**Challenges and coping strategies of infertility among infertile women in Nigeria**

**ABSTRACT**

Background

Infertility is a global health issue affecting women of childbearing age. It can manifest as primary infertility, and both forms 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 (In-vitro fertilisation) (23%), IUI (Intra-uterine Insemination) (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**.[[1]](#endnote-1)**

 One in every six couples will face issues with infertility during their reproductive age.[[2]](#endnote-2) Infertility has been found to cause many problems, especially in Africa, where considerable value is placed on childbearing during adulthood.[[3]](#endnote-3)

It has been found to affect the physical, psychological, and social well-being of the individuals, including the experience of anxiety, depression, divorce, discrimination, social isolation, lack of economic security and stigmatisation.[[4]](#endnote-4) This drives couples to look for interventions to enable them to achieve their reproductive aspirations and sometimes seek assisted conception. The ART process 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 for individuals and couples going through the process. [[5]](#endnote-5)

Globally, an estimated 48 million couples suffer from infertility, with the highest prevalence in low- and middle-income countries.[[6]](#endnote-6) According to the World Health Organisation (WHO), an estimated 186 million individuals worldwide suffer from infertility, with the highest prevalence in low- and middle-income countries.[[7]](#endnote-7) Infertility affects a significant portion of couples globally, with varying prevalence rates across different regions. In sub-Saharan Africa, the impact is particularly high, with estimates suggesting that around 30% of couples experience infertility. In contrast, in Asia, the prevalence is generally lower, ranging from 10% to 20%. [[8]](#endnote-8), [[9]](#endnote-9) In a rural Nigerian community, a study determined the prevalence of infertility through systematic random sampling. The overall prevalence rate was 30.3%, with primary infertility accounting for 9.2% and secondary infertility for 21.1%. [[10]](#endnote-10)

Infertility has a significant impact on women's emotional, psychological, and social well-being. Women often experience anxiety, depression, and low self-esteem, which can be worsened by social pressure to conceive and feelings of isolation, guilt, and shame. Addressing these challenges requires understanding the multifaceted nature of infertility's consequences and exploring effective coping strategies.[[11]](#endnote-11),[[12]](#endnote-12)

In Sub-Saharan Africa, infertility affects an estimated 30-40% of couples, with women disproportionately facing societal pressure and cultural stigma. This high prevalence is linked to factors like infectious diseases, inadequate healthcare infrastructure, and limited access to fertility services. The societal impact is particularly harsh on women, who are often blamed for the couple's inability to conceive. 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 behaviours.[[13]](#endnote-13).

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.

**Objectives of the Study**

The study aims to evaluated the challenges and coping strategies of infertility treatment among women attending the fertility clinics in a selected hospital in Ogbomoso.

**METHODOLOGY**

**Study Design**

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

**Study Population**

The population of interest are women attending clinics in selected hospitals in Ogbomoso, who are experiencing infertility and undergoing treatment between the ages 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 × 0.10 = 18.1

181+ 18 = 199 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 in the selected private and government-owned hospitals.

**Instrument of Data Collection**

In this study, a self-administered structured questionnaire was used as the instrument for data collection.

 **Data Management and Analysis**

The questionnaires were cleaned, sorted, and data were entered into the IBM SPSS software. IBM 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) were used to compare variables.

**RESULT**

A total of199 instruments were administered for the study, and 196 were retrieved.

**Table 1: Socio-demographic characteristics of respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variables**  | **Response**  | **Frequency**  | **Percentage**  |
| **Age**  |  | **Frequency**  | **Percentage**  |
|  | 18-27years 28-37 years 38-47years 48 above  | 6889309 | 35%45%15%5% |
|  | **Total**  | **196** | **100%** |
| **Education: Qualification**  | No formal Primary Secondary Higher institution  | 42566335 | 21%29%32%18% |
|  | **Total**  | **196** | **100%** |
| **Occupation**  | **Response**  | **Frequency**  | **Percentage**  |
|  | Self employed Civil servant Students Apprenticeship | 78691534 | 40%35%8%17% |
| **Ethnicity** | Yoruba HausaIgbo  | 1255120 | 63%26%19% |
|  | **Total**  | **196** | **100%** |
| **Marital status**  |  | **Frequency**  | **Percentage**  |
|  | Married Single SeparateDivorced  | 145-4295 | 74%21%5 |
|  | **Total**  | **196** | **100%** |
| **Religion**  | Christianity Islam Traditional  | **Frequency**  | **Percentage**  |
|  | 128653 | 65%32%2% |
|  | **Total**  | **196** | **100%** |

