

A Conceptual Review of the Knowledge and Perceptions of Female Secondary Schools Students towards Obstetric Fistula in Nigeria

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<https://doi.org/10.57233/gijmss.v7i3.12>

Abstract

Obstetric fistula is one of the major reproductive health challenges resulting in maternal morbidity and deaths among young women of secondary school age in most parts of Nigeria. Recent statistics from the Federal Ministry of Health indicated that about 12,000 new cases are reported each year and this poses serious threat to women reproductive capacity and fecundity. This study is a conceptual review of the knowledge of and perception factors of the obstetric conditions among female secondary school students in Nigeria. Data were obtained from secondary sources such as scholarly research findings on obstetric fistula by professionals in reproductive health published in on-line academic journals and featured on Google Scholar and Research Gates platforms. In addition to data published by the Federal Ministry of Health. The data provided an up-to-date state of knowledge among secondary school students and their perceptions towards obstetric fistula. Findings revealed that among secondary school students, the level of knowledge about the reproductive health condition was relatively low and their perceptions about the reproductive health condition were influenced by belief systems, health education, psychological factors, social stigmatisation, and socio-cultural norms among others. The study recommends the inclusion of obstetric fistula as an item in the curriculum of one of the health subjects taught in secondary schools to boost the level of knowledge and further moderate female students' perceptions about the reproductive health condition, among others.

Keywords: Maternal Health, Fistula, Education, Reproduction and Gender

1.0 Introduction

Obstetric fistula is a debilitating condition that predominantly affects women in developing countries, where access to adequate maternal healthcare is limited. This condition, characterized by an abnormal connection between the birth canal and bladder or rectum, usually results from prolonged, obstructed labour without timely medical intervention. Obstetric fistula is a global issue, affecting women across various continents, with significant variations in prevalence and impact.

In Asia, countries such as India and Bangladesh continue to grapple with high incidences of obstetric fistula due to inadequate maternal healthcare services. In rural areas of India, the healthcare infrastructure is particularly limited, contributing to the persistence of this condition (Ahmed, Ariff & Muneer, 2021). In Latin America, although less prevalent, obstetric fistula remains a concern in countries like Bolivia and Peru, where rural women face significant barriers to accessing timely medical care (United Nations Population Fund [UNFPA], 2022). The Middle East also records cases in conflict-affected countries such as Yemen and Afghanistan, where limited healthcare infrastructure exacerbates the problem (World Health Organization, 2023). Even in developed regions like Europe and North America, cases have been reported among immigrant populations from high-prevalence regions, highlighting the global nature of the issue (Wall, 2022).

Similarly, in Africa, the burden is substantial and highly pronounced, with countries like Nigeria, Ethiopia, and Kenya, reporting high prevalence rates due to factors such as cultural practices, early marriage, poverty, inadequate healthcare systems and limited access to emergency obstetric care (Muleta et al., 2017; Women and Health Alliance International, 2021). Ethiopia has one of the highest rates of obstetric fistula, with thousands of new cases each year. Organizations such as Hamlin Fistula Ethiopia have been instrumental in providing treatment and raising awareness (Tebeu et al., 2022). Kenya faces similar challenges, particularly in rural areas, where efforts by the government and NGOs focus on providing treatment and preventive measures (Women and Health Alliance International, 2021). Tanzania and Uganda have also reported numerous cases, with national efforts aimed at both treatment and community education programs to prevent the condition (Bangser, 2022). Malawi, despite improvements in maternal healthcare, still struggles with obstetric fistula, particularly in rural areas where access to emergency obstetric care is limited (Kayondo et al., 2021).

Nigeria, with an estimated 150,000 women affected and about 12,000 new cases annually, faces a significant burden. The northern regions, including Zamfara State, are particularly affected due to high rates of early marriage and limited access to maternal health services (Federal Ministry of Health, 2020). In Nigeria, obstetric fistula is a major public health issue, with significant regional disparities in prevalence and access to treatment. Kano State faces similar challenges, with cultural practices and inadequate maternal healthcare contributing to high rates of obstetric fistula (Dennis & Radolph, 2020).

