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The Contributing Elements in the Development of Vesicovaginal Fistula: A Medical-Sociological Study of Vesicovaginal Fistula Patients in Nigeria

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Abstract
The elements that contribute to the development of Vesico-vaginal Fistula (VVF) were investigated qualitatively in this study. VVF patients and medical workers were among the 29 participants in the study, which took place at the University of Ilorin Teaching Hospital (UITH). In-depth and key informant discussions were held with the sampled participants. Majority of the VVF patients and their spouses were from impoverished rural communities; they were relatively young and very steeped in social environmental norms with little or no formal education. They have virtually no experience to manage their domestic and emerging health matters. The findings further revealed that the birth delivery that led to VVF did not take place in the formal medical setting. Other factors included inadequacy of maternal healthcare services, poor/delayed utilization of existing healthcare services, poverty and gender discrimination within the family, undernutrition and poor physical development, poor access to or outright lack of education, and low status and powerlessness of the VVF victims. Accessibility (distance, time, and expense), acceptance (cultural traditions, women's position, faith in contemporary health care), and flexibility were among the problems faced by those living with Vesicovaginal Fistula in the process of managing this medical condition.

Keywords
Obstructed labour, Vesicovaginal fistula, Birth attendants, Healthcare, Herbs

INTRODUCTION

Vesicovaginal Fistula (VVF) is a disorder with far-reaching socioeconomic and health effects (Li, 2017, Tatar et al., 2017, Martinez Escoriza et al., 2014, Rijo et al., 2011). The most frequent complication is uncontrolled urine leakage, which causes a foul odor, resulting in social humiliation and mistreatment. Other issues include childlessness as a result of the loss of a viable foetus during pregnancy due to a Vesicovaginal Fistula, secondary infertility, vaginal stenosis

caused by fibrosis and bands, amenorrhoea, high and unaffordable repair costs, and elective caesarean section among those who become pregnant later (Bodner-Adler et al., 2017; Bohio et al., 2015). Depression, loss of husband's affection, divorce, and social rejection are among the sufferers' psychosocial issues (Kabir, et al., 2003).

The most prevalent kind of urinary tract fistula, according to Stamatakos et al. (2014) and Wall (2006), is Vesicovaginal Fistula (VVF). Obstetric trauma, surgery, infection, cancer, or congenital defects can equally cause it. According to the World Health Organization (WHO), about 20 million women are affected by this disease, with 50,000 to 100,000 new cases reported each year (Waaldijk, 2004, UNFPA and Engender Health, 2003, Wall, 2002 and Turner-Warwik, 1976). Its frequency is ascribed to poverty, illiteracy, ignorance, and inadequate obstetric care in West Africa, where its incidence is estimated to be 3 to 4 per 1000 births (Wall, 2002).

Gynecological surgery, particularly hysterectomy, is the most prevalent cause of this illness in industrialized nations (Lawal et al., 2020, Bernard et al., 2019, Luo and Shen, 2019). Vesicovaginal Fistula, on the other hand, is linked to obstetric difficulties such as protracted labor in underdeveloped countries (Duong et al., 2011, Wall, 2006). Vesicovaginal Fistula affects at least 3 million people in impoverished nations, with around 33 thousand new cases recorded each year in Sub-Saharan Africa alone (Wall, 2006). Several instances of Vesicovaginal Fistula have been reported in Nigeria alone. Fasakin (2007) found 350 instances at a university teaching hospital in Nigeria for every 100,000 births. According to another estimate, 800,000 Nigerian women are affected by the disease of Vesicovaginal Fistula, with the majority of them residing in rural regions with insufficient or non-existent primary health care (Lawal et al., 2020). Not only that, but Vesicovaginal Fistula is also an issue in the Northern region of Nigeria, where early marriages are not frowned upon and youngsters are allowed to have as many children as they desire. Nigeria appears to have a fair share of the burden caused by the disease, which has posed a severe health concern to the country from its inception. Nigeria had around 158,000 instances of fistula as of 2008. While the government registers at least 12,000 new instances each year, all of the country's hospitals can hardly repair up to 2000 cases annually, leaving many of the victims to suffer indefinitely at the few centers that deal with such situations.

The historical study of Vesicovaginal Fistula has revealed that the ailment is not a new occurrence; in fact, it was formerly a frequent scourge all over the world (Fasakin, 2007). However, increased and sophisticated obstetric care in locations like Europe and North America has rendered the plague virtually unheard of in these parts of the globe (Abrams and Pope, 2021; El-Azab et al., 2019, Malik et al., 2018, Ngwan et al., 2015). According to Metro (2006), in nations with comprehensive health care that prioritizes women's health, fistula is essentially non-existent. Scholars further noticed a significant disparity in the available facilities for dealing with this public health threat. In light of the foregoing, this study complements previous research by looking at the contributing elements in the development of Vesicovaginal Fistual in Nigeria.

