

**Original Research Article**

**CHALLENGES AND COPING STRATEGIES OF INFERTILITY AMONG INFERTILE  
WOMEN IN OGBOMOSO, NIGERIA.**

UNDER PEER REVIEW

## **ABSTRACT**

### **Background**

Infertility is a global health issue affecting women of childbearing age. It can manifest as primary infertility, where pregnancy has never occurred, or secondary infertility, where at least one pregnancy has been achieved. Both forms of infertility pose emotional, social, and psychological challenges, making the exploration of coping strategies crucial.

### **Objective**

This study aimed to assess the challenges and coping strategies of infertility treatment among women attending the gynaecology clinic in a selected hospital in Ogbomoso.

### **Methodology**

A descriptive research design was used, with a purposive sampling technique selecting 196 respondents. Data were collected using a questionnaire. Descriptive and inferential statistics were applied to analyse the data.

### **Results**

The study found that 89% of respondents had undergone fertility treatment, with 79% acknowledging its impact on relationships. The most common infertility treatments included IVF (23%), IUI (33%), and ovulation induction (44%). A significant 94% of respondents had previously conceived, and 90% reported receiving support from their husbands. Additionally, 96% received medical support from healthcare providers. A significant relationship was observed between age ( $p=0.001$ ) and occupation ( $p=0.001$ ) with knowledge about infertility treatment.

### **Conclusion**

The study highlights the importance of healthcare support in infertility treatment, with emotional and psychological support playing a critical role in the coping strategies of affected women. Recommendations include community-based education on infertility, psychological counselling for couples, and the establishment of support groups to reduce mental health challenges.

**Keywords:** Infertility, coping strategies, fertility treatment, healthcare support, psychological support, community education.

## INTRODUCTION

Infertility is a significant global health issue affecting millions of women worldwide, with a profound impact on their physical, emotional, and social well-being. The journey of infertility treatment can be long, arduous, and costly, posing significant challenges to women's mental health, relationships, and overall quality of life. **Abidi (2022)**. One in every six couples will face issues with infertility during their reproductive age. **Ijeabi (2021)**. Infertility has been found to cause many problems, especially in Africa, where considerable value is placed on childbearing during adulthood. **Afroma (2022)**

It has been found to affect the physical, psychological, and social well-being of the individuals **[4]**, including the experience of anxiety, depression, divorce, discrimination, social isolation, lack of economic security and stigmatization. **Amaso(2022)**. In some communities, men and women are denied proper burial after death due to their failure to bear children . Various degrees of economic burden such as experiences of poverty by individuals with infertility issues in their old age have also been identified. This drives couples to look for interventions to enable them to achieve their reproductive aspirations. To advance the treatment of infertility, Assisted Reproductive Technologies (ART), a procedure of establishing pregnancy by invitro handling of both human oocyst and sperm, or of embryos have come to the fore **(Nduabuike and Miller, 2022)**

The ART process is found to be multidimensional and requires strict adherence to the steps involved to achieve a successful outcome. The ARTs cycles present challenges that result in stress as well as psychological and emotional difficulties to individuals and couples going through the process. **Karma, (2022)**.

Globally, an estimated 48 million couples suffer from infertility, with the highest prevalence in low- and middle-income countries. Women carrying the burden of infertility often face social stigma, discrimination, and marginalization, exacerbating their emotional distress.**(Wilcox et al; 2022)** Infertility, a condition affecting approximately 1 in 6 couples worldwide, is a significant global health issue. According to the World Health Organization (WHO), an estimated 186

million individuals worldwide suffer from infertility, with the highest prevalence in low- and middle-income countries. In Africa, for example, infertility affects approximately 30% of couples, while in Asia, the prevalence ranges from 10% to 20%.**(Okwuet al; 2022)**

The emotional, psychological, and social impacts of infertility on women are profound. Women struggling with infertility often experience anxiety, depression, and low self-esteem, which can further exacerbate their physical and emotional distress. The stigma and social pressure to conceive can lead to feelings of isolation, guilt, and shame, making it essential to explore the challenges and coping strategies of infertility treatment among women attending gynecology clinics worldwide.**(Ideozu and Imo, 2020)**

In Sub-Sahara Africa, infertility is a significant reproductive health issue, affecting an estimated 30-40% of couples, with women carrying the burden of societal expectations and cultural stigma. The region's high infertility prevalence is attributed to factors such as infectious diseases, poor healthcare systems, and limited access to fertility services.**(Edu, 2020)**

