

The Perceived Impact of Low-Stigma on Health-Seeking Behavior among Women with Obstetric Fistula in North-West Nigeria

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Abstract: Obstetric fistula disease is a devastating injury that affects women occurring between the vagina and rectum or urinary bladder due to prolonged obstructed labor. The condition is characterized by incontinence of feces and urine, accompanied by physical, physiological and psychological signs and symptoms and other consequences. This study used a qualitative descriptive research design that employed 9 participants to discover the opinions of the diseased women in Sokoto and Zamfara on the perceived impact of low stigma on health-seeking behavior. Based on the goals of the study, after data analysis with Nvivo qualitative software, a theme emerged, which is low-stigma. The result of the theme highlighted that when obstetric fistula patients are handled with dignity, such gestures encourage them to seek health care services in the designated health facilities. Therefore, this study recommended that the federal, states and local government, non-governmental and civil society organizations should work in harmony to provide accessible obstetric healthcare services to the afflicted women. Moreover, the principles and laws entrenching treating people with dignity, especially those individuals with challenges, should be strengthened and enforced; by extension, this will have far-reaching positive impact in health-seeking behavior among the obstetric fistula women.

Keywords: Low stigma, perceived impact, health-seeking behavior, obstetric fistula, north-west Nigeria.

I. INTRODUCTION

The obstetric fistula is a disease condition, where the affected women have holes that connect the vagina and rectum (rectovaginal fistula or RVF) or vagina and the urinary bladder (vesicovaginal fistula or VVF) [13], [1], [9]. The main contributing elements to the disease incidence are prolonging obstructed labor and deprivation of the community to healthcare services accessibility [13]. The ailment is characterized by severe psychological, physical and physiological problems [7], [13].

It is pertinent to note that the frequency at which obstetric fistula disease occurs in northern Nigeria is disturbing [7], [13]. Even in northern Nigeria, the north-west region is the hardest hit by the obstetric fistula disease [13]. The north-west region has an estimated 150,000-250,000 cases of obstetric fistula disease, and about 20,000 new cases are arising yearly, apart from an estimated 50,000 backlogs of cases not treated [7], [12]. The high incidence of the obstetric fistula disease in north-western Nigeria might be related to the failure of the afflicted women to seek out for Medicare facilities [7], [13]. Furthermore, and more conspicuously, the failure by women bedeviled by the fistula disease to seek for healthcare services could be associated with stigmatization [13], [12], [8], [13]. Conversely, where sick women are treated with dignity, such patients are likely to participate in seeking healthcare services to cure the health challenges affecting them [3], [7], [13], [12].

Several studies have examined stigma about health-seeking behavior amongst patients with acute and chronic diseases [3], [10], [6]. Specifically, a study by reference [6] shows that among patients who contracted HIV/AIDS, they have reportedly been exposed to rejection and discrimination, which adversely impacted their ability to meet people and to participate in health-seeking. Additionally, in a study titled 'towards promotion of maternal health: the psychological impact of obstetric fistula on women in Zimbabwe, reference [10] revealed that apart from the suffering that obstetric

fistula disease exposed the bearers to through isolation, domestic violence, among others, the women experience stigmatization and discrimination in the society. Conversely, where victims feel a sense of acceptance, the patients feel motivated to utilize health care services provided by the government or other agencies [7], [13].

Therefore, the previous studies have provided worthwhile insights into the difficulties experienced by women with obstetric fistula disease through stigmatizing and discriminating against the patients. However, most of the previous studies on stigma and health-seeking behavior have some flaws, in that; the majority of the studies employed a quantitative research design alone. Therefore, such a technique does not consent for discovering the meaning that patients attach to their experience, which is in line with the opinion of reference [7], Creswell (2014). As an alternative, to capture the lived experiences of participants and allow for contextual generalization of findings, reference [4] proposed for using descriptive qualitative research design. Furthermore, the problems discussed in the majority of the previous studies concerning stigma and health-seeking behavior focused more attention on HIV/AIDS and mental illnesses in the United Kingdom, Zimbabwe, and South Africa among others, thereby neglecting to explore disease complications such as obstetric fistula.

