening between the vagina and the urinary tract (ureter, urethra, and bladder) or the rectum through which urine and feces leak continuously

Obstetrics - Medical care during pregnancy and childbirth: the branch of medicine that deals with the care of women during pregnancy and childbirth, and for some six weeks following delivery

Obstructed labor - Failure of the presenting part of the baby to descend during the process of childbirth
## LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>EMOC</td>
<td>Emergence Obstetric Care</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>NOS</td>
<td>National Obstetric Strategy</td>
</tr>
<tr>
<td>RVF</td>
<td>Rectovaginal Fistula</td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendant</td>
</tr>
<tr>
<td>UBOS</td>
<td>Uganda Bureau of Statistic</td>
</tr>
<tr>
<td>UDHS</td>
<td>Uganda Demographic and House Survey</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
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<td>WHO</td>
<td>World Health Organization</td>
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ABSTRACT

Background
An obstetric fistula is an opening between the vagina and the urinary tract (ureter, urethra, and bladder) or the rectum through which urine and faeces leak continuously. Each year an estimated 15 million women are affected with a chronic morbidity due to childbirth, one of the most severe forms is obstetric fistula.

Objective
The aim of the study was to assess the level of knowledge, attitude and practice of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital.

Method: A descriptive cross-sectional study employing quantitative method was employed to assess the level of knowledge, attitude and practice of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital. A total of 322 women from the hospital were included in this study using probability, simple random sampling techniques. A structured questionnaire was used to collect data. Data were entered and analyzed using SPSS version 17.

Result
From the assessment done 66.5% of respondents reported having not heard of obstetric fistula, only 25% of the respondents gave the correct definition as an abnormal passage between epithelial surfaces, usually connecting the cavity of one organ to another or a cavity with the surface of the body, only 27.3% said they knew the signs and symptoms, 34.8% of the women agreed that an obstetric fistula is God’s plan, 65.5% agreed that campaigns against fistula should be public, 54.0% agreed that witchcraft is a risk factor of obstetric fistula and 58.7% did not know if obstetric is preventable with 41.3% think obstetric fistula can be prevented by health facility delivery and antenatal attendance with following health workers instructions; the main preventive measures mentioned by most respondents at 78.2% and 75.2% respectively.

Conclusion
There was general poor knowledge and attitude as well as practices of the mothers as far as obstetric is concerned. Hence, providing knowledge can change the community beliefs and the practices on prevention of obstetric fistula therefore, the researchers recommend increased level of the sensitization throughout the country in different languages to enhance knowledge on obstetric fistula and related topics.
CHAPTER ONE: INTRODUCTION

1.1 Background
Globally an estimate of two million women have genital fistulae with an annual prevalence of 50,000 to 100,000 cases where Sub Saharan Africa and South-Eastern Asia are the top most (UNFPA Engender Health Organization, 2010). The World Health Organization estimates that 500,000 women worldwide die from pregnancy related causes, with obstetric fistula contributing 8% (WHO, 2012). This is an under estimate as many women with fistula do not seek medical treatment due to stigma linked to their condition (WHO, 2015).

An obstetric fistula is an opening between the vagina and the urinary tract (ureter, urethra, and bladder) or the rectum through which urine and feaces leak continuously. It develops from prolonged or obstructed labour as a result of the fetomaternal disproportion during the course of delivery whereby the fetal head becomes wedged into the smaller pelvis through which it cannot pass trapping soft tissues between the two bonny plates. This causes sloughing and necrosis of the affected tissues due to cut off of blood supply hence an abnormal opening between the vagina and bladder/urethra and or rectum develops (Mselle, et al., 2013).

In developed countries, the majority of women with obstetric fistula suffer rectovaginal fistula (RVF). This is caused by episiotomy and forceps/vacuum extraction of the baby from the vagina. Over 80% of RVFs in the USA are obstetric (Champagne, et al. 2010). About 30% of women over age 45 in developed countries suffer from urinary incontinence, primarily caused by obstetric fistulae (McKinney, et al., 2012).

In particular, most of the two million-plus women in developing nations who suffer from obstetric fistulae are under the age of 30 (McKinney, et al. 2012). Between 50 and 80% of women under the age of 20 in poor countries develop obstetric fistulae (the youngest patients are 12–13 years old) (Shrestha, 2011). Other estimates indicate about 73,000 new cases occur per year (UNDP, 2012).

Each year an estimated 15 million women are affected with a chronic morbidity due to child birth, one of the most severe forms is obstetric fistula (Lewis and De Bernis 2006). Early marriages lead to early childbirth, which increases the risk of obstructed labor, since young mothers who are poor and malnourished may have underdeveloped pelvises (Semere, &
Nour, 2008). In fact, obstructed labor is responsible for 76 to 97% of obstetric fistulae (Wong and Ozel, 2010).

In East Africa, 3-5 cases per 1000 deliveries in areas with no access to essential obstetric care get fistula. Kenya contributes 1 to 2 cases per 1000 deliveries each year in areas no emergence obstetric care (EMOC) (Tebeu et al., 2012). About 15% of all pregnancies result in complications that require emergency medical intervention and obstetric fistula prevalence in Kenya is 30,000 cases. In many countries such as Eritrea and Kenya: tradition dictates first child born at the grandparent or husbands’ home. 70 to 80% of deliveries in Kenya are assisted by a Traditional Birth Attendant (TBA).

In Uganda, an estimated of 142,000 women of the reproductive age have experienced obstetric fistula (Yeaky, and Tsui, 2009). In eastern Uganda 2.8% of women have obstetric fistula and in Western Uganda prevalence is higher with 1 in 25 (4%) of women aged 15-49 have ever suffered this disorder (Uganda Bureau of Statistic (UBOS) ICF International INC. 2012). The incidence in Uganda could be as high as 200 to 500 cases per 1000 deliveries in rural areas (WHO, 2012). It mostly affects young and poor women with education and limited access to quality health care. According to 2012 Baseline Assessment of obstetric fistula in Uganda done by WHO, patients have inadequate knowledge that the condition is repairable, they are too shy of their condition to seek medical help.

Up to 80% of women with fistula never seek treatment, primarily because of lack of knowledge of such survey and or location of fistula hospital with gynecological clinics capable of repairing them (WHO, 2012). More still even if the services may be free, women are not able to meet other costs in terms of transport and hospital up keep as well. This remains a limiting factor for most mothers to access health services (MOH, 2006).

The Campaign to End Fistula, launched by UNFPA and partners in 2003, is now present in more than 50 countries across Africa, Asia, the Arab region and Latin America. Key strategies to address fistula are; provide access to adequate medical care for all pregnant women, provide emergency obstetric care for those who develop complications, increase access to education and family planning services for women and men, postpone pregnancy for young girls until they are physically mature, improve girls' nutrition to minimize the risk of complications during childbirth and repair physical and emotional damages through specialized interventions (WHO, 2015).
1.2 Problem statement

In Kabale Regional Referral Hospital, three previous consecutive urogenital camps carried out at the hospital fetched 504 women with urogenital problems, 154 (30.6%) had obstetric fistula (HIMS Annual Report Kabale Regional Referral Hospital, 2013-2014). These records are lower than the actual number because, most women do not seek medical treatment due to ignorance and stigma and general pitfalls in records keeping among health workers both urban and rural setups.

The millennium development Goals 5 (MDG5) however emphasizes promotion of maternal health. With Safe motherhood strategy, no woman or child shall die or be harmed due to consequences of pregnancy, labour and child birth (WHO, 2014).

The mothers with obstetric fistulae face several miseries due to continuous leaking of urine and or feaces from the private parts. The foul smell brings obvious social humiliation, hopeless, comfort, loss of dignity/status. Untreated fistula will result into physical emotional, psychological and socio-economic consequences. The smell from leaking urine or feaces makes a woman to have low esteem. The dampness of the genitalia causes recurring urinary tract infections, skin excoriation, rashes, discomfort, and irritation of the skin. This injury leaves women with limited job opportunities to earn a living hence poverty, emotional decline due to abandonment by spouses, relatives and friends, humiliation, shame, loneliness and isolation. These consequences if not addressed early enough will lead to depression, suicidal thoughts and finally early death.

The Ministry of Health has developed a National Obstetric Strategy 2010/2011-2014/2015 which has made Mulago Hospital and other government hospitals to start offering free treatment by surgery. Also more health centers have been constructed; there is ongoing sensitization to the health workers concerning safe motherhood, workshops, seminars about essential health care and provision of ambulances in health facilities (WHO, 2014). However, all these have not improved women health seeking behavior and thus this could be attributed to low knowledge, negative attitude and poor practices regarding emergency obstetric care.

