



IMPACT OF VESICOVAGINAL FISTULA ON GIRLS AND WOMEN EDUCATION IN GOMBE AND TARABA STATES, NORTH EAST NIGERIA

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ABSTRACT

Vesicovaginal Fistula (VVF) is an opening that develops between the bladder and the wall of the vagina. The result is that urine leaks out of the vagina sometimes lightly but it can be steady if the fistula is large. This causes unwanted opening that develops between two parts of the body causing a serious medical problem that affects girls and women by depriving them from accessing formal education as a result of the urine leaking which results in psychological

INTRODUCTION

In recent years, there has been an increase in the number of women who are becoming affected on a daily basis with Vesicovaginal Fistula (VVF). World Health Organization (WHO) in 2018 pointed out that over 20 million women/girls are living with this condition, with 50,000 to 100,000 cases occurring every year. The incidence in West Africa is estimated to be 3-4 per 100 deliveries (WHO 2018). This could be attributed to illiteracy, poverty, ignorance and poor obstetric services though the instances in developed countries is different due to the level of obstetric care which made the various sequel of obstructed labor close to perfect.

VVF was first reported in the literature by physicians of ancient Egypt about 2050 BC. This salient problem has continued to increase alarm in young women in the rural settings in developing countries of the world up to now. There is no doubt that the incidence of Vesico-vaginal fistula is still high. It has been estimated that it will take over 30 years to clear the



consequences such as depression, loneliness, rejection from friends and family members and in worse cases divorce from husbands. Among the causes of VVF include several days of obstructed labor without timely medical intervention, malnutrition, radiation treatment, infection, psychological trauma, and rape, reign bodies. The study adopted survey research design, sample size are comprised of 205 VVF patients from Gombe and Taraba states whose reports/data were retrieved from records at the St Luke's mission hospital Gombe from August 2021-August 2022. Three objectives and three research questions guided the study. Results showed that these girls and women between 13 and 25 years of age are more prevalent to VVF and most of them did not have access to formal education. Based on the findings, it was concluded that all hope is not lost because the problem can be prevented through advocacy, awareness and sensitization of women, correct medical assistance. Hence, it was recommended that preventive awareness should be the focal point to end VVF, girls and women should reach 18 years of age before conception, pregnant women should seek antenatal care throughout pregnancy; health care system should be strengthened.

Keyword; Education, VVF, ECWA Evangel Intervention

backlog of existing fistula in Nigeria if the repair continuous at the present rate (Karshina, 2011). Vesicovaginal Fistula is an opening that develops between the bladder and the wall of vagina. The result is that urine leaks out of the vagina sometimes lightly but it can be steady if the fistula is large. This unwanted opening that develops between two parts of the body is a serious medical problem and can be very offsetting as the leakage is embarrassing and can smell bad (Stamatakos, 2014). The devastating child birth injury is caused by obstructed labor without timely intervention (Arrow 1996).

Women who are affected with this health challenge are deprived of accessing formal education as a result of urine leakage which results in psychological consequences that includes depression, feeling ashamed and loneliness due to the offensive odor released by the victims. Others include social consequences such as rejection from friends and family members, husbands or even divorce.

Most of the women involved have been reported of having lost their network and support as a result of fistula (EL Ayadi, 2020).

STATEMENT OF THE PROBLEM

The incidence of reported fresh cases of VVF in Gombe and Taraba States is becoming worrisome. Records from St Luke's mission hospital Bolari Gombe State and UMCN



hospital Jalingo Taraba state respectively shows that on a daily basis ,girls and women are being reported with Vesicovaginal Fistula (VVF) rector Vaginal fistula (RVF) Vaginal prolapsed and perennial tear cases. Therefore there is a need to investigate the causes and possible means of preventing the problem.

SPECIFIC OBJECTIVES

1. Determine the prevalent age of girls and women affected with Vesicovaginal Fistula.
2. Determine the marital status of girls and women affected with Vesicovaginal Fistula.
3. Determine the level of education of girls and women affected with Vesicovaginal Fistula.

RESEARCH QUESTIONS

1. What is the prevalent age of girls and women affected with Vesicovaginal Fistula?
2. What is the marital status of girls and women affected with Vesicovaginal Fistula?
3. What is the level of education of the girls and women affected with Vesicovaginal Fistula?

CAUSES OF VESICOVAGINAL FISTULA

There are many causes of VVF which includes several days of obstructed labor without timely medical intervention. During this time of obstructed labor, the soft tissues of the pelvis are compressed between the baby's head and the mother's pelvic bone. Because of lack of blood flow, it causes tissues to die creating a hole between the mother's vagina and bladders or between the vagina and rectum or both resulting in uncontrollable leakage of urine. Among other causes are ; early age of marriage as women who become pregnant before the age of 18 may be at greater risk for prolonged labor which causes obstetric fistula. While women of all ages and parity get obstetric fistula, this is more common among women experiencing their first pregnancy particularly in communities where early marriage is the norm. Women are often under pressure to bear children and prove their fertility at a young age. When a young woman is not yet physically matured, her pelvic may be too small for safe delivery and this can lead to child birth complications causing fistula.

