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Knowledge, attitude, and perception of obstetric fistula in some divisions in the far north region of Cameroon

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Abstract

Obstetric fistula is a condition caused by neglected, prolonged obstructed labor. All societies have different customs and beliefs which are unique to them and, these customs and beliefs make them to have different regard to obstetric fistula. Since no two individuals are the same, as even identical twins do not reason in the same manner has given rise to so many different regards to obstetric fistula in the Far North Region.

A qualitative, exploratory, descriptive, and contextual approach coupled with primary and secondary data were used in this study. The data collection techniques convoked were interviews, life history, direct observation, and literature review from relevant documents. The data collection tools consisted of a pen, notebook and a dicta phone. A total of 40 informants were interviewed of which 28 were fistula cases, social workers and other resource persons. A content analysis of the data was done wherein relevant data was represented on tables, in figures and percentages in order to give an in-depth interpretation of the results obtained.

The community generally have very little knowledge about obstetric fistula and a very negative attitude and perception towards the cause and treatment of obstetric fistula as the fistula cases were stigmatized and also maginalised.

From the various knowledge and perceptions on the causes of obstetric fistula outlined in this study, it has greatly influenced the attitude of the community towards obstetric fistula patients as there are both negative and positive attitudes towards them.

Keywords: Obstetric fistula; Knowledge; Attitude; Perception; Community

1. Introduction

Although the eminence of obstetric fistula (OF) is reported to have degenerated in industrialized countries, it is still a major problem in developing countries. Obstetric fistula is a health condition caused by an interaction of many physical factors and the socio-economic, cultural, and political situation of women. The interaction is based on their nutrition, fertility, health, status, and vulnerability to fistula. Among all maternal morbidities, obstetric fistula is considered the most devastating adversely affects both the physical and mental health of the women [1]. It is very difficult to come in contact with obstetric fistula cases in the Far North Region. An estimated incidence of 30,000–130,000 obstetric fistula occurs in sub-Saharan Africa every year, which accounts for more than 60% of overall burden [2]. Most of the cases suffering from fistula live in remote areas, live in isolated areas wherein many do not have access to information and poor road network. This is a very big hindrance as it makes it very difficult to penetrate the communities to sort out these patients to go for treatment. These difficulties are superficial as there are different means of transportation to reach these communities but the worst hindrance of having access to obstetric fistula cases is the knowledge, attitude

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and perception of the community towards obstetric fistula. Obstetric fistula affects numerous girls and women every day [3]. The knowledge, attitude and perception of obstetric fistula has to do with the community's awareness of obstetric fistula, what they believe is the cause of the condition, how they treat both the affected and infected persons in the community. Attitudes are versions of the world that are constructed by people during their interactions with others. Obstetric fistula is considered as a sickness of shame and nobody likes talking about it. Even those who are suffering from it believe they are a disgrace to themselves, their families and the entire community. The easiest way to come into contact with an obstetric fistula patient is from the registers in the hospitals where they have consulted and from the fistula centers where they go for treatment. Some fistula patients come out from their hiding corners when they have gotten information on free treatment campaigns and they go to the centers for registration and onward treatment. The health community agents who move about in the remote villages to identify these patients in the community to inform them on free treatment campaigns find it very difficult on the field to do so because of the very negative notion of the condition. This is because the condition is not talked about in public it's a taboo to talk about it. A 32 years community health worker in Maroua recounted that.

"I used to cover the entire Gazawa subdivision, but I tell you looking for fistula patients is a very difficult task, I passed through a community and after talking about obstetric fistula and that we are struggling to fish out women who suffer from it for treatment. All those present said they do not know of anyone with such a condition. When I had finished and was on my way back a lady came to me, took me to the back of a house and then she said there is a lady suffering from such a condition in Alhadji X's compound and she described the house to me, immediately she finished talking with me she left very fast. I turned back, and by the time I got to the house she indicated to me, the members of that household reused they never had anybody of that sought in their family. I persuaded them for so long until, the head of the household finally accepted that one of his wives was suffering from such a condition and has been living in isolation in a hut at the back of the house." (Interviewed on 20th/10/2021 at 4:22 pm)

