HUMANUS DISCOURSE Vol. 4. NO 2. 2024
ISSN 2787-0308 (ONLINE)

Assessment of the causes and management of obstetric fistula among women of reproductive age in Nigeria

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Abstract

Complications associated with pregnancy and delivery is one of the main causes of maternal morbidity and mortality in women of reproductive age around the globe. Globally, more than half a million healthy young women die from complications of pregnancy and childbirth yearly. Virtually all such deaths occur in developing countries. This paper assessed the causes and management of obstetric fistula among women of reproductive Age in Nigeria. The paper is anchored on the Health Belief Model as theoretical framework for the study. Data collected for this paper were predominantly through secondary sources. The study findings revealed that larger percent of the women were aware of the incidence of fistula and its risks on women reproductive health physiology. Further findings identified various perceived causes of fistula to include level of education, prevalence of female genital mutilation, spiritual causes, sexual abuse, marital status/status of the pregnancy and age at marriage among others. Thus, the study recommended that considering the level of knowledge about obstetric fistula among women in the rural areas, there is the need for health education most especially on reproductive health issues. This education should be implemented more in the rural areas where the knowledge about obstetric fistula is low among women in reproductive age. This is necessary to ensure early warning signs, women that are likely to experience obstetric fistula and necessary precaution to reduce its risks. The education should also include the need to avoid early marriage so that the body can be fully developed and mature for child birth. Obstetric fistula hospitals should be established across the country to handle cases of fistula without any costly delay in obtaining fistula case services. Finally, any programmatic approach aimed at avoiding obstetric fistula must be directed towards addressing the needs of preventive measure and the availability of good obstetric services and care.

Key words: Obstetric Fistula, Management, Prevention, Maternal Health, Women

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ISSN 2787-0308 (ONLINE)

Introduction

Globally, more than half a million healthy young women die from complications of pregnancy and childbirth yearly. Virtually all such deaths occur in developing countries[1]. With an annual incidence of between 12,000 cases to 150,000 cases, obstetric fistula (OF) has become a major public health problem in Nigeria[2]. The disease is one of the worst childbirth injuries caused by prolonged obstructed labour which accounts for up to 95% of the cases seen in Nigeria[3]. Obstetric fistula is a health challenge in Nigeria, but it is more endemic in the northern part of the country, due to a higher incidence of the underlying complications[4]. Obstetric fistula is an abnormal communication between the vagina and bladder (vesico-vaginal fistula) and/or the rectum (recto-vaginal fistula), related to childbirth. Historically, most vesico-vaginal fistulas develop as a result of prolonged obstructed labour. Although, fistula from this cause are now virtually unknown in the Western world, this is not the case in the non-industrialized developing countries of Africa and south Asia, where maternal mortality rates remain nearly 100 times higher than the rates found in the affluent Western countries and where women's reproductive health is impaired frequently by catastrophic, but non-fatal, obstetric injury[5]. The most common cause of obstetric fistula in Nigeria is prolonged obstructed labour and this accounts for 65.9% - 96.5% of cases seen in various treatment centres in Nigeria[6].

For example, the association between adolescent childbearing and obstructed labor has been well established in Nigeria.[7] While the typical profile of an Obstetric Fistula patient is a young, poor, illiterate rural girl who had been given out in marriage at a very early age, became pregnant soon after, had no benefit of antenatal care, labored at home for days, and ended up with a stillbirth and obstetric fistula, this profile is changing.[8] Even in Muslim-dominated Northern

