

Counselling Implications of Cognitive Behavioural Therapy on Psycho-Social Adjustment of Vesico Vaginal Fistulae (VVF) Patients in Kano State, Nigeria

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Abstract. People with Vesico Vaginal Fistulae (VVF) have been suffering severely. In some communities, they are treated as outcast, while others are stigmatized. They suffer physical, emotional, and social maladjustment. Little position has been established about the counselling implications of Cognitive Behavioural Therapy (CBTH) on psycho-social adjustment of people living with VVF. Thus, the present study examined the counselling implications of CBTH on emotional, physical, and social adjustment of VVF patients in Kano state, Nigeria. The study discussed the causes and effects of VVF, psycho-social adjustment of VVF persons, concept of CBTH and its counselling implications on psycho-social adjustment of people living with VVF. The study concluded that CBTH provides effective counselling for optimizing psycho-social adjustment of people living with VVF. The study recommended that relevant stakeholders should uphold and maximize CBTH for treating psycho-social maladjustment of VVF patients.

Keywords: VVF, counselling, implication, CBTH, psycho-social adjustment.

1. Introduction

Vesico Vaginal Fistulae (VVF) has become a global scourge most especially in the third world countries. VVF is typically found among the Northern Nigerian women in places like Kano, Sokoto, Kaduna, Maduguri, and many communities (Ahmed & Holtz, 2007). World Health Organisation (2006) estimated 2 million young women live with untreated VVF, and that new cases of between 50,000 and 100,000 are reported every year worldwide. According to Global

Health (2014), an estimated two million women suffer from VVF globally. Nigeria has the highest prevalence of VVF in the world. The estimated case was between 400,000 and 800,000 and that about 20,000 new cases occurring annually, with 90 percent of the cases go untreated. From the estimated figure, it shows that no actual figure of people with VVF is yet to be ascertained. This may be attributing to stigmatization and shame associated with the condition where majority are afraid to expose themselves for support. The annual incessant reports of new cases in Nigeria is an indication that many women still live with VVF condition and suffer its scourge. VVF therefore is defined as an abnormal communication between the urinary bladder and the vaginal that results in the continuous involuntary discharge of urine into the vaginal vault (Bashah, Worku, & Mengistu, 2018).

2. Causes of VVF

The causes of VVF is attributed to many factors. Factors as age, socioeconomic status, prolong labour, traditional factors (Karbir, Iliyasu, Abubakar & Umar, 2004), obstetrical instruments, and early marriage have been highlighted as sources of VVF. Among the factors, the traditional (cultural) practices and labour obstruction may be the leading cause in Nigeria. The National Foundation on Vesico-Vaginal Fistulae (2003) in a study of 1443 patients with VVF, found that 32.5% of all the Hausa patients freely admitted to having had a female genital mutilation known as “gishiri” cut. World Health Organisation (2006) reported that due to long labour obstruction, the unrelenting pressure of the baby’s head against the pelvis can greatly reduce the

flow of blood to the soft tissues surrounding the bladder, vaginal and rectum. This situation in most cases leaves the pelvic tissue with injury which may rotten away, thus creating a hole or a fistulae between the bladder and the urethra. A woman in this condition may develop VVF and suffer its consequences. More so, Moir (2007) explained that the common form of obstetric fistulae is caused by pressure necrosis following a prolonged labour. Often, this situation may be unnoticed until many days after a woman delivers her child. Also, a report from southern Nigeria, indicated that most of the clients that have VVF following prolonged obstructed labour usually believe to come from spiritual houses or after delivery of a dead baby at home (Okoye, Emma-Echiegu, & Tanyi, 2014).

The other form of fistulae occurs as a result of improper use of obstetrical instruments. This is an accidental injury, which refers to injury caused to the bladder during obstetric operations performed within the modern health care system, such as the hospital. Destructive operative procedures during delivery of the child may cause trauma, hence fistulae. Poor instruments such as perforator or decapitation hook may slip and damage the vaginal wall and bladder (Wilson, Sikkema, Watt, & Masenga, 2015; Zacharin, 2008). More so, early introduction to sexual activities as a result of this marriage leads to early pregnancy when the growth of pelvis is not complete, this situation causes cephalopelvic disproportion, a condition when the baby's head or body is too big to fit through the mother's pelvis (Ajuwon, 2007).

