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Obstetric Fistula among Women of Reproductive Age in Ekiti State, Nigeria West Africa

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Abstract: This study examined obstetric fistula among women of reproductive age in Ekiti State. Two null hypotheses were postulated to guide the study. The descriptive design of the survey type was used for the study. The samples of 300 respondents were randomly selected from six local government areas of the state. A questionnaire Women of Reproductive Age and Obstetric Fistula Questionnaire (WORAOFQ) was used for data collection. Analysis of variance and t-test analysis tested at 0.05 level of significance were used to analysis the data collected. The study was approved by ant agency but self investigated due to interest. However, permission was sort verbally from respondents before, they were given the questionnaires to complete. The result showed that there were significant influence in the age and location of women of reproductive age and suffering from obstetric fistula in Ekiti state. It was concluded that marriage or sex need be delayed for young girls in the state and regular attendance of the bid hospitals need be encouraged. Obstetric fistula is a kind of disease that is afflicting a lot of women in reproductive ages particularly in the developing countries. A lot of women of reproductive age have been sick and have even died as a result of obstetric fistula. However, the study was carried out to investigate the extent to which obstetric fistula affects women of reproductive age in Ekiti state of Nigeria. From the study, it was discovered that age and location of the women significantly influenced with obstetric fistula.

Key words: Obstetric fistula, reproductive age, mortality, morbidity, birth canals, emergency

INTRODUCTION

Obstetric fistula is a devastating medical condition consisting of abnormal opening between the vagina and the bladder or rectum. The fistula results in the uncontrolled passage of urine or feces from the bladder or rectum into the vagina. Fistula can also have non-obstetric causes, such as laceration, rape and other sexual trauma.

According to UNFPA (2003), fistula afflicts millions of women in developing countries, so much so that each year an estimated 50,000-100,000 more women develop obstetric fistulas. However, the immediate cause of obstetric fistula is one of the leading causes of maternal illness and death in Sub-Saharan and South Asia, Turmen (2003). Also, each year more than half a million women (529,000 estimated in 2000) die from largely preventable pregnancy-related causes (Abouzahr and Wardlaw, 2001). For each maternal death in a developing country, many other women suffer from illness and disabilities due to complications during pregnancy and childbirth. According to research in the late (1990s), FHI (1997) discovered for example in Bangladesh for each maternal death, an estimated 153 other women suffered a serious maternal medical problem in India (175) in Egypt (297) and in Indonesia (908). In developing countries, however, it would appear that many women do not survive obstructed labour; probably because the complications are not recognized in time or because emergency care is unavailable, due to either to great distance or high cost. According to Wall (1998) and Wall *et al.* (2001), if a woman survives obstructed labour, she often sustains multiple physical problems not only the fistula itself but also recurring infections, paralysis of muscles in the lower legs (termed foot-drop), Amenorrhea, infertility and damage to vaginal tissue that may make sexual intercourse impossible.

Often, society blames the women for their conditions and some women even blame themselves. Many fistulas occur among women in traditional cultures, where women's status and self worth may depend almost entirely on marriage and childbearing (Wall, 1998). Many fistula patients are abandoned or divorced by their husbands, particularly when it becomes clear that the fistula will not heal up (Wall *et al.*, 2001; Odu, 2000; Osakinle, 2003). From observation in Ekiti state, females go to school and will not go into marriage until around ages 23-26, but cultural backgrounds of the different people from other states in the state will still manifest in their ways of behaviour.

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Obstetric fistula appears to be most common in Sub-Saharan Africa and South Asia. According to Prual and Ould El-Joud (2001), one study estimated the minimum incidence of obstetric fistula in rural areas of Sub-Saharan African to be 33,450 cases year^{-1} many more than these have been estimated based on hospital reports. In many developing countries today, woman often marry and become pregnant at young ages, many were undernourished, few had adequate access to skilled attendants and most lacked good-quality medical care (Wall *et al*., 2000; Odu, 2000; Osakinle, 2003). Studies show that fistula patients tend to live in remote areas and to be impoverished (Prual and Ould El-Joud, 2001; Odu, 2000; Osakinle, 2003). From general observation, obstructed labour and obstetric fistulas can occur at any age during the child bearing years, adolescent woman are at particular risk, especially where early marriage is common. In Nigeria, according to Ampofo (1990) more than one-quarter of 241 fistula patients studied had become pregnant before age 15; while more, than one-half had become pregnant before age 18. Osakinle (2003) discovered that many adolescents know one form of contraceptive or the other but fail to use them and so they get exposed to unwanted pregnancies and sexually transmitted infections. However, if they are encouraged to marry late and/or use family planning to delay child bearing, it could help reduce the incidence of adolescent pregnancies and their risks. Further more, Osakinle (2003) discovered that both Christians and Muslims are encouraged to use contraceptives suitable to them both for child spacing and to limit the number of children to have.

Also, most fistula cases stem from obstetric causes; others result from direct trauma caused by rape or other sexual abuse (Muleta and William, 1999). At the Addis Ababa fistula Hospital, for example, 91 of 7,200 cases and over a 6-years period or about 1.2% were caused by rape or other sexual abuse (Muleta and William, 1999). In the state, specialist Hospital Ado Ekiti, there were 15 fistula cases that were treated in the past 5 years but in the Local Government dispensaries, all cases of sexual abuse and fistulas were referred to state specialist Hospital, Ado Ekiti. Obstetric fistula appears to remain one of the most neglected issues in international reproductive health (WDP, 2002). To end the neglect requires commitment and action from policy makers, government and the international health community. The more that opinion leaders recognize the scope of obstetric fistula and understand the severity of its medical and social consequences, the more likely that a consensus will develop to take action (UNFPA, 2003). To this end, the researcher wants to investigate obstetric fistula among women of reproductive age in Ekiti state Nigeria.

