

# **The Perceived Influence of Intervention Programmes in Promoting Health-seeking Behaviour among Vesicovaginal Fistula Women: A Qualitative Study in North-West Nigeria**

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## **ABSTRACT**

Vesicovaginal fistula (VVF) is a childbirth-related disease that disturbs millions of women in developing societies, including Nigeria. In recent times, in its bid to influence VVF women's health-seeking behaviour, the government of Nigeria through the Federal Ministry of Health put into operation numerous intervention programmes (IVPs). Nonetheless, despite the government's preceding determination to eradicate VVF disease, the number of afflicted women who participated in IVPs is discouraging. Previous researches were not able to explore verbatim the perceived influence of most relevant IVPs in promoting health-seeking behaviour among VVF women in Nigeria. Therefore, this qualitative descriptive study's objective is to explore the perceptions of the study's participants regarding the most relevant IVPs that encourage VVF women to seek treatment in northwest Nigeria. This study used descriptive design and Nvivo qualitative research software v11. A total of nine participants were selected through a purposive sampling technique. The findings of this study indicated that a theme, sub-themes, and sub-sub themes emerged resulting from the data analysis. The primary study theme that emerged was IVPs, followed by two sub-themes, namely, rehabilitation and campaign. Also, three sub-sub themes emerged under rehabilitation, namely, surgical intervention, skills acquisition, and counselling. Also, two sub-sub themes emerged under the campaign. The finding of this study shows that the majority of the participants (RES I, II, V, VII, VIII, & IX) agree rehabilitation programmes are the most relevant IVPs that influenced health seeking-behaviour among VVF women in the northwest, Nigeria. As against the least participants (RES VI, IV & III) who perceived campaign programmes. Thus, this study recommends the enforcement of appropriate laws and policies concerning the utilisation of motherly and child health facilities; offenders should be sanctioned appropriately. Moreover, the study recommends that the federal, state, and local governments should increase funding in health sectors to improve the much-needed IVPs and other social services. Finally, the study recommends that politicians and health managers focus on improving the rehabilitation programme's components, such as free surgical operations, skills acquisition, and counselling.

**Keywords:** Perceived influence, Intervention programmes, health-seeking behaviour, vesicovaginal fistula, Nigeria

## **I. INTRODUCTION**

Vesicovaginal Fistula (VVF) is a disease that exposes women to the development of a hole in the birth channel, mainly during the birth of a baby (Ezegwi & Nwogukojo2015). The VVF disease is characterised by urinary incontinence, physical, social, and psychological consequences (Ezegwi et al. 2015). Worldwide, fistula disease is a source of anguish ton early 2 to 3 million women (Tuncalp, Tripathi, Landry, Stanton, & Ahmed,

2015), with a yearly occurrence rate projected at 80,000-100,000 typically in the fewer privilege nations like Nigeria (FMOH, 2019).

In Nigeria, an estimate shows that the fistula disease ravaged about 500,000-800,000 victims, with just about 20,000 new cases occurring yearly (FMOH, 2019). Even in Nigeria, northwestern Nigeria (Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, and Zamfara) has the worst-case scenario, with estimated 250,000-500,000 VVF cases, accounting for about 70 percent of the disease cases in Nigeria (News watch, 2013). It is important to note that, despite the massive cases of VVF in Nigeria. Predominantly northwestern Nigeria, merely projected 8047 disease victims received the surgical intervention and 1123 were trained on skills acquisition from 2011-2014 compared with the backlog of over 200,000 backlog cases; the slow face of surgical further made the fistula profile in Nigeria very complex (FMOH, 2019).

Intervention programmes (IVP) are the blend or combination of activities or plans (social, health, and so forth) intended to produce changes in the behaviour of people or to improve participation in health activities among individuals (Hazelden, 2015). Additionally, Muhammad (2018) summarised various IVP with the potentials to change the behaviour or performance of sick individuals toward health-seeking, including drug treatment, counseling, surgery, educational information, awareness campaign, and skills training. IVPs are generally classified into governmental and non-governmental programmes (FMOH, 2019). Just as various IVPs have been used in developed societies to eliminate diseases, similar programmes can encourage health-seeking behaviour among VVF women in Nigeria (Tuncalp et al. 2015 & FMOH, 2019). The most recent programmes used to eradicate diseases in a developed society and now applied in Nigeria against fistula war include awareness campaigns about HIV/AIDS (Akhter, 2015); thematic evaluation campaign to end fistula and literacy campaign (FMOH, 2019) among others. In line with the preceding discussion, with robust and appropriate intervention programmes, several fistula women could be motivated to seek healthcare services.

