

Perceived Influence of Transportation on Health-seeking Behavior among Obstetric Fistula Patients in Nigeria: A qualitative Study

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Abstract: *Obstetric fistula is a catastrophic disease that affects women mostly in the third world societies, such as Nigeria. This qualitative descriptive study explored the views of the diseased victims, utilizing nine (9) respondents; fistula patients, health workers and health related government officials from Sokoto, Kebbi and Zamfara states, Nigeria, on the influence of public transportation on health-seeking behavior among obstetric fistula patients. Based on the foregoing, the data collected from the participants was analyzed using Nvivo v11 qualitative software, which led to the emergence of a theme, which is public transportation. The study recommended designing policies that would inspire patients to participate in therapy, as a result, tackling the scourge of obstetric fistula disease. Specifically, the study recommends the providing the victims with the obstetrics healthcare services, ensuring gender equality in terms of employment opportunities, encouraging girl-child education in the region and boosting public transportation.*

Keywords: *Perceived influence, Transportation, health-seeking behavior, obstetric fistula*

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I. Introduction

Obstetric fistula is one of the most incapacitating reproductive conditions that occurred following childbirth⁶. The disease results when a woman had a prolonged labour causing the head of the unborn child to exert pressure on the surrounding tissues, reduced blood and nerves supply, necrosis of the tissue and eventual formation of hole, which causes communication between the urinary bladder and vagina and or between rectum and the vagina.^{18,9}. Estimate suggests there are 800,000 cases of obstetric fistula in Nigeria, which account for over 45 per cent of the condition throughout the globe^{18,9}. Obstetric fistula remains a major public health hazard for several women of reproductive age in developing countries such as Nigeria, that the rate of occurrence of the disease in Nigeria could be as high as 2-4 cases per 1000 birth.^{18, 6}. Transportation is beneficial to people, particularly to the sick individuals because it motivates them to move from places of accident or disease to where they could participate in intervention programs, conversely, poor transportation creates unhelpful circumstances, such as disease complications and death¹³.

Several studies^{12, 7, 16, 8} have examined transportation access in relation to health-seeking behavior among the sick individuals. According to⁷, the participation and utilization of health services among the rural populace is low compared to people living in the cities. Some of the reasons advanced for the poor participation of rural dwellers in health programs include insufficient healthcare personnel, the gender of healthcare providers, and more importantly poor mobility from the village to healthcare centers in the city⁷. Furthermore⁸, observed that lack of reliable means of transportation to health centers have been recognized as an obstacle to health-seeking in government health programs among people living with HIV/AIDS, Tuberculosis diseases among others. In addition, this trend was observed in several developing countries like Tanzania, Togo, Uganda, Zambia, Kenya, and Malawi^{12, 7}. Although numerous scholars have examined transportation and health-seeking behavior among the sick individuals^{12, 7, 16, 8}, there are still some gaps in the previous studies. For example,¹⁶ suggested for further studies to focus on assessing the influence of transportation on treatment-seeking behavior using qualitative technique, which allows for contextual generalization of the findings¹⁶. Again, the reviewed literature concentrated on examining the effect of transportation services on health-seeking behavior in the US, Australia, and other African countries^{15, 11} that have distinct cultural, political and economic background from Nigeria. Moreover, most of the literature reviewed on transportation described the transportation problems among patients on delivery, Diabetes, Hypertension, HIV/AIDS among others⁷, thereby ignoring the women with reproductive complications such as obstetric fistula.

Therefore, this study will bridge the gaps mentioned in the foregoing discussion through presenting a descriptive experiences of the OF patients, complemented by the views of health practitioners and government

officials from Zamfara and Sokoto, Nigeria. This scholars hope 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 transportation in motivating women to seek for cure. As a result, this study will serve as inspiration for policy formulation on the part of policymakers, researchers and health care professionals that are conferred with the duty of improving the involvement of obstetric fistula patient in treatment.