From the extract above, the problem of identifying obstetric fistula cases does not only end at the level of inaccessibility but the community perception towards obstetric fistula as the family of the patient do not want to identify themselves with a fistula case because it is a disease of shame. Identifying with such a condition paints a very negative picture of the family as they will be regarded as a cursed family, family of witches and wizards which may result to social exclusion of the entire family from certain rites in the community. This is inequality in the political and economic sphere manifesting themselves in health conditions [4]. Given the fact that no two individuals have the same, level of education, socialization process, family background, natural traits, intelligence quotient (IQ), temperament, and socio-economic level which shapes their way of reasoning and character as, even identical twins do not reason in the same manner, has given rise to so many different views as far as obstetric fistula is concern in the Far North Region. Illness perception focuses on how an individual experiences and mentally frames living with a disease [5] thus, there are so many different viewpoints towards the knowledge, attitude and perception of obstetric fistula in the Far North Region which can be discussed under the patient's view and action and that of the family and the community.

2. Methods

The Qualitative research method is the most appropriate research method that is used in this study because it focusses on the everyday life and people's experiences. A qualitative approach which is exploratory, descriptive, and contextual in nature helped to develop an in-depth understanding of the knowledge, attitude and perception of obstetric fistula in some selected divisions of the Far North Region of Cameroon. Primary data was collected through in-depth interviews, life history and observation. The data collection tools included a pen, note book and telephone for recording and taking of pictures. Secondary data was also gotten from books, internet and scientific publications. The purposive sampling method was used to sample key informants who included patients, former patients, their family members and medical personnel. The data collected was interpreted using rigorous and systematic methods of transcribing, coding, and analysing trends and themes. A content analysis was done wherein the data collected was presented on tables in percentages to better interpret the results obtained. There was the use of excerpts from informants and extracts from other write ups. Previous studies were also used to compare and contrast ideas in this study.

3. Results and discussions

So many different tribes, ethnic and communities exist in the far north region. These various tribes have their own name given to obstetric fistula in their different languages. These names are given based on their knowledge and understanding of obstetric fistula. The table below shows the various appellation of obstetric fistula in some languages spoken in the far north region; it consists of the tribe, the name of obstetric fistula and the meaning or direct translation of the name into English language as follows;

Table 1 The appellation obstetric fistula in some languages in the far north region

Tribe/Language	Name	Meaning
Fulfude	Tchinllé debo	Feminine urine
Matakam	Matakunkrai	Urine is bad
Kapsiki	Bidingis biguiasa	Urine is bad
	Guinche	Urine is burst
	Zagunchi	Burst bladder
Mafa de Kapsiki	Agwechigwechi	Urine leakage
Mafa	Guikureytua'a	Burst bladder
Konekwara	Madakuyai	Burst bladder
Mandara	Akla Bolé	Urine flow
Tupuri	Nenpai chiné	Pain in the navel

Source: Fieldwork (2020/2021)

From table 1 above we realize that the names given by the various ethnic has a meaning and most of the meanings has to do with the manifestation of obstetric fistula as it all has to do with urine and the bladder thus, there is a very good understanding of the manifestation of obstetric fistula amongst the various tribes in the far north region. The matakam and part of kapsiki refer to it as urine is bad, yes when urine cannot be controlled, it means it is bad. The burst bladder an appellation in Konekwara mafa and part of kapsiki also has a strong meaning attached to it as, urine is stored in the bladder and when the bladder is weak, there is frequent urination. In this case it is referred to as burst bladder which means that urine cannot be controlled. Urine leakage in Mafa de Kapsiki, pain in the navel in Tupuri and urine flow in Mandara means that there is a hole where urine is being stored and through that hole, it leaks out, drips and also flows out. In fulfude it is simply referred to as feminine urine this, means there is something abnormal about the urine which is a call for concern. The issue of appellation of obstetric fistula in relation of its manifestation is not limited to the far north region of Cameroon. Studies by Wall in Northern Nigeria, showed that amongst the Hausas, obstetric fistula is known as *Fitsari* which simply means Urine [6]. In this study, 50 years old respondent, gave us the in-depth meaning of 'tchinlle debo' As follows

"We refer to this feminine condition as 'tchinlle debo' this is due to the fact that it's a feminine condition and when once we call it that way everyone will easily understand the condition and know that it is a feminine issue that has to do with urine" (Interviewed 25th June 2021 at 4; 27 pm).