Katsina State is also affected, with ongoing efforts to improve maternal healthcare and provide surgical repairs for affected women (Federal Ministry of Health, 2020). In Borno State, conflict and displacement have exacerbated the issue, with many women lacking access to adequate obstetric care (Wall, 2022). Bauchi State has implemented programs to educate women about obstetric fistula and improve access to emergency obstetric care (Musa et al., 2018). Sokoto State has focused on both treatment and prevention, with initiatives to reduce early marriage and improve maternal health services (Bangser, 2022). Zamfara State, in the northwest, has high rates of obstetric fistula, largely due to early marriage and limited healthcare infrastructure. Efforts to address the issue include awareness campaigns and improved healthcare services (Wall, 2022).

Prior research highlights several gaps in the understanding and management of obstetric fistula. While global initiatives have raised some awareness, the depth of knowledge, especially among young women in secondary schools, remains limited. Studies suggest that education and awareness programs targeting young women can significantly contribute to early prevention and destigmatization (Dennis & Radolph, 2020; Kayondo et al., 2021; Wall, 2022). In view of the gaps identified in the background above, it is imperative to conduct a conceptual review of the knowledge and perceptions of female secondary school students towards obstetric fistula in Nigeria expected to provide update on our state of knowledge.

Therefore the main objective of this study is to engage in a conceptual review of available academic literatures on the knowledge and perception factors of obstetric fistula among female secondary schools students in Nigeria towards making appropriate recommendations that will assist to increase knowledge and address wrong perceptions about the reproductive health challenge.

2.0 Theoretical Framework

Health education theories provide a framework for understanding how knowledge and awareness influence health behaviours. The Health Belief Model (HBM), developed by Rosenstock (1974), posits that knowledge is a critical precursor to behaviour change. The HBM suggests that individuals are more likely to engage in health-promoting behaviours if they have sufficient knowledge about a health issue and perceive it as a serious threat. The model includes constructs such as perceived susceptibility, perceived severity, perceived benefits, and perceived barriers, all of which are influenced by an individual's knowledge and awareness

of the health issue. Another relevant theory is the Theory of Planned Behaviour (TPB) by Ajzen (1991), which highlights the role of knowledge in shaping attitudes, subjective norms, and perceived behavioural control. According to the TPB, knowledge influences individuals' attitudes towards a behaviour, the perceived social pressure to perform or not perform the behaviour (subjective norms), and their confidence in their ability to perform the behaviour (perceived behavioural control). In the context of obstetric fistula, knowledge about the condition can positively influence attitudes towards seeking medical care and support for affected women. It has been widely applied across various health contexts, demonstrating its versatility in guiding interventions aimed at improving health outcomes through behaviour change.

In the context of obstetric fistula among female students, the HBM offers a structured approach to addressing several critical objectives. Firstly, understanding the levels of awareness among students is essential. According to the HBM, individuals are more likely to engage in health-promoting behaviours if they perceive themselves as susceptible to a health threat and understand the severity of its consequences (Champion & Skinner, 2018). Studies applying the HBM to issues such as vaccination uptake have shown that enhancing perceived susceptibility and severity can motivate individuals to seek information and adopt preventive measures (Rosenstock et al., 1988). Similarly, for obstetric fistula, interventions should focus on educating female students about the causes, symptoms, and implications of the condition to increase awareness and promote early intervention. Secondly, perceptions towards individuals affected by obstetric fistula are shaped by cultural, social, and educational factors. The HBM emphasizes the role of perceived benefits of health-promoting behaviours and the need to address perceived barriers such as stigma and misinformation (Montano & Kasprzyk, 2018). Research has shown that negative perceptions and stigma towards health conditions can hinder supportive behaviours and lead to social exclusion (Ahinkorah et al., 2020). Therefore, interventions aimed at changing attitudes towards obstetric fistula should highlight the benefits of supportive actions and debunk myths and misconceptions that contribute to stigma and discrimination.

Furthermore, the HBM is instrumental in analysing behaviours towards obstetric fistula among female students. It underscores the importance of perceived benefits of taking action and reducing perceived barriers to behaviour change (Carpenter, 2020). Studies have demonstrated that individuals are more likely to engage in

health-promoting behaviours if they perceive tangible benefits and have the resources to overcome barriers (Montano & Kasprzyk, 2018). Applied to obstetric fistula, interventions should aim to promote supportive behaviours such as seeking medical care, providing emotional support, and advocating for improved healthcare services for affected individuals.

