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Knowledge and attitude of men toward women living with vesicovaginal fistula in Bauchi State, Nigeria

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Abstract

The purpose of this study was to determine the knowledge and attitude of men toward women living with vesicovaginal fistula in Bauchi State, Nigeria. Survey design was used for the study. Stratified sampling technique were used to select the sample of 100 men. Self-structured questionnaire were used for data collect. Frequency and percentage were used to analysis the data. The result shows that majority 50(60.9%) of the respondents have moderate knowledge of VVF while 62(75.6%) of them shows negative attitude toward women living with VVF. Sociocultural factors are mostly responsible for the condition and sustain the affliction of VVF on its victims in the community. Base on these findings it was recommend that a large scale study can be done for assessing the knowledge and attitude of men toward women living with VVF for generalization. The descriptive study can be undertaken with control group for comparison.

Keywords: Knowledge, attitude, and vesicovaginal fistula

Introduction

Vesicovaginal Fistula (VVF) is the abnormal connection between the urinary bladder and vagina that result in the continuous involuntary discharge of urine into vagina. The condition may occur as a result of prolong labour, trauma during operation, infection and in addition necrosis from treatment of carcinoma. However, some gynecologist attributed it to numerous factors contributed in developing countries among others are culture which promote marriage and conception at a young age of 10years before fault pelvic growth. In developing nations of the world, women are often seeing as a vulnerable group, VVF further make them more vulnerable (weak easily hurt) in the societies. Otherwise men, thus exposing their emotional instability seen themselves as being different from other women in several areas, in spite of the fault that their sexual freedom has already been curtailed they find it difficult in their sexuality. Furthermore, other infection may also arise and they age more easily than their contemporaries who have not had their womanhood curtailed. This demoralizing condition thus destroys the psychological wellbeing of the victims ^[1, 2, 3].

Materials and Methods

Methodology

Research Approach

Research Approach is the description of the plan to investigate the phenomenon under study in a structured (quantitative), unstructured (qualitative) or a combination of the two methods (quantitative-qualitative integrated approach).

In present study research approach was quantitative method of approach

Research Design

The research design refers to the researcher's overall plan for obtaining answer to the research questions.

Descriptive survey research design

Setting of Study: The study setting is the location in which the research is conducted-it can be natural, partially controlled, or highly controlled.

The study was conducted at Makama "A" Bauchi, Bauchi State, Nigeria.

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Population

Population is the aggregation of all units in which a researcher is interested.

Target population: A target population consists of the total number of people or objects which are meeting the designed set of criteria by researcher.

The target population in this study are men of Makama “A” Bauchi

Accessible population: It is the aggregate of cases that conform to designated criteria and also accessible as subject for a study.

In this study the accessible population are men of Makama A Bauchi.

Sampling and Sample Size

Sample is defined as representative unit of a target population.

Probability sampling method.

The proposed sample size for this study was 100.

Sampling Technique

In this study stratified sampling was used to select the sample.

Sampling Criteria**Inclusion Criteria**

- Men of Makama A Bauchi.
- Men who are residing at Makama A Bauchi.
- Men who can read, write and speak Hausa or English.

Exclusion Criteria

- Men those who are not willing to participate will be excluded.
- Men who are not available at the time of data collection will not be included.

Variables

Variables refers to the attributes or characteristics that can have more than one value, such as height, weight.

In the present study the research variables are – vesicovaginal fistula.

- **Independent Variable:** Variables that are purposely manipulated or changed by the researcher. In this study independent vesicovaginal fistula.
- **Dependent Variable:** Variables that change as the independent variable is manipulated by the researcher. In this study dependent variable is men.
- **Description of Tool:** Structured questionnaire.

Tool

Part A: Performa for collecting socio-demographic variables It consist of demographic variables like sex, age, occupation, educational qualification.

Part B: Structured knowledge questionnaire to assess the knowledge and attitude of men toward women living with vesicovaginal fistula in Bauchi, Bauchi State, Nigeria. It consist of questionnaire to assess the knowledge and attitude

of men toward women living with vesicovaginal fistula, this questionnaire consist of 4 questions with 22 items. A score of one mark was given to every correct answer and zero was given for wrong answer.

