

NEWPORT INTERNATIONAL JOURNAL OF PUBLIC HEALTH AND PHARMACY (NIJPP) Volume 3 Issue 2 2023

Factors Contributing to Perineal Tears among Mothers during Labour/Delivery in Kibuku Health Centre IV Kibuku District

Mujjasi Isaac

Department of Nursing Sciences Kampala International University, Uganda.

ABSTRACT

Childbearing is one of the most eventual activities in women and life but comes along with a lot of consequences which range from minor to major. The categorization of these consequences is classified based on the effect imposed on the individual woman and perineal tears happen to be of such discomfort abilities in mothers' lives. This study therefore aimed at exploring the factors that contribute to perineal tears among mothers seeking maternal care services at Kibuku health center IV in Kibuku district and specifically on social economic factors, their effects on mothers, and possible preventive measures needed to minimize perineal trauma occurrence. A cross-sectional study involving both qualitative and quantitative descriptive study was carried out at Kibuku health center IV, Kibuku district on women seeking services for perineal traumas where 30 respondents were selected using a questionnaire by simple random sampling method from a pool of mothers was used as a baseline data for analysis, discussion, conclusions, and recommendations. The study found that young mothers mainly those located in rural areas of 37% poor social economic status were at more risk of getting perineal tears than other groups in the same situation. The most presenting effect were; sepsis, fistulas, and widened virginal opening that could lead to marital separation (70%). Anticipated preventive measures were encouraging mothers to deliver from well-established centers, stocking health facilities with adequate obstetric equipment as well as increasing the number of skilled health workers to detect the high-risk mothers before their condition runs out of control. Poor social economic status contributing to perineal tears among mothers in the communities can be prevented with standard measures put in place such as creating income-generating activities as well as creating referral centers, availing centers with essential obstetric equipment and staffing them with skilled personnel in addition to conduction of massive health talks to the population about the causes, effects, and preventive measures.

Keywords: Perineal tears, Mothers, Health Centre, Trauma, Kibuku.

INTRODUCTION

Worldwide two million women are living with genital/perineal tears with an annual incidence of 50,000 to 100,000 new cases unexposed. Nigeria accounts for about 40% of the annual global burden of tears [1]. These figures may be low because accurate prevalence rates of obstetric-related traumas are poorly documented and to make matters worse, the victims feel ashamed to come openly to report due to stigma surrounding the reproductive area and also due to the nature of the female gender [2, 3]. As for developing countries including Uganda, other factors causing perineal tears are the social, economic, and psychological effects on the health and well-being of women [4, 5]. However, this can be addressed physically in small communities by healthcare personnel though sometimes it is hampered by the knowledge gap [6, 7]. This means that if the problem is to be addressed then Health care members need to attend courses that discuss major causes; preventive measures and they should be given more information on the importance of educating women about how relevant it is to go for antenatal visits in clinics. In hospitals, specialized surgeons are available for repairs of pelvic area operations to avoid injuries in addition to the existing midwives [8, 9]. Tears are usually caused by childbirth (obstetric trauma), during prolonged and precipitated labor

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Publications 2023

when the presenting part of the unborn child tightly presses against the narrow pelvis, stretching the perineal muscles beyond elasticity [10, 11]. The affected tissue may get toned directly or later by first getting necrotized, leaving a hole called a fistula (an abnormal connection between two hollow organs) [12, 13]. Genital tears can also result from violent rape this has become more common in some war zones, as a weapon used by rebels against civilian populations resulting in multiple complications such as Vesicovaginal Fistula (VVF) and related consequences [14]. Despite the government, emphasis and putting strategies in place to encourage mothers to deliver in health facilities, and attend antenatal care from recognized health facilities, there are increasing numbers of mothers reporting to hospitals with advanced perineal damage, especially third-degree tears. The condition leaves these affected women in a state of despair. Women affected by tears have to suffer not only the consequence of losing their children due to death resulting from postpartum hemorrhage (PPH) but also are subjected to social humiliation, shame, and embarrassment and at times even leave their marriage as men no longer desire to sleep with them because of the enlarged vaginal OS [15-17]. They may become outcasts due to pungent smell and wetness from urinary incontinence if they extend to cause vesicovaginal fistula/Recto-vaginal fistulae [18]. In the records at Kibuku HC IV between the months of July to December 2015, there were 100 mothers repaired of second to third-degree tears 24hrs following what was perceived as normal labor in only three months. Based on the records in the hospitals the researcher wants to identify the facts about the causes of increasing numbers of genital tears among mothers attending gynecological care services at Kibuku HCIV, Kibuku District.

Aim of the Study

To identify the factors contributing to Perineal tears amongst mothers attending the Obstetric and gynecological unit at Kibuku HC IV in Kibuku district so that a solution is developed to reduce their occurrence.

Specific Objectives of the Study

- To find out the socio-economic factors contributing to the perineal tears amongst mothers seeking maternal health care at Kibuku HC IV in Kibuku district.
- To establish the effects of perineal tears among mothers seeking maternal health care at Kibuku HC IV in the Kibuku district.
- To identify the preventive measures for Perineal tears among mothers seeking maternal health care at Kibuku HC IV in Kibuku district.