In general, people afflicted with diseases require speedy and effective health care facilities where the individuals can seek out treatment to safeguard against the deterioration of their health conditions (Muhammad, 2018). Also, a cure's success lies in the behaviour of the challenged person to treatment-seeking (Odoemelan, 2015).

Thus, this paper explores the perceived relevant intervention programmes that influence health-seeking behaviour the most among VVF women in northwest Nigeria.

### ***Problem Statement***

VVF is a disastrous disease that ruins the lives of young girls and women. Recently, the Federal Ministry of Health of Nigeria reported that the government has designed and implemented the national strategic framework for eradicating VVF 2011-2015 (FMOH, 2019). The plan involves implementing several intervention programmes at various fistula health centres, including community sensitisation, surgical repairs, awareness campaigns, and health professionals training, among others (FMOH, 2019). However, despite the programmes above implemented, the rate of patients seeking healthcare services has not improved significantly, especially. Perhaps, the failure to eliminate VVF scourge in northwest Nigeria may be connected to several explanations, including the absence of knowledge that VVF disease is curable through modern healthcare facilities and the cost of healthcare services, among others (Baba, 2014 & Muhammad, 2018).

Additionally, and more importantly, perhaps, the disease may have continued in northwestern Nigeria because most of the disease victims do not seek treatment probably due to inappropriate intervention programmes (FMOH, 2019, & Bellow, Bach, Baker, & Warren, 2015). Nonetheless, despite the implementation of some selected intervention programmes and the successes recorded from just under 5000 surgeries performed in 2011-2015 to about 8047 in 2014-2017, the programmes face challenges that weaken its effectiveness, including the slow face of repair, cost of repair in some teaching hospitals and weak political will among others (FMOH, 2019). At the present rate of surgical repair, with a projected 200,000 cases, it is argued that it could take over 83 years to treat the accumulated cases (Maheu-Giroux, Fillipi, Sekou, Castro, Maulet & Meda, 2015 & FMOH, 2019). Likewise, the high cost of repair in teaching, and some state specialists deter patients who need VVF services; thus, they only visit some hospitals when the treatment is free (Muhammad, 2018). Again, weak political will, severe underfunding, and poor skills on the part of health personnel were recognised as some problems that limit the elimination of VVF in Nigeria (FMOH, 2019). Therefore, there is a crucial need to develop a plan to hasten the repair rate and provide palliatives for the achievement of the aim of eradication of VVF in this current generation.

Several studies (Ude, 2015, Odoemelan, 2015, Bellow, Bach, Baker, Maheu-Giroux, et al. 2015 & Warren, 2014, & Akhter, 2015) have scrutinized the influence of the intervention programmes about participation in therapy and have established some mixed findings. For example, in his work on the influence of media campaigns on VVF prevention and control in northwest Nigeria, Ude (2015) established that radio and seminar workshops were instrumental in influencing health-seeking behaviour among VVF women. In his work on the

pattern of exposure to communication intervention among the obstetric fistula patients, Odoemelan (2015) found that designing appropriate intervention programmes in ways that encourage positive attitudes influences health-seeking among fistula women. Besides, the FMOH (2019) in its work entitled the national strategic framework for the elimination of obstetric fistula in Nigeria 2019-2023 recognised that use of awareness campaign workshops, rehabilitation, educational brochures and community outreach with volunteers educating people in the worship places such as mosques and churches inspire individuals to seek for help among the vulnerable population. On the contrary, in the work of Akhter (2015) entitled the maternal healthcare-seeking behaviour of women from lower and upper socio-economic groups in Bangladesh observed that sensitization on the dangers of smoking through the newspapers and radio among people with heart disease has not been effective in encouraging behavioural change.

Although numerous studies have examined the concept of intervention programmes and their influence on health-seeking behaviour, however, most of the past studies were characterised by methodological gaps. For example, earlier studies focused more on content analysis (Ude, 2015; Odoemelan, 2015&Bellow,et al., 2015) and measured the concepts utilising quantitative research design (Akhter, 2015). The other weaknesses of the earlier studies limit an in-depth understanding of the meaning the victims of VVF attached to the social phenomenon under study, which the only exploratory, the descriptive study can provide (Creswell, 2014). More importantly, the inconsistencies found in the previous studies (benefits and otherwise) of intervention programmes in promoting participation in cure have justified conducting another study. According to Muhammad (2018), a researcher can select appropriate intervention programmes if previous ones implemented are inconsistent or have been ineffective in modifying behaviour positively. Thus, these authors have selected free-surgery, skills acquisition; counselling and educational campaign programmes as the perceived intervention programmes that perhaps motivate VVF victims to seek treatment. However, the ultimate choice of the best intervention programmes that influenced health-seeking behaviour rest on the perceptions of VVF women.