METHODOLOGY

This study adopted exploratory research design. It makes use of primary data. In-depth Interview (IDI) was employed to collect verbal information on the focus of this study from the respondents. The information needed for this study was discovered as only possible from very handful of the respondents that were holding key positions in the study site hence the adoption of IDIs. IDI involves the conduct of oral interview with 15 patients that are receiving treatment for Vesicovaginal Fistula in University of Ilorin Teaching Hospital and 5 respondents that have completed their treatment of this medical condition. With the permission of the Hospital Management, assistance of the medical personnel in the department was sought and obtained in order to secure the audience of female patients in the Department for this study. Key-informant interview (KII) was equally conducted by purposively sampling 5 Medical Doctors and 5 Nurses who are working in the Obstetrics and Gynecology Department of University of Ilorin Teaching Hospital in line with their involvement in the treatment and rehabilitation programme for the people living with Vesicovaginal Fistula problem. The qualitative data (recorded interviews) were first transcribed. The transcribed data were later sorted out and managed through Content Analysis. The analyzed data were interpreted according to the objectives of the study. Quotations were made where necessary to support issues being addressed for better clarification of the matter under study.

DATA PRESENTATION

The socio-demographic characteristics of the respondents revealed that they were between age 13 and 24 years. Most respondents had the Vesicovaginal Fistula condition before they were age 12 years. Most of them were engaged in informal casual jobs mainly as petty traders and hired labourers for survival. Out of the total population of people with medical history of Vesicovaginal Fistula, 5 had uncompleted primary school education, 8 had uncompleted Junior Secondary education, while the remaining 6 have totally dropped out of school due to poverty and pregnancy. Implication of this is that 19 people were interviewed during the study period. Out of this, 8 were awaiting surgical operation, 6 were still under treatment while 5 have been successfully treated and recuperating from surgical repair. Only 4 of the study population were married while the remaining were unmarried teenagers. Majority of them live mainly in rural areas and self-identified as Christians and Muslims. Information provided by the respondents showed that 5 out of them were Yoruba, 4 were of Nupe ethnic group, 4 were Fulani, 3 were Hausa and 3 were of Ebira ethnic grouping. The peak age group of occurrence of Vesicovaginal Fistula among this study population was 14– 21 years.

GENERAL UNDERSTANDING OF VESICOVAGINAL FISTULA

Efforts at appreciating the causes of Vesicovaginal Fistula (VVF) were placed on the understanding of people's interpretation of this health phenomenon. This was based on individual and societal interpretations of the issue. The expectation here is possible exposition of positive and probably negative perception from the general populace and possible improvement in the understanding of the phenomenon in recent time from the individual perspectives. It is believed that such expositions will go a long way in shedding light on propelling force being sustained production of Vesicovaginal Fistula in the country. The findings from the study show that most of the respondents interestingly did not know what exactly was wrong with them when the Vesicovaginal Fistula developed initially, though they knew they were leaking urine uncontrollably.

There are different names by which this type of ailment is known and called. To some of them, the situation is nothing but 'ako atosi' (Yoruba name for chronic gonorrhea), arun oju ara obinrin (female genital disease), 'arun ibalopo' (Yoruba name for disease contracted through sexual intercourse). The name according to the Igbo, the disease is known as 'Oria akpa mmamiri' (health condition of the bladder), the Hausa/Fulani tribe called it 'atashi' (gonorrhoea). Further responses from the respondents cut across their experiences before and after the onset of Vesicovaginal Fistula. In the words of one of them, "it is a health issue that is take place as a result of wound and tearing of the vagina, which usually common during childbirth. It happens mostly to the girls that are relatively young at the time of marriage and at the point of childbirth" (IDI/Female/Person Living with VVF ailment/22 years). Another respondent demonstrated thus, "it is a disease that occurred to young girls when given birth to ladies, this disease makes some female to urinate on their bodies and gives out offensive odour wherever they go. This scenario is a product of uncontrollable leakage of urine through vaginal and the patient may therefore smell of urine" (IDI/Female/Person Living with VVF ailment/24 years).

Another participant stressed that, "I used to see it as satanic work, but experience as a result of my association with a neighbour who is a medical practitioner put in better perspective over this. Through that association, I was able to know that it is a health challenge that occurs during prolonged labour or delivery, when the urinary bladder, which is in close contact with the vagina, gets injured" (IDI/Female/Person Living with VVF ailment/25 years). Further credence on this was lent thus, "it was my ward that became pregnant at the age of 12 that provided me with better information of this form of health challenges. Before that time, it was like a 'fairy' story, but now, I have known that it is a serious problem that has social and psychological implications on the wellbeing of the women of child bearing age" (Female IDI/Guardian to a VVF Patient/33 years).

Speaking about negative impression emanating from the environment on this issue, a respondent narrated that, "at the onset of this medical condition, from my own part I could not understand what was happening to me. I eventually overhead some people discussing me in relation to this condition that the complications are likely to be a result of sin I or member of my family must have committed" (IDI/Female/Person Living with VVF ailment/18 years). Information from another respondent clearly showed that this form of medical challenge like other health problems could not escape the labeling of being 'spiritual attack'. According to one of them, "initially I ascribed this health condition to the anger of the gods. At a point in time I felt it must have been a curse or attack from the evil spirits. The desperation to put meaning to this health situation prompted an inquiry into whether somebody in the past has passed through such situation before" (IDI/Female/Person Living with VVF ailment/22 years).