Plan for Data Collection Procedure: Before actual collection of data, permission was obtained from the head of village. Then the researcher introduces themselves to the respondent regarding the tool. Each respondent will be given 40 minutes to complete the questionnaire.

Plan of Data Analysis and Interpretation

Data Analysis: The data were summarized, organized, tabulated and analyzed. The data was analyzed according to the objectives of the study by using non-experimental descriptive statistics (frequency and percentage).

The analysis and interpretation of data collected from the sample to determine their knowledge and attitude. A quantitative research approaches are used for the present study. The analysis is done in order to achieve the result of the study.

Organization of the study finding

Section 1: Distribution of sample according to the socio-demographic variable.

Section 2: Distribution of sample according to knowledge and attitude of men toward women living with VVF.

Summary

In this chapter we have included methodology research approach, research design, population, setting of the study, sample, sample size, sampling technique, criteria for sample selection, and development of tools content validity of tools, reliability of tools, description of final tools, pilot study, data collection procedure, plan for data analysis.

Results and Discussion**Data Analysis and Interpretation of Result**

This chapter deal with analysis and interpretation of the data gather to assess the knowledge and attitude of men toward women living with vesicovaginal fistula in Bauchi, Bauchi State, Nigeria.

Organization and presentation of Data

The obtained data were entered into the master sheet for tabulation and statistical processing. Descriptive and inferential statistical methods were used to analyze the collected data. The analysis of the data was organized and finalized according to the plan of data analysis and presented in the form of tables and figures which is organized under the following sections.

Section –I: Description of demographic variables of the respondent.

Section –II: Distribution of respondent according to knowledge and attitude of men toward women living with VVF.

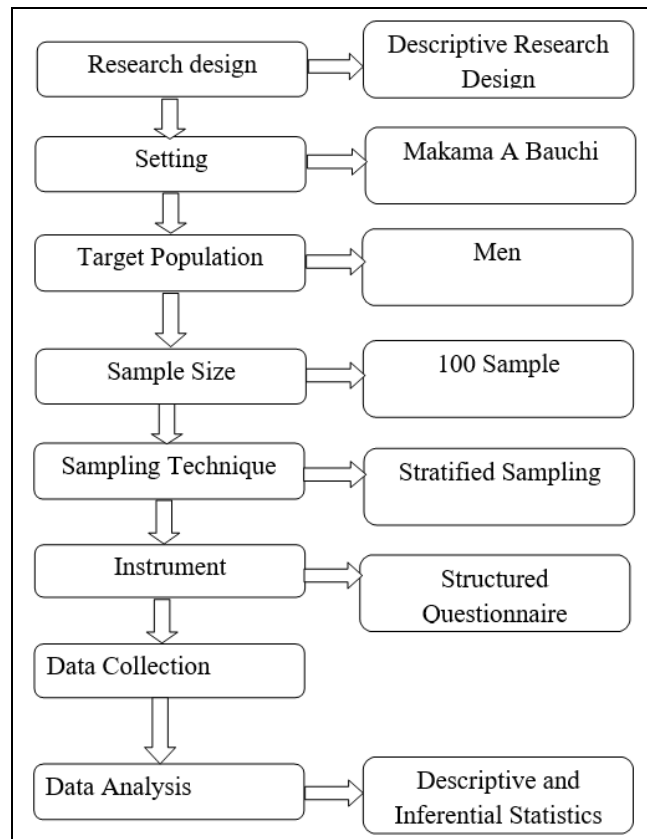


Fig 1: Schematic representation of research methodology

Section-I

Table 1: Description of demographic variables of the respondents

SN	Items	Responses	Frequency	Percentage
1	Age	25-29	12	14.6%
		30-39	20	24.4%
		40 and above	50	60.9%
		Total	82	100%
2	Marital status	Married	60	73.2%
		Single	22	26.8%
		Total	82	100%
3	Occupation	Civil servant	5	6.1%
		Farmer	40	48.9%
		Trader	27	32.9%
		Student	10	12.2%
		Total	82	100%
4	Educational qualification	Primary certificate	13	15.8%
		Secondary certificate	52	51.2%
		HND/B.Sc/B.Ed	27	32.9%
		Total	82	100%

Analysis Related To Demographic Variables

Table I is describing the frequency among the respondent with their selected demographic variables like age, marital status, occupation, qualification etc.

