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DISCUSSION

Obstetric fistula and sociocultural practices in Hausa community of Northern Nigeria

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ABSTRACT

Background: Obstetric Fistula is a childbirth injury that disproportionately affects women in sub-Saharan Africa. Although poverty plays an important role in perpetuating obstetric fistula, sociocultural practices has a significant influence on susceptibility to the condition.
Aim: This paper aims to explore narratives in the literature on obstetric fistula in the context of Hausa ethno-lingual community of Northern Nigeria and the potential role of nurses and midwives in addressing obstetric fistula.
Discussion: Three major cultural practices predispose Hausa women to obstetric fistula: early marriages and early child bearing; unskilled birth attendance and female circumcision and sociocultural constraints to healthcare access for women during childbirth. There is a failure to implement the International rights of the girl child in Nigeria which makes early child marriage persist. The Hausa tradition constrains the decision making power of women for seeking health care during childbirth. In addition, there is a shortage of nurses and midwives to provide healthcare service to women during childbirth.
Conclusion: To improve health access for women, there is a need to increase political commitment and budget for health human resource distribution to underserved areas in the Hausa community. There is also a need to advance power and voice of women to resist oppressive traditions and to provide them with empowerment opportunities to improve their social status. The practice of traditional birth attendants can be regulated and the primary health care services strengthened.

Statement of significance

Problem or issue

Obstetric Fistula prevalence is high among women and girls in Hausa ethno-lingual community and there is a need to understand the social and cultural factors that contribute to obstetric fistula in this population.

What is already known

Globally, early childhood marriage contributes to obstetric fistula. In addition to a high rate of early childhood marriage in Nigeria, evidence indicates that women and girls with obstetric fistula in Nigeria are delayed from accessing maternal care by factors beyond their control.

What this paper adds

Hausa folklore practices put women at risk for obstetric fistula. Cultural beliefs are a contributory factor to women's predisposition to obstetric fistula among Hausas in Nigeria. There is potential for building on community strengths to resist oppressive traditions. We recommend a revolution in nurses' and midwives' role related to obstetric fistula prevention and management in northern Nigeria.

1. Background

Obstetric fistula (OF) is a complication of childbirth that results from prolonged obstructed labor. This complication results when the presenting part of the baby is compressed within the birth canal for an extended period, leading to a tear to the vaginal wall of

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the woman. This tear or opening creates a link between the vagina and bladder, i.e., vesico-vaginal fistula, and/or the rectum, i.e., recto-vaginal fistula.[1] The result of this is uncontrolled leakage of urine and/or feces through the vagina. The condition may be further complicated by infection, painful rash, vaginal ulcers, scarring and stillbirths, as observed in 78–95% of cases.[2,3] OF affects approximately 2 million women, mostly in sub-Saharan Africa, and in Asia.[1] The condition is rare in high income countries such as Europe, Australia, and North America because women are able to plan better for their births and have access to high quality maternal healthcare services during labor.[4] The higher prevalence of OF in low income countries reflects existing disparities in healthcare access for women between high and low income countries.[5] This inequity requires more in-depth examination of the underlying factors that put women at risk for OF. As one of the United Nations' Sustainable Development Goals[6] maintains that maternal health challenges are a priority global health concern, there is an urgent need to explore the facts known about OF as presented in the research literature, and specifically its occurrence in high prevalence areas.

OF is most prevalent in sub-Saharan Africa fundamentally because many women and girls give birth to their babies alone or without a skilled birth attendant.[4] Of all countries in sub-Sahara Africa, Nigeria has been classified as the country where women are most likely to be alone in childbirth,[6] making this population of women most vulnerable to birth injuries like OF. The international public health community set a target to have skilled attendance at 90% of all births for a 75% reduction in maternal mortality by 2015,[7] yet in Nigeria, only 35% of labors are attended by trained birth attendants. This value falls even below the 50% rate in the general sub-Saharan region,[8] and is in sharp contrast to the rates of 98%, 99% and 99.3% for skilled attendance in Canada, United States and Australia respectively.[9,10] Both economic and sociocultural constraints underpin these disparities. During the Nigerian oil boom in the 1970s, free medical services increased rates of hospital births, but with the implementation of the fee-for-service scheme at the turn of the century, institutional births in Nigeria plummeted.[11]