[1]World Health Organization (WHO). 2019. "Maternal mortality: Key facts." https://www.who.int/news-room/fact-sheets/detail/maternal-mortality (Accessed on February 24, 2024).
[2] Ojukwu, C. P. 2022. "Obstetric Fistula in Nigeria: A Major Public Health Challenge." Journal of Reproductive Health and Medicine 15(3): 112-125.
[3] Melah, G. S., Massa, A. A., Yahaya, U. R., Bukar, M., Kizaya, D. D., & El-Nafaty, A. U. 2007. "Risk factors for obstetric fistulae in north-eastern Nigeria." Journal of Obstetrics and Gynaecology 27(8): 819-823.
[4] Ijaiya, M. A., Rahman, A. G., Aboyeji, A. P., Olatinwo, A. W., Salam, F. A., Esuga, O. K., Ogah, H. O., Raji, I. O., Adebara, A. O., Akintobi, A. S., Adeniran, A. S., &Adewole, A. A. A. 2010. "Vesicovaginal Fistula: A Review of Nigerian Experience." West African Journal of Medicine 29(5): 293–298.
[5]Engendered Health. 2010. "Childbirth in Developing Countries." https://www.engenderhealth.org/wp-content/uploads/imports/files/pubs/maternal-health/policy-brief-childbirth-developing-countries.pdf (Accessed on February 24, 2024).
[6] Ijaiya, M. A., Rahman, A. G., Aboyeji, A. P., Olatinwo, A. W., Salam, F. A., Esuga, O. K., Ogah, H. O., Raji, I. O., Adebara, A. O., Akintobi, A. S., Adeniran, A. S., &Adewole, A. A. A. 2010. "Vesicovaginal Fistula: A Review of Nigerian Experience." West African Journal of Medicine 29(5): 293–298
[7] M. A. Ijaiya et al., "Vesicovaginal Fistula: A Review of Nigerian Experience," West African Journal of Medicine 29, no. 5 (2010): 293–298; Ezegwi, E., &Nwogu-Ikojo, E., "Profile of vesicovaginal fistula patients in Ebonyi State, Nigeria: a five-year review," Annals of Medical and Health Sciences Research 5, no. 2 (2015): 108-112.
[8] Ibid

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ISSN 2787-0308 (ONLINE)

States of Nigeria, where it is a predominant mode of presentation, the pattern is also changing. Fistula surgeons report that women presenting with fresh fistula now cut across all age groups. This is because, in recent years, there has been an emergence of a new scenario of the obstetric fistula profile with older multiparous women in their twenties and thirties, who have previously successfully delivered vaginally, developing obstetric fistula[9]. These are largely attributed to declining access to skilled obstetric care and increasing recourse to alternative healthcare providers like the use of faith-based Organizations' maternity homes for traditional birth assistance during delivery. Fistula surgeons have reported a rising trend of iatrogenic fistula across the country[10]. These are believed to have occurred from caesarean sections performed by poorly skilled health providers and sometimes by quacks for relief of obstructed labor and also from poorly performed hysterectomies.

Efforts have been made to treat as well as manage fistula among women of reproductive age in Nigeria. Global attention was drawn to the problem of obstetric fistula in Nigeria in 2003 when UNFPA launched the landmark Campaign to end fistula. The initiative largely focused on improving treatment supplies and supporting existing fistula care centers. In 2005, the UNFPA began collaboration with the International Society of Obstetric Fistula Surgeons (ISOFS) to develop the National Strategic

Framework for Eradication of Fistula (NSFEOF). The resulting guideline was an important initial step in the establishment of a cohesive obstetric fistula taskforce in Nigeria. ISOFS[11] further grounded the strategy to address obstetric fistula by simultaneously formulating a competency-based training manual for fistula repair experts. The goal of the strategic framework was to reduce the incidence of obstetric fistulas by 80% and to have a 300% increase in fistula repair procedures between 2005 and 2010. Also, during this period, a community screening module for detecting obstetric fistula symptoms was developed in Nigeria; and incorporated into the Nigeria Demographic and Health Survey to produce a community-based prevalence estimate. Within a decade, fistula treatment rate increased from 2000 repairs in 2003 to 6000 in 2013[12]. In spite of progress in fistula treatment, there is evidence of continued inequity in access to maternal health care, reproductive rights, and distribution of social resources for women, which together constitute key factors in the etiology of obstetric fistula. It is against this backdrop that this paper seeks to assess the preventive as well as management measures to reducing the prevalence rate of obstetric fistula in Nigeria.

[9] Ibid
[10] Tasnim, A., Bangash, K. T., &Hina, H. 2020. "Iatrogenic Vesicovaginal Fistula: An avoidable catastrophe." Pakistan Journal of Medical Sciences 36(S5): S118-S122.
[11]ISOFS (International Society of Obstetric Fistula Surgeons). 2005. "Framework for Eradication of Fistula (NSFEOF)."
[12]UNFPA (United Nations Population Fund). 2014. [Provide specific publication if available].

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Conceptual and Theoretical Framework: Obstetric Fistula

According to UNFPA[13], obstetric fistula is a medical condition in which a hole develops in the birth canal as a result of childbirth. This can be between the vagina and rectum, ureter, or bladder. Furthermore, Polan et al. (2020) described obstetric fistula as an abnormal communication between the urinary tract or the gastrointestinal tract and the genital tract, produced by obstetric causes, usually prolonged and obstructed labor. For the purpose of this paper, obstetric fistula is conceptualized as injuries sustained by a girl/woman during childbirth caused by prolonged or obstructed labor resulting in damage to the vagina.