Research Questions

- What are the socio-economic factors contributing to the perineal tears among mothers seeking maternal health care at Kibuku HC IV in Kibuku district?
- What effects do Perineal tears have on mothers seeking maternal health care at Kibuku HC IV in the Kibuku district?
- What are the preventive measures for perineal tears among mothers seeking maternal health at Kibuku HC IV in the Kibuku district?

METHODOLOGY**Study Design**

The study was descriptive cross section in nature employing both qualitative and quantitative methods of data collection. It was cross-sectional because the study was meant to take a short period while quantitative because the study used numbers to draw conclusions and qualitative to relate observations in differences amongst the study subjects in order to get factors leading to increased Perineal tears amongst women seeking care at Kibuku HC IV at Kibuku district.

Area of Study

The study was carried out at Kibuku HC IV in Kibuku district which is a government health center having abed capacity of about 50 patients. Kibuku HC IV is located in Kibuku town council, Kibuku district in Eastern Uganda. Kibuku district is located at approx. 53Km (33 mi), by road west of Mbale the largest city in the sub-region elevated by 3,600ft (1,100m) with a population estimation being 25,000 in 2013. Kibuku coordinates; 01°02'15"N 33°50'24"E/1.03750°N33.

Study Population

The study comprises mothers who had come to seek maternal care services at Obstetrics and gynecological unit at Kibuku HC IV in Kibuku district. Approximately 10-15 mother report for obstetric and gynecological services and at least 4 would present with perineal tears.

Sample Size Determination

Estimation of sample size was determined statistically using Kelsey Leishie's (1986) statistical method below:

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

$$n = \frac{t^2 p (1 - p)}{M^2}$$

$$M^2$$

Where n = to desired sample size, t = number of standard moral deviation usually set at 1.96 which corresponds to a 95% level of confidence,

P = population of the target population estimated to have a particular characteristic. In the absence of a known estimate, the researcher used $p = 0.5$ since it gives the most conservative sample size,

M = degree of accuracy level which is $0.05(1 - P)$ is the proportion of the population without a characteristic.

$$n = \frac{(1.96)^2 \times 0.5 (1 - 0.5)}{(0.05)^2}$$

$$(0.05)^2$$

$n = 110$, but due to financial and time constrain, the study involved 30 respondents.

Sampling Procedure and Rationale

A simple random sampling method was used, in which the researcher used a consecutive method to recruit the mothers in the study. Here small papers numbered strictly 1 or 2 were poured in a room and mothers were requested to pick one folded paper at random. Then those who picked papers with Figure 2 were the only ones to be considered in participating in the study until the required number of 30 respondents was got.

Inclusion Criteria

The study involved mothers who were either pregnant, had ever produced within the age range of 21 years and above, and were at the hospital at the time of data collection.

Only mothers who had consented to be interviewed and were relatively in good health on the day of data collection were included.

Exclusion Criteria

Mothers who were in labor, severely sick and those who did not consent and assent to the studies were excluded.

Independent Variables

The independent variables of this study included age, marital status, religion, tribe, education level, parity, and occupation.

Dependent Variable

These included the socio-economic factors and the impact of perineal tears as well as strategies used by the health workers in the prevention of perineal tears among mothers during labor/delivery.

Research Instruments

The researcher used a questionnaire that consisted of both open and closed-ended questions which were administered to the respondents

Data Collection Procedure

A letter from the KIU School of Nursing was presented to the in charge of the health center who later gave permission for data collection in the health center. The researcher self-administered the already pretested Questionnaires to all respondents who had consented to the study. All the questionnaires were cross-checked for completeness before the respondents went away.

Data Management

The Questionnaires were collected and then counted to ensure that all had been returned, checked for completeness, and were later coded and kept ready for analysis.

Data Analysis

Data were first tallied according to the research questions and objectives. Then was later fed into the research computer analysis Package Microsoft Excel. Frequencies and means of the variables were obtained and later information was presented in tables, graphs/bar charts, and pie charts to draw systematic conclusions.

Ethical Considerations

After approval of the proposal, a letter of introduction was obtained from the research coordinator at Kampala International University School of Nursing and Midwifery which was taken to the medical Doctor in charge at Kibuku HC IV who later granted permission to interact with the required clients meant to participate in the study after obtaining their consent upon briefing them on what was going on.

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

RESULTS
Description of the sample

Table 1: Showing age, sex, religion, and tribe of respondents

Item	Frequency (n=30)	Percentage (%)
Age		
18-25 years	18	60.0
26-35 years	12	40.0
Religion		
Catholic	08	26.7
Protestant	06	20.0
Islam	12	40.0
Born again	04	13.3
Tribe		
Mugwere	22	73.3
Musoga	05	16.7
Iteso	03	10.0

Table 1: Above shows that the majority of respondents 18/30 (60%) were in the age bracket of 18-25 years while 12/30 (40%) were in the age range of 26-35 years. Regarding religion, respondents accounting for 12/30 (40%) were Muslims while 4/30 (13.3%) were Born Again Christians. Concerning the tribe, respondents were distributed as follows; 22/30 (73.3%) comprised of Mugwere and Musoga 5/30(16.7%), with only 3/30(10.0%) making up Iteso tribes.

