

The Perceived Influence of Decision-Making Authority on Health-Seeking Behavior among Patients with Obstetric Fistula: A Qualitative Study in Northern Nigeria

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Abstract—Obstetrics fistula is a shattering hole that affects women, occurring between the vagina and rectum or urinary bladder due to prolonged obstructed labor, characterized by incontinence of feces and urine. This qualitative descriptive research employed nine participants to explore the views of vesicovaginal and recto-vaginal patients in Sokoto and Zamfara on the perceived influences of decision-making authority on health-seeking behavior. In line with the objective of this study, following data analysis with Nvivo version 11 qualitative software, a theme emerged, which is decision-making authority. This study recommended that the federal, states and local governments, non-governmental and civil society organizations should work in unison to provide adequate and accessible obstetric healthcare services to the fistula patients. Additionally, laws should be strengthened and enforced to entrench the principles of gender equality in decision-making authority, which, by extension, will influence health-seeking behavior among afflicted women. Moreover, to empower women so that they can become self-reliant and worthy of participation in the decision-making process, this study recommends the government and communities to support girl-child education.

Keywords: Decision-making authority, health-seeking behavior, obstetric fistula, perceived influence, Nigeria

I. INTRODUCTION

The obstetric fistula is a medical condition in which a hole occurs, linking the vagina and the urinary bladder or linking the vagina and rectum [12]. Some of the contributing factors to disease occurrence are obstructed labor and poor access to healthcare facilities ([5]-[12]). The obstetric fistula disease is associated with severe physical, physiological and psychological features as well as consequences [12]. According to the Federal Ministry of Health, Nigeria, the prevalence rate of obstetric fistula disease in northern Nigeria is disturbing. Furthermore, the report submits that an estimated 800,000 women are living with the condition mostly in northern Nigeria, and 15,000-20,000 new cases are

occurring yearly, apart from about 50,000 backlogs of untreated cases [5]. Perhaps the high prevalence rate of the fistula disease in the northern part of the country could be associated with the incapacity of the affected women to seek healthcare services [12]. Also, and more prominently, the inability of those bedeviled by the disease to seek help can be associated with the lowly decision-making power available to women in some parts of northern Nigeria ([12], [10]-[1]). Conversely, where women of reproductive age can make an independent decision with regards to matters affecting their health, those women have the highest chances of seeking healthcare services to remedy health challenges affecting them ([5], [12]-[10]).

Several studies have examined the construct of decision-making power about health-seeking behavior among women of reproductive age ([2], [6], [11]-[9]). So, for instance, Reference [6] established a positive relationship between decision-making authority and treatment-seeking behavior in Tajikistan. Also, reference [2] found a positive relationship between gender health inequalities and health-seeking behavior in the United Kingdom and the United States. Additionally, reference [11] stated a positive association between decision-making authority available to women and the utilization of contraceptive drugs in Bangladesh. Similarly, reference [9] stated that high-level decision-making authority among women increases the use of contraceptive devices in Ethiopia.

It is crucial to note that previous studies presented several gaps that will be filled through the current study. So, for instance, while investigating the decision-making authority existing to women, reference [2] proposed future direction for study. The scholars advised for studies to focus on exploring the improvement in health inequalities arising from reduced decision-making in a different social context from the United Kingdom and the United States. Based on the preceding recommendation, this study explored the progress in health inequalities concerning the decision-making authority among obstetric fistula patients in Nigeria. Furthermore, the previous studies on decision-making authority and health seeking-behavior have some flaws; in that, the bulk of the scholars

utilized a quantitative research design alone. Hence, such a technique does not allow for discovering the meaning that patients attached to their experience, which is in line with the opinion of reference [4]. Instead, to capture the lived experiences of participants and provide for the contextual generalization of the result, reference [3] proposed for utilizing descriptive qualitative research design. Correspondingly, the problems discussed in most of the previous studies concerning decision-making paid more attention to contraceptives utilization and pregnancy-related diseases, such as decision-making and use of contraceptives, infertility, and delivery at health centers among others; thereby neglecting disease complications such as obstetric vesicovaginal fistula.

