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Review Article

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Theme: Reinforcing Nursing Skills in Care and Reintegration of Women Who Have Undergone Obstetric Fistula Repair: A Lever for Achieving Universal Health Coverage

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Summary

Universal Health Coverage (UHC) aims to guarantee equitable access to essential, quality healthcare services for the entire population, without financial hardship. Within this framework, obstetric fistula represents a major maternal health challenge and highlights inequalities in access to care. Primarily linked to prolonged and unassisted labor, it occurs in contexts of poverty, low coverage of obstetric care, and inadequate prenatal monitoring. While significant progress has been made in surgical repair, the psychosocial and economic dimensions of reintegration remain insufficiently addressed. In this context, strengthening nursing skills appears as a strategic response, as it will promote effective care for the rapid reintegration of women who have undergone Obstetric Fistula Repair (OFCR) and will be a lever in the three pillars of UHC: guaranteeing access to essential care for vulnerable women; ensuring holistic, quality care; and limiting the socioeconomic impact of obstetric fistula. The question focuses on how to strengthen these nursing skills in relation to the CSU in order to ensure effective reintegration of FRFOs? This reflection calls for their integration into health policies, with specialized training and community rehabilitation programs.

Keywords: Universal Health Coverage, Obstetric Fistula, Skills Development, Maternal Health, Psychosocial and Economic Reintegration

Introduction

Universal Health Coverage is now a global priority and an essential framework for rethinking healthcare systems. Its objective is to ensure that every individual, regardless of their social status or place of residence, has access to essential, quality healthcare services without facing significant financial burdens. [65] This ambition, which reaffirms the fundamental right to health, takes on a particular resonance in the field of maternal health, where significant disparities persist in access to care.

From this perspective, obstetric fistula represents a striking and symptomatic illustration of the structural deficiencies of healthcare systems. [12,66] It is regularly a consequence of prolonged and unassisted labor, in contexts marked by poverty, insufficient health infrastructure and a lack of prenatal care [1,15,52] Beyond the medical complications caused by fistulas, including incontinence and infections, this condition leads to psychological repercussions such as stigmatization, loss of self-esteem, and isolation; and socio-economic effects including marginalization, loss of income, and increased financial insecurity. [15] These multiple consequences make obstetric fistula much more than a public health problem; it is also an issue of social justice and health equity [50].

Despite medical advances in surgical repair, physical healing does not fully resolve the complexity of the problem. Many women

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who have undergone obstetric fistula repair still face significant obstacles to regaining an active and dignified place in their families and communities. [56] Current strategies remain largely focused on the surgical procedure, while the needs for psychosocial and economic reintegration are still largely neglected. [46] Despite significant progress in surgical repair, consideration of the psychosocial and economic dimensions of reintegration remains limited. [63,50] This inadequacy raises a central question: how can we ensure comprehensive care for obstetric fistula that meets the principles of Universal Health Coverage (UHC)?

It is within this context that the question of strengthening nursing skills as a strategic lever arises. Nurses, through their close relationships with women, their crucial role in prevention, health education, continuity of care, and community support, possess significant assets to meet this challenge. However, their potential remains undervalued in health policies and programs. [24, 34] The objective of this article is to contribute to improving the care of women who have undergone repair of obstetric fistulas and to strengthening nursing skills.

Critical reflection is structured around three interdependent axes that link the issue of obstetric fistula to the challenges of Universal Health Coverage (UHC). The first axis highlights obstetric fistula as a major challenge to UHC, revealing persistent inequalities in access to maternal care, through an analysis of its origins, determinants, and social and economic implications. The second axis presents strategies for strengthening nurses' skills in relation to each pillar of UHC. The third axis emphasizes the central role of nursing skills as a lever for holistic and integrated care, encompassing prevention, surgery, psychosocial support, socioeconomic reintegration, and financial protection. From this perspective, the response to obstetric fistula becomes a key area for transforming professional practices and contributing effectively to achieving the objectives of UHC and the Sustainable Development Goals (SDGs) [2,5,6,10,17,22].

