

Lived Experiences of Women with Obstetric Fistula in Sokoto and Zamfara, Northern Nigeria

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Abstract: Obstetric fistula is a global reproductive menace that damages the lives of women in the less privilege societies, including Africa. Employing 9 participants, this qualitative descriptive study discovers the views of obstetric fistula patients, health workers and related healthcare government officials in Sokoto and Zamfara states, Nigeria, on the role played by social support from the significant others in encouraging ravaged women to partake in therapy. In view of the foregoing, a theme emerged ensuing from data analysis with Nvivo qualitative software, which is social support. This study made recommendations including, strengthening existing policies and creating new ones to increase participation in treatment, by implication addressing the problems of women with obstetric fistula, enlightening family and friends of the victims to do more to assist the victims, provision of the needed obstetrics healthcare services to women, stimulating social and gender equality to empower women and promoting girl-child education.

Keywords: Lived experience, obstetric fistula, social support, participation, therapy.

I. INTRODUCTION

Obstetric fistula (OF) is a serious injury incurred by women as a result of prolonged labour during delivery [13]. OF is a condition in which the affected woman have an abnormal communication between the rectum and the vagina (recto-vaginal fistula) and between the urinary bladder and the vagina (VVF) [8].

According to the Nigeria's federal ministry of health the extraordinary prevalence rate of OF in Nigeria is alarming [7]. The report further suggests that there about 1 million victims suffering from OF, an estimated 200,000 new cases occur yearly, mostly in northern Nigeria, apart from an estimated backlog of over 50,000 untreated cases and a prevalence rate of 2-4 cases in each 1000 birth in the region [8], [12]. The high prevalence rate of the OF in northern Nigeria might be connected to the women's failure to partake in therapy, perhaps due to poor social support from significant others [14], [13]. [12], [9]. However, momentous social support from significant others such as the family, and friends amongst others will go a long way to motivate victims to seek cure in approved government health care facilities [14], [12], [11].

Even though several scholars have examined the concept of social support and treatment seeking behavior, [11], [7], [8], [14], [12]. However, the majority of the studies have some methodological flaws, in that they focused on measuring the concept quantitatively, which limits the in depth understanding of social phenomenon [6], [8]. In line with the foregoing [8], suggests that further research is needed to identify women's perception and experience of social support in a different social context from Australia and to identify other sources of support such as the wider community. Similarly, [7] argued previous literature on social support has weakness through concentrating only in examining support among women on delivery and those admitted with minor pregnancy-related problems, while neglecting the views of patients with perceived severe complications such as OF disease. Specifically, the results of most previous studies only permit for making inference largely based on statistics thus, omitting an in-depth understanding of the lived experiences of the participants on the influence of social on participation in therapy.

Thus, this research will present the lived experiences of the OF patients, health practitioners and government officials from Zamfara and Sokoto, Nigeria. This scholar hopes that by providing evidence of the experiences of the participants in

their own words, it will offer a rich and comprehensive insight into the role of social support in motivating women to seek for cure, consequently, this study will serve as a motivating factor for further action on the part of policymakers, researchers and health care providers that are vested with the responsibility of improving the participation of obstetric fistula women in therapy.

II. RESEARCH QUESTION

This study will provide answers to the following research question:

1. Does social support from significant others influence partaking of obstetric fistula women in therapy in Sokoto and Zamfara?

III. RESEARCH METHODOLOGY

This obstetric fistula research was conducted at Obstetric units of Farida General Hospital Gusau, Zamfara state and Maryam Abacha Women and Children Hospital, Sokoto. The two areas have an estimated 9.5 million people (NPC, 2016). The figure shows that the population of girls 13 years and above is estimated at about 49.8% [8]. The state of livelihood of majority of women in the study areas is low, characterized by low level of literacy, poverty, unemployment and deprivation in access to maternal and child health care services [8], [13]. The majority of women in the areas prefer to give birth at home perhaps due to low level of education and poverty [8]. Furthermore, the people of the area are predominantly Muslims then, Christians and the occupation of majority of the population include farming, trading, fishing among others [8], [9].