Limited research has been done at Kabale Regional Referral Hospital; the main aim of the study is to assess knowledge, attitude and practice of women regarding prevention of obstetric fistula since this condition is preventable and curable. This is in fight to reduce maternal morbidity and mortality.
1.3 Main Objective
The general objective of the study is to assess the level of knowledge, attitude and practice of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital

1.4 Specific objectives
- To assess the level of knowledge of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital.
- To assess the attitude of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital.
- To study the practices of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital.

1.5 Research questions
- What is the level of knowledge of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital?
- What is the level of attitude of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital?
- What are the practices of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital?

1.6 Significance of the study
The government/Ministry of Health will use research findings to initiate health workers to other ways of reaching out to women and raise awareness of how to prevent obstetric fistula from girl child by putting it among the priorities while setting targets for the next financial year.
Also policy makers will base on the results to design appropriate policies that will help to strengthen the struggle to end the tragedy for example, the Campaign to End Fistula, launched by UNFPA and partners in 2003.

Health organization will use findings while presenting at health conferences to compare various studies regarding factors which contribute to obstetric fistula such that they solicit funds from different sponsors to facilitate the fight against this tragedy.
The study will help scholars who would wish to modify their theories concerning essential obstetric care for women in the reproductive age.
Findings will be used as a source of reference by future researchers on related topics. The gaps that will be identified will be bridged by researcher.

The health workers at Kabale Regional Referral hospital will identify and fill the gaps in sensitization about the measures put forward for mothers to prevent obstetric fistula.

The study is a pre-requisite for the award of bachelor’s degree in nursing science to the researcher.
1.7 Conceptual framework of the study

*Figure 1: conceptual framework showing dependent and independent variables*

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Dependent Variable</th>
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<tr>
<td><strong>Indicators of knowledge regarding prevention of obstetric fistula</strong></td>
<td><strong>Indicators of Practices regarding prevention of obstetric fistula</strong></td>
</tr>
<tr>
<td>• Awareness that fistula can be prevented by easy access to emergency obstetric care</td>
<td>• Girl child education</td>
</tr>
<tr>
<td>• Source of information about prevention of fistula</td>
<td>• Delay pregnancy</td>
</tr>
<tr>
<td>• Awareness of attending antenatal care</td>
<td>• Good antenatal care</td>
</tr>
<tr>
<td>• Girl child education minimizes fistula cases</td>
<td>• Deliver with assistance of trained health worker</td>
</tr>
<tr>
<td>• Knowledge about the importance of early seeking of obstetric care</td>
<td>• Access to adequate medical care for all pregnant women,</td>
</tr>
<tr>
<td>• Family planning reduces chances of getting fistula</td>
<td>• Use of emergency obstetric care for those who develop complications,</td>
</tr>
<tr>
<td>• Knowledge about the age to get pregnant</td>
<td>• Increase access to education and family planning services for women and men</td>
</tr>
<tr>
<td>• Access to information about prevention of Obstetric fistula</td>
<td>• Improve girls’ nutrition</td>
</tr>
<tr>
<td>• Health care seeking behavior</td>
<td>• Early seeking of obstetric care when in labour</td>
</tr>
<tr>
<td>• Use IEC (Information, Education and Communication) materials/ visual aids showing</td>
<td>• Workshops/seminars conducted regarding obstetric fistula</td>
</tr>
<tr>
<td></td>
<td>• Delivering with assistance of TBAs and herbalists</td>
</tr>
<tr>
<td></td>
<td>• Community participation in outreaches</td>
</tr>
<tr>
<td></td>
<td>• Means of transport to delivery centre</td>
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**Indicators of attitudes regarding prevention of obstetric fistula**

- A belief that obstetric fistula can be prevented
- Witch craft is a risk factor for obstetric fistula
- Campaigns against fistula should be public
- A thinking that fistula is God’s plan
- A belief that taking local herbs prevents fistula
- A belief that mothers in labour should only seek health care when all other means have failed
- Belief in cultural norms and customs prevents fistula
- A perception that when a woman delivers with the help of a health worker reduces the chances of developing obstetric fistula
- A belief that a woman only attends maternal health care only and only after failure of normal delivery
- Fistula can be due to bad omen
- Witch craft is a risk factor for obstetric fistula
- Seeking emergency care does not need the husband’s consent
Source: Developed from specific objectives

Knowledge and attitude of women of reproductive age towards obstetric fistula are the independent variables while the dependent variable is the practice of women towards prevention of obstetric fistula.

Indicators of knowledge on obstetric fistula are; awareness that fistula can be prevented by easy access to emergency obstetric care, source of information about prevention of fistula, awareness of essential lifestyle during pregnancy, knowledge about the importance of early seeking of obstetric care, knowledge about the age to get pregnant, access to information about prevention of obstetric fistula, health care seeking behavior and use of IEC (Information, Education and Communication) materials/ visual aids showing how people with fistula present

Indicators of attitudes on obstetric fistula are; myths and misconceptions about prevention of obstetric fistula, a thinking that fistula is God’s plan, a prevention that taking herbs prevents fistula, a belief that mothers in labour should only seek health care when all other means have failed, perception about the skills of health workers, negative Cultural and religious beliefs against delayed marriage and a belief that a woman only attends maternal health care only and only after failure of normal delivery.

Indicators of practices on obstetric fistula are; girl child education, delay pregnancy, good antenatal care, deliver with assistance of trained health worker, access to adequate medical care for all pregnant women, use of emergency obstetric care for those who develop complications, increase access to education and family planning services for women and men, improve girls' nutrition, early seeking of obstetric care when in labour, workshops/seminars conducted regarding obstetric fistula, delivering with assistance of TBAs and herbalists.
CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction
This chapter presents information reviewed from acknowledged studies by scholars, researchers, reporters and academicians among others. This is cited in relation to study specific objectives that include; to examine the level of knowledge, attitude and practices of women regarding prevention of obstetric fistula.

2.1 Level of knowledge of women regarding prevention of obstetric fistula
Banke-Thomas, et al., (2013) in a cross-sectional descriptive study; knowledge of obstetric fistula prevention amongst young women in Urban and Rural Burkina Faso show that, to the majority rural young women had good knowledge about the prevention of obstetric fistula. All the respondents agreed that, delivery with the health of trained health from health care facilities would prevent obstetric fistula. However 89% of the respondents did not know that they could face pregnancy complications that would need them have emergency obstetric care.

It is a single hospital, cross-sectional, descriptive and comparative study, Tebeu, et al., (2008) interviewed ninety-nine women in the maternity service of the Maroua Provincial Hospital on obstetric fistula between May and July 2005. This was done by enquirers who were trained health agents who used a questionnaire which required both closed and open answers. Majority 58.3% had little knowledge on the presentation of obstetric fistula, yet they did not know that it could be prevented. They thought that it was bad luck that was natural and could not be averted by human beings.

Kasamba, Kaye, and Mbalinda, (2013) in a qualitative study using focus group discussion for males and females aged 18-49 years, to explore and gain deeper understanding of their awareness of existence, causes, clinical presentation and preventive measures for obstetric fistula, had right knowledge on the prevention of obstetric fistula. Majority knew that it could be prevented by early access to emergency medical care to avoid prolonged labour.

Marguerine, et al., (2011) in a descriptive and multivariate analyses based on 2006 UDHS data found out that, majority of the respondents from the central region of Uganda knew that, older age (beyond 18 years) at first sexual intercourse and delayed pregnancy would prevent the risk of developing obstetric fistula. They revealed that, girl’s sexual intercourse between 7-14 years was very risky for girls and would predispose them to obstetric fistula. However
majority mentioned that, even if one got pregnant at an age beyond 20 years and had earlier engaged in sexual intercourse before 18 years would also develop obstetric fistula.

In a qualitative study carried out in Addis Ababa Ethiopia that, explored the evolution of survivors’ perceptions of their social relationships and health since developing obstetric complication, Gabresilase, (2014). It was found that majority of the respondents had poor knowledge on the prevention of obstetric fistula. They never knew that avoiding; early marriage, cultural practices, and immediate seeking and access to emergency obstetric care prevent obstetric fistula. Majority were very naïve about obstetric fistula prevention who only sought God’s mercy to overcome the curse.

Mselle, et al., (2013) reveal that, majority of the participants had little knowledge about the prevention of obstetric fistula. They thought that if one avoids vaginal infections, and frequent sexual intercourse, would avoid obstetric fistula. They were also not aware of the common signs and symptoms of associated complications of obstetric fistula. These include recurrent vaginal infections, neurological damage like foot drop and contracture of the lower limb, vaginal scarring and sexual problems, amenorrhea and infertility.