Consequently, this study focused on the perceived impact of stigma and health-seeking behavior among women with obstetric fistula disease in Sokoto and Zamfara, north-west Nigeria. Additionally, the majority of the previous studies conducted their studies in social contexts such as the UK and other African countries among others. As such, there is a need to explore the phenomenon of stigma in the new social environment of Sokoto and Zamfara, north-west Nigeria. This study has the conviction that by allowing the afflicted women to narrate their lived experiences in their own words, the findings will provide a reliable and in-depth understanding of the perceived effect of stigma on the health-seeking behavior of patients with fistula disease. Thus, the findings of this study will contribute to motivating policymakers, researchers, and health professionals to be proactive in encouraging health-seeking behavior among the victims of obstetric fistula in north-west Nigeria.

II. RESEARCH QUESTION

This qualitative study will answer the following research question:

1. Does stigma has an impact on health-seeking behavior among obstetric fistula patients?

III. METHOD

This study was carried out in the two obstetric fistula centers in Sokoto and Zamfara states, north-west Nigeria. Precisely, Maryam Abacha Women and Children Hospital, Sokoto and Farida General Hospital Gusau, Zamfara, where the study was conducted have a VVF unit in each of the hospitals to treat patients with obstetric fistula disease. The two states have a combined estimated population of 9.5 million [11]. Additionally, the majority of the women in the regions have a low level of formal education, which possibly elucidated why they are not gainfully employed. Furthermore, the individuals in the areas have low purchasing power due to the high rate of poverty [13]. Also, a chief feature of the women in the areas is their preference for home delivery, perhaps due to deprived access to maternal and child healthcare services [13], [9].

A. Research Design

This study employs a qualitative descriptive research design to explore the perceived impact of stigma and discrimination on health-seeking behavior among obstetric fistula patients in Sokoto and Zamfara states. The preceding research design emphasizes elucidating phenomena based on exploration, explanation, and describing the “meaning” persons attached to their experiences, which is in line with the opinions of references [5], [4]. Precisely, this study collected data in the form of spoken words of the participants in the two healthcare centers mentioned above. This study did not use a theoretical framework as a guiding principle; however, the experiences of the investigators in nursing and medical sociology informed their decision and knowledge of the problems of fistula disease as well as their understanding of the “meaning” that the participants attached to their experience. In line with the preceding, a qualitative cross-sectional design was utilized, in which the study undertakes a single face-to-face in-depth interview with the participants; this technique permits for obtaining precious opinions of the participants. Cross-sectional research design is more vigorous than longitudinal design because using the latter could result in data sources loss; since most of the fistula patients could be discharged from the health centers they are receiving medication.

B. Ethical issues, Sample and Data collection Method

This study proposal was approved by the Sokoto and Zamfara health research ethics committees, respectively. Next was the selection of the study's participants from the two VVF hospitals in the states. This qualitative study utilized a purposive sampling technique to choose nine obstetric fistula patients as participants. The respondents were selected because they possessed the qualities to provide the information needed by the study, as well as offering the saturation need of the research, which is in line with the views of reference [4].

In order to inspire participants to provide accurate information, the purpose of the research, the technique of data collection, and the benefits of the study were explained to the participants. The patients that were ready to participate in the study were offered consent form which they sign up. The place for the in-depth interviews was agreed between the researchers and the participants; it was agreed that the interview is held in the vacant section of the ward. Additionally, due to the low levels of education among the obstetric fistula patients, the interview questions were translated into the patient's local language (Hausa language) by a skillful linguist to increase understanding and for data validity. This study utilized an unstructured interview scheduled with open-ended questions to allow the respondents to express opinions verbatim. After permission was duly obtained from the participants, the interview sessions were videotaped and notes were taken simultaneously. After the interview was completed, the participant's answers were transcribed in English language verbatim. Moreover, the responses obtained from the participants were back-translated from the Hausa language to the English language for the onward analysis of the data.

C. Data Analysis

The study commenced data analysis by interpretation and reviewing the transcribed in-depth interviews to gain an understanding and the meaning of the participant's answers, through which themes and categories were generated. The data collected from the participants were coded using Nvivo qualitative analysis software that provides for the emergence of themes, which is in line with the opinion of reference [4]. Furthermore, the Nvivo qualitative software supported the coding of all the data concerning the opinions of the obstetric fistula patients, and then it helped in identifying all the essential patterns of the patient's responses.

