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**SOCIOPSYCHOLOGICAL FACTORS INHIBITING TREATMENT-SEEKING
BEHAVIOUR AMONG WOMEN WITH VVF IN NORTHERN NIGERIA:
A PROPOSED CONCEPTUAL MODEL**

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Abstract

The basic aim of this paper is to provide a visual model that describes with the aid of a graph some constructs of sociopsychological factors and treatment-seeking behaviour of women with vesicovaginal fistula (VVF) in northern Nigeria. Specifically, this paper presents a model, which when validated it will further investigate the perceived relationship between the main constructs under study. In order to answer the research problem stated in this study, this paper will utilize mixed methods research design (pragmatism). This study has five key constructs in the proposed model, which if authenticated will be utilized to assess reason for poor participation of VVF women in various government intervention programs aimed at eradicating the scourge of VVF disease. The proposed constructs that seek validation are poor social support; poor decision-making; poor transportation, poor attitude of health personnel and treatment-seeking behaviour.

Keywords: poor social support, poor decision-making, poor transportation, poor attitude of health personnel, treatment-seeking behaviour, Vesicovaginal fistula.

1. INTRODUCTION

The disease, VVF occurs predominantly due to prolonged obstructed labour. A labour is said to be prolonged when a woman spend more than 24 hours during delivery, which could result in to spontaneous escape of urine through the vagina, offensive odour, and other physical, medical, social and psychological consequences (Odu, 2013 & Adeoye, Egwu & Adeoye, 2014). Globally, VVF disease affects more than 2 million women (Wall, 2012& Siddle, Mwambingu, Malinga, & Fiander 2013), with an estimated 75,000-100,000 victims contracting the disease yearly, commonly in developing nations including Nigeria (Alio, Mervel, Roxburgh, Clayton, Marty, Bomboka, L. & Salisu, 2011 and Wall, 2012). In Nigeria, record shows an estimated 1,000,000 suffer from VVF disease, with about 20,000 new cases arising every year (Wall, 2012 & Odu, 2013).

In Northern Nigeria alone over 850,000 cases of VVF, accounting for about 85 per cent of the total number of the disease in Nigeria, with an average 2 to 5 prevalence rate in every 1,000 birth are recorded compared to 0.44 cases per 1,000 deliveries in southern Nigeria (Adeoye, Egwu & Adeoye, 2014). In spite of huge number of VVF cases in Nigeria, only about 3,000-4,000 repairs takes place annually, which further compound the disease menace (News watch, 2013). Recently, the Nigeria's Federal Ministry of Health Report (FMOH, 2012), shows that failure of most states in northern Nigeria to eliminate VVF disease might be due to several socio psychological factors, including absence of infrastructure for health, poor training of health personnel, lack of awareness on the part of afflicted women that VVF disease is treatable, and so forth. Additionally and more outstandingly, VVF disease may have continue to increase due to failure of the afflicted women to seek for competent treatment, which could be as a result of some fundamental problems, including poor social support (Woldeammanuel, 2012), poor decision-making (Wall, 2012 & FMOH, 2012), poor transportation (Adedeni, Odimegwu, Bamiwuye, Fadeyibi &Wet, 2014) and poor attitude of health workers (Holmes & Goldstein, 2012). By and large, there are few studies (Alio, et al. 2011 and Odu, 2013) that examined socio psychological factor variables affecting treatment-seeking behaviour of VVF women in some states in northern Nigeria, including Sokoto, Kano and Zamfara. Therefore, this paper will widen the scope of its investigations to include other northern states, including Kaduna, Kebbi, Bauchi and Niger. Furthermore, based on reviewed literature, no study has employed the five socio

psychological constructs utilizing mixed methods design (pragmatism) in a sole study to evaluate the reason why treatment-seeking behaviour of VVF women in the selected areas is not encouraging. Consequently, the main objective of this paper is to advance a proposed conceptual model that will employ mixed methods research design that links and explain the relationship between sociopsychological factors and treatment-seeking behaviour of VVF women, and enhance literature, as a result enabling the links outside Asia, USA, Europe, some African countries and particularly Nigeria. This study consists of four key sections. The first part comprises of an introduction to treatment-seeking behaviour. The second part deliberates on socio psychological factors that inhibit treatment, including but not limited to poor social support, poor decision-making, poor transportation and poor attitude of health personnel. The third part of this paper discusses about proposed conceptual model and the fourth section presents conclusion and recommendation.

