

# CHAPTER I

## INTRODUCTION

### 1.1 Background and rationale

Approximately, about 7 million women were affected from complications of pregnancy and child birth worldwide. Out of the estimates, 6.5million women are from the developing countries (Abu-Zahra, 1998).

According to the data from West African Journal of Medicine (Ijaiya and Aboyeji, 2004) the prevalence of obstetric fistula in West Africa is around 1-4 per 1,000 deliveries.

Nigeria records the highest population among the African countries with a total estimates of 162, 470,737 (NPC, 2008), and 49% of the total population are women out of this, 51% are women of child bearing age (NPC, 2008). Nigeria has to be the 2nd with highest number of maternal mortality death beside India (Ujah et al., 2005). Maternal death can be described as number of women who die per 100,000 live birth as the cause of pregnancy-related complications.

Globally, 500,000 women die each year as a result of pregnancy and childbirth complications while, 55,000 of the death are from Nigeria. (Ramsey et al., 2007). The most devastating is obstetric fistula (WHO, 2005). There is slow progress and challenges in improvement of maternal health in Nigeria. Maternal mortality rate slightly decreased from 800 death per 100,000 live birth in 2003 to 545 death per 100,000 live birth in 2008 projected to reduce to 136/100,000 live birth by 2015 (NDHS, 2008). Life Expectancy of women at birth is 47 years in 2008 and projected to increase to 70 years by 2015. Total Fertility rate is 5.7 (NDHS/FMOH, 2008).

Maternal morbidity and mortality is among the major problem for women in Nigeria. Study shows that, for each death that occurred 20 or more women will be affected by childbirth injuries and most of this is obstetric fistula (Ramsey et al., 2007).

Obstetric fistula is one of the maternal morbidities and mortality problem in Nigeria which is an issue of concern to Public Health (Muleta, 2006). Obstetric fistula is a

painful and serious condition that occurs as a result of an abnormal opening of a hole between the woman's vagina and bladder which urine leaks continuously as a result of prolong or long stay in child birth (Umoiyoho and Inyang, 2012). These affect almost more than two million women worldwide; Nigeria alone has 1 million cases (Kelly et al., 1993). Also 500,000 new cases occur every year mostly found in Sub-Saharan African and Asian countries, this shows that most of the affected women remain hidden (Cron, 2003), (Vangeen et al., 2001). In Nigeria the situation is being more evidence in the northern part of the country, 5% of these cases are from the northern region. There could probably be an incidence of 20,000 new cases every year, only 33 surgeons are qualified for fistula repair with a limited number of 2,000-4,000 fistula cases being repaired every year (UNFPA/Engender Health Report, 2003). Nigeria counts 40% of the worldwide fistula prevalence (Duysburg et al., 2009). Statistic report from (Ramsey et al., 2007) stated that, majority of fistula patient visited the Health centers are below 20 years of age.

Vesico vaginal fistula has been prevalence since 2000BC and 2050BC by an Egyptian mummy who's during Ebers Papyrus refers it as genital fistula (Riviz, 1999). Though, Vesico Vaginal fistula is preventive but, is more common among the poor population, illiterate women, young girls whom mainly live in the rural areas with difficulty in accessing emergency obstetric care and mostly skilled birth attendance are limited or not utilized (Lewis et al., 2006).

A study report on campaign to ends fistula stated that, most of the community has little knowledge regarding vaginal fistula which they relate it cause to be Punishment, 'God making', sexual transmitted disease (Velez et al., 2007).

However, Nigerian Government has planned in addressing the issue of reproductive health and maternal health problems yet, the intervention has not met the average impact required. These also can be due to lack of implementation and low level of government spending on health. Though, obstetric fistula program is now taking over by Donor Agencies (Duysburg et al., 2009).

In Nigeria UNFPA consider integrating obstetric fistula into its program not because of its major problem in the country, but the condition is being part of

reproductive health which also affects gender as part of their mandate. However, obstetric fistula is not being recognized to be a national priority and has not been integrated into MNCH strategy in 2007 and also there is no budgetary allocation regarding to obstetric fistula at all levels (Duysburg et al., 2009).

Beside this, most of the studies conducted in Nigeria are health facility-based which are only limited to those seeking for care (Ijaiya et al., 2010). Most of the Demographic Health surveys conducted, incidence and prevalence of obstetric fistula were not appearing in their data and previous studies carried out are not population based surveys which will give the actual incidence and prevalence of obstetric fistula (Wall et al., 2003).

For decade of research shows that, maternal death and morbidity can be prevented if women have access to appropriate health care during pregnancy, childbirth and immediately afterwards (Duysburg et al., 2009).