Obstetric Fistulas: A Major Challenge for Universal Health Coverage

Origins of Obstetric Fistula

Poverty as A Central Factor: Poverty is one of the main causes in the development of obstetric fistula. Women most affected by obstetric fistula generally belong to disadvantaged social classes. [57] They live in remote rural areas where healthcare infrastructure is often nonexistent or difficult to access. Poverty limits women's access to quality obstetric care. [65,66] It also influences several social factors. Among them are early marriage, closely spaced pregnancies, and malnutrition. The latter leads to incomplete growth in women, resulting in an obstetric pelvis that is not conducive to a normal delivery. [65,66] Poverty is also linked to low levels of education. This reduces women's ability to seek and demand appropriate care. [51] Fistula is as much a consequence of a medical problem as it is a symptom of structural poverty [54].

Inadequate Prenatal Monitoring: Regular, high-quality prenatal care allows for the early detection of potential pregnancy risks and the planning of appropriate obstetric assistance. [29,36] However, in many settings, prenatal consultations are infrequent or poorly structured. Pregnant women frequently face financial, cultural, and geographical barriers that prevent them from accessing these services. The lack of screening for risks such as early pregnancies, complex obstetric histories, or cephalopelvic disproportion (CPD) increases the likelihood of prolonged dystocia. [49] These deficiencies are the main factors contributing to obstetric fistula [15].

Unassisted Childbirth: The majority of obstetric fistula cases occur during home births without skilled assistance [25] The lack of trained midwives and nurses, combined with the distance to health centers, leads families to rely on traditional birth attendants who lack the necessary technical resources and skills. In cases of prolonged or stalled labor, the absence of prompt medical intervention, such as a cesarean section, exposes the mother to prolonged ischemia of the perineal tissues, leading to necrosis and the formation of a fistula [54].

Lack of Access to Emergency Obstetric Care: Obstetric fistula also illustrates the shortcomings in emergency obstetric care. The availability of a timely cesarean section, instrumental delivery, or effective medical transfer could prevent the majority of cases. [18,62] However, in many African and Asian contexts, infrastructure is inadequate, qualified personnel are scarce, and costs are prohibitive. Thus, according to the WHO, approximately 70 to 90% of fistulas could be prevented if women had access to quality emergency obstetric care [57, 63].

Consequences of Obstetric Fistula

They are diverse, including clinical, psychological and socio-economic aspects.

Clinical Consequences: The medical consequences of a fistula are immediate and long-lasting if no intervention is undertaken. [54] Urinary or fecal incontinence leads to chronic skin irritation, recurrent urinary tract infections, secondary infertility, and sometimes kidney complications. These conditions have a lasting impact on women's physical health and reduce their quality and length of life. Beyond this, fistula is a visible sign of a failing healthcare system, incapable of effectively preventing or treating obstetric complications [54].

Psychological Consequences: Fistula causes profound psychological suffering. The persistent odor associated with incontinence exposes women to shame, marital and familial rejection, and exclusion from their community. [54] They frequently suffer from depression and anxiety; a loss of self-esteem associated with feelings of worthlessness. Social isolation is often exacerbated by the lack of psychological support services. Fistula is not only a medical condition but also an identity-based trauma that deprives women of their dignity and their social role [15].

Socio-economic Consequences: The socio-economic consequences are equally worrying. Many affected women are forced to abandon their income-generating activities, unable to work in the fields, markets, or small businesses due to their

condition. This loss of economic autonomy exposes them to extreme hardship, exacerbated by rejection from family and partners. These women are marginalized within the community; some are repudiated and deprived of inheritance. Their economic and social future is reduced to dependence on relatives or, often, to begging, which reinforces the vicious cycle of poverty and exclusion [28, 54].

Implications for Universal Health Coverage (UHC)

Obstetric fistula represents a critical challenge for Universal Health Coverage, as it explores the inconsistencies and fragilities that persist within health systems.

