After the Repair, What Next? Reproductive Health Expectations of Vesico-Vaginal Fistula(VVF) Patients in Southeast Nigeria.

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Abstract

Background: Reproduction occurs under conditions that threaten the life and well-being of women resulting in a very high level of maternal mortality and morbidity. Prominent among these morbidities is obstetric fistula which when occurs threatens the reproductive health of the woman.

Aim and Objective: To examine the reproductive health expectations of women who had successful Obstetric VVF repair in South East Nigeria.

Methods: A qualitative study based on an in-depth interview was conducted of six successfully repaired post vvf repair women at the South East Fistula Centre.

Results: Six women who had successful repair of their fistulae participated in the in depth interview. Their mean age was 28.7± 6.4 years (2SD). Majority belonged to low social economic class. Their VVF resulted from prolonged obstructed labour and they were well aware of this. All participants had established mentrual function during the period of the condition. Five desired future pregnancy would gladly access prenatal care in their next pregnancy in a modern health facility and would also accept Caesarean delivery. None will attempt vaginal birth.

Introduction

Nigeria has a fertility rate of 5.7 and child bearing is valued[1]. The capacity and social significance of a woman is determined by the number of children she has. The success of most marriages is assessed by the number of children the woman has to show for it. Often times the women are under family pressure to produce as many children as possible even to the detriment of their health. Unfortunately, reproduction occurs under conditions that threaten the life and well-being of women resulting in a very high level of maternal mortality and morbidity[2]. Prominent among these morbidities is obstetric fistula which when occurs threatens the reproductive health of the woman[1].

Fistula patients in Nigeria include young girls who had been given out in marriages at very tender age, hence, have long reproductive careers which are often terminated or punctuated by fistula when they are divorced by their husbands and rejected by their families[3]. Even those who are not divorced are often denied of their sexual needs because of the smell of urine around them. Consequently, they may become destitute and involve themselves in unprotected casual or commercial sex for their livelihood. This has implications for STIs/HIV infections. Some may lose their capacity for sexual intercourse because of gynaetresia associated with vesico-vagina fistula while others lose their fertility[4,5]. Evoh and Akila reported that 41% of the women with VVF admitted at Lagos University Teaching Hospital for surgery had secondary ammenorrhoea[6]. Wali reported that about two-third of women with obstetric VVF may develop secondary ammenorrhoea[6].

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The World Health Organization's Global Burden of Disease study estimated that 21.9% of the disability-adjusted life years lost by women aged 15-44 years were attributable to reproductive ill-health and that 14.5 years per woman were lost to adverse maternity-related causes. According to that study, obstructed labour-the immediate effect of which is fistula accounted for 22% of all morbidities[3,7].

A successful VVF repair is not only the restoration of continence, but also the restoration of these lost reproductive capacities/functions[3]. A woman whose obstetric VVF is successfully repaired therefore may expect that her menstrual functions, hence, her fertility be returned. Such a woman should be able to resume her normal sexual activities without hindrances and where other reproductive tract morbidities exist, they should be treated.

Literature search reviewed that no study has been undertaken to examine the reproductive health expectations of women who had successful Obstetric VVF repair in South East Nigeria, hence, the need for this study.

Materials and Methods

The Southeast fistula centre that is located at the premises of Ebonyi state University Teaching Hospital, Abakaliki, Ebonyi state, was born as a pet project of the First lady of Ebonyi State under the Mother and Childcare initiative (MCCI) in 2008. The centre is dedicated to VVF patients and repair is provided free. The repairs are undertaken by VVF surgeons that come from outside and also within the hospital. The centre sponsorship is borne by donor agencies, the State Government and good spirited and generous Ebonyians and from other states of the federation.

A qualitative study based on An in-depth interview was conducted of six successfully repaired post vvf repair women awaiting discharge at the South East Fistula Centre from the 3nd of March to the 5th of March 2010.They were randomly selected. All the participants were adults and capable agents. They were mentally and psychologically stable and voluntarily consented to the study after adequately understanding the aims and methods of the interview. They also consented that their experiences be publicized. The Research and Ethics Committee of the Teaching Hospital granted ethical approval for the study. Each interview lasted between 30 minutes and 45 minutes and explored the future reproductive health desires of the victims ranging from menstrual functions, sexual activities, frequency, antenatal care and delivery.