Therefore, this study explored VVF women's perceptions in Zamfara and Sokoto, northwestern Nigeria, regarding the most intervention programmes that influence health-seeking behaviour. The study hopes that providing evidence on the views of participants verbatim will offer rich understanding into the best intervention programmes that motivate VVF women to seek health care services in northwest Nigeria. Consequently, this study will serve as a motivation for further action on the part of policymakers, researchers, and health care providers that are vested with the responsibility of improving health-seeking behaviour among the VVF women.

## **II. Research Objectives**

This paper seeks to explore and analyse the perceived relevant intervention programmes that influence health-seeking behavior the most among VVF women in northwest Nigeria. From the findings of the analysis, the authors will recommend the best methods and ways to deal with the problems of VVF women in Nigeria.

## **III. Research Question**

This study will offer answers to the following research question:

1. What are the most relevant intervention programmes that influence health-seeking behaviour among VVF women in northwest Nigeria?

## **IV. Materials and Method**

This VVF study was conducted at Maryam Abacha Women and Children Hospital, Sokoto and Farida General Hospital Gusau, Zamfara State, northwestern Nigeria. Also, most of the study sample women are weak, illiterate, and unemployed, and they suffer from deprivation of maternal and child health care services (Muhammad, 2018& FMOH, 2019). Additionally, most women in the selected areas favor giving birth to their households than modern healthcare facilities, perhaps, due to illiteracy and poverty (FMOH, 2019).

### ***Research Design***

This study utilized descriptive design to explore VVF women's views, health personnel, and government officials regarding the most appropriate and significant intervention programmes that influence health-seeking behavior among vesicovaginal fistula women in northwest Nigeria. The current study adopted phenomenological orientation, which stresses elucidating social phenomena grounded on exploration, explanation, and describing the "meaning" that individuals attached to a given social phenomenon under research (Creswell, 2014). Precisely, the authors gathered data based on participants' spoken words.

Also, the study did not employ underpinning theory; nonetheless, because of the experience of the authors in the field of medico-legal aspect, medical sociology and an understanding of the "meaning" that the informants attached to their knowledge, the experience served as guiding principle on the way to examining the problem

under discussion. This study utilised a descriptive cross-sectional design, where the authors conducted a single face-to-face, in-depth interview with the informants. The reason for utilising the preliminary design was that it permits the authors to gain abundant views of the informants, as against using a longitudinal design, which might lead to data loss since most of the fistula patients could be discharged, this view is in line with the opinion of Creswell (2014).

#### ***Ethical issues, Sampling and Data Collection Methods***

Ethically, the study was approved by the officials of Zamfara, and Sokoto states health research ethics committees. Regarding sample size and sampling technique, the research employed a purposive sampling technique and selected nine participants; four are VVF victims, three healthcare personnel, and two government officials. The justification for selecting the sample was due to the perceived appropriateness of the participants to provide the needed information as well as providing the saturation requisite of this study, which is in line with the views of Creswell (2014). The study's purpose, the process for data collection, and the advantages derivable were elucidated to the participants to inspire participants to provide accurate information. Thus, the participants willing to participate in the study were offered consent form, which they duly signed. The location for the interviews was decided between the authors and the participants. It was decided that the interviews be held in the unfilled section of the ward for the VVF patients. The nurse's station was utilised for the interview with health professionals. Also, for the interview with government officials, the authors agreed to use their respective offices. Due to the low levels of literacy among the VVF women, the interview questions were interpreted into the participants' local language (Hausa language) by skilled linguists to improve understanding and data validity. In line with the preceding discussion, an interview schedule with open-ended questions was used to allow the participants to voice their opinions. After gaining consent from the participants, the authors took notes throughout the sessions to aid transcription of the data. When the interview sessions ended, the responses were transcribed in the English language verbatim. The interview sessions conducted in the Hausa language of the participants were back-translated from Hausa to the English language for further data analysis.