Despite the very good understanding of the manifestations of obstetric fistula, it was discovered that there is very little knowledge of obstetric fistula by the lay people in the community. Even amongst the patients. The knowledge of obstetric fistula by the patients can be represented thus;

Table 2 Knowledge of obstetric fistula

Knowledge of obstetric fistula	Number of patients	Percentage (%)
Had knowledge of obstetric Fistula	2	7.2
No knowledge of obstetric Fistula	26	92.8

Source: Fieldwork

Out of a total of 28 patients interviewed, only 2 of them knew about obstetric fistula before becoming victims. The other 26 cases only knew about this condition when they became victims. This gives a percentage of 92.8% who never had any knowledge of obstetric fistula before becoming victims against 7.2 % who had an idea of the illness before becoming victims. Away from the infected, all the health personnel knew so much about obstetric fistula giving it a 100% awareness and some of the lay people who are neither affected nor infected heard about this health condition over the radio and some had never seen women suffering from it. After contracting obstetric fistula many of the women had a lot of mixed feelings about its treatment. Some never knew that it can be treated while others knew they were going to

be treated through modern medical procedures, others herbalist or traditional healers while some were stuck to rituals and divination as a solution to their condition. The knowledge of obstetric fistula is directly linked to the perceptions. Wagner’s definition of social representation as the ensemble of thoughts and feelings being expressed in verbal and overt behaviour of actors which constitutes an object for a social group comes into play. The way the patients, their family and the community behave or reacts towards obstetric fistula is based on their understanding of the condition. The following statements given by the patients and some members of the community shows that there is very little knowledge about obstetric fistula.

“When I had the fistula, my husband ran away and the community spent their time sending away all the men who came close to me saying that they will not be able to take care of me and my condition” (Interviewed 14/10/2020 at 4: 15 pm)

“When I delivered and had obstetric fistula, my husband abandoned me in the hospital.” (Interviewed 10/03/2021 at 3: 05 pm)

“I have visited 4 different native/traditional doctors for treatment they gave me something to bath with, another to swallow, some to drink yet my situation did not change” (Interviewed 26/05/2021 at 4:31 pm)

“due to so much pressure from my family, I persuaded my wife to perform a cleansing ritual, which she did I was hoping that after the rituals our ancestors will forgive us for whatever offence we committed and free her from her disease. (Interviewed 25/05/2021 at 7: 10 pm)

“When my sister had fistula, most people in our community thought it was HIV-AIDS” (Interviewed 6/10/2020 at 11: 00 am)

From the verbatims above there is clear evidence of lack of knowledge, misconception which leads to the various attitudes of either running away from the patient, abandoning the wife in the hospital, seeking traditional treatment, performing a cleansing rite and considering obstetric fistula as HIV-AIDS. The perceptions of illness is highly rooted in culture which is backed by history. As far as the cause of obstetric fistula is concern, some patients gave a naturalistic explanation of obstetric fistula believing that it is only due to impersonal, mechanistic causes in nature that can be potentially understood and cured by the application of the scientific method of discovery while on the other hand, others gave a personalistic explanation to it meaning that the cause is due to acts or wishes of other people or supernatural beings and forces with no room for accidents. All these beliefs are backed by a historical totality. Both patients and non-patients had such beliefs as the cause of obstetric fistula. In Malawi, the causes of obstetric fistula are associated with sexually transmitted diseases, the woman's laziness to push during labour, witchcraft and the husband's infidelity, which contributed to the isolation of the affected women [7]. Table 3 below shows the various causes of fistula as presented by the patients.

