

Conceptual knowledge of vesico-vagina fistula among parents, teachers and counsellors of senior secondary students in Warri South local government area of Delta State, Nigeria



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ABSTRACT

Background: VVF is leakages of urine and faeces through the vagina. It is rampant in the North and the Eastern parts of Nigeria due to the forced marriage of girls at about the age of eleven. This may be attributed to their small pelvises which have resulted in harmful reproductive health practice. The disability and suffering from obstetric fistula remains a neglected issue in global health. **Aim:** This study seeks to explore the conceptual knowledge of vesico-vagina fistula (VVF) among parents, teachers and counselors of senior secondary school students in Warri South local government area of Delta state. **Methods:** A survey design was used. Random sampling method was used to select a total number of six hundred respondents including parents, teachers and counselors that participated in the study, but only five hundred and eleven questionnaires were retrieved. The questionnaire was divided into two sections containing information on demography and selected variables for the study. Data was analyzed using descriptive statistics of Anova and t-tests. **Result:** the study revealed that there is no significant difference in the conceptual knowledge of VVF among parents, teachers and counselors of senior secondary school students either by educational status or location. **Conclusion:** It can be concluded that parents, teachers and counselors of senior secondary school have very little knowledge about VVF. There is need for educational programmes on VVF to enlighten them about VVF and the danger it poses.

Key words: Conceptual knowledge, reproductive health, vesico-vagina fistula (VVF), parents, teachers, counselor

INTRODUCTION

Vesico vagina fistula is a common problem in developing countries.^[1] Since the safe motherhood conference in Nairobi in 1987, countries like Nigeria have made efforts to evolve strategies to address problem of maternal mortality. In every environment and culture, there are some basic norms and beliefs that guide the

people of that area especially in the raising of children. As a result, there is a need for proper guiding of the adolescents by parents, teachers and counsellors. According to UNICEF, children should not be separated from parents before the age of 18.^[3] Muaazi in Nwokolo posited that young children do not have values of their own but are carried away by their parents and sometimes ignorance.^[3] It is very important to



focus on efforts to improve the health and overall status of young women and educate parents on the dangers of early marriage which is mostly common among the Hausa and the Igbo communities in Nigeria. Early pregnancy may result to complications such as emotional and mental distress, infidelity, intolerance, frustration, hatred for men and VVF.^[4] Traditional causes like 'gishiri' cut can also contribute to the increasing rate of VVF in developing countries.^[5]

Pre-marital counselling is one of the services provided by the counselling profession to help prepare the girl child for marriage. The teachers are also expected to teach the students in higher grades psychosocial and emotional needs, anatomy and physiology of reproductive system including family life. Olusola stated that the purpose of education is to free man from bondage or modify the way of life to fit into the society.^[6] He further explained that Julius Nyerere, the former president of Tanzania said that education must encourage development of three things in each citizen. These are: inquiring mind, ability to learn from what others do and reject or adopt it to his needs also, a basic confidence in his/her own position as a free and equal member of the society.^[7] The role of professional counsellor as to ascertain the girl child imbibes intrinsic beliefs about the importance of maturity marriage because the girl-child needs a pool of capacity building strategies to draw from.^[2] Anasi posited that Adolescents' Sexuality and Reproductive Health information needs and services have been a major concern and challenge to the international community for over a decade because of inaccurate or incomplete information about reproductive system.^[8]

VVF is a direct pathological communication between the bladder and the vagina. The baby's head compresses the vagina and the bladder against the pelvic bone leading to cut of blood supply to the delicate tissues in the region, which may result in the death of the tissue causing hole or holes. This hole is known as a fistula. VVF results in continuous dripping of urine from the vagina causing offensive odour around the victim.^[9] VVF remains a serious problem in Nigeria. Majority of cases is attributed to prolonged complicated labour, which is attributed to inaccessibility of adequate and immediate obstetric health care. Complications of labour are due to narrow pelvic bones of victim and poor nutrition.^[10] The National Task Force on VVF (1991 -1993) in Ajuwon described the causes of VVF as both direct and indirect.^[11] The direct causes include prolonged labour, traditional operation performed in the Northern part of Nigeria to widen the birth canal during obstructed

labour (Gishiri cut). The indirect causes include poverty, early marriage and low status of women. The patient is usually rejected, abandoned, stigmatized and lonely resulting in disruption of the education of the patient.^[5]