Table 1 shows 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 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. It was also discovered that 128 (65%) were Christians, 65 (32% %) were Muslim, while 3 (2%) respondents’ traditional religion.,

**Table 2: Knowledge on Infertility Treatment of respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Knowledge on Infertility Treatment** | Variable | Percentage | Frequency |
| Have you ever undergone fertility treatment? | Yes No  | 17422 | 89%11% |
|  | **Total**  | **196**  | **100%** |
| Do you know that infertility can affect relationships with partners and family? | Yes No | 155 41 | 79 %21 % |
|  | **Total**  | **196**  | **100%** |
| Are you aware of the different types of fertility treatment (e.g., IVF, IUI, ovulation induction)? | YesNo  | 185 11 | 94%6% |
|  | **Total**  | **196**  | **100%** |
| Type of Infertility treatment: |  IVF IUIOvulation induction | 456487 | 23%33%44% |
|  | **Total**  | **196**  | **100%** |
| . Where did you first learn about IVF | Healthcare providerMedia (TV, radio, newspaper) InternetFriends/family | 78691534 | 40%35%8%17% |

 **IUI: Intra-uterine Insemination. IVF: in vitro fertilisation**

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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fertility Challenges Among Respondents** | **Variables**  | **Frequency**  | **Percentage**  |
| How long have you been actively attempting pregnancy | 1-2 years3-4 years5 and above | 752497 | 39%12%49% |
| If you have conceived before, how long did it take you to get pregnant | Years months  | 185 11 | 94%6% |
|  | **Total**  | **196** | **100%** |
| At what age did you get your first ever menstrual period | For 10 years10-1516-20 Above 20 years | 34462690 | 17%23%13%46% |
|  | **Total**  | **196** | **100%** |
| Have you gained or lost any significant weight recently | Gain Lost | 173 23 | 88%22% |
|  | **Total**  | **196** | **100%** |
| What type of infertility | Primary infertilitySecondary infertility | 16927 | 86%14% |
|  | **Total**  | **196** | **100%** |
| Have you been pregnant before | YesNo | 17224 | 88% 12% |
|  | **Total**  | **196** | **100%** |
| If you have conceived before, did you use fertility medications? | YesNo | 17810 | 90%10% |
|  | **Total**  | **196** | **100%** |
| Has your partner completed a Semen Analysis | YesNo | 162 24 | 83% 17% |
|  | **Total**  | **196** | **100%** |
| Do you have regular menstrual periods? | Yes No | 155 41 | 79 %21 % |
|  | **Total**  | **196** | **100%** |
| Have you ever been treated for a pelvic infection? | YesNo | 16927 | 86%14% |
|  | **Total**  | **196** | **100%** |
| Have you done a pap smear? | YesNo  | 185 11 | 94%6% |
|  | **Total**  | **196** | **100%** |
| Is your pap smear up to date? | YesNo | 156 40 | 79 %21% |
|  | **Total**  | **196** | **100%** |
| Do you drink alcoholic beverages? If yes, how many drinks a week?  | YesNo | 16927 | 86%14% |
|  | **Total**  | **196** | **100%** |
| Have you had any operations in the pelvic area i.e laparoscopy | YesNo | 17224 | 88% 12% |
|  | **Total**  | **196** | **100%** |
| Have you previously had an evaluation? for infertility?  | YesNo | 17810 | 90%10% |
|  | **Total**  | **196** | **100%** |

Table 3 shows fertility challenges among respondents, which indicate that 75 respondents **(39%)** have been actively attempting pregnancy for about 1-2 years, 24 (12%) respondents for 3-4 years and 97(49%) for 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 before178 (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 of respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Coping Strategies for Infertility Treatment** | **Response** | **Frequency**  | **Percentage%**  |
| Do you avoid people or situations that can remind you of the challenge of trying to conceive | Yes No  | 17146 | 79%21% |
| Praying to God | Yes No | 16432 | 84%16% |
| Keeping the issue to myself and not discussing it with anybody | Yes No | 18433 | 94%6% |
| Discussing with someone who has overcome the challenge of infertility | Yes No | 1888 | 96%4% |
| Support from my husband | Yes No | 177  19  | 90%10% |
| Confronting anyone who wants to make an issue out of the challenge of trying to conceive | Yes No | 17917 | 91%9 % |
| Crying | Yes No  | 1879 | 95%5% |
| Seeking informational and treatment Support from the hospital  | Yes No  | 1897 | 96%4% |
| Commitment to other meaningful ventures (job/talent) | Yes No  | 1879 | 95%5% |
| Sharing the burden with others. | Yes No  | 185 11 | 94%6% |
| Accepting my fate | Yes No  | 156 40 | 79 %21% |
| Seeking alternative support | Yes No  | 177  19  | 90%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 alternative support

