

Perceived Causes Of Infertility And Its Psychosocial Effects Among Women With Infertility Attending Gynecology Clinic In Usmanu Danfodiyo University Teaching Hospital, Sokoto

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Abstract: Background: The desire to have a child is virtually universal, and the right to reproduce is recognised by international conferences as basic human right. Woman with infertility is often looked down upon. These study attempts to describe perceived causes of infertility and its psychosocial effects among infertile women attending gynaecology clinic in UDUTH Sokoto.

Methods: A hospital based cross-sectional study was conducted from 12th of May to 26th July, 2015. Two hundred and twenty-five randomly selected infertile individuals were included in the study. An interviewer administered questionnaire was used for data collection and the data was analysed using SPSS version 20.

Results: Two hundred and twenty-five (225) women with infertility participated in the study. For most of the respondents (98.2%) the perceived cause of infertility was uterine fibroid. Two hundred and seven of the respondents (92.0%) reported blocked tubes as the cause of infertility while two hundred and three (90.2%) of the respondents reported previous used of contraceptives as the cause of infertility. Almost all the participants faced one difficulty or the other related to their infertile condition. The study has revealed that the social effect of infertility on respondents include depression, social exclusion, verbal and physical abuse, stigma and divorce. Virtually all the respondents would like to adopt a child preferably from their families as an alternative and almost all the respondents believed that infertility can be cured. The frequently reported methods of cure use of orthodox medicine 201 (89.3%) followed by traditional medicine 157(69.8%).

Conclusion: This study showed lack of knowledge of both causes and treatment of infertility among the study subjects. Therefore, community-based programs to increase public awareness and to reduce myths related to infertility are needed. Further community based studies are recommended.

Key Words: Perception, Infertility, causes, psychosocial effects.

Date of Submission: 14-11-2018

Date of acceptance: 29-11-2018

I. Introduction

Infertility is a global phenomenon that affects between 60 million to 168 million people worldwide.¹ Majority of them live in the developing world. World health organization Comparative Report in 2004 states that more than 186 million ever-married women in developing countries were infertile because of primary or secondary infertility.² In sub-Saharan African, the burden of infertility is high and is as high as 30% in some countries.³ It has been described as the most important reproductive health concern of Nigerian women and accounts for between 60 and 70% of gynecological consultations in tertiary health institutions.⁴ The desire to bear children is almost a universal one in Nigeria and most parts of sub-Saharan Africa. Although infertility is not life threatening condition, its negative social and mental impact on individuals has been documented. It is mostly women who suffer adverse effects including stigmatization, domestic violence and feelings of low self-esteem.^{5,6,7} According to research conducted on 98 infertile couples attending gynecology clinic in specialist hospital and federal medical centre Gombe, it shows that forty-three percent of the women had no idea of the possible cause of their infertility.⁸ The major preventable cause of infertility in many parts of the world is Pelvic Inflammatory disease which is caused by sexually transmitted diseases and post-partum and post-abortion infections.⁹ In different studies respondents gave a wide range of explanations of the causes of infertility, supernatural, physiological and psychosexual disorders. Infertility in women was most commonly attributed to supernatural causes, particularly evil spirits, which affect menstruation. An evil spirit is manifested by menstrual problems and as such affects only women. Women are therefore most often held responsible by society for infertility and hold themselves responsible as well.¹⁰ Others also attribute the cause of infertility to God's will.¹¹ The psychosocial consequences of infertility problems are extensive, ranging from mock, disrespect, social

exclusion and discrimination to feelings of depression, worry, anger and sorrow.¹² Infertile women are also likely to experience partner neglect or abuse, marital instability and poverty, as in some areas infertile women are not permitted to own or inherit land.¹²

Infertility can be stressful experience that affect several aspects of woman's life; her religious faith, self esteem, occupation, relation with her partner, family, and friends being notable example. Common psychological symptoms reported among infertile couple include depression, anxiety, and suicidal ideation.¹³ these symptoms occur in a similar pattern and magnitude among patients with other medical disorders like cancer.¹⁴

This work therefore, focuses on perceived causes, psychosocial effects and management options for infertility available in the gynecology clinic of Usman Danfodiyo University Sokoto.