Obstacle to Equitable Access to Healthcare: Fistula occurs primarily among poor women living in rural areas, illustrating a profound inequality in access to emergency obstetric care. The experiences of women who have developed obstetric fistula demonstrate their lack of access to essential services guaranteed by Universal Health Coverage, including prenatal consultations, assistance during childbirth, and emergency obstetric care. This situation underscores the importance and necessity of strengthening the universality and equity, both geographically and financially, of maternal healthcare services [27,53].

Limitations of the Quality of Care: Universal health coverage relies not only on access, but also on the quality of care. Even when health services are available, they frequently remain inadequate, under-equipped, and lack skilled personnel. Failure to prevent or treat dystocia reflects a quality deficit that directly contradicts the objectives of Universal Health Coverage [64].

Financial Protection Compromised: One of the priority objectives of Universal Health Coverage is to protect populations from healthcare expenses that could plunge households into poverty, thus exacerbating their vulnerability. [64] By aiming to protect households from impoverishment due to illness, Universal Health Coverage contributes to the fight against poverty and the promotion of social well-being. However, fistula exposes women and their families to a series of expenses, including transportation to often distant treatment facilities, the costs of surgical interventions, and post-operative care. These expenses also include the regular purchase of sanitary napkins to maintain a minimum level of personal hygiene. In addition to this economic burden caused by obstetric fistula, there is the loss of income resulting from the woman's inability to work. This accumulation of financial constraints plunges households into lasting impoverishment and thus undermines the principle of financial protection at the heart of universal health coverage [28,53,64].

Challenge for Equity and Human Rights

Obstetric fistula raises ethical and human rights issues: it primarily affects young, poor, illiterate, and socially marginalized women whose voices are absent from political and health decisions. The fact that a preventable condition continues to compromise the lives and dignity of thousands of women reflects a major inequity and a clear violation of the right to health. In this context, Universal Health Coverage cannot be separated from the implementation of explicit and integrated strategies for the prevention, treatment, and social and economic reintegration of women affected by obstetric fistula [31,35].

Obstetric fistula is much more than a medical problem; it also represents a symbol of systemic failures in maternal health and an obstacle to achieving Universal Health Coverage (UHC). [53,64] Its causes are rooted in poverty, illiteracy, and inaccessibility to quality emergency obstetric care, particularly in cases of complications such as dystocia. [42,57] Its consequences, meanwhile, extend beyond the clinical field and encompass psychological suffering, social stigmatization, and the economic impoverishment of women and their families. [28,35] The implications of fistula directly challenge the three pillars of Universal Health Coverage (UHC) mentioned earlier: quality of care, financial protection for households, and equitable access to health services [27].

Equitable Access to Health Services: Equitable access to health services is a fundamental determinant of the prevention and management of obstetric fistula; however, many women continue to face geographical, financial, and informational barriers that hinder their effective access to essential obstetric care [37-40].

Geographical, Financial, and Informational Barriers: Women with fistula frequently face significant difficulties accessing emergency obstetric care. A study in Tanzania shows that obstacles, including a lack of democratic decision-making within the family, lack of transportation, insufficient funds, or questionable quality of care in local facilities, compromise access to essential obstetric care, including emergency obstetric care [33].

Financial Barriers Even Before Access to Healthcare: The cost of care is a major barrier to access. A systematic review conducted in 14 sub-Saharan African countries revealed that 84% of women who developed a fistula did not seek treatment due to the high cost. Treatment is estimated to cost between USD 222 and USD 359, often despite the availability of free services, due to indirect costs such as transportation, food, and medication [26].

Consequences for Fairness

Geographical (rural areas and distance from specialized centers) and socio-economic (poverty, lack of resources) barriers limit rural women's access to essential obstetric care, which constitutes a violation of the fundamental pillar of equity in universal health coverage [32].

Meeting this challenge requires an integrated approach that goes beyond surgery to include prevention, psychosocial support, and the socio-economic reintegration of affected women. [9,23,41,64] Obstetric fistula is a striking marker of inequalities in access to emergency care. [14,52] It is generally caused by late (or nonexistent) access to emergency obstetric care, including cesarean sections or instrumental deliveries. In rural or marginalized areas, women with fistulas frequently suffer from a complete lack of adequate healthcare infrastructure, considerable distances to travel, unreliable transportation, and a shortage of appropriate medical equipment [57] (Table 1).