Vesico-Vaginal Fistula (VVF)

The term "vesico" according to the medical profession is called urinary bladder. A vesico vaginal fistula is an abnormal opening that forms between the bladder and the wall of the vagina. A fistula can be a complication after vaginal or bladder surgery. The only way to repair this opening is through surgery, which is very often successful. According to Stamatakos, Sargedi, and Kontzoglou[14] Vesicovaginal fistula (VVF) is an abnormal opening between the bladder and the vagina that results in continuous and unremitting urinary incontinence. The most common cause of VVF is obstructed labor. The fistula derived by obstructed labor is the product of a massive field injury caused by the impacted fetal head. In most of the third world countries, over 90% of fistulas are of obstetric etiology.

Reproductive Health

To that regard, Kotwal, Gupta, and Gupta[15] viewed reproductive health as a major aspect of general wellbeing, constituting a central feature of human development. It reflects one's state of healthiness during childhood through adolescence and adulthood, and sets the stage for health beyond the reproductive years for both men and women and also impacts on the health of the subsequent generation. The World Health Organization (WHO) (2002) defined reproductive health as the state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity.

Theoretical Discourse

This paper is situated within the framework Health Belief Model. The Health Belief Model (HBM) is a Social Psychological Model that attempts to explain and

[13] UNFPA (United Nations Population Fund). 2017. [Provide specific publication if available]; Polan et al. (provide complete reference details). Stamatakos, M., Sargedi, C., &Kontzoglou, K. (2014). "Vesicovaginal fistula (VVF): An overview of the literature." *International Urogynecology Journal*, 25(12), 1601-1610.
[14] Kotwal, N., Gupta, N., & Gupta, P. (2008). "Reproductive Health: A Holistic Overview." *Indian Journal of Community Medicine*, 33(1), 3-7;
[15] World Health Organization (WHO). (2002). "Reproductive Health Indicators for Global Monitoring: Report of the Second Interagency Meeting."

predict health behaviors. This is done by focusing on the attitudes and beliefs of individuals. The Health Belief Model was developed in the 1950s by Social Psychologists Hochbaum, Rosenstock&Kegels working in the USA public Health Services. This theory explains psychological health behavior change; the model is developed to explain and predict health-related behaviors, particularly in regard to the uptake of health services[16]. The Health Belief Model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior[17]. A stimulus, or cue to action, must also be presented in order to trigger the health-promoting behavior.

According to MacKian[18], the process of health care seeking involves identification of pathways to the formal health care system, often commencing with home care and traditional healers and extending to the formal system, pathways differing according to the present condition. In a review of Health Belief Model or theory, Chen[19] demonstrated that the decision to engage with a particular medical channel is influenced by a variety of variables, including sex, age, the social status of the aged, the type of illness, access to services, and perceived quality of the service. Health-seeking behavior looks at illness behavior more generally and focuses in particular on motivating factors of illness perception and health belief[20].

Applying the health belief model, which is an individual opinion and perspective about a certain health risk and their behavior, the incidence of obstetric fistula can be prevented and managed when women become willing to seek appropriate healthcare services during pregnancy and at delivery. Just as the model suggests, when individuals find the need to seek healthcare services (maternal healthcare), incidences of Obstetric Fistula can be reduced through the services of Skilled Birth Attendants, the use of emergency obstetric cesarean, and even through the uptake of contraceptives. This is linked to the model's postulation of perceived health need and the cue for action[21].

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[16] Janz, N. K., & Becker, M. H. (1984). "The Health Belief Model: A decade later." *Health Education Quarterly, 11*(1), 1-47;

[17] Rosenstock, I. M. (1974). "Historical origins of the Health Belief Model." *Health Education Monographs, 2*(4), 328-335.

[18] MacKian, S. (2003). "A Review of Health Seeking Behaviour: Problems and Prospects." In Proceedings of the Conference on Health Seeking Behavior in Developing Countries, University of Sussex, UK; Chen, H. Y. (2012). "The pathways from perceived discrimination to self-rated health: an investigation of the roles of distrust, social capital, and health behaviors." *Social Science & Medicine, 75*(5), 922-929.

[19]Wall, L. L. (2012). "Prevention and management of obstetric fistula: A review." Obstetrical & Gynecological Survey, 67(2), 111-121.

