EFFECT OF VESICO VAGINAL FISTULA (VVF) ON THE PSYCHO-SOCIAL BEHAVIOUR OF RURAL WOMEN IN KHANA LOCAL GOVERNMENT AREA, RIVERS STATE

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Abstract

The study investigated the influence of Vesico Vaginal Fistula (VVF) on the psycho-social behavior of rural women in Khana Local Government Area, Rivers State. The objectives were to determine conditions that pre-dispose the victims to the disease and find out how such disease condition influence them psychologically and socially. This is a descriptive survey study in which 50 victims of VVF provided the information using structured interview schedule. Data were analyzed descriptively using percentage and mean statistics as 50% and 2.50 values and above were considered positive. The study found that most cases of VVF resulted from poor handling of delivery process and prolonged and obstructed labour. It was also found that the non-stop dripping of urine, produces offensive odour that makes people avoid the victims thereby leaving them traumatized socially and psychologically. The study therefore, recommended that rural women should be educated on how to handle maternal issues especially pregnancy and delivery, as government should make concerted efforts to treat, rehabilitate and integrate the victims back into the society.

Keywords: *Effect, Vesico Vaginal Fistula, Psycho-Social, Behaviour and Rural Women*

Introduction

The continuous and involuntary discharge of urine into the vaginal vault resulting from abnormal fistulous tract extending between the urinary bladder and the vagina is what Forsgren, Lundholm and Johanson (2009) called Vesico Vaginal Fistula (VVF). Ahmed and Holtz (2007) describe the condition as an abnormal communication between the vagina and the genito-urinary system and/or the rectum, which is characterized by continuous urinary and sometimes feacal discharge. VVF is an abnormal and embarrassing phenomenon that occurs spontaneously among women of child-bearing age.

Yeakey, Chipeta and Taulo (2009) believed that the major cause of VVF is child birth, medically referred to as "obstetric fistula". According to them, the condition occurs when there is a prolonged labour and the unborn child is tightly pressed against the pelvis, cutting off blood flow to the vesico-vaginal wall or when a woman is violently raped. Ngoma (2010) was of the opinion that VVF occurrences in most developing countries resulted from prolonged obstructed labour rather than rape. According to him, prolonged and obstructed labour results to pressure-necrosis, edema, tissue sloughing and cicatrisation.

In Nigeria, the Federal Ministry of Health, the report of 1999, showed that about 500,000 to One Million women and girls live with VVF with an estimated new cases of about 80,000 every year. The World Health Organization (2005) perceived VVF as the ailment for the poor who have little or no access to good health facilities. According to the organization about 2 million women and girls live with VVF despite the fact that it could be prevented or treated. Mohammed (2010) observed that the disease prevalent rate is higher in the rural areas attributing to poor health facilities for pre-post-natal care, high cost of accessing health services, poor nutrition and ignorance. To Nkuma and Kasonka (2003) the people culture which encourages marriages and conception of young girls whose pelvics are not fully developed and circumcision should be blamed for the incidences of VVF among our women and girls.

Kelly (1999) also observed that majority of the VVF patients come from poor facilities, malnourished from birth, prone to diseases and physically stunted and one

reason for maternal mortality and morbidity in sub-Saharan Africa. Odu and Cleland (2013) and Wall (1998) perceived the Nigerian health care system as a misplaced colonial priority, bedeviled with mismanagement, under-funding and corruption which have forced natives to patronize traditional birth attendants who lack the expertise to handle complicated conditions.

The WHO (2006) noted that VVF affect the productivity of a nation, community and household, and adversely affects the life of the victim forever. According to the (WHO) the victim would no longer be able to effectively fulfill the societal roles as wives and mothers. They could easily be deserted by their husbands, family and stigmatized by the society, while some may remain childless as their social status diminishes. Lendon (2001) reported that 63 percent of VVF patients in Nigeria were divorced and sent back to their parents. Those allowed to remain are treated like outcast as they were not allowed to cook, participate in social events or perform religious rites (Murphy, 1981 and Ojanuga, 1991).

