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CHALLENGES & COPING STRATEGIES FACED BY CLIENTS WITH INFERTILITY ATTENDING OBSTETRICS AND GYNECOLOGY CLINIC AT RASHEED SHEKONI FEDERAL TEACHING HOSPITAL DUTSE, JIGAWA STATE

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Abstract

The study was conducted to determine the challenges & coping strategies adopted by clients with infertility attending the obstetrics and gynecological clinic of RSTH Dutse. Literature related to the study was reviewed. A descriptive cross-sectional survey design was employed, and data was obtained through a self-administered questionnaire. Data was collected from 201 women with infertility challenges. Data obtained were analyzed with SPSS version 26.0. The study works with three objectives so as to identify the predisposing factors associated with infertility among clients with infertility attending O&G clinics, also to determine the challenges faced by clients with infertility, and to identify the strategies used in coping with challenges faced by clients with infertility. Findings from the study revealed that the highest proportion (42.3%) of the respondents were within the ages of 25-29 years, and more than a third (34.2%) were Fulani, with the majority (88.2%) of them married. married (88.2%). The majority (61.7%) of the cases were primary in nature, more than half (51.7%) of the cases commonly affected only the females, and more than a third (34.2%) had hormonal dysfunction. The prevalence

Key words:
Challenges, coping strategies, Infertility, Obstetrics & Gynecology, client

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rate of infertility was found to be 10.9%, with more than half (54.2%) of them having a history of underlying diseases such as sexually transmitted infections, polycystic ovarian syndrome, and others. The majority (61.7%) of the respondents reported that they observed a change of behavior from their partners; however, only a minority (39.3%) reported that they experienced stigmatization from society, and the majority (73.6%) of them claimed not to doubt their sense of motherhood. The majority of the respondents reported employing divisional therapy (71.6%), prayers/supplication (94.0%), and denial (79.1%) as coping strategies. Involving partners and getting financial aid were coping strategies among 69.1% and 81.6% of the respondents, respectively. More than half (59.2%) of them considered adopting a child as a coping strategy. The study has the following recommendations: Staff in the health facility should add more effort to enhance spousal participation and encourage them to stay by their partners, particularly in the course of counseling. Government should implement the policy of penalizing those discriminating against and stigmatizing people living with infertility.

INTRODUCTION

In developed countries, one of the biggest reproductive health challenges is the high rate of childlessness and in fertility (Pasztor, Hegyi, Dombi, & Nameth, 2019). Despite the fact that in the last hundred years the world population has increased almost five times mainly as a result of the increasing population in the developing countries, the birth rates of the developed societies are continuously decreasing. (Pasztor et al. 2019). Infertility is estimated to affect as many as 186 million couples worldwide, although male infertility contributes to more than half of all cases of global childlessness; infertility remains a woman's social burden, unfortunately, areas of the world with the highest rates of infertility are often those with poor access to assisted reproductive techniques (Hosseini et al .2017). In Sub-Saharan African region, infertility problem prevalence varies from 9% in Gambia, 21.2% in northwestern Ethiopia, between 20% and 30% in Nigeria and 11.8% among women & 15.8% among men in Ghana. According to a research carried out on the profile of infertility in a teaching hospital in North West Nigeria, the prevalence of infertility is 15.7% (Panti & Sununu, 2018). World Health Organization (WHO) demographic studies also show that in Sub-Saharan Africa, more than 30% of women aged 25-49 years suffer from secondary infertility, the inability to achieve subsequent pregnancy. (Nathan et al. 2016). Some major factors predisposing to infertility include the impact of reproductive system disorders/diseases, hormonal disorders, age, alcohol consumption, and smoking, immune responses, cell phone use, sexual violence, stress, obesity, nutrition, and any chronic disease capable of reducing the chance of successful pregnancy