Table 2: Showing marital status, educational level, occupation, and parity of respondents

Item	Frequency (n=30)	Percentage (%)
Marital status		
Married	08	26.7
Divorced	21	70.0
Single	01	3.3.
Educational level		
None	02	6.7
Primary	04	13.3
Secondary	16	53.3
Tertiary	08	26.7
Occupation		
House wife	08	26.7
Farmer	12	40.0
Business woman	07	23.3
Civil servant	03	10.0
Parity		
One child	03	10.0
Two children	08	26.7
Three children	07	23.3
Four children and above	12	40,0

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Form Table 2; Most respondents 21/30 (70%) were divorced and the married was 8/30 (26.7%) as regards marital status with only 1/30 (3.3%) being single. More than half 16/30 (53.3%) of respondents had attained secondary education while 2/30 (6.7%) had no formal education. The majority of respondents 18/30 (60%) were housewives with only 3/30 (10%) being civil servants. On parity, mothers with four children and above were 40%, 26.7% for four children, 23.3% for three children, and 10% for one child. Socio-economic factors contributing to perineal tears among mothers seeking services in Kibuku HC IV Kibuku district.

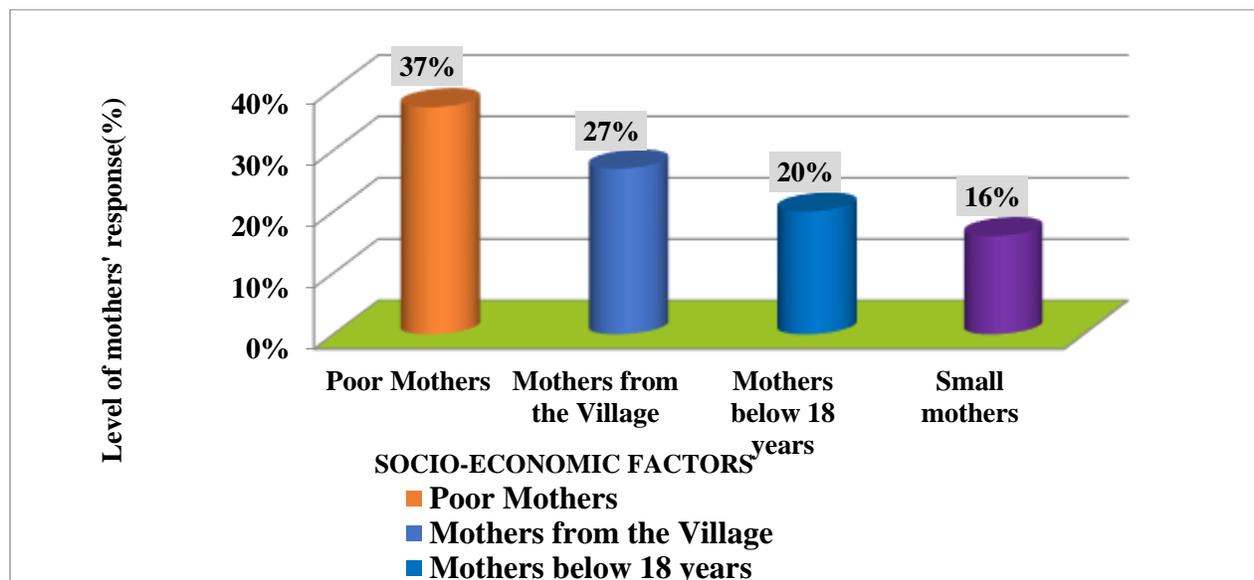


Figure 1: A bar graph showing others at risk of developing Vesico Vaginal Fistula

From Figure 1 above; the Majority of the respondents 11/30 (37%) were poor mothers followed by those who said that mothers from the village 8/30 (27%), mothers below 18 years 6/30 (20%) while the least were small-bodied 5/30 (16%).



Figure 2: A pie chart showing Causes of perineal Tears among mothers

From Figure 2 above, the majority of the respondents 40% were those who deliver in the villages followed by those who deliver big babies 30% and 17% for raping women while the least due to sharp objects with 13%.

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Table 3: Showing Social behaviors that can contribute to perineal Tears among women

Item	Frequency n=30	Percentage %
Over eating	11	37
Alcoholism	4	13
Rape	9	30
Unwanted pregnancies	6	20

From Table 3 above, the majority of the respondents said eating 11/30 (37%) followed by Rape with 30%, and 20% of unwanted pregnancy while the least 4/30 (13%) were of alcoholism.