2.1 Treatment-Seeking Behaviour: According to Woldeammanuel (2012), in several areas where VVF disease is high, it was probably because women who suffer from the disease hardly seek for competent treatment measures especially at the early phase of the disease. In principle, the affected women might have demonstrated little or no concern at all to look for cure, may be due to financial constrain, poverty or other palpable reasons such as poor quality of life among others (Woldeammanuel, 2012). Treatment-seeking behaviour implies to engagement by individual or group of individuals with certain health challenges aimed at improving health, therapy or attainment of relief. In addition this action involves that the person(s) facing obvious challenge is ready to accept that he/she wants progress or remedy from disease afflicting them via accepting instructions from competent health professionals, such as nurses, midwives, doctors, social workers, and other related health care personnel, with a view to improving health or cure (Behrami, Afashbahar, Shakahifa & Montazeral, 2014). In principle, the construct primarily represents a sickening individual interacting with other people to get support, which could be in the form of counseling, information, therapy, and general support based on a particular problem a seeker brought with him (Akhter, 2015). The definition by Akhter shows that health experts particularly those charged with care of VVF women are beginning to appreciate the concept of treatment-seeking behaviour as significant part of their philosophy. The importance of TSB was additionally discovered by (Woldeammanuel, 2012) who argue that it is essential for

health experts to understand various sociopsychological factors which affect peoples' decision to seek for treatment. This has become imperative so as to ensure that health care providers are adequately prepared to make recommendation for treatment measures that are suitable to recipients, as well as to encourage treatment-seeking behaviour, instead of giving options to the sick, which might make them not to feel at ease with due to non-conformity with values or social norms.

2.2 Sociopsychological factors: The socio-psychological factors are defined as those social and psychological issues that serve as road blocks to effective and efficient treatment-seeking measures within a cultural setting (Furqan, Bismah & David, 2012). Additionally, the concept of socio-psychological factor is also defined as problems, which could prevent sick persons from taking part in cure. The most notable perceived factors militating against treatment-seeking include poor social support; inequality in decision-making; stigma; poor transportation; financial problems; attitudinal issues, and so forth (Ramirez, 2013). Based on several definitions of socio-psychological issues inhibiting treatment-seeking in the earlier discussion, this study seeks to examine further to ascertain if these factors can negatively affect VVF women's capability to seek for treatment within the social setting of Bauchi, Kaduna, Kano, Kebbi, Sokoto, Zamfara and Niger states.

2.2.1 Poor social support: This is defined as absence of practical and emotional support to an individual from family, friends and community (Yadav, 2010 & Upton & Upton, 2015). Denial of social support from the loved ones such as friends, family and community may lower an individual level of confidence as well as damage to physical and psychological well-being (Yadav, 2010). On the contrary, social support is important to the well-being of an individual because support from family, relatives, friends among others enhances the psychosocial wellbeing and satisfaction. This is even more important among women about to deliver in the health centres, in which the presence of loved ones would boost the confidence and comfort of a woman, leading to reduce patient's anxiety (Dunne, Fraser, & Gardner, 2014). In line with Borgman's (2012) study on problems of social support and its influence on treatment seeking, the scholar suggested for further studies that would enlarge other sources of social support to the existing

traditional ones. Borgman (2012) argued for the addition of new sources of social support including support from siblings; religious organizations; employers; philanthropist, and club support groups . Therefore, this study intends to use the concept of poor social support to find its relationship with treatment-seeking in a relatively new social context at Bauchi, Kaduna, kano, Kebbi, Sokoto, Zamfara and Niger (northern Nigeria). Therefore, this study suggests the following proposition:

H1: Poor social support is negatively associated with treatment-seeking behaviour of VVF women in northern Nigeria.

2.2.2 Poor Decision-Making: Poor decision-making is defined as the differential and discriminatory behaviour towards women by men in ways that are unfair, avoidable and unnecessary to the level that women becomes less engaged indecision-making and or discussion affecting them and the families in their respective communities (Namasivayam, Osuvra, Syed & Antai 2012 & Bleich, Jarlenski, Bell, & Laveist 2012).Lack of decision-making power between males and females has disadvantage. This is because denial of decision power to women may result to the violation of their health and other fundamental human rights (Tanzim, 2011).Conversely, Women's participation in decision-making has tremendous advantage. In essence, where women are allowed to participate in important decisions affecting their lives and families, there is high chances of improving the health and economy of society (Namasivayan, et al, 2012 &Bleich, et al. 2012). Studies have examined effect of poor-decision-making on treatment-seeking (Bleich et al. 2013, Gebresillase, 2014 and Campaign to End Fistula Organization, 2016) For example, in Tanzania, lack of decision-making power available to women was observed asa inhibiting women to participation in health intervention programs The study further note that in most rural communities; where bulk of the diseased women came from they cannot take decisions regarding their health or that of their children. That for them to seek for health care services they have to seek permission from the husband or his family even in dire situations (Gebresillase, 2014). Furthermore, investigation by Campaign to End Fistula Organization (2016) shows that VVF disease is preventable but the problem is getting worse because majority of rural women in Nigeria are powerless whose protection of rights is not adequate but left to face the wrath of gender inequality especially while deciding on when and how to access