Table 3 Patient’s perceived causes of obstetric fistula

Causes	Number of patients	Percentage (%)
Home delivery	7	25
Medical error or medical negligence	5	17.8
Prolonged labour / distance to hospital	7	25
Witchcraft	7	25
Negligence on the part of the patient	1	3.6
Overweight baby	1	3.6

Source: fieldwork

Given their very low knowledge of the condition, the table above shows that 25% of the patient belief that they developed fistula because they deliver their babies at home. Some delivered at home with the help of family members, and some with the help of older women in the community while others with the help of traditional birth attendance. In an interview with a patient, she revealed that;

“I never knew about fistula nor its cure until the day I developed it. I delivered for at home for the 8th time and it is the Traditional Birth Attendant who put me into this condition” (Interviewed 05/07/2021 at 2:06 pm)

Still from the table above, 17.8% of the women believe that the cause of their fistula is as a result of the fact that the medical personnel were negligent with their situation. Some of them went to the hospitals during labour and labored for days yet the baby could not be delivered due to complications or needed caesarean section but, were only referred to a specialized center or bigger medical centers after several hours or even days of labour and by the time they got to where they have been referred to it was already too complicated to handle and it resulted to obstetric fistula. Obstetric fistula is an indicator of the health system failing to provide accessible, timely and appropriate intrapartum care [8]. Others say they go to the hospital early but in the process of delivery, the baby was forced out of them with the use of forceps thus leaving them with obstetric fistula.

“the cause of my fistula came from the hospital, after the baby got stuck at the level of the elbow, the midwife gave me some cuts to enlarge the passage and they injured my bladder as a result, I developed a fistula” (Interviewed 14/10/2020 at 4:15 pm)

Moreover, prolonged labour and long distance associated with a poor means of transportation to the hospital is seen by 25% of the patients as the cause of their predicament. To some they labored for so long because when the labour started at home, they had to look for money, some a means of transportation and others had the means to be transported but had to spend much time on the way because the hospital or medical center is far off. Previous studies have showed that lack of emergency obstetric care, child marriage associated with early pregnancy, severe forms of female genital cutting, gender discrimination, poverty, malnutrition, and poor health services cause obstetric fistula [9,10]. All the delays in seeking obstetric services made them to arrive at the hospital after laboring for so long without medical attention.

“When labour started, I was rushed to a small medical center at Marba, there I was referred to Zidim and due to no means of transportation, I finally got a bike and arrived Zidim after 2 days of severe labour” (Interviewed 26/05/2021 at 6:30pm)

Furthermore, 25% of the population believe that their illness is as a result of witchcraft which is superstitious to them, they have either been punished by the gods for a misbehavior or been bewitched out of jealousy. One of the patients who strongly believed her predicament is due to the fact that she was bewitched out of jealousy told us that;

“I know that I am suffering from this condition because my co-wives are jealous of the fact that my husband love me more than all of them. My husband is married to 4 wives and I am the youngest of all the wives, he showers me with plenty of gifts. I had 3 pregnancies and had still birth and it was during the 3rd pregnancy that I developed the obstetric fistula. The love my husband had for me did not die out for I gave him 2 children with the fistula. The jealousy of my co-wives did not end they continued their fetish practices on me so much so that, the love my husband had for me started fading away to the extent that he sent me out of his home.”

(Interviewed on 26/05/2021 at 7: 04 pm)

More so, 3.6% of the patients attributed the cause of their obstetric fistula to negligence on her part. She depended so much on her husband for finances and also in taking decisions and so during her labour which came unexpectedly, she had to wait for her husband who was not around to come permit her and also give her money to go to the hospital. She labored for so long before reaching the hospital for attention thus, by the time she was finally attended to, she had already developed some complications which ended up with a fistula. Previous studies have shown that in societies where women are of a lower status than men, gender inequities are often mirrored in terms of restrictions in education, health care, economic and employment opportunities, and choices regarding marriage and reproductive health matters [11].

