

**EFFECTIVENESS OF PSYCHOSOCIAL SUPPORT SERVICES ON PREVENTION
OF OBSTETRIC FISTULA RECURRENCE AMONG RECOVERING SURVIVORS
IN SELECTED COUNTIES IN KENYA**

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ABSTRACT

Obstetric fistula is a childbirth injury associated with prolonged obstruction of labour leaving a woman incontinent of urine, stool or both. The condition is associated with stigma associated with the zing courage and resilience, many others succumb to illness and despair. The estimated 3000 new fistula cases recorded in Kenya every year presents significant implications for reproductive health practice. Awareness efforts by organisations dealing with fistula survivors has led to a better treatment response. However, fistula recurrence among survivors remains a challenge. In addition, little research has been done on the factors associated with recurrence. This research set out to bridge this knowledge gap by studying the fistula recurrence among survivors in selected counties in Kenya with special emphasis on the role of psychosocial support services. To achieve this, the study was guided by five objectives: to explore the significant contributing factors of fistula recurrence among fistula survivors; to determine if there were differences in levels of psycho-education between the recurring and non-recurring fistula survivors; to determine the significant differences in the level of counselling services between recurring and non-recurring survivors; to find out the significant differences in the levels of community involvement in fistula interventions between recurring and non-recurring fistula survivors; and to explore significant possible alternative intervention measures for prevention of recurrence among fistula survivors. The study utilized mixed research methods (quantitative and qualitative approaches), which embraced *post facto* survey design. The target population was 470 fistula survivors aged 15 - 50 years from selected counties in Kenya. Purposive sampling was utilised to choose a final sample of 248 fistula survivors, 8 Key informants, and 6 focus group discussions. The data was collected using questionnaires, focus group discussion guides, and interviews. The data was analysed using descriptive and inferential statistics by mean of statistical tools with the aid of SPSS version 22. The study registered a response rate of 98.8% and an alpha test-retest reliability coefficient of 0.82 which were considered reliable. The significant factors contributing to fistula recurrence were age, marital status, the number of births, and multiple fistula recurrence. The study found that the psycho-education, counselling as well as family and community involvement before the first treatment significantly affected fistula recurrence. Possible alternative measures were also identified as ways to prevent fistula recurrence. The study recommended post repair follow up for all the repaired fistula clients, post repair services to target all the fistula clients irrespective of their level of education and more attention to be given to clients who suffer from both vesico- vagina Fistula (VVF) and Rectovaginal Fistula (RVF). Finding from this study could be helpful to organisations dealing with fistula survivors and other interested bodies. The fistula survivors themselves could also benefit from data generated in this research with regard to self-care.