Since the birth canal is too narrow for the baby to come out, a prolonged and obstructed labours occurs, threatening both the life of the mother and the child at the same time. The trauma experienced by the woman may damage her birth canal, thus giving way to reproductive tract infections; this in turn leads to the development of an opening or fistulae between the vaginal and the urethra, which allows urine to pass through the vaginal uncontrollably (Wilson, Sikkema, Watt, & Masenga, 2015). Furthermore, Age at marriage no doubt affects pregnancy and labour complications among Nigerian women, hence a resulted to VVF. It has been reported that in Ethiopia and Nigeria, for example, over 25% of fistulae patients had become pregnant before the age of 15, and over 50% had become pregnant before the age of 18 (Okoye, Emma-Echiegu, & Tanyi, 2014; WHO, 2019).

3. Effects of VVF on the People Living with the Conditions

The effects of VVF on the victims are never pleasing anywhere. The effects are highly physiological, psychological and social in nature. Researcher has found that the VVF condition comes with a lot of discrimination and stigmatization (Bashah, Worku, & Mengistu, 2018). Physiologically, Fistulae results in the constant leaking of urine through the vaginal. Apart from continuous leakage of urine, VVF also often leaves its victims with foetal mortality, cervical and pelvic damages, and neurological conditions such as foot-drop, urogenital infections, ammonia dermatitis, genital lacerations, kidney infections and amenorrhea. Nerves to the lower limbs may also be damaged and when this happens, VVF patients may suffer from paralysis of the lower half of the body (Ghatak 2012).

Psychosocially, the VVF condition can make the victims freedom curtailed, find it difficult to enjoy sexual life. The condition may lead to woman's inability to perform some house chores and marital obligation to her husband (Ahmed & Holtz, 2007). This irreparable and demoralizing condition thus destroys the psychological well-being and adjustment of the victims. When VVF patients lose confidence in enjoying quality life, they often live a life of regret and misery. The condition at times renders its victim helpless, hopeless and traumatized. Women suffering from VVF often see themselves as being different from other women in several areas thus experience both negative self-concept and low self-esteem. Additionally, VVF patients may suffer direct trauma to the pelvic bones, and may experience gait disorders due to the destruction of the symphyseal union of the pubic bones (Lawson, 2007).

4. Psycho-Social Adjustment of People Living with VVF

To understand psycho-social adjustment, the concept of adjustment needs to be understood. Adjustment originates from the biological term "adaptation" (Mangal, 2005). Biologists used the term "adaptation" strictly for the physical demands of the environment, but psychologists use the term "adjustment" for varying conditions of social or interpersonal relations in the society. Adjustment can be referred to as the reaction to the demands and pressures of a social setting imposed upon the individual. As such, there has been a continuous struggle between the needs of the individual and the external forces since time immemorial (Mangal, 2005). Adjustment implies an emotional and intellectual acceptance of loss. Adjustment to VVF

patients connotes acceptance of the condition of challenge without feeling shameful about it. It explains the process people living with VVF getting along with the members of society as best as they can. There are many adjustment elements among individuals. These can include psychological, social, economic, health, academic, and vocational adjustment among many. Thus, this work is limited to psycho-social adjustment.

Psycho-social adjustment therefore, is often more of psychological and social approach that involves dealing with new social and psychological standards and values. Relating to VVF individuals, it is an attempt made to address the standards, values and desires of a society as well as psychological and personal desires in relation to the available resources so as to be accepted as well as to stabilize living situation amidst traumatic and stigmatized conditions. In a situation where people living with VVF cannot cope, set standards, and attain valuable life function within limited resources is regarded as maladjustment. There are various components of psycho-social adjustment. The psychological which comprises of emotional, physical, and personal adjustment, and then the social adjustment. This study focused on the emotional, physical, and social components of psycho-social adjustment of people living with VVF.