RESEARCH DESIGN

This research uses a qualitative descriptive technique to explore the lived experiences of obstetric fistula women on the influence of social support from significant others on participation in treatment. The study adopted phenomenological orientation that emphasizes on explaining phenomena based on exploration, elaboration, and describing the “meaning” people attached to phenomenon under study [4], [5]. Specifically, this study collected data in the two areas based on participants’ verbal words. This study did not employ an underpinning theory; however, due to the experience of the researchers in the field of nursing and sociology of health and illness as well as an understanding of the “meaning” that participants attached to their experience, the knowledge served as guiding principle towards examining the problem. Thus, this study employs a qualitative cross-sectional design, in which we carry out a single face-to-face in-depth interview with the participants in Sokoto and Zamfara. The justification for using the design is because it allows for gaining rich opinions of the participants, and using longitudinal design could result in data loss because most of the fistula patients could be discharged, which is in line with opinion of [3].

ETHICAL ISSUES, SAMPLE AND DATA COLLECTION METHOD

This study proposal was approved by the officials of Sokoto and Zamfara state health research ethics committees. The research employs purposive sampling method and chose 9 participants- 4 OF women (2 VVF & 2 RVF patients), 3 health care providers, and 2 government officials. The basis for choosing the sample was because they are seen as appropriate in providing the needed data as well as provide the saturation need of this research, which is in line with the opinions of [3]. Additionally, the study’s participants were selected from Maryam Abacha Women and Children hospital Sokoto and Farida General Hospital, Gusau. In order to encourage participants to offer truthful information, the purpose of the study, procedure for data collection and the benefits derivable were explained to the participants. The informants that were willing to participate in the study were given consent form which they signed. The venue of the interviews was agreed between the researchers and the participants. For the OF patients, it was agreed that the interview be held in the empty section of the ward. The nurse's stations were used for the interview contact with health professionals, and for the government officials, we agreed to utilize their respective offices. Because of low levels of literacy among the OF patients, the interview questions were translated into participants’ local language (Hausa language) by an expert linguist to enhance comprehension and validity of the data. An unstructured interview scheduled with an open-ended question was utilized to permit the participants to express opinions in their own words. After obtaining permission from the research participants, we videotaped the interview sessions and the researchers took notes of the session. At the end of the interview sessions, we transcribed the responses in English language verbatim. Again, the responses gained from OF patients were back-translated from Hausa to English language for further data analysis.

DATA ANALYSIS

The data analysis procedure started through reading and reviewing the transcribed face-to-face in-depth interview to gain an understanding and meaning of the participants' responses, so as to generate themes and categories. The raw data was inputted into Nvivo software for qualitative analysis that allows for the emergence of themes; the interpretation of these themes was based on observed general pattern about the data, which is in line with the opinion of [2]. The qualitative software also helps to code all the data about the perceptions of the OF patients, health care personnel, as well as government officials. Additionally, the software assists in locating all the important patterns, which is in line with the views of [1].

IV. FINDINGS

Table 1 show that 4 OF patients participated in the study, representing 44.4% of the sample. Next are 3 healthcare providers, which represent 33.3% of the sample. This is followed by 2 government officials, representing 22.2% of the sample. Additionally, concerning the gender of the respondents, 7 participants are female, representing 77.7% of the sample, whereas, 2 respondents are male, which represent 22.2% of the sample. Moreover, in relation to the age of the participants, the age of 4 participants is between 15 to 26 years, representing 44.4% of the sample. This is followed by 3 respondents whose ages are between 25 to 36 years, which represent 33.3% of the sample. Next are 2 participants whose ages are between 35-46 years, representing 22.2% of the sample.