Table 1: Summary of implications by pillar.

CSU Pillar	Implications of obstetric fistula
Equitable access	Geographical, financial, and informational barriers prevent universal access to emergency care
Quality of care	Late detection of complications; inadequate obstetric care; insufficient infrastructure and staff
Financial protection	High medical and related costs leading to impoverishment, sale of assets, loss of income, and the need for a hedging mechanism

Strategies for Strengthening Nursing Skills and Reintegrating Women Who Have Undergone Fistula Repair

This section presents concrete strategies for strengthening nursing skills for the psychosocial and economic reintegration of women after surgery for obstetric fistula; each strategy is linked to one of the three pillars of Universal Health Coverage (UHC) [47,55].

The central role of nurses and midwives in continuity of care and community support makes them an essential lever for a holistic approach to obstetric fistula care. [16,18,52] Improving the rehabilitation and reintegration of women who have undergone surgery for obstetric fistula requires targeted skills strengthening for nurses and midwives, structured around the three fundamental pillars of Universal Health Coverage (UHC): access to health services; quality of services; and financial protection [64] This framework guarantees a holistic and sustainable approach.

Strategy 1: Developing Nursing Skills for Access to Health Services

The objective of this strategy is to ensure that women who have undergone surgery for obstetric fistulas have improved and comprehensive access to rehabilitation services, guaranteeing their full and complete recovery after reconstructive surgery. Among the skills to be strengthened, training nursing staff in community liaison would be effective. Developing training for nurses for community liaison and active screening of women who have undergone obstetric fistula repair is important to ensure full and continuous access for women who have undergone fistula surgery to reintegration services. [58,59]

Training of Nursing Staff in Community Liaison and Active Screening for Women with Obstetric Fistulas: This is justified by the persistent difficulties women face in accessing follow-up and reintegration services after obstetric fistula repair following surgery. These difficulties are linked, on the one hand, to the geographical distance between the women's homes and healthcare facilities, the isolation of certain areas, and on the other hand, to social stigma which fosters isolation and limits their access to healthcare services upon returning to the community. [4,20,53] It is imperative that the nurse's role extends beyond the healthcare facility [19].

In this context, strengthening nursing skills in community liaison and active screening for women living with obstetric fistula appears as an important strategy for bringing health services closer to women and ensuring continuity of care to promote effective psychosocial and economic reintegration. This implies a transformation of the nurse's role. Nurses are called upon to intervene beyond healthcare facilities, in collaboration with families, community leaders, and local structures, to identify these women and their needs, and refer them to appropriate services to help reduce stigma [21].

Capacity Building for Nursing Staff in Community Outreach: According to the Canadian Public Health Association (CPHA), nurses must be empowered to assume an active role as community liaisons at the heart of local social and health dynamics. [8] This empowerment involves developing community awareness skills aimed at deconstructing stigmatizing representations associated with obstetric fistula, as well as promoting an adequate understanding of the disease and its treatment options.

From this perspective, the nursing role extends to the implementation of proactive actions for identifying and actively screening women living with a fistula, particularly in remote areas or areas with limited access to health services. [8] Such an approach would allow for the early identification of women who have undergone surgery upon their discharge from the hospital and ensure continuous support within their communities, including long-term support. It would thus contribute to improving access to psychosocial and economic reintegration services, while strengthening continuity of care and the lasting reduction of stigma [53].

Impact of Community Awareness on Access to Health Services and The Stigmatization of Women: By engaging directly with communities, nurses establish a reliable and trustworthy point of contact with the population. This contributes to reducing the social, psychological, and symbolic barriers that prevent women from seeking help or participating in reintegration programs. [4] This proximity promotes a better understanding of obstetric fistula, contributes to the deconstruction of stigmatizing representations and creates an environment more favorable to the social acceptance of the women concerned.