Hassan and Ekele (2009) findings about Vesicovaginal fistula, using a questionnaire-based survey on VVF patients on admission from June to August 2003 at Maryam Abacha Women and Children Welfare Hospital, Sokoto, Nigeria, majority 77(70%) of the respondents with vesicovaginal fistula reported that, if they had not had prolonged labour, they would not have developed fistula. However a few 30(33%) respondents who never knew that prolonged labour led to fistula reveled that it was God’s plan for them to develop obstetric fistula.

In a study on the family planning and maternal health in Tanzania: women demand for more information, Montez, (2011) showed that young rural women have limited access to mass media when compared to their urban counterparts and that even though word of mouth communication between family and friends plays a large role in the spread of news and information, its role in spreading family planning, and other maternal and child health information is low.

2.2 Attitude of women regarding prevention of obstetric fistula
Keri, Kaye, and Sibylle, (2010) revealed that majority of female traditional birth attendants especially in urban areas with previous knowledge on reproductive health were willing to attend to complicated pregnancies and labours. They thought that this would tarnish their professional experience. However some of the trained TBAs who never preferred referring
problematic pregnancies were irritated by the abuse by the doctors and nurses and perceiving fistula as a disease caused by the hospital.

In a retrospective study by the WHO, (2015), it is illustrated that, there is a general negative attitude towards prevention of obstetric fistula. This is due to negative attitude towards contraceptive use because childless marriage at which ever age is stigmatized. Modern contraceptive use especially among married youth in Sub Saharan Africa is very low. Married women even as adolescents, are expected to bear children right away irrespective of the capacity of the pelvic bones to assist normal pregnancy growth and normal delivery.

A preliminary report on the chain of survival for complicated deliveries in rural Cambodia, carried out by Chandy, Steinholt, and Husum, (2007) show that, had a negative attitude about prevention of obstetric fistula. Respondents revealed that they would bother about the experience of the TBA in reproductive health, but the care they are given during delivery. Majority of the respondents felt better friendly services with TBAs compared to modern health care workers. They mentioned being given foods and drinks free of charge and persuasive friend’s communication from TBA. Others mentioned that, any mistake done by TBAs would be regretted and request for pardon unlike in modern health care facilities.

In a cross-sectional descriptive study on the Knowledge of Obstetric Fistula Prevention amongst Young Women in Urban and Rural Burkina Faso, Bonke-Thomas, et al., (2013) found out that, media was the major source of awareness about the prevention of obstetric fistula among urban respondents at 68%. All participants agreed that the hospital was safer for emergency obstetric care and would help to prevent dangerous outcomes where fistula was the major fear to majority of the respondents.

In a descriptive study on Prevalence of obstetric fistula in Malawi, Kalilani-Phiri, et al., (2010) show negative attitude of women towards prevention of obstetric fistula. Women who frequently visit modern health care settings about any health problem are misunderstood to be weak and lazy. They are referred to as exploiters who want to cause poverty in their families by spending too much on health care. They are often suffering stigma, abandoned by husband, loss of self-esteem, face varying degrees of social isolation which derails their esteem to attend emergency obstetric care. This situation finally predisposes them to obstetric fistula.

In a study by Lewis and de Bernis, (2006), respondents were found to have negative attitude towards the prevention of obstetric fistula. Majority believed that majority believed that
fistula could be prevented by attending to traditional birth attendants and have a herb bath. This was believed to give pregnant mothers blessing to prevent the occurrence of obstetric fistula.

WHO, (2015) revealed that, studies in some nationally representative sample of females aged 13–24 in some parts of Sub Saharan Africa show a perception that obstetric fistula can be avoided if young females refrain from abusive sexual activities. In Swaziland, for example, indicated that 33% of the respondents with obstetric fistula and had faced sexual violence before the age of 18, where thought to be nursing a curse attributed to immoral sexual bahaviours.

In a descriptive study on Community awareness about risk factors, presentation and prevention of obstetric fistula in Nabitovu village, Iganga district, Uganda, Kasamba, Kaye, and Mbalinda, (2013) revealed that, the majority of the women and a few men were aware about obstetric fistula, despite a number of them have wrong information on its prevention. Majority thought that obstetric fistula is could be prevented by avoiding induced labour use of some modern family planning contraceptives.

2.3 Practices of women regarding prevention of obstetric fistula

Keri, et al., (2010) report the poor practices to women that expose them to obstetric fistula. Female Genital mutilation is one of the major traditional practices by TBAs. Even majority of such women especially elder ones do not want their sons to marry women who were not mutilated on grounds that they will become adulterous in marriage. In a bid to save their marriages, such women unwillingly accept FGM to save their marriages even when they know that it may predispose them to obstetric fistula.

Harrison, (2010) reveal that, most mothers do not attend community health talk outreaches that are intended to raise women’s’ awareness about obstetric complications that led to obstetric fistula. In a survey of 22774 consecutive hospital births in Zaria, Northern Nigeria in a study on Child Bearing health social priorities, it was found out that, 85% of the respondents with obstetric fistula never attended any community outreaches in their communities. This revealed that, women were not allowed to freely move without the accompaniment of the husbands even if they need obstetric care or information.

WHO, (2015) reported poor practices by pregnant mothers that predispose them to obstetric fistula. There is poor attendance of modern health care services by the pregnant mothers.
There is general behavior of poor attendance in Uganda where over 40% of obstetric fistula patients did not regularly attend health care services during pregnancy (Kasamba, Kaye, Mbalinda, 2013).

Wall, (2012) in a descriptive study on preventing obstetric fistulas in low-resource countries show that most young women have poor practices towards prevention of obstetric fistula. Over 62% of girls aged 20 to 24 years, living in rural areas, are married before the age of 18. This is a finding that also exposes the contradiction between situations on the ground and what the law prescribes, whereby the legal age for marriage is set at 17 years for girls in Burkina Faso, 9% of young women get married by 15 years in Burkina Faso.

Receiving poor surgical procedures was noted among the poor practices that led to Obstetric fistula in Western Uganda. Barageine, et al., (2014) in a case control study comparing background factors of women with obstetric fistula (cases) and women without fistula (controls) was conducted in western Uganda. 420 respondents (140 cases and 280 controls) participated in the study. Data was collected using face-to-face interviews. Univariate, bivariate and multivariate analysis was conducted using Stata, findings showed that, obstetric fistula could be prevented by attending careful surgical procedures that avoided injuries to the mother. Findings showed that, a big proportion (25%) of fistula cases was caused by surgeons hence caesarean section being a risk factor in this region.
CHAPTER THREE: METHODOLOGY

3.0 Introduction
This chapter includes; research design, source of data, study setting, sample size calculation, sampling technique, sampling procedure, study variables, inclusion criteria, exclusion criteria, data collection techniques, data collection instruments and measurement, data collection procedure, data analysis, quality control, dissemination of the study results, ethical issues and limitations of the study.

3.1 Research Design
A descriptive cross sectional study design with quantitative approaches of data collection and analysis was used in this study. Descriptive cross sectional study design was used because the researcher collected data at a point in time about the current prevalence of obstetric fistula through face-to-face interviews. This will help the researcher to describe findings about knowledge, attitude and practices of respondents on the prevention of obstetric fistula with frequencies. Quantitative research approach was used because it enabled the researcher to get a variety of information from a large population.

3.2 Sources of data
The study was based on both primary and secondary data.

3.2.1 Primary data
Here information was derived directly from the respondents by using structured interview guided questionnaires.

3.2.2 Secondary data
This is information from acknowledged studies in relation to the study. These mainly included; on-line journals, electronic books, library books, research dissertations, learning websites, etc.

3.3 Study area
Kabale Regional Referral Hospital, commonly known as Makanga Hospital is a hospital in the town of Kabale in Kabale District, in southwestern Uganda. It is the regional referral hospital for the districts of Kabale, Kanungu, Kisoro and Rukungiri and some parts of
Ntungamo as well as people from neighboring countries of Rwanda and the Democratic Republic of Congo (Muhereza, 2014). It serves a population of about 2 million people. It is, approximately 139 kilometres (86 mi), by road, southwest of Mbarara Regional Referral Hospital. This is about 404 kilometres (251 mi) southwest of Mulago National Referral Hospital. The coordinates of Kabale Regional Referral Hospital are 1°15'04.0"S, 29°59'21.0"E (Latitude:-1.251111; Longitude: 29.989167).

3.4 Study Population
The population of the study comprised of all women who visited Kabale Regional Referral Hospital with reproductive health problems. An estimated population of 1,500 patients is received daily in all departments. There is an estimate of target population of 720 women in the maternal child health clinic with different issues daily. Here the following clinics were focused on; Youth Friendly Services Clinic (YFSC), Sexually Transmitted Infections (STIs) clinic, Infertility Clinic, Antenatal Clinic and Postnatal/Family Planning/immunization.

