



**FACTS ON VESICO-VAGINAL  
FISTULAE (V.V.F.) IN NIGERIA**

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**FACTS ON VESICO-VAGINAL  
FISTULAE (V.V.F.) IN NIGERIA**

**1. WHAT IS VESICO-VAGINAL FISTULAE?**

V.V.F is an abnormal communication between the bladder and the vagina. It occurs in women only. The woman who has V.V.F. loses the ability to control when to pass urine, this results in the continuous leaking of urine from the bladder through the vagina. Sometimes in addition to this, the woman may develop an abnormal communication between the rectum which normally contains faeces and the vagina resulting in leakage of faeces through the vagina.

**2. HOW COMMON IS V.V.F IN NIGERIA?**

It has been estimated that there are about 100,000 women with this condition and for every 1,000 women who deliver, 2 are likely to develop V.V.F.

**3. WHERE IS V.V.F. SEEN IN NIGERIA?**

Anywhere in the country where a pregnant woman labours for days without getting to the hospital where help can be obtained, V.V.F. is likely to be found. Because of this V.V.F. occurs all over Nigeria. However, because of other factors and because most studies on V.V.F. have concentrated in some parts of the country only, V.V.F. seems to be commoner in some parts of the country than others like in the North and South East.

**4. WHAT ARE THE MAIN CAUSES OF V.V.F. IN THIS COUNTRY?**

The causes of V.V.F. can be divided into direct and indirect.

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**Indirect Causes:**

There are many factors that can contribute to the development of Vesico-Vagina Fistulae:

**(i) Poverty:**

The condition is more common among the rural poor communities where malnutrition and infections especially in childhood affects the growth of children resulting in small pelvic bones. Access to health services is also limited in these communities.

**(i) Early Marriage:**

Girls who are given out in marriage at very young ages are usually not mature. If they then become pregnant and go into labour, their pelvic bones are not fully developed to allow for the passage of the babies' heads. This leads to obstructed labour. About 80% of V.V.F. cases in Nigeria occur in such girls who have been given out in marriage between that ages of 10-14 years.

**(iii) The Low Status of Women:**

This manifests in many ways. Female children are not always sent to school like their male counterparts. Girls are married off at a much earlier age. They are not allowed to participate in taking decisions in the home and even when they are seriously ill, they have to get the permission of their husbands before they can go to the hospital.

**(iv) Limited Access to Health & Social Service:**

Non-availability and poor accessibility to adequate and appropriate maternal health services. Poor communication networks which causes delay in taking women with labour complications to hospital in good time. Certain harmful tradition practices e.g. *Kunya*

among the Hausa's where the woman feels shy to say she is pregnant.

### **DIRECT CAUSES**

There are a number of direct causes but the commonest in Nigeria are:

(i) **Prolong obstructed Labour:**

About 8 out of every 10 cases of V.V.F. seen in Nigeria are due to prolonged obstructed labour during child birth. Usually the labour becomes obstructed because the bones of the birth canal (pelvis) of these women are not big enough for the head of the baby to pass through. Because of this, the baby's head become stuck in the pelvis. The baby's head then presses the vagina and bladder against the bones of the birth canal in front and the rectum and vagina against the bones of the birth canal behind. With time, the blood supply to these affected tissues is cut off and the tissues then die and fall off. This then results in a direct connection between the bladder and vagina resulting in V.V.F. If the rectum is also affected, a V.V.F. may result.

(ii) **Gishiri Cut (Yakan Gishiri)**

This is a traditional form of operation usually performed by local barbers (*Wanzamai*) and sometimes traditional birth attendants. This operation is performed for many conditions including obstructed labour. The aim of using this treatment in obstructed labour is to widen the birth canal by cutting the vagina so that the baby can come out. Sometimes, the bladder is accidentally cut resulting in V.V.F.

**5. WHAT ARE THE CONSEQUENCES OF V.V.F?**

The affected women usually go through a lot of psychological, social, physical and economic problems. In most cases the baby is born dead. Because of the bad smell the woman has around her from the continuous leakage of urine, the husband invariably divorces her. She often times ends up as a destitute with no house, no work and no money to feed or pay for the treatment of the condition. Majority of them take up menial jobs or prostitution for survival.

