

**Factors Associated with Obstetric Fistulae among Patients Attending Selected Hospitals in
Kenya, 2010**

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ABSTRACT

Obstetric fistulae are an important problem in Kenya as in many developing countries. About 3000 cases are estimated to occur every year with an incidence of 1 per 1000 women. Specific risk factors differ from region to region and this study was undertaken to determine characteristics of the fistula patients and specific factors associated with obstetric fistula among patients attending selected hospitals in Kenya.

An unmatched case control study was conducted in three major hospitals in Kenya, Kenyatta National Hospital, Coast Provincial General Hospital and Nyanza Provincial General Hospital. Case-patients who had fistula following delivery within the previous five years were included and controls were patients who attended the obstetrics and gynecology clinics at these hospitals, didn't have present or past history of symptoms of fistula and have delivered within the last five years. A pre-tested semi-structured questionnaire was administered to both cases and controls where information on demographics, circumstances surrounding most recent delivery or the delivery associated with fistula and clinical information on cases were collected.

Total of 70 cases and 140 controls were interviewed. Cases were mainly aged between 15-24 years (55%) with a median of 22.5 years. Mean age at marriage was 18.8 years for cases and 21.7 years for controls. Mean age at first pregnancy was 19.2 years for cases and 22.5 years for controls. Fifty percent of the cases were primi-para and 20 % were divorced after onset of fistula. Compared to controls, cases were shorter; 44.3% <150cm (p-value=0.0000), had less than secondary education (p-value=0.0000) and had no formal employment (p-value =0.008). Thirty four percent of cases stopped working after onset of fistula. Those who attended antenatal clinic at least once among cases were 73.5% and for controls was 93.5%.

Independent risk factors associated with developing obstetrics fistula included labour duration of more than 24 hours (Odds Ratio [OR] = 4.7, 95% Confidence Interval [CI] =2.4 -9.2, p-value=0.0098), seeking delivery services after labouring for more than 6 hours at home (OR=6.9, 95% CI=2.2-21.3, p-value=0.0007), having none or primary education (OR=9.6, 95% CI=3.3 – 27.9, p-value=0.0000) and being referred to another facility for emergency obstetrics services was (OR=8.6, 95% CI=2.7 –27, P-value=0.0002). Reaching a health facility within 2 hours of travelling is a preventive factor (OR=0.18, 95% CI=0.05 -0.73,

Women with obstetrics fistula in the three selected hospitals were illiterate, shorter than 150cm, married early, had no formal education and had no formal employment. The independent risk factors for developing obstetric fistulae were delays in seeking health care and in reaching health facility, delays caused by referrals, long labour duration and illiteracy among women.

I recommend emphasis on timely hospital deliveries and availability of emergency obstetrics care (caesarean sections) at selected primary health care facilities to reduce the delays in accessing care.