Women in Sub-Saharan Africa face numerous challenges when seeking infertility treatment, including: Limited access to specialized care, high costs and financial burden, Cultural and social stigma, emotional distress and mental health concerns, Limited awareness and education about infertility, and traditional and unregulated fertility treatments(Dyer, 2019) Despite these challenges, women in Sub-Saharan Africa employ various coping strategies to navigate their infertility journey, including: Social support networks, Religious and spiritual beliefs, Traditional and cultural practices, Resilience and coping mechanisms and Healthcare seeking behaviors(Folkman, 2019)

According to **Gourounti et al; (2022)**, the ability to cope with stress and challenges associated with the ART process is critical to ensuring a successful outcome. Studies on coping and coping strategies used by individuals undergoing ART are limited. Additionally, little known about how individuals undergoing ART cope with the emotional, psychological and the economic burden associated with ART. The possible difference among various subgroups as relates to age, educational status, the duration of infertility and the phase of treatment and the use of coping strategies remain largely unknown. **Kpasi, (2022)**

In Nigeria, the prevalence of infertility in a rural Nigerian community is determined by a systematic random sampling of the population. The overall prevalent rate was 30.3%, giving indices of 9.2% for primary infertility and 21.1% for secondary infertility. **Fulashi, et al;(2023)** Primary infertility is rare after the age of 30 years and acquired causes of infertility are responsible for the high prevalence rate. Genital infections (post-abortal and puerperal) are major contributory factors to the high rate of infertility. **Uwai (2023)**

According to Jordan & Revenson (2019) Coping strategies are ways in which one learns to deal with stressful situations. Every one copes with stress differently. Overtime, people construct coping strategies that are good for mental wellness. Coping with infertility is often challenging because “infertility can be conceptualized as a chronic, unpredictable, and (personally or medically) uncontrollable stressor that may exceed the couple’s coping resources”.

According to **Carrol et al., (2021)** the following coping strategies including distancing themselves from reminders of infertility (such as avoidance of families with children), instituting measures for regaining control, acting to increase feeling of self-worth in other areas of their lives such as achieving professional success, trying to find meaning in infertility, or sharing the burden with others.

This study hopes to contribute to the development of context-specific support systems and interventions that address the needs of women struggling with infertility in Nigeria.

### **Statement of the Problem**

Infertility presents a significant challenge for many women, affecting their psychological well-being, social relationships, and overall quality of life. Despite advances in medical treatments, women undergoing infertility treatment often face a range of challenges, including emotional distress, financial burden, and social stigma (Greil, 2022; Boivin et al., 2021). These challenges can exacerbate feelings of anxiety, depression, and isolation, impacting their coping mechanisms and treatment outcomes (**Culley et al., 2013**).

Emotional distress is particularly prevalent, with many women experiencing heightened levels of anxiety and depression as they navigate the uncertainties of infertility treatment (Domaret al., **2021**). Financial pressures also pose a significant burden, as the cost of

treatments such as in vitro fertilization (IVF) can be prohibitively high and often not covered by insurance (**Chen et al., 2023**). Furthermore, social stigma and the lack of support from family and friends can compound the emotional and psychological strain faced by these women (**Miall, 2023**).

Despite these challenges, women employ various coping strategies to manage the stress associated with infertility treatment. These strategies include seeking social support, engaging in stress-reduction techniques, and participating in support groups (**Hammarberg et al., 2022; Hadjistavropoulos et al., 2019**). However, the effectiveness and adoption of these strategies vary among individuals, highlighting the need for targeted interventions to better support women undergoing infertility treatment (**Wirtberger et al., 2022**).

### **Objectives of the Study**

The objective of the study is to evaluate the challenges and coping strategies of infertility treatment among women attending the gynaecology clinic in a selected hospital in Ogbomoso.

### **Significance of the Study**

This study is significant for policymakers as it sheds light on the multifaceted challenges women face during infertility treatment. By providing evidence on the economic and emotional burdens of infertility, the research can guide the formulation of policies that improve access to and affordability of infertility treatments. It also underscores the need for policies that address mental health support and reduce stigma, ultimately contributing to more equitable healthcare provisions.

For stakeholders in the healthcare sector, this study offers critical insights into the gaps and inefficiencies in current infertility treatment services. Understanding these challenges allows stakeholders to allocate resources more effectively, develop targeted programs, and foster collaborations that enhance patient care. This research can drive initiatives that address the specific needs of women undergoing infertility treatment, thereby improving service delivery and patient outcomes.

The public stands to benefit from increased awareness generated by this study about the challenges associated with infertility treatment. By highlighting the emotional, social, and financial impacts, the research helps reduce stigma and fosters a more supportive community environment. Greater public understanding can lead to increased empathy and support for those affected, promoting a more inclusive and compassionate society.