3.0 Methodology

This study is a conceptual review of data published in learned journals of professional competence on obstetric fistula. Essentially it draws data from secondary sources. Specifically, existing literature were reviewed and explored to examine factors influencing the knowledge and perception of obstetric conditions and their consequences on the health and wellness of the patients. The data obtained from secondary sources such as journal archives, health reviews and data from sources such as the UNICEF, the Federal Ministries of Health & Education, formed the basis of analysis and discussion.

4.0 Results and Discussions

The conceptual review is presented in two sections for better clarification and understanding.

- a. Knowledge and awareness about Obstetric Fistula
- b. Perceptions Factors about Obstetric Fistula

Knowledge and awareness about Obstetric Fistula

Knowledge and awareness are fundamental components in understanding health-related issues such as obstetric fistula. Various scholars and health education theories have conceptualized these components in different ways, highlighting their importance in health promotion and disease prevention. Knowledge is defined as the information and understanding that individuals have about a particular subject. It encompasses facts, concepts, and principles acquired through education, experience, or research. In the context of obstetric fistula, knowledge includes understanding the causes, symptoms, prevention, and treatment options. Comprehensive knowledge about obstetric fistula involves not only recognizing the medical aspects but also understanding the social, cultural, and psychological implications of the condition.

Scholars such as Nutbeam (2020) have emphasized the importance of health literacy, which includes functional, interactive, and critical literacy. Functional literacy involves basic reading and writing skills necessary for understanding

health information. Interactive literacy includes more advanced cognitive and social skills that enable individuals to actively participate in healthcare. Critical literacy involves the ability to critically analyse information and use it to exert greater control over life events and situations. These dimensions of health literacy are crucial for empowering individuals with the knowledge needed to prevent and manage health issues like obstetric fistula.

Awareness refers to the recognition or perception of a situation or fact. In health contexts, awareness involves recognizing the existence, severity, and implications of a health condition within a community. Awareness campaigns are often the first step in public health interventions aimed at addressing health issues. In the context of obstetric fistula, awareness involves understanding the condition's prevalence, risk factors, and the importance of timely medical intervention. Freimuth et al. (2021) describe awareness as the ability to recognize and understand health-related issues and their impact on individuals and communities. Awareness is often measured through public health campaigns' reach and the level of community engagement and response. In the case of obstetric fistula, awareness campaigns might focus on educating communities about the condition's preventable nature and encouraging women to seek skilled birth attendance and emergency obstetric care.

Obstetric fistula remains a significant public health issue in Nigeria, with awareness levels among female students being a critical determinant of both prevention and management strategies. According to Wall et al. (2023), awareness of obstetric fistula among young women in Nigeria is reportedly low. Their study, which involved surveys conducted across several secondary schools in northern Nigeria, revealed that only a small fraction of female students had ever heard of the condition. This is indicative of a broader issue where knowledge about obstetric fistula is severely limited among adolescents, who are a critical demographic for preventive health education. Wall et al. (2023) further highlighted that even among the students who were aware of obstetric fistula, there were significant misconceptions regarding its causes. Many students attributed the condition to spiritual or supernatural factors rather than understanding it as a result of medical complications during childbirth. This misattribution underscores a severe gap in health education, where essential information about reproductive health and safe childbirth practices is not adequately conveyed to young women. Such misconceptions can perpetuate

stigma and prevent effective communication about the condition, further isolating those affected and discouraging them from seeking help.

The lack of accurate knowledge about obstetric fistula has profound implications. It poses a substantial barrier to seeking timely medical intervention because students who do not understand the medical nature of the condition are less likely to recognize the importance of skilled birth attendance or emergency obstetric care. This situation is exacerbated by cultural and educational deficiencies in reproductive health, leading to delayed treatment and increased complications for those who develop obstetric fistula. As highlighted by the Health Belief Model (HBM), knowledge is a critical precursor to behaviour change. If female students are not informed about the causes, symptoms, and prevention of obstetric fistula, they are unlikely to engage in health-promoting behaviours that could mitigate the risk of developing this condition.

