

Psychosocial Obstacles to Employment Opportunities among Obstetric Fistula Patients in North-west Nigeria: A Proposed Conceptual Model

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Abstract— The main objective of this paper was to propose a conceptual model that when validated will serve as a guiding principle to evaluating the relationship between psychosocial obstacles and employment opportunities among obstetric fistula patients in five (5) selected states (Sokoto, Kebbi, Katsina, Kano, and Zamfara) in north-west, Nigeria. Based on the literature reviewed, this study utilized five main constructs (poor education, stigma, cultural factors, sexual harassment & employment opportunities) in the proposed conceptual model to assess the reasons why most obstetrics fistula patients are not getting paid jobs in both public and private sector of the economy in Nigeria.

Keywords: Psychosocial obstacles, employment opportunities, conceptual model, obstetric fistula, north0west Nigeria

I. INTRODUCTION

Obstetrics vesicovaginal fistula (VVF) is a childbirth injury-causing abnormal hole that links the urinary bladder and the vagina; triggering frequent leakage of urine among the affected women [21]. Additionally, VVF disease is characterized by immense physical, social and psychological features and consequences [15]. Recently, the United Nations Fund for Population Activities (UNFPA) stated that one of the significant ways to eradicate diseases in the vulnerable communities is to engage women in income-generating activities such as gainful employment [13]. Similarly, the lack of women's income independence in many societies has contributed to the occurrence of most preventable diseases [20]. However, improved participation of women in opportunities that provide employment helps to raise women's status and worth and specifically, lower their chances of contracting diseases, particularly pregnancy-related diseases such as postpartum hemorrhage, infertility, and hypertension ([20],[21]-[16]).

Employment is an important activity, which has the potential to support women generates wages for their livelihood [17],but often, certain psychosocial issues serve as an impediment to women's dream of actualizing the dream of getting paid job, particularly in developing nations [17]. These impediments to employment opportunities include but are not limited to a negative attitude to work, poor communication skills, willingness to work, and decision-making skills among others [17].In addition, and more prominently, disease victims perhaps were unable to secure gainful employment due to

poor education [16], stigma and discrimination [14], cultural factors [19], and sexual harassment [17].

In general, there are few studies that examined obstacles to employment opportunities among obstetric fistula patients in north-west Nigeria. Even then, this researcher is not aware of any study that evaluated barriers to employment opportunities within the social context of Sokoto, Kebbi, Zamfara, Katsina and Kano, north-west Nigerian. Furthermore, perhaps, no study has employed the four psychosocial variables as an obstacle to employment in a single study to examine the reason why not many obstetric fistula patients are gainfully employed in these selected states. Consequently, the main objective of this study was to present a proposed conceptual model, which would link the four psychosocial obstacles (PO) variables to employment opportunities (EO). By doing so, this would contribute to the literature development, and assist to shift the focus of employment opportunities from other parts of the world such as Europe and US, other African countries, to Nigeria; even in Nigeria to as a whole focus specifically on North-West Nigeria. This study includes the introduction, literature review, conceptual model and conclusion.

II. LITERATURE REVIEW

The review of related literature focuses on the constructs of employment opportunities, which is the proposed dependent variable. The proposed independent variables include poor education, stigma and discrimination, cultural practices and sexual harassment.

2.1 Employment Opportunities

Employment opportunities imply people having a chance, irrespective of their differences (gender, disability, sexual orientation, economic status, ethnicity among others) to reach their peak through utilizing their skills at workplaces ([3]-[7]). The areas for employment are both in the public and private organizations including manufacturing, education, health, electricity, agriculture, and security among others [17].

The affirmative action (AA), which was adopted by most countries of the world is a positive step taken to increase the representation of the marginalized individuals' in the areas of education, employment and businesses to which they are excluded for long [10].This is necessary especially when the

means of getting people selected to participate in the mentioned areas of employment is carried out on the basis of gender, disability, race or ethnicity [10]. In spite of the affirmative action adopted by countries of the world, the problem of employment opportunities particularly against women continues, especially in Europe and third world societies [7]. However, Europe, for example, has taken measures, which led to the declining rate of lack of women's participation in various facets of society's affairs through the 'social action programs' 1993-2000 ([7]-[10]). The social action programs saw an upward trend in employment opportunities for women across Europe ([7]-[10]).