(Hosseini et al. 2017). 2 Infertility is perceived as a problem across virtually all cultures and societies and affects an estimated 10-15% of couples of reproductive age, It has been viewed differently in different cultures. (Nelson et al. 2018). The population in the developed and developing countries hold different attitudes regarding infertility. In developing countries, infertility may be linked to an act of God, punishment for sins of the past, prolonged use of contraceptives, and the result of witchcraft which is causing childlessness, whereas people in developed countries view infertility as caused by biological and other related factors like excessive alcoholism and lack of cooperation between the man and the woman during sexual intercourse (Nelson et al., 2018). Children are seen as blessings of marriage and in some societies of the world; it is even believed that they are symbols of God's approval and blessings on marriages. Under normal circumstances, it is the choice of each individual and couple, within their own sense of conscience, to determine if they intend pregnancy and if so, the size of their family unit and the timing of when to have a child or children. However, in many Africa cultures, married couples who are unable to bear children shortly a few years after marriage are faced with all forms of unfriendly pressure from the family and social groups which could lead to unnecessary frustration, resentment and depression. (Nelson et al., 2018).

The prevalence of infertility differs geographically and even within countries. Evidence suggests that a higher proportion of couples with infertility reside in low and middle income countries particularly in Sub-Saharan Africa which found infertility prevalence of about 31.1% in low and middle - income countries. (Polis, Cox, Tunclap, Mclan, & Thoma, 2017) Furthermore, a recent systematic review of studies in the Middle East and North Africa found infertility prevalence estimate for both primary and secondary infertility as 17.2%. In developing countries, over 186 million couple are affected by both primary and secondary infertility. (Eldib & Tashani, 2018) In Northern Nigeria, infertility was found to be 23.9%. (Dattijo, Andreadis, Aminu, Umar, & And Black, 2016) Worldwide, more than 70 million couples suffer from infertility. In sub-Saharan Africa, the prevalence differs widely from 9% in the Gambia, 21.2% in north-western Ethiopia, 11.8% among women and 15.8% among men in Ghana and between 20 and 30% in Nigeria. (Health,2019).

Getting married at an age > 25 years proved to be a significant risk factor for primary infertility which is comparable with the finding of the study done in Egypt in 2006, and according to National Family Health Survey. Similarly a survey conducted across nine cities including 2,562 patients by Helping families endorsed by the Indian Society for Assisted Reproduction (ISAR) reported that about 46% of Indians in the age group of 31 to 40 years seeking medical help for conceiving a child were found to be infertile meaning they were unable to conceive even after two years of trying for a child. (Saoji, 2022) 13 The results of another study suggest that with increasing levels of educational attainment among

women, primary infertility rate increases. This can be related to the fact that with aspirations for attaining higher educational level, marriage is delayed as a result of which in confirmation with aforementioned causation factors (higher age at marriage, job, urban living style etc.) The present findings are also consistent with the other studies conducted in India. (Saoji, 2022) a present study showed that the Polycystic ovarian syndrome (PCOS), Sexually transmitted diseases were significant risk factors associated with primary infertility with an agreement with voluminous literature indicating similar significant association from different areas in developed as well as developing countries. Similarly a study conducted at Bangalore, India by Rajashekar L, revealed that, among (2270) infertility females seen in the last five years, 46.50% (1057) were PCOS patients and 84.76% of these females had primary infertility, most of whom 71.53% were in the age group of 21-30 years, (Saoji, 2022) menstrual irregularities in the form of any deviation from normality like, oligomenorrahia, hypo or hypermenorrhgia were also significant risk factors foprimary infertility which are the similar finding in study conducted by Shamila in 2011, where she found menstrual irregularity among infertile females in the three study areas (40%, 65.8%, and 82.7% respectively) and was positively correlated with female infertility, (Saoji, 2022) sexually transmitted infections (irrespective of the causative agents) or its sequaelae as tubal fibrosis and obstruction accounts for 93.6% and were extensively studied and proved in developed as well as in developing countries. Similarly, recent findings with significant association proved by Mania Pramanik, regarding Trichomonasvaginalis infection, repeated exposure to chemotherapy accounts for 94.6% which adds more support to most current studies, (Saoji, 2014) Furthermore, recent laboratory investigations in India observed a high significant seroprevalence of antibodies to herpes simplex virus-2 in primary infertile females, 14 which support the significant finding in observational studies about primary infertility.