IV. FINDINGS

Table 1 show that from the nine obstetric fistula patients that participated in the study, seven patients contracted VVF, representing 77.7% of the sample, while two patients contracted rectovaginal fistula, representing 22.2% of the sample. Additionally, with regards to the age of the participants, four patients are between the age's ranges of 16 to 25 years, representing 44.4% of the sample. Next are 3 participants whose ages are between 26 to 35 years, representing 33.3% of the sample. The next are 2 participants, whose ages are between 36-45 years, which represents 22.2% of the sample.

Table 1: Demographic Characteristics of Respondents

Respondents Category	Frequency	Percentage (%)
Obstetric Fistula Patients		
Vesicovaginal Fistula	7	77.7
Rectovaginal Fistula	2	22.2
Total	9	100.0
Age		
16-25 years	4	44.4
26-35 years	3	33.3
36-45 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	7	77.7
Primary Education	2	22.2
Total	9	100.0
Religion		
Islam	9	100.0
Total	9	100.0

Moreover, with regards to the location of the participants, 5 participants were interviewed in Sokoto, representing 55.5% of the sample, while 4 participants were interviewed in Zamfara state, representing 44.4% of the sample. Furthermore, concerning the educational qualifications of the participants, seven patients are without formal education, representing 77.7% of the sample, while 2 participants possessed an original certificate of education, representing 22.2% of the sample. Similarly, concerning participants' religion, all the nine patients practice Islam, representing 100% of the sample.

A. Stigma and Health-seeking Behavior

Stigma implies the feeling of shame or disgrace by an individual with a particular problem and it leads to prejudice and discrimination [8]. In general, the concept refers to showing discriminatory behavior towards people with specific challenges, be it gender, race, health, or socio-economic status or both [12], [8]. Whereas, health-seeking behavior refers to plans and actions taken by individual or group of persons aimed at resolving a health problem or improving health; the actions also implies that the individual is ready to participate in health-seeking to eradicate the disease as well as ready to accept the instructions from competent health personnel [2]. Precisely, in this study, the concept represents low stigma, operationally defined as little feeling of shame and discrimination demonstrated by obstetric fistula women, which could have a positive impact on health-seeking behavior.

Based on the general pattern observed from the result of the face-to-face in-depth interview as shown in Figure 1, the participants (I, II, VI, IX, VII, VIII & III) generally indicated that deep feelings of shame and discrimination among obstetric fistula patients increase health-seeking in the modern hospitals. In line with the preceding explanation, participant, I assert that:

Assuming the majority of us [VVF & RVF patients] do not feel nervous due to our condition, the number of those that will visit healthcare facilities such as this one [Maryam Abacha VV center Sokoto] will rise; particularly now that healthcare services for our treatment is free. On the other hand, when occasionally, other people in the community start to gossip about us [obstetric fistula patients], you know, we become demoralized and feel rejected in society. Though, in my situation, I refused to allow the feeling of shame to get the better side of me. As such due to what I heard from the VVF campaign over the radio, I was motivated to visit this center for help (Participant I, RVF patient)

Another participant confirms the opinion expressed by informer I, who stated that:

Absolutely, I feel secured at this healthcare facility [VVF center, Farida General Hospital, Gusau]. In this facility, the staff does treat us with respect. Even in my community, not many people ridicule or discriminate against me. The majority of the people in the immediate community where I lived, they sympathized with me due to my condition. The reason for visiting this health center is due to the encouragement that I received from my immediate family and neighbors. Moreover, I believe that most of the patients who visit this unit they do so. Perhaps they are not shy to present themselves for medical assistance (Participant II, VVF patient).

Once more, asserting the responses by participants I and II on the impact of low-stigma in increasing health-seeking behavior, another participant argued:

When people with specific health challenges are mocked at obviously, that could cause some psychological disturbances leading to isolation on the part of the sick individuals from the wider community. Therefore, such bullying might dampen the motivation of the victims to seek help from the appropriate personnel. However, in my situation, I did not experience many challenges, coupled with the fact that I learn from patients that had successful treatment that the staff of the hospital are friendly; I already had a successful repair too (Participant VI, VVF patient).

Additionally, giving credence to the other opinions, another participant augments that:

Previously, some of us [VVF patient] refuse to eat or drink while at home because of some members of the social ridicule at us and direct all sorts of mockery acts that put us to shame. However, with the information concerning obstetric fistula health intervention programs that are free at various government healthcare facilities, we no longer feel much worried due to our condition. Many of us do not hide our condition as we use to before because help is already here. I have even sent messages from here [hospital] to some other women at home that I know with similar disease conditions as mine, guiding them to visit this health center to seek help (Participant IX, VVF patient).

