

The Problem of Vesico – Virginal Fistula (VVF) Disorder in Nigeria: The traumatic and post traumatic stressful consequences of VVF

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Abstract

Many mothers needlessly die each year due to complications of pregnancy and childbirth. The material mortality ration in the developing world ranges from 500 to 1,000 deaths per 100,000 live births. For each mother who dies, there are an estimated 16 to 30 women who suffer from other non lethal complications, vesico – virginal fistula (VVF) is the most tragic. Vesico – Virginal Fistula (VVF) is still a debilitating condition for women not only in developing countries but for women in all parts of the world. VVF represents a significant morbidity in female virology. The entity is one among the most distressing complications of gynecologic and obstetric procedures. Major complications associated with vesico – virginal fistula (VVF) disorder comprise initiative lower urinary trait symptoms, ureteric obstruction, and vaginal stenosis and reduced bladder capacity. This paper makes a bold attempt to investigate the traumatic and post – traumatic stress consequences of vesico – virginal fistula (VVF) several research studies have examined the psycho – emotional profile of the patients of vesico-vaginal fistula and some of these emotional reactions include depression, post traumatic stress disorder (PTSD), anxiety disorders, grief, to mention a few.

Keywords

VVF, Disorder, Problem; Nigeria, Traumatic, Consequences

INTRODUCTION

Vesico – vaginal fistula (VVF) is a devastating and debilitating condition which profoundly hampers the quality of life of women (Singha, Jhanwara, Mebrotia, Paul & Sinhaa, 2015). Despite improvement in health care delivery systems and advancement in surgical techniques and operations in Nigeria, VVF continues to be a major health challenge. Vesico vaginal fistula (VVF) is described as an abnormal communication between the bladder and the vagina causing urinary incontinence (Martins, 2003). It is an abnormal opening between the bladder and the vagina that results in continuous and unremitting urinary incontinence. The entity is one among the most distressing complications of gynecologic and obstetric problems. It is a degrading morbidity resulting from pregnancy and childbirth. Vesico vaginal fistula (VVF) according to Raji, Harran, Vusuf, Yusuf, Ahmad & Raji (2018), may also result from gynecological operations e.g., hysterectomy, radiation damage following radiotherapy for pelvic malignancy and vulvectomy. They also maintain that this disorder however mostly occurs as a result of complications at childbirth.

The predisposing factors to VVF include early age at delivery, home delivery, early marriage, obstructed labour, unskilled birth attendant, socio – cultural and economic factors among others (Iyayi & Aboyeji, 2004). Prolonged obstructed labour is the main cause of obstetric fistula in developing countries and in Nigeria 96.5% of the VVF cases are as a result of obstructed labour (Wall, Karshima, Kirschner, & Arrow smith, 2004).

Vesico vaginal fistula appears to have been in existence since antiquity evident by references made to genital fistula in Ebers Papyrus and in an Egyptian manual in 2000BC and 2050BC respectively (Rizvi, 1999). Vesico vaginal fistula is a preventable disease but is prevalent among the less privileged and marginalized members of the population, the poor, young, illiterate girls and women in the remote rural areas of the world, where access to emergency obstetric care, family planning services and skilled birth attendance are unavailable and where available poorly utilized (Lewis & Bernick, 2006). The effects of VVF are life shattering and it could have physiological, physical, social, psychological and economic effects on the victim. Women with fistula are perceived as unclean and thus shunned by their husbands, family and the country. They are frequently blamed for their condition and forced to live in isolation. Strong evidence exists that it is not the diagnosis of VVF per se that results in psychological impairment but rather the social ostracization progression of the disease condition (Ejenibi, 2001).

MAIN PART

The problem of Vesico – vaginal Fistula (VVF) Disorder in Nigeria: Epidemiological Facts and Analysis

The estimation of the problem of vesico – vaginal fistula (VVF) in low income countries is still a challenge. However, lack of reliable data for prevalence and incidence has truncated efforts to formulate an appropriate and coordinated response of considering the challenges in the collection of accurate and comprehensive morbidity data particularly for low – income countries (Ozge, Vandana, Evelyn, Cynthia & Saifuddin, 2017). Approximately 2 million women were estimated to be living with unrepaired vesico – vaginal fistula (VVF) and about half of the total from developing countries were from Nigeria (USAID 2015). This

number was considered to be an underestimation because the problem is believed to be widespread in Africa mainly and part of some Asian Countries. In Nigeria, prevalence of obstetric fistula is 3.2 per 1000 birth and it was estimated that about 13,000 new cases occur annually, suggesting that the backlog of unrepaired cases may take about 83 years to clear at the present ratio of repair (Maheu – Giroux, Filippi, Samadou Lougou, Castro, Maulet & Meda, 2015). Trui, Creanga and Ahmed (2007) reported that the annual obstetric fistula incidence for Nigeria has been estimated at 2.11 per 1,000 deliveries. Between 100,000 – 1,000,000 Nigeria women all estimated to be living with Vesico – vaginal fistula (Waaldis, & Armiya’u, 1993).

