

Not just in the north, VVF also occurs in south

Written by Eyo Charles, Calabar
Wednesday, 04 January 2012 05:00 -

This revelation was made known in Ogoja LGA in Cross River State recently by Engender Health, an international health group working in collaboration with the United States Agency for International Aid (USAID).

The experts also revealed that there is now a rise in the condition in the South East and South-South parts of the country, necessitating the urgent involvement of government, and concerned health groups to tame the prevalence.

According to the USAID, the dire need has now arisen for more surgeons to be trained as experts on fistula, so that the vast number of women affected by the condition, can be repaired, reintegrated and rehabilitated.

According to Dr Adamu Isah of Engender Health, who spoke to newsmen in Ogoja, during a two day workshop on the ailment, he said fistula is the occurrence of an abnormal hole between the bladder or rectum and the vagina, characterised by continuous and uncontrollable leakage of urine, usually following childbirth, rape or such other violent damage of the birth canal.

In order to tame the ailment in Cross River State, which is one of the nine states in the country where the USAID has identified as most plagued by the fistula condition, a centre has been established at the Ogoja General Hospital, where there is an expert surgeon trained by the agency, to offer surgery and repairs free of charge.

Adamu said that already there has been a large number of fistula patients, from across mostly the villages in Cross River State, and even from neighbouring Akwa Ibom State, that are being treated free of charge by the USAID.

He lamented that in the two states only Dr. Barth Egabe has been trained, and that they would still need to train more, since the work load is now too much for him.

The task to reduce the prevalence of the fistula condition in Nigeria, should not be left to donor agencies and NGOs alone, Dr Adamu said, adding that close to 150,000 Nigerian women were presently suffering from the condition, and that there are 12,000 new cases annually.

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According to Adamu, the World Health Organisation estimates that there are more than two million women living with the condition in the world.

Adamu who is the deputy country director of Engender Health, leakage of urine through the vagina can also be called Vesico-Vaginal Fistula (VVF), while leakage of faeces through the vagina is called Recto-Vaginal Fistula (RVF), and that both conditions can occur concurrently.

He said those most affected are usually teenage girls that are not ripe for marriage, who are poor and uneducated, adding that older women too living in villages are sometimes not spared.

He maintained strongly that because the pelvic of teenagers are not developed enough, to undergo the stress of child delivery, their genitals usually rupture during the process. He therefore advised seriously against early marriage as practised in some parts of the country, especially the north, because this is one of the major reasons for the damage of the vagina. Obstetric Fistula occurs, too, when there is prolonged and unattended obstructed labour.

“Ninety per cent of VVF is caused by prolonged, unattended or obstructed labour. This condition can also occur during interventions such as Ceasarian Section or other procedures,” he said.

According to the gynaecologist, other causes include harmful traditional practises in the northern part of the country, such as Gurya removal, Gishiri cut and female genital mutilation.

When newsmen were taken to the VVF ward at the Ogoja General Hospital recently refurbished by the USAID, the surgeon Dr. Bart Egabe confirmed that there were eight beds before now, but that additional eight have been provided by USAID. “Even with this the beds are not sufficient, owing to a large population of fistula patients,” he said.

Daily Trust could see that most of the inmates at the VVF ward were elderly women. Some of

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them claimed that they have suffered from the condition for almost 30 years.

Others spoken to also claimed that their husbands abandoned them, while the society and the close relatives stigmatised them, because of their terrible and offensive condition.

Madam Helen Ubi said she was a farmer in a community not far from Ogoja, and that she had wandered everywhere looking for help to no avail.

"I am happy that I have been brought here. So far the doctors are working hard to repair my condition, that I have lived with for almost 30 years now," Madam Helen said, when interviewed on her hospital bed.

"I thank these doctors that have brought this help to us. When I am completely cured I would be very happy. Now I cannot mix with people because of the urine that comes out from me everytime," she said, lamenting that even her people distance themselves from her, because of the odour emanating from her.

Another fistula patient writhing in pains, as a result of the pipe fixed in her to drain the urine and faeces, who simply said her name was Esther, was full of tears. She could only volunteer that her condition has brought her shame, loss of employment and discrimination.

Esther was however happy that hope and respite were now available, following the intervention of the USAID effort.

Adamu wants more advocacy to garner more commitment from decision makers, in order to help in the repairs of these women's condition, their rehabilitation and empowerment.

"Our burden now is that even decision makers underestimate the magnitude of fistula", he said,

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adding that the myths and misconception associated with the ailment, are barriers to accessing fistula repair services. Other challenges are the drain or dearth of surgeons for the treatment of fistula, their poor motivation and remuneration.

Mrs Halima Abdullahi, a community relations officer with Engender Health, in her presentation drew attention to the dire need for community mobilisation and media participation, and religious groups to create awareness that the ailment is now curable, so that patients should be shown love and care, especially by husbands.

Speaking on the role of religious groups in the prevention of Fistula, Rev. Father Alphonsus Bombom of the Ogoja Catholic Diocese called on the intervention of religious organizations, saying because of the prevalence of the ailment and other diseases in the state, the Catholic Church has joined forces with the government and other groups , by establishing four up-to-date hospitals, complete with qualified surgeons.

In order to stem the prevalence, Bombom advised that “There is need for youth and adolescent education in human sexuality and family life. There should be promotion of chastity, training of students in the prevention of Sexually Transmitted Disease and VVF, and training and retraining of medical and health professionals in procreative and family health, especially in the area of essential obstetrics, life-saving and natural family planning.