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

Participants Category	Frequency	Percentage (%)
Obstetric Fistula patients (VVF)	4	44.4
Healthcare Providers	3	33.3
Government Officials	2	22.2
Total	9	100.0
Gender		
Female	7	77.7
Male	2	22.2
Total	9	100.0
Age		
15-26 years	4	44.4
25-36 years	3	33.3
35-46 years	2	22.2
Total	9	100.0
Location		
Sokoto	5	55.5
Zamfara	4	44.4
Total	9	100.0
Educational Qualification		
No formal education	3	33.3
Secondary School	1	11.1
Degree or HND	5	55.5
Total	9	100.0
Religion		
Islam	8	88.8
Christianity	1	11.1
Total	9	100.0

Moreover, related to the setting of the participants, 5 participants were found in Sokoto, representing 55.5% of the sample, and 4 were found in Zamfara, which represents 44.4% of the sample. In addition, in relation to the educational qualifications of the participants, 3 partakers have no formal education, which represents 33.3% of the sample. Then 1 participant possessed secondary school education, representing 11.1% of the sample. This is followed by 5 participants who possessed a degree or its equivalent, which represents 55.5% of the sample. Also, concerning the religion of the

participants, 8 members practice Islam, which represents 88.8% of the sample, while 1 participant practices Christianity, representing 11.1% of the sample.

SOCIAL SUPPORT

Social Support refers to a situation whereby an individual or group possesses emotional and practical support from other individuals such as friends, family and community among others [14], [12]. Based on the general pattern observed from the interview result as shown in Figure 1, the participants (II, VI, VIII, I, IV & III) generally stated that support from family, friends and community influence participation in therapy seeking. In essence, the majority of the OF patients who partake in therapy stated they were accorded support, which stimulates them to visit the hospital. In relation to the foregoing, a respondent who is afflicted with OF states that:

My relatives, friends, and neighbors supported me throughout the period of my pregnancy and delivery. My husband’s relatives, in particular, are in support of hospital delivery. They use to say “it is better I should deliver at modern hospital”... The overwhelming support that I received from my husband and other family members, friends and well-wishers, in particular, encouraged me to partake in therapy at this center (VVF unit) in addition to free intervention programs provided by government (RES. II, VVF patient).

Moreover, confirming the views expressed by respondent II, respondent VI, health personnel observes that:

The financial and physical assistance offered to OF women by their relatives, government and well-meaning individuals have gone a long way in inspiring them to seek therapy at the appropriate time. Similarly, most VVF patients who visit the unit for cure state that the prospect of support from the government through skills acquisition programs motivates patients to partake in therapy (Respondent VI, Health personnel).

Furthermore, confirming the foregoing views, respondent VIII; a government official adds that:

Most patients who seek medical attention in our communities are those supported by their family members. Because providing other needs of the patients, such as feeding those who accompany the victims to the treatment centers and other daily needs is expensive, support of the relatives is vital to further motivate partaking in therapy among the patients (Respondent VIII, Government official).

Based on the foregoing opinion of the respondents on the impact of social support in influencing intention and partaking in therapy, it can be argued the majority of respondents who visit hospitals have the support from their family, neighbors, and philanthropist among others. This assertion receives credence from [11] who emphasizes the importance of social support in influencing treatment seeking. The scholar argues that support from individuals such as friends and family helps to develop positive feelings to treat disease.

