



Örebro University

Institution of health sciences

Experiences of non-pharmaceutical methods used in the
mending process:

The perspective of local nurses in Ethiopia working with obstetric fistulae

Upplevelser av icke-farmakologiska metoder använda i
läkningsprocessen:

Perspektiv från lokala sjuksköterskor som arbetar med obstetriska fistlar i Etiopen

Authors: Sophia Andersson and Elin Gustavsson

Autumn Term 2017

Examination candidate: *Bachelor, 15 p*

Main area: *Nursing programme, Nursing science*

The institution of health sciences, Örebro university.

Supervisor: Samal Al Gilani, Senior Lecturer, Örebro university

Examiner: Annica Kihlgren, Professor, Örebro university

ABSTRACT

Background: Obstetric fistulae (OF) is a childbirth injury caused by prolonged labour common in development countries. Only in Asia and sub-Saharan Africa, more than two million women suffer from an untreated OF. Research has been done regarding clinical treatment, but little is known about the non-pharmaceutical methods used and the experiences of them.

Aim: The aim of the study was to describe nurses' experiences of non-pharmaceutical methods used in the mending process of women suffering from obstetric fistulas after childbirth in Ethiopia.

Method: This study was an empirical qualitative research project with a descriptive design. The data was collected through semi-structured interviews and the material was analyzed using a qualitative content analysis. Participants were nurses working at a fistula hospital in Ethiopia.

Results: Five main categories were found when analyzing the interviews; areas of development, social interaction as a part of treatment, communications difficulties affecting treatment, non-pharmaceutical methods promote well-being and the equal value of pharmaceutical and non-pharmaceutical methods.

Conclusion: Non-pharmaceutical methods were experienced by the nurses to be effective, necessary and of great value in order for the women to achieve and regain health as a combination with the conventional medicine.

Keywords: Obstetric fistulae, nurses' experiences, non-pharmaceutical methods, Ethiopia

TABLE OF CONTENT

1. BACKGROUND.....	1
1.1. OBSTETRIC FISTULAE	1
1.2. INCIDENCE AND PREVALENCE	2
1.3. TREATMENT.....	3
1.4. THE NURSES' ROLE WHEN TREATING WOMEN WITH OF	4
1.5. HEALTH	5
1.6. DEFINITIONS	6
2. PROBLEM AREA	6
3. AIM.....	7
4. METHOD.....	7
4.1. SAMPLING STRATEGY	7
4.2. DATA COLLECTION	8
4.3. DATA ANALYSIS	8
5. ETHICAL CONSIDERATIONS	10
6. RESULTS.....	11
6.1. AREAS OF DEVELOPMENT.....	12
6.2. SOCIAL INTERACTION AS A PART OF TREATMENT	12
6.3. COMMUNICATION DIFFICULTIES AFFECTING TREATMENT	13
6.4. NON-PHARMACEUTICAL METHODS PROMOTE WELL-BEING.....	14
6.5. THE EQUAL VALUE OF PHARMACEUTICAL AND NON- PHARMACEUTICAL METHODS	15
6.6. RESULT CONCLUSION	15
7. DISCUSSION	15
7.1. METHOD DISCUSSION	15
7.2. RESULT DISCUSSION	18
8. CONCLUSIONS.....	20
9. CLINICAL SIGNIFICANCE AND FURTHER RESEARCH.....	21
10. ACKNOWLEDGEMENTS.....	22

REFERENCES

APPENDIX I: INFORMATION LETTER REHABILITATION MANAGER

APPENDIX II: INFORMATION LETTER PARTICIPANTS

APPENDIX III: LETTER OF CONSENT

APPENDIX IV: INTERVIEW GUIDE

APPENDIX V: DEFINITIONS OF WORDS USED IN THE INTERVIEWS

1. BACKGROUND

1.1. OBSTETRIC FISTULAE

Obstetric fistulae (OF) is one of the most serious childbirth injuries. It is a medical condition where an abnormal hole in the birth canal is created caused by obstetric labour (World Health Organization [WHO], 2014; Mocumbi et al., 2017). The injury is a result of when the unborn baby's head puts pressure on the mother's pelvic in prolonged labour over many hours or days. This can lead to death of tissue and an abnormal opening between the birth canal, the bladder and/or the rectum. (Husain et al., 2005) If the mother survives the obstetric labour and do not die of exhaustion or a ruptured uterus in the unrelieved obstruction (Wall, 2006), it usually ends up in a stillbirth as a following traumatic experience for the woman (Hamlin Fistula Ethiopia, 2016b). Patients suffering from OF are described as survivors and it is important to understand the full impact of the damage to the physical and mental well-being of the patient. The patient is suffering from more than a hole in the bladder, her whole person is damaged, including her physical, emotional and spiritual being (Hancock, 2009).

A patient suffering from an OF may encounter a broad range of injuries. They leave women leaking urine, faeces or both, and often leads to chronic medical problems, social isolation, depression and deepening poverty (United Nations Population Fund, 2017). The most common types of OF are vesico-vaginal fistula (VVF) and recto-vaginal fistula (RVF) (Egziabher, Ngoga, Karenzi & Kateera, 2015). VVF means that due to ischemic necrosis, a fistula is created between some part of the genital tract and the bladder causing urine incontinence. RVF means that there is a connection between the genital tract and the rectum, causing faeces leakage. RVF usually coexist with a severe case of VVF (Hancock, 2009). Genital tract injuries are when the tissues of the vagina, cervix and sometimes even the uterus may be destroyed due to the ischemic process of a prolonged labour (Harrison, 2005). It is also common for the patients to suffer from nerve compression damage, usually to the lumbo-sacral nerves that can lead to neurological dysfunction, for example foot drop (Thomson, 2007). Contractures, especially lower limb contractures are also a common phenomenon, because many of the women try to stop the flow of urine and/or faeces through curling up with their legs together. They may stay in this position for months or even years that leads to diffuse contractures (Hancock, 2009).