Several theories explain the negative consequences of infertility on married women. However, the Biopsychosocial Theory of infertility presented by Gerrity (2001), is closely associated with the present empirical work. Moreover, the biopsychosocial postulate that human experience towards health or illness is significantly determined by the interaction of genetic makeup, psychological health, and sociocultural context. Thus infertility to be conceptualized as a severe life crisis and a failure along with deep-rooted complications for the individual, their spouse, relationship, family, and peer groups. He further added that Infertility stressors occur in the existential, physical, emotional, and interpersonal spheres and maybe beyond the usual coping abilities of the ordinary individual (Gerrity, 2001). Existential stressors indicated that infertility significantly influences individual self-esteem, selfimage, and identity (Abbey et al. 1994).

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Objectives of the study

1. To identify the predisposing factors associated with infertility among clients with infertility attending O&G clinic RSTH Dutse.
2. To determine the challenges faced by clients with infertility.
3. To determine the strategies used in coping with challenges faced by clients with infertility.

Research questions

1. What are the predisposing factors associated with infertility among clients attending O&G clinic RSTH Dutse.?
2. What challenges clients with infertility faced?
3. What are the coping strategies clients with infertility adopt?

Significance of the study

The result of this study will reveal how clients cope with infertility challenges using various coping strategies and as well help to improve the coping strategies of people with fertility challenges by identifying positive coping strategies which will be accessible when the work is 6 published. The society and significant orders will also accept individuals with fertility challenges and give the necessary social and psychological support needed by them. The findings from this study will be communicated to the health care team of Obstetric and Gynecological clinic of RSTH Dutse which will assist them not only to give assistance in reproductive treatment but also gives psychological counseling to people with fertility challenges. This study is relevant to nursing science, education, and practice as it will help nurses in providing couples with better understanding, counseling, sufficient emotional support, evidence base information and knowledge with regard to infertility, it will enable nurses to assess the couples knowledge of infertility & possible options, provide unbiased education regarding these options, answer questions, provide appropriate resources & referrals to facilitate informed decisions and appropriate intervention throughout the transition to motherhood.

Scope of the study

This study is confined to exploring the challenges & coping strategies faced by clients with infertility attending Obstetric and Gynecological clinic of RSTH Dutse

LITERATURE REVIEW

Predisposing factors associated with infertility Getting married at an age > 25 years proved to be a significant risk factor for primary infertility which is comparable with the finding of the study done in Egypt in 2006, and according to National Family Health

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Challenges faced by infertile couples A qualitative study conducted in Iran among 50 women with both primary and secondary infertility found that childlessness was associated with psychological problems such as depression, guilt, loneliness, regret, and worry and it accounts for 93.7%. (Hasanpoor et al. 2018) Similarly, findings from interpretive phenomenological study involving 58 women known to be permanently infertile in Canada showed that 85% of women experienced various forms of psychological and social difficulties including feelings of grief, regrets, and isolation. (Koert & Daniluk, 2017) high levels of infertility stress, feeling of inadequacy, frustration, discrimination, threat of divorce, emotional abuse by husband's family was found among Turkish women with infertility. (Karaca & Unsal, Psycho-social problems and coping strategies among Turkish women with infertility, 2019) a study which compared level of depression among infertile women and fertile women using Spielberger Trait Anxiety Inventory (STAI-T), and Shortened Beck Depression Inventory (BDI) identified clinical symptoms of depression in 44.8% of the infertile women as against 24.2% among the fertile women. These symptoms were associated with age, social concern, sexual concern and maternal relationship stress, (Koert & Daniluk, 2017) in Nigeria, a study reported depression prevalence of 52.7% & change of behavior from 14 partner of 64% among infertile women. (Oladeji & OlaOlurun, 2018) A recent study shows that women experience higher infertility related depression more than their spouses. The higher psychological distress on females in the case of infertility could be due to the higher social ill treatment they receive relative to the males. This is because women are the physical embodiment of fertility since they get pregnant not men and when a woman is not able to get pregnant most of the blame is heaped on her. (Maroufizadeh, Karimi, Vesali, & Samani, 2015) similarly, a study was found that 93.5% of infertile women in Ghana encounter social stigma, marital challenges, criticism ostracism, insults, mocking and exclusion from conversation reserved for adults. (Fledderjohann, 2022) in Canada, doubting sense of motherhood and grief accounts for 85% of challenges faced by infertile couple. (Koert & Daniluk, 2017) in South Africa, infertile women experienced shock, rejection and stigmatization from the community for being infertile accounting for 78%. (Pedro & Andipatin, 2018) in Iran, infertile women faced abuse including physical and psychological violence, loss of friendship (91%). (Jamshidimanesh, Astaraki, Moghadam, Taghizadeh & Haghani, 2019).