Possible breaking of cultural norms was also touted as being the causes of this medical issue. In the view of one of the respondents, "the elderly ones in the family in compassionate manner inquired from me on the possibility of negligence or deliberate disregard of family traditions of my in-law. I was made to know that infidelity and probable disregard of the authority of one's husband or elders could cause obstructed labor and hemorrhage. But at the end of the day, health education given in the hospital to people living with this health condition showed that none of these insinuations was the case" (IDI/Female/Person Living with VVF ailment/15 years).

ATTITUDE OF PEOPLE TOWARD WOMEN WITH VESICOVAGINAL FISTULA

Data from the study showed several problems the women faced. Some of the respondents said they were avoided, made jest of, laughed at, or mocked. Others said only their relatives relate with them modestly while few others revealed that people do not want to have anything to do with them or eat anything they have come in contact with. In the words of one of them, "people see us as abnormal individuals; in my own case, I was never allowed to take part in any social functions. Some usually excuse me from such responsibilities with modesty, some will bark order at me as if I am a mad person, and others will simply ignore my presence as if I was invisible. On any of these occasions I am always full of shame and feel isolated" (IDI/Female/Person Living with VVF ailment/19 years). It was further stated that, "the women with Vesicovaginal Fistula lack required support not only from society but also from their own families. These women for example, are not welcome in society because they smell. They are not permitted to live in the same house as their families or husbands, neither are they allowed to handle food, cook, or pray. Just like what some scholars on this disease have documented, women hospitalized for fistula repair enjoyed less support and interest from their husbands than other patient groups, and the amount of practical support provided by family members diminished with prolongation of the illness. As a result of this utter neglect, these women felt they were social disgrace to their families and so deserved to be outcasts. The outcome of this is the development of psychological self-labelling and self-esteem problems" (IDI/Female/Person Living with VVF ailment/18 years).

Another submission revealed that, "the affected woman suffers from a continuous and uncontrollable steam of urine or faces coming out of her vagina. This is both a physical and social catastrophe. In view of no escape constant trickle of urine, the constant ooze of stool, hours a day, the health challenge has turned to both physical and social catastrophe they have learnt to live with. They therefore become physically and morally offensive to their husbands, their families, their friends, and their neighbours. The accompanied stigmatization by these conditions thus forced them to the margins of society where they live a precarious existence, unable to earn a living except through begging or by the cheapest and most degrading acts" (IDI/Female/Person Living with VVF ailment/15 years). A participant corroborated this that, "the Vesicovaginal Fistula patients are subjected to a life of isolation, and humiliating rejection by those who put them in the condition. Vesicovaginal Fistula thus leaves a woman physically, emotionally, financially and socially traumatized. Lack of support not only from the husbands of Vesicovaginal Fistula sufferers, the families and society will be the hardest consequence to bear psychologically. A woman in torment that is rejected is a woman sentenced to a life of total despair, and can do anything in the circumstance" (IDI/Female/Person Living with VVF ailment/19 years).

CAUSES OF VESICOVAGINAL FISTULA

The views of the people living with Vesicovaginal Fistula were sought on the causes of ailment for appreciation of its understanding and possible link between this and management methods adopted so far. One of these respondents opined as follow, |this medical condition is often a consequence of prolonged and obstructed labour. This happens during child delivery at home without the supervision of skilled manpower; in most cases, these are Traditional Birth Attendants (TBAs) and other unskilled birth attendants who sometimes cut through the vagina to create passage for the baby thereby resulting in Vesicovaginal Fistula" (IDI/Female/Person Living with VVF ailment/22 years). Another submission was expressed thus, "poor utilization of maternal healthcare services as well as non-availability of the same sometimes pave way for Vesicovaginal Fistula. At times these may be available, but the supposed users may lack access to them in terms of receiving quality maternal health service. In some cases, poor utilization and/or inaccessibility may be a product of lack of interest as a result of poor outcome in the last usage by some people in the community. Information about this sad episode may be the facilitator of discouragement for others on the need to distance themselves from their continued usage" (IDI/Female/Person Living with VVF ailment/29 years).

Another participant revealed that, "occurrence of Vesicovaginal Fistula could be through physical factors like obstructed labour, accidental surgical injury related to pregnancy, and crude attempts at induced abortion. Obstructed labour leads to Vesicovaginal Fistula when prolonged and unrelieved pressure on the woman's pelvic wall causes a puncture in the bladder (IDI/Female/Person Living with VVF ailment/18 years). It was further noted that, "there is always delay in the utilization of maternal healthcare services due to the need to seek the husband's permission before such usage. This is a common scenario in African setting as a result of existing patriarchal family system. In line with this, women lack decision-making power and are variously handicapped by these male-biased cultural norms" (IDI/Female/Person Living with VVF ailment/18 years). Talking about other critical causes of Vesicovaginal Fistula, a healthcare provider with vast experience in this case noted that, "experience on this job equally showed that what female of childbearing ages eat equally speaks volume on their vulnerability to Vesicovaginal Fistula. Research showed that poor nutrition among girls may also stunt pelvic growth increasing the risk of obstructed labour and consequently Vesicovaginal Fistula. Consciousness on food habit and appropriate food combination can aid development of the body system most especially the pelvic region for effective contraction and relaxes during childbirth" (IDI/Female/Person Living with VVF ailment/22 years).