Generally, Prolong obstructed labor is the main cause of obstetric fistula in the developing countries (Ijaiya, 2004). It is a hidden international condition that affects young women in the poor and rural areas who delivered with a little or no access to obstetric care/services (Ashford, 2002). The underlying factors of obstructed labor is early marriage/pregnancy and poverty which resulted to poor health care, inadequate nutrition, inaccessibility to maternal health services, illiteracy, lack of transportation and limited power/decision in seeking medical care which also contribute to the cause of obstetric fistula among the northern Nigerian women (Kabir et al., 2003).

Nigeria faces so many challenges of health care providers; with estimates of 58-39% trained skilled attendance for Ante-Natal and delivery (Midwives) attached to the health facilities (NDHS, 2008). Federal Government through National Primary Health Care Development Agency (NPHCDA) introduce Midwives Service Scheme (MSS) in order to increase skilled birth attendance (SBA) and reduce maternal, newborn and child mortality and morbidity rate (NPHCDA/Nigeria, 2009).

In Nigeria, early marriage contribute 23% of the maternal death which due to it resulted to severe hemorrhage, obstructed and prolong labor which may also resulted to obstetric fistula and sometimes still birth. Most of the women in the rural

areas (69%) of them face difficulties in accessing medical care that made them to have home deliveries by unskilled birth attendant. This can be resulted in delay from the community in seeking medical care, social cultural barriers, ignorance in detecting signs of difficult labor, poverty/ financial constraint (Lindros and Lukkkainen, 2004).

Other contributing factors can be attitude of service providers that discourage patient in seeking care at health facility, shortage of female health worker at rural health facilities (Mal-distribution of staff), shortage of drugs or stock out at health facility made patient to purchase at private medical store, erratic power supply or outage delays in surgery (Wall, et al., 2004); (Ibrahim et al., 2000). Female Education in Nigeria is below average, 36% of women 15-49 years in the north with no formal education, only 9% of them attain more than secondary education. Median age at first marriage is 18.3 for women 25-49 years (NDHS, 2008).

Kebbi State is located in the North-West geo-political zone of Nigeria. The state has a Land mass of 36,800 square kilometers with 21 Local Government Areas and 225 Political wards divided into four Emirate councils (Gwandu, Argungu, Yauri and Zuru). It shares bordered with Sokoto State in the North-East, Zamfara State by the Eastern axis, Niger State at the Southern part and Niger and Benin Republics by the Western part. It has an estimated population of 3,889,671 with 855,728 being women of child bearing age (15-49yrs) (NPC/NDHS, 2008).

Majority of them are predominantly Muslim with different ethnic groups. Agriculture is the major source of revenue of the populace especially in the rural areas. Most of the women are engage into household activities, animal rearing, poultry and petty trading (Nigeria Galleria.com website). It has a particularly low socio –economic indicators. Maternal mortality rates for the region was estimated at 1,000/100,000 live births and being 12% of the women attended ante-natal care from skilled health provider with 13.7% delivered by skilled birth attendance and only 4.8% delivered at health facility (NDHS, 2008). The fertility rate in the State is 6.0 which are above the national average.

As cited from a daily newspaper (Leadership Nigeria) published on 19th April, 2012 stated that, Kebbi State rank among the highest rate of maternal death in the country. Most of the direct causes of maternal death are hemorrhage, sepsis, eclamsia

and anemia. While long and obstructed labor has been responsible for both maternal morbidity and mortality such as vesico-vaginal fistula.

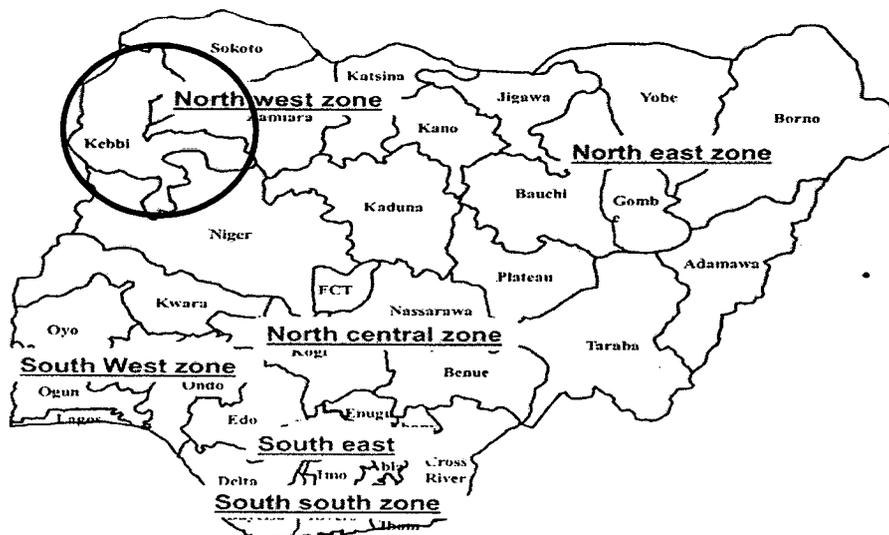
Another survey conducted by UNFPA shows that, the state faces serious maternal challenges. Age at marriage in the state is 12-13 years and most of them became pregnant by 13-14 years old (UNFPA/Nigeria, 2005). VVF victims can be found in all part of the state with approximate of 226 cases undergone surgery from October 2011 to October 2012 (VVF center, B/Kebbi). Birnin Kebbi Local Government has about 30 cases being reported for medical care and majority of these cases are still hidden. It is difficult to get the actual data of incidence and prevalence of fistula cases in Kebbi State being to it nature of stigmatizations, lack of accurate database, illiteracy and poverty. Number of cases obtains only for those that present themselves for care at health facility (Kebbi VVF Centre) which is the only fistula facility in the State.