For women undergoing infertility treatment, this study provides valuable information on the common challenges and effective coping strategies. It empowers women by offering practical advice and resources to manage their treatment journey, reduce stress, and seek appropriate support. By highlighting the experiences of others, the study can also foster a sense of solidarity and provide emotional reassurance to those navigating similar challenges.

Healthcare professionals, including gynecologists, nurses, and counselors, will find the study's findings instrumental in enhancing their practice. The insights into the specific challenges faced by women undergoing infertility treatment can guide healthcare workers in providing more tailored and empathetic care. This research can inform training programs and clinical practices, ensuring that healthcare workers are better equipped to support their patients both emotionally and practically.

For researchers, this study contributes valuable data to the existing body of knowledge on infertility treatment. It identifies gaps in current research and suggests areas for further investigation, such as the effectiveness of different coping strategies or interventions. The findings can stimulate future studies and support the development of evidence-based practices, thereby advancing the field of reproductive health and improving treatment outcomes for women.

This would help the society to appreciate and support patients with infertility instead of stigmatizing them. Women with infertility would benefit greatly and the society also would benefit as a status quo would change

### **1.7 Scope of the Study**

The study focussed on challenges and Coping Strategies of Infertility treatment among Women Attending Gynaecology Clinic, Fmc Ebute Metta, Lagos State,

## **1.8 Operational Definition of Terms**

**Infertility:** Infertility is defined as the inability to conceive a child after one year of regular, unprotected sexual intercourse or the inability to carry a pregnancy to a live birth. For the purposes of this study, it specifically refers to women attending the gynecology clinic at Federal Medical Center Ebute Metta who are diagnosed with infertility by a healthcare provider.

**Challenges of Infertility Treatment:** Challenges refer to the various difficulties and obstacles encountered by women undergoing infertility treatment. These include emotional distress (such as anxiety and depression), financial burdens (such as the cost of treatments and associated expenses), social stigma (negative societal attitudes or lack of support), and practical issues (such as treatment side effects and logistical problems).

**Coping Strategies:** Coping strategies are defined as the methods and techniques that women use to manage the psychological, emotional, and practical difficulties associated with infertility treatment. These strategies may include seeking social support (from family, friends, or support groups), engaging in stress-reduction techniques (such as relaxation exercises or counseling), and employing problem-solving approaches (such as adjusting treatment plans or exploring alternative therapies).

**Gynecology Clinic:** The gynecology clinic at Federal Medical Center Ebute Metta is defined as a specialized medical facility where women receive consultation, diagnosis, and treatment related to reproductive health and infertility. For this study, it refers specifically to the clinic's services and environment where women undergoing infertility treatment are seen and managed.

**Federal Medical Center Ebute Metta:** Federal Medical Center Ebute Metta is the healthcare institution located in Lagos, Nigeria, where the study is conducted. It is a government-run facility providing comprehensive medical services, including those related to gynecology and infertility treatment. The center serves as the study's setting for assessing challenges and coping strategies among its patients.

## **METHODOLOGY**



## **Research Design**

The research design of this study is a descriptive survey that will be designed to seek information on the challenges and coping strategies of infertility treatment among women attending gynae clinic in

## **Research Setting**

## **Population of Study**

The population of interest for this study is women attending clinics in selected hospitals in Ogbomosho, who are experiencing infertility and undergoing treatment between the age of 18-45 years and diagnosed with primary or secondary infertility

## **Inclusion Criteria**

- Women aged 18-45 years
- Diagnosed with primary or secondary infertility
- Willing to participate in the study and provide informed consent

## **Exclusion Criteria**

- Women with a history of successful pregnancy or childbirth
- Have a history of mental health conditions (e.g., depression, anxiety) that may impact coping strategies
- Are not willing to participate in the study or provide informed consent

## **Sample Size Determination**

The sample size was calculated using Taro Yamane's statistical formula

Sample size with the formula below:

$$n = N / [1 + N(e)^2]$$

Where N is the population under study (331)

N is the required sample size

e = sampling error (0.05), which is constant

$$n = 331 / [1 + 331(0.05)^2] =$$

$$331 / [1 + 331(0.0025)] =$$

$$331 / [1 + 0.8275] =$$

$$331/1.8275 = 181$$

Non-response Rate: 10% (0.10)

$$181 \times 0.10 = 18.1$$

$$181 + 18 = 199 \text{ sample size}$$

The sample size is 199

### **Sampling Technique**

A multistage sampling technique was employed in this study.

**Stage 1:** Selection of two local governments from the five **LGAs** in Ogbomoso using a simple random sampling technique. Ogbomoso North and Ogbomoso South were selected.