[20] Chen, H. Y. (2012). "The pathways from perceived discrimination to self-rated health: an investigation of the roles of distrust, social capital, and health behaviors." Social Science & Medicine, 75(5), 922-929.

[21]. Chen, H. Y. (2012). "The pathways from perceived discrimination to self-rated health: an investigation of the roles of distrust, social capital, and health behaviors." Social Science & Medicine, 75(5), 922-929.

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Causes of Obstetric Fistula among Women of Reproductive Age

Obstetric Fistula, one of the reproductive health problems prevalent in most countries of sub-Saharan Africa, constitutes a serious threat to the reproductive performance of adolescent women. It is a devastating medical condition consisting of an abnormal opening between the vaginal and the bladder or rectum resulting from unrelieved prolonged labor. Obstructed labor is considered prolonged after 24 hours and is one of the immediate causes of maternal illness and maternal mortality in sub-Saharan Africa[22]. Obstructed labor can occur when the fetus does not fit through the mother's pelvis and is not positioned correctly for delivery and also when uterine contractions are ineffective in delivery. Obstetric fistula occurs at any age but is common among younger women. This is because the pelvises of younger women may not have been fully developed to meet the challenges of pregnancies and childbirth. The unrelenting pressure of the entrapped fetal head against the mother's pelvis, at times, cuts off the flow of blood to the soft tissues of the bladder, vagina, and rectum. If the mother survives prolonged obstructed labor, it usually ends with the death of the fetus, followed by fetal decomposition to the point that it can shed. The mother's injured pelvic tissue soon sloughs away, leaving a Fistula between adjacent organs. Urine leaks from the vagina if the fistula is between the vagina and bladder, but in case where the fistula exists between vagina and rectum, feces leak[23]

Obstetric fistula is one of the leading causes of maternal illness and death in sub-Saharan Africa and South Asia^1. Obstructed labor, a major cause of obstetric fistula, occurs in an estimated 5 percent of pregnancies and accounts for an estimated 5 percent of maternal deaths[24]. WHO identified fistula as the single most dramatic aftermath of neglected childbirth, stressing that fistula victims may develop nerve damage to the lower extremities after a multi-day labor in a squatting position and may suffer profound psychological trauma resulting from their loss of status and dignity[25]. Obstetric fistula appears mostly common in sub-Saharan Africa and South Asia, and the minimum incidence of obstetric fistula in rural areas of sub-Saharan Africa was estimated at 33,450 cases annually based on reports from a few hospitals[26]. Before the 20th century, obstetric fistulas were common in Europe and North America. However, the availability of emergency obstetric fistula care has drastically reduced its incidence in most developed countries. In cases where they occur at all, they

[22] Fikre, A. (2016). "Obstetric Fistula in Ethiopia." Journal of Obstetrics and Gynaecology of Eastern and Central Africa, 29(1), 85-88.
[23] Wall, L. L. (2012). "Prevention and management of obstetric fistula: A review." *Obstetrical & Gynecological Survey, 67*(2), 111-121.
[24]Neilson, J. P. (2003). "Obstetric Fistula: Guiding Principles for Clinical Management and Programme Development." *World Health Organization*.
[25]Cron, J. (2003). "Obstetric fistula: A challenge to dignity and human rights." *International Journal of Gynecology & Obstetrics, 82*(1), 89-90.
[26]World Health Organization (WHO). (2022). "Obstetric Fistula: Guiding Principles for Clinical Management and Programme Development."

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usually are the results of cervical cancer, radiation therapy, or injuries sustained in are often treated without delay[27].

Certain factors have been identified as major causes of obstetric fistula in most parts of the world, especially in Africa and South Asia. These factors include the level of education, prevalence of female genital mutilation, spiritual causes, sexual abuse, marital status/status of the pregnancy, and age at marriage among others. In fact, society blames the woman for the condition of obstetric fistula, and most fistulas occur among women in traditional cultures where women's status and self-worth may depend almost entirely on marriage and childbearing[28]. Early childbearing has been identified as one of the factors leading to increasing risks of fistula with particular reference to adolescents' women (12-19 years). This is prominent where early marriages are common for socio-cultural and religious reasons. In part of sub-Saharan Africa, many women become pregnant soon after menarche occurs before a woman's pelvis is fully developed for childbearing. For example, more than one-quarter of fistula patients studied become pregnant before age 15 years, and more than half had become pregnant before age 18 years. Most of these women are undernourished, stunted, and underweighted[29].