**Table 5: Health Care Role in Infertility Treatment of respondents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Care Role in Infertility Treatment** | **Response**  | **Frequency**  | **Percentage**  |
| Have you gotten any medical support from the healthcare workers  | Yes No | 1888 | 96%4% |
| Are you aware of assisted reproductive treatment  | Yes No | 17917 | 91%9 % |
| Do you think the information passed by the health care workers has been effective?  | Yes No  | 1897 | 96%4% |
| Do you know any healthcare support groups for infertility | Yes No  | 1879 | 95%5% |
| Do u keep to your appointment days | Yes No | 177  19  | 90%10% |
| Have you received any form of counselling on infertility | Yes No  | 1879 | 95%5% |
| What motivated you to seek health care?  | Friends Husband FamilySelf-motivation | 34462690 | 17%23%13%46% |

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**

|  |  |
| --- | --- |
|  | **Results** |
| **Fertility Challenges Among Respondents** | 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)  |
| The 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 an 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 infertility0.583=(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 smearp) 0.568 = (p>0.05), unhealthy family relationships and interaction and polygamy issues. This reveals that there is a statistically significant relationship between challenges and the coping strategies of infertility treatment among women in the selected facility.

Table 7: **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%)  | χ2 =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%)  | χ2 =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%)  | χ2 =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%)  | χ2 =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 p=0.001  |
| Self employed  | 31 (32.6%)  | 56(32%)  |
| Civil servant | 43(12.7%)  | 80(45.7%)  |
| Education qualification  | No formal  | 9 (9.5%)  | 8 (7.8)  | X2 =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 shows a 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 the age of the respondent and the knowledge of women towards infertility treatment(p=0.001). The majority of the respondents, 66(69%), who knew 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). 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 alternative is accepted, which implies that there is a significant relationship between socio-demographic characteristics and 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, 5% were divorced, 128 (65%) were Christians, 65 (32% %) were Muslim, while 3 (2%) respondents’ traditional religion. The study's findings align with previous research, which indicated that young women tend to be more accepting of infertility than older women.[[14]](#endnote-14) This suggests a pattern of age-related acceptance of infertility potentially influenced by cultural or societal factors. A study done in Ghana individuals with higher levels of education are more likely to seek treatment for infertility than those with lower or no education. This suggests that education plays a significant role in awareness and acceptance of infertility treatment options.[[15]](#endnote-15)

Regarding the respondent’s knowledge on infertility treatment, finding in this study indicates 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%) agree that part of infertility management 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. Donkor *et all* found out that Knowledge of Infertility among women led them to ascertain that 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.11

Fertility challenges among respondentsindicate that 75 respondents (39%) have been actively attempting pregnancy for about 1-2 years, 24 (12%) respondents for 3-4 years, while 97(49%) for 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 before178 (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 and colleagues 2017 in a study done in Ghana and other studies, which revealed that fertility challenges significantly impact couples, creating stress and burden across social, financial, and psychological aspects of their lives, and affecting their identities. The experience can strain relationships, and the treatment process itself can be physically and emotionally demanding.11,[[16]](#endnote-16)

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%) Discuss 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, this collaborate findings in other study where 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.[[17]](#endnote-17)

The result from this study indicates a strong positive impact of healthcare support in infertility treatment. A large majority of individuals (96%) reported receiving medical support from healthcare workers, with a high percentage also aware of assisted reproductive treatments (91%) and finding the information provided by healthcare professionals effective (96%). Additionally, a significant number of participants reported receiving counseling (95%) and found the healthcare support group beneficial (95%). Furthermore, a large portion of individuals were self-motivated (46%) to seek help, with some citing friends (17%), husbands (23%), and family (13%) as motivators. Healthcare support, including counselling and education, has a significant positive impact on individuals and couples undergoing infertility treatment. This support can reduce stress and anxiety, improve treatment outcomes, and enhance overall well-being during the challenging process.[[18]](#endnote-18)

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, 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 about 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 knew 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, relates to the study conducted by Oluwole et *al*. (2021). There is a statistically significant relationship between knowledge of women towards infertility treatment and the marital status of the respondent. [[19]](#endnote-19)

**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. Public authorities must develop support programs, train healthcare professionals to address psychological issues, and raise awareness to reduce stigma surrounding infertility

Conflict of interest: No conflict of interest among the authors

**Consent:**

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.

**Disclaimer (Artificial intelligence)**

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, manuscript.

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