#### ***Data Analysis***

The data analysis process commenced with sorting and making sense of the transcripts by reading the transcribed face-to-face in-depth interview to understand the meaning of the participants' answers, which were used to generate the study's themes and categories. The raw data was inputted into excel and later uploaded into Nvivo v11 software for further analysis. The software was run further, which formed themes and categories. These authors interpreted the themes that emerged based on the observed general pattern of the data i.e., how the majority of the participants explained specific phenomena, which is in line with the recommendations of Braun & Clarke (2006). Also, the qualitative analysis software helps code the entire data about the views of the VVF women, healthcare staff, and government officials. Moreover, the software was used to aid in discovering the entire important data patterns, in line with the opinions of Braun et al. (2006).

## **V. RESULTS**

Table 1 shows that four VVF women participate in the study, representing 44.5% of the sample, which was followed by three health personnel, indicating 33.3% of the sample. Next are two government officials, representing 22.2% of the sample. Also, about the gender of the participants, seven are female, which represents 77.8% of the sample, while two participants are male, representing 22.2% of the sample. Additionally, concerning the age of the participants, eight are within the age range of 12-26 years, which represent 88.9% of the sample. The preceding scores were followed by one participant whose age is between 27-41 years, representing 11.1% of the sample.

Table 1. *Demographic Characteristics of the Participants*

<b>Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
VVF women	4	44.5
Healthcare Personnel	3	33.3
Government Officials	2	22.2
Total	9	100.0
<b>Gender</b>		
Female	7	77.8
Male	2	22.2
Total	9	100.0
<b>Age</b>		

12-26 years	8	88.9
27-41 years	1	11.1
Total	9	100.0
<b>Residence</b>		
Zamfara	3	33.3
Sokoto	6	66.7
Total	9	100.0
<b>Educational level</b>		
No formal education	8	88.9
Secondary School	1	11.1
Total	9	100.0

Regarding the residents of the participants, three participants were located in Zamfara, which represent 33.3% of the sample, while six participants were located in Sokoto, representing 66.7% of the sample. Additionally, with regard to the participants' educational levels, eight participants do not have formal education, representing 88.9% of the sample. In contrast, one participant possessed secondary school education, representing 11.1% of the sample.

### Perceived Intervention Programmes Influencing Health-Seeking

Intervention programmes are strategies aimed at inspiring people to modify their behaviour positively to improve their health (Hazelden, 2015 & Odoemelan 2015). Based on the observed general pattern in the data gathered, numerous participants have expressed their views regarding whether or not government intervention programmes encouraged VVF women to participate in treatment, as indicated in Figure 1. The model demonstrates the government intervention programmes executed in the northwest Nigeria that comprise of rehabilitation programmes (surgical intervention, skills acquisitions & counseling) and campaign programmes (awareness campaign through radio & educational campaign). Specifically, the objective of this study was to explore the perceptions of the participants on the most relevant intervention programmes that motivate the VVF victims to seek treatment in Zamfara and Sokoto, northwestern Nigeria.

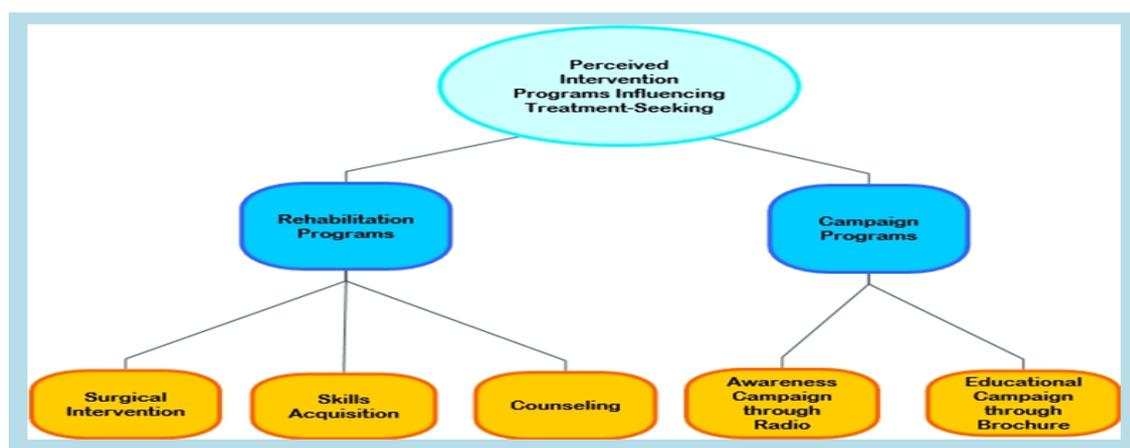


Figure 1: Perceived Intervention Programs Influencing Treatment-seeking

#### 1.1 Rehabilitation programmes

Health-related rehabilitation programmes are activities carried out to improve and restore a person's physical, social, and mental health (FMOH, 2019). Rehabilitation programmes include activities such as providing counseling or assistance, treatment (surgical & medical), and skills acquisition programme among others (Bellows et al.2015).