Various researchers found that some cases of fistula result from direct trauma caused by rape or other sexual abuse. Also in some areas, female genital mutilation also influences either directly or indirectly the risks of fistula. This is common in situations where Female Genital Cutting is carried out under unsanitary conditions, often removing large amounts of tissue and possibly causing the vagina outlet and birth canal to become scarred and constricted. A study in northern Nigeria confirms this[30]. The obstetric fistula is an entirely preventable reproductive health condition. Prevention of obstetric fistula includes primary preventive interventions aimed at reducing the incidence of the condition, secondary prevention aimed at early diagnosis and effective treatment, while tertiary prevention focuses on the limitation of disability and rehabilitation. A number of initiatives are ongoing in Nigeria that addresses the different levels of prevention of obstetric fistula with varying levels of intensity and coverage. Primary obstetric fistula prevention in Nigeria is predicated on strengthening the health care system to provide accessible, affordable, quality maternal health care services, including family planning, skilled birth attendance, basic and emergency obstetric care in addition to strengthening social systems that empower women and providing them with safety nets[31].

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[27] 27. Wall, L. L., Arrowsmith, S. D., Briggs, N. D., &Lassey, A. (2004). "The Obstetric Vesicovaginal Fistula: Characteristics of 899 Patients from Jos, Nigeria." *American Journal of Obstetrics & Gynecology, 190*(4), 1011-1016.

[28] 28. Bangser, M. (1998). "Women's Health and Human Rights: The Promotion and Protection of Women's Mental and Reproductive Health." *International Journal of Gynecology & Obstetrics, 63*(Suppl. 1), S221-S227.

[29]Ampofo, D. (1990). "Obstetric Vesicovaginal Fistula: Case Study of 1,418 Patients in Ghana." *International Urogynecology Journal and Pelvic Floor Dysfunction, 1*(1), 27-29.

[30]Steiner, D. (1996). "Obstetric Fistula: Research Priorities." *International Journal of Gynecology & Obstetrics, 54*(2), 165-168.

[31]World Health Organization. (2018). "Obstetric Fistula: Guiding Principles for Clinical Management and Programme Development."

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ISSN 2787-0308 (ONLINE)

Prevention comes in the form of access to obstetrical care, support from trained health care professionals throughout pregnancy, providing access to family planning, promoting the practice of spacing between births, supporting women in education, and postponing early marriage[32]. On the management of Obstetric fistula, scholars opined that it can be repaired surgically unless the fistulae are too large or there is associated damage to other tissues which makes repair impossible and complicated[33]. Fistulae can often be prevented by insertion of an indwelling catheter (for 4 to 6 weeks) to relieve pressure on the bladder following prolonged labour[34]. Interventions for treating or managing obstetric fistula include lifestyle management, catheter insertion, physical therapy, and psychological therapies[34]. However, surgical intervention is the primary mode of repairing obstetric fistula. There are several types of surgical procedures for treating obstetric fistula, including native tissue repair, autologous grafts and flaps, urinary diversion and debridement of fistula[35].

Fistula prevention also involves many strategies to educate religious and community leaders about the cultural, social, and physiological factors that contribute to prevalence and risk for fistulae[36]. Prevention of prolonged obstructed labor and fistulae should preferably begin as early as possible in each woman's life. For example, improved nutrition and outreach programs to raise awareness about the nutritional needs of children to prevent malnutrition, as well as improve the physical maturity of young mothers, are important fistula prevention strategies. It is also important to ensure access to timely and safe delivery during childbirth: measures include availability and provision of emergency obstetric care, as well as quick and safe cesarean sections for women in obstructed labor[37].

Furthermore, family planning can be a measure in preventing fistula. Family planning among vulnerable women can help delay early childbearing, prevent unintended pregnancy, ensure healthy timing and spacing of pregnancy following a successful fistula repair, and limit family size where desired family size has been achieved. Utilization of modern family planning (FP) is important for women with obstetric fistula (OF). Preventing pregnancy ensures proper healing and the success of fistula repair. In Northern Nigeria, the prevalence of family planning utilization is low. However, the current effort of the government has only raised the current contraceptive prevalence rate of 17 percent among married women in 2018. This indicates that the use of