Mental health issues, especially severe depression is very common among OF patients' due to the combination of social factors and physical health problems (Coombes, 2004; Semere & Nour, 2008; Goh, Sloane, Krause, Browning & Akhter, 2005; Watt et al., 2017). In Ethiopia, women with OF who suffer from depression and neglect have a much higher risk of malnutrition (Hancock, 2009). Severe social stigmatization also often follows women with OF due to the perception of uncleanness, smell, infertility and a mistaken assumption of it being a sexual transmitted disease (Hamlin Fistula Ethiopia, 2016a). Stigmatization may also cause a feeling of shame, worthlessness, isolation and abandonment (Changole, Combs Thorsen & Kafulafula, 2017). Due to the ongoing physical health issues, social stigma and severe emotional health issues following the condition, most marriages are not coping. This leaving the women with OF to be viewed upon as unproductive outcast where the woman, her family and the society are suffering (Gharoro & Agholor, 2009; Hamlin Fistula Ethiopia, 2016a; Degge, Hayter & Laurenson, 2017).

1.2. INCIDENCE AND PREVALENCE

Due to the fact that high-quality medical care is available throughout the developed world, unrepaired OF are virtually non-existent in developed countries (Ng'ang'a, 2006; Roush, 2009). It is estimated that only in Asia and sub-Saharan Africa, more than two million young women suffer from an untreated OF. OF are shown to have a higher prevalence in rural areas (Singh, Thakur, Chandhiok, Singh & Dhillon, 2017). This where poverty is characterizing everyday life and where a woman's self-esteem and worth are depending on her ability to bear children and marriage (WHO, 2014). A large number of papers have been published from a variety of countries around the world showing that there is a distinct relationship between poor or absent medical care, social conditions and OF. Women with OF are indicators of the failure of health systems to deliver much needed maternal health care (WHO, 2006; Désalliers, Paré, Kouraogo & Corcos, 2017). According to Adler, Ronsmans, Calvert & Filippi (2013) there are few reliable estimates of the number of women affected by OF, due to the geographical areas where most cases occur. Even so, according to WHO (2014), it is estimated that between 50 000 to 100 000 women worldwide develop OF every year. Ethiopia, particularly in the rural areas, has one of the highest numbers of maternal death and disability in Africa. In difficult locations and in the dry, arid desert areas in Ethiopia, more than millions of women are suffering from OF. In those rural areas due to the tough terrain, providing maternal health care is a challenge (Hamlin fistula Ethiopia, 2016a).

1.3. TREATMENT

In the presence of an OF, a careful and thorough diagnostic evaluation must come before proceeding with treatment (Hilton, 2003). The options for treatment of an OF is either done with surgery and/or with different non-invasive methods. The majority of the patients can be physically cured by the use of appropriate and skilled surgical interventions. The goal with the surgery is to close the fistula and make the woman continent again and therefor resume an active and full life. As of today, there is no recognized surgical technique to repair a fistula due to the limited funds regarding research of optimal surgical methods. Therefor many surgeons are self-taught and have developed their own techniques and protocols (WHO, 2006).

Adefris et al. (2017) concludes that a large number of women suffering from OF delay seeking treatment from fear of disclosure due to social stigma, the financial constraints and that they have no one to support and encourage them. Cichowitz, Watt, Mchome and Masenga (2017) says that other factors causing delay are also the identification and the reach to a medical facility with adequate treatment options. WHO (2006) estimates that if a woman instead were to seek treatment directly after or within a few days of delivery, around 15-20 percent of simple or small fistulae could spontaneously close with help from conservative methods. These non-invasive or conservative methods include among others a gynecological examination as soon as possible after delivery and the usage of a catheter to enable free drainage of urine. It is also important to encourage the woman to drink large amounts of fluids and to thoroughly cleanse the vagina and perineum on a daily basis. This to enable the fistula to close (WHO, 2006).

Surgical repair alone may go a long way in helping women return to a normal lifestyle, but is usually not enough so rehabilitation in some form is always included in the treatment of an OF. Rehabilitation also involves helping the women with social reintegration back to their societies (WHO, 2006). The goal with treatment and rehabilitation is to reduce symptoms and suffering as well as teaching the patient to conquer situations that affects their everyday life (Skärsäter, 2014). Rehabilitation interventions that currently exist include physiotherapy, training in basic literacy, different handicrafts, social reintegration, education, provision of new clothes and emotional, psychological and economic support. Most of the rehabilitation interventions used are non-pharmaceutical methods (Hancock, 2009; WHO, 2006). Non-pharmaceutical methods refer to the use of different therapies that is not related to medicinal