- The variables, age in present study were 12(14.6%) respondent belongs to 25 – 29 years and 20(24.4%) respondent belongs to 30 – 39 years while 50(60.9%) respondent belongs to 40 years and above.
- The variable marital status of the respondents,

60(73.2%) were married while 22(26.8%) are unmarried.

- As regard to occupation 5(6.1%) of the respondents are civil servant, 40(48.9%) Farmer 27(32.9%) Trader while 10(12.2%) are Students.
- As regard to qualification of the respondents 13(15.8%) has Primary certificate 52(51.2%) Secondary certificate while 27(32.9%) HND/B.Sc/B.Ed respectively.*

Section 2

Table 2: The knowledge and behaviour of men towards women living with VVF.

SN	Items	Responses	Frequency	Percentage
1	Women with VVF suffer from loss of bladder control which make them stink of urine all times does the situation makes men run from them	Yes	50	60.9%
		No	32	39.0%
		Total	82	100%
2	Often times the victim of VVF become a social outcast to men and societies with suicide	Yes	60	73%
		No	22	26.2%
		Total	82	100%
3	Attitude men displays toward VVF victims are without sympathy sometimes with abandoning them	Yes	42	51.2%
		No	40	48.9%
		Total	82	100%
4	Do women with VVF unable to satisfy sexual needs of their husbands and provide them with offspring	Yes	48	58.5%
		No	34	41.5%
		Total	82	100%
5	Do you share the same bed with women suffering with VVF	Yes	20	24.4%
		No	62	75.6%
		Total	82	100%

The table above shows the knowledge and behaviors of men towards VVF victims. Item 5 shows that 50(60.9%) responded yes which indicate that women with VVF suffer from loss of bladder control which make them stink of urine at all times and make men to run from the victims while 32(39.0%) responded no. Item 6 show that often times the victim of VVF become a social outcast to men and societies with suicide 60(73.2%) of the respondents agreed while 22(26.8%) disagreed. Similarly, item 7 shows that attitude men displayed toward VVF victims are without sympathy

sometimes with abandoning them, the result revealed that 42(51.2%) agreed while 40(48.9%) disagreed. Furthermore, item 8 indicate that women with VVF unable to satisfy sexual needs of their husbands and provide them with offspring, the result shows that 48(58.5%) of the respondents agreed while 34(41.5%) disagreed. Therefore, item 9 revealed that do men share the same bed with women suffering with VVF, the result shows that 20(24.4%) of the respondents agreed while 62(75.6%) disagreed.

Table 3: Respondents view on the causes of VVF on It victim

S.No.	Items	Responses	Frequency	Percentage
1	Injury during gynecological surgery causes VVF	Yes	37	45%
		No	45	54%
		Total	82	100%
2	Does prolong and difficult labour which sometimes last for days before a woman receive an obstetric care causes the VVF	Yes	44	53%
		No	38	46.3%
		Total	82	100%
3	Does accessibility of basic maternal care and lacks of knowledge about facilities for fistula repair complicate VVF	Yes	55	67.1%
		No	27	32.9%
		Total	82	100%
4	Does female genital mutation (circumcision) causes VVF	Yes	70	85.4%
		No	12	14.6%
		Total	82	100%

The table above shows the response of the respondents on the causes of VVF on its victims. Item 10, respondents indicate that 37(45%) indicate that injury during gynecological surgery can cause VVF, while item 11, 45(54.9%) indicate prolong and difficult labour which sometimes last for days before a woman receive an obstetric care. Item 12 shows that 55(67.1%) of the respondents indicated that accessibility of basic maternal care and lacks

of knowledge about facilities for fistula repair complicate VVF while 27(32.9%) of the respondents objected the view. Item 13revealed that 70(85.4%) of the respondents have agreed that female genital mutation (circumcision) causes VVF while 12(14.6%) disagreed.