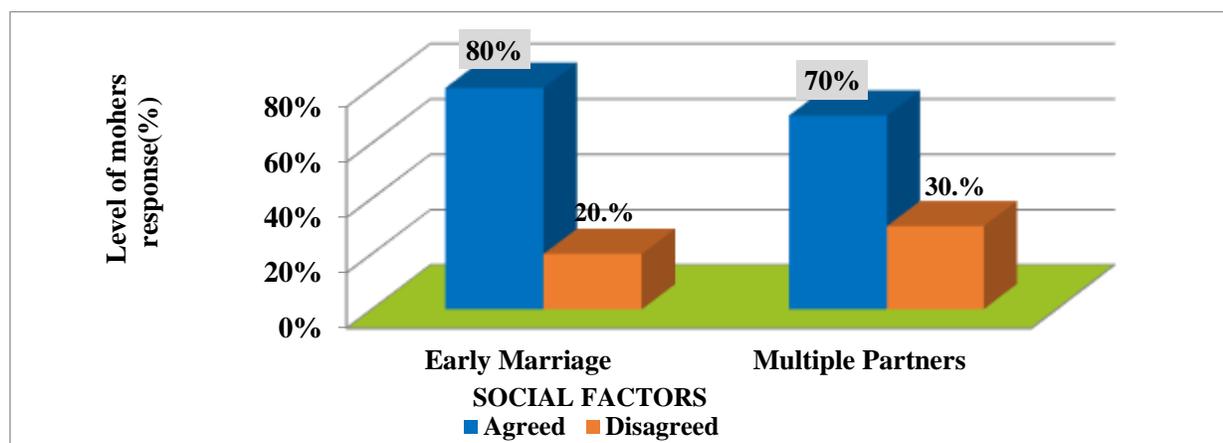


Figure 3: A bar graph showing a Comparison of mother’s awareness of early marriage and multiple partners being the predisposing of perineal tear among women.

From Figure 3, the majority of the respondents said agreed with early marriage 80% be the predisposing factor to perineal tears while 20% did not agree on multiple partners, above 70% agreed with multiple partners being the predisposing factor to perineal tears while 30% of the mothers did not agree.

Effects of Genital Tears among Mothers Seeking Services at Kibuku HCIV in Kibuku District

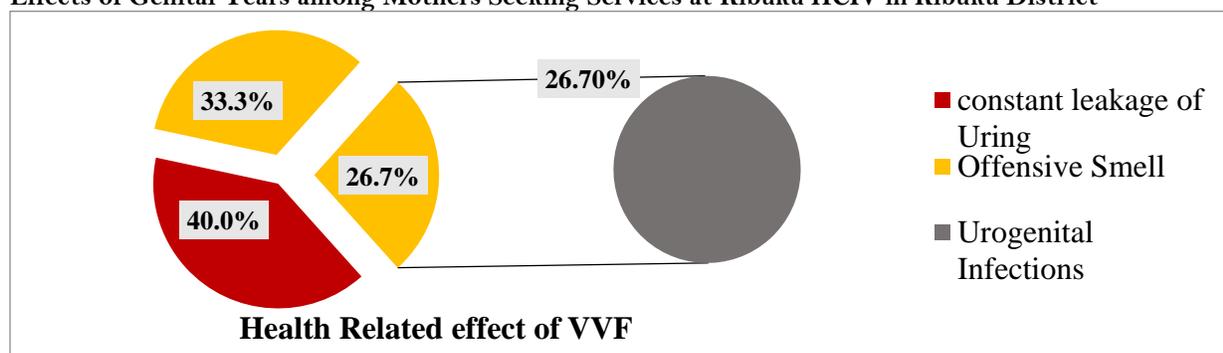


Figure 4: A pie chart showing Health-related effects of VVF (n=30).

Figure 4 above, shows that respondents 12/30 (40%) indicated that constant leakage of urine is demanding followed by those with 8/30 (26.7%) offensive smell while those with 10/30 (33.3%) urogenital infections.