health care services (Campaign to End Fistula, 2016)). In line with the foregone studies, Bleich et al. (2013) in his examination of poor decision-making as a factor inhibiting seeking for health services suggested for further studies to focus attention on how problem of decision-making affects poor participation in health programs in other social context, as well as the necessity for evaluating the development in health inequalities in such new environments. Thus, this paper employ poor decision-making as one of the study construct to discover its relationship with treatment-seeking and evaluate the constructs within the context of 5 states in northern Nigeria, which this author presumed there is paucity of empirical evidence in previous studies. Thus, this paper posits the following proposition:

H2: Poor decision-making is negatively associated with treatment-seeking behaviour of VVF women in northern Nigeria.

2.2.3 Poor Transportation: This refers to the easiness with which, information, goods and persons move from one place to another. The basic importance of transportation includes the desire to fulfill need for mobility; because transportation only exists if persons, product and information can move from one place to another, where this is not realizable the term becomes meaningless (Rodrigue, Comtois & Slack 2013). The concept of transportation has immense importance in the historical, economic, political, environmental and social sense. More central to this discussion is that of social importance of transportation. Socially, transportation helps people to gain access to health care and other social services through governmental intervention programs and other welfare services. Thus, in this sense, it can be argued that transportation has a profound influence on people's ability to amongst other things participate in programs aimed at treatment and improving their health (Rodrigue et al. 2013). Additionally, transportation has been identified as an important motivator in an effort to access health care services, which serves as a connection between health services and residence of individuals that need these services.

On the other hand, poor transportation weakens the ability of persons within a given social context to gain information, goods and services as well as ensure association of persons from one place to another (Lankowski et al. 2014 & Atuoye, et al. 2015)

Furthermore, in poor societies, bad network of roads and lack of resources to use transport makes rural areas unapproachable, making it difficult for those who need

these services unable to present themselves to see qualified caregivers, which is not available or hardly provided in rural health centres. This trend might hamper sick individuals from participation in government health intervention programs geared towards eradication of maternal and child diseases (Atuoye, Dixon, Rishworth, Galaa, Boama, & Luginaah 2015). In the same direction with the foregone literature, study by Adedini, Odimegwu, Bamiwuyo, Fadeyibi and Wet (2014) proposes that poor transportation prevalence in Ghana may have been a major contributing factor that inhibit access to treatment facilities. That, perhaps many rural communities were unable to visit government hospital because roads are inaccessible due to over flooding, as well, extreme poverty might have contributed to poor access to transportation since only few people could afford available means of transportation to health centre. In addition, a qualitative study on transportation by Jeremy (2010) recommended that further studies on transportation is essential, which should utilize quantitative method with large sample size to assess people who use various means of transportation to seek health care: as this permit for statistical generalization of findings because 60 samples used in previous study was inadequate and does not allow for numerical generalization. In addition, the same study suggested that further research is needed in other regions concerning transportation and access to health care through identification of sources of transportation in relation to access to health care services (Jeremy, 2010). Therefore, this study will employ the construct "poor transportation" used in USA to examine its relationship with treatment-seeking behaviour in five states of northern Nigeria. Thus, the proposition below suggests that:

H3: Poor Transportation is negatively associated with treatment-seeking behaviour in northern Nigeria.

2.2.4 Poor Attitude of Health Personnel:The concept of attitude of health care personnel denotes the behaviour of health workers that may be revealed towards the sick, which could be positive or negative. Positive behaviour of health care professionals' involves showing kindness, respect, politeness and so forth to people with ill-health. Conversely, negative attitude of health professionals is revealed to patient through verbal abuse, disrespect, lack of empathy and sympathy, physical assault poor attention to confidentiality and so forth (Holmes & Goldstein, 2012). Again, the concept of attitude of health care providers has negative and positive aspect. The