Emotional adjustment is the condition or process of personal acceptance of and adaptation to one's circumstances, which may require modification of attitudes and the expression of emotions that are appropriate to a given situation (APA Dictionary of Psychology (2020)). Contextually, emotional adjustment refers to process where people living with VVF condition accept and adapt to their conditions by way of modifying attitudes to meet life satisfaction. It is the maintenance of emotional equilibrium in the face of internal and external stressors or forces emanating from VVF condition. Emotional adjustment encompasses maintaining emotional control and coping behaviour in the face of VVF challenges. It is an important task because, adjustment during emotions lead to a normal behaviour, whereas maladjustment leads to abnormal behaviour. During emotional adjustment, it is expected of VVF persons to have a lot of energy release to meet the challenges and help them perform very tough life functions which they cannot do in normal conditions. This form of adjustment can stimulate VVF persons and make them overcome lethargic position (Sharma, 2020).

Physical adjustment is another form of psycho-social adjustment that involves individual paying attention to the body health, mass index, and how to accept oneself, gain satisfaction for the components of physical and external shape, confidence and self-esteem and thus achieve a sense of psychological wellbeing within the community (Malih & Jiyad, 2016). It is situation where an individual's ability to look at situation realistically and objectively and set strengths and weaknesses and work on the development of abilities and aptitudes to the maximum extent possible, to achieve a balance between the individual physical appearance and the surrounding environment. Physical adjustment in this context is the process whereby people with VVF develops ability to appear neat, dress well, maintain regular bath, maintain body hygiene, and look healthy in the face of VVF condition.

Another component of psycho-social adjustment is social adjustment. In the school context, social adjustment is perceived as successfully managing time effectively, developing close friendship with other students, and the frequency the student felt worried about meeting new people, isolated from school life, lonely or home sick (Cazan, & Stan, 2015). Social adjustment frequently involves coping with new standard and values, and getting along with the members of the society as much as one can. Social adjustment to VVF persons involves successfully managing time effectively, developing close friendship with other members of the society, and coping the frequency at which people (family members, friends, neighbours etc.) felt worried about meeting them.

Social adjustment describes how VVF persons meet challenges of being isolated from daily life, loneliness, sicknesses or other health complication due to VVF condition. In this context, social adjustment refers to ability of people with VVF to ensure accommodation to the demands, restrictions, and mores of society, including the ability to live and work with others harmoniously and to engage in satisfying interactions and relationships despite their VVF condition. In other words, it is the adaptation of a person with VVF to the social environment. This may take place by adapting the self to the environment or by changing the environment to the personal needs of such a person.

5. Cognitive Behavioural Therapy (CBTH) and Psycho-social Adjustment of People Living with VVF

Cognitive Behavioural Therapy (CBTH) was developed by Aaron T. Beck, Albert Ellis, Maxie Maultsby, Michael Mahoney, Donald Meichenbaum, David Burns, Michael Mahoney, Marsha Linehan, Arthur Freeman, and others (McLeod, 2019). CBTH is a combination of cognitive and behavioural therapies that help people change negative thought patterns, beliefs, and behaviours so they can manage symptoms and enjoy more productive, less stressful lives. Cognitive behaviour therapy is a type of psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviours. CBTH is commonly used to treat a wide range of disorders including phobias, addictions, depression, and anxiety in addition to psycho-social maladjustment. Cognitive behaviour therapy is generally short-term and focused on helping clients deal with a very specific problem. During the course of treatment, people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behaviour (McLeod, 2019). In this context, people living with VVF get to know what VVF is, the causes, and its effects on their psycho-social lives, and how counselling can help them solve the problem.