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

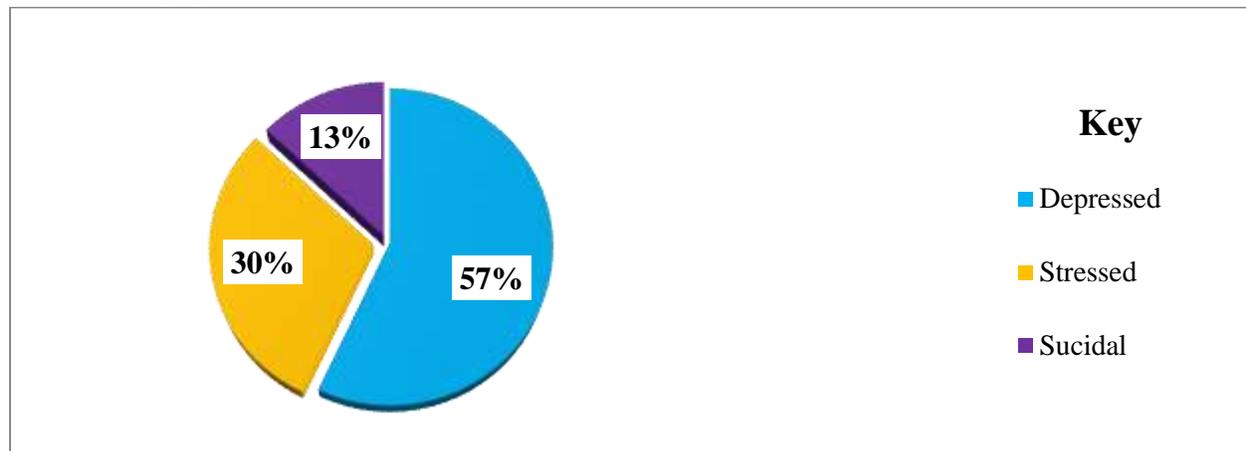


Figure 5: A pie chart showing the Psychological effects of perineal Tears (n=30).

Figure 5 above; Reveals that 17/30 (57%) mentioned depression while 9/30 (30%) stated stress while the least were suicidal (13%).

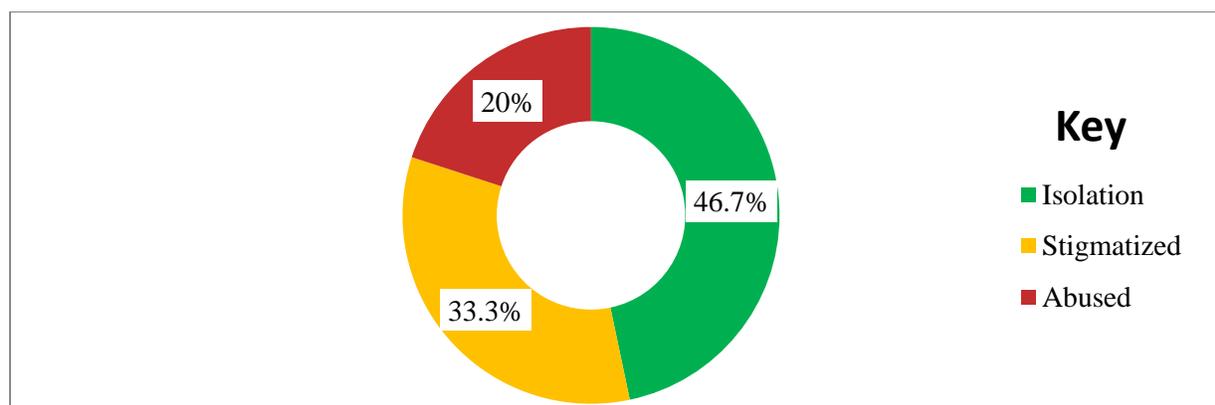


Figure 6: A donut chart showing the Social effects of perineal Tears among the mothers.

Figure 6: Reveals that less than half of respondents 14/30 (46.7%) said they often Isolated followed by those abused 10/30 (33.3%) while 6/30 (20%) often.

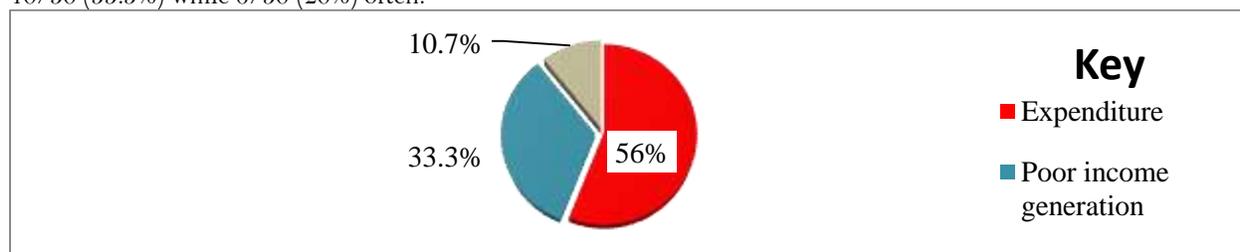


Figure 7: A pie chart showing economic-related effects of perineal Tears among the mothers

Figure 7: Reveals that less than half of respondents 56% said the expenditure was followed by poor income generation 33.3% while 10.7% for others.

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Table 4: Measures for Prevention of Perineal Tears among Mothers

Item	Frequency	Percentage %
Increase sensitization among mothers to deliver in health units/ hospital	7	24
Extend maternal services to the lower communities	9	30
Strengthen reproductive policies against those who abuse them	1	03
Train traditional birth attendants with maternal saving skills	13	43
Total	30	100

From Table 4 above, the majority of the respondents 13/30 (43%) said training traditional birth attendants with maternal saving skills followed by 9/30 (30%) extend maternal services to the lower communities while the least was 1/30 (3%).