3.5 Sample Size Calculation
A sample size of 322 respondents was selected from the women who visit the Maternal Child Health Department. Sample size of the women to be interviewed was determined by the Kish and Leslie (1965) formula. This formula was used because it helps to derive samples from a relatively small accessible population that is below 1000 people.

\[ N = \frac{Z^2PQ}{D^2} \]

N= Sample size
D= Error to be tolerated or precision given as (+/-0.05)
P= Is the estimated percentage of women with low knowledge, attitude and practices regarding prevention of obstetric fistula (at least 70%).
Q= 1-P
By substitution, sample size

\[
N = \frac{1.96 \times 1.96 \times 0.7 \times (1 - 0.7)}{0.05 \times 0.05} \\
N = \frac{1.96 \times 1.96 \times 0.7 \times 0.3}{0.05 \times 0.05} \\
N = \frac{3.841 \times 0.21}{0.0025} \\
N = \frac{0.80661}{0.0025} \\
N = 322 \text{ Répondants}
\]

3.5.1 Sampling Technique
The study used probability sampling to select respondents where every individual in the population had an equal chance of being selected. Here the researcher used systematic simple random sampling to select the respondents from a quiet place at the hospital.

3.5.2 Sampling procedure
The researcher used systematic random sampling where every 10\textsuperscript{th} woman was considered into the study accessible population. An accessible of 64 women were selected daily using systematic random sampling for 5 days. This method will be used because the target population is large. There is an average of 600 women who visit the hospital daily where 64 were selected daily for 5 days to sum up to 320 respondents. This method was very fair, unbiased and easy to carry out.

3.6 Study variables
The independent variables are knowledge and attitude towards prevention of obstetric fistula.
The dependent variable is practice towards prevention of obstetric fistula.

3.7 Data Collection techniques
The researcher used different approaches of data collection that was guided by specific objectives or research questions. The researcher used interview guided questionnaires.
3.8 Data Collection Procedure
The researcher got a quiet and separate place at the hospital where she interviewed women from. This helped to maintain confidentiality and privacy.

3.9 Data Collection tools
The study used interview guided questionnaires to collect data for the study.

3.9.1 Interview guided Questionnaires
The researcher-administered interview guided questionnaires had both structured and unstructured questions to ask the respondents about the study as she records the information by herself. Interviews were used because; the researcher liked to establish a mutual relationship with the respondents and probe for more information where need be so that critical information about the study is fully revealed.

Interview enabled capturing of verbal and non-verbal responses such as body language helped to keep the respondents focused and also allowed the researcher to respond, clarify on ambiguous questions and where appropriate, seek follow-up information.

It had four sections; A which consisted of questions assessing the socio-demographic characteristics, section B which consisted of questions assessing knowledge, section C which comprised of questions studying attitude and D which consisted of questions examining the practices of women regarding prevention of obstetric fistula.

3.10 Data analysis
After data collection, the pre-coded data was entered manually; questionnaire by questionnaire and then analyzed using Special Package for Social Scientists (SPSS) computer program. Data was run in this program where graphs, tables and pie charts were developed. These were transferred to Microsoft word where data will be interpreted in a written form.

3.11 Quality Control
3.11.1 Pilot study
The research tool was pretested in a pilot study proposed to be carried out in Bwama Health Centre III around Lake Bunyonyi in Kabale District. This helped to make necessary adjustments before the study is carried out in Kabale Regional Referral Hospital. Redundant questions that would not be adding any value to the study was removed.
3.11.2 Inclusion Criteria
The study included all women in reproductive age that were found at the hospital during the time of study and consent to take part.

3.11.3 Exclusion Criteria
The study did not consider all women who are not able to talk, the deaf, and the mentally sick.

3.11.4 Validity of the tool
The researcher tested the ability of the tool to yield dependable results through interviewing some selected respondents in Bwama Health Centre III about their knowledge, attitude and practice towards prevention of obstetric fistula. The questionnaire was given to two lecturers to judge the validity of questions according to the objectives. After the assessment of the interview guided questionnaire, the necessary adjustments were made bearing in mind the objectives of the study. Then a Content Validity Index (CVI) will be computed using the following formula.

\[
CVI = \frac{\text{Number of questions declared valid}}{\text{Total number of questions in the questionnaire}}
\]

A minimum of 0.75 of CVI will be used to test validity.

3.11.5 Reliability of the tool
Here the researcher tested whether the interviewed respondents give consistent results on the same test questions.

To ensure reliability of the instrument, the researcher used the test-retest method. Here the interview guided questionnaire will be given to 15 people and after one week, the same questionnaire given to the same people and the Cronbach Alpha was computed using SPSS. Ranges of 0.8 to 0.99 was considered levels of significance in relation to the findings.

3.12 Dissemination of the study results
Four copies of the findings produced. One was submitted to International Health Science University, Research Ethics Committee, the second copy submitted to IHSU Library, and the third copy submitted to administration of Kabale Regional Referral Hospital respectively while the fourth copy retained by the researcher for personal reference.
3.13 Ethical Issues
The researcher got a letter of introduction from IHSU Research Ethics Office that introduced her to the local administrators of Kabale Regional Referral Hospital. These was to grant the researcher permission to carry out the study in the hospital. Administrators then introduced the researcher to the hospital staff. Confidentiality was assured to all respondents before they are interviewed.

The respondents were only included in the study after they have understood the purpose of the study and have consented to take part. The study was voluntary and the respondents deserve the right to withdraw at any time of his or her wish.

3.14 Limitations of the study
The research faced the following challenges during the course of the study

- Some respondents withheld information regarding prevention of fistula because they may be shy.
- Poor weather conditions disturbed the researcher during movements in data collection. This prolonged the time in which the study was to be completed.
- Study completion was delayed by the reluctance of some respondents to answer the required questions in time.
- Disruption of the respondents by external pressure since they had come for more than one service.
- Some respondents were impatient since the questionnaire is a bit lengthy. This led to incomplete information.
CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction
This chapter presents the results of the study according to the study objectives. Results from univariate analysis are presented in text and tables. For most findings tables have been used in the presentation of the gathered information.

4.1 Socio-demographic characteristics of the women

Figure 2: showing the age brackets of the respondents

A total of 322 women were interviewed during the period of data collection. Age group 26-35 constituted the majority of the study population, forming 52.7% while age group 36-45, 18-25 and >46 comprised of 22.7%, 18.6% and 6.2% respectively.
Table 1: Demographic characteristic of the respondents

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency, n</th>
<th>Percentage, %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>66</td>
<td>20.5</td>
</tr>
<tr>
<td>Married</td>
<td>154</td>
<td>47.8</td>
</tr>
<tr>
<td>Divorced</td>
<td>66</td>
<td>20.5</td>
</tr>
<tr>
<td>Separated</td>
<td>29</td>
<td>9.0</td>
</tr>
<tr>
<td>Widow</td>
<td>7</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Level of education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No formal education</td>
<td>105</td>
<td>32.6</td>
</tr>
<tr>
<td>Primary</td>
<td>171</td>
<td>53.1</td>
</tr>
<tr>
<td>Secondary</td>
<td>40</td>
<td>12.4</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>6</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House wife</td>
<td>172</td>
<td>53.4</td>
</tr>
<tr>
<td>Civil servant</td>
<td>88</td>
<td>27.3</td>
</tr>
<tr>
<td>Self-employed</td>
<td>37</td>
<td>11.5</td>
</tr>
<tr>
<td>Student</td>
<td>21</td>
<td>6.5</td>
</tr>
<tr>
<td>Unemployed</td>
<td>3</td>
<td>0.9</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>0.3</td>
</tr>
</tbody>
</table>

The general characteristics of the study participants are shown in Table 1 above. A total of 322 women consented and were recruited into the study. In regard to marital status, 47.8% of the respondents were married compared to 20.5% who were single and divorced. It was also determined that 53.1% of the women had attained primary level of education, 32.6% had not gone to school, 12.4% had attained secondary education and only 1.9% had tertiary education. The analyses of occupation status revealed that majority 53.4% were housewife.
4.2 Knowledge of the women