Beck (2005), posits that cognitive restructuring involves the process of reorienting one's thought processes to reality, and of requiring one's mind to think truthfully, factually and logically. Cognitive restructuring is a talk therapy that helps one to reframe an earlier negative or irrational belief or understanding one had about things which inhibits the behaviour of set goals or which discouraged one in his/her effort to change his or her behaviour in life. CBTH is based on idea that our thoughts cause our feelings and behaviours, not external things, like people, situations, and events. The benefit of this fact is that we can change the way we think to feel/act better even if the situation does not change (Salami, 2008). Exposing people living with VVF to CBTH can help them identify their negative notions held against the condition, and change such negative thoughts to see the positivity of living happily, performing other societal functions just like any other person in the society. The exposure to CBTH will enable them change their mental orientation to accept life as it, develop positive self-concept and self-esteem, and embrace the reality of life.

6. Counselling Implications of CBTH on Psycho-social Adjustment of People Living with VVF

Generally, counselling has positive implications on the all-round live adjustment (emotionally,

physically, and socially) of individuals, especially, people living with VVF. As such, counsellors have an additional responsibility for sensitizing and counselling traumatized people about adjustments programmes (Imogie, 2002). Denga (2008) gave examples of psychological and social problems that need counselling to include intra-personal/interpersonal relationship, family upheavals, marital incompatibility, broken homes, sexual problems, emotional instability, fear of tomorrow, inferiority complexes, loss of job, unemployment, and more. These problems are highly inclined among the VVF persons and they require intervention like CBTH to combat the menace associated with the condition. Through CBTH, people living with VVF are offered counselling that can help them constructively shape and adjust their interest, abilities, personality traits, motivation, and their environments and life situations.

As CBTH targets at changing negative mental representation of people living with VVF to optimality, counselling can help enhance the psychological adjustments through an appropriate decision making strategy or skills. Some of the strategies can follow process as: identifying the decision to be made about the condition and life situation; gathering information for decision regarding the pressing issue; identifying the available alternative; weighing the evidence about the success of the action to be taken; selecting among the alternatives that can help them discard negative self-concept formation and self-definition; implementing the decision seems possible to achieved; and then reviewing and modifying the decision by upholding the positive actions and neglecting the harmful ones.

Exposure to CBTH enables gains from counselling, which is a source of motivation, the means for personal, social, psychological and physical development of people living with VVF. This counselling trajectory will enhance self-confidence which is necessary for them to succeed. More so, counselling through CBTH can unveil to VVF persons, strategies to plan their future, make career decisions, how to make necessary adjustments and advancements on their persona social lives that they might live a happy, successful and useful life as a married women, family members, employees and useful citizens.

Counselling through CBTH can make people living with VVF change their negative thoughts, behaviours, and thinking that cause them worries, traumatized, rejected, and dejected. During the counselling, people living with VVF can be

enlightened on where to make referrals such as to: psychologists, medical doctors, religious leaders and other competent sources as soon as problems are outside the competence of the counsellor.

7. Conclusion

Psycho-social adjustment of people living with VVF is paramount as far as their condition is concerned. People living with VVF encounter severe challenges leading to psychological and social maladjustment. Socially, their family life experience is a kind of hell to them. Most of their marriages have either been broken down or leaving them unhappy. Emotionally, VVF persons often feel stigmatized, traumatized, isolated, rejected, and dejected. Physically, the abnormality in their body increase body odour making them uncomfortable. However, from the reviews and discussion, it is glaring that CBTH offers counselling that can address the issues of psycho-social adjustment of VVF individuals if given rightful places it deserves.

8. Recommendations

From the position and discussion of this study, the following recommendations are made to the counsellors, psychologists, health professionals, and other relevant stakeholders in the education:

Ministry of health and hospital management should incorporate CBTH among the effective therapy of treating VVF conditions. This will help lessen emotional pains and trauma from social discrimination among the people living with VVF.

Government should employ more counsellors and psychologists in the hospitals, schools, and other institutions entangled with high number of persons living with VVF. This is to meet their individual psycho-social needs. Their roles will help VVF persons learn and adjust psychologically and socially. People living with VVF should be able to develop coping mechanisms, resilience, and adjustment techniques to accept life challenges that endangered them. They should not conceal their condition but open up and subject themselves to CBTH. The outcome of this will be the maximization of benefits of psycho-social adjustment.

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