drugs, nor the preparation or use of it within healthcare (<http://en.oxforddictionaries.com>). Non-pharmaceutical methods are many, varied and include complementary, alternative and integrative interventions. Examples of different methods are massage, distraction, music therapy, acupressure, prayer and deep breathing exercises amongst many (<http://www.nccih.nih.gov>). Massage can be adapted to the circumstances of the given situation and can be used to offer comfort to the patient. Touch is a vital part of communication and care can promote a relaxing and therapeutic environment for the patient (Horrigan, 2001). Music is also a recreational and occupational therapy that can be used in the attempt to achieve improvements in well-being, health and happiness since research has showed that music can have positive physical and psychological effects (Rittenmeyer, 2015). Music as therapy can be informally or formally used by healthcare professionals, patients and civilians but music therapy can only be performed by a qualified music therapist (Biley, 2001). To be afflicted by disease or illness can cause a spiritual crisis due to the confrontation with one's own mortality. Because of this, healthcare has begun to acknowledge the correlation between spirituality, faith, prayer and religious commitment when promoting health and reducing illness (Fontaine, 2015). Other non-pharmaceutical methods may also involve social, psychological, behavioral, educational and lifestyle interventions (ADHD Institute, 2017).

1.4. THE NURSES' ROLE WHEN TREATING WOMEN WITH OF

A part of the nurses' role is to promote health and prevent ill health by supporting health habits alleviating suffering and preventing discomfort and lack of well-being in the patient (Swedish Society of Nursing, 2011). The nurse acts as an expert of caring in the close encounter and collaboration with the patient whom possesses the knowledge of their own recourses important for the mending process. The aim of professional support is to offer tools to take control over the factors that are beneficiary to health. People who become somatically or psychologically ill may experience anxiety, stress and depression. This means that the nurses have to use all their knowledge and experiences in order to meet the patients' perception and emotions of the given situation (Skärsäter, 2014). The nurse's job description includes providing physical care and promote health and wellness as a way of contributing to different aspects of society as well as the women with OF. The nurses are also key figures in a multi-professional team that possess the ability to affect the occurrence of fistulae. This since they spread awareness about the importance of seeking care, educate the women about OF and ensure access to emergent obstetric care (Ng'ang'a, N, 2006).

1.5. HEALTH

According to Willman (2014) the thought of health is connected to religious, economic, political, philosophic, cultural and ethical values as well as the mindset. Therefore, health is a definition with endless variation. WHO (2017) states that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It is a fundamental right for every human being to be able to enjoy the highest attainable standard of health regardless of race, political belief, religion social or economic condition. They also state that the government have a responsibility for the health of their people by providing social measures, adequate health care and promoting and protecting health is of value to all. This since health of all people is fundamental in order to achieve peace and security in the society (WHO, 2017). Understanding people by addressing the factors that affects them in all situations, is the philosophy that holism stands for (Selimen & Andsoy, 2011). Within the humanistic and holistic perspective, the human is to be viewed as a wholeness, including the body, soul and spirit where focus does not lie upon the separate parts (Swedish Society of Nursing, 2011). Health is related to the entire human being and is shaped by her experiences, wellbeing, sense of meaning and belonging (Willman, 2014). A person will achieve a healthier and more satisfying life when there is a balance of the body, mind and spirit. This balance is obtained when it harmonizes with the patients' beliefs, attitudes, thoughts, feelings and culture (Selimen & Andsoy, 2011).

Health within the holistic perspective is viewed upon as more than the absence of illness and is a subjective experience related to the individual and his/her goals in life (Swedish Society of Nursing, 2008). Integrating the physical, emotional and psychological needs with a persons' cultural and social beliefs is what holistic nursing rests upon (Selimen & Andsoy, 2011). Florence Nightingale has a noble legacy of improving health for the poor and pioneered a social reform to provide quality health care for all people (Ng'ang'a, N, 2006). She was a spokesperson who stressed the importance of acknowledging both internal and external factors in the mending process of patients (Koopsen & Young, 2009). She also meant that a holistic approach on health is based upon love and empathy, and talked about the importance of unity and the interrelations of human and the environment (Selimen & Andsoy, 2011). A person's health is an individual definition dependent on how she works as a whole; physically, mentally and socially (Brülde & Tengland, 2011).

1.6. DEFINITIONS

Holistic → Treating the whole person rather than just the physical symptoms of a disease

Rehabilitation → Restore to health or normal life by training and therapy.

Pharmaceutical → relates to medicinal drugs or the preparation or use of it

Mending process → A process to restore or improve in health or in a condition

Non-pharmaceutical methods → Refers to the use of other methods within the hospital to mend the women that does not have main focus on medical drugs, neither the preparation nor use of it.

The definitions are inspired by Concise Oxford English Dictionary (Stevenson & Waite, 2011).

2. PROBLEM AREA

Research illustrates that OF is a problem that mainly occurs in the rural areas in development countries. This where there is an inadequate or absent medical care to provide for the women giving birth. In developed countries, the progress regarding proper healthcare and maternity care has come a long way, making OF a close to extinct problem. Research focusing on the clinical side of the condition has been conducted, but close to non-existing research has been done through the nurses' perspective. Therefor there is a lack of knowledge regarding the nurses' experiences of the phenomenon. Research concerning treatment, social aspects and different methods used from a health science perspective is also inadequate. It is well known that OF is not a problem only affecting the woman physically but also mentally, socially and spiritually. Since the nurses are working in close relation with the women throughout the mending process, there is a significance in studying their experiences of the used methods. The nurses possess firsthand knowledge regarding the methods and are key figures knowing about the strengths and weaknesses of them, which is important for the improvement work of the methods used to treat OF.

