

Free VVF surgery by the Islamic Medical Association of Nigeria (IMAN): a progress report

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Abstracts

Background: Vesico-Vaginal Fistula (VVF) which is an abnormal connection between the bladder and the vagina often occur following prolonged obstructed labour. A common feature is the continuous leakage of urine. Forth percent of the over 2 million women globally suffering from VVF are in Nigeria and are mostly Muslim women of low socio-economic status from northern Nigeria.

Methodology/Results: The Islamic Medical Association of Nigeria (IMAN) in collaboration with the Wife of the Governor of Niger State, Dr. Amina Abubakar Sani Bello, the JAIZ Charity and Development Foundation and Engender Health (Fistula Care) held a Vesico Vaginal Fistula (VVF) Repair camps in July 2016 as part of the pre-conference activities of the IMAN- FIMA International conference which held in Abuja. Four other camps were held in the Maryam Abacha VVF Hospital in Sokoto, Sokoto State in December 2016, February, May and November 2017. A total of six million naira (N6,000,000.00) was donated and used to run the camps. The Islamic Medical Association of Nigeria (IMAN) fed the patients and their relatives during the period of the surgery and the post-operative hospital stay. A total of 117 patients from Sokoto, Kebbi, Niger, Kano, Zamfara and Kogi States were operated. Both Muslim and non- Muslim women benefitted from the surgeries. Of these patients operated upon, 87 were dry; giving a cure rate of 74.4%.

Conclusion: The Islamic Medical Association and the Federation of Islamic Medical Associations carried out these camps to contribute their own quota to alleviating the suffering of the women who have VVF. This effort will continue as the association will look for more funding to help these less privileged members of our society.

Introduction

Vesico-Vaginal Fistula (VVF) is defined as an abnormal connection between the bladder and the vagina. It is usually caused by prolonged obstructed labour which leads to a hole in the bladder connecting it to the vagina leading to continuous leakage of urine. The treatment of this condition is usually surgery. There are 2

million women globally suffering from VVF with 50,000-100,000 new cases each year and 40% of them are in Nigeria.⁽¹⁻³⁾ A large part of Nigerian women with this condition are Muslim women of low socio-economic status and mostly from northern Nigeria. These patients are usually abandoned by their husbands, family and community. Hence they mostly

become destitute with some resorting to prostitution for survival.

Faced with this stark reality, Nigerian government built centers for the repair of obstetric fistulae with the largest treatment center for Vesico-Vaginal Fistula (VVF) in the world, situated in Katsina State (in northern Nigeria). Other national VVF treatment centers are in Bauchi and Abakaliki. There are also State-owned centers in Ibadan, Ilorin, Akwa-Ibom, Jos, etc.

To make treatment accessible, the Federal government has endeavored to make all treatments free. However, funding has been a major obstacle even with several efforts made. For instance, in 2013, the Federal Ministry of Finance, following the President's directive at the time, provided funding for the correction of over 2,000 VVF cases. This was continued into 2014, where over 2,000 cases were also repaired. Unfortunately, this was stalled subsequently since there was no similar funding allocation.⁽⁴⁻⁶⁾ To complement such efforts and relief some of the hiccups to free VVF repair, the Islamic Medical Association of Nigeria with help of Partners continued the tradition.

Methodology

The Islamic Medical Association of Nigeria (IMAN) in collaboration with the JAIZ Charity and Development Foundation, the Wife of the

Governor of Niger State, Dr. Amina Abubakar Sani Bello, and Engender Health (Fistula Care) held a Vesico Vaginal Fistula (VVF) Repair camp in July 2016 as part of the pre-conference activities of the IMAN- FIMA (Federation of Islamic Medical Associations) International conference held in Abuja. JAIZ Charity Foundation donated the sum of Five Million Naira only (N5, 000, 000.00) (\$14,285.7) to IMAN for the repair of one hundred patients. Dr. Amina Abubakar Sani Bello donated the sum of One Million Naira only (N1, 000, 000.00) (\$2857.1). Engender Health brought the VVF Surgeons. The first camp was held in Umar Musa Yar'Adua Specialist Hospital, Sabon Wuse, Niger State. The funds raised were used for the transportation cost for patients and relatives to/for the camps, provision of consumables for the surgery, provision of diesel for the generator during surgeries, feeding of patients together with one relative three times daily throughout the whole period of admission, surgery and hospital stay. The fund also catered for the honorarium, accommodation, feeding and transportation of the surgeons. After the first camp, four other camps were held at the Maryam Abacha VVF Hospital, Sokoto, Sokoto State in December 2016, February, May and November 2017 following similar approach. The first camp was part of the celebration of the 10-year anniversary of His Eminence, the Sultan of Sokoto and the fourth camp was in

collaboration with the Society of Gynaecology and Obstetrics of Nigeria (SOGON).

Results

A total of 117 patients from Sokoto, Kebbi, Niger, Kano, Zamfara and Kogi States were operated. Both Muslim and non- Muslim women benefitted from the surgeries. They were mostly poor rural women with no financial, family or social support (Table 1 and Figure 1). Figure 2 shows the success rate of the surgery as 74.4%.

Discussion

Most of the patients we treated had VVF from prolonged obstructed labour. This has repeatedly been attributed to poor access to emergency obstetric care unlike in the developed countries. The high number of VVF patients operated upon also echo Nigeria as an hot-bed of obstetric fistula.⁽¹⁻³⁾ Other factors literature often related to the high rate of VVF are still common in developing countries and particularly in Nigeria.