Endorsing the preceding views, another participant stated that:

By treating VVF women like every other average person, free from negative thoughts, it will encourage us to seek medical assistance at the designated obstetric fistula care centers. Again, I believe it is essential that people should avoid attaching some labels [women that leak urine] to us, which is damaging. I am confident that when our family and society at large continue to accept our conditions devoid of attaching superstition to the disease, it will pave the way for seeking measures to cure the condition on the part of the women affected (Participant VII, male, VVF patient).

The other views of the bulk of the participants based on the result of the in-depth interview indicated that good reception meted to patients with obstetric fistula disease encourage the victims to strive to seek medical assistance at the designated healthcare facilities. The forward position on the positive impact of the low-stigma in promoting health-seeking is in line with the earlier studies by references [12], [8]. These scholars, while highlighting the significance of low stigma in health-seeking, contend that the perceived feeling of acceptance from society by the victims of obstetric fistula promotes a sense of social and psychological well-being; by implication, such mental state motivates the patients to seek for medical assistance.

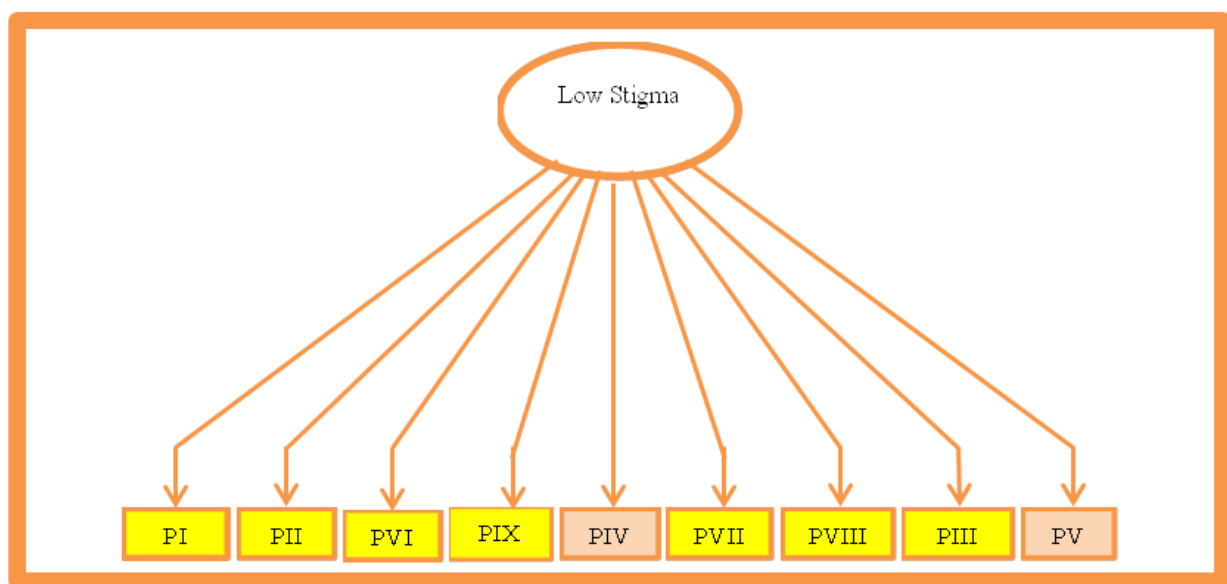


Figure 1: Low Stigma

V. DISCUSSION

The result of this study has added to knowledge concerning the documented perceived impact of low stigma on health-seeking behavior among obstetric fistula patients in North West, Nigeria which was accomplished through the declarative input from the afflicted women. This study utilized nine obstetric fistula women as a sample from Sokoto and Zamfara. The majority of the study's participants confirmed that low stigma experience among patients with fistula has a profoundly significant impact on health-seeking behavior. Specifically, the participants contend that good reception meted to the diseased women from the general public encourage health-seeking behavior on the part of the victims. This result is similar to the findings of the previous studies from Niger and Kenya [13], South Africa [6], [3], Zimbabwe [10], and United Kingdom [8].

