

## ORIGINAL RESEARCH ARTICLE

# Group Psychological Therapy in Obstetric Fistula Care: A Complementary Recipe for the Accompanying Mental Ill Health Morbidities?

Oladosu A Ojengbede<sup>1</sup>, Yvonne Baba<sup>2</sup>, Imran O. Morhason-Bello<sup>1\*</sup>, Margret Armah<sup>2</sup>, Alex Dimiti<sup>2</sup>, Dragudi Buwa<sup>2</sup> and Makur Kariom<sup>3</sup>

<sup>1</sup>Department of Obstetrics and Gynaecology, College of Medicine/University College Hospital, University of Ibadan, Ibadan, Oyo state, Nigeria; <sup>2</sup>UNFPA, South Sudan; <sup>3</sup>Ministry of Health, Juba, South Sudan.

\*For correspondence: E-mail: onembello@yahoo.co.uk; Phone: +2348034784402

## Abstract

The objective of this study is to determine the impact of group psychological therapy (GPT) on the mental health of obstetric fistula patients. It was a comparative pre and post intervention design. All patients had GPT prior to surgery and mental health assessment conducted before and after surgical repair. There was a significant reduction in proportion of those with severe mental health status after surgery. Specifically, the proportion of those with depression score of 4 and above reduced from 71.7% to 43.4%, and those with score of less than 4 increased from 28.3 to 56.6 percent. There was a significant reduction in those with very low self-esteem from 65.0% to 18.3%. Suicidal ideation reduced generally; severe (15.0 to 0%), moderate (16.7 to 5.0%) and mild (25.0 to 21.7%) and those without increased (43.3 to 73.3%). In conclusion, GPT is a useful adjunct to OF care as it improves their overall mental health status. (*Afr J Reprod Health 2014; 18[1]: 156-160*).

**Keywords:** Obstetric fistula, mental ill health, Group Psychotherapy, South Sudan

## Résumé

L'objectif de cette étude est de déterminer l'impact du groupe thérapie psychologique (GPT) sur la santé mentale des fistules obstétriques les patients. C'était un comparatif pré et post-conception de l'intervention. Tous les patients avaient GPT avant la chirurgie et évaluation de santé mentale effectuée avant et après réparation chirurgicale. Il y a eu une réduction significative en proportion de celles souffrant d'une grave maladie mentale statut après la chirurgie. Plus précisément, la proportion de ceux à la dépression score de 4 et plus réduit, passant de 71,7 % à 43,4 %, et ceux avec score de moins de 4 a augmenté, passant de 28,3 à 56,6 pour cent. Il y a eu une réduction significative de ceux avec très faible estime de soi de 65,0 % à 18,3 %. Idées suicidaires réduits en général; de graves (15,0 à 0%), modérée (16,7 à 5,0 %) et doux (25,0 à 21,7 %) et ceux sans augmentation (43,3 à 73,3 %). En conclusion, GPT est un utile complément à des soins de santé, et elle améliore leur état de santé mentale. (*Afr J Reprod Health 2014; 18[1]: 156-160*)

**Mots-clés:** La fistule obstétricale, la mauvaise santé mentale, psychothérapie de groupe, dans le sud du Soudan

## Introduction

Obstetric fistula (OF) is one of the aftermath adverse events of childbirth caused by poor maternity care services resulting in involuntary leakage of urine and or faeces<sup>1-3</sup>. OF has been regarded as a neglected public health problem ravaging many women in silence, and majority resides in developing countries<sup>4</sup>. Estimates have revealed that there are over 2 million untreated fistula patients, with about 50 000 to 100 000 new

cases every year<sup>4</sup>. The rising burden OF is due to lack of commensurate human resource to address the backlog, poor funding and equipment to match this global burden<sup>5</sup>.

Most women affected often present with twin tragedy of the morbidity and stillbirth as a consequence of prolonged, painful and sometimes catastrophic obstructed labour. This scenario culminates in varying levels of psychological and emotional turmoil<sup>6-8</sup>. Worst still, their suffering is further compounded by deliberate isolation and

stigmatization by their immediate families as well as the community they live due to their illness<sup>7,9,10</sup>. In some communities, women with OF are blamed for sustaining this injury due to the cultural belief. They are then made to suffer the pains of the morbidity alone as an outcast<sup>9,11</sup>.

South Sudan has been involved in two civil wars with unprecedented casualties and the degree of sufferings ranges from physical, psychological/emotional injuries and deaths (1955-1972 and 1983 – 2005)<sup>12</sup>. Women suffered various form of violence during these periods<sup>13</sup>. This conflict led to destruction of many social amenities including health care facilities. Despite the signing of the Comprehensive Peace Agreement (CPA), the conflict-affected communities of Southern Sudan are still facing formidable health challenges with a maternal mortality ratio of 2054/100,000 live births – one of the worst maternal mortality ratio in the world!<sup>4</sup>. It is also estimated that the lifetime risk of a woman dying from pregnancy or childbirth related event is 1 in 7. This is astronomically higher than 1 in 29,000 in Sweden. In response to the appalling maternal health records, the United Nation Population Funds (UNFPA) collaborated with the Ministry of Health of South Sudan in 2006 on strategy to improve quality of care and also provided technical expertise to improve capacity to manage morbidities such as OF<sup>14</sup>. Though, there is no exact figure of burden in South Sudan, anecdotal reports from policy makers reveal that the morbidity permeates virtually all localities.

