A QUALITATIVE ANALYSIS OF FACTORS AFFECTING WOMEN'S ACCESS TO GENITAL FISTULA SURGERY IN WESTERN KENYA

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An interview-based investigation into the barriers women have faced when navigating the care-seeking process since the onset of a genital fistula.

INTRODUCTION

A combination of sociocultural circumstances and access to quality emergency obstetric care result in the development of genitourinary fistulas, and often those same circumstances influence women's subsequent access to fistula care.1 Fistulas have largely been eradicated in most of the world; however, we are interested in collecting and analyzing direct insight from patients into the lived experiences of seeking fistula care and their recommendations for improving access to care specifically in Western Kenya.2 Female genital fistula is prevalent in the Rift Valley region in Western Kenya, with lifetime prevalence of fistula-related symptoms among women of reproductive age 0.7%.1 Within this geography, several clinical care facilities are available that provide fistula repair2. Notable among these facilities is the dedicated Gynocare Fistula Centre located in Eldoret, Kenya, which provides free reconstructive fistula surgeries for all women who seek its services. However, in spite of the removal of financial barriers for care, there remain a complex network of sociocultural considerations which often discourage women from seeking care. The purpose of this study is to investigate how women's sociocultural, economic, and perceptions of healthcare systems contribute to the decision to seek treatment with the following specific aims:

METHODOLOGY

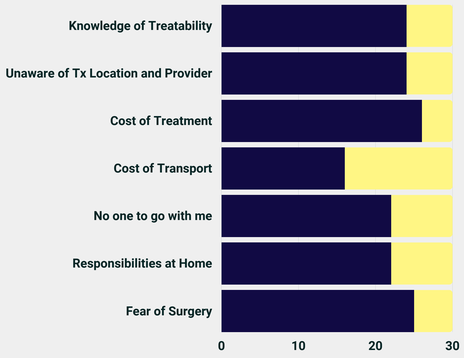
Participants were recruited at the Gynocare Fistula and Women's Hospital in Eldoret, Kenya. At the time of admission and confirmation of a fistula diagnosis, potential participants were approached by the research coordinator inviting them to participate in the study. Once participants agreed, they were taken through an informed consent process (or parental consent alongside minor assent process if the participant was a non-emancipated minor, particularly relevant to patients diagnosed with congenital forms of fistula).

This study was conducted in a two-part manner, beginning with the quantitative data collection through a sociodemographic survey followed by the Patient-Centered Care questionnaire developed by Afulani et al. Participants were taken through the quantitative data collection by a research assistant, who then proceeded into the qualitative interview conducted in Kiswahili. The interviews were recorded then transcribed in Kiswahili, which were then translated into English. In the event that the participant could not speak Kiswahili, the interview was conducted with an interpreter fluent in the participant's preferred language and Kiswahili.

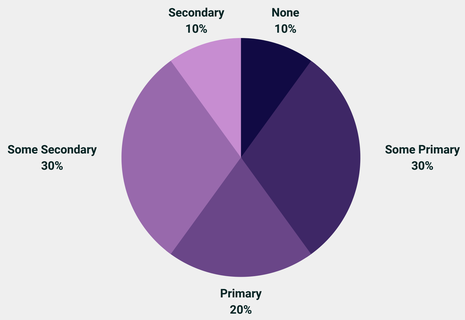
RESULTS/OBSERVATIONS

As the study remains ongoing, preliminary results provide demographic data of the study participants.

INDICATED BARRIERS TO SEEKING FISTULA CARE



SELF-REPORTED PARTICIPANT LEVEL OF EDUCATION



STUDY AIMS

Aim 1. To explore key socioeconomic, sociocultural, and infrastructural factors influencing women's fistula care access in western Kenya. We will conduct in-depth interviews among approximately 30 women who have undergone reconstructive fistula surgery at the Gynocare Fistula Centre in Eldoret, Kenya to understand their experience accessing fistula care. We will query women on their decision-making process, and the barriers and facilitators to fistula care they experienced across socioeconomic, sociocultural cultural, and infrastructural domains, and analyze these data thematically and using the social-ecological model and COM-B frameworks.

Aim 2. To investigate the influence of women's prior healthcare experiences in their care-seeking for fistula surgery. A quantitative survey will assess participants' most recent maternal health visit (if applicable) outside of Gynocare through the Person-Centered Maternity Care scale developed by Afulani et al.3 Within our in-depth interviews, we will seek to understand participants' previous experiences with the healthcare system and how this experience may have facilitated or hindered their fistula-related care-seeking. We will also seek to understand subjective norms through querying the healthcare perspectives of influential individuals (e.g. family members, friends, community).

Aim 3. To identify recommendations for improving patient mobilization and access to fistula surgery in western Kenya. Participants will be asked to provide their recommendations on what community-level interventions could better facilitate access to fistula care. The questions will incorporate a multi-level focus on the role of individuals (e.g., family, friends, community members), community or facility leadership, and on policies at the county or national level.

STUDY MEASURES

Table 1. Study Measures

Category	Measures	Questionnaire	Interview
Sociodemographic characteristics	Age, place of origin, household status, socioeconomic status, educational attainment, and languages spoken	X	
Decision-making factors	Identity of primary decision-maker, open-ended identification of challenges, social network		X
Perceptions of healthcare systems	Prior experience with healthcare, community perception of healthcare, personal perception of healthcare, how healthcare perception has changed since deciding to seek care at Gynocare	X	X
Recommendations for improving patient mobilization	What was done well in the home, in the community, and at the national level to support access to fistula surgery; what could be improved in the home, in the community, and at the national level to support access to fistula surgery		X

ANALYSIS

Measures from the sociodemographic questions will be described using means and standard deviations, frequencies and proportions. Data from the in-depth interviews will be coded and classified into meaningful categories and inductive and deductive themes building on our theoretical orientations of the social-ecological and COM-B frameworks.17 A codebook will be developed from the themes and will include a detailed description of each code and examples of the code in use. Codes will then be applied in Dedoose qualitative data analysis software and the coded data will be analyzed to describe the different dimensions and commonalities of each theme and the patterns and linkages between the themes.

CITATIONS

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