Moreover, 3.6 % of the patients blamed the cause of her fistula to the weight of her baby. She told us that she had given birth before and it was during her third pregnancy that she developed obstetric fistula. The baby's weight at birth was more than 4kg so, the baby passed through the birth canal with a lot of difficulties thus resulting to damages that left her with the fistula.

On the other hand, there is a lot of misconception of the cause of obstetric fistula by the family members and the community as follows; some members in the community believe that obstetric fistula is caused by sexually transmitted diseases. An informant said that when the case of a lady started in Gassa, they all believed she was leaking urine which caused her to smell as a result of HIV-AIDS. They all believed in this because HIV-AIDS has so many different ways of

manifesting. Others believed that it is as a result of medical error the baby was overweight, home delivery, improper medical follow up during pregnancy, prolonged labour, weight and height of the women, and too young to bear children. Sorcery and superstitions beliefs were also perceived to be the cause of obstetric fistula as to them, obstetric fistula was seen as a punishment for infidelity on the part of the woman, crying and shouting during labour, engaging in sexual intercourse during the monthly flow period (menstruation), fornication that is engaged in sex before marriage, made love to a member of the husbands family before marriage, becoming pregnant while breast feeding, incomplete marriage rites, disrespect of the husband and eating of forbidden foods during pregnancy. Some say that the women are witches and are being punished with obstetric fistula for not living up to expectation in their society of witches.

“When I had the fistula, it was not easy for me because my in-laws disturbed me so much so that I was forced to leave my marital home it was unbearable for me because my husband did not support me instead, he teamed up with them. Each passing day they will come to me asking me to confess what I did before being cursed with such an ailment. You will tell us because you are not the first woman to give birth others have been doing so without any problem why is your case so different, there is more to this and you will tell us. We are going to persuade you and you will someday confess to us”
(Interviewed 25/05/2021 at 7; 04 pm)

She is not the only one believed by the family and community to have been punished with obstetric fistula. The community of lay people in the far north region have a very negative and derogatory perspective on the cause of obstetric fistula. In neighboring Nigeria, the perceived causes of obstetric fistula include; age, marital status, status of the pregnancy, early age at pregnancy, female genital mutilations, sexual abuse, level of education, and spiritual causes [12]. Infidelity was also considered to be a cause of obstetric fistula. A patient recounted the misconception of the cause of her obstetric fistula thus;

“I was forced by my in-laws to perform the cleansing ritual of infidelity; my husband too was in support. It means they all attributed the cause of the fistula to a punishment of infidelity. (Interviewed 25/05/2021 at 7: 04 pm)

Such a misconception on the cause of obstetric fistula will also lead in the misconception on the treatment as she was forced to perform the infidelity cleansing rites in order to be healed. Similar studies in Tanzania have showed that the perceived causes of obstetric fistula include sorcery, prolonged labour, delivering by operation where doctors and nurses make mistakes perforate the urinary bladder, physique of expecting mother, poor skills of doctors and nurses conducting caesarean section, young or old age of an expecting mother and having sex before recovering from the operation [13]. Other causes of obstetric fistula are limited access to obstetrical care or emergency services, poverty, lack of education, early marriage and childbirth, the role and status of women in poorer communities in Ghana and harmful traditional practices [14].

Another perception of the community is that women suffering from obstetric fistula cannot give birth to children. They believe their disease may cause barrenness forgetting to know that many husbands do not engage into sexual relations with these women so that they can become pregnant. They believe it is only when a woman suffering from obstetric fistula is operated upon before she can become pregnant and bring forth children. Moreover, the community thinks that a patient suffering from fistula cannot get married. A patient revealed what the community was saying about her as follows;

“She will never get married, before she has another child she must be operated upon and that only a very rich man can get married to her. When men come towards me, the neighbours and those living around our house will send them away by saying that they will not be able to take care of me because of my condition” (Interviewed 14/10/2020 at 4:15 pm)

This is a misconception and shows that there is lack of knowledge about fistula in this community as in other communities in our studies we realize that women still indulge into sexual activities, become pregnant and deliver children with fistula. There is a patient in our study who delivered twins while suffering from obstetric fistula. 32.1% of fistula patients in our study got married while suffering from obstetric fistula.