Table 1: Patients Profile

States	Number of patients					Total
	Sabon Wuse	Sokoto 1	Sokoto 2	Sokoto 3	Sokoto 4	
Sokoto	0	24	27	2	19	72
Zamfara	8	2	4	2	0	16
Kebbi	0	1	4	3	3	11
Niger	9	1	0	2	3	15
Kano	2	0	0	0	0	2
Kogi	1	0	0	0	0	1
Total	20	28	35	9	25	117

Figure 1: Percentage of Patients by States

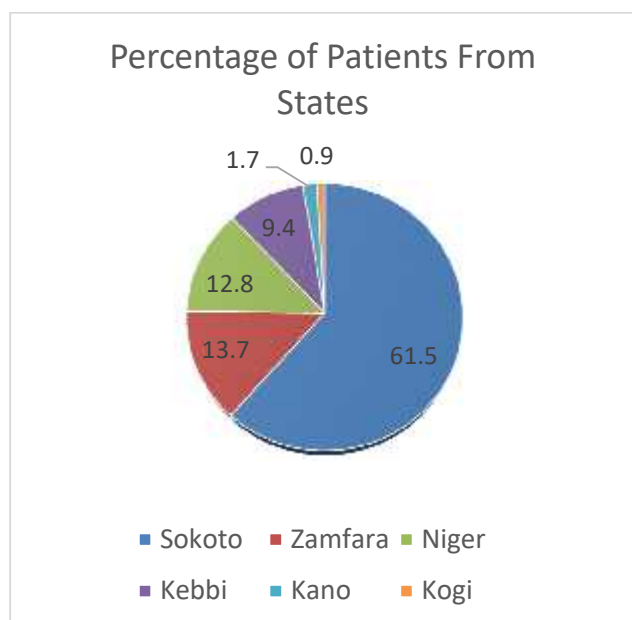
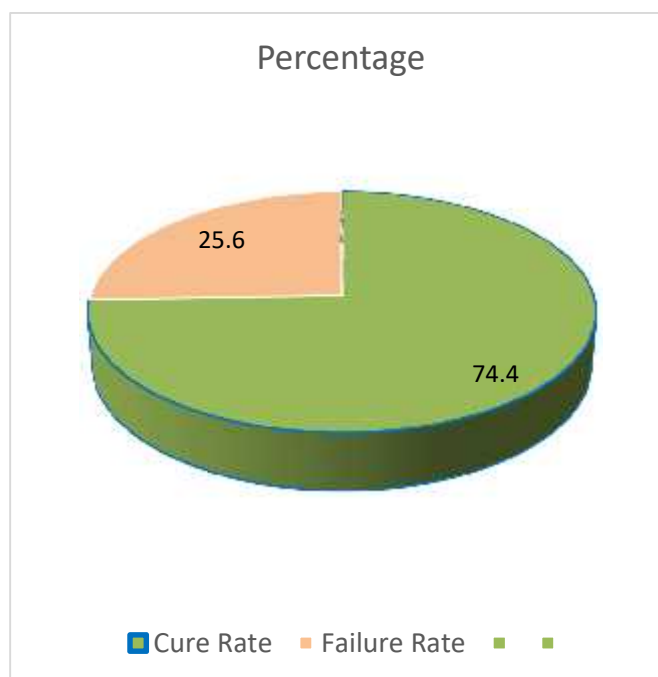


Figure 2: Success Rate



These factors include: the tragic combination of harmful practices like female genital mutilation/cutting (FGM/C); poverty; culturally-induced unsupervised pregnancies, that inevitably increases the rate of childbirth among girls whose pelvis are not matured for this wonderful process that brings forth a life. The big elephant of these factors in Nigeria is the country’s weak health system that is struggling to provide adequate skilled birth attendants, quality maternal health services and, most importantly, emergency obstetric care, for women in labor. Coupled with inadequate medical care is stigma that keep the devastation of obstetric fistula on the rise despite the preventability of this condition.^(4, 5)

Furthermore, VVF as a silent but major childbirth-related complication affecting Nigerian women has received little attention in the several efforts channeled to improve maternal health. Amidst efforts to end obstetric fistula in Nigeria include those being driven by development partners and spearheaded by the UNFPA. The campaign launched in 2003, to end obstetric fistula Campaign is woven as a National five-year (2010 - 2015) strategic framework. This calls for the elimination of obstetric fistula in Nigeria through the full integration of obstetric fistula services into sexual and reproductive health services. Also in this strategic framework is to adopt evidence-based care for obstetric fistula through

prevention activities, improvement in reproductive, maternal and emergency obstetric services and the rehabilitation and reintegration of affected women.^(5, 6)

However, beyond the treatment and rehabilitation of affected women and improvement in emergency obstetric services, is the need to address the root cause of this condition. This is usually through but not limited to subverting harmful practices and cultural beliefs that discourages unsupervised pregnancies, empowering girls and young women, bridging the gender inequality gap, and ensuring access to universal health coverage. All these are ongoing activities of IMAN safe dignity project. And as we moved into the era of the Sustainable Development Goals, there is a renewed hope that strategies adopted to holistically improve maternal health may address some of these interventions, for improving obstetric fistula.⁽⁵⁾

Conclusion

The Islamic Medical Association and the Federation of Islamic Medical Associations carried out these camps to continue their tradition of contributing their own quota to

alleviating the suffering of the women who have VVF. This effort will continue as the association get more support/funding to repair the VVF of these shunned less privileged members of our society.

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