Table 2: The knowledge of the women regarding obstetric fistula

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency, n</th>
<th>Percentage, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heard about obstetric fistula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>108</td>
<td>33.5</td>
</tr>
<tr>
<td>No</td>
<td>214</td>
<td>66.5</td>
</tr>
<tr>
<td>If yes, what is it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct meaning of obstetric fistula</td>
<td>27</td>
<td>25.0</td>
</tr>
<tr>
<td>Incorrect answer</td>
<td>56</td>
<td>51.9</td>
</tr>
<tr>
<td>Not sure</td>
<td>25</td>
<td>23.1</td>
</tr>
<tr>
<td>From whom did you get the information?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends/relative</td>
<td>65</td>
<td>60.2</td>
</tr>
<tr>
<td>Radio</td>
<td>13</td>
<td>12.0</td>
</tr>
<tr>
<td>Health workers and VHTs</td>
<td>21</td>
<td>19.4</td>
</tr>
<tr>
<td>Political leaders</td>
<td>6</td>
<td>5.6</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>2.8</td>
</tr>
<tr>
<td>What other things regarding obstetric fistula were you taught about</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Types of fistula</td>
<td>45</td>
<td>41.7</td>
</tr>
<tr>
<td>Signs and symptoms</td>
<td>33</td>
<td>30.6</td>
</tr>
<tr>
<td>The causes of fistula</td>
<td>56</td>
<td>51.9</td>
</tr>
<tr>
<td>Prevention and complication</td>
<td>40</td>
<td>37.0</td>
</tr>
<tr>
<td>None</td>
<td>9</td>
<td>8.3</td>
</tr>
<tr>
<td>Do you know any risk factors associated with obstetric fistula?</td>
<td></td>
<td>36.3</td>
</tr>
<tr>
<td>Yes</td>
<td>117</td>
<td>36.3</td>
</tr>
<tr>
<td>No</td>
<td>205</td>
<td>63.7</td>
</tr>
<tr>
<td>If yes, state them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual violence</td>
<td>13</td>
<td>11.1</td>
</tr>
<tr>
<td>Teenage delivery</td>
<td>28</td>
<td>23.9</td>
</tr>
<tr>
<td>Prolonged labor</td>
<td>39</td>
<td>33.3</td>
</tr>
<tr>
<td>Home delivery</td>
<td>17</td>
<td>14.5</td>
</tr>
<tr>
<td>Gynecological cancer (cervical and uterus cancer)</td>
<td>54</td>
<td>46.2</td>
</tr>
<tr>
<td>Unsafe abortion and surgical trauma</td>
<td>20</td>
<td>17.1</td>
</tr>
<tr>
<td>Retaining urine for long</td>
<td>4</td>
<td>3.4</td>
</tr>
<tr>
<td>Not sure</td>
<td>16</td>
<td>13.7</td>
</tr>
<tr>
<td>Do you know any signs and symptoms of obstetric fistula?</td>
<td></td>
<td>27.3</td>
</tr>
<tr>
<td>Yes</td>
<td>88</td>
<td>27.3</td>
</tr>
<tr>
<td>No</td>
<td>234</td>
<td>72.7</td>
</tr>
<tr>
<td>If yes, mention the ones you know?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixing of urine and feces</td>
<td>22</td>
<td>25.0</td>
</tr>
<tr>
<td>Leaking urine</td>
<td>12</td>
<td>13.6</td>
</tr>
<tr>
<td>Smelling urine</td>
<td>18</td>
<td>20.5</td>
</tr>
<tr>
<td>Swollen legs</td>
<td>11</td>
<td>12.5</td>
</tr>
<tr>
<td>Not sure</td>
<td>43</td>
<td>48.9</td>
</tr>
<tr>
<td>Others</td>
<td>8</td>
<td>9.1</td>
</tr>
</tbody>
</table>
Does obstetric fistula have any dangers/complications?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>113</td>
<td>35.1</td>
</tr>
<tr>
<td>No</td>
<td>209</td>
<td>64.9</td>
</tr>
</tbody>
</table>

If yes, what are they?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis</td>
<td>20</td>
<td>17.7</td>
</tr>
<tr>
<td>Still born babies</td>
<td>11</td>
<td>9.7</td>
</tr>
<tr>
<td>Repeated UTIs</td>
<td>37</td>
<td>32.7</td>
</tr>
<tr>
<td>Weakness</td>
<td>87</td>
<td>77.0</td>
</tr>
<tr>
<td>Discrimination and low self-esteem</td>
<td>29</td>
<td>25.7</td>
</tr>
<tr>
<td>Deaths</td>
<td>9</td>
<td>8.0</td>
</tr>
<tr>
<td>Not sure</td>
<td>44</td>
<td>38.9</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
<td>16.8</td>
</tr>
</tbody>
</table>

If yes, mention the ways of treating it?

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>36</td>
<td>29.5</td>
</tr>
<tr>
<td>Conservative treatment</td>
<td>12</td>
<td>9.8</td>
</tr>
<tr>
<td>Medicine and tablets</td>
<td>102</td>
<td>83.6</td>
</tr>
<tr>
<td>Not sure</td>
<td>20</td>
<td>16.4</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>21.3</td>
</tr>
</tbody>
</table>

Do you know the ideal age at which a woman should conceive?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>163</td>
<td>50.6</td>
</tr>
<tr>
<td>No</td>
<td>159</td>
<td>49.4</td>
</tr>
</tbody>
</table>

If yes, what age is it?

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 years and above</td>
<td>86</td>
<td>52.8</td>
</tr>
<tr>
<td>Less than 18</td>
<td>77</td>
<td>47.2</td>
</tr>
</tbody>
</table>

What is the best place to deliver from?

<table>
<thead>
<tr>
<th>Place</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health facility</td>
<td>219</td>
<td>68.0</td>
</tr>
<tr>
<td>Other</td>
<td>103</td>
<td>32.0</td>
</tr>
</tbody>
</table>

Justify your answer

<table>
<thead>
<tr>
<th>Justification</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct justification</td>
<td>187</td>
<td>85.4</td>
</tr>
<tr>
<td>Incorrect justification</td>
<td>21</td>
<td>9.6</td>
</tr>
<tr>
<td>Not sure</td>
<td>11</td>
<td>5.0</td>
</tr>
</tbody>
</table>

The general level of knowledge of the study participants are shown in the table above. Table 2 above shows that more than 66.5% of respondents reported having not heard of obstetric fistula. However, the main source of information was friends/relatives (village mates, colleagues or from other patients) 60.2%, 19.4% of the respondents reported they got obstetric fistula messages from health workers while 12.0% got the message from radio programs. Regarding the meaning of obstetric fistula, among those who heard of it, only 25% of the respondents gave the correct definition as an abnormal passage between epithelial surfaces, usually connecting the cavity of one organ to another or a cavity with the surface of the body, while majority 51.9% gave the wrong definition and 23.1% were not sure of the meaning. Those who had heard other things about obstetric fistula; 51.9% learned about the causes of obstetric fistula, types of fistula 41.7%, 37.0% were taught prevention and
complications and 30.6% learned about signs and symptoms of obstetric fistula. It was also determined that 63.7% of the respondents did not know the risk factors of obstetric fistula with 46.2% of them mention gynecological cancer as the main risk factor of obstetric fistula while prolonged labour 33.3%, teenage delivery 23.9% and unsafe abortion and surgical trauma, 17.1%, home delivery, 14.5% and 13.7% were not sure though they said they knew the risk factors. Regarding the knowledge of the signs and symptoms of obstetric fistula, only 27.3% said they knew the signs and symptoms however, most of them 48.9% couldn’t mention any, mixing of urine and feces, 25%, smelling urine, 20.5% and leaking of urine, 13.6% were the most mentioned signs and symptoms of obstetric fistula by those who knew. Only 35.1% of the women had knowledge on dangers/complication of obstetric fistula, body weakness 77.0%, repeated UTIs 32.7%, discrimination and low self-esteem 25.7%, sepsis, 17.7%, still birth 9.7% and death 8.0% were the complications/dangers mentioned by the women who said they knew the complication/dangers. However only 29.5% mentioned surgery as the means of treatment of obstetric fistula. Majority of the women 50.6%said they knew the ideal age at which a women should conceive among most of them 52.8% mentioned 18 years and above as the ideal age of conception. Most of the respondents 68.0% said that health facility is the best place for delivery with 85.4% of them giving justification as, the health facility is where they can be attended by skill workers, facilities have the necessary equipment for delivery and immediate attention in case of complications.

*Figure 3: showing if obstetric fistula can be treated*
Most of the women 62.1% said obstetric fistula cannot be treated compared to only 37.9% said obstetric fistula can be treated.