Coping strategies adopted by infertile couples In the Christian communities, infertile couples use coping strategies such as praying, fasting and waiting for the best time from God with the hope that God's time is the best and that time will certainly come. For example, about 88% of women with infertility who were Christian in a Ghanaian study said their hope is for the Lord to bless them with children and therefore coped with constant prayer, (Aflakseir & Zarei, 2019) in South Africa, some infertile couples did not lose faith in

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their God even after failed attempt to be pregnant, (Pedro & Andipatin, A Qualitative Exploration of South African Women's Psychological And Emotional Experiences Of Infertility, 2014) some women with infertility who are Muslims seek spiritual support from 15 their leaders. For example, it is reported that some 97% of Muslim women go to Muslim leaders where they write words from the Qur'an and the name of Allah on a slate and wash for the woman with infertility to drink with the belief that she will conceive and get a child, (Hess, Ross, & Gililland, 2018) child adoption has also been used by 83% of couple to cope with their infertility in Pakistan (Sami & Ali, 2018) some individuals adopt children informally from their family relations and friends as a means of fulfilling their role as parents. In addition, (Hess, Ross, & Gililland, 2018) conducted a study in Mali which found that 90% of people with issues of infertility uses social withdrawal & isolation as coping strategies for infertility.

Research Design

The research utilizes a descriptive design.It was used simultaneously to collect data from a population. It's a snapshot of the population at a particular moment.

Research Setting

Rasheed Shekoni Teaching hopital was located in Sabon-gari Danmasara, Dutse Jigawa state, it was a tertiary health institution that previously known as a specialist hospital with differents specialized clinics, it was letter during the administration of governor Muhammad Badaru Abubakar in 2022, federal government have took over the responsibility of the hospital and it became teaching hospital, and in addition of health services delivery it have become a training institution for medical students of Federal Univerty Dutse. The research was conducted at obstetrics and gynecology clinic of Rasheed Shekoni teaching hospital Dutse Jigawa state, the O & G clinic days are Tuesday and Thursday with average number of 50 clients attending the clinic per day. The services provided by the clinic include: Booking of patients unless otherwise, treatment & Counseling of infertility cases, management of prolapse, fibroid, ovarian cyst, Molar Gestation etc and management of miscarriage. 19

Target Population

The target population was clients with infertility attending obstetrics & gynecology clinic of RSTH Dutse, which are about total of 100 patients throughout the clinic days which are (Tuesday and Thursday).

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Sample Size

The sample for this study was obtained using Cochran formula as follow: N= Z2PQ/D2 Where; N is the sample size P is the prevalence of infertility Z is the normal distribution from the standard deviation which is 95% confidence = 1.96, According to a research carried out on the profile of infertility in a teaching hospitals in North West Nigeria, the prevalence of infertility is 15.7%. Therefore, p = 0.157. Q is (1-p) where p is the prevalence of infertility; 1-0.157 = 0.843 D is the error or degree of error which is 0.05 or 5% Therefore; N= 1.96 0.157 0.843/0.05 = 3.8416 0.132351 /0.0025 = 0.5084/0.0025 = 203 An attrition rate of 5% was added; hence the sample size was 205.

Sampling Technique

Sampling technique: Convenient sampling technique will be used for the study 20

Instrument for Data Collection

The research instrument for this study was self-administered questionnaire, the questionnaire comprises of two sections; A&B Section A: Contained questions on the socio-demographic characteristics of the respondents. Section B: Contained questions on Research objectives which are: Predisposing factors, challenges, and coping strategies for the client with infertility.