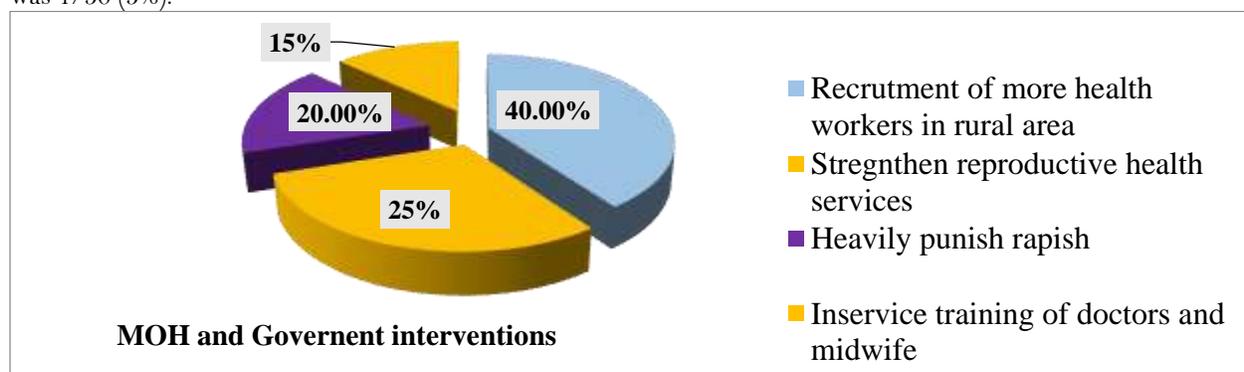


Figure 8: A pie chart showing what the government and MOH can do to reduce on perineal Injuries among the mothers.

From Figure 8, the majority of the respondents (40%) said Recruitment of more health workers in rural areas followed by those who said strengthening the reproductive health services (25%), heavily punishing the rapists heavily (20%) and the least said in-service training of doctors and midwives (15%).

DISCUSSIONS

Socio-demographic Data of Respondents

Results obtained from the study revealed that the majority of respondents 18/30 (60%) were in the age bracket of 16-35 years. These were young women who were in their middle youthful years. Regarding religion, an overwhelming number of respondents 40% were Islam which can be attributed to the fact that Muslims marry their daughters at an early age which has predisposed them to perineal trauma. This is in line with the study carried out by SACN [19] about women in developing countries particularly girls in Africa, who are married at a tender age which could be due to religion, and poverty in such countries. This increases the possibility of obstructed labor especially in rural areas where early marriage and childbearing are common, but also lack medical facilities. Thus, although girls are capable of becoming pregnant at a relatively early age, their pelvis does not develop to their full capacity to accommodate childbearing. Most of these girls' lives are destroyed by obstetric injury as most of them have not attained full adulthood. In most cases, the average age of an obstetric trauma patient is 25 years or less, and many are as young as 13 years. According to the tribe, respondents 73.3% were Mugwere while 16.7% were Musoga, followed and only 10% were Iteso. This is because the study was done in the Mugwere region hence their dominance as the tribe. Most respondents 21/30 (70%) were divorced and married 8/30 (26.7%) as regards marital status while 1/30 (3.3%) were single this was a result of psychological and social effects of Perineal trauma. This is in line with Khisa & Nyamongo [20] who said the condition comes with a lot of discrimination and stigmatization. For instance, the malodorous nature of perineal trauma exposes its victims to mistreatment and stigmatization leading them to be ostracized by their husbands, families, and community. For example, scholars have reported about

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Publications 2023

family members not wanting women with VVF to share food at family events. More than half 16/30 (53.3%) of respondents had attained secondary education while 2/30 (6.7%) had no formal education this is because of USE that has influenced many to go to schools.

Socio-economic factors contributing to perineal tears

In relation to Social economic factors contributing to obstetric tears, the Majority of the respondents 11/30 (37%) were poor mothers followed by those who said that mothers from the village 8/30 (27%), mothers below 18 years 6/30 (20%) while the least were 5/30 (16%) this is due to the mothers' lacking transport and at times paying health workers to attend to them on time. poverty was identified as a major economic attribute as this was in relation to the study by SACN [19] who had noted that obstetric trauma was so common in developing countries or third world countries with most people being poor or low income. The answer lies in a complex interactivity of biological, social, and economic forces. Women from such countries experience widespread obstructed labor and subsequent fistula formation which is common in young women. From Figure 2, the majority of the respondents 40% were those who deliver in the villages followed by those who deliver big babies 30% and 17% for raping women while the least was due to sharp objects 13%. This still is because of cheap polite service delivery by traditional birth attendants in rural areas and mothers prefer delivering in such places. From Table 3 the majority of the respondents said over eating 11/30 (37%) followed by Rape with 30%, and 20% of unwanted pregnancy while the least 4/30 (13%) were of alcoholism. On the other hand, early marriage (80%) and multiple partners (70%) are seen among mothers to increase the risk of perineal tears.