II. Research Question

This qualitative study offers answers to the following research question:

1. Does transportation influence health-seeking behavior among obstetric fistula women in Sokoto Kebbi and Zamfara, Nigeria?

III. Material and Methods

This study uses a qualitative descriptive procedure to explore the perceptions of obstetric fistula women in Kebbi, Sokoto and Zamfara concerning the effects of transportation on their health-seeking behavior. The study adopt phenomenology as a paradigm, which emphasizes on explaining phenomena based on exploration, amplification, and describing the “meaning” that individuals attached to the phenomenon under study^{3, 5}. Precisely, this study collected data in the forms of words from the participants in the three OF centers. These researchers did not utilize an underpinning theory, nonetheless, because of our experience in the field of nursing and medical sociology as well as the preliminary understanding of the “meaning” that participants attached to their experiences, the acquired information served as guiding principle to exploring the subject. Consequently, this study uses a qualitative cross-sectional design, where we conducted a single face-to-face in-depth interview with the respondents. The explanation for employing the design is because it permits researchers to obtain rich views of respondents as against employing longitudinal design, which could result in data loss since most of the fistula patients could be discharged, which is in line with opinion of Reference³.

Ethical Issues, Sample and Data Collection Method

The study proposal was approved by the administrators of Sokoto, Kebbi and Zamfara state health research ethics committees.

This research selected 9 respondents through purposive sampling method. Among the sample 4 respondents were OF women patients, complemented by 3 health care personnel, and 2 government officials. The sample was chosen because they were perceived to have the characteristics required to provide data saturation, which is in line with the views of Reference⁵. Moreover, this study selected respondents from Gesse VVF center, Birnin Kebbi, Maryam Abacha Women and Children's hospital Sokoto, and Farida General Hospital, Gusau.

To encourage respondents to offer honest information, the purpose of the research, the technique for data collection and the perceived benefits that can be obtained was explained to the informants. The informants that were willing to participate in the study were given consent form which they signed. The site where the interviews will be conducted was arranged between the researchers and the informants. Interviews with obstetric patients were scheduled to hold in the in the ward. For the nurse's, it was agreed to use nurses stations for the interview, and for the government officials, we decided to utilize their personal offices. For the reason that the level of education among obstetrics patients is low, the interview schedule was translated into the participants' local language (Hausa language) through the services of an expert linguist to enhance conception and validity of the data. Additionally, the study used an unstructured interview scheduled with open-ended questions, which permits the respondents to express their feelings in their own words. Once permission was granted by the research participants, the interview session was videotaped, and notes were also taken. At the end of the interview sessions, the data was transcribed in English language verbatim. For a second time, the responses gained from OF patients were back-translated from Hausa to English language to facilitate the analysis of the data.

Qualitative Data Analysis

The researchers started data analysis process by reading and reviewing the transcribed face-to-face in-depth interviews to increase an understanding of the meaning the participants attached to the phenomenon, through their responses, themes and categories were generated. The raw data was inputted into Nvivo v11 software for qualitative analysis, which allows for the emergence of themes; the interpretation of these themes was based on observed general pattern about the data, in line with the opinion of Reference². Moreover, the Nvivo qualitative software assists researchers to code all the data about the perceptions of the patients, health care personnel, as well as government officials. Furthermore, the software helps in locating all the important patterns of responses².

IV. Result

Based on the results on Table 1, 4 obstetric fistula (VVF) women took part in the study, representing 44.4% of the sample. This was followed by 3 healthcare personnel, which represent 33.3% of the sample. Next are 2 government officials, representing 22.2% of the sample. Furthermore, regarding the gender of the respondents, 7 participants are female, representing 77.7% of the sample, while 2 respondents are male, representing 22.2% of the sample. Additionally, concerning the age of the respondents, the age of 4 participants is between 15 to 26 years, representing 44.4% of the sample. Then, the age of 3 respondents 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 no. 1:Shows demographic characteristics of the respondents

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	4	44.4
Kebbi	3	33.3
Zamfara	2	22.2
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