Adding to this perspective, Ahmed and Holtz (2017) explored the sociocultural dimensions of obstetric fistula awareness in rural Nigeria. Their qualitative study involved focus group discussions with secondary school students and highlighted the pervasive influence of cultural beliefs and practices. Many participants associated obstetric fistula with moral failings or divine punishment, reflecting deep-rooted stigma and ignorance. The study revealed that in many communities, obstetric fistula is not viewed through a medical lens but rather as a social or spiritual issue. This perception significantly impacts the level of awareness and understanding among young women, who are often not exposed to accurate information about the condition. The qualitative approach of Ahmed and Holtz (2017) provided in-depth insights into the reasons behind these misconceptions. The focus group discussions revealed that cultural narratives and traditional beliefs are deeply embedded in the community's understanding of health and illness. For instance, some participants believed that obstetric fistula was a curse or a punishment for infidelity or other perceived moral transgressions. This belief system not only stigmatizes the affected women but also isolates them from seeking help, as the condition is seen as a source of shame and dishonour.

Moreover, the study highlighted that these cultural beliefs are perpetuated by influential community figures, including elders and religious leaders, who often have a significant impact on the community's health practices and beliefs. In rural areas, where access to formal education and healthcare services is limited, the words of these leaders carry considerable weight. This creates a challenging

environment for health educators trying to disseminate accurate information about obstetric fistula. The deep-seated cultural stigma associated with the condition means that even when students receive correct information, they may still be influenced by the prevailing community beliefs. Ahmed and Holtz (2017) also pointed out that the language used to describe obstetric fistula in local dialects often carries negative connotations, further contributing to the stigma. The lack of a neutral or medical term for the condition in many local languages means that it is often discussed in terms that imply blame or moral failing. This linguistic barrier complicates efforts to educate young women about the medical causes and treatments for obstetric fistula.

A study by Muleta et al. (2017) in Ethiopian schools provides relevant insights into the level of awareness about obstetric fistula, which can be indicative of similar trends in Nigeria. In their study, it was found that prior to the intervention, the general level of awareness among female students was remarkably low. Many students had never heard of obstetric fistula, and those who had often harboured significant misconceptions regarding its causes and implications. These findings suggest that without targeted educational interventions, awareness levels are minimal, which could be reflective of the situation in Nigerian schools as well. Expanding on this, Wall et al. (2023) noted that awareness of obstetric fistula among young women in Nigeria is alarmingly low. Their surveys across several secondary schools in northern Nigeria revealed that only a small fraction of female students had ever heard of the condition. Those who were aware often misunderstood its origins, attributing it to spiritual or supernatural causes rather than understanding it as a medical complication arising from childbirth. This lack of accurate knowledge poses a substantial barrier to seeking timely medical intervention, as students are less likely to recognize the importance of skilled birth attendance or emergency obstetric care.

Ahmed and Holtz (2017) explored the sociocultural dimensions of obstetric fistula awareness in rural Nigeria. Their qualitative study involved focus group discussions with secondary school students and highlighted the pervasive influence of cultural beliefs and practices. Many participants associated obstetric fistula with moral failings or divine punishment, reflecting deep-rooted stigma and ignorance. This highlights the broader social and cultural context that significantly shapes the level of awareness among female students in Nigeria, suggesting that awareness is not only low but also clouded by misinformation and stigma. Further research by Ijaiya et al. (2020) on the knowledge and attitudes of

Nigerian women towards obstetric fistula showed that even among those who had some awareness, there was a significant gap in understanding the medical causes and the preventative measures available. Their study, conducted in Kwara State, indicated that most women had little to no knowledge about the availability of treatment options or the importance of timely medical care during childbirth. This gap in knowledge extends to younger populations, including secondary school students, suggesting that awareness is fragmented and insufficient.