The female pelvic develops in an entirely new direction, becoming wider and reaching its full width around the age of 25-30 years (Alik, 2016).

With the onset of puberty, estrogen concentration reaches high levels which are maintained until menopause. High estrogens levels maintain high fertility and guarantee that the female pelvic develops and maintains its obstetrically most favorable form. This suggests that difficult child birth is more of balance between the hormones and external



factors influencing the size of the birth canal and the prenatal development of the child. Thus, obstructed labor is a preventable complication. However, it is an important cause of maternal mortality, mobility and the adverse outcomes for newborns in resource limited countries in which under nutrition is common resulting in a small pelvic in which there is no easy access to functioning health facilities with a capacity to carry out operative deliveries.

Labor is considered obstructed when the presenting parts of the birth canal despite strong uterine contractions leading to fistula. The most frequent cause of obstructed labor is cephalo-pelvic disproportion a mismatch between the fetal head and the mother's pelvic brim. The fetus may be large to the material pelvic brim such as a fetus for a diabetic woman, or the pelvic maybe contracted which is more common if malnutrition is prevalent. Malnutrition is another factor that contributes to development of fistula.

It is referred to as a situation when a person's diet does not provide enough nutrients or the right balance of nutrients for optimal health. Malnutrition occurs when a person gets too much or too little of certain nutrients, a person with under nutrition may lack vitamins, minerals, and other essential substances that the body needs to function (Grigsby, 2017) as a result may lead to;

- Short and long term health problems
- Slow recovery from wounds and illness
- Higher risk of infections
- Lack of appetite or interest in food or drinks
- Tiredness
- Inability to concentrate
- Feeling cold always
- Loss of fats, muscles mass and body tissue
- Higher risks of getting sick and taking longer to recover and higher risk of complications after surgery.

Malnutrition plays a major role in VVF management and decreases mobility and mortality. Malnutrition remains a major chemical problem of VVF patients hence the need for proper nutrition (Sulai, 2011). Sulai described good nutrition as eating enough nutrients day by day and stressed that food taking in the right proportion can develop the brain, the bones, including pelvic bones for easy passage of fetus.

The human body is nourished with proteins, carbohydrates, lipid, vitamins, minerals and water which are essential elements for outstanding life.

Maximum physical and mental achievements are attained through a diet that is balanced. For example, to keep the bone in good health, cherimoya, oranges, broccoli, cabbage and yoghurt are all good sources of calcium and other minerals (Rogers, 2009). Under nutrition is a challenge of global health, especially in low and middle income countries



(Rahman & Sefor's, 2016). Improving nutrition is critical to human development and to the realization of human right as stated by the second international conference on nutrition (ICN2), the sustainable development goals (SDGs), the zero Hunger challenge and the UN decade of action on nutrition (2016-2025). The recognition on the awareness on VVF intervention is essential, but the fact that it is insufficient underlines the need for significant investment in health and nutrition in middle childhood and adolescence (Bundy, 2017). Other causes VVF include radiation treatment for pelvic cancers which can lead to fistula formation as reported in 1.4 to 5.26 percent of post radiation hysterectomies. Also, local injuries to the general tract during hysterectomy, and caesarean section can cause VVF. Others are congenital abnormalities, infection, trauma, rape and foreign bodies but these are relatively rare. Meanwhile, it is essential for a population and particularly children to survive, grow, and achieve their full potential in terms of social, economic, intellectual and physical abilities. The United Nations identifies adequate nutrition as a critical driver for progressive Sustainable Development Goal (SDG 2016-2025) outlines indicators like health, education, employment of women as well as reduction of poverty and inequality. Globally, the magnitude and severity of malnutrition are still a public health issue (Padhy, 2015).

Bundy (2017) suggested that optimum nutrition is essential for healthy wellbeing, cognitive, social development as well as economic growth of communities and countries, therefore adequate nutrition is required for proper development of the body.

RESULTS AND DISCUSSION

Table 1: What is the age distribution of girls and women affected with VVF?

S/N	Age category	Percentage (%)	Total
1	13-25 years	44%	90
2	26-40 years	42 %	86
3	41- above	14%	29
		100 %	205

Table 2: What is the educational level of the girls and women affected with VVF?

S/N	Education level	Percentage (%)	Total
1	None	39 %	79
2	Primary	12%	24
3	Secondary	15 %	31
4	Adult literacy	0 %	0
5	Arabic school	25 %	52
6	Dip/NCE/certificate	6 %	12
7	University	3%	7



		100%	205
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Table 3: What is the marital status of girls and women affected with VVF?