According to Murphy (1981), in most African societies once fistula occurs and persisted, only about 11 percent of the patients are allowed to remain in their husbands' family. Kabir et al* (2004) noted that victims of VVF perceive themselves rejected, while Kely (1995) rued the conditions of those whose husbands' have rejected and denied support, have they rely on relatives for sustenance or had to beg or live on charity. Ojanuga (1991) found that majority of VVF victims in northern Nigeria suffer loss of self-esteem, stress and anxiety, just as Kabir et al (2004) reported psychological depression and could no longer enjoy life. Islam and Begum (1992) also observed that victims experience embarrassment in social lives, feelings of persistent illness and loss of sexual relationship among women in Bangladesh.

Khana Local Government Area is one out of the 23 Local Government Area of Rivers State, Nigeria. The Local Government Area is rural in nature with the inhabitants engaged in agricultural activities as the primary occupation. Health facilities are not easily accessed as the only functional one is located at the Council Headquarters. There are other factors which advently promoted the patronage of traditional birth attendants, hence the prevalence of VVF in most rural areas and justification of the study.

Purpose of the Study

The purpose of the study is to examine the effect of vesico vaginal fistula on the psycho-social behavior of rural women in Khana Local Government area of Rivers State. Specifically, the objectives are to:

1. determine the factors that pre-disposes rural women to VVF disease in the area of study.
2. examine the effect of VVF on the psycho-social behavior of women in the area of study

Methodology

The study was conducted in Khana Local Government Area of Rivers State, a rural and agrarian society. The study was a descriptive survey that sought the opinion of respondents on VVF and psycho-social behavior of women in the area of study. Fifty patients (respondents) supplied the data, and were located through enquiries and hospital documentation from the secondary heath care facility in the Local Council Headquarters. The instrument used for data collection was a structured interview carried out through a mutual interaction with the respondents. Percentage and mean were used to analyse the data collected. A mean value of 2.50 and above were considered acceptable, while otherwise were rejected.

Results and Discussion

Research Question 1: What are factors that pre-disposes rural women to VVF disease?

The patients (respondents) were asked to respond to possible factors that could have resulted to them becoming a victim of vesico vaginal fistula.

Data in Table 1 is the distribution of respondents according to the factor that led to their being victims of VVF disease in the study area. The finding showed that 2(4%) of the respondents became victim as a result of early marriage and subsequent pregnancy. According to the victims, young age and inexperience in relation to pregnancy and delivery culminated to the condition they found themselves presently. Ten (20%) identified prolonged and obstructed labour as the cause of their predicament. They explained that after many days of labour and pain, eventually when the baby was delivered what followed was unstopped leakage of urine. Thirty (60%) experienced the condition shortly after delivery process.

Table 1: Respondents' opinion on pre-disposing factors to VVF disease (N = 50)

Factors	No	Percentage
Early marriage and subsequent pregnancy	2	4
Prolonged and obstructed labour	10	20
Illicit abortion	-	
Treatment for cancer	-	
Poor handling of delivery process	30	60
Operation/obstetric injury	5	10
Infection and irradiation	-	
Circumcision	-	-
Insertion of substances into virginal	-	-
Limited pelvic development	3	6
Total	**50**	**100**

Majority among this category agreed that they were delivered by traditional birth attendants whom they later realized did not handle the process perfectly. Five (10%) of the respondents explained that they come to the realities of VVF disease after operating which they suspected to be obstetric injury. While three (6%) blamed their conditions on limited pelvic development which could not allow easy delivery. According to them, in a bid to force the baby out, birth attendants ended up rupturing the bladder. This finding corroborated those of Odu and Cleland (2013) and Ngoma (2010), that when labour is unnecessarily prolonged or obstructed the weight of the unborn baby would weigh heavily on the uterine urinary bladder tissues resulting to sloughing and cicatrisation which would result to VVF disease if urgent medical attention is not provided. The implication is, where women (especially rural women) who out of ignorance and lack of medical attentions suddenly become religious and depend mostly on prophecies and patronage of non-experts in child delivery, the incidents of VVF could easily occur.