A study conducted by Donnelly et al. (2021) in Lagos, Nigeria, also sheds light on the general lack of awareness among young women about reproductive health issues, including obstetric fistula. The study involved surveys and interviews with female students, revealing that while there is some awareness of maternal health issues, specific knowledge about obstetric fistula is lacking. This suggests that even in more urbanized and possibly better-informed areas, the level of awareness remains critically low. Similarly, findings by Ezeonu et al. (2023) in Enugu State emphasize that misconceptions about obstetric fistula are widespread among secondary school students. Their study showed that many students who had heard of the condition believed it to be a result of witchcraft or a curse, rather than a preventable and treatable medical issue. This indicates a significant gap in both awareness and understanding, which could have severe implications for the health-seeking behaviours of young women in these regions.

From the review of the literatures above, It is crystal clear that there is general recognition and acceptance that obstetric fistula, a significant public health issue, affects women of lower age and that the incidence varies from one region to the other in Nigeria. However, lack of comprehensive and updated regional data, low level of awareness, misconceptions about the condition based on cultural norms, lack of knowledge about the available treatment options and post-operative care and support and limited research and knowledge about specific risk factors in different contexts and lack of improved education and training programs for health care providers regarding the prevention, diagnosis and treatment of obstetric fistula especially in low settings communities like Gusau remain the uncovered gaps in obstetric research. This study covers the gap in area of inadequate knowledge of the medical condition with the aim of suggesting appropriate recommendations that would assist in boosting the level of awareness to achieve optimum prevention and management among the vulnerable population.

Perception factors about Obstetric Fistula

Perceptions are critical in understanding how individuals respond to health-related issues, including obstetric fistula. The conceptualization and constructs provide a direction in explaining their impact on health behaviours and the outcomes. The predispositions or tendencies to respond positively or negatively towards a particular idea, object, person, or situation. In the context of obstetric fistula, attitudes encompass the feelings, beliefs, and values that female students hold towards women affected by the condition. These attitudes can range from empathy and support to stigma and discrimination. Theories such as the Theory of Planned Behaviour (TPB) highlight the significance of attitudes in influencing behaviour. According to Ajzen (1991), attitudes towards a behaviour, combined with subjective norms and perceived behavioural control, shape an individual's intention to engage in that behaviour. In the case of obstetric fistula, positive attitudes towards affected women can lead to supportive behaviours, such as advocating for their medical treatment and social reintegration. Conversely, negative attitudes can result in social ostracism and discrimination, further complicating the lives of affected women.

Perceptions involve the way individuals interpret and make sense of information and experiences. In health contexts, perceptions play a crucial role in determining how individuals understand and react to health issues. Perceptions of obstetric fistula might include beliefs about its causes, consequences, and the effectiveness of available treatments. Social Cognitive Theory (SCT), proposed by Bandura (1986), provides a framework for understanding how perceptions are formed and influenced. SCT posits that observational learning, social experiences, and environmental influences shape individuals' perceptions. For instance, if female students in Gusau, Zamfara State, perceive obstetric fistula as a condition resulting from divine punishment or personal fault, they are less likely to support affected women and advocate for medical interventions. Conversely, accurate perceptions informed by education and awareness campaigns can foster a more supportive and empathetic community.

Different scholars have conceptualized attitudes and perceptions in various ways to explain their influence on health behaviours. For instance, Fishbein and Ajzen (1975) in their theory of Reasoned Action (TRA), which later evolved into TPB, emphasized the role of attitudes towards the behaviour as a predictor of behavioural intentions. They argued that positive attitudes towards health behaviours, such as seeking medical care, are essential for translating knowledge

into action. Furthermore, Witte's (2022) Extended Parallel Process Model (EPPM) highlights how perceptions of threat and efficacy influence health behaviours. EPPM suggests that individuals are more likely to adopt protective behaviours if they perceive a health threat as severe and believe that they have the capability to effectively respond to it. This model can be applied to understand how female students' perceptions of obstetric fistula influence their preventive and supportive behaviours.