In addition to economic factors, sociocultural constraints present a more profound barrier against access to skilled birth attendance for women. According to the literature[3,7] women and girls in northern regions of Nigeria experience a remarkably higher incidence of OF because of sociocultural practices that compromise their maternal health in addition to the crisis situation resulting from Boko Haram terrorist attacks that limit healthcare personnel in these areas.[12] The aim of this paper is to discuss the sociocultural practices that influence the incidence of OF among women in northern Nigeria. By way of introduction, we provide a highlight on the maternal health disparities between women in Southern and Northern regions of Nigeria. We give a brief description specifically of the Hausa ethno-lingual community who predominate Northern Nigeria and neighboring Niger. We further describe the OF situation for women of Hausa tribe. This introduction is followed by a discussion on the sociocultural practices that predispose Hausa women and girls to OF. Based on this discussion, we present implications for policy. To conclude, we provide recommendations for nurses and midwives and for women.

2. Introduction

Although Nigeria constitutes only 2% of the world's population, it accounts for 14% (40,000) of global maternal deaths, and ranks second highest after India, whose population is eight times greater.[13] The national maternal mortality rate in 2015 was 814 deaths per 100,000 births.[14] The maternal health of women within Nigeria differs based on geographical location. Although the maternal health statistics in Nigeria is not up to date, the Nigerian Demographic Health Survey (DHS) conducted in 2008 showed that there was a disproportionately higher maternal mortality rate in northeastern Nigeria as compared with southwest Nigeria.[15] The incidence of OF follows this imbalance across Nigeria, with northern regions experiencing significantly more cases than the southern region. Northern regions of Nigeria record lower rates of assisted births, antenatal care and contraceptive use than other regions of the country, resulting in especially high incidences of birth complications in general.[16] An investigator gave economic explanations for this disparity, stating that women in the south have greater capacity to control their sexuality because they are able to have a role in trading and retain their income.[17] The picture often painted is that women in northern region are the worst affected because they are economically powerless however, this is not the complete picture. Heller conducted a study in Niger, a country at the border of northern Nigeria that shares very similar traditions with respect to women in northern Nigeria. She identified that culture in Niger has a crucial influence on the OF experience.[18] In northern Nigeria, little attention has been paid to how culture affects the maternal safety of childbearing women and girls and might predispose them to OF. We describe further the predominant culture and tradition of Northern Nigeria and OF in Northern regions of Nigeria.

2.1. The Hausa ethno-lingual community

The Hausa ethno-lingual tribe predominates in the northern region of Nigeria and in neighboring southern Niger. It is a Muslim-dominated region with a long-standing tradition of centralized kingship, patriarchal order and gendered division of labor.[19] The Hausa are one of the largest ethnic groups in Africa, and the largest in West Africa.[20] Hausa social life is organized around the family unit, which is traditionally housed within an enclosed mud-brick compound and communal home system. Child birth takes place in the home and in the event of a complication, women and girls may not seek services outside of the home unless with the permission of their husbands or elderly matriarchs.[21,22] Studies have shown that Hausa men demonstrate strong initiative and resolve, and take risks to improve their social status and maintain their dignity.[19] In the Hausa community, reproduction is the organizing principle for female social status, and the transition from teenage girl to wife and mother may be abrupt.[23] Hausas retain faith in traditional pharmacopeia and traditional labor interventions; their folklore beliefs often put women at risk. Evidence shows that people in the Hausa communities have not come to trust Western medicine.[21]

2.2. Obstetric fistula among Hausa ethno-lingual community

OF is so commonplace in the Hausa communities of northern Nigeria that the women have composed a 'song of praise' for the condition in their local language: Fitsari 'Dan Duniya, which translates as "Urine, the Oppressor of the World".[24] In his study on OF among Hausa women, Muhammad described the usual situation of an affected girl in one sentence: "destitute, illiterate, divorced and smelly teenager who has lost control of her bladder functions, and is constantly wearing rag in between her legs during the day and wetting her bed at night".[25] This quote, appalling as it is, depicts only a part of the infirmity experienced by these women and girls. Alongside the indignity of incontinence and grief of a stillbirth which accompanies OF in many instances, affected women and girls are often stigmatized and isolated by their families.[26] The sense of marginalization and hopelessness created by OF is reported by Wall.[27] He stated that when girls develop OF they lie motionless in bed for long periods, frightened and hoping that the flow of urine will stop. Reeking of urine and sometimes stool, their experience of isolation is deep. They are not allowed to

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