Contrary to the widely held believe among Nigerians that vesico vaginal fistula is a disease of the Northern Nigeria. Estimated 50,000 – 100,000 new cases occur annually in Nigeria, hence it is a major public health problem (Muleta, 2006). Many of the obstetric fistula patients from the northern Nigeria are teenagers. It is instructive to note that early marriage and pregnancy had been known to contribute to the development of this menace since the time of Avicenna in 950AD (Rizvi, 1999). The youngest age of patient with obstetric vesico vaginal fistula in Nigeria was 10 years as reported by Kabir et al., in Kano (2004). The average age of the vesico vaginal fistula patients in studies from Northern Nigeria are 13 years for Sokoto (Ibrahim, Sadia & Daniel, 2000). 17.5 years for Maiduguri (Ampofo, Out & Uchebo, 1990), while Port Harcourt, Ilorin, and Sagamu patients mean ages are 26.8 years (Inimgba, Okpari & John, 1999), 29.3 years (Ijaiya, Aboyeji & Ijaiya, 2002), and 30.2 years (Oduşoga, Oloyede, Fakoya, & Sule-Odu, 2001), respectively.

The Psycho – Emotional Profile of VVF Patients in Nigeria

A psycho – emotional profile is the collection of information about a person’s emotional characteristics, personality, behaviour, and interests so as to gain a better understanding of why a person behaves in a certain way (Conversioner, 2020). Obstetric fistula is a devastating material morbidity that results from complications during childbirth. Obstetric fistula is the result of prolonged obstructed labour that is not relieved by Cesarean section. During obstructed labour, the fetus cannot pass through the birth canal due to mal-rotation or small material pelvis size. The fetal pressure on the birth canal musculature lasts up to days, causing excruciating pain, cutting off blood flow to delicate vaginal tissues, and causing cell death (Wall, Arrow Smith, Briggs, Browning & Lassey, 2005).

It is instructive to note that obstetric vesico vaginal fistula patients in Nigeria report greater symptoms of psycho pathological conditions. A number of characteristics of obstetric fistula may increase the likelihood of developing psychological disorders, including a traumatic birth experience, chronic disease and pain, divorce, stigma, and social isolation (Weston, Mutiso, Mivangi, Oureshi, Beard & Venkat, 2011).

From research studies conducted in different parts of the world, it is seen that certain emotional reactions are common in VVF patients, for instance depression, anxiety, post traumatic stress, grief, social isolation, fear, to mention a few. Some of them are examined in more details as shown below:

1. Depression

Several studies have linked depression to obstetric vesico vaginal fistula. Quantitative studies of psychological disorders in fistula patients have generally documented high levels of psychiatric morbidity, including higher levels of depression compared to healthy controls (Balogun, 1994). Clinical depression is a disorder characterized by persistent sadness and a loss of interest in activities one usually enjoys, accompanied by the inability to carry out daily activities for a period of up to two weeks (Okooboh, 2005 in Kinanee, 2020). Depression is the priority mental disorder affecting up to 98% of VVF patients and it diversely affects their quality of life. It is not surprising that many fistula patients are severally depressed. A still birth followed by incontinence is too much to bear. During periods of isolation, VVF patients are prone to experience depression. The inability of the isolated VVF person to move about, and engage in cherished activities makes him or her unhappy. As the period of isolation increases, the prolonged experiences of sadness and helplessness lead to depression.

2. Anxiety Disorder

Anxiety is the body's natural response to stress. It is defined as an emotion characterized by feelings of tension, worried, thoughts and physical changes like increased blood pressure (American Psychological Association (APA), 2018). Kinanee (2020) sees anxiety as an unpleasant emotion usually accompanied by a feeling that something undesirable is about to happen. Symptoms of general anxiety include increased heart rate, rapid breathing, restlessness, trouble concentrating and difficulty falling asleep. Vesico vaginal fistula (VVF) patients are likely to experience panic disorder, separation anxiety disorder as well as illness anxiety disorder. This is as a result of social isolation and reduced social support suffered by VVF patients. The fear of social stigmatization can make VVF patients express anxiety disorders and other forms of fears.