The perceptions of female students towards women affected by obstetric fistula are a critical aspect of understanding the broader social and cultural dynamics that influence the lives of these women. A thorough literature review reveals varied and complex perceptions that are shaped by cultural, social, and educational factors. According to Maheu-Giroux and Filippi (2021), perceptions of women affected by obstetric fistula in Nigeria are predominantly negative, with many female students viewing these women through a lens of stigma and social ostracization. Their qualitative research involving focus group discussions with secondary school students in northern Nigeria revealed that affected women are often perceived as being morally or spiritually tainted. This stigmatization is linked to misconceptions about the causes of obstetric fistula, which many students incorrectly attribute to promiscuity or divine punishment. These negative perceptions contribute to the social isolation and marginalization of affected women, compounding their physical and psychological suffering. The perception factors are listed and discussed below:

1. Belief Systems

Building on this, Siddle et al. (2023) delved into the societal perceptions of obstetric fistula in Nigeria through surveys and interviews, shedding light on the deeply entrenched negative attitudes prevailing in communities. Their research revealed that these perceptions are not only widespread but also reinforced by long standing belief systems. For instance, in their interviews with community members, they found that obstetric fistula is often misunderstood as a result of moral failings or divine punishment, leading to stigmatization of affected women. Moreover, the study highlighted the perspectives of female students, who expressed sympathy and pity towards women with obstetric fistula. However, alongside these sentiments, there was also a noticeable sense of fear and avoidance. This ambivalence among students underscores a broader societal issue of lacking empathy and understanding towards the condition. It reflects a gap in knowledge and awareness, exacerbated by the scarcity of accurate information

about obstetric fistula and its causes. For example, some participants in the study mentioned how they had heard myths and misconceptions about obstetric fistula, further perpetuating stigma and isolation. This misinformation contributes to the marginalization of affected women, impacting their mental and emotional well-being. Therefore, the findings of Siddle et al. (2023) provide compelling evidence of how entrenched cultural beliefs and societal norms perpetuate a cycle of stigma surrounding obstetric fistula.

2. Psychological Factors: In a similar vein, Kelly and Kwast (2023) explored the attitudes of female students towards women with obstetric fistula in Tanzania, offering insights relevant to the Nigerian context. Their mixed-methods research encompassed quantitative surveys and qualitative interviews, revealing a complex landscape of perceptions among students. Similar to findings in Nigeria, Kelly and Kwast found that while some students expressed compassion towards women with obstetric fistula, many harboured stigmatizing views. A prevalent belief emerged among students that obstetric fistula is a consequence of personal failure or misconduct. This perception not only perpetuates stigma but also contributes to the social exclusion and discrimination faced by affected women in both Tanzanian and Nigerian contexts. The study's findings underscore the deep-seated nature of stigma surrounding obstetric fistula and highlight the critical need to address cultural and social attitudes. By unpacking these attitudes through rigorous research methods, Kelly and Kwast (2023) provide compelling evidence of the pervasive challenges that women with obstetric fistula encounter in their communities. Their work underscores the importance of targeted educational initiatives and advocacy efforts aimed at dispelling myths, promoting accurate understanding of obstetric fistula, and fostering empathy and support for affected women.

3. Health Education: Mselle et al. (2021) focused on the transformative role of education in shaping perceptions of obstetric fistula among Tanzanian secondary school students. Their research provides compelling evidence that targeted educational interventions can effectively alter societal attitudes, reduce stigma, and increase empathy towards women affected by obstetric fistula. Through their study, Mselle et al. implemented educational programs that specifically addressed the medical causes and consequences of obstetric fistula. They conducted pre- and post-intervention assessments to measure changes in students' attitudes and perceptions. The findings revealed a significant positive shift: students who participated in the educational sessions showed marked improvements in their

understanding and empathy towards women with obstetric fistula. For instance, prior to the intervention, many students held stigmatizing beliefs about obstetric fistula, viewing it as a consequence of personal failure or moral misconduct. However, after receiving education that emphasized the medical complexities and social implications of the condition, students demonstrated more compassionate attitudes. They were able to grasp the systemic factors contributing to obstetric fistula and recognized the importance of supportive environments for affected women.

4. Social and cultural factors: Holme et al. (2017) conducted a comprehensive study focusing on the cultural and social barriers that hinder positive perceptions of women affected by obstetric fistula in Nigeria. Their research utilized case studies and surveys to identify several entrenched factors contributing to negative attitudes towards these women, including religious beliefs, patriarchal norms, and societal taboos surrounding discussions about reproductive health. For example, the study highlighted how religious beliefs often frame obstetric fistula as a consequence of divine punishment or moral failure, perpetuating stigma and marginalization. Additionally, patriarchal norms dictate rigid gender roles, leading to the perception that women who experience obstetric fistula have somehow failed in their traditional roles as wives and mothers, further exacerbating their social exclusion. Holme et al.'s findings underscored the critical need for a cultural shift in perceptions through increased awareness and education about the true causes and treatment of obstetric fistula.