**Stage 2:** Determination of the number of healthcare facilities in each selected local government. Ogbomoso North has several public and private tertiary-level hospitals, while Ogbomoso South also hosts some secondary and private health facilities.

**Stage 3:** A total of four hospitals were selected, two from Ogbomoso North and two from Ogbomoso South—using simple random sampling (balloting).

**Stage 4:** Samples were selected in each hospital based on proportionate allocation. A purposive sampling technique was used to recruit participants for the study.

### **Instrument of Data Collection**

In this study, a questionnaire was used as the instrument for data collection.

### **Method of Data Collection**

The Researcher administered the instrument personally and with the help of a research assistant and interpreter who served as an interpreter to the respondents. Personal contact enabled the researcher to properly explain the purpose of the research to the respondents, thereby winning their support to complete the questionnaire. The data collection was done for three weeks.

### **Method of Data Analysis**

Statistical package for social sciences (SPSS) version 27 was used in the analysis, and descriptive statistics (frequencies and percentages) were used to answer research questions, and inferential statistics (chi-square) to test the hypotheses.

### **Ethical Consideration**

Consent was obtained from each participant before being allowed to participate in the study. They were assured of the confidentiality of the information provided and had the right to opt out before the completion of the questionnaire.

### **RESULT**

A total of 199 instruments were administered for the study, and 196 were retrieved.

**Table 1:** Showing socio-demographic characteristics

<b>Variables</b>	<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age</b>		<b>Frequency</b>	<b>Percentage</b>
	18-27years	68	35%
	28-37 years	89	45%
	38-47years	30	15%
	48 above	9	5%
	<b>Total</b>	<b>196</b>	<b>100%</b>
<b>Education:</b>	No formal	42	21%
<b>Qualification</b>	Primary	56	29%
	Secondary	63	32%
	Higher	35	18%
	institution		
	<b>Total</b>	<b>196</b>	<b>100%</b>
<b>Occupation</b>	<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>

	Self employed	78	40%
	Civil servant	69	35%
	Students	15	8%
	Apprenticeship	34	17%
<b>Ethnicity</b>	Yoruba	125	63%
	Hausa	51	26%
	Igbo	20	19%
	<b>Total</b>	<b>196</b>	<b>100%</b>
<b>Marital status</b>		<b>Frequency</b>	<b>Percentage</b>
	Married	145	74%
	Single	-	21%
	Separate	42	5
	Divorced	95	
	<b>Total</b>	<b>196</b>	<b>100%</b>
<b>Religion</b>		<b>Frequency</b>	<b>Percentage</b>
	Christianity	128	65%
	Islam	65	32%
	Traditional	3	2%
	<b>Total</b>	<b>196</b>	<b>100%</b>

**Table 1** shows socio-demographic, the age distribution shows that age range of 18-27 years are 68 (35%), while 89 (45%) respondents fall within the age range of 28-37 years. Likewise 30 (15%) respondent fall within the range of 38-47 years while 9(5%) respondent fall between the ranges of 48 and above, ethnicity distribution reveal that 125 (63%) were Yoruba, 51 (26%) were Hausa and 20 (19%) were Igbo , The education qualification distribution indicate that 42 respondents at (21%) has no formal education , 56 (29%) had first school leaving certificate

while 43 (32%) possess their secondary school leaving certificate and 35 (18%) were degree holders, The occupation distribution also shows that 78 (40%) were self-employed, 69 (35%) were civil servant and 15 (8%) were students and 34 respondents at 17% were apprenticeship. marital distribution discloses that 145 (74%) were married, 42 (21%) were separated and 9 respondents at 5% were divorced, like the table shows that 128 (65%) were Christians, 65 (32%) were Muslim, while 3 (2%) respondent traditional religion.,

**Table 2: Knowledge on Infertility Treatment**

Knowledge on Infertility Treatment	Variable	Percentage	Frequency
Have you ever undergone fertility treatment?	Yes	174	89%
	No	22	11%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Do you know that infertility can affect relationships with partners and family?	Yes	155	79 %
	No	41	21 %
	<b>Total</b>	<b>196</b>	<b>100%</b>
Are you aware of the different types of fertility treatment (e.g., IVF, IUI, ovulation induction)?	Yes	185	94%
	No	11	6%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Type of Infertility treatment:	IVF	45	23%
	IUI	64	33%
	Ovulation induction	87	44%

	<b>Total</b>	<b>196</b>	<b>100%</b>
. Where did you first learn about IVF	Healthcare provider	78	40%
	Media (TV, radio, newspaper)	69	35%
	Internet	15	8%
	Friends/family	34	17%