Lending further credence to this, a participant said, "poverty and gender discrimination within the family lead to undernourishment and poor physical development, this specifically tells on girls negatively. In countries where early marriage is the norm the effects become more pronounced when many girls become pregnant in their early teens before the pelvis has fully developed. These girls have high risk of obstructed labour leading to Vesicovaginal Fistula or maternal death" (IDI/Female/Person Living with VVF ailment/14 years). Another participant noted that, "poor access to or outright lack of education coupled with the low status and powerlessness of young wives implies that the pregnant girls rarely use antenatal control services. It should be noted that these girls most often do not realize the importance of using healthcare services even where the services are available. The reasons for non-usage may be as a result of their own timidity or by restrictions on their freedom of movement imposed by their husbands. To cap it all, the girl herself, her husband, her family, her community, or even the traditional birth attendant doesn't often understand the dangers of early pregnancy. This means, high-risk pregnancies are not therefore identified in time" (IDI/Female/Person Living with VVF ailment/16 years).

Insight into cultural dictate as noted by the participants revealed thus, "the demands of culture, traditions or poverty have influenced large proportion of women in developing countries especially Nigeria to give birth in their own homes without any qualified help. With this they have been constrained to identify ensuing problems or decide when medical assistance should be sought" (IDI/Female/Person Living with VVF ailment/15 years). It was also revealed that, "the case is not always limited to lack of education because at time, where these obstacles are managed and the requisite information on the need for health care are overcome, many women in developing countries still do not have access to medical services due to poor coverage of the primary health care network, lack of obstetric care, physical isolation or lack of transport. Where Maternal and Child Healthcare services are not free, many women lack funds to pay for medical care, particularly for Caesarean section, which can be expensive" (IDI/Female/Person Living with VVF ailment/14 years).

The study equally revealed another angle through which the cause of Vesicovaginal Fistula is being highlighted. In the words of a participant in Key Informant Session, "based on their culture, many of the victims of this ailment believed that such an ailment is not ordinary. Accordingly, many attributed the cause to 'a curse from the gods'. Other causes reported by respondents include other saw it as the machination of 'evil spirit', repercussion of 'taking too much sugar' and the 'bursting of urine sack" (Female KII/Medical Doctor/UITH, Ilorin). The issue of decision making as to when women with Vesiovaginal Fistula experience should go for treatment is very paramount. Responses by some of the participants revealed that husbands take the decision as to where they should go for treatment. According to one of the respondent, "it was my husband that permitted me to come here, but if my husband is the careless type or a drunkard, I have to go to my father or brothers. But glory be to God, because he is still reasonable, so the decision as to where to seek for treatment lies with him" (IDI/Female/Person Living with VVF ailment/24 years). Still commenting on similar issue, the married women with VVF experience shared similar experience on decision making. However, the separated or divorced ones made mention of their fathers or brothers as being very paramount in such decision. According to another participant, "some women who are members of certain meeting at the village are assisted with money for treatment through loans. Although they all admitted that the treatment at the center is highly subsidized, they reported that they still need money for other basic things while at the center" (IDI/Female/Person Living with VVF ailment/25 years).

FACTORS INFLUENCING PRODUCTION OF VESICOVAGINAL FISTULA IN NIGERIA

Some of the factors that are influencing production of Vesicovaginal Fistula in developing countries like Nigeria were highlighted from professional angle thus, "people rely heavily on what is said within their vicinity based on constant interaction and the trust they have built around one another over time. This has prevented them from interrogating whatever idea being touted within their environment most especially those that have to do with healthcare. This matter goes beyond individuals to read and write. There are people that could not read or write but consult extensively with those that are learned in order to make informed-decision any topical issue. Many parents and Guardians have ignorantly failed to take into cognizance everything that concerns their children and wards most especially the female ones. As a result of these, most of the children and wards were not rightly guarded hence their involvement in frivolity like sexual activities at ridiculously early stage of their lives, poor dietary and misuse of drugs. The after-effect of this has the potency of making the female ones vulnerable to Vesicovaginal Fistula" (Male KII/Medical Doctor/UITH, Ilorin).

The greatest contributory factor according to one of the participants in the interview session was expressed thus, "ignorance or lack of knowledge in the context of this refers to one having information on the causes, prevention, treatment, and cure. Low knowledge level will affect prevention and health-seeking behavior. Lack of knowledge may encourage superstitious beliefs that may aggravate the health condition and may also determine the kind of medical help that is sought" (Female KII/Medical Doctor/UITH, Ilorin). Another respondent said, "the young ones are sexually active at relatively younger age; immediately unwanted pregnancy surface, the next step by most parents is to package the girl in question for marriage to the person that is responsible for the pregnancy. In most instances the male counterparts are usually of relatively younger age, with no experience in matrimonial management. Absence of time for monitoring of their children as they are growing on the part of the parents always subsisted till the stage of circumstantial early marriage that was occasioned by unwanted pregnancy. The combination of these scenarios implies improper coordination of pregnancy vis-à-vis dietary management, utilization of maternal and healthcare services, and compliance with other routines measures. The outcome of this is always sustained production of Vesicovaginal Fistula. Increase in unwanted teenage pregnancy is likely to fuel continuous production of this healthcare challenges that childbearing women face in the society" (Male KII/Chief Matron/UITH, Ilorin).