Therefore, this study focused on the perceived influence of decision-making power and health-seeking behavior among patients with obstetric fistula disease. Moreover, the majority of the previous studies focus on the social environment in the USA, Ethiopia, Pakistan, Bangladesh, Tajikistan, and Kenya among other countries. So, there is a need to examine the preceding constructs empirically in the new social environments of Sokoto and Zamfara, northern Nigeria. This study is confident that through proving proof of the lived experiences of the affected women in their own words, it will give a secure and in-depth understanding of the perceived influence of decision-making power available to women on their health-seeking behavior. Consequently, the findings will assist in stimulating the policymakers, researchers, and health professionals to act with regards to encouraging health-seeking behavior among the victims of obstetric fistula.

II. RESEARCH QUESTION

This qualitative study focused on the following research question:

1. Does decision-making authority influence health-seeking behavior among obstetric fistula patients?

III. RESEARCH METHODOLOGY

This study was piloted in the two VVF centers in Sokoto and Zamfara states, northern Nigeria. Specifically, Maryam Abacha Women and Children Hospital, Sokoto, and Farida General Hospital Gusau, Zamfara state, have a VVF unit in each of the hospitals to attend to patients with obstetric fistulae. Sokoto and Zamfara states have a combined estimated population of 9.5 million [8]. In terms of means of subsistence, the majority of women in the two states have a low level of formal education, which perhaps explained why there is a high level of unemployment among the women population in the areas. Additionally, the people of the areas go through a high level of poverty and deprived access to maternal and child healthcare amenities ([12]-[7]). Furthermore, one predominant feature of the women in the areas is their preference for home delivery.

Research Design

This study utilized a qualitative descriptive research design to discover the perceived influence of the decision-making authority on health-seeking behavior among obstetric fistula patients. This qualitative research stresses on explaining phenomena based on exploration, explanation, and describing the “meaning” individuals attached to their experiences, which is in line with the opinions of references [4], and [3]. Specifically, this study collected data in the form of spoken words of the participants in the two hospitals. The study did not employ a theoretical framework as a guiding principle; nonetheless, the experience of the investigators in nursing and as health sociology informed their knowledge of the problems of fistula and their understanding of the “meaning” that participants attached to their experience. A qualitative cross-sectional design was utilized, in which the study undertakes a single face-to-face in-depth interview with the participants; the technique provides for obtaining precious opinions of the participants. The cross-sectional design is more robust than longitudinal design because using the latter will result in data sources loss; since most of the fistula patients could be discharged.

Ethical Issues, Sample and Data Collection Method

This study proposal received approved from the Sokoto and Zamfara health research ethics committees, respectively, where the study’s participants were selected from the two hospitals in the states mentioned above.

This qualitative study employed a purposive sampling method and chose nine participants, obstetric fistula patients. The participants were selected since they can provide the information needed by the study, as well as providing the saturation need of the research, which is in line with the views of reference [3].

To encourage participants to provide correct information, the purpose of the research, technique, and benefits of the study were clarified to the participants. The patients that were willing to participate in the study were offered consent form which they sign up. The location for the in-depth interviews was agreed between the researchers and the participants; it was settled that the interview is held in the vacant section of the ward. Because of the low levels of education among the obstetric fistula patients, the interview questions were interpreted into the patient’s local language (Hausa language) by skillful linguists to enhance understanding and data validity. The study utilized an unstructured interview scheduled using open-ended questions to allow the respondents to express views verbatim. After permission was duly obtained from the participants, the interview sittings were videotaped and notes were taken simultaneously. After the interview was completed, the participant’s responses were transcribed in the English language verbatim. Moreover, the responses obtained from the participants were back-translated from the Hausa language to the English language for further data analysis.

IV. DATA ANALYSIS

This study commenced data analysis, through interpretation and reviewing the transcribed in-depth interview to gain an understanding and the meaning of the participant's answers, which helps to generate themes and categories. The data collected from the participants were coded using Nvivo qualitative analysis software, which provides for the emergence of a theme, which is in line with the opinion of reference [3]. Additionally, the qualitative software aided the coding of all the data concerning the views of the obstetric fistula patients, and then it aided in identifying all the critical patterns.