positive one include being friendly, respectful, polite and so forth towards the sick. Conversely, negative attitude is shown through behaving in cruel, abusive, rude manner as well as discharging duties without fairness toward sick individuals (Olaogun, 2013). The concept of attitude of health care personnel is significant because positive attitude goes a long way in promoting communication between the sick and provider of health services, which ultimately assist in providing optimal qualitative health care services. Conversely, negative attitude of health personnel create an unhealthy gap and barrier to seeking treatment (Holmes, et al. 2012). In addition, poor relationship particularly between health care providers and women hamper the transfer of information that pregnant women may require for their healthy development and that of the unborn child. The information includes one about nutrition, family planning, pre and post-delivery preparations, and so forth. The exhibition of negative attitude may cause social and psychological damage to people with health challenges, subsequently, they may refuse to seek for treatment when pregnant (Holmes, et al. 2012). Studies comparing attitudes of trained staff midwives in private and government hospitals in Oyo, southern Nigeria, shows inconsistencies in their findings. The outcome of the studies shows positive relationship between staff's attitude at the private missionary hospital and women attending the clinic for delivery. This implies although missionary hospital is not well equipped with health care facilities, diseased women with various diseases prefer to visit the health centre because of the perceived good attitude of health personnel. On the contrary, the study found negative relationship between attitude of staff and women attending clinic for delivery in government hospitals. This is happening even when government hospital is better equipped than private hospitals (Adeyemo, 2013). Moreover, in a study of factors inhibiting access to surgical care for VVF women in Pakistan, Furqan et al (2014) suggested the need for further study to focus on quantitative view of victims about attitude of health personnel so as to have wider understanding of the problem and permits for statistical generalization. Therefore, this paper suggests the following proposition:

H4: Poor Attitude of health personnel is negatively associated with treatment-seeking behaviour of VVF women in northern Nigeria.

3. RESEARCH FRAMEWORK

The related Literature reviewed suggests an association between sociopsychological factors and treatment-seeking behaviour among women with VVF. Precisely, previous studies (Jeremy 2010; Borgman; 2012; Bleich et al. 2013; Adedini, Odimegwu, Bamiwuyo, Fadeyibi and Wet 2014, and Furqan et al 2014) theorizes relationships between poor social support, poor transportation, poor decision-making, poor attitude of health personnel as perceived factors that hinder treatment-seeking behaviour as indicated in figure 1. Moreover, health beliefs model (HBM) suggests that possibly numerous VVF women might fail to seek for treatment because of certain sociopsychological road blocks (Woldeamanuel, 2012). Thus, the five adapted constructs proposed in this model (as indicated in figure 1), when validated in this paper would be utilized in a new social context with different methodological orientation (pragmatism) and method (combination of quantitative and qualitative), in a single study in order to examine the perceived sociopsychological factors that inhibit poor participation of VVF women in treatment in northern Nigeria.

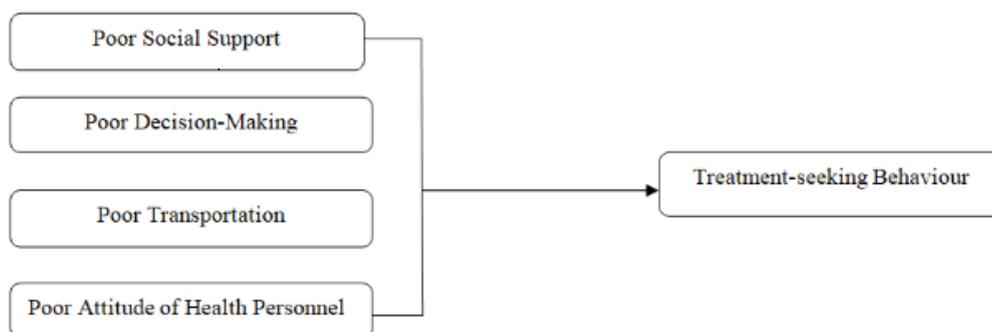


Fig 1: Proposed research model

4. CONCLUSION

In conclusion, this paper aimed at examining and validating constructs regarding perceived sociopsychological factors inhibiting women with VVF from participation in treatment-seeking. For the time being, the study has offered a theoretical model that could serve as a framework for reference to scholars who wish to further conduct study on the relationship between sociopsychological factors and treatment-seeking behaviour among VVF women. Finally, if this proposed conceptual model is authenticated, its results will provide important contributions to literature for policy formulators on health, and at the same time to other health practitioners including,

nurses, midwives, doctors, physiotherapists and so forth in making good decisions for the overall advantage of human race. Meanwhile, the limitation of the foregone conceptual framework in this paper is based on its use of few sociopsychological constructs. Therefore, this paper recommends that more sociopsychological constructs be added to the existing model for further validation.

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