Speaking from economic angle, another respondent noted thus, "vicious cycle of poverty has affected every facet of our daily life. Many parents don't know what their children eat, where they go, where they got the dresses they are putting on. Others depend on whatever amount they could scavenge from their children before they could survive. Most of the children selling along the highways were encouraged by their parents so that they could get something to complement family income. While on the street, these children learn a lot from 'unsolicited' teachers who wrongly lured them into activities like drugs, sexual intercourse and the likes. As economic situation of these parents continues to depreciate, the parents or guardians may not have the needed will to voice out their displeasure about this hence the pretention. The outcome of this is always early pregnancy and the resultant emergence and the burden of Vesicovaginal Fistula" (Male KII/Medical Doctor/UITH, Ilorin).

It was equally noted that, "many parents and guardians see early pregnancy of their children as embarrassment hence their reluctance in sending them to formal healthcare centers. They always prefer 'by-the-corner' medical facilities. At the point of deliveries, they are not well prepared, it is either the expectant-mothers deliver at home with the assistance of quacks or TBAs or rushing her to the hospital at critical stage of delivery. The idea of non-utilization or delay in the usage of formal maternity services therefore makes the increase in the cases of Vesicovaginal Fistula possible" (Male KII/Medical Social Worker/UITH, Ilorin).

MANAGEMENT MEASURES AGAINST VESICOVAGINAL FISTULA SCOURGE

On one hand, the understanding of management measures was investigated in terms of existing treatment measures at the 'home front' and at the 'hospital level,' as well as preventive measures. According to the findings, the respondents sought care in a variety of locations before deciding to go to a formal hospital for treatment of the Vesicovaginal Fistula. None

of the respondents considered Vesicovaginal Fistula Repair Centre as their first port of contact when seeking a long-term solution to their condition at the start of their ordeals. This was due to a lack of understanding of their medical condition and information about the Repair Centre. Some of the respondents affirmed that they went to a variety of sites, including pharmacies for 'over the counter' drugs, nurses, herbal homes, native physicians, faith healing houses, and hospitals as a last resort.

EXISTING TREATMENT MEASURES FOR VESICOVAGINAL FISTULA

Inquiry from the respondents revealed some of the measures adopted at the onset of the Vesicovaginal Fistula as a medical challenge at home level. The measures were essentially routine traditional methods of managing cuts and minor wounds. According to one of them, "I have never witnessed this form of medical challenge before in my life. I became pregnant four years ago. I passed through painful delivery period because I was sent to my maternal grandmother in the village and there was no viable medical service. The available service was dispensary which was manned by the Community Health Workers that do not come regularly. The entire village was only at the mercy of one woman running Patent Medicine store. She usually handles minor healthcare cases because she was trained as 'auxiliary Nurse'. It was this woman that came to our rescue when I was about given birth, which actually started around 10.45pm and there was no viable means by which I could be transported to the nearest village of about 5 kilometers where I can secure the service of moderately run private maternity centre. Some complication occurred during delivery but I did not know the extent of the damages already done until when I started experiencing strange happening of uncontrolled urination. I visited many places like Aladura churches, herbal centres and finally General Hospital before I was eventually referred to University of Ilorin Teaching Hospital where I was told that my case was Vesico-Vaginal Fistula" (IDI/Female/Person Living with VVF ailment/24 years).

One of the participants revealed further thus, "I am an orphan; I was encouraged to marry as a result of financial problem. I had rapid growth and at the age of 14, I was already looking plump and was always mistaken for a lady of 19 years of age. This probably was what prompted my people to encourage me to move to a man's house. The case was even made worse as a result of amorous look the men usually given to me. I have several male counterparts both old and young making passes at me. Eventually I entered into a relationship and pregnancy ensued hence the need to move into the house of the man. My husband was also an adolescent; he was then a student in second year of his Senior Secondary school programme. Nobody complained when I got pregnant for him because he happened to be the only child of his aged parents. I was only registered with local herbal sellers; I was also encouraged to consult a traditional birth attendant within the village and occasional procured the services of faith healers for all-round treatment. During delivery in spite of this arrangement, I had complication, which resulted into what is called Vesicovaginal Fistula. I have consulted various healthcare providers starting with Patent Medicine sellers, traditional birth attendants, faith-healers, herb sellers and finally the modern hospital care provider" (IDI/Female/Person Living with VVF ailment/24 years).