Furthermore, regarding the location of the participants, 4 participants were found in Sokoto, representing 44.4% of the sample, 3 were located in Kebbi, representing 33.3% of the sample and 2 were found in Zamfara, which represents 22.2% of the sample. Again, related to the educational qualifications of the respondents, 3 informants do not have formal education, which represents 33.3% of the sample. Then 1 participant possessed secondary school education, representing 11.1% of the sample. Next are 5 participants who acquired a degree or its equivalent, which represents 55.5% of the sample. Similarly, with regards to the religion of the participants, 8 informants practice Islam, which represents 88.8% of the sample, while 1 respondent practices Christianity, representing 11.1% of the sample.

Transportation

Transportation denotes to the ease with which, information, goods, and people move from one place to another¹⁴. The central essence of transportation consist of satisfying the need for mobility for the reason that transportation exists if people, products, and information can move from one place to another, when this is not the case the concept is less meaningful¹⁴. In this study, from the observed general pattern of the result of the qualitative interview as indicated in Figure 1, the respondents generally agreed public transportation encourage

the obstetric fistula patients (VVF) to seek for health care services. In relation to the foregoing discussion, one of the respondents, a government official with the state ministry of health asserts that:

Majority of the fistula victims are from remote areas where roads are poor. The only means of transportation for most of them are motorbikes, donkeys, camels, and carts among others. This makes it challenging for the victims to travel in search of medical support at the designated VVF hospitals. However, presently, the bulk of the victims admitted are those who could afford to travel with ease to reach the treatment center. Therefore, the ease of public transportation is a significant factor that stimulates people, particularly the VVF women to visit healthcare center for therapy (Respondent IX, Government official).

Additionally, complementing the earlier response, health personnel augment that:

Poor road and rail network and bad weather conditions have prevented many obstetric fistula women from seeking healthcare services offered by government hospitals. Nevertheless, when the roads are worthy coupled with sufficient awareness campaign, numerous afflicted women could partake in treatment (Respondent VI, Health personnel).

The foregoing argument was buttressed by the opinion of one other health personnel who asserts that:

For the period of the rainy seasons, the existing inaccessible roads get even worse; as such several victims are being demoralized from participating in therapy. Even the patients that you sighted on admission now are those who can afford to visit the center using available means of transportation to them. Consequently, I believe the more people have means of transportation at their disposal, the easier it is for victims to visit health centers assistance (Respondent V, Health personnel)

In addition, affirming the views expressed by the foregoing respondents, a patient with VVF disease argued:

There are numerous bad roads leading to the healthcare centers from my area, particularly during rainy seasons. Because of poor terrain, many pregnant women from my community cannot cross the rivers to this place. In my circumstance, for many times, I had to delay plans to visit the hospital because the roads are pitiable and it is not easy to catch a vehicle to convey me to this hospital. However, in spite of the poor roads from our village, one of my brothers, a commercial motorcyclist who operates daily in the city took me to this hospital. For me, it was not too difficult to reach this health center. Therefore, I can testify to the fact that the availability of transportation... inspired me to visit this healthcare center for cure (Respondent III, VVF woman).

Consequently, the views of respondents, evident in figure 1, expressed in the foregoing discussion suggest that public transportation is vital in motivating the obstetric fistula patients to participation in treatment. The preceding assertion was given credence by References^{14, 8, 1, 13, 7,} who while affirming the social importance of transportation suggests that the aforementioned increases people's right to use to healthcare and other social services.