Most fistula surgeons have majorly preoccupied themselves with repair of the urinary and or faecal incontinence and possibly assist in reintegration process through empowerment with further education and skill acquisition<sup>6</sup>. Previous researches have shown elsewhere that surgical correction of incontinence alone is associated with improvement in the accompanying mental ill health precipitated by OF<sup>15</sup>. In spite of this, there is limited information on the role of psychological therapy to treat this accompanying morbidity.

Management of mental ill health involves pharmacotherapy, psychotherapy and other ancillary therapies<sup>16,17</sup>. Use of psychotherapy gained popularity in the early 18<sup>th</sup> century and it has since been incorporated into many psychiatric

disorders treatment protocols. Group interpersonal psychotherapy (GIPT) – a variety of therapy – entails using a collection of patients with similar mental ill health morbidity to understand their health problem through sharing of information, experiences and coping strategies. Trained health care personnel usually facilitate the forum. Evidence abounds that GIPT has measurable therapeutic values in depressive illness, suicidal ideations, personality disorders and other mental illness irrespective of age and gender of the patients<sup>16,18</sup>. The aim of this study is to determine the impact of group psychological therapy on some mental health manifestations among OF patients that are undergoing treatment in South Sudan.

## Methods

This was a descriptive study design conducted among women that had treatment for OF during the third UNFPA fistula campaign programme in South Sudan in collaboration with the Ministry of Health between October and November, 2008. The permission to conduct this study was obtained from the Ministry of Health, South Sudan as proxy for ethical approval. Prior to the treatment, each patient was independently approached for recruitment into the study after explaining in detail the various components of the study, and they were also assured that their refusal will not affect their treatment opportunity. Thereafter, verbal consent was then obtained on individual bases from those willing to participate.

Study design: All consenting participants enrolled for the study had group psycho-therapy (GPT), which was conducted by a trained nurse psychologists/clinical counselor. Each group session comprises of 9 to 12 participants moderated by the counselor in local language that lasted between 45 to 60minutes.

The GPT involves group discussion by participants on their peculiar problems through sharing of their experiences and coping strategies. Specifically, they were prompted to discuss the cause of their health challenge, the initial reaction of their family members and community to their urine leakage and how they have been able to interact and live within their community. The

impact of these challenges including psychological problems was discussed. During the discussion of each of these key issues, the counselor guides the forum and encourages participatory approach of solving all the challenges identified. After, the counselor then educates them further on OF by dispelling any myths and or misconceptions, prevention, outcome of care and compliance with treatment.

**Data collection:** Prior to the GPT, information on socio-demographics and OF history was obtained using a structured data collection format. The pre and post-GPT mental health assessment was conducted for each participant focusing on depression, level of self-esteem and suicidal thoughts/self harm risks. Depression was measured using a validated 28-item General Health Questionnaire (GHQ)<sup>19</sup>. The score of less than 4 was interpreted to be normal while a score of 4 and above suggested mental ill health (psychiatric disorder). Self-esteem and suicidal ideation/self harm were measured on a scale of 1 to 10 where 0 is no symptom. Suicidal ideation was interpreted as follows: score of 1-3 is mild, 4-6 is moderate and severe is 7-10 whereas, self esteem was interpreted as follows: 0-2 as very low, 3-5 as low, 6-8 as moderate and 9-10 is satisfactory. The pre-surgery GPT mental health assessment was conducted after medical evaluation of participants before surgical repair of OF while the post-surgery GPT assessment was conducted as an exit interview at the point of discharge from the facility (14-21 days after repair). Data of only those that had successful repair were included in this analysis. Data analysis was performed using Statistical Package for the Social Sciences 15.0 software (Chicago, IL USA). Cross tabulation was performed to compare pre and post surgery GPT mental health status

proportions. The level of statistical significance was set at  $P < 0.05$ .

## Results

Of the total 120 women with OF that presented for the fistula campaign programme, 73 were repaired but only the results of 60 were considered for this analysis. The age range of the participants was 14 -50 years with a mean of 24.6years. The range of duration of OF to the time of presentation was 3 months to 27 years with a median of 3.4 years. Regarding their marital history, majority 28 (46.7%) are still married and live with their husband while 23 (38.3%) are either separated or divorced, 8 (13.3%) are single and one (1.7%) of them is a widow (data not shown). All the participants had their OF repaired and they were continent of urine at discharge.