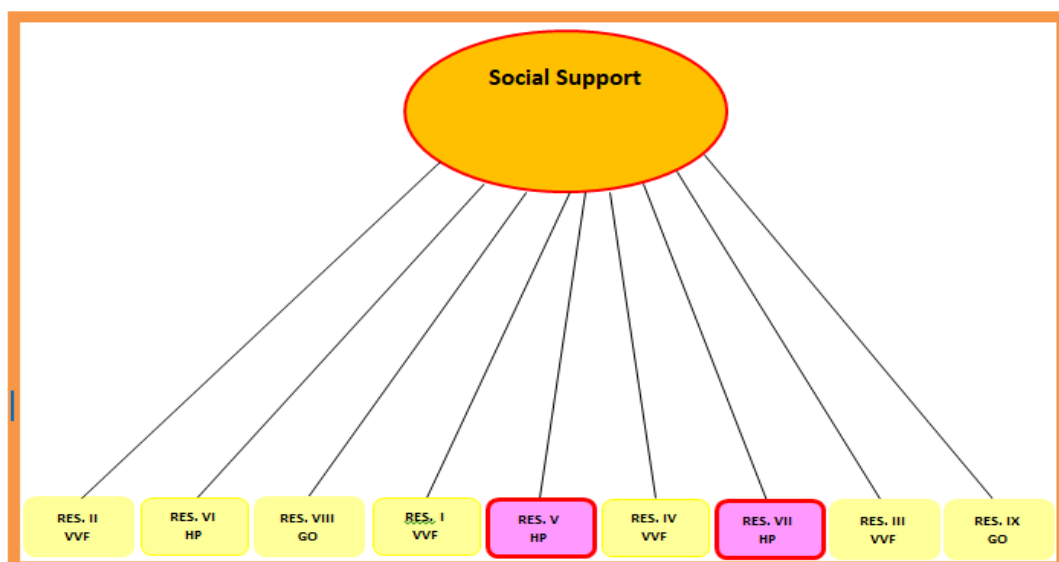


Figure 1: Social Support

V. DISCUSSION

This study's result extend knowledge concerning the documented factors that stimulate OF patients to participate in therapy; by augmenting their lived experiences as well as opinions of other respondents in the healthcare profession concerning the influence of social support in inspiring visits to health centers for therapy. The study employs 9 respondents as a sample, including 4 OF patients, 3 healthcare providers, and 2 government officials. In relation to social support, almost all the respondents indicated they partake in therapy due to physical, mental and financial support they received from important people around them. The findings of this research provide support to the earlier studies in Australia and US [6], [7], [14], [12], [11]. Consequently, policies and strategies aimed at dealing with the problems of the OF, by extension, motivating the patients to partake in therapy should take into cognizance educating the general population to improve and sustain support they give to people with reproductive diseases.

VI. CONCLUSION AND RECOMMENDATIONS

The essence of this study was to mainly describe the lived experiences of the OF patients, which was also complimented by other stakeholders in the healthcare industry regarding social support and how the concept influence participation in therapy. The outcome of this study underlined the importance of social support from significant others in motivating the diseased women to visit designated fistula hospitals in the region for cure. In their own words, the participants described that the support they received from husband and other family members as well as neighbors, morally and financially had stimulate their participation in therapy. These scholars firmly believe that through allowing the OF patients to voice out their lived experiences in their own words, the result make a robust case for determined actions toward educating the community to improve and sustain support to the sick individuals. In addition, findings of the study shows that support from government through humanizing intervention programs increase therapy seeking behavior among the OF patients. The research's drawback is that the results are based on a face-to-face in-depth interview conducted using few sample size of 9 participants, meaning that certain patients with the disease were not included, thus limiting generalization about impact of social support. Nevertheless, the results of the study are comparable to other studies from Australia, Uganda, Ghana and Kenya, suggesting that social support contributes towards therapy among OF patients in Sokoto and Zamfara, and the findings will add to the existing body of literature in the area. Thus, due to difficulties of the OF disease, ways to eliminate the disease through actions that encourage therapy should be given more priority by the policymakers, and health administrators. Moreover, both the federal, states and local government as well as nongovernmental organizations should endeavor to deliver to the OF patients the much-needed healthcare services and other social amenities to supplement the support provided by significant others, which by extension stimulate patients to participate in therapy. Additionally, reducing and eliminating the rate of occurrence of the OF disease should be the definitive goal, therefore, the patients should be provided with obstetrics services in the community, added with other community development programs. The added developmental programs should give emphasis to stimulating social and gender equality and promoting girl-child education.

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