Table 2 show Knowledge on Infertility Treatment which indicate that 174 respondents at (89%) agree that they undergone fertility treatment while 155 respondents at (79%) agree that infertility can affect relationships with partners and family, 45 respondents at (23%) agree on IVF, 64 respondents at (33%) IUI and 87 respondent at (44%) posit that type of infertility is Ovulation induction, 78 respondents at (40%) learn about IVF from Healthcare provider, 69 respondents at (35%) learn from Media (TV, radio, newspaper), 15 respondents at (8%) learn from Internet and 34 respondents at (17%) from friends and family

**Table 3: Fertility Challenges Among Respondents**

<b>Fertility Challenges Among Respondents</b>	<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
How long have you been actively attempting pregnancy	1-2 years	75	39%
	3-4 years	24	12%
	5 and above	97	49%
If you have conceived before, how long did it take you to get pregnant	Years	185	94%
	months	11	6%
	<b>Total</b>	<b>196</b>	<b>100%</b>
At what age did you get your first ever menstrual period	Before 10 years	34	17%
	10-15	46	23%
	16-20	26	13%

	Above 20 years	90	46%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Have you gained or lost any significant weight recently	Gain	173	88%
	Lost	23	22%
	<b>Total</b>	<b>196</b>	<b>100%</b>
What type of infertility	Primary infertility	169	86%
	Secondary infertility	27	14%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Have you been pregnant before	Yes	172	88%
	No	24	12%
	<b>Total</b>	<b>196</b>	<b>100%</b>
If you have conceived before, did you use fertility medications?	Yes	178	90%
	No	10	10%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Has your partner completed a Semen Analysis	Yes	162	83%
	No	24	17%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Do you have regular menstrual periods?	Yes	155	79 %
	No	41	21 %
	<b>Total</b>	<b>196</b>	<b>100%</b>
Have you ever been treated for pelvic infection?	Yes	169	86%
	No	27	14%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Have you done pap smear?	Yes	185	94%
	No	11	6%

	<b>Total</b>	<b>196</b>	<b>100%</b>
Is your pap smear up to date?	Yes	156	79 %
	No	40	21%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Do you drink alcoholic beverages?	Yes	169	86%
If yes, how many drinks a week?	No	27	14%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Have you had any operations in the pelvic area i.e laparoscopy	Yes	172	88%
	No	24	12%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Have you previously had evaluation?	Yes	178	90%
for infertility?	No	10	10%
	<b>Total</b>	<b>196</b>	<b>100%</b>

**Table 3** shows fertility challenges among respondents which indicate that 75 respondents at (39%) have been actively attempting pregnancy for about 1-2 years, 24 (12%) respondents 3-4 years while 97(49%) 5 years and above. 185 respondents at (94%) have conceived before, how long did it take you to get pregnant, 34 (17%) get your first ever menstrual period Before 10 years, 46(23%) 10-15 years, 26(13%) 16-20 years, 90(46%) Above 20 years, 173 (88%) Have gained or lost significant weight recently, 169 (86%) Primary infertility, 27(14%) Secondary infertility, 172 (88%) Have been pregnant before 178 (90%) have conceived before, did you use fertility medications, 162(83%) partner completed a Semen Analysis, 155(79%) have regular menstrual periods, 169 (86%) been treated for pelvic infection, furthermore 169(86%) Have been treated for pelvic infection, 185 (94%) Have done pap smear, 156(79%) pap smear was up to date, also 169 (86%) drink alcoholic beverages while 24(12%) had any operations in the pelvic area i.e laparoscopy



**Table 4. Coping Strategies For Infertility Treatment**

<b>Coping Strategies For Infertility Treatment</b>	<b>Response</b>	<b>Frequency</b>	<b>Percentage%</b>
Do you avoid people or situation that can remind me of the challenge of Trying to conceive	Yes	171	79%
	No	46	21%
Praying to God	Yes	164	84%
	No	32	16%
Keeping the issue to myself and not discussing with anybody	Yes	184	94%
	No	33	6%
Discussing with someone that has overcome the challenge of infertility	Yes	188	96%
	No	8	4%
Support from my husband	Yes	177	90%
	No	19	10%
Confronting anyone that want to make an issue out of the challenge of trying to conceive	Yes	179	91%
	No	17	9 %
Crying	Yes	187	95%
	No	9	5%
Seeking informational and treatment Support from the hospital	Yes	189	96%
	No	7	4%
Commitment to other meaningful ventures (job/talent)	Yes	187	95%
	No	9	5%
Sharing the burden with others.	Yes	185	94%
	No	11	6%
Accepting my fate	Yes	156	79 %
	No	40	21%
Seeking for alternative support	Yes	177	90%
	No	19	10%