3. AIM

The aim was to describe nurses' experiences of non-pharmaceutical methods used in the mending process of women suffering from obstetric fistulas after childbirth in Ethiopia.

4. METHOD

This study was an empirical qualitative research project with a descriptive design. The data was collected through semi-structured interviews that were recorded and transcribed.

The material was analyzed using a qualitative content analysis (Graneheim & Lundman, 2004).

4.1. SAMPLING STRATEGY

The study was planned to include four to ten nurses working with non-pharmaceutical methods used in the mending process of women suffering from OF in Ethiopia. A dialogue was opened with the rehabilitation manager and a head nurse regarding suitable nurses to interview for the study that were involved in different parts of the perioperative care. A discussion regarding the need for a translator was also opened, where they both expressed that they did not believe that a translator attending during the interviews would be required. At the meeting with the rehabilitation manager, an information letter was given and signed, approving to proceed with the interviews (*see appendix I*).

Selection of participants was determined on site, chosen by convenient sampling (Kristensson, 2014). Inclusion criteria were that the participants had to be registered general nurses and exclusion criteria were less than six months of employment at the hospital and if translator was needed to carry out a conversation. All together there were ten nurses working clinically with the patients. Three nurses were selected at the rehabilitation center and another four nurses were selected at the main hospital, all being a part of the mending process but with different areas of expertise. All the nurses asked to participate gave their consent to be part of the study. In total one stoma nurse, one psychiatric nurse, one urodynamic nurse, one physiotherapeutic nurse and three general nurses working with different areas of rehabilitation were asked to participate. All agreed after receiving information letter (*see appendix II*) and the letter of consent (*see appendix III*) were thereafter signed in connection with the interviews. The nurses participating had between two and eleven years of working experience at the hospital. Some nurses also had specialized education in different work fields added after completed general nurse education.

4.2. DATA COLLECTION

With assistance from the rehabilitation manager, contact with responsible personnel was established. Information regarding the study was given and a meeting with the first nurses to interview was scheduled. Individual interviews were chosen as data collection. Four interviews were held at an obstetric fistula hospital and three interviews were held at the hospital's rehabilitation center in Ethiopia. The participants were given the opportunity to choose the exact location and time for the interviews most convenient for them. They all chose for the interviews to take place at their offices. The design of the interviews was semi-structured, an interview guide was used (*see appendix IV*) and the interviews were also audio recorded. Before proceeding with the interviews, a paper with definitions (*see appendix V*) and the meaning of words used within the interview guide was given to the participants. One of the authors held the interviews and the other author attended as an observer and took notes during the interview. All interviews lasted between 15 to 35 minutes and were transcribed verbatim by the authors together.

4.3. DATA ANALYSIS

A qualitative content analysis inspired by Graneheim and Lundman (2004) was used to process the transcribed interviews. All transcribed interviews were first read thoroughly separately by the authors to obtain a sense of the whole of the text to thereafter be discussed regarding interpretations and impressions. The next step in the analysis process was based on the authors together creating meaning units with words, paragraphs or sentences containing aspects related to each other through either their context and/or content (Graneheim & Lundman, 2004). The meaning units were then coded, still preserving the core of the data. The authors first coded one interview to then discuss, this as a way of ensuring that the coded text was compiled to answer the aim of the study. The remaining interviews then followed the procedure of being coded. A phase of abstraction thereafter followed the analysis process and the categories and subcategories were created. The categories were shaped by identifying patterns, parities and disparities was made by the authors together. In the end of the analysis process the interviews again were thoroughly read through with the codes, subcategories and the main categories that the authors had identified, in mind (Graneheim & Lundman, 2004).

Figure 1: Examples of the analysis process from meaning units to categories

Interview number	MEANING UNIT	CODE	SUBCATEGORY	CATEGORY
5	Some of them, they are totally in bed so for them it is good to add some other additional training, any type of training	For the bedridden another additional training would be good	Methodological difficulties	Areas of development
6	I am just joking with them friendly, like they forget the pain and they didn't ask for medication so it's having power	Friendly interaction is powerful, makes them forget the pain and they don't ask for medication	The power of interaction	Social interaction as a part of treatment
4	When they go to the hospital they expect to get medication and these non-pharmaceutical things are less beneficiary, a few of them might not even stick to the things that you tell	They expect medication, some might not stick to the non-pharmaceutical methods because of misbelief	A strong belief in medication	Communication difficulties affecting treatment
6	I prefer this method to avoid drugs because of the drug side effects ...//... without medication, with simple methods they feel good, they relax, enjoying and they forget the pain	Simple non-pharmaceutical methods make them enjoy, forget the pain and there are no drug side effects	Positive distraction by occupational methods	Non-pharmaceutical methods promote wellbeing

5. ETHICAL CONSIDERATIONS

The Declaration of Helsinki contains established guidelines that guarantee the ethical safety of the participants (World Medical Association, 2013). During the research process, all contact with the participants was based on the ethical guidelines that the declaration states: the right to freedom from harm and discomfort, the right to protection from exploitation, the right to self-determination and the right to full disclosure. The participants were guaranteed that personal information and data would be handled confidentially. The integrity and confidentiality of the participants were during the study respected. By being sensitive to any linguistic or/and cultural diversity, the time needed for the participants to feel comfortable and respected was given. Since the hospital does not have an ethical committee, the research was ethically granted by Örebro University before departure to Ethiopia. This to assure the participants safety and emphasize that the ethical guidelines were taken into consideration at all times.