4.3 Attitude of the women

Table 3: Attitude of the women regarding obstetric fistula

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency, n</th>
<th>Percentage, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric fistula can be prevented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>14</td>
<td>4.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>58</td>
<td>18.0</td>
</tr>
<tr>
<td>Not sure</td>
<td>122</td>
<td>37.9</td>
</tr>
<tr>
<td>Agree</td>
<td>108</td>
<td>33.5</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>20</td>
<td>6.2</td>
</tr>
<tr>
<td>Believing in cultural norms and customs prevents fistula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>8</td>
<td>2.5</td>
</tr>
<tr>
<td>Disagree</td>
<td>55</td>
<td>17.1</td>
</tr>
<tr>
<td>Not sure</td>
<td>135</td>
<td>41.9</td>
</tr>
<tr>
<td>Agree</td>
<td>105</td>
<td>32.6</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>19</td>
<td>5.9</td>
</tr>
<tr>
<td>When a mothers deliver with the help of a health worker, it reduces the chances of developing fistula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>39</td>
<td>12.1</td>
</tr>
<tr>
<td>Not sure</td>
<td>125</td>
<td>38.8</td>
</tr>
<tr>
<td>Agree</td>
<td>129</td>
<td>40.1</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>29</td>
<td>9.0</td>
</tr>
<tr>
<td>An obstetric fistula is God’s plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>50</td>
<td>15.5</td>
</tr>
<tr>
<td>Disagree</td>
<td>94</td>
<td>29.2</td>
</tr>
<tr>
<td>Agree</td>
<td>112</td>
<td>34.8</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>66</td>
<td>20.5</td>
</tr>
<tr>
<td>Seeking obstetric care early enough reduces the chances of developing fistula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>15</td>
<td>4.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>34</td>
<td>10.6</td>
</tr>
<tr>
<td>Not sure</td>
<td>84</td>
<td>26.1</td>
</tr>
<tr>
<td>Agree</td>
<td>139</td>
<td>43.2</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>50</td>
<td>15.5</td>
</tr>
<tr>
<td>Campaigns against fistula should be public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>14</td>
<td>4.3</td>
</tr>
<tr>
<td>Not sure</td>
<td>73</td>
<td>22.7</td>
</tr>
<tr>
<td>Agree</td>
<td>211</td>
<td>65.5</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>22</td>
<td>6.8</td>
</tr>
<tr>
<td>Seeking emergency obstetric care does not need the husbands’ concept</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>27</td>
<td>8.4</td>
</tr>
<tr>
<td>Disagree</td>
<td>196</td>
<td>60.9</td>
</tr>
<tr>
<td></td>
<td>85</td>
<td>26.4</td>
</tr>
</tbody>
</table>
The general attitude of the women towards prevention of obstetric fistula shown in the table above. Majority of the respondents 37.9% were not sure if obstetric can be prevented compared to 33.5% who agreed that it can be prevented. Most of the women, 41.9% were not sure if believing in cultural norms and customs prevents fistula compared to 32.6% who agreed to it. Most of the respondents 40.1% agreed that when a woman delivers with the help of the health workers, it reduces the chances of developing fistula. 34.8% of the women agreed that an obstetric fistula is God’s plan compared to 29.2% who disagreed. Seeking obstetric care early enough reduces the chances of developing fistula was agreed by majority of the women, 43.3%. Most respondents 65.5% agreed that campaigns against fistula should be public. 60.9% of the respondents disagreed that seeking emergency obstetric care does not need the husband’s concept. Majority of the respondents 57.7% disagreed that obstetric fistula can be prevented by taking local herbs. Most of the respondents 54.0% agreed that witchcraft is a risk factor of obstetric fistula while 51.6% of the women agreed that home delivery is an obstetric fistula recurrence risk factor.
delivery is an obstetric fistula risk factor and finally 33.9% of the respondents disagreed that obstetric fistula can be due to bad luck.

4.4 Practices regarding preventive measures

Figure 4: showing the Obstetric fistula preventable

Regarding practices on prevention of obstetric fistula, most of the respondents 58.7% did not know if obstetric is preventable while 41.3% think obstetric fistula can be prevented.
Table 4: Practices of women regarding prevention of obstetric fistula

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency, n</th>
<th>Percentage, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric fistula preventable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>133</td>
<td>41.3%</td>
</tr>
<tr>
<td>No</td>
<td>189</td>
<td>58.7%</td>
</tr>
<tr>
<td>Preventive measures of obstetric fistula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care visit and following health workers instruction</td>
<td>100</td>
<td>75.2</td>
</tr>
<tr>
<td>Health facility delivery</td>
<td>104</td>
<td>78.2</td>
</tr>
<tr>
<td>Avoiding early marriage and delivery</td>
<td>47</td>
<td>35.3</td>
</tr>
<tr>
<td>Prevention of gender based and sexual violence (fighting)</td>
<td>32</td>
<td>24.1</td>
</tr>
<tr>
<td>Avoiding delays during essential obstetric emergency care</td>
<td>10</td>
<td>7.5</td>
</tr>
<tr>
<td>Taking herbs</td>
<td>4</td>
<td>3.0</td>
</tr>
<tr>
<td>Gentle pressure during delivery</td>
<td>24</td>
<td>18.1</td>
</tr>
<tr>
<td>General hygiene/cleanliness</td>
<td>9</td>
<td>6.8</td>
</tr>
<tr>
<td>Avoid retaining urine (frequent urination)</td>
<td>16</td>
<td>12.0</td>
</tr>
<tr>
<td>Proper treatment of STIs and UTIs</td>
<td>6</td>
<td>4.5</td>
</tr>
<tr>
<td>Avoid over eating during pregnancy</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Avoid unsafe abortion</td>
<td>5</td>
<td>3.8</td>
</tr>
<tr>
<td>Using family planning</td>
<td>57</td>
<td>42.9</td>
</tr>
<tr>
<td>Delay sex after delivery</td>
<td>23</td>
<td>17.3</td>
</tr>
<tr>
<td>Avoid too much sexual intercourse</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>5.3</td>
</tr>
</tbody>
</table>

Only 41.3% think obstetric fistula can be prevented by health facility delivery and antenatal attendance with following health workers instructions; the main preventive measures mentioned by most respondents at 78.2% and 75.2% respectively.
CHAPTER FIVE: DISCUSSION

5.0 Introduction
This chapter discusses the research findings in relation to the problem statement, literature review of studies conducted elsewhere in line with the specific study objectives. It also explains the obtained results from the study.

5.1 Knowledge of the respondents on obstetric fistula
Only one third of the respondents had ever heard about obstetric fistula and more than half of them who heard about it got the information from Friends/relatives (village mates, colleagues or from another patients. This could probably be because villages do not have much access to the common mass media hence one on one talk passes information more than mass media. This was in line with Montez, (2011) showed that young rural women have limited access to mass media compared to their urban counterparts and that even though word of mouth communication between family and friends plays a large role in the spread of news and information, its role in spreading family planning, and other maternal and child health information is low. This could be explained by study finding by Harrison, (2010) who revealed that, most mothers do not attend community health talk outreaches that are intended to raise women’s awareness about obstetric complications that led to obstetric fistula. It also found out that, 85% of the respondents with obstetric fistula never attended any community outreaches in their communities. This implies that most of the mothers who are not aware of the conditions and lack knowledge on the preventive measure and how treatment can be done will not carry out the practices that would reduce or prevent the occurrence of fistula such as ANC attendance, facility delivery among others hence predisposing them to obstetric fistula, hence the health workers and other policy makers should put in place a well precise message to be passed to the women seeking reproductive health services.

Almost three quarter of the respondents did not know the signs and symptoms of obstetric fistula and most of them who knew them mentioned mixing of urine and feces, leaking urine and smelling urine as the main signs and symptoms. This could probably be because obstetric fistula is not a very common condition among women and poor information among the members of the public regarding obstetric fistula. This was in line Tebeu, et al., (2008) which stated that the level of knowledge on the presentation of obstetric fistula was very little where 58.3% of the participants had little knowledge. Similarly, Mselle, et al., (2013) revealed that
the respondents were not aware of the common signs and symptoms of associated complications of obstetric fistula. These include recurrent urinary tract infections, neurological damage like foot drop and contracture of the lower limb, vaginal scarring and sexual problems, amenorrhea and infertility. Knowledge on the signs and symptoms allows early seeking of care when the condition is still treatable with the simplest form of treatment. This implies that women should be empowered with knowledge on obstetric fistula preventive measures.

Half of the respondents said they knew the ideal age at which a woman should conceive though only half of them mentioned the ideal age of 18 years and above. This could probably be because below the age of 18 years the body is not yet fully developed for sexual intercourse and childbirth hence putting the women at risk and complications during pregnancy and childbirth which include fistula. This is in line with Marguerine, et al., (2011) which revealed that girl’s sexual intercourse between 7-14 years was very risky for girls and would predispose them to obstetric fistula. However, majority mentioned that, even if one got pregnant at an age beyond 20 years and had earlier engaged in sexual intercourse before 18 years would also develop obstetric fistula. This will allow most of the young girl to get marry or get into sexual relationship at the right age which do to expose them to getting obstetric fistula. This implies that women who are knowledgeable on the best age of married are more likely to fight against child marriage hence reducing fistula case due to early delivery among teenagers

5.2 Attitude of the respondents towards prevention of obstetric fistula

More than one third of the respondents were not sure if the obstetric fistula can be prevented. This could probably be because of the low level of sensitization of the public about obstetric fistula by the government and other stakeholders and the fact that fistula has not yet been considered as serious gynecological burden among women by the government. This is in line with Tebeu, et al., (2008) which stated the respondents did not know that it could be prevented. Similarly, Mselle, et al., (2013) revealed that majority of the participants had little knowledge about the prevention of obstetric fistula. They thought that if one avoids vaginal infections, and frequent sexual intercourse, would avoid obstetric fistula. Conversely, this is not in line with Banke-Thomas, et al., (2013) which stated that majority rural young women had good knowledge about the prevention of obstetric fistula. The difference in the study’s findings could probably be due to the rate of sensitization in the two settings. Good
sensitization increasing the knowledge and awareness hence changing the attitude of the community towards obstetric fistula and allows them to make informed decision on their health which obstetric is not an exception leading to good health practices such as ANC visit and facility delivery. The ministry of health through the health workers should put emphasis on sensitization about obstetric fistula to women.