Validity of Instrument

Face and content validity was obtained by the supervisor and all necessary corrections were made before administering the questionnaire. 3.8 Reliability of Instrument Test-retest was used by the researcher by administering 10% of the questionnaire to the respondents that were not part of the study sample but have similar characteristics with the study subjects. After two weeks the same questionnaire were re-administered to the same respondents. The test-retest scores from those two sets of data were there after subjected to statistical analysis to determine the reliability of the instruments.

Method of Data Collection

After obtaining an ethical clearance and permission from the administration, an informed consent was obtained from the respondents after a full introduction by the researcher prior to the conduct of the study. The purpose and nature of study was explained to the participants. The researcher together with two other trained assistants interviewed the respondents whom are willing to participate in the study. Two days in a week was used for data collection (that is Tuesday and Thursday) which are Anti-natal care days (ANC) this cover us five complete weeks to finish up with data collection process.

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Data Analysis

The data obtained was analyzed using statistical package for social sciences (SPSS) version 20 & the data was presented and summarized using simple frequency tables and percentages.

Ethical Consideration

An introductory letter was obtained from the research coordinator of the College. Ethical clearance was obtained from the ethical committee of RSTH Dutse; consent of respondent was obtained before distribution of questionnaires. Informed consent was obtained from the respondent, all information obtained was treated with confidentiality, voluntary participation is allowed and therefore the participant has the right to withdrawn from the study.

RESULT

This chapter provides the results of findings as obtained from the field of study. A total of 205 questionnaires were distributed, whereby 201 of them were retrieved, marking a retrieval rate of 98.04%. The findings were provided as follows;

Socio-demographic characteristics of the respondents

Table 1 showing the distribution of respondents according to socio-demographic data (N= 201)

Variables	F	%
Age		
< 20	20	10.1
20-24	39	19.3
25-29	85	42.3
30-34	29	14.3
35 & above	28	14.1
Ethnicity		
Hausa	54	26.8
Yoruba	20	10.0
Igbo	21	10.4
Fulani	69	34.2
Others	37	18.6
Educational level		
None	29	14.7

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Variables	F	%
Primary	54	26.8
Secondary	78	39.0
Tertiary	40	19.5
Years of marriage		
1 – 5	87	43.3
6 – 10	44	21.9
11 – 15	39	19.4
16 & above	41	15.4
Occupation		
Housewife	111	56.8
Civil Servant	41	15.4
Student	43	19.8
Others	142	8.0
Average Monthly Income		
Below 10,000	63	31.2
10,000 – 50,000	104	51.7
Above 100,000	34	17.1

Table 1 above showed that the highest proportion (42.3%) of the respondents were within the ages of 25 – 29 years, more than a third (34.2%) were Fulanis, married (88.2%), about two-fifth (39.0%) of them which constituted the highest proportion attained secondary level of education, more than two-fifth (43.3%) were within their 1 – 5 years of matrimonial life, more than half were housewives and made within 10,000 – 40,000 naira as monthly income constituting 56.8% and 51.7% of the respondents respectively.

Predisposing factors associated with infertility

Table 4.2 showing the predisposing factors associated with infertility (N=201)

	Yes		No	
Factors	**F**	**%**	**F**	**%**
History of abortion	77	38.3	124	61.7
History of underlying disease e.g PIDs, STDs, UTIs	109	54.2	92	45.8
History of exposure to chemotherapy	22	10.9	179	89.1
Presence of structural or congenital abnormality	62	30.8	139	69.1
History of exposure to chemicals, toxins, tobacco, alcohol etc	69	34.3	132	65.7

Table 4.3 revealed that only 77 (38.3%) of the respondents had history of abortion, more than half (54.2%) had history of underlying diseases such as sexually transmitted

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infections, polycystic ovarian syndrome and others, majority had neither history of exposure to chemotherapy nor had structural or congenital abnormality constituting 89.1% and 69.1% respectively. There was no history of exposure to toxins, tobacco or alcohol among the greater proportion (65.7%) of the respondents.