6. RESULTS

The authors chose to use *mending process* as an umbrella term that includes rehabilitation. The term *non-pharmaceutical methods* were also used as an umbrella term including complementary and integrative methods. *Mending process* in this candidate thesis involved the perioperative care of the women suffering from OF in Ethiopia. The analysis of the interviews led to the identification of five main categories with twelve subcategories, all describing the nurses' experiences of the non-pharmaceutical methods used in the mending process of women suffering from OF. An overview of the results is shown in Figure 2 and the result will be presented through the main categories.

Figure 2: Schematic picture of results showing the main- and subcategories

CATEGORIES	SUBCATEGORIES
AREAS OF DEVELOPMENT	<ul style="list-style-type: none"> → METHODOLOGICAL DIFFICULTIES → EXPRESSED NEED FOR MORE KNOWLEDGE
SOCIAL INTERACTION AS A PART OF TREATMENT	<ul style="list-style-type: none"> → THE POWER OF INTERACTION → COUNSELING AS A MOTIVATIONAL TOOL → THE IMPORTANCE OF INFORMATION PROCESSING → SOCIOECONOMIC CHALLENGES
COMMUNICATION DIFFICULTIES AFFECTING TREATMENT	<ul style="list-style-type: none"> → LANGUAGE BARRIER → A STRONG BELIEF IN MEDICATION → THE IMPORTANCE OF INFORMATION PROCESSING → SOCIOECONOMIC CHALLENGES
NON-PHARMACEUTICAL METHODS PROMOTE WELLBEING	<ul style="list-style-type: none"> → POSITIVE DISTRACTION BY OCCUPATIONAL METHODS → PATIENT SATISFACTION
THE EQUAL VALUE OF PHARMACEUTICAL AND NON-PHARMACEUTICAL METHODS	<ul style="list-style-type: none"> → THE NEED FOR BOTH MEDICINE AND NON-PHARMACEUTICAL METHODS

6.1. AREAS OF DEVELOPMENT

Several of the nurses experienced that there were factors that inhibited the use of the non-pharmaceutical methods, for example some expressed the need for more materials for the patients to work with. Some felt that there was a need for additional methods adjusted for the bedridden patients. A few nurses also experienced that they did not have enough time to develop and use recreational therapies even though they acknowledged the value of using them.

“We know very well that this kind of recreational therapy as needed, we know, but we have no time” (Interview seven).

Some nurses experienced that they had the knowledge to sufficiently help the patients, but that they had a desire for more training and knowledge. Their experience was that they could only help as much as their knowledge and because of their passion for nursing, the patients and their specific field they would like to acquire more knowledge concerning the non-pharmaceutical methods.

“If I have more knowledge I will help them, I am helping them with my knowledge but I want to excel more and more and if I got that chance I am happy” (Interview one).

6.2. SOCIAL INTERACTION AS A PART OF TREATMENT

A reoccurring theme was the experienced importance and the strength of social interaction in the mending process, both between the nurse and the patient but also between the patients. The nurses' experiences were that friendly interaction and conversation let the patients ventilate their experiences which created trust, joy and also had the possibility to change their psychological issues.

“When you are talking with them friendly and joking, playing, they are believing you, they are forgetting the thing that that makes them sadness and they become happy” (Interview six).

The nurses experienced that counseling was used both informally and formally as a way of encouraging and strengthening the women.

“Before getting the counseling service they think they are dependent, they are useless, just after a treatment or after the counseling they become cope by their own selves” (Interview two).

Their experiences were that counseling and advising the women was useful, good, giving them hope and tools to change and handle their lives.

On arrival at the hospital, most of the women are viewed upon as outcasts in their societies due to the smell and the physical restraint from the fistula. Because of this many of the women dislike their bodies. During the interviews, the nurses stated that they use themselves as tools to manually treat the women through physical touch, for example during massage, which they experienced had a psychological support. They also felt that the physical touch was a strength of the non-pharmaceutical methods used in the mending process of the women.

“Because you are contacting the patient, you touch the patient, you do the exercise so it also has a psychological support” (Interview three).

6.3. COMMUNICATION DIFFICULTIES AFFECTING TREATMENT

The majority of nurses experienced a language barrier and described how it affected the treatment and the use of the non-pharmaceutical methods. They also mentioned that illiteracy and poor understanding level among the women was a challenge, even though they try to speak by the patients' native language.

“They are illiterates, they have poor understanding level so this language and poor understanding levels is our challenge” (Interview two).

To enable for the patients to fully understand, the need for a translator was common and some of the nurses experienced this as an obstacle when establishing a relation with the patient.

Many nurses experienced that the patients had more trust in medicine than in the non-pharmaceutical methods because of a strong influence of culture and lack of knowledge. Several nurses also experienced a challenge in convincing the patients to accept the non-pharmaceutical methods due to misbelief and lack of knowledge regarding how the methods worked. Because of that, they also felt that the compliance to the treatment were affected.

“If you give them medications they think you treat them, these non-pharmalogical [sic] managements might not be you know beneficiary by their own thinking, it’s just a cultural thing, when they go to the hospital they expect to get medication” (Interview four).