This approach is supported by the International Labour Organization (ILO), which emphasizes the role of frontline workers in restoring dignity and facilitating the social integration of marginalized populations. (CIT, 2022) Integrating community outreach and liaison skills into the initial and continuing training of nurses is therefore a strategic lever for strengthening the first pillar of Universal Health Coverage, by improving access to health services for the most vulnerable populations, while contributing to the sustainable reduction of stigma [63,64].

Strategy 2: Strengthening Nursing Skills to Improve the Quality of Services

The second pillar of Universal Health Coverage (UHC) emphasizes the need to provide quality, efficient, safe, and people-centered health services [65,66] In the context of obstetric fistula, these health services go beyond physical restoration to include the rehabilitation of the woman to ensure a complete and lasting cure. [64] In this context, targeted strengthening of nursing skills, particularly in psychosocial support, post-surgical follow-up, therapeutic education, and care coordination, is the central lever for transforming clinical practices and promoting holistic care that fully integrates the mental health and well-being of women who have undergone obstetric fistula repair.

Development of Nursing Skills in Mental and Psychosocial Health: Although the success of surgery is essential, it is insufficient to ensure the full restoration of women's dignity; it fails to resolve the profound psychological and social consequences that result from the illness and the stigmatization. [3,13] In this context, nurses and midwives, as frontline professionals and guarantors of continuity of care, must develop in-depth expertise in mental and psychosocial health. These skills include the ability to provide basic counseling, offer immediate psychological support, and identify women at high risk of mood disorders, such as anxiety and depression. [11,43] Strengthening these skills contributes to a holistic approach and sustainable rehabilitation of women, beyond just surgical repair.

Capacity Building for Nurses in Structural and Sustainable Psychosocial Support: Strengthening these skills allows healthcare teams to provide structured, rather than fragmented, psychosocial support, from the post-operative phase onwards and in the long term. [20] This support is of paramount importance; it contributes to restoring the self-esteem and identity of women, which are regularly shattered by years of isolation and family rejection. [48,61] By integrating the assessment and management of women's expressed psychological needs into standard care protocols, nurses could significantly improve women's quality of life, thereby facilitating their emotional and social reintegration. When a trained and trustworthy professional is able to listen attentively and acknowledge women's experiences, the psychological burden is significantly reduced, promoting their readiness for successful community reintegration [23].

Nursing Skills in Clinical, Post-operative and Physical Rehabilitation of Women Repaired with Obstetric Fistulas: Alongside psychosocial support, the quality of health services also depends on the clinical expertise and technical skills of nurses in the post-operative care of women who have undergone obstetric fistula repair. These skills include rigorous monitoring for post-surgical complications, such as infections, fistula closure failure, or residual continence, as well as the implementation of pelvic floor rehabilitation measures. [13] Nurses are called upon to become key professionals in the early identification of mobility difficulties and the proactive referral of women to specialized physiotherapy or pelvic floor rehabilitation services. [50] This ability to guide the patient helps optimize the functional and anatomical outcomes of reconstructive surgery, while promoting a recovery that fully integrates the physical and functional dimensions. [43] Combined with psychosocial support, this comprehensive approach contributes to a more complete recovery and operationalizes the goal of comprehensive quality of services promoted by Universal Health Coverage for the women concerned [43,63].

Strategy 3: Strengthening Nursing Skills for Financial Protection

Strengthening nurses' skills in financial protection is a key strategy for reducing the exposure of women who have undergone obstetric fistula repair to persistent financial risks after surgery. This aligns with the third pillar of Universal Health Coverage (UHC). The strategy aims to equip nurses with the skills to identify situations of economic vulnerability early, refer women to available financial support mechanisms, and contribute to promoting their economic independence. [53] The nurse's role extends beyond curative care to encompass women's economic stability. By facilitating their social reintegration, supporting women helps prevent impoverishment due to their medical condition and ensures a secure financial future for women who have undergone obstetric fistula repair (CSU, 2021).