V. FINDINGS

Table 1 showed that out of the nine obstetric fistula patients that participated in the study, 8 are VVF patients, representing 88.8% of the sample, while only one contracted recto-vaginal fistula, representing 11.1% of the sample. Additionally, with regards to the age of the participants, four patients are between the age 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

Respondents Category	Frequency	Percentage (%)
Obstetric Fistula Patients		
VVF	8	88.8
Rectovaginal Fistula	1	11.1
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	6	66.6
Zamfara	3	33.3
Total	9	100.0
Educational Qualification		
No formal Education	7	77.7
Primary Education	2	22.2
Total	9	100.0
Religion		
Islam	8	88.8
Christianity	1	11.1
Total	9	100.0

Moreover, with regards to the location of the participants, 6 participants were interviewed in Sokoto, representing 66.6% of the sample, while 3 participants were interviewed in Zamfara state, representing 33.3% 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 a primary school certificate of education, representing 22.2% of the sample. Also, concerning participants' religion, eight patients practice Islam, representing 88.8% of the sample, while 1 participant (11.1%) practices Christianity.

Decision-Making Authority and Health-Seeking Behavior

Decision-making power is defined as a situation where individuals wheel freedom to act independently in a way that such individuals do not need the permission of others in the discharge of their duties and or actions ([6]-[11]). Moreover, the concept implies that once persons can easily make a visit to family members, healthcare centers, or expend money for healthcare drive among others devoid of undue meddling, such individuals are considered independent ([12]-[11]). In this study, the concept of decision-making authority implies the capability of the obstetric fistula patients to use personal judgment to seek and utilize health-care services with minimal interference from the patient's significant others as well as other members of the society. Based on the overall pattern observed from the result of the in-depth interview, as shown in Figure 1, the study participants (III VI, V, VII, & IX) generally indicated that decision-making authority available to patients increase health-seeking behavior among obstetric fistula women in northern Nigeria. Specifically, one of the participants opined that:

A woman who can decide on her own to go outside of the home, even when her husband is away, she has a far more excellent opportunity to seek for healthcare services than women deprived of decision-making powers. The reason being that, when a woman is involved in decisions that affect her life and that of the family, this gives her the freedom to convey the children to and from school. Likewise, liberty allows the woman to visit a healthcare facility for treatment (Participant III, RVF patient).

Endorsing the opinion expressed by participant III, another patient said:

Those among us (obstetric fistula patients) that have power over decisions that are made at our marital homes; we have more significant opportunity to visit health centers for cure than women who have to always debate with their husbands or husband's relatives before they could be permitted to visit healthcare center. However, for me, it was always stress-free to visit this center because my husband divorced me a long time ago. Consequently, my close relative respected the decision I made to try to find treatment (Respondent VI, VVF patient).

In a related opinion, participant V, a VVF patient confirmed the views spoken by participant III and VI, who stated that:

I decided to seek treatment, especially while I was with my current husband. I got divorced from my former husband with whom I developed this condition. The reason he divorced me was that based on his cultural beliefs, women should seek traditional healing at home, but I insisted on being allowed to visit health care facilities for treatment. However, my current husband is more understanding, so he accepted my decision to visit this health center for a cure (Participant V, VVF patient).

Validating the opinions of participants III, VI and V, participant VII, a VVF patient asserts that:

When women are involved in decision-making, it makes it easier for us to participate in health intervention programs offered by the government. Therefore, with the encouragement from our men through respecting our decisions to visit health centers when necessary, many disease complications such as the one I am experiencing could be reduced (Respondent VII, health personnel).

In a complementary view concerning the role of decision-making authority on help-seeking, another fistula patient narrates that:

Fundamentally, decision-making authority wheeled by women is significant because such autonomy accelerates the social, political, and economic progress of the community. More importantly, freedom for women to make crucial decisions affecting their lives and their immediate family shield them from health-related problems that could occur due to uncertainty in a society where men make the final decision. In short, freedom for women inspires them to take part in help-seeking at various health centers where appropriate health services are provided. Therefore, I have the firm belief that the more autonomous women are, coupled with ease of use and free healthcare services, the more obstetric fistula patients will seek help (Participant IX, VVF patient).