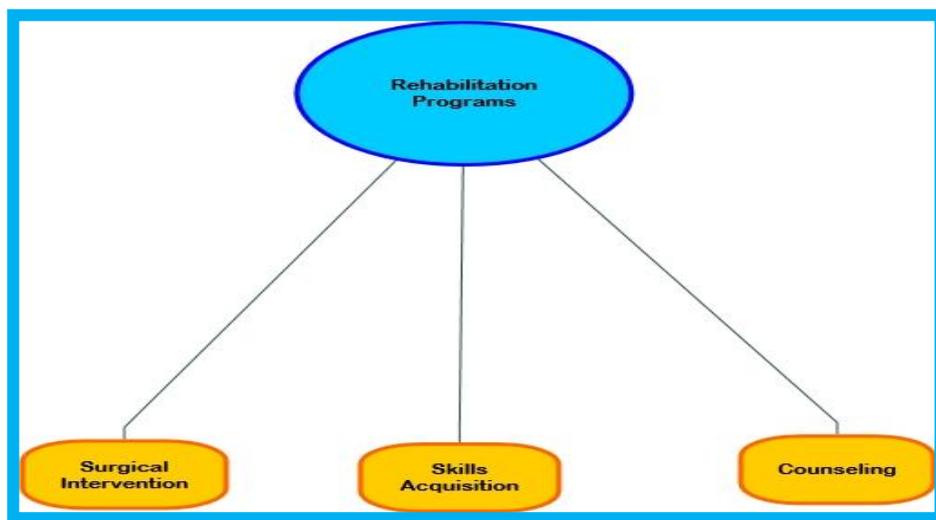


Figure 2:

Rehabilitation

### 1.1.1 Surgical Intervention

Vesicovaginal Fistula (VVF) is a disease that exposes women to the development of a hole in the birth channel, mainly during the birth of a baby (Ezegwi et al.2015). The operation is usually performed with free, if organised by government or non-governmental organisations, performed under general anesthesia (FMOH, 2019).

With regard to the most relevant intervention programmes that influence treatment-seeking behaviour among the VVF women in northwest Nigeria, out of the nine participants, four (I, II, V & VII) indicated they were invigorated to participate in treatment because of the surgical repairs. So, for example, a participant, who is a VVF woman, declares that:

*The most significant programme that motivated me to visit this hospital is the surgical repair offered for free by the government. I also learned that after surgery and convalescent, a person might be trained in skills acquisition for self-reliance, such as soap-making and sewing (Respondent I, VVF woman).*

Another respondent gives credence by adding that:

*My neighbour treated for this similar disease [VVF] informed me that the operation is without extra cost. Also, she informed me that after surgical repairs, I would be trained in skills acquisition. Therefore, more importantly, I was motivated to visit this centre for treatment because the surgical repair is a free couple with skill acquisition services (Respondent II, VVF woman).*

Also, in complimenting the views of the preceding participants on the intervention programmes that increase treatment-seeking the most, another participant stated that:

*Most of the VVF women that I discussed with indicated that they seek VVF treatment mainly because the surgical operations provided at this hospital are without extra cost to the patients. Moreover, some of the victims acknowledged that they received training on skills acquisition programmes such as sewing. Surgical repairs offered without extra cost by the hospital are the main reason that motivates the VVF women to visit the health centre (Respondent V, Health personnel).*

Additionally, providing further insight into the intervention programmes that motivate the VVF women to seek treatment the most, other participant opined that:

*Several women with VVF are not aware that cure for the disease subsists. Nonetheless, the few patients aware of various government intervention programmes; precisely, surgical repairs are the ones that visit this hospital for treatment. A surgical repair is the single most potent intervention programme that encourages disease victims to seek treatment. Ever since the VVF cure is expensive and the majority of the sufferers are poor rural*

women, the distressed individuals usually benefit from the free surgical treatment provided by the government (Respondent VII, Health personnel).