Effects of Perineal Tears on Mothers

According to health-related effects of perineal Tears, findings revealed that 12/30 (40%) indicated that constant leakage of urine is demanding followed by those with 8/30 (26.7%) offensive smell while those with 10/30 (33.3%) urogenital infections this could cost a lot on them to buy pads use even cloths soap for washing the smelly urine and most of them were from poor background abandon with no extra income to support them some mothers had developed other complications like blister because of burning urine. This was in support of Anders [21] who said in societies like Nigeria where a woman's worth is dependent on fulfilling her marital (sexual) duties, this situation is devastating. The lives of women with obstetric injuries/fistula are generally uneasy. Interest in the processes by which people cope with various forms of illness or medical conditions is one of the emerging areas of study in recent years some of these studies have focused on various techniques and strategies that have been adopted by various classes of individuals in coping with all manner of life problems and conditions. The majority of the respondents revealed that 17/30 (57%) were depressed while 9/30 (30%) stated that stressed while the least were suicidal (13%) due to obstetric complications and VVF. The above responses varied from how one perceived the insults by the members they stay with. The mothers were expressing this with tears because of the psychological pain they had due to the condition they had gone through even with the closest relatives who could at times abandon them. Some health workers could chase them away because of this. This is in line with Wall et al. [18] who said that this condition leaves these affected women in a state of despair. Women affected by perineal tears especially the most complicated ones such as VVF have to suffer not only the consequence of losing their children but also are subjected to social humiliation, shame, and embracement. They may become outcasts due to pungent smells and wetness from urinary incontinence. As a result, in Figure 6, 46.7% isolation, 33.3% of stigmatization, and 20% of abused were experienced among mothers. However, in Figure 7, expenditure for health services goes with 56%, 33.3% of poor income, and 10.7% of other distressing issues.

Preventive Measures of Perineal Tears in Mothers

In relation to preventive measures, the study revealed that the majority of the respondents 13/30 (43%) said training traditional birth attendants with maternal saving skills followed by 9/30 (30%) extending maternal services to the lower communities while the least was 1/30 (3%) this was said by the majority as they have friendly approach in their service delivery. From Figure 8, the majority of the respondents (40%) said recruitment of more health workers in rural areas followed by those who said strengthening the reproductive health services (25%), heavily punishing the rapists heavily (20%) and the least said in-service training of doctors and midwives (15%) and this correlate with a key role in the prevention and treatment of this tragic obstetric complication by Miller et al, 2016. On the other hand, this would improve service delivery to the mothers in the communities as they will be in proximity to more trained midwives with skills to deliver and refer mothers at risk through assessment. This is in line with the study by Ramphal and Moodley [22], who said that obstetric injuries were a preventable tragedy. Women and girls in Sub-Saharan Africa and South Asia are launching a global campaign to end fistulas and other genital injuries by labeling this condition a preventable and treatable tragedy. Direct prevention of genital tears can occur during delivery when skilled providers identify women and girls at risk for obstetric dangers and link them with innovative

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

interventions. Community-based programs can be used for social education to prevent genital tears and skilled midwives can play a key role in the prevention and treatment of this tragic obstetric complication.

CONCLUSION

According to the study findings, the social factors contributing to perineal tears /trauma are preventable if the communities are sensitized and the services are made friendly, their husbands become supportive when they are pregnant so that they could deliver in health care facilities; attend antenatal care for early detection of the abnormalities. The mothers are well informed about the solutions when they develop perineal complications but sometimes they are misled by cultural beliefs which delay them from seeking medical attention, Social economic factors contributing to obstetric traumas for the majority of the respondents 11/30 (37%) were poor mothers as they requested the ministry of health and government to extend income generating activities for them.