3. Low – self Concept

Self concept refers to a factual description of how an individual perceives himself. It is the individual's feelings about his or her behavior, abilities and unique characteristics. It is the mental picture of who you are as a person. Self concept is conceiving with perception and if the perception is distorted, one may have a distorted concept of himself. The self concept can be high or low and in times of social isolation, stigmatization and reduced social support, women with VVF are likely to develop low self concepts because of their prevailing experience. The self – concept of VVF patients is negatively affected during the periods of hospitalization, social isolation and stigmatization.

4. Grief

Grief is defined as a response to the painful forcible separation that takes place where one is faced with the death of someone or in response to symbolic or social losses (Welch, 2010 in Kinanee, 2020). Igbo (2020) sees grief as an action depicting an intense strong and overwhelming sorrow and emotion. The grieving period is when an individual assimilates what has happened, understands it, overcomes it, and rebuilds their life. Grief's is experiences as a mixture of sadness, anguish, fear, and anger. At its extreme form, grief could bring about rely intense emotional pain and despair, and thereafter relief comes gradually. His trustworthy to emphasize that VVF patients battle with recurrent fears that something bad could happen

or that death will befall them. They express and experience feelings of loneliness and abandonment.

5. Post Traumatic Stress Disorder

Post traumatic stress disorder (PTSD) is a type of anxiety that results from a previous traumatic experience such as hearing that people are from infectious and VVF cases. Symptoms include flash backs or nightmares, avoidance of situation or environment that remind one of the trauma, fear, severe anxiety, loss of interest, etc. When post traumatic stress (PTS) is not timely or properly managed, it degenerates into post – traumatic stress disorder (PTSD). Being regarded as unclean and sexuality undesirable affects women psychologically. Women with obstetric fistula are socially stigmatized and marginalized, psychologically affected, and economically deprived. Such situations are correlated with the mental health problem of PTSD.

Patients, suffering from VVF experience various symptoms of PTSD such as depression, feelings of shame, loneliness, low self – esteem and suicidal ideation (Odu, 2013). Previous studies conducted among VVF patients have revealed various symptoms of psychological disorders among them. In a cross – sectional studies of 252 purposively selected VVF patients in seven centres in six different states in Northern Nigerian, the researchers discovered that thus a states typically significant correlation between having VVF and the development of stigmatization, low self – worth and the loss of rational ability of the patients, (Odu, 2013).

Another study in Benin – City, Nigerian on psychosocial problems of patients with VVF, 455 were ostracized while 50% reported cases of impoverishment, loss of job and financial incapacitation (Gharoro & Agholor, 2009). Obviously, this situation could predispose them to mental health issued including PTSD.

Psychological management of the traumatic and post – traumatic effect of VVF: The Role of Counseling

Counseling being a helping profession is capable of utilizing her various counseling services, strategies, skills and techniques to help sufferers of vesico vaginal fistula disorder cope with traumatic and post traumatic stressful consequences.

The counselors while interacting with the patients of vesico vaginal fistula would first exhibit empathic skills thereby placing them in the client's shoes while giving words of comfort and hope. Post traumatic effect of sudden death, abandonment, despair, and stigmatization affects psychological well being amongst others. The counselor can use post – traumatic loss counseling approach to help such patient's manage their physical, cognitive and emotional responses. This can be done by creating conducive and supportive environment that may block communications which often interfere with expression of grief.

Information service could be used in providing relevant information to the patients on what they may need to help in cushioning the pains of loss, depression, social isolation, abandonment and distancing.

Through information service messages of safety and self care will be conveyed to them. To those who may be thinking that all hope is lost as a result of the loss of job, impoverishment, counselors may through vocational counseling expose them to various job opportunities, creative and entrepreneurial skills that may enhance their economic productivity. They may assist them in returning strong to their previous jobs or gathering into new ones.

CONCLUSION

Vesico – vaginal fistula is a challenging medical situation in this environment, occurring mainly amongst the illiterate and less privilege after prolonged obstructed labour. Public enlightenment, sensitization, appropriate ante – natal care and effective counseling and psychotherapy would help to reduce the incidence.

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CONFLICT OF INTEREST STATEMENT:

The author declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.