Challenges faced by clients with infertility

Table 2. Showing the challenges faced by clients with infertility (N=201)

Challenges	Yes		No	
	F	%	F	%
Observed change of behavior from your partner	124	61.7	77	38.3
Disturbed and bothered when asked question about pregnancy and children	192	95.5	9	4.5
Marital discord and/or disharmony	109	54.2	92	45.8
Rejection or any form of stigmatization from the society	79	39.3	122	60.7
Experienced psychologically effect like depression & low selfesteem	64	31.8	137	68.2
Feeling depressed and powerless for not having a child	93	46.3	108	53.7

Table 2 indicated that majority (61.7%) of the respondents reported that they observed change of behaviour from their partners, only 9 (4.5%) stated that they feel disturbed when asked about pregnancy and children, more than half (54.2%) reported marital discord, only minority (39.3%) reported that they experienced stigmatization from the society, sixty four (31.8%) of them claimed that they experiences depression and low self-esteem, less than a half (46.3%) reports feeling powerless for not having a child.

Strategies used in coping with challenges faced by clients with infertility

Table 4.4 Showing the strategies used in coping with challenges faced by clients with infertility (N=201)

Coping strategies	Yes		No	
	F	%	F	%
Diversional therapy	144	71.6	57	28.4
Praying & supplicating to God	189	94.0	12	6.0
Deny being infertile	159	79.1	42	20.9
Adopting social withdrawal as a coping mechanism	92	54.4	109	45.6
Seeking social support from individuals and groups	169	84.1	32	15.9
Sharing your feelings with other people	198	98.5	3	1.5
Adopting the child	118	59.2	83	40.8

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Table 3 above showed that majority of the respondents reported employing diversional therapy (71.6%), prayers/supplication (94.0%) and denial (79.1%) as coping strategies. More than half (54.4%) adopted social withdrawal (54.4%). Majority of the respondents sought social support (84.1%), shared their feelings with others (98.5%) and sought for treatment (71.6%) as a way of coping with their challenges. More than half (59.2%) of them considered adopting a child as a coping strategies.

Discussion of findings

Socio-demographic characteristics

Findings from the study revealed that highest proportion of the respondents were within the ages of 25 – 29 years, this corresponded with the findings of Dattijo et al. (2016) in Northern Nigeria which found that the respondents were within similar age range as above, more than a third (34.2%) were Fulanis, this could be attributed to the geographical location which is predominated by Hausas and Fulanis. About two-fifth (39.0%) of them which constituted the highest proportion attained secondary level of education, more than two-fifth (43.3%) were within their 1 – 5 years of matrimonial life, more than half were housewives and made within 10,000 – 40,000 naira as monthly income constituting 56.8% and 51.7% of the respondents respectively.

Predisposing factors associated with infertility

Findings from the study revealed that only 77 (38.3%) of the respondents had history of abortion, more than half (54.2%) had history of underlying diseases such as sexually transmitted infections, polycystic ovarian syndrome and others, majority had neither history of exposure to chemotherapy nor had structural or congenital abnormality constituting 89.1% and 69.1% respectively. There was no history of exposure to toxins, tobacco or alcohol among the greater proportion (65.7%) of the respondents. It also revealed that highest proportion (39.3%) of the respondents affected were within the ages of 30 – 34 years. This finding correlates with that of National Family Health Survey (NFSH, 2018) in Egypt which showed that getting married at an age > 25 years proved to be a significant risk factor for primary infertility, it also supports the findings of Indian Society for Assisted Reproduction (ISAR, 2015) which reported that about 46% of Indians in the age group of 31 to 40 years seeking medical help for conceiving a child were found to be infertile meaning they were unable to conceive even after two years of trying for a child. Findings from the present study showed that majority (61.7%) of the cases were primary in nature, more than half (51.7%) of the cases commonly affected only the females, more than a third (34.2%) had hormonal dysfunction. These findings are consistent with the other studies conducted in India. (Saoji, 2017) a present study showed that the

Polycystic ovarian syndrome (PCOS), Sexually transmitted diseases were significant risk factors associated with primary infertility. However, it contradicts the findings of Rajashekar (2016) in the aspect of the age group which he found the majority of the respondents were in the age group of 21-30 years.