Research Question 3. What is the influence of VVF on the psycho-social behavior of rural women?

The victims were asked to identify areas where their present condition affects their psycho-social behavior. Their responses were weighted using the rating scale to determine the degree of agreement.

Table 2: Respondents' opinion on the influence of VVF on their psycho-social behavior (N=50)

Influences	SA	A	DA	SD	Mean
At work place no one comes closer to me	20(40)	18(36)	10(20)	2(4)	3.12
Aside biological children I eat alone	32(64)	10(20)	5(10)	3(6)	3.42
People abstain from eating my food	25(50)	15(30)	7(14)	3(6)	3.24
In most cases I sleep alone	40(80)	5(10)	5(10)	-	3.70
Friends and relations stigmatise me	23(46)	17(34)	6(12)	4(8)	3.18
Constantly fear that I may be ostracized	5(10)	10(20)	30(60)	5(10)	2.30
Many marriages have broken as a result of VVF	35(70)	10(20)	3(6)	2(4)	3.56
Easily and constantly humiliated by people	20(40)	15(30)	10(20)	5(10)	3.00
Found it difficult to socialize	33(66)	11(22)	6(12)	-	3.54
My husband may refuse to eat from me	15(30)	20(40)	7(14)	8(16)	2.84
Difficulty to sustain sexual relationship	36(72)	10(20)	3(6)	1(2)	3.62
May be branded a witch	10(20)	25(50)	15(30)	-	2.90
May result to depression	40(80)	10(20)	-	-	3.80
The condition makes life unpleasant	35(70)	11(22)	4(8)	-	3.62
Marriage makes no meaning any more	30(60)	12(24)	6(12)	2(4)	3.82
Have sense of disappointment with life	15(30)	15(30)	15(30)	5(10)	2.80
Could result to mental trauma	18(36)	20(40)	10(20)	2(4)	3.08
Leads to loss of self esteem	40(80)	10(20)	-	-	3.80
Results to stress and anxiety	34(68)	12(24)	2(4)	2(4)	3.56

Source: Field survey, 2017: Figures in parenthesis are percentages

Data on Table 2 showed the respondents opinion on the influence of VVF on their psycho-social behavior. Majority 76% of the respondents expressed concern of isolation at work place, with a mean value of 3.12. About 84% (3.42) said only their biological children could eat together with them, 80% (3.24) said people do not eat what they prepared, while 90% (3.70) reported that they sleep alone as a result of VVF disease. Also, 80% (3.18) said they are stigmatized, 90% (3.56), believed that VVF could lead to broken marriages, 70% (3.00), are constantly humiliated, 88% (3.54) found it difficult to socialize, while 70 (2.84) reported that their husbands found it difficult to socialize, while 70 (2.84) reported that their husbands found it difficult to eat their food.

Other findings include; difficulty to sustain sexual relationship 92% (3.62); possibility of being branded a witch 70% (3.62) and meaningless married life 84% (3.82). The findings corroborated those of Kabir et al (2004), Kely (1995) and Ojanuga (1991). Kabir et al found that 53% of VVF victims considered themselves rejected by the society, Kely reported that many who were rejected by their husbands lived destitute life, just as Ojanuga found that VVF victims in northern Nigeria were stressed, depressed, lacked self-esteem and generally do not enjoy married life.

Conclusion

The study findings showed that:

VVF disease is associated with ignorance and poverty which effective creation of awareness on maternal issues would go along way to mitigate its occurrences. Again, that victims of VVF actually suffer immense psycho-social problems that almost rendered them as outcast in the society.

Recommendations

Based on the findings, it was recommended that:

1) Rural women should be effectively sensitized on maternal issues especially pregnancy and delivery process and health facilities made easily accessible to them as majority of the incidences were related to child-birth. Awareness and easy access to affordable health facilities would drastically reduce the incidences of VVF disease among rural women.

2) That victims of VVF disease should be treated, rehabilitated and integrated back to the society by governments at all levels, while specialized hospitals for the treatment or management of the disease should be established. The treatment of the disease will restore hope to the victims and make their integration into the society feasible.

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