Section 3

Table 4: The problems associated with VVF victims among the community members

SN	Items	Responses	Frequency	Percentage
1	Does ability to produce children or satisfy their husbands sexual desire further destroys the victim's self-esteem	Yes	68	82%
		No	14	17.1%
		Total	82	100%
2	Quietness and shame are problems associated with VVF victims	Yes	42	51.2%
		No	40	48.9%
		Total	82	100%
3	Segregation of VVF victims, intermingling with strangers or visitors is a problem associated with the women living with VVF	Yes	70	85.9%
		No	12	14.6%

		Total	82	100%
4	Does repulsive smell of urine would lead you to force out the victims from the family compound	Yes	52	63.4%
		No	30	36.9%
		Total	82	100%

The table above show response of the respondents on the problem that are associated with the VVF victims among the community members. Item14 on the table shows that 68(82.9%) of the respondents have agreed that inability to produce children or satisfy the husband sexual desire would destroys the victim self-esteem while 14(17.1%) of the respondents disagreed. Item 15 indicate that 42(51.2%) of the respondents revealed that quietness and shame are

problems associated with VVF victims while 40(48.9%) objected the view. Similarly, item 16 shows that 70(85.4%) of the respondents with strangers or visitors in the community, while 12(14.6%) of respondent disagreed. Item 17 revealed that 52(63.4%) of the respondents agreed that repulsive smell of urine would lead you to force out the victims from the family compound while 30(36.9%) agreed with the views.

Table 5: The Consequences of Stigmatization of women living with VVF.

SN	Items	Responses	Frequency	Percentage
1	Does victim struggle with depression abandoning by their partners, families and communities, and live in isolation because of the constant leaking of urine and odour	Yes	62	75.6%
		No	20	24.4%
		Total	82	100%
2	Does victim of VVF suffer from urinary incontinence, which make the stink of urine at all times	Yes	42	51.2%
		No	40	48.9%
		Total	82	100%
3	Because of magnanimity of the stigma involve and its consequences families and suffers alike may decided not to reveal the existence of VVF, does this make them denied access to treatment	Yes	30	37%
		No	52	63%
		Total	82	100%
4	Does victims with the problems being incontinence, dullness and even divorce	Yes	56	68.3%
		No	26	31.79%
		Total	82	100%
5	Since the victim can neither satisfy their husband sexual urge nor produce offspring for them, does this make them usefulness in the eye of their husband and even the society in general	Yes	66	80.5%
		No	16	19.5%
		Total	82	100%

The table above shows that the respondent views on the consequences of stigmatization of women living with VVF. Item 18 on the table shows that 62(75.6%) of the respondent revealed that victims struggle with depression. Item 19 shows that 42(51.2%) of the respondent agreed that victim of VVF suffer from urinary incontinence, while 40(48.9%) disagreed. However, item 20 indicated that 30(36.9%) have agreed that VVF victim denied access to treatment because of the magnanimity of the stigma involve and its consequences that families and suffers alike may decide not to reveal the existence of the condition, while 52(63.4%) of the respondents disagreed with the statement. Item 21 shows that victims with the problems being incontinence, dullness and even divorce 56(68.3%) agreed while 26(31.79%) disagreed. Finally, item 22 revealed that 66(80.5%) of the respondent indicated that the victim can neither satisfy their husband sexual urge nor produce offspring while 16(19.5%) of the respondents objected the view.

Summary

In this chapter we have include analysis and interpretation of the data according to demographic variables and organization of findings.

Conclusion

On the basis of analysis of the study the following conclusion were drawn. It also brings out the limitation of the study into the picture, the implications are given on the aim of assessing knowledge and attitude of men toward women living with VVF, and research it also gives insight into the future studies.

The knowledge and attitude of men toward women living with VVF in Bauchi State of 100 samples. Majority (60.9%)

of the respondents have moderate knowledge of VVF while 75.6% of them shows negative attitude toward women living with VVF.

Nursing Implication

The finding of the study has implication in the field of nursing education, nursing practice, and nursing research

Nursing Education: Nurse educators can utilize the result of the study to teach students nurse and health educate the community.

Nursing Practice: Nurses should participate actively in various awareness camp/facilities organized by government and other organization related/regarding vesicovaginal fistula. Nurse should take initiative to find out the vulnerable groups for vesicovaginal fistula.