Training to Support Economic Reintegration (Income-Generating Activities)

The role of the nurse must be expanded to become a facilitator of economic independence. This role goes far beyond traditional clinical responsibilities. [57] Strengthening nursing skills must include specific modules, particularly those useful for:

An assessment of economic needs by identifying the skills available to women and the possible economic opportunities in their community in order to propose individualized pathways according to each woman's priorities.

A strategic focus on vocational training. These professionals must be trained to effectively guide surgically recovered women toward targeted vocational training programs, such as sewing, crafts, commerce, or agriculture. This approach is essential, as access to training is a key factor in the success of economic reintegration [43].

Networking for access to financial resources is the most critical skill; it involves connecting women to economic support networks. This includes connecting them with microfinance institutions or organizations that offer interest-free grants for starting an Income-Generating Activity (IGA) [20].

By equipping nurses with all these referral and networking skills, they could directly contribute to transforming the hope of physical recovery into concrete financial independence, a fundamental element for restoring women's dignity and ensuring a respected social position within their homes and communities. [15] The success of this strategy is based on recognizing economic empowerment as an essential form of rehabilitation. This strategy aims to support women's economic empowerment and reduce their financial dependence and vulnerability. Link between the rehabilitation of women repaired with obstetric fistula, universal health coverage, and investment in nursing skills

The comprehensive rehabilitation of women who have undergone obstetric fistula repair is a major public health issue; it is not limited to physical healing, but extends to preventive, curative, psychosocial, and socio-economic dimensions. [1,22] These various components, including prevention through quality prenatal care, post-surgical support, psychosocial support, community awareness campaigns, and support for socio-economic reintegration, are closely linked to the three pillars of universal health coverage. Their integration into nursing and midwifery practices underscores that investing in strengthening the skills of these professionals is a strategic lever for achieving the Sustainable Development Goals (SDGs).

Prevention is ensured through quality prenatal care and is primarily a matter of accessibility. Indeed, the WHO emphasizes that obstetric fistula remains a preventable condition when women have timely access to quality maternal health services. [64] Nurses and midwives, as frontline healthcare professionals, play an important role in providing accessible and continuous prenatal care, particularly for women living in rural or disadvantaged areas. [53] Their close ties with communities also promote awareness and trust, essential conditions for the use of services.

Post-surgical care and psychosocial support are integral to quality of care. The success of surgical repair depends not only on the surgical procedure itself, but also on the quality of the follow-up provided by nurses and midwives. This follow-up includes managing complications, providing patient education, offering psychological support, and restoring self-esteem. [64] These interventions aim to ensure continuous care, tailored to each woman's specific needs and person-centered. By strengthening their skills in these areas, nurses and midwives contribute directly to improving the overall quality of interventions. Community-based awareness campaigns are another essential area of action. They help promote the use of reproductive health services, reduce stigma, and strengthen community knowledge about fistula prevention. [53] These initiatives contribute to the creation of supportive environments where women who have had fistula repaired are recognized and reintegrated, which is essential for achieving equitable universal health coverage.

Finally, support for socio-economic reintegration is directly linked to the financial protection pillar of Universal Health Coverage (UHC). Women suffering from fistula are often deprived of livelihoods due to their health condition and the accompanying social exclusion. (Sobze, 2020) Support for nurses and midwives, particularly through rehabilitation programs that integrate training, economic empowerment and community support, helps to reduce women's financial vulnerability and limit the risk of relapse into poverty. These various dimensions demonstrate that investing in strengthening nursing skills is much more than a professional issue; it is a crucial lever for achieving universal health coverage and the Sustainable Development Goals (SDGs).

This is particularly relevant to SDG 3 on health and well-being and SDG 5 on gender equality. The WHO report (2020) on the state of the nursing profession emphasizes that skills development, empowerment, and leadership among nurses and midwives are essential for improving universal access to quality care and reducing health inequalities. [63] The rehabilitation of women who have undergone obstetric fistula repair clearly illustrates the central role of strengthening the skills of nurses and midwives in operationalizing the three pillars of universal health coverage. Investing in these frontline healthcare professionals requires that health systems equip themselves with appropriate tools capable of sustainably transforming women's life trajectories, strengthening community resilience, and contributing to the achievement of health and sustainable development goals. Thus, the rehabilitation of women who have undergone obstetric fistula repair provides a prime example of how investing in nursing skills is a structuring lever, capable of translating the principles of universal health coverage into concrete and lasting benefits for women, communities, and health systems.