Even though the patients received information regarding drug side effects and the benefits of using the non-pharmaceutical methods, they sometimes still preferred medicine. The nurses felt that this was an obstacle in the use of the non-pharmaceutical methods.

The nurses spoke about their experiences and the importance of using different techniques to explain and giving the women time to process information because they are illiterate, have a language barrier and poor understanding level. This since the women undergoing treatment for the fistula find themselves in a new setting and environment, also receiving extensive information about their condition and having to make life altering decisions.

“I am giving time for them for decision, I don’t want to hurry them, you should think about it, better to see the advantage and disadvantage and you can decide” (Interview one).

6.4. NON-PHARMACEUTICAL METHODS PROMOTE WELL-BEING

The nurses stated that by simple means, the patients get occupied and shift focus from the illness and pain. They mean that the recreational therapies, for example handicraft, is a non-pharmaceutical method that occupies their mind that also can generate an income for the women. The nurses also felt that different types of recreational and occupational therapies were effective and good for the patients. All the nurses experienced that the non-pharmaceutical methods brought joy and happiness to the patients.

“Without medication, with simple methods they feel good, they relax, enjoying and they forget the pain” (Interview six).

Different type of methods such as counseling, recreational therapies and arranged out of compound activities made the women enjoy themselves. The nurses also experienced that these methods were good and fulfilled a purpose in the mending process of the women.

6.5. THE EQUAL VALUE OF PHARMACEUTICAL AND NON-PHARMACEUTICAL METHODS

A common opinion among the nurses were that there was a need for both pharmaceutical and non-pharmaceutical methods when treating women with OF.

“Treating the patients with medications and treating patients without medications have got equal values depending on the case” (Interview four).

They stated that there is an important balance between the use of them both and some aspects of the problem with OF require medicine, while others do not.

6.6. RESULT CONCLUSION

An overview of the result showed that the nurses experienced the need for both pharmaceutical and non-pharmaceutical methods in order to provide satisfying health care. They stated that they found it challenging to use the methods due to social, cultural, educational and linguistic factors amongst the women. Even so, they found the non-pharmaceutical methods to be of great value and importance when treating women with OF. The nurses experienced that with simple methods, they could bring great joy and meaning to the patients.

7. DISCUSSION

7.1. METHOD DISCUSSION

Kristensson (2014) explains that in comparison to quantitative research, a qualitative approach does not aim to quantify or standardize the result. Instead the focus lies upon the human experience and her thoughts, interpretations and individual perception regarding a phenomenon. Qualitative research has a holistic perspective on the human and a belief that everything needs to be viewed in its' context. We believe that this design was appropriate in order to answer the aim of the study.

The chosen sampling strategy was convenient sampling since an appropriate number of participants was recruited quickly enabling data collection to proceed, optimal for the limited timeline given to collect the data and the size of the study. Kristensson (2014) means that there is a risk of less variated data when using convenient sampling since all participants are chosen from the same context. The authors believe that the study achieved sufficient variation

with the aim in consideration since the participants worked in different areas but still in the same context.

Since the rehabilitation manager was of help in the process of finding suitable nurses for the study, it is acknowledged that this could have posed an ethical dilemma for the participants. It may have caused the participants to feel obligated to agree to the study because the manager was involved and had already approved for the study to proceed. Another ethical aspect was that the study was conducted at the center where the nurses worked, which also may have caused the participants to feel pressured to give their consent because of loyalty towards the employer.

The authors believe that the number of participants available does not decrease the credibility of this study since all participants of the study were carefully chosen in the hope of shedding light on the research question from a variety of aspects (Graneheim & Lundman, 2004). They were chosen from various areas of expertise, with a difference in ages, previous work experiences and perspectives providing a richer variation of the studied phenomenon. Since there were only ten nurses available at the hospital, and three were excluded, the authors reckon that the remaining seven nurses asked to participate might have felt pressured in to partaking in the study.

To facilitate transferability, the authors tried to provide a clear description of the participants, the context and how the data was collected and analyzed. To further enhance the transferability and confirmability, quotations and a detailed presentation of the findings were given (Graneheim & Lundman, 2004; Kristensson, 2014).

Before proceeding with the interviews, a discussion regarding the need for a translator was opened with the rehabilitation manager and the head nurse at the hospital. They both expressed that they did not believe that there would be a need for a translator to attend during the interviews. After meeting with the participants and giving them the information letter, a choice was made to proceed with the interviews without a translator. This was based on a judgement that the participants possessed adequate skills in the English language.

In that decision, taken in to consideration was the social and economic difficulties in finding translators for every language natively spoken by the participants. Different translators would also have complicated the transcription of the interviews. The choice to proceed without a translator was an attempt to obtain a relaxed and natural dialogue without a third party

involved in the conversation. Data collection was done during individual interviews, both in respect of the participants and to be able to answer the aim of the study. This also since transcription of group interviews would be too complicated and time consuming due to the size of the study. Semi-structured interviews were used to give the participant the opportunity to speak freely, giving more depth and trustworthiness to the study and still enable us as interviewers to obtain the information needed to cover our questions. The use of the interview guide was also a way of strengthening the study's dependability (Kristensson, 2014). Even so, some of the participants required clarification regarding a few of the questions, thus causing the continuity of the interview guide to be affected. Though the participants managed to express themselves in the English language, we want to acknowledge that the data collection might have been affected if the participants were given a chance to speak in their own language.