VVF is common among the adolescents. Safiatu argued that VVF is common among adolescents in the developing countries.^[12] WHO estimated that there are 1.2 billion adolescents in the world having VVF, out of which majority live in the developing countries.^[13] Lister noted that majority of VVF patients are illiterates and about 57.1% are from low socio- economic class.^[14] WHO revealed that approximately 2 million women have untreated cases of fistula.^[13] About 100,000 women develop fistula each year.^[9] The Minister of Women Affairs and Youth Development in Nigeria estimated the number of untreated VVF to be between 80,000 to 100,000.^[15] The Minister also recalls that VVF account for 40% of the global burden.^[15] In 2003, the Nigeria Demographic and health survey (NDHS) shows that VVF is highly prevalent across Northern Nigeria.^[16] They further stated that the Federal Ministry of Health estimated between 200,000 to 400,000 girls and women with VVF and with up to 1000 new cases occurring each year.^[16] The National Population Commission in 1999 discussed that Nigeria has 123 million youths between the ages of 10 and 24 years and some of these adolescents becomes a victim of VVF due to lack of sexual health information and early marriage with under developed pelvic bones. The purpose of this study is to ascertain the conceptual knowledge of VVF among parents, teachers and counsellors of senior secondary school students in Warri south local government area of delta state. The study ascertained the conceptual knowledge of VVF among parents, teachers and counsellors of senior secondary school students in Warri south local government area of Delta state, and also determined the conceptual knowledge of VVF by educational status of parents, teachers and counsellors of senior secondary school student in Warri south local government area of Delta state. In addition, we assessed the conceptual knowledge of VVF by location among parents, teachers and counsellors of senior secondary school student in Warri south local government area of Delta state.

METHODOLOGY

Research setting

Word of Faith Group of schools is all over the country including the branch in Warri, South local government area of delta state which was used for this study. The school was founded initially in 1979 and opened officially in 1980 by Arch Bishop

Margret Idahosa. It is a mixed school with Christian background and an arm of Church of God Mission. The headquarter is situated in Faith way, off Oba Adesuwa road, Benin.

Research design

A survey design was used.

Sampling technique

Random sampling technique was used to select the total number of six hundred respondents that participated in the study but only five hundred and eleven questionnaires were retrieved. Four hundred and seventy five (475) parents of students from word of faith group of schools, eighty five (85) teachers and forty (40) counsellors.

Sample tool

The research instrument was a self developed structured questionnaire in line with the variables to be measured. The questionnaire was divided into two sections. Section A was the demographic information of the respondents and section B seek information about the variables selected for study. The instrument consists of 34 items, categorised into three parts. Part 1 had 10 items on conceptual knowledge of VVF among parents, teachers and counsellors senior secondary school students, part 2 had 12 items on conceptual knowledge educational status and part 3 had 12 items on conceptual knowledge by location.

Close ended questions were used because were easy to fill by the respondents. Before the study was conducted, the questionnaire was pilot tested in areas other than the study area and necessary revisions were made. Experts and colleagues were given for reliability and 0.85 was obtained. 5 research assistants were trained to administer questionnaires.

Data collection

On the receipt of approval from the coordinator of the Word of Faith Group of schools, the questionnaires were distributed to all participants. A consent form and a cover letter were attached to each questionnaire. The questionnaire was prepared in English language. Participants who gave their consent to participate in the study received elaborate explanation on the purpose of study, the type of questions and how to answer it by trained facilitators.

Ethical consideration

Ethical clearance was obtained from the institution. Permission was sought from the Word of Faith Group of schools in Warri, South local government area of delta state. The researchers

also obtained informed consent from each respondent.

Statistical analysis

All data were processed through editing, checking for accuracy, consistency and comprehensiveness. The data was then coded for further analysis. Descriptive statistics, Anova and T-tests were used for data analysis of conceptual knowledge. *P*-value accepted at 0.05 level of significance.

RESULTS

Hypothesis 1: There is no significant difference in the conceptual knowledge of VVF among parents, teachers and counsellors of senior secondary school student in Warri south local government area of Delta state.

There was no significant difference in the conceptual knowledge of VVF among parents, teachers and counsellors of senior secondary school student in Warri south local government area of Delta state.