Nigeria is part of the League of Nations that has national gender policy aimed at protecting the rights of women to make them equal to men; by empowering women through education, employment, political participation among others [17]. However, despite the progress made in bridging the gap in primary school education, there are still problems in terms of employment opportunities and the salary gap between men and women. Additionally, Nigeria's 1999 constitution prohibits all forms of discrimination against women on the basis of gender, however, perceived cultural practices perhaps impedes the realizations of such goals; as evident in the limited freedom of movement and marriage for women in the country [17]. In addition, Nigeria is a party to the signing of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1985, Optional Protocol, 2004, and the signing of African Charter on Human and Peoples' Rights of Women in Africa in 2005 [17].

However, in spite of the commitments made, there are reported cases of gross abuse of women's rights [17]. Based on the foregoing, assessing the situation of employment opportunities among people with diseases, particularly those with VVF are of paramount importance. The significance of gainful employment has also been given credence by the UNFPA, which highlighted its role in the eradication of preventable diseases in society.

2.2 Psychosocial Obstacles to Employment Opportunities

Psychosocial obstacles to employment opportunities refer to the social and psychological issues that preclude individuals with challenges particularly, women with reproductive diseases from securing paid employment ([13]-[17]). The most commonly identified obstacles to employment opportunities for women include poor education, stigma, and discrimination ([17]-[1]), cultural practices [19], and sexual harassment [17].

2.2.1 Poor Education and Employment Opportunities

Education is the process of instilling moral values, progressive thinking, the attitude of helping and giving to society [17]. One is Educated when the individual's ways of thinking got changed and the individual is looking towards the betterment of the society and country in which he/she lives ([16], [1]-[17]). Poor education has an adverse effect on

individuals as it results in the marginalization of the affected people in the society; reason being that the affected persons are considered unqualified to participate in certain events such as employment opportunities([14], [21]-[16]). Furthermore, poor educational qualifications have disadvantage, in that, apart from hampering employment opportunities for the affected persons, it also forced them into cheap and demeaning labor, reduce the cost of labor and unduly pushes people to want to seek for qualification [3].

Several studies have examined the effect of poor education on employment opportunities ([3]-[7]). So for example, in the UK, a study among women with HIV/AIDS and Tuberculosis observes that lack of formal education was the main factor isolated in the failure of the patients to secure gainful employment [3]. Furthermore, a study by Reference [7], opines that women are less likely to obtain high qualification than their counterpart men are. However, the social background of people was isolated to have a profound role in the continuity and educational attainment of individuals. In line with the foregoing studies, in his work entitled 'doing women studies: employment opportunities, personal impact and social consequences, Reference [7] have suggested that further studies are needed to examine the influence of educational qualification as a factor of employability in different social context from Europe.

Consequently, this study employs the variable of poor education as a factor for employment opportunity and will evaluate the constructs among victims of obstetric fistula in north-west Nigeria; where it is apparent that there is no empirical evidence in previous research. Therefore, this study posits the following proposition:

H1: There is a relationship between poor education and employment opportunities.

2.2.2 Stigma and Employment Opportunities

Stigma refers to the feeling of shame or disgrace by an individual with a particular problem. Stigma results in prejudice and discrimination [11]. In general, the concept refers to showing negative or discriminatory behavior to people with certain challenges be it health, gender, race, and socio-economic status among others [11]. In this study, the concept is operationally defined as feelings of shame and discrimination exhibited by obstetric fistula women, which could have a negative influence in their quest for employment opportunity.

Numerous studies have examined stigma in relation to employment opportunities among people with acute and chronic diseases ([2], [3], [12],[5]-[20]). So for example, a study by Reference[3] and Reference [5] reported that among individuals with HIV/AIDS, because they are exposed to rejection and discrimination, the situation limits their ability to socialize and to engage in other activities such as gainful employment. Moreover, a study entitled 'towards promotion of maternal health: the psychological impact of obstetric

fistula on women in Zimbabwe, Reference [12] observed that apart from the hardship that Vesicovaginal fistula caused to its bearers in the form of domestic violence, isolation among others, the women are stigmatized and discriminated upon; one of the worst form of discrimination occurs in the labor market where they are denied opportunity for jobs. Consequently, these studies have provided useful insights into the problems of stigma and discrimination among women with obstetric fistula.