Challenges faced by clients with infertility

Findings from the study revealed that majority (61.7%) of the respondents reported that they observed change of behaviour from their partners, only 9 (4.5%) stated that they feel disturbed when asked about pregnancy and children, more than half (54.2%) reported marital discord, only minority (39.3%) reported that they experienced stigmatization from the society, sixty four
(31.8%) of them claimed that they experiences depression and low self-esteem, less than a half (46.3%) reports feeling powerless for not having a child, majority (73.6%) of them claimed not doubting sense of motherhood. This supports the findings of Hasanpoor-Azghdy et al. (2017) in a qualitative study conducted in Iran among 50 women with both primary and secondary infertility found that childlessness was associated with psychological problems such as depression, guilt, loneliness, regret, and worry. It also corresponds with the findings of a study conducted in Canada by Koert & Daniluk (2017) among 58 women known to be permanently infertile, which showed that that majority of the women experienced various forms of psychological and social difficulties including feelings of grief, regrets, and isolation. The finding also correlates with that of Oladeji & OlaOlurun (2017) in Nigeria. This study supports the findings of a study conducted in South Africa by Pedro & Andipatin (2016) which reported that infertile women experienced shock, rejection and stigmatization from the community.

Strategies used in coping with challenges faced by clients with infertility

Findings from the study showed that majority of the respondents reported employing diversional therapy (71.6%) and prayers/supplication (94.0%). This supports the findings of Aflakseir & Zarei (2017) which found that about 88% of women with infertility who were Christian in a Ghanaian study said their hope is for the Lord to bless them with children and therefore coped with constant prayer. More than half (54.4%) adopted social withdrawal (54.4%). This was lower than the proportion of women in a study conducted by Hess et al. (2018) in Mali which found that 90% of people with issues of infertility uses social withdrawal & isolation as coping strategies for infertility. Majority of the respondents sought social support (84.1%), shared their feelings with others (98.5%) and sought for treatment (71.6%) as a way of coping with their challenges. Involving partners and getting financial aid were coping strategies among 69.1% and 81.6% of the

respondents respectively. More than half (59.2%) of them considered adopting a child as a coping strategies. This corresponds with the study of Sami & Ali (2018) in Pakistan which reported that child adoption has also been used by 83% of couple to cope with their infertility whereby in Pakistan (Sami & Ali, 2018) some individuals adopt children informally from their family relations and friends as a means of fulfilling their role as parents.

Conclusion

From the result obtained, it was concluded that the prevalence rate of infertility in Obstetrics and Gynecological clinic of RSTH Dutse is relatively low compared to other study areas, and also majority of the infertile women face several challenges ranging from stigmatization and behavioral change from their partners, however, they demonstrated a good coping strategy to it.

Recommendation

From the result obtained from the study, recommendations were made as follows: Staffs in the health facility should add more effort to enhance spousal participation and encourage them to stay by their partners particularly in the course of counseling. Health professionals should also attend to the infertile women in a welcoming and polite manner to enable them open up and discuss challenges they are facing. Government should implement the policy of penalizing those discriminating and stigmatizing people living with infertility. This will improve women's attitude toward coming to get services that could be of help without fear of discrimination and stigmatization. Sensitization of the public should be done to help overcome some beliefs that may be at tangent to some misconception of infertility in the community. An update on the available fertility assistance and preservation technologies should be provided to the society to help guide couples in solving infertility problems. Government should provide advanced affordable technologies in order to improve the reproductive health of women in the society.

Limitations of the study

Since this study is based on self-reported data, most of the variables might have been exposed for social desirability bias.

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Findings from the study showed that prevalence rate of infertility in SYMH Kebbi was 10.9%. This showed some variation with the findings of Polis et al. (2017) which suggested a higher proportion of couples with infertility reside in low and middle income countries particularly in Sub-Saharan Africa which found infertility prevalence of about 31.1% in low and middle - income countries. It is also lower than the prevalence found in the Middle East and North Africa in a study conducted by Eldib & Tashani (2018) which was found to be 17.2%. The findings contradict the findings of Dattijo et al. (2016) in Northern Nigeria which they found the prevalence of infertility to be 23.9%.

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