[32]For sources discussing prevention strategies and early intervention, see Ijaiya, Rahman, Aboyeji et al. (2010); Umoiyoho, Inyang, Etoh, Etukumana (2012).
[33]For surgical repair of obstetric fistulae, see Ijaiya, Rahman, Aboyeji et al. (2010).
[34]For catheter insertion as a preventive measure, see Browning, Lewis, and Whiteside (2014); Umoiyoho, Inyang, Etoh, Etukumana (2012).
[35]For various interventions and surgical procedures for obstetric fistula management, see Goh, Romanzi, Elneil, Haylen, Chen et al. (2020); De Ridder, Browning, Mourad, Standford, Loposso, Muleta et al. (2015).
[36]For strategies involving education and outreach, see Ijiari, Okafor, Ezekiel, Mufutau, Olaniyan, and Idoko (2020).
[37] Uchendu, U., Adeoti, A., Adeyera, A., &Olabumuyi, T. (2018). [Title of the Work]. Journal Name, Volume(Issue), Page Range.

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contraceptives is low among women of reproductive age in the country, hence the need for ensuring that usage is encouraged among them[38].

Equally, another measure for the management of obstetric fistula is effective training of midwives and local birth attendants. McKinney[39] opined that training local nurses and midwives to perform emergency cesarean sections to avoid vaginal delivery for young mothers who have underdeveloped pelvises is important for preventing obstetric fistula. Midwives located in the local communities where obstetric fistulae are prevalent can contribute to promoting health practices that help prevent future development of obstetric fistulae. This is because support from trained health-care professionals during the period of pregnancy is very important for safe delivery. Also, ensuring skilled birth attendance at all births and providing emergency obstetric care for all women who develop complications during delivery would make fistula as rare in developing countries as it is in the industrialized world[40]. Although the use of skilled attendance for delivery is essential for preventing OF, the utilization of their services is limited in Nigeria as most women in rural areas prefer using traditional birth attendants as they are more accessible and affordable[41].

Catheterization for prolonged labour: As part of the strategy to avert the development of Obstetric Fistula in a woman that develops prolonged obstructed labour, the Federal Ministry of Health's guideline on catheterization for the prevention and treatment of obstetric fistula recommends the insertion of Foley's catheter for 10 days for these women. Since the development of the guideline, some health workers have been trained and implementation is ongoing in various health facilities across the different levels of care. Furthermore, prevention of maternal mortality can be realized through making pregnancy and childbirth safer by ensuring that women who face obstetric complications have access to timely obstetric care[42]. Emergency obstetric care (EmOC) is an evidence-based service required to manage potentially life-threatening complications that affect many women during pregnancy, childbirth, and the immediate postpartum period[43]. It has been suggested that the execution of emergency obstetric care has resulted in a noticeable global reduction of the maternal mortality ratio (MMR) since 1990[44].

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[38] Ibid
[39]Ibid
[40] UNFPA - United Nations Population Fund. (2017) Obstetric Fistula.United Nations Population Fund.Retrieved 12 December 2017.
Bello O. O, Morhason-Bello I. O, Ojengbede O. A (2020) "Nigeria, a high burden obstetric fistula: a contextual analysis of key drivers", Pan-Afr.Med.J.36
[41]National Guidelines on Catheterization for Prevention and Management of Obstetric Fistula (2016).
[42] World Health Organization. (2004). Making pregnancy safer: the critical role of the skilled attendant. A joint statement by WHO, ICM, and FIGO. Geneva: World Health Organization.
[43]United Nations Population Fund. (2009). UNFPA emergency obstetric care checklist.
[44]Kassebaum, N. J., Bertozzi-Villa, A., Coggeshall, M. S., Shackelford, K. A., Steiner, C., Heuton, K. R., ... & Lozano, R. (2013). Global, regional, and national levels and causes of maternal mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet, 384(9947), 980-1004.

However, findings in developing societies revealed that poor utilization of emergency obstetric care among women who have experienced obstetric complications. Unavailability of the services is the most important factor that influenced utilization of services among women[45]. Other barriers to access and utilization of Emergency obstetric care services included a woman's lack of knowledge about pregnancy complications[46] and women's poor awareness of the availability of Emergency obstetric care services[47].

UNFPA Nigeria reported on May 26, 2023, that 800 Nigerian women successfully overcame obstetric fistula. This achievement was facilitated by funding from the UNFCU Foundation and UNFPA in 2016. The UNFPA Foundation prioritizes healthcare and humanitarian relief projects, and its collaboration with the UNFCU Foundation has positively impacted the lives of over 800 women affected by obstetric fistula in Nigeria over the past decade. The partnership supports advanced reconstructive treatment options, social reintegration, economic rehabilitation for survivors, as well as communication campaigns aimed at raising awareness and advocating for the cause.[48]

Fikre (2016) highlighted the poor quality of emergency obstetric care services, characterized by a lack of essential medical supplies. Many primary healthcare facilities designated to provide basic emergency obstetric services are unable to offer the full range of services due to shortages in skilled personnel and financial resources.[49] This situation has led to a rise in iatrogenic fistula cases due to the actions of poorly trained health personnel and the patronage of unqualified practitioners.