Birnin Kebbi Local Government area is located in the capital city of Kebbi State and also Headquarter of Gwandu Emirate. It occupied 1,327 square Kilometers with an estimated population of 532,979 and 117,256 are women of reproductive age (15-49 yrs). It is the largest LGA in the state with 15 Political wards only 4 wards are located in the urban city while 11 are in the rural areas. (NPC/NDHS, 2008).The average age of women into first marriage is 15-18yrs (NDHS, 2008).

Most of the surveys carried out on vesico vaginal fistula in Kebbi State are clinical -based studies. To the knowledge of the researcher there is no community-based study on vesico vaginal fistula carried out in the state.

This study is aims to get more information regarding the situation of Birnin Kebbi LGA by conducting community-based study on "Knowledge and Attitude amongst married women of reproductive age towards vesico vaginal fistula in Birnin Kebbi Local Government Area of Kebbi State Nigeria. The study was carried out in collaboration with Ministry of Health, Ministry of Women Affairs and Birnin Local Government of Kebbi State, Nigeria. The study conducted involved both women with VVF and women without VVF.

The key findings of the result has indicate the actual level of knowledge regarding vesico vaginal fistula and the way women without vesico vaginal fistula concern about fistula as a serious condition and their attitude towards fistula women.



**Figure 1** Map of 36 Nigeria showing location of Kebbi state

*Source: - Biomedcentral.com*

## 1.2 Research Questions

- 1) What is the prevalence of self-reported cases of VesicoVaginal Fistula among married women?
- 2) What are the levels of knowledge and attitude of women towards vesico vaginal fistula in Birnin –Kebbi LGA of Kebbi- State, Nigeria?
- 3) What are the associations between knowledge and attitude of women towards vesico vaginal fistula and occurrence of vesico vaginal fistula in Birnin Kebbi Local Government of Kebbi State, Nigeria?

## 1.3 Research Hypothesis

- 1) There is no association between knowledge of women towards vesico vaginal fistula and the occurrence of vesico vaginal fistula in Birnin Kebbi Local Government of Kebbi State, Nigeria.

2) There is no association between attitude of women towards vesico vaginal fistula and the occurrence of vesico vaginal fistula in Birnin Kebbi Local Government of Kebbi State, Nigeria.