Moreover, the attitude of the patients and community is worthy of note. Attitude approach focuses on an individual's response to a particular object or situation thus, they are considered to be an evaluation of people, objects and ideas. The patients developed the attitude of staying away from people both from their immediate family and the community. Previous studies have shown that most often, until they are cured, married women with fistulas are sent back to their parents' home where they are not allowed to cook food, participate in social events, or to perform religious rituals [15,16]. A good number of the patient never went for gatherings. They stayed in isolation and cried over their pains, some did not believe that the condition is curable, some had tried to cure the sickness while others have never made an attempt to remedy their situation they just sit back in distress, some attempted suicide, others discussed about their situation with their family and friends while some were discreet about their health conditions, some sought for a quick

solution to their problems while others were very slow to seek treatment and some believed their condition was just a minor disorder. Table 4 below gives a statistic of the attitude of patients towards obstetric fistula.

Table 4 Attitude of patients

Attitude of patients	No. of patients	Percentage (%)
Belief the condition is not curable	13	46.4
Stay in isolation	18	64.3
Discreet about health condition	4	14.3
Attempt curing disease/ visit herbalist	7	25
Previous attempt to operate OF	13	46.4
Attempted suicide	10	35.7
Seek quick solution to problem	6	21.4
Minor disorder	3	10.7

Source: Fieldwork

The table above illustrates that 46.4% of the patients did not know that the condition can be cured. A total of 64.3% stayed away from people some both family members and the community, they lived in isolation. A total of 4 women, consisting of 14.3% of the patients never revealed their health condition to many people. A total of 25% of the patients visited traditional doctors or herbalist for treatment. 46.4% of the patients had undergone a failed operation on the obstetric fistula and had come to the Maroua Fistula center for another operation. A lot of frustration about life with fistula was recorded by 35.7% of the patients who attempted committing suicide. A very rapid solution or treatment of obstetric fistula was carried out by 21.4% of the patients who did not suffer from obstetric fistula for up to a year but were treated. To 10.7% of the patients, obstetric fistula is just a minor disorder. So many reasons account for the attitude of these patients. Those who believed the condition is not curable lack the basic knowledge of obstetric fistula and did not have any information on how it can be cured. The patients who stayed in isolation was because they lacked self-esteem since they were being mocked at and insulted by some people who knew about their condition. There is a lot of stigmatizations of women suffering from obstetric fistula to the extent that they are being insulted by both adults and children. Obstetric fistula is referred to as a “social calamity” [17]. The most common words they received from the community were thus;

“What is smelling here?”

“You are smelling go and take your bath”

“You cannot stay amongst us because you are smelling”

“You are smelling leave, what are you doing beside me”

“You are smelling when lastly you take a bath”

These are some of the words that showed a very negative perception and attitude towards obstetric fistula patients and it made them to stay in isolation so that they will not come into contact with people who will bring them down and these are the things that made some to cry on a daily base and even attempt to commit suicide. These are the same reasons that made some women to be discreet about their health condition. The lack of support and care from families and the community, the physical and economic incapacity alongside social stigma accompanied with obstetric fistula has affected the quality of life of the affected women and led to multiple suicide attempts [18, 19]. The women who visited the herbalist and traditional doctors had no knowledge about the cause and cure of obstetric fistula. Moreover, the women who went for the operation before this study was carried out knew that obstetric fistula can be treated through a corrective surgical operation.