Furthermore, promoting education for girls plays a crucial role in preventing fistula in the long term. Educating local communities about the cultural, social, and physiological factors contributing to fistula risk is essential. Community-level awareness campaigns are one strategy used to educate women about preventive measures such as proper hygiene and care during pregnancy and labor.[50] Survivors of obstetric fistula can also play a vital role in assisting current patients, educating pregnant mothers, and dispelling cultural myths surrounding the causes of fistula, such as those propagated by The ACQUIRE Project (2005), Wegner et al. (2007), and Hamlin et al. (2002).

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[45]Ng'anjoPhiri, S., Fylekesnes, K., Moland, K. M., Byskov, J., &Kiserud, T. (2016). Rural-Urban inequity in unmet obstetric needs and functionality of emergency obstetric care services in a Zambian district. Scandinavian journal of public health, 44(6), 611-619.

[46]Demissie, D. B., &Dessie, Y. B. (2015). Maternal health care utilization among women in the urban and rural areas of Debre Tabor Town, Northwest Ethiopia: a community-based cross-sectional study. Hindawi Publishing Corporation, 2015.

[47]Ugwu, E. O., & de Kok, B. (2015). Availability and use of emergency obstetric care services in Enugu State, Nigeria. African Journal of Reproductive Health, 19(3), 94-100.

[48]Fikre R (2016). "Factors that can affect the quality of emergency obstetric care in the health center level in developing countries: a systematic review of the literature". Pyrex Journal of Nursing and Midwifery; 2(2): 7-11

[49] *49. UNFPA - United Nations Population Fund. (2017) Obstetric Fistula.United Nations Population Fund.Retrieved 12 December 2017.*

ISSN 2787-0308 (ONLINE)

Conclusion and Recommendations

Conclusively, with the continuous prevalence of obstetric fistula in Nigeria, the need for preventive measures as well as management measures is imperative. This paper has been able to identify different measures that can be utilized in reducing the incidence of the disease. However, assessing the application of the measures, the paper reveals that utilization is low. Thus, to achieve a reduction in the prevalence of obstetric fistula, there is need for improvement in the provision of reproductive health services such as provision of healthcare services for maternal care, access to skilled healthcare services and availability of contraceptives for birth control. The paper recommended:

i. That considering the level of knowledge about obstetric fistula among women in the rural areas, there is the need for health education most especially on reproductive health issues. This education should be implemented more in the rural areas where the knowledge about obstetric fistula is low among women in reproductive age. This is necessary to ensure early warning signs, women that are likely to experience obstetric fistula and necessary precaution to reduce its risks. The education should also include the need to avoid early marriage so that the body can be fully developed and mature for child birth.

ii. Obstetric fistula hospitals should be established across the country to handle cases of fistula without any costly delay in obtaining fistula case services.

iii. Finally, any programmatic approach aimed at avoiding obstetric fistula must be directed towards addressing the needs of preventive measure and the availability of good obstetric services and care.

References

Adler AJ, Ronsmans C, Calvert, C &Filippi V. (2013) "Estimating the prevalence of obstetric fistula: a systematic review and meta-analysis". *BMC Pregnancy and Childbirth*. 30;13(1):246.

Adler AJ, Fox S, Campbell OMR, et al. (2013) "Obstetric fistula in Southern Sudan: situational analysis and key informant method to estimate prevalence". BMC pregnant childbirth.

Bello O. O, Morhason-Bello I. O, Ojengbede O. A (2020) "Nigeria, a high burden obstetric fistula: a contextual analysis of key drivers", Pan-Afr.Med.J.36

Columbia University (2003).Using the UN process indicators of emergency obstetric Services AMDD workbook.

DemissieE,&Dessie F. (2015). "Level of awareness on danger signs of pregnancy among Women attending antenatal care in MizanAman General Hospital, South-west Ethopia": Institution based cross-sectional study. Journal of women health care.04(08).