**Total                    196                    100%**

**Table 4** Coping Strategies for Infertility Treatment revealed that 171(79%)avoid people or situation that can remind me of the challenge of Trying to conceive,164 (74%) Praying to God,184 (94%) Keeping the issue to themself and not discussing with anybody, 188(96%) Discus with someone that has overcome the challenge of infertility,177 (90%) Support from their husband79 (91%) Confronting anyone that want to make an issue out of the challenge of trying to conceive, also 187 (95%) Cry, 189(96%) Seeking informational and treatment Support from the hospital, 187 (95%) Commitment to other meaningful ventures (job/talent), and 185 (94%) Sharing the burden with others.156 (79%) Accepting my fate, 177 (90%) Seeking for alternative support

**Table 5: Health Care Role In Infertility Treatment**

<b>Health Care Role in Infertility Treatment</b>	<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Have you gotten any medical support from the health care workers	Yes	188	96%
	No	8	4%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Are you aware of assisted reproductive treatment	Yes	179	91%
	No	17	9 %
	<b>Total</b>	<b>196</b>	<b>100%</b>
Do you think the information passed by the health care workers has been effective	Yes	189	96%
	No	7	4%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Do you know any health care support group for infertility	Yes	187	95%
	No	9	5%
	<b>Total</b>	<b>196</b>	<b>100%</b>
Do u keep to your appointment days	Yes	177	90%
	No	19	10%

	<b>Total</b>	<b>196</b>	<b>100%</b>
Have you received any form of counselling on infertility	Yes	187	95%
	No	9	5%
	<b>Total</b>	<b>196</b>	<b>100%</b>
What motivated you to seek for health care?	Friends	34	17%
	Husband	46	23%
	Family	26	13%
	Self-motivation	90	46%
	<b>Total</b>	<b>196</b>	<b>100%</b>

**Table 5** revealed Health Care Role in Infertility Treatment which indicate that 188 (96%) Have gotten medical support from the health care workers, 179 (91%) Are aware of assisted reproductive treatment, 189 (96%) information passed by the health care workers has been effective, 187 (95%) health care support group for infertility, 177 (90%) keep to appointment days, 187 (95%) received form of counselling on infertility, 187 (95%) know health care support group for infertility, 34 (17%) posit that Friends motivated them to seek for health care, 46 (23%) husband, 26 (13%) Family, 90 (46%) Self-motivation

### Testing Of Hypotheses

There is no significant relationship between challenges and the coping strategies of infertility treatment among women attending the gynaecology clinic

**Table-6 Correlation between challenges, chi square value, and p value among Respondents**

	<b>Results</b>	
<b>Fertility Challenges Among Respondents</b>	Chi-square Value	p-Value (significance)

longevity to get pregnant	2.492	0.778 (>0.05)
gained or lost significant weight recently	1.948	0.583 (>0.05)
partner completed a Semen Analysis	1.730	0.785 (>0.05)
treated for pelvic infection	7.509	0.057 (>0.05)
done pap smear	17.494	0.000 (<0.05)
Drinking of alcoholic beverages	2.920	0.000 (<0.05)
operations in the pelvic area i.e laparoscopy	1.948	0.568 (>0.05)
previously had evaluation for infertility	1.730	0.785 (>0.05)

**Table 6** shows the chi square value shows a positive correlation between challenges and the coping strategies of infertility treatment among women at 0.05 level of significance, which are p value longevity to get pregnant (p) 0.778 = (p>0.05), previously had evaluation for infertility 0.583 = (p>0.05) gained or lost significant weight recently, 0.785 = (p>0.05) partner completed a Semen Analysis, 0.057 = (p>0.05) treated for pelvic infection, done pap smear) 0.568 = (p>0.05), unhealthy family relationships and interaction and polygamy issues. This reveals that there is statistically significant relationship between **between** challenges and the coping strategies of infertility treatment among women attending the gynae clinic in FMC, Ebute Metta, Lagos State.