The Strategic Role of Nursing Skills as a Lever for Holistic Care and Achieving Universal Health Coverage

Obstetric fistula is simultaneously a surgical problem and a condition with profound psychosocial, economic, and community repercussions. This pathological condition is accompanied by social, psychological, and economic disruptions that plunge women into an experience of marginalization and exclusion. [50,64] Furthermore, it must be conceived as a transitional process, leading the woman from the experience of illness and exclusion to a new integration into family, community, and economic life. [30,53,64] This process finds theoretical grounding in Afaf Meleis's theory of transitions, which views health as a series of passages experienced by individuals, requiring professional support to foster adaptation, empowerment, and growth. [30] Its management cannot therefore be reduced to reconstructive surgery. It requires a holistic approach that includes prevention, clinical care, psychosocial support, community awareness, and socio-economic reintegration. [53,64] In this context, nursing and midwifery skills appear as a strategic lever: they facilitate prevention; optimize the quality of care, support social and economic reintegration, and thus contribute to achieving the three pillars of Universal Health Coverage (UHC), namely accessibility, quality and financial protection.

Prevention and Prenatal Monitoring as The First Line of Defense: Anticipating the Transition

Strategy 1. Strengthening Nursing Skills for the Anticipation of Women's Identification: From the perspective of transition theory, fistula prevention is part of a process of preparing women for motherhood. Nurses and midwives, by providing quality prenatal care, guide pregnant women toward safe maternity care and reduce the risk of obstetric complications. Rosenstock's Health Belief Model (HBM) (1974) sheds light on this stage by showing that preventive behaviors depend on risk perception, expected benefits, and identified barriers. Through their close ties with communities, these professionals play a fundamental role in promoting reproductive health, prenatal education, and the early referral of high-risk pregnancies. The WHO emphasizes that universal access to quality prenatal care is one of the pillars of Universal Health

Coverage (UHC) in its accessibility dimension. [63] Strengthening nurses' capacities in screening, health education and referral therefore contributes to ensuring equitable and preventive access to essential services, while also helping to reduce the occurrence of a largely preventable disease.

Post-operative and Psychosocial Care: Restoring Dignity

Strategy 2. Strengthening Nursing Skills for Restoring the Dignity of Women who Have Undergone Obstetric Fistula Repair: The post-surgical phase corresponds to the liminal period described by Van Gennep, where the woman, physically repaired, is not yet fully reintegrated into her community. The success of fistula surgery depends on the continuity of nursing care: post-operative monitoring; infection prevention; therapeutic education; nutritional follow-up; and psychological support. As previously mentioned, obstetric fistula is accompanied by profound stigmatization and social rejection. This exclusion permanently damages self-image and weakens women's identity. [50] Nurses play a vital role in ensuring continuity of care (infection prevention, therapeutic education, nutritional monitoring) and in supporting the psychosocial healing process. The person-centered approach, combined with active listening and psychological support, fosters the rebuilding of self-esteem and personal identity. According to [30] this care supports the transition to a new normal. Pamela Reed's theory of transcendental well-being offers a deeper understanding of this stage. It is seen as an opening to a broader sense of health, where suffering becomes a springboard for personal growth. [43] Through a person-centered approach, nurses are able to restore dignity, strengthen resilience, and provide support for a gradual return to family and community life. [21,44] This qualitative role aligns with the second pillar of the CSU, which focuses on the quality and safety of care.