Nevertheless, most of the previous studies have some methodological flaws through their use of qualitative design alone. Topics that borders on stigma and discrimination are complex ones; it will enhance generalization to the universe if studied rigorously, which qualitative method alone cannot provide. Therefore, this study will be richer if focused under the lenses of mixed methods strategies, which is in line with the assumptions of Reference [8]. Accordingly, this study will assess the constructs among patients with obstetric fistula in north-west Nigeria utilizing mixed-method research because it is obvious that there is no empirical evidence in previous research that used pragmatism as a research paradigm. Thus, this study postulates the following proposition:

H2: There is a relationship between stigma and employment opportunities.

2.2.3 Cultural Practice and Employment Opportunities

Culture is defined as complete ways of life of people living within a given society [21]. The culture of the people plays a significant role as it provides a means for the individuals' identity ([7]-[16]). Certain cultural practices can be harmful while other practices are perceived as not harmful [16]. So for example, in a society where young children are denied eggs on the pretext that it makes them become thieves; is perceived as harmful culture [9]. Conversely, the good culture involves parents taking care of their children until they become adults as well as nurturing children to take care of their aged parent ([9]-[16]).

Additionally, people's culture exerts significant control over the type of work that individuals do; by defining gender-based work as 'female work' and 'male work [7]. The root causes of lack of employment opportunity for women is traceable to the period of industrial revolution, when work in the factories has become the main sources of earning means of livelihood in contrast to works previously done by people at their homes such as petty trading and other forms of buying and selling [9]. The industrial revolution brought with it the culture in which most men are regarded as the most essential ingredients to the efficient production in the factories, while women are left to take care of the children at homes [7].

Several studies have examined the influence of culture on employment opportunities among women ([1],[9]-[20]). A study by Reference [9] observes that peoples' culture has an effect on women's ability to gain paid employment because, in some societies, they kill women (femicide) and thus

denying the right to livelihood and various opportunities. Specifically, in Pakistan, India, and some Middle East countries, for example, women were killed in the name of saving the honor and name of families; so that girls do not bring shame to the family [9]. Also, in China, a deliberate one-child policy as well as preference for male child is a cultural problem not in favor of women [20]. These cultural practices and policies have an indirect consequence on the right to livelihood and subsequent employment opportunities for women [9]. Another study by Reference [20] opines that cultural imbalance between genders; where women are treated as inferior to men in terms of social status in most societies has adversely affected the health and ability of women to participate in most societal activities such as employment. In a culture where men are considered superior to women, both obstetric fistula disease and limited economic empowerment such as employment are thought would continue to persist [20].

In view of the foregoing, the previous studies have some methodological flaws through using content analysis design, which exposes the works to the fundamental defects of lack of theoretical basis and depth in understanding of phenomenon. The preceding critique is in line with the argument against content analysis posited by Reference [6]. Another gap in knowledge is that most of the previous studies were conducted in the social contexts that are distinct from that of Nigeria. Thus, it has provided the basis for assessing the constructs in a new environment, Nigeria. Furthermore, according to Reference [4], a phenomenon should be studied if it is broader than the previous ones and if it analyses the topic more methodologically or comprehensively.

Consequently, this study will examine the construct of culture and its influence on employment opportunity among victims of obstetric fistula in north-west Nigeria; using mixed-method research, because it is obvious that there is no empirical evidence in previous research that used pragmatism as a research paradigm in the current study setting. In view of the above, this study postulates the following proposition:

H3: There is a relationship between cultural practice and employment opportunities.

2.3.4 Sexual harassment and employment opportunities

Sexual harassment is defined as the behavior characterized by unwanted sexual attention including leering, sexual jokes, teasing, questions, unwanted pressure for sexual favors or dates, unwanted touching, unwanted sexual favors with threats of job related consequences for non-cooperation, physical assaults, sexual assault, rape among others [18]. Moreover, sexual harassment is one avenue by which men tries to exercise authority over women at the workplace and protect their own interest [14]. Additionally, men usually protect these types of harassment with their powers within the organization; they are normally in a position to hire or firewomen and may take action against women if they dare complain [17].

It is important to note that contrary to beliefs and expectations of society that women who suffer from illnesses such as HIV/AIDS and other chronic diseases among others are not sexually attracted to men and therefore are free from sexual harassment in the work environment, those who accept these beliefs are not getting things correctly [14]. Sexual harassment indeed occurs among women who have several health problems, which could result in unemployment, demotion, and discontinuation of education [17].