Further insight was provided thus, "I set out to look for help as a result of this medical challenge but not in hospitals, rather in prayer ministries especially the Christ Apostolic Church. I was comfortable with this because it did not cost money. The prayers help in relieving my pains and giving me hope. While this was going on, people around me kept encouraging me not to limit myself to only that place. However, it took me long time before I was eventually referred to a Specialist Hospital in Ilorin through the church contacts. There I was diagnosed of Vesicovaginal Fistula and eventually referred to University of Ilorin Teaching Hospital" (Female IDI/Person Living with VVF ailment/21 years). In the words of one of them, "at the beginning of my predicament, which was immediately after delivery of my first child, it was obvious that I have suffered a cut on my pubic region. As I expressed my fear, I was assured that it was nothing serious but common for people in my category who had no previous experience in childbirth. I was told that the cut and the pain will be healed with hot water. In view of this, I was assisted with massaging of my pubic region with hot water. I was later advised to take certain liquid herbs as antidote for curing whatever infection that may be affecting me internally. I was later referred to the Teaching Hospital for further and proper treatment through the assistance of a Non-Government Organisation that was on research mission to our village" (IDI/Female/Person Living with VVF ailment/19 years).

It was further revealed that, "using of herbs was not strange to the family I married into. This is the reasons that herbaceous liquid and constant massaging of my private part was quickly resorted to after the discovery that I have sustained injuries after the delivery. I was relieved of the pain but the side effects of leaking urine every time I feel like going to toilet started to manifest afterward" (IDI/Female/Person Living with VVF ailment/17 years old). Another expression revealed thus, "I knew I have just landed in real trouble after the delivery of my child when the traditional birth attendant informed me that I have been delayed unnecessary before she was called upon. She did not hide the fact from me that I have suffered a cut on my private part. She suggested that I should seek for medical assistance at the General Hospital, but fear of how to get money for treatment and the shame that I became pregnant at wrong age of 12 years prevented my people from procuring medical assistance at the General Hospital. I was subjected to the usage of hot water massage and subsequent treatment with powdered herbs, which used to make me feel as if pepper was added to my private part. A fact that I cannot deny is that the pain was healed but the damage was already done because I was experiencing leaking from my private part. At initial stage I thought I was bedwetting but when I got to the Teaching Hospital I was told I have developed Vescovaginal Fistula" (IDI/Female/Person Living with VVF ailment/16 years old).

The biomedical experts equally narrated various steps by which Vesicovaginal Fistula cases are managed at the hospital level. According to one of them, "at the Teaching Hospital, our approach to intervention has been on surgical

repair. Interventions were also made by the government and other stakeholders in hospitals in town, where women and/or girls at risk can access the services. To qualify for surgery, it is important that patients awaiting surgery should take as much as 2-4 litres of clean water a day to help clean their bladder in preparation for surgery. During the surgery, the woman's legs are hoisted up and she is put 'upside down' for a surgery that takes between one to two hours depending on the extent of the fistula. After surgery, she is taken to recovery room to be looked after by her relative under the supervision of understaffed nursing care team. After 2 weeks in the post-operative ward, the 'patient' is discharged to a rehabilitation centre where she stays for one month awaiting the removal of catheter and stitches. She is then discharged and asked to return to the surgeon after another month for review" (Male KII/Medical Doctor/UITH, Ilorin).

Further information on the routine steps involved in the treatment of this disease at hospital level showed as follow, "some Vesicovaginal Fistula sufferers need 2 to 3 surgeries to attain complete recovery. This means 2-3 time return journey to the hospital and the repeat of the procedure stated above. This may be difficult as funds are not always available for subsequent journeys" (Male KII/Medical Consultant/UITH, Ilorin). Another Healthcare Provider noted that, "women with Vesicovaginal Fistula usually from poor socioeconomic strata where health services are inadequate and the general health conditions are poor. In view of this, improvement of the general health condition is mandatory prior to surgery so that the patient is fit for surgery. Once the diagnosis is made and the fistula is ascertained as small and the patient leaks urine occasionally, a catheter is introduced into the bladder and is kept there for 6-8 weeks. This minor procedure could result in the spontaneous closure of fistula tract. Before this, local infection of vulva is treated by application of silicone barrier cream or glycerin. Urinary antiseptics must be started 3-5 days prior to surgery" (Female KII/Medical Consultant/UITH, Ilorin). The submissions were corroborated by another Provider thus, "the timing of fistula repair depends on the condition of the surrounding tissue, healthy tissue allows an early repair, while unhealthy tissue warrants a 2 to 3-month delay to allow recovery from inflammation, infection, or tissue necrosis. This delay increases the opportunity for a successful repair. Successful healing of a Vesicovaginal Fistula is more likely with a proper and timely diagnosis and repair. In an uncomplicated Vesicovaginal Fistula after hysterectomy, which still has evident tissue planes, a surgical repair is easier than for an obstetric fistula" (Male KII/Assistant Director, Nursing Services/UITH, Ilorin).

PREVENTIVE MEASURES FOR MANAGING VESICOVAGINAL FISTULA

There were no concerted preventive actions taken at the individual level, save for parents or guardians who resolved to counsel their children and wards against sexual behaviors in order to avoid difficulties that commonly lead to Vesicovaginal Fistula. Preventive measures, on the other hand, were shown to be in place at the 'official level' to aid the population. At this stage, preventive measures aimed to capture as many individuals as possible in order to make the efforts successful.