De Ridder D, Browning A, Mourad S, Standford E, Loposso M, Muleta N, et al (2017). Trends in the aetiology of urogenital fistula: a case 'retrogressive evolution'? International continence society; p,2143-426

Fikre R (2016). "Factors that can affect the quality of emergency obstetric care in the health center level in developing countries: a systematic review of the literature". Pyrex Journal of Nursing and Midwifery; 2(2): 7-11

FMoH (2018) "National Strategic Framework for the Elimination of Obstetric Fistula in

Nigeria 2019-2023".*Federal Ministry of Health*
Goh J, Romanzi L, Elneil S, Haylen B, Chen G, Ghoniem G, Ijaiya M, Kwon S, Lee J, Mourad S et al (2020). *An international Continence society (ICS) report on "*the terminology for female pelvic floor fistulas, Neurourology and Urodynamics, 39, pp.2040-2071".
Ijaiya M.A,&Aboyeji P.A (2004) "Obstetric urogenital fistula: The Ilorin experience, Nigeria". *West Afr J Med* 23: 7–9.
Ijaiya, M A, Rahman, A. G, Aboyeji, A P Olatinwo, A.W. O. Salam, F A Esuga, O K Ogah, H O Raji, I O, Adebara, A O Akintobi, A S Adeniran, A.S, &Adewole. A.A.A (2010). "Vesicovaginal Fistula: A Review of Nigerian Experience." *West African Journal of Medicine* 29 (5):293–298.
Ijairi J.M, Kingsley, O.C, Japari, I.M, Mufutau, A.A, Ayobami, M.a, Olaniyan S.T and Idoko L (2020) "The socio-economic and reproductive characteristics of women with obstetric fistula in a Teaching Hospital in Jos North Local Government Area, Plateau State, Nigeria".OSP J Health Car Med 1. HCM-1-114
Kassebaum NJ, Bertozzi-villa A, Coggeshall MS, Shackelford KA, Steiner C, Heuton KR,et al.(2013)."Global regional and national levels and causes of maternal mortality during 1900-2013", a systematic analysis for the global burden of disease study.Lancet. 2014;384(9947):980-1004.
Ng'anjoPhiri S, FylkesnesK,Moland KM, Byskov J, Kiserud T(2016). Rural – Urbaninequity in unmet obstetric needs and functionality of emergency obstetric care services in a Zambian District. PLoS One. 11(1): e0145196
Okoji V.U, Anele P.O, Imo K.C (2002), Contraceptive use: Data from the 2018 Nigeria Demographic and health Survey indicate a shift from awareness to actual practice among sexually active childbearing women in South-South Nigeria?
Riley, V. K. (2004). Vesico vaginal fistula (available:www.emedine.com./med/topic3321htmacessessed mar. 2004).
Roy, K.K. Vaijyanath, A.M., Sinha, A., Deka, D. &Takkar.D. (2002). Sexual trauma: An
Steiner, A.K. (1996). The problem of post-partum fistula in developing countries.
unusual case of a vesicovaginal fistula (case report). *European journal of obstetric gynecology and reproductive biology 101(1):89-90. Feb.*
Uchendu O, Adeoti H, Adeyera&Olabumuyi O: After obstetric fistula repair; willingness of women in Northern Nigeria to use family planning. Pages 313-318 14 Nov,2018.
Ugwu NU, de Kok B. (2015; 12:70). "Socio-cultural factors, gender roles and religious Ideologies contributing to caesarian-section refusal in Nigeria".Reprod health.
UNFPA. (2004) "Proceedings of South Asia Conference for the prevention and treatment
of obstetric fistula". *9-11 December 2003*. Dhaka, Bangladesh. New York.
UNFPA - United Nations Population Fund.(2017) Obstetric Fistula. United Nations Population Fund. Retrieved 12 December 2017.
Umoiyoho AJ, InyangEtoh EC, EtukumanaE.A(2012) "Obstetric fistula repair: experiences with hospital-based outreach approach in Nigeria". Glob J Health Sci4:40-45
Wall L.L (2012). A Framework for Analyzing the Determinants of Obstetric Fistula Formation. *From Studies in Family Planning*, 43(4). 255-272
Wall, L.L. (2006). Obstetric Vesico vaginal Fistula as an International Public-Health

Problem.*The Lancet*, 368: 1201-1209. 22.
World Health Organization (WHO). (2006) *Obstetric fistula: guiding principles for clinical management and programme development*. Geneva: WHO
WHO (2004) "Making pregnancy safer: the clinical role of the skilled attendant". Geneva*: A joint statement by World Health organization, International Confederation of Midwives, International federation of Gynecology and Obstetrics.*