Hypotheses: Two null hypotheses were postulated for the study:

- Age of women of reproductive age will not significantly influence obstetric fistula
- Location of women of reproductive age will not significantly influence obstetric fistula
- The hypotheses were tested at 0.05 level of significance

MATERIALS AND METHODS

Samples of 300 women were randomly selected from six local Government areas of the state and were used for the study. Each had children at a particular time. A self-constructed instrument: Women Of Reproductive Age and Obstetric Fistula Questionnaire (WORAOFQ) validated by the researcher were used to collect information from the respondents on whether, they had experienced obstetric fistula during their reproductive years. The instrument had sections A and B. The section A was on the bio data of the respondents while, section B, which had 12 items elicits information on their experiences relating to fistula. The 2 point gradation format had a reliability co-efficient of 0.75, which was considered useable for the research.

Self constructed instrument: A set of questionnaire that had two sections A and B: section A was on the bio-data of the respondents with items like the age, place of abode religion, whether single or married and the number of children, they have while section B had 12 items eliciting information on the experiences of the respondents relating to fistula. The instrument after construction was showed to medical doctors and experienced nurses in state specialist hospital, it was also showed to professors of psychology. Some corrections pointed out were made on the instrument before it was taken to the field to be administered.

For the validation of the instrument the researcher took some of the instrument to two local Government areas of the state that would not be a part of the sampled local government areas. A 100 samples were given the questionnaire (50 in each of the LGAs). After collection, the data was correlated using Pearson product moment correction analysis. A reliability coefficient of 0.75 was got and it was considered useable for the research.

Research design: A description design of the survey type was adopted for the study. This design was adopted because the materials were in the filed and the researcher only needed to go and collect the information or data from them.

Data analysis: That data obtained from the study was analyzed using analysis of variance and t-test and tested at 0.05 level of significance.

As a University lecturer, one is expected to carry out researches and publish such findings on ones own, without, which there will be no promotion.

RESULTS

Hypothesis 1: Age of women of reproductive age will not significantly influence obstetric fistula.

From Table 1, it could be seen that between groups the Sum of Squares (SS) is 66.536, the degree of freedom is 3, while the mean of squares is 22.179. Also for within groups, the sum of squares is 66.394, the degree of freedom is 296, while the mean square is 2.363. The f-cal (9.387) is greater than f-table (3.000), therefore, the hypothesis is rejected. This means that age of women of reproductive age will significantly influence obstetric fistula.

Hypothesis 2: Location of women of reproductive age will not significantly influence obstetric fistula.

From Table 2, it could be seen that the number of women of reproductive age in the urban location was 151 with a mean of 13.68 and a standard deviation of 1.37. Those in the rural location were 75 with a mean of 14.65 and standard deviation of 1.64. The degree of freedom was 224. The t-cal was 4.688 while the t-table was 1.960; at 0.05 level of significance. Since, the t-cal (4.688) is greater than t-table (1.960) the hypothesis is therefore, rejected. This means that location of the women of reproductive age will significantly influence obstetric fistula.

Table 1: One way ANOVA summary of age and obstetric fistula

Source	SS	df	Ms	f-cal	t-table
Between groups	66.536	3	22.179	-	-
Within groups	66.394	296	2.363	9.387	3.000
Total	765.930	299	-	-	-

df: 3/296

Table 2: t-test summary of location and obstetric fistula

Groups	N	X	SD	df	t-cal	t-table
Urban	151	13.68	1.37	224	4.688	1.960
Rural	75	14.65	1.64	-	-	-

DISCUSSION

The findings from the study revealed that age of women of reproductive age as well as their location will significantly influence obstetric fistula. Those women of reproduction age that stay in rural locations and have obstructed labour and the emergency care is unavailable or due to either great distance from big hospitals usually result into obstetric fistula. This is in agreement with the findings of Wall (1998), Wall *et al.* (2001) and Prual and Ould El-Joud (2001). That obstetric fistula occurs among women of reproductive age is also agreed to by Prual and Ould El-Joud (2001), Odu (2000) and Osakinle (2003). That age of women of reproductive age is influenced by obstetric fistula is supported by Wall *et al.* (2001), Odu (2000) and Osakinle (2003). They said women marry at younger ages and these girls tend to be raped some of the times. Osakinle (2003) noted that the adolescents know some forms of contraceptives, which they should be encouraged to use so that they get more matured before they get pregnant and/or begin to rear children.

CONCLUSION

It could therefore, be concluded that marriage or sex need be delayed for young girls in the state and regular attendance of the big hospitals need be encouraged.

RECOMMENDATIONS

Since age and location of the women of reproductive age have significant influence on obstetric fistula, it is necessary to encourage women to postpone sexual relationships until they get more matured. On the alternative, the young girls could use some contraceptives so as to postpone pregnancy. For those living in rural locations, it could be said that these women from time to time come to the urban locations for their antenatal care during pregnancy and urban attempt to deliver in these urban locations. They should take extra care of what they eat so as to be healthy.

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