S/N	Marital status	Percentage (%)	Total
1	Single	9 %	19
2	Married/living with Husbands	64 %	131
3	Married/not living with Husbands	3 %	7
4	Divorced	11 %	22
5	Widowed	13%	26
		100%	205

From the data analysis, the results showed that the prevalence of VVF is more in girls and women between the ages of 13 and 25 with 44% followed by women from 26 to 40 years of age with 42% and 41 years and above with 14%. Table 2 indicated that most of the women affected with VVF do not attend school only 12% attended primary school, 15% secondary, 25% attended Arabic school, 6% Diploma and NCE, 3% attended University while 39% of the women did not attend school.

Table 3 also showed that 9% of the patients are single, 64% are married and living with their husbands, 3% are married but not living with their husbands, 11% are divorced while 13% are widowed. This incidence of reported cases of VVF patients in Gombe and Taraba state from August 2021 to August 2022 is becoming worrisome, records retrieved from St Luke's mission hospital Bolari Gombe state indicates that following the intervention of ECWA VVF center under Bingham University teaching hospital Jos that have been providing free surgical treatment services to women and girls with Vesicovaginal Fistula (VVF) and rectovaginal fistula (RVF), vaginal prolapsed and perennial tear for over 30 years in Nigeria witnessed massive incoming of women and girls with the said problem. The record showed a comprehensive women's health project statistics which indicates that the project trained (20) twenty Doctors, nurses and midwives (20) twenty champions in each Gombe and Taraba States respectively who assisted in the advocacy, awareness and enlightenment campaign to girls and women from 13 years and above in the states on the causes and prevention of VVF irrespective of religion or tribe. More over the project achieved significantly by successfully conducting surgeries to (205) two hundred and five women within this period (100) One hundred from Taraba state and (105) one hundred and five from Gombe state. There is no doubt that the affected victims received proper care handling by the surgical team. Therefore, with the growing number of women becoming victims, there is need is need to do more in advocacy and especially on



preventive measures to reduce the number. If people are aware of the causes of VVF, this will greatly help in the struggle to end fistula. Education can play a vital role in ensuring that women who are not victims to carefully avoid some of the causes as it is said that prevention is the best medicine. Hence there is need to create more awareness and sensitization. Women should be encouraged to seek formal education (UNFPA 2015) stressed that girl child is key to reducing increasing causes of VVF in Nigeria.

RECOMMENDATIONS

Based on the findings of this study, it was therefore recommended that;

- 1 Advocacy and awareness campaign should be a focal point to end fistula.
- 2 Pregnancy should be delay until after 18 years.
- 3 A pregnant woman should seek antenatal care throughout pregnancy.
- 4 Food should be taking in the right proportion.
- 5 Pregnant woman should seek medical help as soon as labor starts.
- 6 Ensure that pregnant women deliver under the supervision of a skilled birth attendant who can recognize and manage complication or refer the woman quickly to the next level of health care.
- 7 If labor last more than 16 to 18 hours, an operation/caesarean section (CS) may be needed to protect the health and life of the baby and mother.
- 8 Girls and women should be encouraged to access formal education.

CONCLUSION

All hope is not lost because the problem is preventable through advocacy, awareness and sensitization of women, correct medical assistance. The need to put an end to the obstetric fistula should be on the top gear as a critical step towards achieving the Sustainable Development Goals (SDG). In other to reach this goal, the ECWA Evangel VVF has launched new manual that serves as a way forward on the part to achieving fistula free generation. Ending obstetric fistula by 2030, 2021-2022 marked the count down towards the goal of ending problem of obstetric fistula. Now more than before it is very crucial to call on the international community to end the menace by raising awareness, intensify efforts on ending fistula and more so, focusing on post-surgery follow up and restoring women dignity as stated in UN Secretary General's report resolution on intensification of efforts to end obstetric fistula (2014 and 2018). The UN population fund and its partners lunched the global campaign to end fistula which is currently in more than 55 countries working to prevent the treat of fistula and to rehabilitate and overcome fistula in the year 2030. The original (2006) version has been updated with latest strategies, tools and resources of ending fistula by 2030, with 2020 marking the count down towards achieving the goal of ending the menace of obstetric fistula. This is in uniformity with the vision of ECWA Evangel VVF and its partners such as the fistula



foundation USA, Christoffel Blending mission (CBM) Global and Christoffel Blending mission international which are working towards achieving this great mission.

Thus, 2020 UN Resolution on fistula, adopted by member states call on every fistula-affected nation to develop an inclusive, integrated, coasted, time bond national strategy and action plan to end fistula by 2030. This is a critical component of an overall strategy to ensure universal access to quality sexual and reproductive health rights and is a key element of achieving the SDGs. UN secretary General's report to end fistula (2018 to 2020).

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