Figure 3: Surgical Intervention Programme

#### 1.1.2. Skills Acquisition

Skills acquisition is a programme for VVF women aimed at training the victims after they are surgically repaired successfully to gain some entrepreneurship skills. The skills will make the women self-reliant if they return to their community after discharge from the hospital (FMOH, 2019). Some of the important areas that VVF women are trained to include tailoring work, soap making, knitting, and perfumes-making (Muhammad, 2018).

About skills acquisition programme, out of the nine participants, only two (VIII & IX) have expressed the opinion that focused on a skills acquisition programme that they considered as the most important intervention programme that encourages VVF victims to seek treatment. For instance, a respondent, a government official from the state ministry of health proclaims that:

*Mixtures of intervention programmes are the reasons for the upsurge in the amount of VVF women who visit government centres to seek treatment these days. Some disease victims participate in treatment because the treatment provided to patients by the government is free. However, the most important reason for others is that during convalescent, the women are trained in some entrepreneurship skills to become self-subsistence after they return to their respective places (Respondent IX, Government official).*

Also, validating the other perception regarding the best government intervention programmes that increase treatment-seeking among VVF women in northwest Nigeria, another government official confirms that:

*At Farida health centre, the unit implements some government intervention programmes and some other programmes aided by non-governmental organisations. From the data that we gathered at the unit, the highest number of VVF women seek treatment due to the intervention programmes that included free surgery as well as skills acquisition programme (Respondent VIII: Government official).*

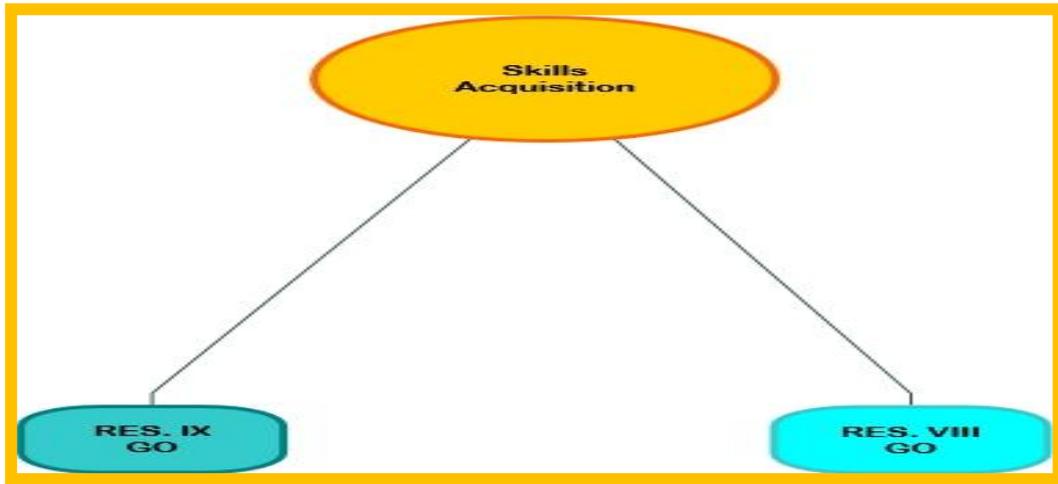


Figure 4: Skills Acquisition

1.1.3: Counseling

The counseling programme is the services that are provided to people with a sort of psychological, social, and other problems by qualified counselors (FMOH, 2019). In essence, counseling is a discussion-based cure given to individuals with specific problems by an expert (FMOH, 2019).

From the data these authors analyzed using Nvivo 11, none of the participants made any statement regarding the influence of counseling on treatment-seeking behaviour. However, other respondents suggested that the services of counselors are vital toward treatment-seeking. Therefore, a model concerning the influence of the other factor in treatment is not essential.

2.1: Campaign programmes

Campaign programmes refer to the plans undertaken by health practitioners to prevent diseases from occurring, promote the health of the people and cure diseases through the use of posters pamphlets and radio programmes among others (Odoemelan. 2015). The health campaign programme includes awareness using educational programmes such as seminars and workshops, which change the negative behaviour towards improving health and maintaining life(Bellows et al. 2015&Odoemelan, 2015).

Figure 5 indicated a graphical representation of the participants on the two campaign programmes implemented at most VVF centres in Nigeria. The purpose of the model below is to highlight the views of the respondents on how well they believe the preceding programme increase participation of victims of VVF in treatment.