Table 1 shows F value of 1.049 significant at 351, testing at an analysis level of 0.05. The P value is greater than 0.05. The F value falls within the acceptance region. Therefore the null hypothesis which states that there is no significant difference in the conceptual knowledge of VVF among parents, teachers and counsellors of senior secondary school students is accepted.

Hypothesis 2: There is no significant difference in conceptual knowledge of VVF by educational status of parents, teachers and counsellors of senior secondary school student in Warri south local government area of Delta state.

There was no significant difference in conceptual knowledge of VVF by educational status of parents, teachers and counsellors of senior secondary school student in Warri south local government area of Delta state.

Table two showed a t value of 0.542 and a P-value of testing 0.588, testing at an alpha level of 0.05. The t-value fall within the acceptance region. Therefore the null hypothesis which states that there is no significant difference in the conceptual knowledge of VVF by educational status of parents, teachers and counsellors of senior secondary school students is accepted.

Hypothesis 3: There is no significant difference in knowledge of VVF by location among parents, teachers and counsellors of senior secondary school student in Warri south local government area of Delta state.

Table 1: Conceptual knowledge of subjects on vesicovaginal fistula

Groups	Sum of squares	DF	Square	F	Sig
Between	175.35	2	87.67	1.049	351
Within	43465.09	508	83.59		
Total	42640.43	510			

P>0.05

Table 2: Conceptual knowledge of vesico-vaginal fistula by educational status of parents, teachers and school counsellors

Educational Status	N	Mean	SD	T	P-value
Parents, teachers and school counsellors with high educational status	375	75.17	9.31	.542	.588
Parents, teachers and school counsellors with low educational status	36	74.67	8.70		

P>0.05

Table 3: Knowledge of vesicovaginal fistula by location among parents, teachers and counsellors

House Location.	N	Mean	SD	T	P-value
Parents, teachers and school counsellors living in low density area.	423	74.93	9.08	.557	.564
Parents, teachers and school counsellors living in high density area.	88	75.55	9.49		

P>0.05

There is no significant difference in knowledge of VVF by location among parents, teachers and counsellors of senior secondary school student in Warri south local government area of Delta state.

Table three showed at value of .557 and a P value of .564, testing at an alpha level of 0.05. The t-value fall within the acceptance region. Therefore the null hypothesis which states that there is no significant difference in the conceptual knowledge of VVF by educational status of parents, teachers and counsellors of senior secondary school students is accepted.

DISCUSSION

Our study revealed that there was no significant difference in the conceptual knowledge of VVF among parents, teachers and counsellors of senior secondary school students. This is in line the study of Nwokolo^[3] that parents must work together with counsellors, because counselling alone may not contribute much in the fight against early marriage of a girl child. Akim^[17] also supported the assertion that parents are important gatekeepers for adolescent and that the family is primarily responsible for the nurturing and protecting the children during the stages of infancy to adolescence. The study showed that there was no significant difference in the conceptual knowledge of VVF by educational status of parents, teachers and counsellors of senior secondary school students. This may be as a result of the cultural beliefs and norms of Warri south local government area in delta state which may have great influence on everybody regardless the level of education. Nwokolo^[3] reported that education and social attainment of parent and counsellor will assist in showing affection for the girl child. Olusola^[6] confirmed the need for education. Finally, the result presented in table 3 on conceptual knowledge of VVF by house location among parents, teachers and counsellors of senior secondary school students' revealed that there was no significant difference. This could be as a result of cultural training received as affirmed by the study of Nwokolo.^[3] This is believed that it will help the adolescents when matured to be a good housewife.

CONCLUSION

The study addresses three research hypotheses which focused on the conceptual knowledge of VVF amongst parents, teachers and counsellors of senior secondary school students in Warri south local government area of Delta state. The hypotheses generated tried to find if there will be significant differences on the conceptual

knowledge of VVF amongst parents, teachers and counsellors of senior secondary school students in Warri south local government area of Delta state based on educational status and house locations of respondents and the findings revealed that there were no significant differences.

RECOMMENDATIONS

We recommend that parents, teachers and counsellors should be educated on VVF. Workshops and seminars should be organised for sound education on VVF. Parents should also be discouraged from giving out their daughters to early marriages. Government should make a educational policy including VVF as part of reproductive health education in the school curriculum

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