These individuals are known as 'stakeholders,' and they include community health workers, government officials at various levels, and non-governmental organizations. The Key Informants in this study identified five primary preventive actions. These measures address the issues like (a) delaying the age of first pregnancy, (b) encouraging formal education particularly for the girl child and women, planning for all pregnancies by the use of appropriate contraceptive, (d) canvassing for universal access to minimal package of care, as well as (e) overcoming cultural barriers that subjugate women, right issues. All these were anchored on promoting positive behavioural change for positive living and prevention of occurrence of Vesicovaginal Fistula. The measures essentially serve as institutional rescue measures against Vesicovaginal Fistula scourge in the country. The specific focuses of these preventive measures as narrated by the key informants in this study include, "periodic advocacy visits to communities especially the areas where this health challenge is endemic in order to intimate the people with how to do the needful. The stakeholders have never failed to intimate the women and family with the need to ensure proper nutrition for the children and the women. The position of the stakeholders is that proper nutrition will assist appropriate development of body system in order to prepare the children and women for childbearing activities" (Male KII/Medical Doctor/UITH, Ilorin).

According to one of the participants, "constant health education through media chats, community outreach programmes regularly harps on the need to prevent girl-child marriage. Within the same token, the need to delay age of first pregnancy of young girls for proper development of body system and prevention of prolonged and obstructed labour form part of the focus. The usual complication that is common among young girls who married before age 18 years will be drastically reduced. As a result of such delay, there is possibility of further exposure to societal and marital realities and experiences will to a long way in encouraging them to come to the health facilities for ante-natal when they eventually become pregnant afterward. Through this, lives of expectant mothers will be saved. Not only this, girls who marry early are more likely to experience abuse and violence; with discouragement of such, it will save them from inevitable psychological as well as physical consequences" (Female KII/Senior Nursing Sister/UITH, Ilorin).

In the words of one of them, "it is evident that the girl-child faces a lot of problems that hinder her from going to school. Meanwhile, education is the right of every girl everywhere and key to transforming her life and the life of her community to develop their full potential and to play a productive and equal role in their families, societies, countries and the world at large. Education is therefore a necessity for the empowerment of female children and an expanded sense of her own potential, increasing her self-confidence, her social and negotiation skills, her earning power and ability to protect herself against reliance and cases that can lead to ill-health issues like Vesicovginal Fistula" (Male KII/Medical Doctor/UITH, Ilorin). It was also noted that, "when marriage in adolescence continues, promoting contraceptive use at

the community level can delay childbirth until the couple is physically, socially and emotionally ready to bear a child. Therefore, there is a need for community reproductive health services, particularly adolescent friendly family planning" (Male KII/Chief Matron/UITH, Ilorin).

This was further corroborated thus, "the governments and other stakeholders have a great responsibility in providing well equipped and appropriately staffed health facilities close to the communities for early and easy access to healthcare. In the case of this country, it is a welcome development to state that every stakeholder is aware of this and ready to live up to its responsibilities. It should be equally noted that this is about collective responsibility in which the government and communities each playing its role and together assist in putting a stop to fistula cases" (Female KII/Medical Doctor/UITH, Ilorin). Another opinion on this showed that, "in most developing societies like Nigeria, the role of the girl as a wife and mother is conveyed as the utmost priority not only by her parents, but also by the girl-child herself. However, in the Nigerian context, gender discrepancy in education is sustained by cultural factors. The notion that the place of girl-child is in the kitchen has been variously frowned at because of its implications on the girl-child's ability for self-actualization. Not only this, cultural and traditional practice like female circumcision and early marriage were labeled as unprogressive, because they lead not only to absenteeism, distraction, but also to eventual dropout of girls. Enlightenment on this thus become commendable because the consequence of such cultural barrier can manifest in any sector of the society as it is already doing with the cases of Vesicovaginal Fistula" (Female KII/Medical Social Worker/UITH, Ilorin).

CHALLENGES ENCOUNTERED BY THE PEOPLE LIVING WITH VESICOVAGINAL FISTULA SCOURGE

This section discusses people's experiences in terms of their negative experiences on Vesicovaginal Fistula. Here the issues were discussed within the ambits of three indicators of modern health sector, such as, Accessibility (Distance, Time, and Cost), Acceptability (Cultural Practices, Status of Women, Faith in Modern Health Care), as well as Adaptability. The case of accessibility was illustrated by one of the participants thus, "with most hospitals established in urban areas, people in rural areas are marginalized in terms of health provisions, health infrastructures including local health centres, good roads, and experienced health personnel. This has been established as a disincentive to using modern health facilities. The travel distance is also a direct variant of the time spent. Most rural dwellers, particularly pregnant women, consider it a waste of time to travel long distances to visit clinics for just a few hours. To most rural dwellers, particularly those who work on family farms, time management is very important. The costs of going to and receiving health care in hospitals or health centres are also too dear for women, including those with Vesicovaginal Fistula" (Male KII/Medical Doctor/UITH, Ilorin).