Furthermore, in addition to the self-withdrawal attitude from public activities by obstetric fistula patients, their husbands and the community aggravated their pains and sorrow by marginalising and stigmatizing them. A majority of the husbands divorced their wives after they developed obstetric fistula and others became polygamous due to their

wives' condition. Out of the 28 patients in our study, 18 of them were divorced and just one was divorced before the fistula the other 17 were divorced as a result of obstetric fistula. The family members too did not help the situation as the women also reported incidence of being insulted by children and other members in the house. It was very common to hear words like;

“You are smelling of urine leave my house”

“You are smelling leave my house”

“You are smelling what are you are still doing in my house”

“Go away, we want to look for another wife for my son”

With these words, they were thrown out of marriage and were abandoned by their husbands and family who do not longer cloth them, feed them, nor even go close to them but, mocked at them. The community too is not different from these husbands and other members of the family they have all put hands on deck to intensify the misery of these women and their family members. They consider them as outcaste which means they have been socially excluded from the various activities in the community. The verbatims below are based on the attitude of the community towards the family members of obstetric fistula patients.

“I am always lonely, many children do not like playing with me, they say my mother is a witch who has been killing my junior ones at birth and has been punished by the ancestors with a burst bladder, that’s why she cannot keep urine.”
(Interviewed 24/7/2021 at 10:23 am)

“my step mother left the house because of my wife’s condition she insulted my wife and my wife was so hurt to the extent that she jumped into the river in an attempt to commit suicide” (Interviewed 10/03/2021 at 5: 00 pm)

The experiences shared by the son and the other by a husband of an obstetric fistula patient shows that the community’s knowledge, perception and attitude towards obstetric fistula is very poor as children refuse to play with the son of a fistula patient because they have a misconception about her that she is a witch. On the other hand, the step mother of a husband could not withstand an obstetric fistula patient as to her obstetric fistula is a very terrible condition. The table below gives a statistic of the attitude of the community towards the patients.

Table 5 Attitude of the community towards obstetric fistula patients

Public treatment	Number of patients	Percentage (%)
Avoided	15	53.7
Normal	5	17.8
Insults	8	28.5

Source: field work

The statistics above shows that fistula patients are maltreated in the community as 53.7% of them are avoided by the community, 28.5% are insulted and just 17.8% are neither avoided nor insulted but this number isolate themselves from the public that is why they are free from the avoidance and insults.

Moreover, husbands to patients also expressed negative attitudes towards their wives who were suffering from obstetric fistula. One told us he has tried with the wife and does not experience the sexual pleasure he had with her before the fistula. Another said he cannot share the same roof with a woman who smells. These are examples of men who due to lack of knowledge and misconception have put up negative attitude towards the health situation of their wives, they do not protect their wives and have allowed others to stigmatise them. On the other hand, few husbands had good knowledge and perception of obstetric fistula so they put up positive attitude towards their sick wives. These husbands have shown so much love to their wives that they are being mocked by the community. A husband said he cannot leave the wife because the condition she is suffering from is not of her making. He washes her clothes, cooks for her and even bath her. He said “there are so many people who make mockery of my wife and I, since I have decided to stay close to her.” There are so many social activities at times in the village that he is unable to attend because of the demands of taking care of his wife.

4. Conclusion

In a nutshell, many women and girls with fistula live isolated lives, confining themselves to their homes due to the stigma and shame associated with the illness. The stigmatization and marginalization faced by these women is as a result of the community's lack of knowledge and negative perception of obstetric fistula which leads to a negative attitude towards obstetric fistula patients. In a nutshell, the various perception on the causes of obstetric fistula outlined by the patients, their family and the community, greatly influenced their attitude towards obstetric fistula as the 25% of the patients and the community who believed it is as a result of witchcraft sort for traditional solutions while those who believed it's a minor issue that can be solved stayed close to the patients, showed them love. Obstetric fistula patients, their families and the community at large had very little knowledge which greatly shaped their perception and attitude towards obstetric fistula. Finally, there were both negative and positive perceptions and attitude towards obstetric fistula in some selected divisions in the far North region. This study will help readers to better understand the causes and risk factors of obstetric fistula and prevent them. It has also created a lot of awareness of obstetric fistula which will make the community to have a positive regard to obstetric fistula and be able to treat those suffering from obstetric fistula with love.

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