

We want Children too; Fertility Desire of women with obstetric fistula in North-West Nigeria

Introduction

Obstetric fistula is a severe medical condition affecting millions of women of reproductive age group in sub-Saharan Africa. Obstetric fistula usually comes with the loss of a baby and the incessant leakage of stool and or urine. The resultant associated smell from stool and urine in many instances lead to ostracizing of the fistula patient and rejection by spouse, family and friends. In addition, there are reports that the fistula could result in a woman's inability to perform marital obligation to her husband and some house chores.

Years after undergoing obstetric fistula surgical repair, affected women can continue to experience the effects of obstetric fistula, which include spontaneous abortion, and perinatal mortality. Fistula also carries with it a high probability of stillbirth as well as future infertility due to extensive scarring within the reproductive tract, amenorrhea and or other complications arising from the repair of the fistula. With prolonged period of living with the fistula, patients may develop several complications which include; foot drop, chronic skin irritation, bladder stone, vaginal stenosis and infertility.

The high cultural value placed on children in the African settings can be attributed to children securing conjugal ties for women, offering social security in old age, conferring a social status on the woman within the immediate society, securing rights of property and inheritance and satisfying the emotional needs of women. The consequences of involuntary childlessness are therefore borne mostly by women and are usually very severe for women in low-income countries. In these settings, childless women are frequently stigmatized, ostracized, disinherited and in extreme cases, neglected by the family and local community. Infertility may also result in physical and psychological abuse, polygamy, reduced quality of life and even suicidal tendencies.

While several studies on surgical intervention for patients with obstetric fistula exists, there is a dearth of information on fertility desire of patients with obstetric fistula in Nigeria. Given the combined stigmatizing status of living with a fistula and the possibility of future infertility, this study aimed to determine the fertility desire of women with obstetric fistula.

Methods: the study had a cross-sectional design involving 420 women with obstetric fistula attending fistula repair centers across several states in North west Nigeria. A questionnaire on fertility desire was used to collect information regarding socio-demographic characteristics, obstetric history and fertility desire of respondents. Detailed personal information was not collected from participants. The research team with the assistance of nurses at the centers explained the purpose of the research to participants and assisted respondents in filling out the questionnaires. Data collected was coded, entered and analyzed using Statistical Package for Social Science (SPSS version 21). Ethical approval for the research was given by the ethics committee of the state ministries of Health in the study states.

Results:

Socio-demographic Characteristics of the Respondents

Age of respondents was between 13 to 55 years and the mean age was 26.4 ±8.4 years with 45% (189) of respondents being married while 47.1 %(198) were divorced. Majority of respondents 309 (73.6%) reported being in polygamous unions and 111(26.4%) in monogamous unions. A little above half 231 (55%) of respondents reported trading as an occupation while 37.4% reported farming. Only 5.5% of respondents had any formal education (Table 1).

Table 1: Socio-demographic characteristics of respondents

Variables	Freq N= 420	percentage (%)
Age (in years)		
10 – 19	86	20.5
20 – 29	197	46.9
30 – 39	92	21.9
40+	45	10.7
Marital status		
Married	189	45.0
Divorced	198	47.1
Widowed	33	7.9
Average monthly income (in Naira)		
500 - 4500	377	89.8
4500 – 9000	43	10.2
Educational status		
No formal education	23	5.5
Formal education (primary/Secondary)	397	94.5

Respondents' Fertility Desire

Three-quarters of the respondents 312 (74.3%) reported a desire to have more children. Of this proportion, 55 (13.1%) wanted to get pregnant within the next one year and 161 (38.3%) within the next two years. Overall, 210 (50.0%) respondent's reported that it was important for them to have more children (Table 2).

Table 2: Respondents' Fertility Desire

Variables	N	Percentage
Would you like to have more children in future		
Yes	312	74.3
No	108	25.7
Do you have surviving children		
Yes	217	51.7
No	203	48.3
How important is it for you to have more children		
Very important	210	50.0
Indifferent	139	33.1
Not important	71	16.9
Family influence on fertility desire		
Yes	269	64.1
No	151	35.9
Community influence on fertility desire		
Yes	138	32.9
No	282	67.1

Table 3 shows the logistic regression analysis of predictors of fertility desire among the respondents. Significant predictors for fertility desire were age, marital status, family and community influence.

Respondents aged 25-34 years were more likely to desire children compared to those aged 15-24 years while respondents aged 25-34 years were more likely to desire children than those aged 15-24 years. Divorced respondents were more likely to desire more children than those that were married while widowed respondents were more likely to desire children than their married counterparts.

Respondents who reported that family opinion moderately influenced their fertility desire less likely to desire more children than those that reported no influence at all; while those that reported that family opinion strongly influenced their fertility decisions were likely to desire more children than those that reported no influence at all.

Respondents that reported that community opinion moderately influenced their fertility desire were more likely to desire more children than those that reported no influence at all. Respondents that reported that community opinion strongly influenced their fertility decisions were more likely to desire more children than those that reported no influence at all.

Table 3: Predictors of Fertility Desire among Respondents

Variable	OR	95% CI Lower - Upper	p- value
Age group			
15-24	1.00		
25-34	13.5	1.814 – 5.132	0.004
≥35	20.8	2.153 – 8.749	0.02
Marital status			
Married	1.00		
Divorced	10.5	1.422 – 77.07	0.02
Widowed	3.9	2.579 – 26.295	0.02
Family influence			
Not at all	1.00		
Moderately	0.11	0.03 – 0.345	<0.001
Very strongly	0.06	0.005 – 0.739	0.02
Community Influence			
Not at all	1.00		
Moderately	11.6	1.567 – 66.558	0.02
Very strongly	2.1	1.932 – 31.637	0.03

Conclusion

This study revealed that fertility desire is high among women with obstetric fistula in North West Nigeria. This could be related to the psychological stability and satisfaction that women derive from having children. The proportion of women who desired children was higher than the reports of similar studies carried out in the Democratic Republic of Congo. Even though a much lower proportion of respondents in this study desired to get pregnant within two years in comparison to other vulnerable populations (like people living with HIV/AIDS and people living with disability) studies, there was however indication that community and family opinion has an influence on women's fertility desire. This is to be

expected as women are more likely to rely solely on their families for financial support and the male members of their families to take life changing decisions like age at marriage, the decision to use family planning, education and income to mention a few.

Interventions aimed at increasing awareness and health education for family members of women with obstetric fistula and their community members on prevention, causes and consequences of obstetric fistula will reduce the magnitude of the disease burden among women in Nigeria. Interventions can also be instituted to ensure that women with fistula promptly access care and are not stigmatized because of their condition. Although far reaching; it may also be used to promote delay in child bearing among child-brides which is common in the study region of Nigeria.

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