#### **1.4 Research Objectives**

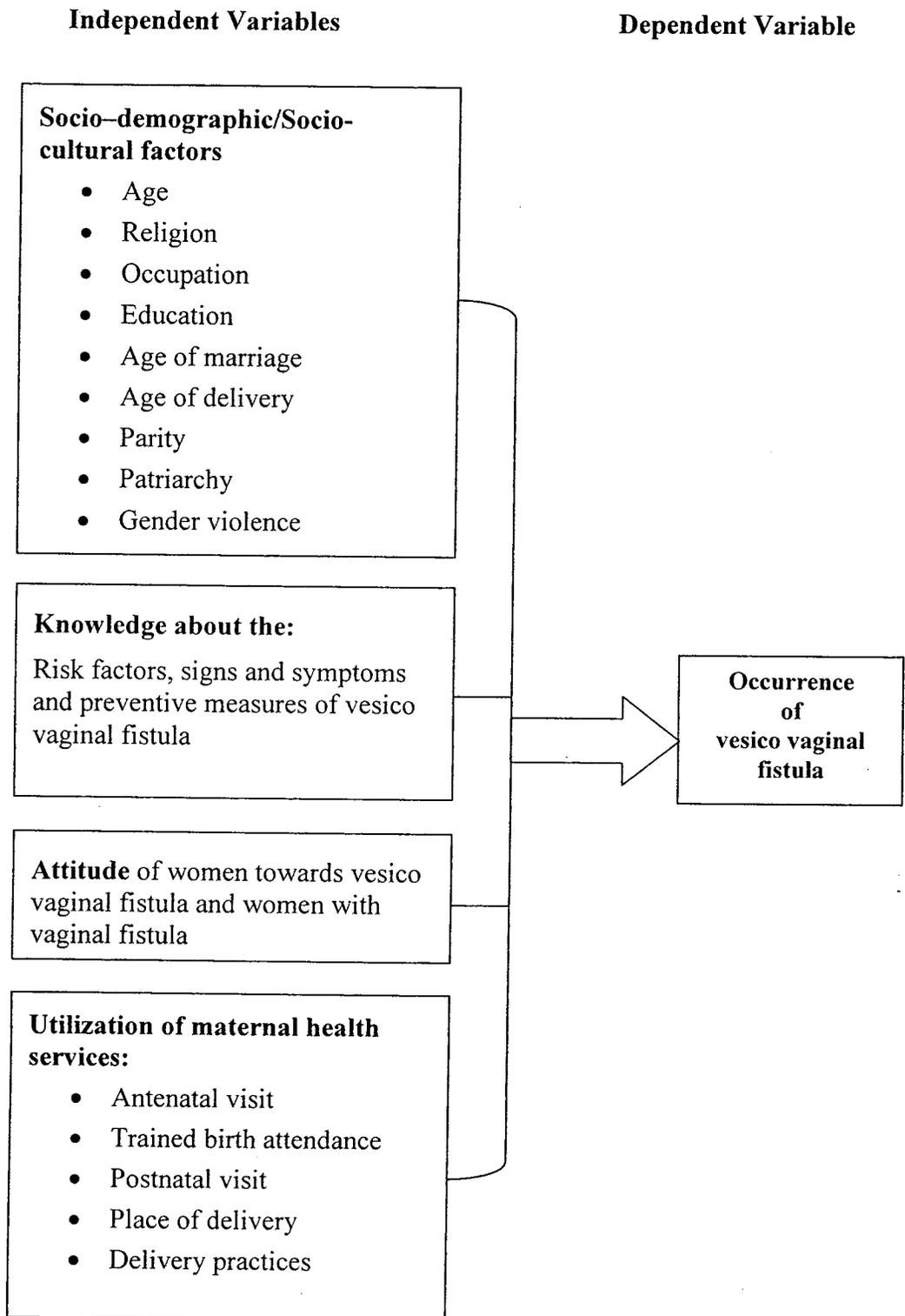
##### **1.4.1 General objectives**

To assess the knowledge and attitude of women towards vesico vaginal fistula in Birnin Kebbi LGA of Kebbi State, Nigeria.

##### **1.4.2 Specific objectives**

- 1) To study the prevalence of vesico vaginal fistula in Birnin Kebbi LGA.
- 2) To assess the level of knowledge of married women on the contributing factors of vesico vaginal fistula.
- 3) To determine the attitude towards women with vesico vaginal fistula.
- 4) To determine the possible risks factors related to occurrence of vesico vaginal fistula
- 5) To analyze the association of knowledge and attitude towards the occurrence of vesico vaginal fistula.

## 1.5 Conceptual Framework



**Figure 2** Conceptual Framework

## 1.6 Operational Definitions

**Age of Marriage:** - refers to getting marriage between the ages of 15- 18 years which is the authorized age of marriage in the State.

**Patriarchy:** - A male is the head of the house whose decision is final

**Gender violence:** - This is basically done by the husband or both of the partners when they are not happy with each other and sometime this takes place behind closed doors.

**Delivery practices:** - This refers to mode of childbirth by women and which could be place of delivery and assistance during childbirth.

**Trained birth attendant:** - A Skilled personnel and qualified to assist childbirth.

**Parity:** - Multiple births with low and short spacing.

**Patriarchy:** - A male is the head of the house whose decision is final.

**Antenatal visit:** - Is a contact with a professional health worker to follow-up pregnancy which has a positive effect on the health of both mother and baby.

**Postnatal visit:** - Is a contact with professional health worker to follow-up within the first six weeks after birth, which is a critical stage to the health and survival of a mother and her newborn baby.

**Knowledge:** - Knowledge in this study refers to the knowledge regarding the signs and symptoms and risk factors of VVF.

**Attitude:** - In this study refers to what people think about vesico vaginal fistula as a disease and what they also think about women who suffer from vesico vaginal fistula.

**Occurrence of vesico vaginal fistula:** - The occurrence of vesico vaginal fistula in this study means the women who suffer from vesico vaginal fistula.

### **1.7 Expected Benefit and Applications**

- The findings of this study will determine the level of knowledge and attitude of married women living in Birnin- Kebbi Local Government towards vesico vaginal fistula.

- It is the first study to be carried out in the LGA and State which can also be used as a baseline for the State Government and donor agencies and NGOs working in the field of reproductive health to formulate health policy that will help in eliminating the disease in the state.

- The result of the study will also motivate legislators to enact laws on age of first marriage for girls and girl child education in order to reduce the development of VVF amongst young women.