Another participant noted that, "cultural practices pose the greatest danger to both potential Vesicovaginal Fistula patients and to those with the condition. Within most Vesicovaginal Fistula-endemic cultures, women are subordinate to men. Two results of this gender-determined hierarchy are that many women live in seclusion, and that cultural attitude toward women with obstructed labour endangers their lives. Women must ask for permission to visit modern, orthodox medical centres, they need permission to leave the house as is the case with women in purdah. These women need permission to go ahead with measures that concern their own health. Women in these cultures lack decision-making power. These women's health needs appear on their husband's or family's list of opportunity cost, as all finances are controlled by the males. This is a great reflection of the status of women in these cultures. It implies that husband and community decisions and needs supersede and override a woman's right to safe health. Women are not permitted to visit hospitals because their culture does not allow them to expose themselves to a male doctor. Thus, only their husbands and other women may see them naked, even when their lives are in danger" (Female KII/Medical Doctor/UITH, Ilorin).

In another submission, a participant noted that, "hospitals represent a hierarchical structure, both in terms of a health structure and in terms of a health personnel pyramid. Many rules and procedures in existence are time consuming before anything is accomplished. Hospital setting has rigid guidelines and is criticized as impersonal and sometimes inhuman. Most women coming for Vesicovaginal Fistula repair are not used to this kind of structure and are not used to impersonal relationships. A person living in an urban area has a better chance of receiving hospital care and social amenities than those living in rural areas. Given this situation, traditional health systems are always more accessible and acceptable to Vesicovaginal Fistula patients in rural areas. This is why most of the patients that are eventually taken to hospitals at a point time must have previously contacted either traditional healers or faith healers. This is because they are easily found in their communities and have a better understanding of their culture and cultural practices" (Male KII/Medical Doctor/UITH, Ilorin).

The patients' assessments of their medical problems at the time of the development of this sickness were not in relation to VVF. This is likely due to the fact that they have not heard of the ailment and hence have no idea what they were dealing with. Tinuola and Okau (2009) and Kavai et al. (2010) discovered that the majority of their respondents had never heard of VVF and had never received any VVF health education in the maternity clinic. The majority of women with Vesicovaginal Fistulas are young women who are pregnant for the first time and those with a history of a difficult labor or the use of mechanical vaginal delivery to deliver the baby, according to the research. Continuous urine leaking via the vaginal canal happens both during the day and at night, which is one of the symptoms associated with this health problem. The prevalence of Vesicovaginal Fistula remains high, indicating the need for aggressive steps to train more health staff and develop additional clinics around the country where Vesicovaginal Fistula may be effectively

corrected. Governments and non-governmental organizations in the nation are currently making considerable efforts for the prevention of occurrence of this health challenge.

In line with the positions of the patients met at the Teaching Hospital and used as the research's population, it was noted that the disease is not restricted to certain ethnic or religious groups. The low socioeconomic status of the patients in this study was similar to that of patients in other developing countries (Tahzib, 2005, Hilton, 2003, Wall, 2002, Zacharin, 2000, and Waaldjik, 1995). Majority of the patients were not functionally educated, which could explain the high prevalence and delay in seeking proper treatment. As a result of this, it is suggested that the core of prenatal lectures offered to women when they arrive for antenatal should be health education, particularly on reproductive health concerns. This will aid in their understanding of the possible causes of VVF. In view of the psychological effects of this disease, supplementary methods of rehabilitation and counseling are necessary. So also is the skill acquisition and development in order to successfully address some of the patients' socioeconomic obstacles that do contribute to the formation of fistulae.

CONCLUSION

Numerous variables contribute to the development of Vesicovaginal Fistula in developing nations, as demonstrated in this study. These are often locations where the culture supports marriage and pregnancy at a young age before full pelvic maturity has occurred. Chronic malnutrition reduces pelvic dimensions and increasing you at risk for cephalopelvic disproportion and poor presentation. Aside this, few women are attended to by qualified health care providers or have access to medical facilities during childbirth. As a result, their obstructed labour may last days or weeks. The need for immediate action therefore becomes apt given that a woman is the primary caregiver, nation builder, and contributor to every nation's economic and social progress.

Despite this, the problem of women's health and poor socioeconomic position persists on a daily basis, particularly in underdeveloped countries. It continues to be a major source of worry for all stakeholders on a national and international level. The prevailing obstructed labour is preventable in order to avoid its resulting into Vesicovaginal Fistula, which is one of the health issues that women face. Prevention of Vesicovaginal Fistula necessitates the social and economic development of 'at risk' girls/women long before they become pregnant. Such development could be feasible when the mother of the girl who may become a victim of Vesicovaginal Fistula in the future have good nutrition. Good nutrition before and during pregnancy as well as adequately equipped and staffed antenatal and post-natal facilities at the rural areas will go a long way to help prevent obstructed labour. This underscores the fact that the safety of every woman from death (during childbirth) is critical to national development. As a result, measures to improve women's health and general status are required to give significant advantages in terms of human welfare, poverty reduction, and economic growth. In conclusion, this study has shown that VVF remains a public health concern in Nigeria. The study therefore paves the way for more research into the stigma and prejudice that women with VVF face, as well as the need to raise awareness about the condition's causes and where women may get care. This will make a significant difference in the lives of women.

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