Global Urologic Advocacy for Women with Vesicovaginal Fistula: Addressing Surgical, Social, and Mental Health Disparities

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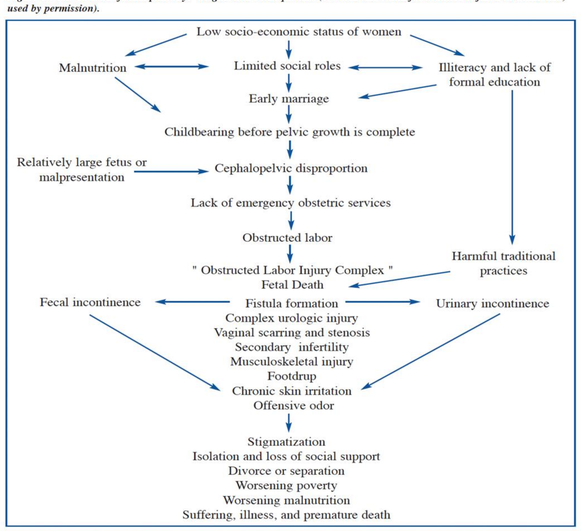
Introduction

- We aim to raise awareness of the vesicovaginal fistula (VVF) due to obstructed labor complex in low-income countries and its complications.
- VVF due to obstructed labor is primarily seen in low- and middle- income countries due to limited resources and limited access to healthcare.
- Most cases are seen in Africa (particularly in Sub-Saharan Africa, but also in North and East Africa), and Asia (South and South-East Asia). Cases also occur in rural areas of South America and Haiti.
- A VVF is a pathologic tract from the bladder to the vagina, which results in involuntary urinary leakage through the vaginal vault. In high-income countries, this condition is typically caused by a complication from surgery or radiation.
- In low-income countries, this condition is most caused by unrelieved obstructed labor, particularly in settings that lack access to emergent intervention. Obstructed labor can last between 2-5 days and over 90% result in a stillbirth.
- The impacted fetal head causes pressure necrosis of the bladder and vaginal walls, thereby forming a tract. The obstructed labor complex can cause a variety of other health concerns like rectovaginal fistulas, vaginal stenosis, and infertility.

Pathway of Consequences

Figure 1 : The obstetric fistula pathway: Origins and consequences (©Worldwide Fund for Mothers Injured in Childbirth, used by permission).



Adapted from Wall LL et al., Incontinence: 2nd International Consultation on Incontinence, 2002.

Problem

- The obstructed labor complex is strongly associated with child marriage and malnutrition, as these contribute to cephalopelvic disproportion (CPD).
- The mean age range of fistula patients in Africa is 15-19, with 82% being married before 15. The pelvis is not yet fully developed at 15, so there is an increased risk of CPD and obstructed labor.
- There are often few caretakers who are aware of the warning signs for VVF. When recognized, the nearest hospital can be days away, and the women usually have no access to transportation.
- Economic barriers are substantial among these women, thus making it even more difficult to get surgical fistula correction.
- Once in the hospital, there is often a shortage of physicians with specialized training to perform such a complicated procedure.
- Fetal demise is also highly conducive to maternal sepsis because of bacterial infection of necrotic tissue. As a result, there is an overwhelming risk of resulting morbidity and mortality for these young women.

Psychosocial Consequences

- The psychological effects of the VVF are extreme. Many women are outcast from their community; they are seen as "contaminated." In many communities, bodily cleanliness is tied to a woman's spiritual worth.
- Persistent leakage in some regions is seen as a curse, while some women are accused of sexual infidelity. Some women feel that they are personally at fault for the complications.
- Up to 80–90% of women with VVF are abandoned or divorced by their husband. Families force these women to leave home, fearing the odor or social embarrassment. With no income or housing, many end up living in isolation, sometimes sleeping outside villages or near health centers awaiting repair.
- These women report feelings of depression, shame, loneliness, and loss of identity.
- Suicidal ideation is common in women with VVF.

> "*I am a person, but I am not a person*"
> - said one woman living with a VVF

Advocacy

- There is a severe shortage of physicians trained to repair vesicovaginal fistulas in these rural regions, creating a major barrier to care. The FIGO Fistula Surgery Training Initiative has made great progress in Africa, with over 10,000 repairs completed by 62 fellows as of 2020, yet the backlog of cases continues to grow. Sustainable eradication will require long-term investment and national strategies that strengthen local surgical capacity and address systemic health disparities.
- Mental health care must also be part of recovery. Programs in Mali show that routine depression screening and psychosocial support improve patient outcomes and aid in reintegration. Educating stakeholders and policymakers is important to ensure that training programs address both the surgical and psychological needs of women with fistula.
- Urologists can help by attending mission trips (to perform surgery or teach local fellows how to perform the surgery), supporting organizations such as Fistula Foundation, advocating for policy change, and donating surgical supplies.

Affected Countries

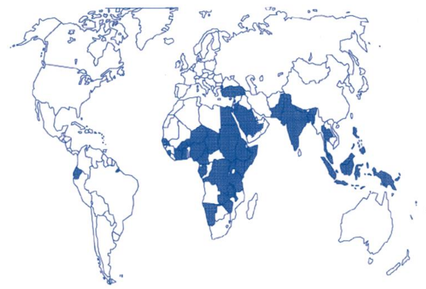


Figure 2 : Countries from which obstetric vesico-vaginal fistulas have been reported (WHO 1991). The prevalence is actually greater than this map indicates.

Adapted from Wall LL et al., Incontinence: 2nd International Consultation on Incontinence, 2002.

Education

- Community-based initiatives, such as the Fistula Foundation, UNFPA Campaign to End Fistula, and EngenderHealth's Fistula Care Plus Program, are working to educate mothers and caretakers about the signs and symptoms of obstetric fistula so women know when to seek care. These programs also aim to destigmatize fistula by correcting misconceptions that it is a curse or consequence of sexual misconduct.
- Lack of awareness often leads to shame, isolation, and loss of social identity. Public education about the medical causes and treatability of vesicovaginal fistula helps dispel myths, improve mental health outcomes, and support community reintegration.
- By promoting understanding and empathy, these education efforts enhance the quality of life and social acceptance of women living with fistula.

Conclusion

- The medical literature consistently shows that women with a VVF experience high rates of social isolation, psychological distress, and persistent stigma which significantly impairs quality of life and hinders social reintegration.
- Comprehensive care models that integrate psychological support, stigma reduction, and reintegration services should be supported.

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