Due to the design of the study, the use of the interview guide was a helpful tool since it gave the authors the opportunity to follow a clear structure and still maintain an open dialogue with the participants. Graneheim and Lundman (2004) talks about the importance of questioning the same areas for all the participants. This to strengthen the dependability of the study. Due to the use of English as a secondary language among the participants, there was a need to explain some of the words used in the questions despite the use of a paper with definitions. Because of this, the authors explained with different words making it a possible weakness, even though the same areas of questions were asked.

Kristensson (2014) states that in order to make a good interview, the interviewers need to be open minded, neutral in the conversation, avoid closed or leading questions and only ask one question at the time. The authors had before going in to this study no previous experience of interviewing. This could be a potential weakness because of some beginner mistakes that were made, such as having difficulties remaining neutral in the conversation and asking a few closed questions. Even so, as the process continued the authors improved the art of interviewing.

Husserl (1995) says that the researchers must put their pre-understanding aside in order to reach the true nature of the phenomenon they are describing. The aim is to be as open as possible regarding the phenomenon (Dahlberg, 1993). Through acknowledging the existence of the authors prejudice and pre-understanding, the intent was to actively put them aside in

order for the interviews and the analytical process to reflect the participants side of the phenomenon. Since the interviews were held closely after arrival, the authors believe that the impact of our preunderstanding of the phenomenon during the data collection process were minimized. Kristensson (2014) describes that trustworthiness within a qualitative study only can be created when the researcher is interacting with the participants in their natural setting due to the developed deeper understanding. Interviewing and observing during a period of time evolves a process giving new insights of the phenomenon (Graneheim & Lundman, 2004). The authors believe that the trustworthiness of this study is being strengthened by the fact that eight weeks were spent in Ethiopia. While being in the natural setting of both patients and nurses, participating in the daily routines and witnessing the mending process of these women, this helped to create a deeper understanding for the phenomenon. The new insights regarding the phenomenon were found to be helpful in the analytical process. We acknowledge that if the interviews were held later during the visit, the insights regarding the natural setting might have been beneficial in asking more adequate follow-up questions to answer the aim of the study.

According to Graneheim and Lundman (2004) there is always some extent of interpretation when approaching a text and that it is an essential issue when discussing trustworthiness in qualitative studies. In order to decrease the impact of the authors pre-understanding, researcher triangulation was used. This means that the data was first read through separately to then be discussed by the authors regarding the overall impressions and interpretation. Having one of the authors in a mainly observing position gave another point of view to the collected data which also increases the credibility of the study. This since there is a value in having an open dialogue, discussing the different realities and subjective interpretations among co-researchers (Graneheim & Lundman, 2004).

7.2. RESULT DISCUSSION

The result showed that in general, the nurses experienced the non-pharmaceutical methods valuable, effective and necessary in the treatment of women suffering from OF. This to enable for health to be regained amongst the women, since health is not only the absence of illness but the complete physical, social and mental well-being (WHO, 2017). The non-pharmaceutical methods, mentioned by the nurses during the interviews were; informal and formal counseling, massage and different types of recreational therapies including handicrafts. Education and empowering lectures also appeared to be a big part of the all nurses work tasks,

regardless of their work field.

One of the main categories created was communication difficulties affecting treatment. Knowledge regarding the treatment and the non-pharmaceutical methods revealed to be poor amongst the women. This was an experience shared by many of the nurses. They believed that the lack of knowledge was due to illiteracy, poor understanding level, rural living and their cultural and social context. Their experiences are being strengthened by studies showing that the characteristics of OF patients are usually uneducated and poor women, often from a rural area that because of culture has been married away early (Melah et al., 2009; Tebeu, de Bernis, Doh, Roachat & Delvaux, 2009).

WHO (2017) states that it is a fundamental right for every human being to be able to enjoy the highest attainable standard of health regardless of race, political belief, religion social or economic condition. Selimen & Andsoy (2011) means that it is of great significance to integrate the physical, psychological and emotional need with a persons' social and cultural beliefs to achieve health, this with a holistic approach. A challenging part of nursing is to create and adapt interventions and methods that takes the patients personal needs and ability to adapt in to consideration (Langius-Eklöf & Sundberg, 2014). The nurses' acknowledged the importance of meeting every patients' need and that treatment should be customized to their individual cultural and social context. Due to the complications of the fistula, many of the patients had been divorced and treated like an outcast of the society and their culture (Lewis, Wall, Karshima, Kirschner & Arrowsmith, 2004). The nurses found it challenging to customize the care due to the many native languages and cultures present among the patients and according to Selimen and Andsoy (2011) the interrelations of humans plays a vital part in order for a person to achieve health.

The result showed that education and lectures was also a big part of the different non-pharmaceutical methods used in mending the women with OF. The authors experienced that the focus lied equally upon the physical healing as well as the psychological and spiritual healing. Therefor the education focused a lot on giving the women tools to manage their lives which is a major part in preventive work. Zacharin (1988) stated that this is the long-term solution in preventing OF, to educate patients, relatives, husbands and influential people at the villages. Education and prevention is a part of health promotion on a societal level and the government have a responsibility in providing these measures in order to promote and protect health amongst the people (WHO, 2017). The foundation in health promotion involves

empowerment, equality, co-operation, participation in the society, autonomy, mutual caring and shared responsibility (WHO, 1984).