Based on the views of participants that were voiced out in the preceding discussion, it confirms that decision-making authority available to obstetric fistula women encourages the patients to seek medical assistance at designated healthcare facilities. The findings from this study were given credence by previous studies ([6], [2]-[9]) who indicated that women's participation in decision-making has much significance for the reason that it assists in refining the economic and health worth of the general public. Precisely, the scholars contend that when women are allowed to make independent decisions affecting them and the family, such liberty provides for adopting preventive and curative measures.

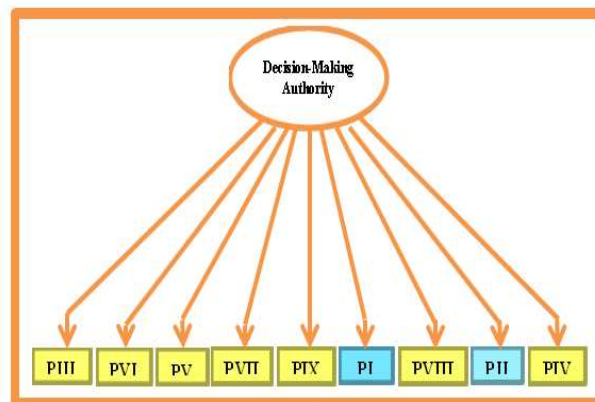


Figure 1: Decision-Making Authority

V. DISCUSSION

The findings of this paper contributed to knowledge about the documented influences of decision-making authority on health-seeking behavior among both vesicovaginal fistula and recto-vaginal fistula patients in northern Nigeria. This height in knowledge was achieved through the addition of the declarations made by the affected patients. This study employed nine obstetric fistula women from Sokoto and Zamfara as a sample. Most of the participants of the study affirmed that decision-making authority available to women, particularly obstetric fistula patients, positively influences health-seeking behavior. Precisely, the participants argue that when women have the freedom to visit medical facilities when necessary, liberty helps in the promotion of health, prevention as well as cure of diseases. The results of the current research are in line with previous studies in Bangladesh [11], Tajikistan [6], United States of America [2], & Ethiopia [9]. Thus, policies aimed at the prevention and treatment of obstetric fistula should pay particular attention to involving women in the decision-making process in society.

VI. CONCLUSION AND RECOMMENDATIONS

This study was carried out mainly to discover and describe the perceptions of the obstetrics fistula patients on the perceived influence of decision-making authority on their health-seeking behavior in Sokoto and Zamfara areas. The result of this study highlighted the significance of the perceived influence of decision-making power available to women in stimulating health-seeking among obstetric fistula patients in the selected areas. In their own words, the participants had described the significance of the decision-making autonomy by indicating that such liberty hastens social, political, and economic development of the society.

Moreover, the participants argued that freedom for women to participate in important decisions affecting their lives and their immediate family shield them from health-related problems that could occur due to uncertainty in society especially, where men are predominantly the key decision-makers. Given the preceding, this study have confidence that

by allowing obstetric fistula patients to express their views regarding the subject matter, this result makes the most persuasive case for rigorous action intended at sensitizing the communities to put more effort in educating people, in particular men, on the need to appreciate the constitutional rights of women; concerning freedom to participate in seeking healthcare services.

Based on the preceding discussion, the main limitation of this study is the use of a few sample sizes. However, the findings of the study are as good as other studies from developing and developed nations such as Ethiopia, Bangladesh, Tajikistan and the United States of America; implying that equality in decision-making power for women, as well, have a significant positive effect on the capability of obstetric fistula women in Sokoto and Zamfara to seek for healthcare services in the event of need; this trend is also universal among developed societies.

Thus, due to seeming complications arising from obstetric fistula, actions to get rid of this disease through measures that stimulate health-seeking should be given thoughtful consideration by the policymakers, politicians, and health professionals. Furthermore, the federal, state and local government, as well as non-governmental and civil society organizations, should work together to provide for the obstetric fistula patients available and accessible healthcare facilities to complement the prospect of equality in decision-making authority for women, by extension influencing health-seeking behavior among the afflicted patients. Moreover, reducing and eliminating the incidence of obstetric fistula should be the ultimate objective of policymakers, healthcare professionals, and the community; therefore, to achieve the preceding goal it necessitates women of reproductive age in the community to have access to obstetrics care facilities, supplemented by public development programs. The programs for development ought to emphasize on

encouraging social and gender equality, as well as supporting the education of girl-child.

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