Every six of ten respondents disagreed that seeking emergency obstetric care does not need the husbands’ consent. This could probably be because of the cultural norms of taking husbands as the final and main decision makers and the main financial providers to the family hence he cannot just be left out. This is in line with Kalilani-Phiri, et al., (2010) showing negative attitude of women towards prevention of obstetric fistula. Women who frequently visit modern health care settings for any health problem are misunderstood to be weak and lazy. They are referred to as exploiters who want to cause poverty in their families by spending too much on health care. They are often suffering stigma, abandoned by husbands, loss of self-esteem, face varying degrees of social isolation which derails their esteem to attend emergency obstetric care. This situation finally predisposes them to obstetric fistula. In additional, Harrison, (2010) found that women were not allowed to freely move without the accompaniment of the husbands even if they need obstetric care or information. This implies that there will be change on the perception that men are the only decision makers even regarding woman health hence allowing women to seek health whenever they can even in the absence of the husband hence working toward positive attitude of health in preventing obstetric fistula. This implies that the ministry of health should consider maternal health when allocating resources within the health sectors budget.

More than half of the respondents disagreed that obstetric fistula can be prevented by taking local herbs. This could probably be because obstetric fistula is a medical condition that requires surgery meaning herbs cannot cure it. This is not in line with Lewis and de Bernis, (2006) which observed that respondents had negative attitude towards the prevention of obstetric fistula. Majority believed that majority believed that fistula could be prevented by attending to traditional birth attendants and having herbal bath. This was believed to give pregnant mothers blessings to prevent the occurrence of obstetric fistula. The difference could be because of the difference in the cultural beliefs and misinformation about the condition in certain population. The ministry of health through the health workers should put emphasis on sensitization about obstetric fistula to women.
About four in every ten of the respondents disagreed that believing in cultural norms and customs prevent fistula. This could be probably be because obstetric fistula is a medical condition and is not natural occurring. This is in line with Gabresilase, (2014) which reported that the respondents never knew that avoiding; early marriage, and prevent obstetric fistula. This implies that people are still rooted to the local beliefs which affects the health seeking behaviors of the women in preventing gynecological conditions that can be prevented hence there is need to enhance their knowledge to seeking modern medicines on gynecological to reduce maternal morbidity and mortality.

More than one third of the respondents agreed that an obstetric fistula is God’s plan in woman’s life. This could probably be because of the negative beliefs in the community about obstetric fistula. This is in line with Hassan and Ekele (2009) which stated that the 30(33%) respondents revealed that it was God’s plan for them to develop obstetric fistula. This implies that people have to know that some condition though can be worked on by human, which is to remove the bad cultural beliefs and give them knowledge on such condition.

More than half of the respondents agreed that home delivery is an obstetric fistula recurrence risk factor and four in every ten of the respondents agreed that when a mothers deliver with the help of a health worker, it reduces the chances of developing fistula . This could probably be because home delivery puts the mother and the unborn baby into a lot of risk and complications that may occur during childbirth which conditions averted by health facility delivery where skill workers are and equipment. This is in line with Kasamba, Kaye, and Mbalinda, (2013) observed that majority of his respondents knew that obstetric fistula could be prevented by early access to emergency medical care to avoid prolonged labour. This implies that when the community know that facility deliver with the health of skill health workers reduces the chances of getting obstetric fistula will encourage more mothers to deliver from the health facility.

About one third of the respondents disagreed that obstetric fistula can be due to bad luck. This could probably be because the respondents don’t not believe in thing such as bad luck in health condition. This is not in line with Tebeu, et al., (2008) which stated that obstetric fistula is thought to be bad luck that was natural and could not be averted by human beings.
5.3 The practice of obstetric fistula prevention

In regard to prevention measure of obstetric fistula, less than half of the respondents 41.3% thinks obstetric fistula can be prevented. This could probably be because of the low level of sensitization of the public about obstetric fistula by the government and other stake holders and the fact that fistula has not yet been considered as serious gynecological burden among women by the government. This is in line with Tebeu, et al., (2008) which stated the respondents did not know that it could be prevented. Similarly, Gabresilase, (2014) found that majority of the respondents had poor knowledge on the prevention of obstetric fistula. They never knew that avoiding; early marriage, cultural practices, and immediate seeking and access to emergency obstetric care prevent obstetric fistula. Majority were very naïve about obstetric fistula prevention who only sought God’s mercy to overcome the curse. Conversely, this is not in line with Banke-Thomas, et al., (2013) which stated that majority rural young women had good knowledge about the prevention of obstetric fistula. The difference in the study’s findings could probably be due to rate of sensitization in the two settings. Knowledge on preventive measures allows practices that prevent obstetric fistula. The ministry of health through the health workers should put emphasis on sensitization about obstetric fistula to women.

Among those who think obstetric fistula can be prevented, almost eight in every ten of them said facility delivery is the main preventive measure of obstetric fistula. This is could be because they had knowledge as facility delivery help in the immediate action in case of obstructed labour which in the main cause of obstetric fistula. This is in line with Banke-Thomas, et al., (2013) which stated that all the respondents agreed that, delivery with the health of trained health from health care facilities would prevent obstetric fistula however, However 89% of the respondents did not know that they could face pregnancy complications that would need them have emergency obstetric care. Similarly, Kasamba, Kaye, and Mbalinda, (2013) observed that majority of his respondents knew that obstetric fistula could be prevented by early access to emergency medical care to avoid prolonged labour. The ministry of health through the health workers should put emphasis on sensitization about obstetric fistula to women.

Three quarter of the respondents who think that obstetric fistula can be prevented said early antenatal care visit and following health workers instruction as well as health facility delivery were the main preventive measures. This could probably be because early antenatal care visit
and following health workers instruction would allow for early identification of at risk women and preventing the cases of prolonged labour which is main cause of obstetric fistula. This is in line with Hassan and Ekele (2009) which stated that majority 77(70%) of the respondents with vesicovaginal fistula reported that, if they had not had prolonged labour, they would not have developed fistula. However a few 30(33%) respondents who never knew that prolonged labour led to fistula. This was explained by WHO, (2015) who reported poor practices by pregnant mothers that predispose them to obstetric fistula. There is poor attendance of modern health care services by the pregnant mothers. There is general behavior of poor attendance in Uganda where over 40% of obstetric fistula patients did not regularly attend health care services during pregnancy (Kasamba, Kaye, Mbalinda, 2013). The ministry of health through the health workers should put emphasis on sensitization about obstetric fistula to women.

Some respondents mentioned avoiding unsafe abortion as a preventive measure of obstetric fistula. This could probably be because these procedure can go wrong and lead to fistula. This is in agreement with Keri, et al., (2010) who report that poor practices to women that expose them to obstetric fistula. Female Genital mutilation is one of the major traditional practices by TBAs. Even majority of such women especially elder ones do not want their sons to marry women who were not mutilated on grounds that they will become adulterous in marriage. In a bid to save their marriages, such women unwillingly accept FGM to save their marriages even when they know that it may predispose them to obstetric fistula. Similarly, Barageine, et al., (2014) stated that receiving poor surgical procedures was noted among the poor practices that led to Obstetric fistula in Western Uganda and showed that, a big proportion (25%) of fistula cases was caused by surgeons hence caesarean section being a risk factor in this region. This implies that different take holders should sensitize the population on the danger of abortion especially those that are not recommended by the health workers.
CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.0 Introduction
This chapter deals with the brief summary of the steps taken in the study, conclusions, study findings and implications to District management and recommendations.