Results

Six women who had successful repair of their fistulae participated in the in depth interview. The youngest was aged 25 years and the oldest 37 years. Their mean age was 28.7± 6.4 years (2SD). Five of them belonged to social class five and one to social class three. Their VVF resulted from prolonged obstructed labour and they were well aware of this. The duration of incontinence ranged from 5 months to 10 years. In spite of the VVF, they all retained normal menstrual profile.

Family and social life

Five of the participants remained married to their spouses, though one of the men had taken a second wife but she appears to have resigned to her fate and is not bothered about it. Her fistula has lasted 10 years.

"He has married another wife and that one has given him four children (four boys). We live peacefully with the other wife. I like my life like that".

One of the participants had been abandoned by her husband because of her VVF. She does not intend to return to him.

"He left me when I developed the condition. He was a driver. . . . . .. I will never go back to him even if he comes back, I will not go back to him. He abandoned me when I needed him most. I will not go back, I will remarry"

Two of the participants were farmers, then one each a full time house wife, student, seamstress and hairdresser. They all seemed to have coped with their occupation. The seamstress was earlier a full time house wife and learnt the skill to cater for herself. She has had VVF for a year.

"I was a full house wife when this thing happened to me, after I got myself (appreciated the condition), I went to learn how to sow cloths and no body knows I have this, so I was not discriminated against. I go to change the cloth I use about five times a day"

The participant who was a student was awaiting her results and was then unemployed, but she believes her condition would not serve as a deterrent to seeking gainful employment.

"I have just finished my studies and I am waiting for the result of the exam. I will look forward to work even if this repair had not been done, this is not the end of the world but God loves me, he gave me the opportunity to be repaired

Sexual life

All but one of the participants would love to continue with normal sexual life after their successful repair. The one who would not want was scared the genital tract would undergo further damage consequent upon sexual intercourse.

"By the time you start all this sex something again, the vagina might be injured again, so I am scared and will want to avoid it"

Future Pregnancies

Five of the participants would like to get pregnant again. One definitely will not want to pass that route again. Her husband has remarried and has four boys from the second wife. The participant was comfortable with that. She had had twin delivery but they both died.

"No oo!!. That one was a mistake. I have suffered enough, I don't want again"

Interestingly one of the participants that would want to get pregnant again, wished so because she has had four deliveries with two living children, all girls. She wanted a male offspring.

"This pregnancy was not supposed to be, I had my last baby who was a boy but died. I will want to get at least a boy God willing. If not, after this suffering, I would not have wished for another pregnancy"

Antenatal and delivery care in future pregnancy

All the participants who desired future pregnancy appreciated the aetiology of VVF and believed that if they had proper antenatal care and delivery in a government hospital ab initio, the VVF would not have occurred. They would gladly access prenatal care in their next pregnancy in a modern health facility and would also accept Caesarean delivery. None will attempt vaginal birth. The 37 year old put it succinctly

"Me? In this next pregnancy, I must register and go for antenatal (care) in this hospital o (Ebonyi State University Teaching Hospital). . . . . I will accept operation to deliver me (Caesarean section). . . . .. They said vaginal delivery will cause this thing again, so I will never try it again, my present suffering is enough, so I must deliver in this hospital by operation"

Discussion

VVF victims in many literatures are shown as destitute, abandoned and unhappy with life and living[2,3]. This picture was not depicted by any of the participants in this interview. Even the one victim, who was abandoned by her spouse, was not despondent but looked forward to remarrying. It is possible that this may be as a result of the seemingly stable family relationship that still existed between them and their spouses. A stable family life often ensures social support and a more positive attitude. Marriages in most parts of Southeast Nigeria are contracted in strict Christian way and divorce is discouraged. Most traditional Igbo ethos and culture also frown at divorce for whatever reason. This finding is different from what obtains in the

Northern part of Nigeria and also Malawi where most fistula patients are divorced or separated from their partners[3,8,9].

Social stigmatization and discrimination against VVF patients may arise from the persistent stench of urine (ammoniacal smell) around them. When this smell is not present, the condition may be masked from the public and as such victim may not suffer discrimination. This fact was borne out by some of the participants who adopted strict hygienic practices that kept the smell away and they were able to carry on with their daily activities including occupation unhindered, thereby increasing their positive attitude.

The positive attitude may also account for the lack of amenorrhoea among any of the participants. Some studies though quantitative in nature have cited secondary amenorrhoea to be present in 41% to 66% of VVF patients[5,6]. Psychological burden on the patients from perception of their medical condition and coupled with attitude of their

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