Social interaction as a part of treatment was another category that the authors found of great interest since many nurses stressed the importance of social encounters when treating women with OF. In a study conducted by Dennis et al. (2016), they concluded that there is a correlation between meaningful social interaction and support and the mental well-being amongst the women suffering from OF. Women that experience a higher level of social, emotional and affectionate support are less likely to report feelings of depression and low self-esteem. According to Willman (2014), the entire human and her perception of health is being affected by her sense of meaning, belonging and wellbeing. Holistic healing means that focus does not lie upon healing just one part of a whole, but to see how the body, mind and spirit is affected by a condition or illness. The nurses reported that they really acknowledged the women and were sensitive to their mental health as well as their physical. WHO (2006) states that women suffering from OF requires a holistic approach to their care in order for them to be able to adjust to their new circumstances of life and achieve health. This holistic approach on health to treat women with OF includes interventions that goes far beyond the initial medical treatment. Therefor social interaction, support, acknowledgment and counseling both formally and informally, plays a key part in treatment. The authors as well as the International Women's Health Coalition (2013) believe that engaging a holistic approach to health care for women in need of sexual and reproductive health services is of great importance internationally. This since such an approach would allow for focus to lie upon interventions, both pharmaceutical and non-pharmaceutical, needed for prevention and treatment as well as different contextual factors that can affect women's health and their barriers to seek care.

8. CONCLUSION

The conclusion is that according to the nurses, the non-pharmaceutical methods are experienced to be good, effective and valuable in the mending process of women suffering from OF. The study has hopefully raised the awareness amongst the nurses regarding the importance of using the non-pharmaceutical methods to be able to provide an extensive care for the women and to optimize for healing to proceed. It has also shown that there is great worth in continuing to work with preventive and communicational development in order for the use of the non-pharmaceutical methods to be more easily implemented within the holistic treatment of OF.

9. CLINICAL SIGNIFICANCE AND FURTHER RESEARCH

Since OF still is a commonly occurring condition in development countries, the authors believe that by continuing to focus on and involve the non-pharmaceutical methods which also include preventive measures, the occurrence of OF may be reduced. The holistic approach that characterizes the non-pharmaceutical methods are not only helpful for the women, but also for the society. This because the methods are usually cost effective, require less recourses than conventional medicine and have no side effects. They also create happiness and trust towards health care and stimulates for creative expressions amongst the patients. Considering the positive effects of non-pharmaceutical methods previously mentioned, the authors also believe that the methods could be effectively used in countries where conventional medicine usually is the first-hand choice of treatment. Non-pharmaceutical methods are to some extent being used all over the world, so there is a clinical significance in studying the health personnel's perspective. By studying the methods' strengths and weaknesses from the perspective of different cultures and contexts, the methods can be improved and more applicable internationally. Since the world is experiencing internationalization, it brings an importance to widen the knowledge concerning the methods and thereby the development and adjustments to a multicultural society.

There is a need for further research to be conducted regarding the nurses' experiences and insights to the methods to develop improvement work. The nurses possess firsthand knowledge regarding the methods and are therefore key figures knowing about the strengths and weaknesses regarding the methods. Since the nurses are working in close relation with the women throughout the mending process, there is a significance in studying the nurses' experiences of the used methods. The authors also believe that studying the women suffering from OF and their experiences of the non-pharmaceutical methods would be of great interest since they are on the receiving end of the methods.

10.ACKNOWLEDGEMENTS

The authors would like to express their gratitude towards the people who have been important and extremely helpful in the process of conducting this bachelor thesis. A special thanks to the Tadesse family, especially rehabilitation manager B. Tadesse for the warm welcoming and all the invaluable help during our visit in Ethiopia. We give great thanks to our new friends that have made the journey to an unforgettable experience. We also want to send our warmest regards to the amazing staff working tirelessly and passionately to help the women suffering from OF to regain their dignity and health. Thanks to S. Al Gilani for supervision and support throughout the process. The authors feel gratitude towards SIDA (Swedish International Development Agency) for utilizing this study by financial support from the MFS (Minor Field Studies) scholarship. Special thanks also go out to our friend and big brother Y. Hailaye for his never-ending trust and support.

APPENDIX IV: INTERVIEW GUIDE

INTERVIEW GUIDE

- Tell us about your professional background
- Tell us about your role within the rehabilitation program at the hospital
- What are your experiences of non-pharmaceutical methods used within the rehabilitation process at the hospital to mend women?
- What are your perception of non-pharmaceutical methods used within the rehabilitation program?
- Can you describe what you believe are the strengths of the currently used non-pharmaceutical rehabilitation methods?
- Can you describe what you believe are the flaws of the currently used non-pharmaceutical rehabilitation methods?
- Can you describe any other non-pharmaceutical rehabilitation method that you think could be effectively implemented within the hospital?
- Is there anything you would like to add?

APPENDIX V: DEFINITIONS OF WORDS USED IN THE INTERVIEWS



DEFINITIONS OF WORDS

Non-pharmaceutical → Non-medicinal

Perception → A belief or opinion based on how things seem

Experiences → Knowledge or skills from doing, seeing or feeling things

Mend → To repair something that is broken or damaged

Implemented → To start using a plan, method or system

Strengths/Advantages → A condition giving a greater chance at success

Flaws/Disadvantages → A condition giving a less greater chance at success