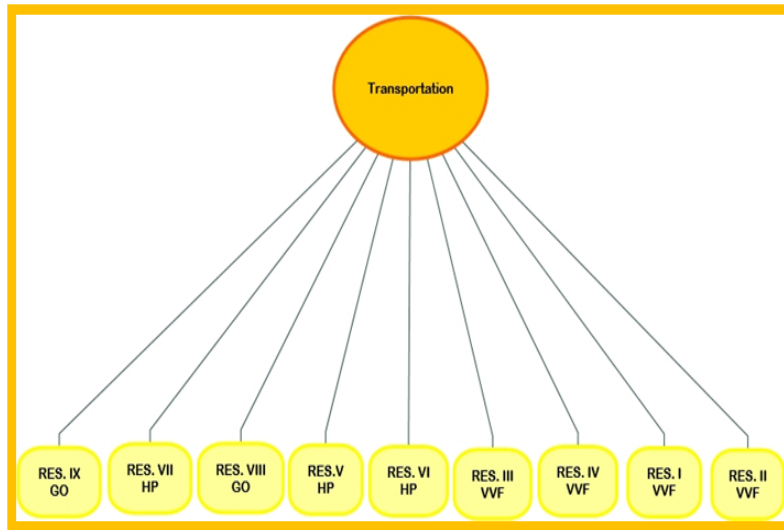


Figure 1 Transportation

V. Discussion

This study's results extend knowledge concerning the documented factors that stimulate OF patients to participate in therapy; by augmenting their lived experiences as well as the opinions of other respondents in the healthcare profession regarding the influence of transportation in inspiring visits to health centers for therapy. This study employs 9 respondents as a sample, including 4 OF patients, 3 healthcare providers, and 2 government officials. Specifically, all the respondents in the study showed obstetric fistula patients visit designated healthcare facilities for therapy when they are sufficiently aware about healthcare services coupled with good transportation network.

The opinions of respondents expressed in the preceding discussion show that public transportation is significant in increasing involvement in treatment among obstetric fistula patients. The foregoing assertion was given credence by previous studies^{14,1,13}, who while affirming the social significance of transportation contend that ease of movement increases people's right to use health care facilities and other community services. Therefore, strategies intended at tackling the menace of the obstetric fistula through inspiring the patients to be involved in treatment should take into consideration the provision of public transportation and roadworthy road networks.

VI. Conclusion and Recommendations

The purpose of this study was essentially to describe the perceptions of patients with obstetric fistula as well as the opinions of important stakeholders in the healthcare sector concerning public transportation and the effect of the concept in healthcare participation. The result of this study underscored the significance of public transportation and good roads in inspiring the obstetric patients to visit designated healthcare facilities in their areas for medical help. In the opinions of the participants, they affirmed awareness about the availability of healthcare services and above all, good public transport system had stimulating effect towards participation in treatment. This study firmly believes that by permitting the obstetric fistula patients to express their views, the outcome makes a healthy case for resolute actions to implore philanthropists and non-governmental organizations to strive to provide public transportation.

Furthermore, the result of this study shows that public transportation coupled with the availability of healthcare services increase the intention of obstetric fistula patients to participate in therapy. Although this study has some limitations occasioned by limited sample size during the in depth interview, which allows for generalization about the perceptions of the respondents on the effects of public transportation on health-seeking behavior within the context where this study was conducted alone, however, the findings of the research are similar to other research from Ghana, US and Iran.

Therefore, the foregoing result suggests that public transportation immensely increases the health-seeking behavior of the obstetric fistula patients from Sokoto, Kebbi and Zamfara. Thus, this finding will add to the existing body of literature on the significance of transportation in healthcare studies. Consequently, because of the devastating nature of obstetrics fistula to the affected patients, means to eradicate the menace through activities that embolden victims to seek for cure ought to be given further priority by the health professionals and people who make legislations on health.

Furthermore, the federal, local governments, and philanthropists have a duty to provide to the obstetric fistula patients the much-needed healthcare facilities and other social services to complement the efforts that have been made by the state governments in providing road networks, which invariably by extension encourage health-seeking behavior among obstetric fistula patients. Moreover, eradicating the obstetric fistula disease should be the decisive aim, hence, patients should be provided with obstetrics healthcare services at their door steps, coupled with other public development programs. The added public developmental programs should focus more on improving employment opportunities, promoting girl-child education and enhancing means of transportation.

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