Relationship between socio-demographic characteristics and knowledge of women towards infertility treatment

**Table -7: Significant relationship between socio-demographic characteristics and knowledge of women towards infertility treatment**

Independent variable	Dependent variable			
	knowledge of women towards infertility treatment (n=196)			
Independent Variables	Respondent Response	Yes (n=95)	No (n=101)	Statistical inference
Age in years	18-27	23(24.0)	30(29%)	$\chi^2 = 8.574$ df=3 p-Value =0.001
	28-37	25(26.0%)	22(24.2%)	
	38-47	29(30.8%)	37(25.8%)	
	48 above	18(19.2%)	12(21%)	
Marital status	Married	66(69%)	77(74.7%)	$\chi^2 = 10.224$ df=4 p-value=0.001
	Single	-	-	
	Separated	24(25.1%)	12(11.9%)	
	Divorced	5(5.8%)	12(11.9%)	
Education level	None	6(6.3%)	14(12.8%)	$\chi^2 = 11.874$ df=3 p-value=0.052
	Primary	49(51.6%)	53(52.9%)	
	Secondary	23(24.2%)	22(22%)	
	Degree	17(17.9%)	12(11.2%)	
Religion	Christian	65(68.3%)	84(83.1%)	$\chi^2 = 8.693$ df=2 p-value=0.444
	Muslim	30(31.7%)	17(16.9%)	
	Others	-	-	
Occupation	Apprenticeship	21 (22.1%)	39 (22.3%)	X2 =31.936 df=2
	Self employed	31 (32.6%)	56(32%)	

	Civil servant	43(12.7%)	80(45.7%)	p=0.001
Education qualification	No formal	9 (9.5%)	8 (7.8)	$\chi^2 = 21.347$ df=3 p=0.011
	primary	39(40.6%)	16(15.8%)	
	secondary	16 (17.2%)	35 (34.6%)	
	higher institution	43(45.3%)	42 (41.5%)	

**Table 7** show significant relationship between socio-demographic characteristics and knowledge of women towards infertility treatment as Results showed that slightly below a third 29(30.8%) of the respondents who knew women towards infertility treatment were aged between 38-47 years. There was a relationship between age of the respondent and knowledge of women towards infertility treatment ( $p=0.001$ ). Majority of the respondents, also 66(69%) that had knowledge of women towards infertility treatment were married. However, there was statistical relationship between knowledge of women towards infertility treatment and marital status ( $p=0.001$ ). likewise, there was a no significant relationship between level of education and knowledge of women towards infertility treatment ( $p=0.052$ ). However, there was no relationship between religion and knowledge of women towards infertility treatment ( $p=0.444$ ). And There was a relationship between occupation and knowledge of women towards infertility treatment ( $p=0.001$ ). Therefore, the null hypothesis is rejected while the alternate is accepted, which implies that there is significant relationship between socio-demographic characteristics knowledge of women towards infertility treatment

## Discussion

Regarding the socio-demographic, the age distribution shows that the age range of 18-27 years is 68 (35%), while 89 (45%) respondents fall within the range of 28-37 years. Likewise 30 (15%) respondent fall within the range of 38-47 years while 9(5%) respondent fall between the ranges of 48 and above, ethnicity distribution reveal that 125 (63%) were Yoruba, 51 (26%) were Hausa and 20 (19%) were Igbo, The education qualification distribution indicate that 42 respondents at (21%) has no formal education, 56 (29%) had first school leaving certificate while 43 (32%) possess their secondary school leaving certificate and 35 (18%) were degree holders, The

occupation distribution also shows that 78 (40%) were self-employed, 69 (35%) were civil servant and 15 (8%) were students and 34 respondents at 17% were apprenticeship. marital distribution disclose that 145 (74%) were married, 42 (21%) were separated and 9 respondents at 5% were divorced, like the **table** shows that 128 (65%) were Christians, 65 (32%) were Muslim, while 3 (2%) respondent traditional religion., this is related with the study of The findings of the study were in consistent with a study conducted in Nigeria which showed that young women were more accept**table** to infertility than older women (**Ifemelummaet al., 2019**) and also corroborated with the study of (**Ebu, 2019**). study done in Ghana which revealed that that high educational level of the respondent can be a facilitating factor to go for infertility treatment more than those with low or no formal education

**Table 8** show Knowledge on Infertility Treatment which indicate that 174 respondents at (89%) agree that they undergone fertility treatment while 155 respondents at (79%) agree that infertility can affect relationships with partners and family, 45 respondents at (23%) agree on IVF, 64 respondents at (33%) IUI and 87 (44%) posit that type of infertility is Ovulation induction, 78 respondents at (40%) learn about IVF from Healthcare provider, 69 respondents at (35%) learn from Media(TV, radio, newspaper), 15 (8%) learn from Internet and 34 (17%) from friends and family. This is correlated with the findings of %.( **Okwuet al; 2022**) who found out that Knowledge on Infertility among woman made them to ascertain the emotional, psychological, and social impacts of infertility on women are profound and that Women struggling with infertility often experience anxiety, depression, and low self-esteem, which can further exacerbate their physical and emotional distress