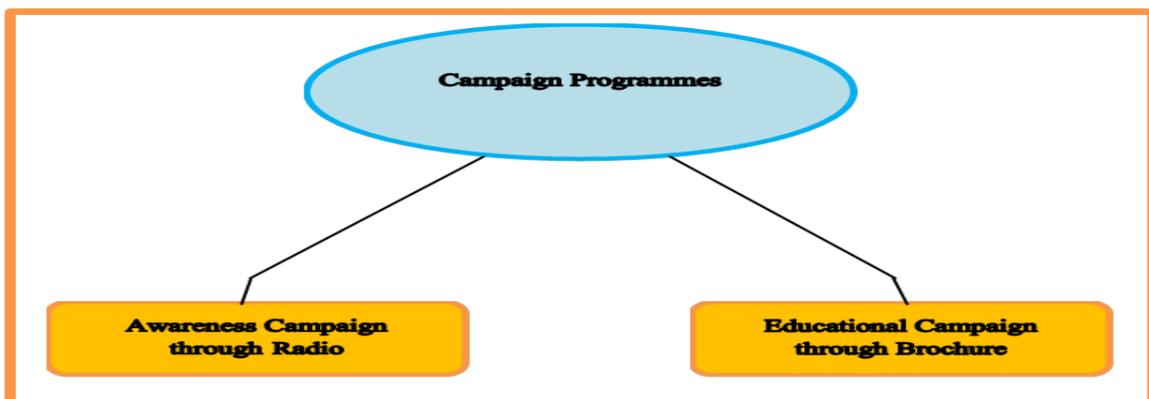


Figure 5: Campaign Programmes

### 2.1.1 Awareness Campaign through Radio

Through the radio, the awareness campaign programme is undertaken to enlighten the VVF women and inspire the fistula victims to seek healthcare services at the designated healthcare facilities to promote their well-being (USAID et al. 2014 & Odoemelan, 2015). The most noticeable among awareness campaign programmes in less developed societies include the utilisation of radio programmes to create awareness about health activities so that individuals could take advantage of such programmes to improve their health or cure diseases (Odoemelan, 2015 & Bellows et al. 2015).

About the influence of awareness campaign through the radio as a motivating factor to participation in treatment, out of the nine study participants, three (VI, IV & III) stated they were invigorated to seek for VVF cure due to the radio programme. Expressing views regarding the effect of a radio programme on treatment-seeking, a VVF victim says that:

*I was stimulated to visit this centre [Maryam Abacha Hospital] due to a radio programme my husband overheard. The following day he requested me to get ready to visit the hospital for treatment. Apart from a surgical operation that the hospital performs, we also heard over the radio that after successful surgery and before discharge, VVF women are trained to make soaps, sewing, and knitting (Respondent III, VVF woman).*

Correspondingly, another victim of the VVF disease confirms that:

*I heard the information about free VVF treatment through the local radio. I immediately received the news that fistula disease can be cured at a modern hospital in the state capital; my parent encouraged me to visit the nominated hospital for treatment (Respondent IV, VVF woman).*

A health practitioner validated the opinions raised by the respondent's III and IV, who upheld that:

*Based on the interactions that I had with some VVF women, most of the victims stated that they heard announcements over the radio that anyone with fistula disease should visit the hospital [Farida General Hospital] for treatment why some of them are here. Some fistula victims reported that the town-criers' announcement in their locality encouraged them to visit the hospital. Also, the free treatment packages that they learned about inspired them to visit the designated hospital (Respondent VI, Health personnel).*

Based on the preceding reactions from the study participants, it is evident that awareness campaign programme aired over the radio encourage VVF women to seek treatment