Even after successful treatment, many of the victims have problems in terms of complete return of reproductive functions. Also, all subsequent deliveries for such women must be by operation (Caesarian section).

**6. WHAT CAN BE DONE TO PREVENT V.V.F.?**

- (i) Provision of appropriate, affordable and accessible antenatal and delivery services is the most direct prevention strategy.
- (ii) Female education up to secondary school.
- (iii) Delaying the age of marriage to 18 years.
- (iv) Improving the status of women generally improving the socio-economic status of rural communities.
- (v) Advocacy and community mobilization to sensitize policy makers and communities to issues relating to V.V.F.

**7. WHAT CAN BE DONE FOR WOMEN WHO ALREADY HAVE THE CONDITION**

V.V.F. can only be cured through surgery. All victims of V.V.F. would need to be treated in hospitals.

Unfortunately, there is a long waiting time leading to a backlog of patients waiting for treatment. Problems with clearing this backlog include:-

- (i) Lack of enough doctors with the skills in V.V.F. surgery in the country.
- (ii) The high cost of treatment in hospitals.

It cost between 1,000 - 10,000 naira for one attempt at V.V.F. surgery. Most of the patients cannot afford it.

**8. WHERE IS V.V.F. TREATMENT CURRENTLY AVAILABLE IN NIGERIA?**

V.V.F. surgery is done in the following hospitals:-

1. St. Lukes Hospital Anua Family Life Centre, Anua Uyo.
2. Babban Ruga Fistulae Centre, Katsina.
3. Murtala Muhammed Specialist Hospital, Kano.
4. Ahmadu Bello University Teaching Hospital, Zaria.
5. Jos University Teaching Hospital, Jos.
6. Maiduguri Teaching Hospital, Maiduguri.
7. University College Hospital, Ibadan.
8. University Teaching Hospital, Lagos.
9. University of Benin Teaching Hospital, Benin.
10. University of Nigeria Teaching Hospital, Enugu.
11. Sokoto University Teaching Hospital, Sokoto.
12. Port-Harcourt University Teaching Hospital, Port-Harcourt.
13. Bauchi Specialist Hospital.
14. Sokoto Specialist Hospital.
15. Maiduguri Specialist Hospital.

The above is not an exhaustive list.

Information on other Hospitals where V.V.F. surgery service is available can be obtained from the National Task Force on V.V.F. Secretariat.

**9. WHAT ROLE CAN VARIOUS GROUPS OR AGENCIES PLAY IN THE FIGHT AGAINST V.V.F.?**

The prevention and control of V.V.F. calls for collaboration of many sectors for example:-

- (1) Non-governmental Organizations especially Women's Associations:

They can play a leading role in community mobilization, advocacy and mobilization of resources to support V.V.F. activities.

- (2) Health Sector:  
provision of affordable appropriate accessible Maternal Health Services.
- (3) Ministry of Education:  
promotion of Female Education.
- (4) Community Leaders:  
community sensitization to issues relating to V.V.F.
- (5) Social Welfares;  
social and economic rehabilitation of V.V.F. victims.

A National Task Force on V.V.F. was formed in Nigeria in 1991. It coordinates V.V.F. related activities in Nigeria and has the following aims:-

- (i) Clearing the backlog of V.V.F. cases in Nigeria through the mobilization of resources for V.V.F. Centres and training manpower (Nurses and Doctors) for the management of V.V.F. cases.
- (ii) Advocacy for policy changes that will promote the prevention and control of V.V.F.
- (iii) Public enlightenment and community mobilization.
- (iv) Setting up a data base and documentation centre on V.V.F.



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- (v) Conduct of relevant operational research on V.V.F.

**JOIN THE FIGHT AGAINST THIS MOST  
DREADFUL AFFLICTION OF WOMEN. GIVE  
THESE WOMEN A CHANCE TO LIVE!**

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