VI. CONCLUSION AND RECOMMENDATIONS

This study was conducted principally to explore and describe the views of women afflicted by obstetrics fistula on the perceived impact of stigma on their health-seeking behavior in Sokoto and Zamfara states. The finding of this study highlighted the importance of low stigma in promoting health-seeking among obstetrics fistula women in the two areas. The participants had described the excellent reception accorded them by their respective communities as impacting their ability to seek help from skilled healthcare facilities.

Based on the preceding views, this study believes that when women with obstetric fistula have the privilege to say their opinions regarding the importance of low stigma, the outcome makes the most persuasive case for vigorous action aimed at sensitizing the communities against the superstitious beliefs held by some individuals on the causes of the ailment, which is one of the many reasons why the patients have been rejected.

Despite the strength of this study, its limitation revolved around the use of a few sample sizes. However, the result of the study is as good as other studies from emerging and advanced countries such as Niger, Kenya, South Africa, Zimbabwe and the United Kingdom; suggesting that worthy receptions that the victims of obstetric fistula received from the society have significant positive impact in motivating patients in Sokoto and Zamfara to seek for healthcare services; this tendency is also common among advanced societies.

Therefore, due to seeming problems occurring as a result of obstetric fistula disease, activities to get rid of this disease through approaches that promote the legislators should give health-seeking behavior selfless consideration, and health experts. Additionally, the federal, state and local governments, non-governmental and civil society organizations should work collectively to provide for the affected women healthcare services that are efficient to complement the prospect of treating the victims with dignity, and by extension impacting on patient's health-seeking behavior. Furthermore, eliminating the obstetric fistula disease should be the ultimate goal of policymakers, healthcare professionals and the community at large; for that reason, women of reproductive age in the community should have unfettered access to obstetrics care facilities, supplemented by public development programs. The developmental programs should focus on encouraging social justice and equality, as well as supporting the girl-child schooling.

REFERENCES

- [1] Baba, S. B. Birth, and Sorrow: The psychosocial and medical consequences of obstetric fistula. *International Journal of Medical Sociology and Anthropology*, 2014; 2(2), 055-065.
- [2] Behrami, M. A., Afashbahar, O., Shakahifar, M. & Montazeri, F. R. Developing a valid tool of treatment seeking behaviour survey for Iran. *Journal of novel applied sciences*, 2014; 3(6), 651-660.
- [3] Bohleder, P., Braathen, S. H., Swartz, L. & Eide, A. H. HIV/AIDS and disability in Southern Africa: a review of relevant literature. *Disability and Rehabilitation*, 2009; 31(1), 51-59.
- [4] Braun, V. & Clarke, V. Using thematic analysis in psychology *Qualitative Research in Psychology* 2006; 3, 77-101.
- [5] Creswell, J. W. *Research design: Qualitative, quantitative, and mixed methods approaches*, Sage publication, Lincoln, 2014.
- [6] Dos-Santos, M., Kruger, P., Mellors, S. E., Wolvaardt, G. & Ryst, E. V. An exploratory survey measuring stigma and discrimination experienced by people living HIV/AIDS in South Africa: The people living with HIV stigma index. Dos-Santos, et al. *BMC public health*, 2014; pp.14; 80
- [7] Federal Ministry of Health National Strategic Framework for the Elimination of obstetric fistula in Nigeria, 2011-2015, 2012; 7-20.
- [8] Mizick, L. S. & Russinova, Z. Intersectional stigma and the acceptance process of women with mental illness. *Women and therapy*, 2015; 38, 14-30,
- [9] Muhammad, A. N. Moderating effects of intervention programs on the relationship between psychosocial factors and intention to seek treatment. Submitted in fulfillment of the requirements for the degree of doctor of philosophy (Ph.D). School of Government, Universiti Utara Malaysia, 2018.
- [10] Mutambara, J., Mauganidze, L. & Muchichwa, P. Towards promotion of maternal health: The psychological impact of obstetric fistula on women in Zimbabwe. *International journal of Asian social science*, 2013; 3(1), 229-239.
- [11] National Population Commission National demographic and health survey. *Journal of demographic health survey*, 2016; 2(3), 187-196
- [12] Odu, B. K. & Cleland, J. Women vulnerability to Vesico-vaginal fistula and contributing influence in northern Nigeria. *European journal of research in social sciences*, 2013; 1(1), 1-9
- [13] Wall, L. L. Preventing Obstetric fistula in low-resource countries: Insight from a Haddon matrix. *Obstetric and gynecological survey*, 2012; 69(2), 111-121.