

editorial

Blueprint

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MISSION STATEMENT

Blueprint is committed to the tenets of democracy and the task of restoring hope to our lives as a nation. We will eagerly take our pens and fight those that threaten Nigeria's wellbeing, unity and progress through corruption, misplacement of priorities, as well as nepotism and prejudice. At the same time, we will celebrate Nigerian achievers at home and overseas, tasking others to emulate them. We endeavour to ensure that this news publication is well-produced, while adhering to high ethical and professional standards of the journalism profession.
So help us God.

The VVF onslaught must be checked

The recent revelation that about 12,000 new cases of Vesico Vaginal Fistula (VVF) are recorded annually in Nigeria with 5,000 cases treated must have ruffled feathers in the health care circles.

Dr. Aliyu Muhammad El-Ladan, Medical Director of the National Obstetric Fistula Centre, Babbar-Ruga, Katsina, made the disclosure when the Fiscal Responsibility Commission (FRC) capital projects verification team for 2016/2017, North West, visited the centre.

According to him, the Federal Government intended to establish at least one VVF centre in each of the six geopolitical zones in the country for effective treatment of the disease.

El-Ladan said that the country needed more midwives, particularly at primary health care facilities at local government areas in Nigeria, to effectively check the condition.

He said, "Having enough qualified midwives at rural facilities will assist to stop obstructed labour which is the major cause of the disease.

"Government should also do more on the training of personnel as well as sensitise the public on the importance of Ante Natal Care to stop obstructed labour".

Early marriage has been identified as one of the forerunners of VVF. This avoidable condition plagues the Nigerian girl-child especially in the northern part of the country where the practice is prevalent.

Available statistics have revealed that over 36,000 Nigerian women die of pregnancy and childbirth-related complications with an estimated 800,000 injuries mostly resulting in VVF..... That Nigeria still carries the highest burden of VVF in the world and 12,000 fresh cases are added annually are no longer acceptable.

VVF is an abnormal fistulous tract extending between the bladder and the vagina that allows the continuous involuntary discharge of urine into the vaginal vault. It is often caused by having babies too early when the body is not developed enough for the successful passage of a baby through the birth canal.

The consequences of such damage are incontinence and related conditions such as dermatitis and erosion of the skin and other tissues in the vulva and vagina from constant leaking of urine or faeces. In extreme cases, the urethra, bladder and vaginal wall can be completely eroded. If nerves and limbs are damaged, victims can develop foot-drop, a loss of co-ordination with one or both of the lower limbs.

As recently as August 2010, more than 500,000 VVF patients lived in Nigeria. And as few as 16 centres offered surgical care to some 4,000 victims per year, leaving the rest untreated. Young girls often develop VVF during their first pregnancy. Majority of them get thrown out of their marriages as a result of the illness. Not only that. They suffer lack of support and are not welcome in their communities. Over time, they are excommunicated with the attendant psychological burden.

The prevalence of the disease, frightening as it is, shows that government at all levels is not doing enough to combat the scourge. Government must provide better equipped hospitals in areas where the ailment is preponderant, while existing facilities are upgraded. It is inexcusable that culture and religion are held responsible for the trauma faced by a girl-child. This state of affairs poses a serious challenge to the Child's Rights Act which has been domesticated in 24 states of the federation and the numerous women's rights legislations.

Government should muster enough political will to punish rapists and older people who put innocent, underage children through this nasty suffering. Parents who pull girl-kids from school for marriage should be sanctioned. Unskilled birth attendants who perform illegal child delivery should not be spared.

In the light of the dangers listed above, the federal government's directive that marriage age should be from 18 years should be given a legal backing because this persistent practice cannot be swept away by a mere directive.

Recall when the Babangida administration came up with the policy of one family, four children. The policy was pursued desultorily. It turned out to be unworkable and was consequently abandoned.

Government at all levels will do well to enlighten parents and guardians on the hazards associated with the practice in addition to whatever sanctions it deems fit for railroading minors into challenges nature has not prepared them for.

It is a tragedy that despite concerted efforts being made by concerned citizens and some Non-Governmental Organisations (NGOs) to discourage early marriages as well as punish pedophiles who subject underage girls to avoidable trauma and humiliation, the practice still continues in several quarters.

We advocate tougher sanctions against men with wrong taste or preference for the minor in a country where a plethora of women of marriageable age is just at their beck and call.