Several studies ([7], [18]-[17]) have examined the influence of sexual harassment on employment opportunities among women. A study in the UK and Sweden reported cases of sexual harassment against women in several work organizations such as media and health among others; the trend of sexual harassment has forced several women to abandon their work, which further compound the problems of women unemployment in the labor market [7]. Furthermore, a study shows that due to non-report and documentation of vast majority of cases of sexual harassment especially occurring to women job-seekers and at workplaces, many organizations that ought to have assisted in one way or another to remedy the problem were unable to render support; resulting to little or no support from law enforcement agencies, health care personnel, and social services providers among others [18]. Additionally, a study in southern Nigeria observes that due to weak laws regarding punishment for sexual harassment, the problem was on the increase in several Nigerian higher institutions of learning such as Universities; where lecturers and management staff harass their victims through sexual demands in exchange for examination grades and employment [17].

In line with the foregoing studies, in his work entitled ‘doing women studies: employment opportunities, personal impact and social consequences, Reference [7] opined need for further studies to assess the effect of sexual harassment on employment opportunities utilizing sample of women with chronic diseases in a new social setting different from Europe. Therefore, this work will evaluate the constructs among victims of obstetric fistula in north-west Nigeria. Consequently, this study postulates the following proposition:

H4: There is a relationship between sexual harassment and employment opportunities.

III. RESEARCH PROPOSED CONCEPTUAL MODEL

In this study, the literature reviewed proposed relationships between psychosocial obstacles and employment opportunities among obstetric fistula patients in North-West, Nigeria. Several studies ([7], [2], [1],[9], [20], [18],[14], [3], [12], [5]-[17]) have indicated the influence of the independent variables (poor education, stigma, cultural practice and sexual harassment) upon the dependent variable (employment opportunities) as shown in Figure 1. Moreover, the theory of planned behavior (TPB) developed by Reference [21] posits that perhaps most obstetric fistula patients were unable to acquire gainful employment because of certain perceived

psychosocial obstacles identified in the previous literature. Consequently, the five (5) constructs proposed in this model (shown in Fig.1), were meant to elucidate the perceived obstacles to securing paid employment among obstetric fistula women in Sokoto, Kebbi, Katsina, Kano and Zamfara, north-west Nigeria.

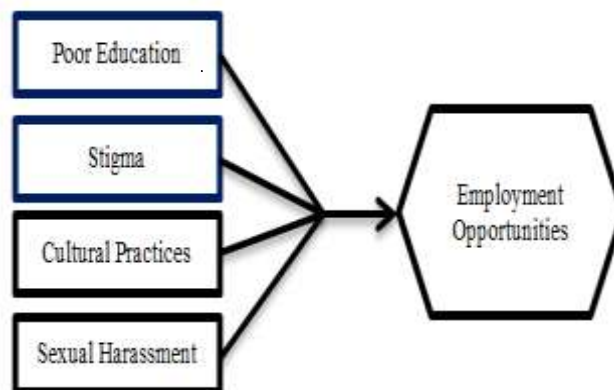


Fig. 1: Research Proposed Conceptual Model

IV. CONCLUSION

In conclusion, this study aimed at evaluating the constructs of psychosocial obstacles and employment opportunities among obstetric fistula patients in a comparatively new social context of Sokoto, Kebbi, Katsina, Kano, and Zamfara. In the meantime, this study has presented a conceptual model that could serve as a theory for reference to other researchers that wish to study the association between psychosocial obstacles and employment opportunity. Finally, if this proposed conceptual model becomes validated, its results will provide important contributions to literature, policymakers on health, and health practitioners such as nurses and midwives, doctors, and physiotherapists among others in formulating effective assessments for the overall benefit of civilization.

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REFERENCES

- [1]. Baker, D. K. (2009). Beyond women and economics: rereading “women’s work”. *Feminist approaches to social science*, 30(4), pp. 2189-2209. Retrieved from: <http://www.jstor.org/stable/10.1086/429261>
- [2]. Bohleder, P., Braathen, S. H., Swartz, L. & Eide, A. H. (2009). HIV/AIDS and disability in Southern Africa: a review of relevant literature. *Disability and Rehabilitation*, 31(1), pp.51-59. Retrieved from DOI: 10.1080/09638280802280585.
- [3]. Brown, P. (2013). The opportunity Trap: education and employment in a global economy. *European educational research journal*, 2(1), pp. 141-179. Retrieved from: DOI:10.23404/eej.2013.2.1.4
- [4]. Creswell, J. W. (2012). *Research design: Qualitative, quantitative, and mixed methods approaches* Sage publication, Lincoln.
- [5]. Dos-Santos, M., Kruger, P., Mellors, S. E., Wolvaardt, G. & Ryst, E. V. (2014). An exploratory survey measuring stigma and