REFERENCES

1. UNFPA. (2008). Report of the workshop on the reduction of maternal mortality in Ebonyi State. Workshop organized by the Office of the Wife of The Executive Governor of Ebonyi State in collaboration with UNFPA. New York: UNFPA.
2. Akandinda, M., Obeagu, E. I. and Katonera, M. T. (2022). Non-Governmental Organizations and Women's Health Empowerment in Uganda: A Review. *Asian Research Journal of Gynaecology and Obstetrics*, 8(3), 12-16.
3. Okorie, N., Obeagu, E. I., Odigbo, C. N., Ibe, O. E., Usanga, V. U., Jacob, I. C. and Obi, I. (2022). Cytological Evaluation of Urinary Samples among Vesicovaginal Fistula Patients in National Obstetrics Fistula Centre, Southeastern Nigeria. *Asian Journal of Medicine and Health*, 20(10), 136-146.
4. Ajiya, A., Ayyuba, R., Hamisu, A. and Daneji, S. M. (2016). Otorhinolaryngological health of women attending antenatal care clinic in a tertiary hospital: The Aminu Kano Teaching Hospital experience. *Nigerian Journal of Basic and Clinical Sciences*, 13(2), 119.
5. Byonanuwe, S., Nzabandora, E., Nyongozi, B., Pius, T., Ayebare, D. S., Atuheire, C. and Ssebuufu, (2020). Research Article Predictors of Premature Rupture of Membranes among Pregnant Women in Rural Uganda: A Cross-Sectional Study at a Tertiary Teaching Hospital. *International Journal of Reproductive Medicine*, Article ID 1862786.
6. Lazzari, C., Shoka, A., Papanna, B. and Kulkarni, K. (2018). Current healthcare challenges in treating the borderline personality disorder "epidemic." *British Journal of Medical Practitioners*, 11(2), 2-4.
7. Ochan, A. W., Aaron, K., Aliyu, S., Mohiuddin, M. and Bamaiyi, P. (2018). Patients' satisfaction with healthcare services received in health facilities in Bushenyi District of Uganda. *International Journal of Science and Healthcare Research*, 3(1), 76-87.
8. Husain, A., Johnson, K. and Glowacki, C. A. (2014). Surgical management of complex obstetric Trauma in Eritrea. *Journal of Women's Health*, 14 (9): 839-44.
9. Ogundej, K. D., Akinyemi, K. F. and Faremi, F. A. (2020). A Pilot Study on Nurses Awareness of NHIS-VCSHIP in Nigeria Implication for out of Pocket Healthcare Expenditure. *Annals of Nursing and Practice*, 7(2), 1112.
10. Firth, P. G., Mushagara, R., Musinguzi, N., Liu, C., Boatina, A. A., Mugabi, W. and Ttendo, S. S. (2021). Surgical, obstetric, and anesthetic mortality measurement at a Ugandan Secondary Referral Hospital. *Anesthesia & Analgesia*, 133(6), 1608-1616.
11. Firth, P. G., Ngonzi, J., Mushagara, R., Musinguzi, N., Liu, C. and Boatina, A. A. (2022). Mbarara SQUAD Consortium. The structure, function and implementation of an outcomes database at a Ugandan secondary hospital: The Mbarara Surgical Services Quality Assurance Database. *Southern African Journal of Anaesthesia and Analgesia*, 28(1), 22-27.
12. Mohamed, E.Y., Boctor, M.F.A., Ahmed, H.A., Seedahmed, H., Abdelgadir, M.A. and Abdalla, S.M. (2009). Contributing factors of vesico-vaginal fistula (VVF) among fistula patients. *American Journal of obstetrics and gynecology*, 190(4):1011-1016.
13. Obeagu, E. I., Scott, G. Y., Amekpor, F., Ofodile, A. C. and Chukwueze, C. M. (2023). A Systematic Review on the role of untreated inflammation of the genital tract in SARS COV 2 transmission. *Madonna University journal of Medicine and Health Sciences*, 3(1), 19-24.
14. Yeakey, M. P., Chipeta, E. and Taulo. (2009). The lived experience of Malawian women with obstetric fistula; Culture, Health & Sexuality, 11 (5): 499-513.
15. Ezera, A., John Cletus, I., Godwin, Ray Anugboba, O., Joseph Obiezu Chukwujekwu, E. and Osamuyime, I. (2007). Chromobacterium violaceum associated with recurrent vaginal discharge among apparently healthy females in Ekpoma, Nigeria. *Online Journal of Health and Allied Sciences*; 6(1).

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Publications 2023

16. Funmilola, A. K., Aminat, A. and Kolawole, O. (2018). Pain relief during labor: attitudes of postpartum mothers in selected hospitals in Ibadan, Nigeria. *Journal of midwifery & reproductive health*,6(4), 1414-1421.
17. Leticia, O. I., Ifeanyi, O. E., Queen, E. and Chinedum, O. K. (2014). Determination of ferritin level and total iron binding capacity in pregnancy and postpartum subjects in Owerri. *J Dent and Med Sci*, 70-73.
18. Wall, L. L., J. A. Karshima, et al. (2008). "The obstetric vesicle vaginal fistula: Characteristics of 899 patients from Jos, Nigeria." *American Journal of Obstetrics and Gynecology*, 190(4): 1011-1016.
19. SACN. (2011). The influence of maternal, fetal and child nutrition on the development of chronic disease in later life: London TSO.
20. Khisa, A. and Nyamongo, I. (2012). Still living with fistula: an exploratory study of the experience of women with obstetric injuries following corrective surgery in West Pokot Kenya. *Reproductive Health Matters*, 20, 59-66.
21. Anders, K. (2000). Coping strategies for women with urinary incontinence. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 14, 355-336.
22. Ramphal S and Moodley J. (2006). Vesicovaginal fistula: Obstetric causes. *Current Opinion in Obstetrics & Gynecology*. 18 (2): 147-51.
23. Hussein, OA. Joy, M. Musiime, JN. (2022). Evaluation of the factors associated with immediate adverse maternal outcomes among referred women in labor at Kampala International University Teaching Hospital. *IAA Journal of Biological Sciences* 8 (1), 228-238.
24. Nakyazze, PC. (2023). Knowledge, Attitude and Practices about Prevention of Transmission Hepatitis B Virus among Nursing Students on ward placement at KIU? Teaching Hospital. *IAA Journal of Applied Sciences* 9 (1), 1-16.

Mujjasi Isaac (2023). Factors Contributing to Perineal Tears among Mothers during Labour/Delivery in Kibuku Health Centre IV Kibuku District. *NEWPORT INTERNATIONAL JOURNAL OF PUBLIC HEALTH AND PHARMACY (NIJPP)* 3(2): 20-30.

Mujjasi Isaac

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.