Fertility challenges among respondents which indicate that 75 respondents at (39%) have you been actively attempting pregnancy for about 1-2 years, 24 (12%) respondents 3-4 years while 97(49%) 5years and above. 185 respondents at (94%) have conceived before, how long did it take you to get pregnant, 34 (17%) get your first ever menstrual period Before 10 years, 46(23%) 10-15 years, 26(13%) 16-20 years, 90(46%) Above 20 years, 173 (88%) Have gained or lost significant weight recently, 169 (86%) Primary infertility, 27(14%) Secondary infertility, 172 (88%) Have been pregnant before 178 (90%) have conceived before, did you use fertility medications, 162 (83%) partner completed a Semen Analysis, this is in agreement with the findings of (Donkor & Sandall, 2019). Whi found out that Fertility challenges amongst couples is an experience that induces great stress within the relationship. Infertility places a great burden

on families socially, financially, and psychologically, as well as affecting individuals' identities in relation to the condition itself and the treatment strategies

Coping Strategies for Infertility Treatment revealed that 171(79%) avoid people or situation that can remind me of the challenge of Trying to conceive, 164 (74%) Praying to God, 184 (94%) Keeping the issue to themselves and not discussing with anybody, 188(96%) Discuss with someone that has overcome the challenge of infertility, 177 (90%) Support from their husband 79 (91%) Confronting anyone that want to make an issue out of the challenge of trying to conceive, also 187 (95%) Cry, 189(96%) Seeking informational and treatment Support from the hospital, 187 (95%) Commitment to other meaningful ventures, this collaborate with the findings of **Carrol et al., (2021)** who observed that the coping strategies including distancing themselves from reminders of infertility (such as avoidance of families with children), instituting measures for regaining control, acting to increase feeling of self-worth in other areas of their lives such as achieving professional success, trying to find meaning in infertility, or sharing the burden with others.

Health Care Role in Infertility Treatment which indicate that 188 (96%) Have gotten medical support from the health care workers, 179 (91%) Are aware of assisted reproductive treatment, 189 (96%) information passed by the health care workers has been effective, 187 (95%) health care support group for infertility, 177 (90%) keep to appointment days, 187(95%) received form of counselling on infertility, 187 (95%) know health care support group for infertility, 34(17%) posit that Friends motivated them to seek for health care, 46 (23%) husband. 26 (13%) Family, 90 (46%) Self-motivation, this is in agreement with the findings of Demity et al; (2022) that If you're seeking health worker support for infertility, consider consulting a healthcare provider, fertility clinic, or organizations like the National Infertility Association (RESOLVE) for guidance and resources.

This study shows a positive correlation between challenges and the coping strategies of infertility treatment among women at 0.05 level of significance, which are p value longevity to get pregnant ( $p = 0.778$ ) ( $p > 0.05$ ), previously had evaluation for infertility  $0.583$  ( $p > 0.05$ ) gained or lost significant weight recently,  $0.785$  ( $p > 0.05$ ) partner completed a Semen Analysis,  $0.057$  ( $p > 0.05$ ) treated for pelvic infection, done pap smear  $0.568$  ( $p > 0.05$ ), unhealthy family relationships and interaction and polygamy issues



Assessing the relationship between the socio-demographic characteristics and knowledge of women towards infertility treatment showed that slightly below a third, 29(30.8%) of the respondents who knew women towards infertility treatment were aged between 38-47 years. There was a relationship between the age of the respondent and knowledge of women towards infertility treatment ( $p=0.001$ ). The majority of the respondents, 66(69%), who had knowledge of women towards infertility treatment were married. However, there was a statistical relationship between knowledge of women towards infertility treatment and marital status ( $p=0.001$ ). likewise, there was no significant relationship between the level of education and knowledge of women towards infertility treatment ( $p=0.052$ ) this, however, relate to the study conducted by **Ajibola et al., 2016**) there is a statistically significant relationship age between knowledge of women towards infertility treatment and marital status of the respondent.

### **Conclusion**

This study reveals that infertile couples face significant challenges, with a shared desire for parenthood despite some choosing childlessness. Coping strategies mainly involve problem-solving and emotion-focused approaches, with many turning to traditional, religious, or medical solutions based on personal beliefs. Insufficient psychological and social support during infertility treatment can lead to anxiety, depression, and strained relationships, affecting treatment success. The decision on coping strategies is influenced by knowledge, attitude, and socio-cultural factors. It is crucial for public authorities to develop support programs, train healthcare professionals to address psychological issues, and raise awareness to reduce stigma surrounding infertility

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