

# BARRIERS TO FISTULA REPAIR IN NIGERIA: A FORMATIVE STUDY

## INTRODUCTION

**Obstetric fistula** is a preventable and treatable maternal morbidity condition, which occurs in some low-income countries, caused by prolonged obstructed labor that results in a hole between the vagina and the bladder or rectum through which urine or feces leak. Unrepaired fistula can lead to lifelong ostracism, stigma, and shame.

A formative research study was conducted in Nigeria, building on upon the results of a systematic review (see side panel) to better understand the barriers and enabling factors for fistula repair care delivery and access. Understanding how Nigerian women living with fistula decide to seek care, identify and reach medical centers, and receive adequate and appropriate care is integral and continues to influence the design of a larger implementation pilot. This study focuses on Fistula Care *Plus* project-supported fistula repair centers.

## METHODOLOGY

Thirty-four in-depth interviews (IDIs) and six focus group discussions (FGDs) were conducted in two fistula care centers and surrounding communities (Kano and Ebonyi states, in Northern and Southern Nigeria, respectively) from June to August 2015. The data captured a range of perspectives from those who have personal or professional experience with fistula. Both individual and group narratives of the experiences of those affected by fistula in Nigeria were collected.

## SYSTEMATIC REVIEW

To identify and understand the delays in accessing and receiving treatment and corresponding barriers, document interventions that help to overcome barriers, and to specify gaps in the literature that require further research, we conducted a systematic review of peer-reviewed and grey literature.

Based on the frequency of barrier themes noted in the included articles, nine categories of barriers were identified.

- Psychosocial
- Cultural
- Awareness
- Social
- Financial
- Transportation
- Facility shortages
- Quality of care
- Political

The studies mentioning each of these nine barriers were tallied and the Thaddeus and Maine's (1994) Three Delays Model provided theoretical guidance to classify the barriers to accessing obstetric fistula care.

**TABLE 1: SAMPLE BREAKDOWN**

	Kano	Ebonyi	Total
<b>IDIs</b>	<b>16</b>	<b>18</b>	<b>34</b>
Women affected by fistula	8	9	17
Spouses and other accompanying family members	4	2	6
Providers at camps, facility and district managers	4	7	11
<b>FGDs</b>	<b>3</b>	<b>3</b>	<b>6</b>
Post-repair clients	1	1	2
Community stakeholders —women	1	1	2
Community stakeholders —men	1	1	2
<b>Total</b>			<b>40</b>

## KEY FINDINGS

The existing ideas exhibit that Nigerian women face awareness, psychosocial, cultural, social, financial, transport, quality of care, political along with healing and reintegration factors (Table 2) that influences delay in receiving care. Findings show that poverty and ignorance are two major barriers to seeking care. Qualitative data from women shows that quality of care and appropriate referral accelerates access to fistula care. Education and financial status can also challenge the existing socio-cultural norms and increase access to care. However, providers reinforces regular logistics supply and funds to maintain quality of care.

## CONCLUSION

Women's concern over healing and reintegration reflects their expectation in holistic approach of hospitals that will bring them back to normal life incorporating physical sexual, psycho social and economic rehabilitation. The underlying poverty of women and the families limits access to both quality obstetric care and fistula repair care. Access, available information, financial assistance, providing skill, and psycho social support are helpful to recover and repair fistula. Awareness, financial, and transport issues consistently emerge as areas to target for policy and programming.

**TABLE 2: BARRIERS AND ENABLERS OF FISTULA REPAIR**

Domains	Barriers	Enablers
Awareness	"I had not heard before and later, except the woman I told you about. I hid my experience, I didn't tell anybody." —Fistula repair client	"I think lack of sensitization is the major one because so many people are not aware of this place...I myself have never heard of this place and never knew this kind of place exists...I will tell everybody that cares to listen about this place...they should just look for transport fare and come." —Ebonyi woman
Cultural	"I was seriously sick, I wanted to register for antenatal but he refused. He threatened that if I take even paracetamols, he will send me out of his house" —Ebonyi woman	"The assistance that parents can offer is to train the child to be mature before she is given in marriage. Let them not think she has found a husband and marry her off, thinking she is lucky. This luck can bring her trouble." —Community FGD
Psychosocial	"I went to the prayer house but couldn't tell the pastor what was wrong with me [sobbing]. I don't know how to present it. How will I tell a man that feces are coming out of me? I prayed and cried all through at that church." —Ebonyi respondent	"Women with this kind of problem need encouragement, her family members should encourage and let them know that one day it will be fine." —Ebonyi respondent
Social	"Like when they do a ceremony, you will not be invited. Things will be happening, like if one cooks, they will not want to eat, all these kinds of things." —Kano respondent	"The family should help in duties like fetching water and lifting heavy loads. If you cook with firewood...anything that will make the repaired patient push themselves, the family should help." —Ebonyi client, post-repair
Financial/ Transportation	"It was just the lack of money that hindered me from seeking care for eight years. We were looking for traditional treatment because of lack of money to come here...yes no money to come here. My husband hadn't, and his father hadn't, my father had to sell some things for us to come here." —Kano respondent	"The center should be in rural area or community by community so that it would be easier for them to go because to go to the town, some people are scared." —Fistula client, pre-repair
Facility shortages/ Quality of care	"They had four deliveries that night with only one bed and one old lantern. When I was pushing, the lamp went off and I gave her my Nokia torch phone to help us with light. Then another lady came and they put me on the ground so she could use the bed." —Ebonyi respondent	"Honestly me myself I saw how they were. Till I left the hospital, I used to pity them. I see how they work, they don't have rest at all...the work is too much or the staff are not sufficient for the labor ward and the theatre." —Kano respondent
Policy & political environment	"Government should come and screen those quack patent medicine shop called chemist and doctor...they claim they can supervise delivery which they are not qualified to handle, their license and certificate need to be investigated." —Male community stakeholder	"If the government can help us get some people that will go to the villages or community and teach them...Let them send people that will explain in our own dialect so that they will understand. And tell them 'this place is free.'" —Female community stakeholder
Healing and Reintegration	"There is a great need for financial support because the period of this sickness takes everything you have. Like myself, I was moving from place to place, from one herbal home to another...I was in pieces every day without any income." —Post-repair client	"Government should support them with skill since they are told not to do strenuous jobs. If they can be engaged in less strenuous activity it will be good. You can't say that government should pay them monthly salary, it is not realistic." —Post-repair client