6.1 Conclusion
The level of knowledge about obstetric fistula was low as most of the respondents had not heard about obstetric fistula and most of them got the information from the informal means such as relatives/friends village mates or fellow patients.
Most of the respondents did not know the risk factors and most of them said gynecological cancer as the main risk factor, respondents had no knowledge on the signs and symptoms as well as complications of obstetric fistula, respondents did not know if it can be treated, with them mentioning.
The study also found that most of the respondents knew that delivery should happen at health facility.
The attitude of the respondents towards obstetric fistula was somewhat good as most of the respondents agreed that when mothers deliver with the help of a health worker, it reduces the chances of developing fistula, most of the respondents also disagreed that believing in cultural norms and customs prevents fistula and obstetric fistula can be prevented by taking local herbs.
The practices of prevention of obstetric fistula was very low as more than half of the respondents did not know if obstetric fistula could be prevented though those who knew so had a fair knowledge as they mentioned facility delivery, attendance of ANC and following of health workers instruction as some of the main preventive measures of obstetric fistula, using of family planning and avoiding early marriage and delivery were also mentioned.
In conclusion, there was general poor knowledge and attitude as well as practices of the mothers as far as obstetric is concern.

6.2 Recommendations
From the findings of the study, we therefore recommend the following;

6.2.1 The community
All women should utilize the health facilities for their health needs and put in practice whatever they are taught or follow health worker’s instructions.
All men should escort and give support to their women in case of reproductive health issues.

6.2.2 Community leaders
Increased level of the sensitization throughout the country in different languages to enhance knowledge on obstetric fistula and related topics.
The community leaders should also sensitize their communities on the poor cultural beliefs and norms regarding obstetric fistula because some women are discouraged from seeking obstetric care; they believe it is for weak women.

6.2.3 Health workers
There should be sensitization of mothers from girl-child about predisposing factors to fistula so that these can be avoided as early as possible.
The health workers should take immediate action in case prolonged/obstructed labor.
The health workers should do CS at appropriate cost as it is the main way to save the mother and baby in case the natural form of the delivery is not possible, this is because some health workers over charge money for the procedure hence obstetric fistula as a consequence.
Midwives should make services customer friendly so as to attract mothers to attend facility based services.

6.2.4 Policy makers
The researcher recommends that the government and other stakeholders should put more strict rules and regulations guiding obstetric emergency care.
There is need to generate awareness and stimulate action regarding obstetric fistula by the government and other stakeholders. The ministry of health and other stakeholders should consider obstetric fistula as one of the main gynecological problems affecting women of reproductive age.
The researcher also recommends that more research still have to be done especially on the knowledge and attitude of the community regarding prevention of obstetric fistula with emphasis on cultural aspects.
There is need to fully equip the health facilities in terms of health personnel, essential drugs, ambulances and theatres especially in hard to reach areas.
REFERENCES


APPENDICES

APPENDIX I: CONSENT FORM

Dear Respondent Am, Bakundane Catherine a student of International Health Sciences University pursuing a bachelors degree in Nursing. As a requirement for the course a research study is supposed to be carried out. You are invited to participate in the study entitled, “Knowledge, attitude and practice of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital”. The information you provide will be confidential and strictly used for research purposes only. Your time and cooperation will be highly appreciated.

I agree to participate in a research study to assess knowledge, attitude and practices of woman regarding prevention of obstetric fistula. I will be asked a series of interview questions and the investigator will record my answers. My name will not be used and the confidentiality of my responses will be protected. The interview will take 30-60 minutes. My participation will take place in a private area with only the researcher present. I can decline to answer any question.

Participation:

My refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled. I will understand that I will not be compensated for my participation. An offer has been to answer all of my questions and concerns about the study. I will be given a copy of the dated and signed consent form to keep.

Signature of participant or Thumbprint ............................................................

Date .............................................................................................................
APPENDIX II: QUESTIONNAIRE

KNOWLEDGE, ATTITUDE AND PRACTICE OF WOMEN REGARDING PREVENTION OF OBSTETRIC FISTULA AT KABALE REGIONAL REFERRAL HOSPITAL

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. How old are you?
   a) 18-25 years □ b) 26-35 years □
   c) 36-45 years □ d) 46 years and above □

2. What is your current marital status?
   a) Single □ b) Married □
   c) Divorced □ d) Separated □
   e) Widow □ f) Others (specify) ……………………………

3. What is your level of education?
   a) No formal education □ b) Primary □
   c) Secondary □ d) Tertiary education □
   e) Others, (specify)

4. What is your occupation?
   a) House wife □ b) Civil servant □
   c) Self-employed □ d) Student □
   e) Unemployed □ f) Others, (specify) ……………………………

5. What is your working experience?
   a) Less than 5 years □ b) 6-10 years □
   c) 11-15 years □ d) More than 15 years □
SECTION B  
Knowledge of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital  

Instruction: Tick the most appropriate answer or give your own view where applicable  

1. i) Have you ever heard of obstetric fistula?  
   a) Yes ☐   b) No ☐  

   ii) If yes, what is it?  
   …………………………………………………………………………………………………………………………………………………  
   …………………………………………………………………………………………………………………………………………………  
   …………………………………………………………………………………………………………………………………………………  

   iii) From whom did you get the information?  
   ………………………………………………………………………………………………………………………………………………  
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   iv) What other things regarding obstetric fistula were you taught about?  
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   ………………………………………………………………………………………………………………………………………………  
   ………………………………………………………………………………………………………………………………………………  

2. i) Do you know any risk factors associated with obstetric fistula?  
   a) Yes ☐   b) No ☐  

   ii) If yes, state them?  
   ………………………………………………………………………………………………………………………………………………  
   ………………………………………………………………………………………………………………………………………………  
   ………………………………………………………………………………………………………………………………………………  
   ………………………………………………………………………………………………………………………………………………  
   ………………………………………………………………………………………………………………………………………………  

3. Do you know any signs and symptoms of obstetric fistula?  
   a) Yes ☐   b) No ☐  

   ii) If yes, mention the ones you know?
4. i) Does obstetric fistula have any dangers/complications?
   a) Yes ☐  b) No ☐
   ii) If yes, what are they?

5. i) Can obstetric fistula be treated?
   a) Yes ☐  b) No ☐
   ii) If yes, mention the ways of treating it?

6. i) Do you know the ideal age at which a woman should conceive?
   a) Yes ☐  b) No ☐
   ii) If yes, what age is it?

7. i) What is the best place to deliver from?

   ii) Justify your answer
SECTION C
Attitude of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital

Instruction: Tick the most appropriate answer or give your own view where applicable. The responses are on a Likert scale indicating negative to positive attitude. They are summaries as; SD= Strongly Disagree, D=Disagree, NS= Not sure, A= Agree and SA= Strongly Agree as shown below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obstetric fistula can be prevented</td>
<td></td>
</tr>
<tr>
<td>2. Believing in cultural norms and customs prevents fistula</td>
<td></td>
</tr>
<tr>
<td>3. When a mother deliver with the help of a health worker, it reduces the chances of developing fistula</td>
<td></td>
</tr>
<tr>
<td>4. An obstetric fistula is God’s plan</td>
<td></td>
</tr>
<tr>
<td>5. Seeking obstetric care early enough reduces the chances of developing fistula</td>
<td></td>
</tr>
<tr>
<td>6. Campaigns against fistula should be public</td>
<td></td>
</tr>
<tr>
<td>7. Seeking emergency obstetric care does not need the husbands’ concept</td>
<td></td>
</tr>
<tr>
<td>8. Obstetric fistula can be prevented by taking local herbs</td>
<td></td>
</tr>
<tr>
<td>9. Witchcraft is a risk factor for obstetric fistula</td>
<td></td>
</tr>
<tr>
<td>10. Home delivery is an obstetric fistula recurrence risk factor</td>
<td></td>
</tr>
<tr>
<td>11. Obstetric fistula can be due to bad luck</td>
<td></td>
</tr>
</tbody>
</table>
SECTION D
Practices of women regarding prevention of obstetric fistula at Kabale Regional Referral Hospital

Instruction: Tick the most appropriate answer or give your own view where applicable

1. Do you think an obstetric fistula can be prevented?
   a) Yes ☐   b) No ☐
   iii) If yes, what would you do to prevent obstetric fistula?

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Thank you for your cooperation
APPENDIX III: MAP OF KABALE DISTRICT SHOWING KABALE REGIONAL REFERRAL HOSPITAL
TO THE DIRECTOR
KABALE REGIONAL REFERRAL HOSPITAL
P.O. BOX 7 KABALE

Dear Sir/Madam,

RE: ASSISTANCE FOR RESEARCH

Greetings from International Health Sciences University.

This is to introduce to you Bakundane Catherine, Reg. No. 2013-BNS-TU-005 who is a student of our University. As part of the requirements for the award of a Bachelors degree in Nursing of our University, the student is required to carry out research in partial fulfillment of her award.

Her topic of research is: Knowledge, attitude and practice of women regarding prevention of obstetric Fistula at Kabale Regional Referral Hospital.

This therefore is to kindly request you to render the student assistance as may be necessary for her research.

I, and indeed the entire University are grateful in advance for all assistance that will be accorded to our student.

Sincerely Yours,

Ms. Agwangu Agnes
Ag. Dean, School of Nursing

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