Regarding the mental health status of the participants before and after GPT (Table 1), the proportion of those with depressive score of 4 and above reduced from 71.7% to 43.4% and also, those with a score of less than 4 increased from 28.3 to 56.6 percent. These changes were statistically significant. On the self-esteem, there was a significant reduction in the proportion of those with very low self esteem from 65.0% to 18.3% whereas, there was increase in proportion of those with low self esteem and moderate self esteem 18.3% to 26.7% and 16.7% to 55.0% respectively. Assessment of suicidal ideation or self-harm thoughts, there was a systematic reduction in the proportion of those categorised as severe (15.0 to 0%), moderate (16.7 to 5.0%) and mild (25.0 to 21.7%) whereas, those that do not have any suicidal thoughts increased (43.3 to 73.3%).

**Table 1:** The pre and post-group psychotherapy mental health assessment among women with obstetric fistulae (n = 60)

Mental ill health variables	*Pre-GPT (%)	*Post-GPT (%)	p-value+
<b>Depression</b>			
≥4	43 (71.7)	26 (43.4)	0.002
<4	17 (28.3)	34 (56.6)	

<b>Self esteem</b>			
very low self esteem	39 (65.0)	11 (18.3)	
Low self esteem	11 (18.3)	16 (26.7)	<0.0001
Moderate self esteem	10 (16.7)	33 (55.0)	
<b>Suicidal ideation/self harm</b>			
Severe	9 (15.0)	0 (0)	
Moderate	10 (16.7)	3 (5.0)	
Mild	15 (25.0)	13 (21.7)	0.001
None	26 (43.3)	44 (73.3)	

+ Fischer exact test used

\* Pre GPT assessment was performed before surgical repair of fistula while post GPT was performed after surgical repair.

## Discussion

Holistic care for women with OF is now advocated and this includes early integration after successful surgical repair and management of accompanying morbidities<sup>20</sup>. Mental ill health such as depression, and suicidal thoughts have been reported to be strongly associated with OF in various settings, and manifestations of these psychological challenges after surgery could potentially threaten successful integration<sup>6,21</sup>. It is not surprising from this study that majority of the participants manifested different grades of mental ill health, which is comparable to the pattern and proportion reported elsewhere<sup>15, 20, 22</sup>.

In this study, we observed a systematic reduction in proportion of all mental ill health measured after a group psychological therapy, which was employed. This technique is novel in fistula management and it is meant to complement the psychological relieve that usually accompanies successful surgical repair. Muleta et al has observed that successful surgical outcome does not completely eliminate psychological morbidities associated with OF, and therefore advocate psychological counseling methods as a compliment<sup>22</sup>. This study shows that group psychotherapy offers opportunity for all participants to share their experiences and coping strategies. The fellowship from this exercise promotes confidence and hope for all even before surgery is performed. The interaction also allows for individuals to freely express their misconceptions and concerns about their ailment for correction by either colleagues and or the

counselor that facilitated the meeting. This is a veritable avenue to break the barrier of silence associated with OF patients. Another benefit of the group psychotherapy is the large scale access of participants to counseling in spite of scarce human and material resource in the developing countries, thus, making treatment cheaper.

Though, the real essence of the group psychotherapy is to improve the psychological wellbeing, it is probable that some participants may be shy to freely discuss all their psychosocial problems in spite of all the assurances. Secondly, it is also difficult to cater for all the specific needs and concerns of individuals in a group therapy but the dynamics emanating from the formal and informal interaction is capable of eliminating most psychological complaints. Another limitation of this study is that the psychotherapy did not offer continuous therapy where participants that still have residual mental ill health after the initial exercise are identified for follow-up and possible linkage with specialized centers. Nevertheless, our finding raises the need for a sustained process of follow-up for those that will benefit. In this study, we evaluated only the participants that had successful repair which has been previously associated with improvement in mental ill health<sup>15</sup>, and this may make teasing out the sole impact of GPT a bit difficult. Use of a case controlled study design may better elucidate the role of GPT or other forms of psychotherapy.

The group psychotherapy used in this study was adapted from protocols used for the treatment of chronic mental illness which has been documented in the literature since 1906. Successful conduct of

group psychotherapy is hinged on adequate training of the counselor that will facilitate the meeting, selection of suitable environment and abiding by its tenets.

This study has demonstrated that group psychotherapy is useful in OF mental ill health care, we therefore advocate for its use while awaiting surgical repair as it has the potential to reduce their accompanying mental ill health and subsequently facilitate early integration. Furthermore, we recommend more rigorous studies that will investigate the real potential of group psychotherapy in fistula management.

### Contribution of Authors

OAO and EB conceived the idea of the research, OAO, EB, MA and DB designed the research method, and collected the data, EB and IOMB analyzed the data. IOMB and OAO performed the literature search, write up the initial draft and all authors read and approved the final draft before submission.

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