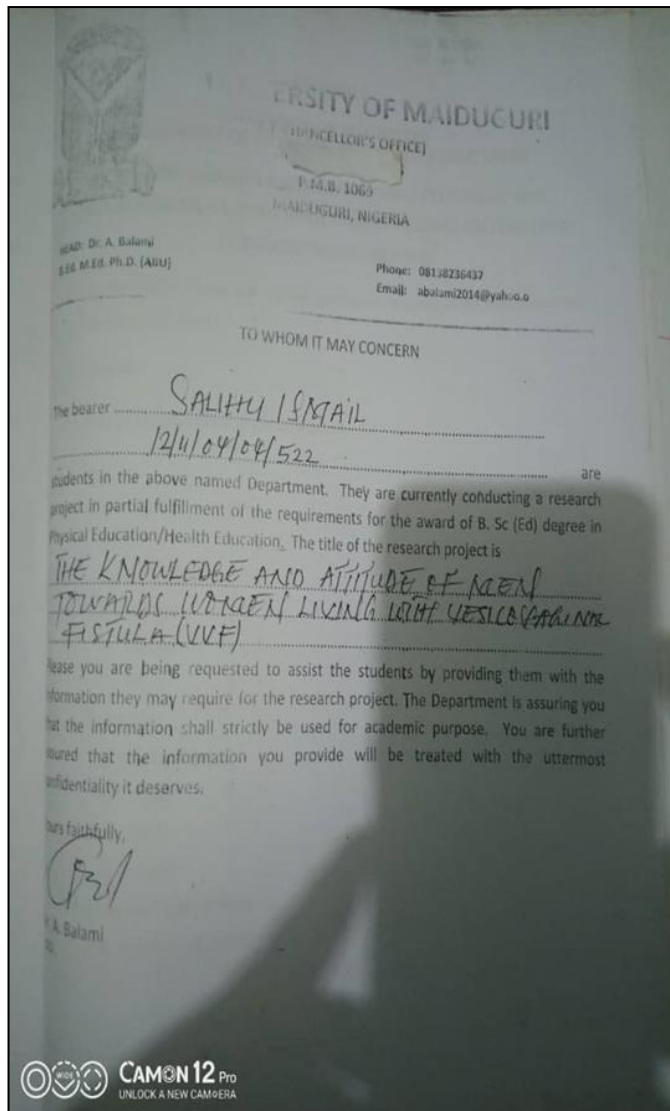
Nursing Research: Nursing practice needs to be based on scientific knowledge, Nurse have to gather information regarding facts, ethical issues and myths about the studies. Research essentially is a problem solving process. The present study focuses on knowledge and attitude of men toward women living with vesicovaginal fistula, as they future in their knowledge and attitude toward women living with vesicovaginal fistula.

Recommendation

- A large-scale study can be done for assessing the knowledge and attitude of men toward women living with VVF.
- The descriptive study can be undertaken with control group.

- Experimental study can be done to assess the effectiveness of structured teaching programme regarding knowledge and attitude of men toward women living with VVF.

Appendix



- 2003.
- May T. women's intervention in prevention of vesicovaginal fistula recurrence in two repair centres of Zambia 2012;32:2.
- Adebayo RK, Hassan UF, Adamu HM, Hassan HF, Baba H, Ajjiya DA. Levels of heavy metals and their health risk assessment from wastewater irrigated spinach in railway quarters, Bauchi, Bauchi state, Nigeria. Int. J Adv. Chem. Res. 2020;2(2):12-17. DOI: 10.33545/26646781.2020.v2.i2a.22
- Tahzib F. Epidemiological determinant of vesicovaginal fistulas. British Journal of Obstetrics and Gynecology 1983;90:387-391.
- World Health Organization. The prevention and treatment of obstetric fistulae. Report of a technical working group, Geneva 1989, 17-21.
- Magashi A. Female genital mutilation and societies. Retrieved from <http://www.nigeriamasterweb.com> 18/08/2016

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References

- Modification of O'connor techniques for the treatment of VVF repair described. Retrieved from. <http://www.medicalnewstoday.com> 01/03/2016.
- Sadik N. Saving women's lives: A Public Health Approach Lecture Delivered at Mailman School of Public Health, Columbia University on Tuesday, April 2011, 17. Retrieved from <http://www.mailman.hs.columbia.edu> 29/07/2016.
- Harroson KA. Obstetric fistula: one social calamity too many. Commentary British Journal of Obstetrics and Gynecology 1983;90:385-386.
- Hilton P. Vesicovaginal fistula in developing countries. International Journal of Gynecology and Obstetrics