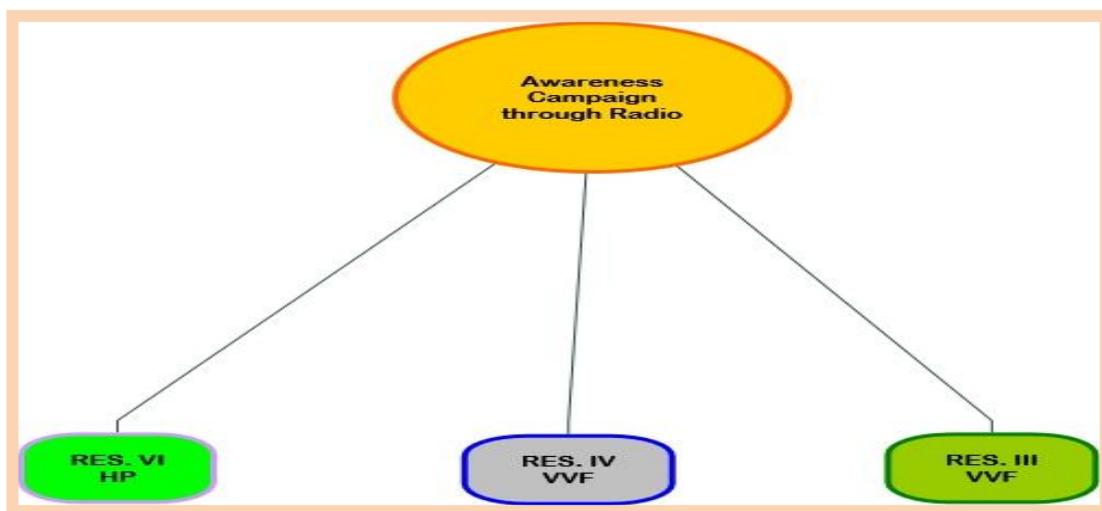


Figure 6: Awareness Campaign through the Radio

### 2.1.2: Educational Campaign through the Brochure

Through the patients' brochure, the educational campaign refers to the awareness campaign programme where VVF victims are enlightened about the fistula disease through written messages on a poster or pamphlets for promotion of health, treatment of fistula, and prevention of complications (Odoemelan, 2015).

From the data analyzed utilizing Nvivo 11, none of the respondents remarked on the influence of educational campaigns through patients' brochures, as such a model to that effect is not necessary.

## VI. DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

This study's result extends knowledge regarding the documented views of participants on the most relevant intervention programmes that influence health-seeking behaviour among VVF women in northwest Nigeria. This study interviewed nine participants, including four VVF women, three healthcare personnel, and two government officials. About the most relevant intervention programmes that influence health-seeking behaviour among VVF women in Nigeria-most of the participants (RES I, II, V, VII, VIII, & IX) agree that rehabilitation programmes (surgical repairs, skills acquisitions, and counselling) are the leading programmes. While the least participants (RES VI, IV & III) opined that campaign programmes influence health-seeking behaviour among fistula patients the most, this study's result has given credence to earlier studies by Odoemelan (2015) and Akhter(2015).Therefore, policies meant to tackle the problems of the VVF disease, by extension lead, influencing health-seeking behaviour must make it a priority to improve and sustain intervention programmes, enabling laws to enforce the use of maternal and health facilities, improved funding and transportation services.

In conclusion, as stated earlier, this study's objective was to explore the perceived relevant intervention programmes that influence health-seeking behaviour the most among VVF women in northwest Nigeria. This study has shown that rehabilitation programmes are the most relevant intervention programmes that influence health-seeking behaviour against campaign intervention programmes among VVF women. Verbatim, the participants have exactly stated that rehabilitation programmes such as surgical repairs and skills acquisition programme had significantly influenced health-seeking behavior among the women with fistula disease. This study observed that interacting with VVF women and other stakeholders will allow the participants to express their opinions. The outcome of the previous engagement creates a good situation for further actions by the policymakers and health practitioners to specifically improve the perceived most relevant intervention programmes that truly work for the people of northwest Nigeria. The first study's limitation was that its findings were based on a painstaking face-to-face interview carried out using a small sample size. The other shortcoming implies that so many VVF women were excluded from this study; thus, the findings limit generalisation to the universe regarding rehabilitation programmes being the most relevant elements of intervention programmes in influencing health-seeking behaviour. However, the findings of this study are similar to those of the Niger Republic and South-western Nigeria. The earlier finding indicated that surgical repair and skills acquisition programmes, an aspect of intervention programmes are the most relevant than campaign programmes encouraging VVF women in Zamfara and Sokoto to seek treatment from designated VVF centres. The findings of this study also added to the existing body of literature in medical-legal and medical, sociological healthcare disciplines. Consequently, because of the damaging nature of VVF disease, strategies to eradicate the disease by inspiring treatment-seeking behavior must be given primary consideration by the policymakers and health practitioners. Furthermore, the federal, state and local governments should cooperate to sustain and improve the much-needed intervention programmes such as rehabilitation and other social services that will encourage more VVF women to seek healthcare services in northwest Nigeria.

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