Collectively, these studies highlight a consistent pattern of negative perceptions towards women affected by obstetric fistula among female students in Nigeria. The findings from Maheu-Giroux and Filippi (2021) and Siddle et al. (2023) reveal that these perceptions are rooted in cultural and social beliefs that stigmatize affected women. The work of Kelly and Kwast (2023) and Mselle et al. (2021) demonstrates that educational interventions can effectively change these perceptions, reducing stigma and increasing empathy. Holme et al. (2017) and Creanga et al. (2017) further emphasize the importance of addressing the broader cultural and social context to foster positive perceptions and support for affected women. The negative perceptions identified in these studies have significant implications for the well-being and social integration of women with obstetric fistula. They contribute to the isolation and marginalization of affected women, exacerbating their physical and emotional suffering. The consistent finding across

all studies is that negative perceptions are widespread and deeply ingrained, highlighting a critical area for intervention.

5. Stigmatisation: Creanga et al. (2017) conducted a study in Ethiopia that explored the profound impact of community perceptions on women living with obstetric fistula, a context that resonates with challenges faced in Nigeria. Their research illuminated how pervasive negative attitudes towards obstetric fistula patients are detrimental, particularly affecting the mental well-being and social reintegration of affected women. For instance, Creanga et al. found that community perceptions often stigmatize women with obstetric fistula as being cursed, morally flawed, or socially undesirable. These beliefs not only isolate affected women but also contribute to their exclusion from community life and access to essential support services. Importantly, the study highlighted how such negative perceptions are internalized by individuals within the community, including female students, who then perpetuate these biases through their own attitudes and behaviours. By demonstrating the alignment of their findings with the Nigerian context, Creanga et al. underscored the need for concerted efforts to shift community perceptions.

5.0 Conclusion and Recommendations

Muleta et al. (2018), like several authors, provides contextual insights suggesting that behavioural responses are influenced by community perceptions and the quality of healthcare services available. The findings underscore the need for comprehensive strategies that address both individual attitudes and systemic barriers to support for obstetric fistula survivors. Community perceptions significantly influence students' behaviours, indicating that broader societal attitudes need to be addressed to foster supportive behaviours among students. When the community collectively views obstetric fistula as a serious health issue rather than a moral failing, students are more likely to adopt supportive behaviours. For instance, in communities where there is a collective effort to support and rehabilitate affected women, students are more likely to engage in positive behaviours such as advocating for affected peers, participating in community support groups, and assisting in reintegration efforts. This collective community support can create an environment where students feel encouraged and empowered to act empathetically towards affected individuals. Conversely, in communities where obstetric fistula is highly stigmatized, students may internalize these negative attitudes, leading to behaviours that isolate and marginalize affected individuals.

Just like other reproductive health challenges, the dimension of the underlying causes, the physical and psychological implications of obstetric condition on the victims, it is evident that the perception is related to the cultural and religious interpretation of the etiology, the manifestation of pains and discomfort and the anticipated consequences of the medical condition. Some of the perception factors found in the literatures, though may play out in all or parts in some geopolitical zones in Nigeria, as in other African countries highlighted, but specific research which utilises either quantitative or qualitative methods among residents will identify, in concrete terms, the peculiarities of each region. This remains an area of further studies on this theme, to cover the gap in research. Some other recommendations are listed and discussed in the next section.

The following recommendations are made for policy formulation and implementation:

- (a) Since most studies reported the low level of knowledge about the health condition among the secondary students in most parts of the country, efforts at increasing awareness through agents of socialization will increase light shedding on the phenomenon of obstetric fistula.
- (b) Education as an instrument of social change and formal education affords opportunities to acquire more knowledge. There is therefore, the need to include obstetric fistula as an item in the curriculum of one of the health subjects taught in secondary schools to boost the level of knowledge and further moderate female students' perceptions about the reproductive health condition among others.

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