- discrimination experienced by people living HIV/AIDS in South Africa: The people living with HIV stigma index. Dos Santos, et al., BMC public health, 14; 80 Retrieved from:<http://www.biomedcentral.com/1471-2458/14/80>
- [6]. Elos, S., Kariaineri, M., Kanste, O., Polkki, T., Utraine, K & Kyanngas, H. (2014) Qualitative content analysis, Sage journal, pp. 1-10, Doi: 10.1177/2158244014522633
- [7]. Griffin, G. (2005). Doing women studies: Employment opportunities, personal impact, consequences. Palgrave Macmillan, Newyork.
- [8]. Johnson, R. B. & Onwuegbuzie (2009). Mixed methods research: A research whose time hascome. Educational researcher, 33(7), pp. 14-26. DOI: 10.3102/0013189x033
- [9]. Kamrang, N. M. & Robinson, C. (2012). The global problem of gender inequality. The world post. Retrieved from:<http://www.huffingtonpost.com.world>
- [10]. Malpas, J., Donald, D. & Edward, N. (2012). The standard encyclopaedia of Philosophy, winter edition. Retrieved from <http://plato.stanford.edu/archives/win2012/wntries/davidson/>
- [11]. Mizck, L. S. & Russinova, Z. (2015). Intersectional stigma and the acceptance process of women with mental illness. Women and therapy, 38, PP. 14-30, DOI: 10.1080/02703149.2014.978211
- [12]. Mutambara, J., Mauganidze, L. & Muchichwa, P. (2013). Towards promotion of maternal health: The psychological impact of obstetric fistula on women in Zimbabwe. International journal of Asian social science, 3(1), pp. 229-239. Retrieved from:<http://www.aessweb.com/journal-detail.php?id=500?>
- [13]. Nigeria Update 24/7 (2015). Eight hundred thousand women affected by VVF in Nigeria. Retrieved from: <http://www.ngupdate.com/80000-women-affected-by-vvf.annually>
- [14]. Nosek, M. A., Howland, C. A., & Young, M. E (2012). Abuse of women with disabilities, journal of disability policy studies, 8(1&2), pp. 157-175. Retrieved from: DOI: 10.1177/104420739700800208
- [15]. Odu, B.K. & Clealand, J. (2013). The psycho-social consequences of vesicovaginal fistula among Women in northern Nigeria. Arabian Journal of Bussiness and Management Review (Nigerian chapter), 1(8), 1-14. Retrieved from: <http://www.arabianjbm.com/pdfs/NGVOL18/1.pdf>
- [16]. Odu, B. K. (2013). The Impact assessment of vesicovaginal fistula among women in developing countries: A case study of Northern Nigeria. International journal of academic research and reflection, 1(3), 1-7. Retrieved from: <http://www.idpublications.org/wp>
- [17]. Organization for Economic Corporation and Development (2014) Social institutions and gender index: Nigeria profile. Retrieved from:www.genderindex.org/countries
- [18]. Plummer, S.B. & Findley, P. A (2012). Women with disabilities' experience with physical and sexual abuse: Review of the literature and implications for the field. Trauma, violence, & abuse, 13(1), pp.15-29. DOI:10.1177/1524838011426014
- [19]. Prudence, P. M., Agana, A. A. & Beryl, P. F. (2013). Lived experiences of Ghanaian women with obstetric fistula. Health care for women international, 34, pp. 410-460. Retrieved from:DOI: 10.1080/07399332.2012755981
- [20]. Roush, K. Kurth, A., Hutchinson, M. K. & Devanter, N. V. (2012). Obstetric fistula: What about gender? Healthcare for women international, 33(9), pp. 787-798. DOI: 10.1080/07399332.2011.645964.
- [21]. Wall, L. L. (2012). Overcoming phase 1 delays: the critical components of obstetric fistula prevention programs in resource-poor countries. Wall BMC pregnancy and childbirth, 12(68), pp.1-13. Retrieved from:<http://www.biomedcentral.com>
- [22]. Woldeammanuel (2012). Factors contributing to the delay in seeking treatment for women with obstetric fistula in Ethiopia. A thesis submitted in accordance with the requirements for the degree of Masters of public health, university of South Africa. Retrieved from:www.uir.unisa.ac.za