Community Awareness and the Fight Against Stigmatization: Transforming Perceptions

Strategy 3. Strengthening Skills for Transforming Perceptions: The social reintegration of women who have undergone fistula repair faces negative beliefs and stigma. Based on Rosenstock's Health Belief Model (HBM) (1974), it can be established that collective behaviors depend on the perceived severity of the fistula, the perceived benefits of reintegration, and cultural or religious barriers. Nurses and midwives, through their awareness-raising, educational, and mediation efforts, contribute to transforming social perceptions related to fistula. They also promote access to quality obstetric care, encourage families to support women who have undergone repair, and foster a climate of trust around healthcare services. These actions help reduce the social and cultural barriers that hinder access to care and strengthen the link between healthcare services and local communities, leading to a reconfiguration of social perceptions. [19] Their role aligns with the community dimension of Meleis's theory of transitions, which emphasizes the importance of social support in the outcome of transitions [30].

Socio-economic Reintegration and Financial Protection: Towards Full Reintegration

This phase corresponds to the reintegration described by Van Gennep [60]. It cannot be fully accomplished without support for economic autonomy. Many women, deprived of their previous activities, are reduced to extreme precarity. [57] According to the Canadian Public Health Association [7] the involvement of nurses in economic empowerment, professional training, and social reintegration programs not only supports women in their recovery but also contributes to the third pillar of Universal Health Coverage (UHC), which is financial protection. By reducing women's economic vulnerability and limiting their dependency, nursing skills become a driver of social justice and equity. [34] This financial protection contributes to reducing gender inequalities and thus aligns with SDG 5.

A Sustainable, Integrated Approach to Health Systems

By articulating these different dimensions, nursing skills provide a foundation for linking theory and practice. They are first structured around Van Gennep's [60] rites of passage, supporting women from separation to reintegration into their community. They then connect with [30] theory of transitions, facilitating adaptation and empowerment through the various phases of change. They also align with Rosenstock's (1974) Health Belief Model, influencing health beliefs and behaviors. Finally, they connect with Reed's [45] perspective of transcendental well-being, which offers women a horizon of meaning, dignity, and autonomy. Thus, investing in nursing and midwifery skills strengthens the sustainability of health systems and accelerates progress toward the Sustainable Development Goals (SDGs). Strengthening nursing skills is part of a broader perspective on the sustainability and resilience of health systems. The "State of the World's Nursing" report (2020) emphasizes the importance of investing in this workforce to improve the performance of health systems, reduce inequalities, and contribute to the achievement of the Sustainable Development Goals (SDGs), particularly SDG 3 on health and well-being and SDG 5 on gender equality [63].

An Integrated Contribution to Universal Health Coverage and the Sustainable Development Goals

Ultimately, it emerges that nursing skills underpin the three pillars of Universal Health Coverage (UHC). They promote accessibility through early detection and prevention. They guarantee quality through the continuity of clinical, psychosocial, and educational care. Furthermore, they support financial protection by promoting women's empowerment and socio-economic reintegration. As such, they constitute an essential lever for the comprehensive rehabilitation of women who have undergone fistula repair, the strengthening of health systems, and the achievement of the Sustainable Development Goals (SDGs). Investing in these skills means investing in a future where obstetric fistula, and the suffering it causes, can be definitively eradicated.

Structured Recommendations

a) Decentralize emergency obstetric care by strengthening primary establishments to supply them, reducing access delays.

b) Train qualified personnel to detect obstetric complications early and intervene effectively.

c) Establish inclusive financial mechanisms such as transport provision (subsidies, mobile money), community insurance and "risk-pooling" or pooling of health risks to absorb direct and indirect costs and relieve this vulnerable population.

d) Raising awareness and strengthening communities to improve knowledge of danger signs, to know about available centers, and to promote post-reparation economic reintegration (training, psychosocial support).

e) Ensure that Universal Health Coverage policies include care for fistula in basic packages, thus ensuring that access, quality, and financial protection also cover serious obstetric complications.

Conclusion

Obstetric fistula reflects systemic shortcomings in the implementation of universal health coverage. It directly challenges the three pillars of healthcare: equitable access, quality of care, and financial protection. Eradicating fistula therefore requires profound transformations in healthcare systems, leading to a truly universal, integrated, and solidarity-based model of care. These transformations are necessary not only to prevent and treat fistula but also to make Universal Health Coverage a tangible reality for all women and girls.

Conflict of Interest

None.

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