II. Material And Methods

2.1 Study Design

This was a descriptive cross-sectional survey of infertile women attending gynecology clinic at Usman Danfodiyo University Teaching hospital, Sokoto. Infertile women married for one year and above who were attending Gynecology clinic and gave their consent to participate were considered eligible to participate in the study. Gynecology clinic attendees married for less than one year were excluded.

2.2 Ethical Consideration

Ethical approval was obtained from the Ethical committees of the Usmanu Danfodiyo University Teaching Hospital Sokoto, Nigeria, and Sokoto State Ministry of Health, Sokoto, Nigeria. Informed consent was also obtained from the participants prior to questionnaire administration.

2.3 Sample Size Determination

The sample size was estimated at 203 and adjusted to 225 to compensate for non-response (with an anticipated 90% response rate) using the formula for estimating sample size for cross-sectional study.¹⁵

$$n = Z^2pq/d^2.$$

The level of significance was set at 5% ($\alpha = 0.05$), and a power of 80%.

Where: n = minimal sample desired; Z = standard normal deviate at 95% confidence interval = 1.96; p= Proportion of factor under study as reported in the previous study .⁴³ = 15.7% = 0.157; q = complimentary probability of p = 1-p = 1-0.157=0.84; d = tolerable alpha error or level of precision = 5% = 0.05.

Eligible participants were selected by simple random sampling method.

2.4 Data Collection

The methods of data collection comprised of personal interview. A standardized semi-structured, interviewer-administered questionnaire was used to obtain information on the socio-demographic characteristics of the study participants, Gynecological history, Patients perceived causes of infertility, psychosocial effects of infertility and Knowledge of treatment of infertility. The instruments were pretested on 26 adults in one of the tertiary institution not selected for the study, no ambiguity was detected and there was no need for any modification.

2.5 Data Analysis

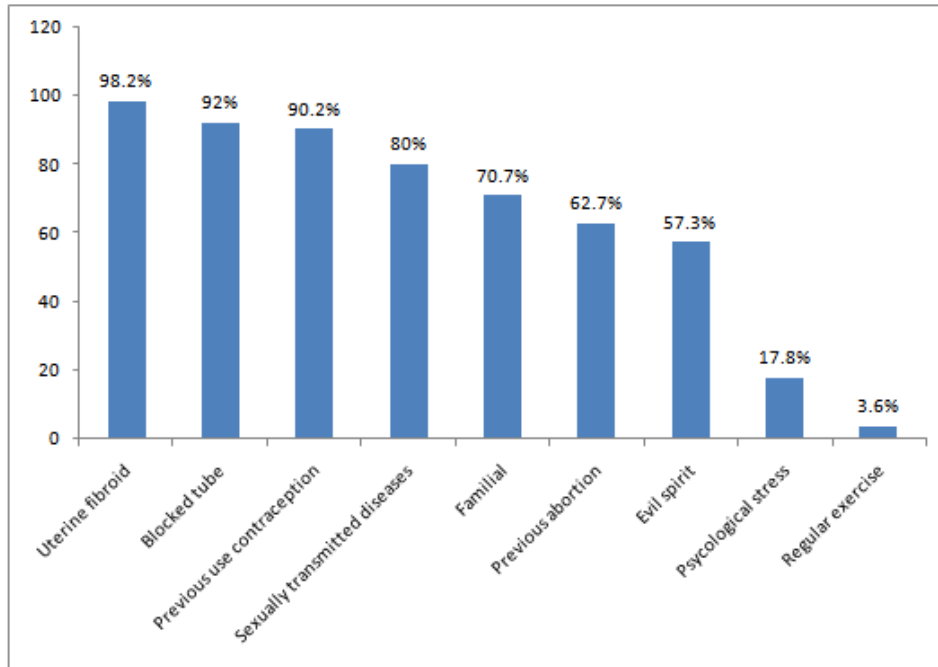
Data was analyzed using the IBM SPSS version 20 computer statistical software package. Frequency distribution tables were constructed; cross tabulations were done to examine relationship between categorical variables. The Chi-square test was used to compare differences between proportions. The independent student's t-test was used for comparison of mean differences between the two groups. All levels of significance were set at $p < 0.05$.

2.6 Limitation

Males and females have perceptions about causes of infertility and both can have psychosocial problems due to it. However, in this study only the women were evaluated.

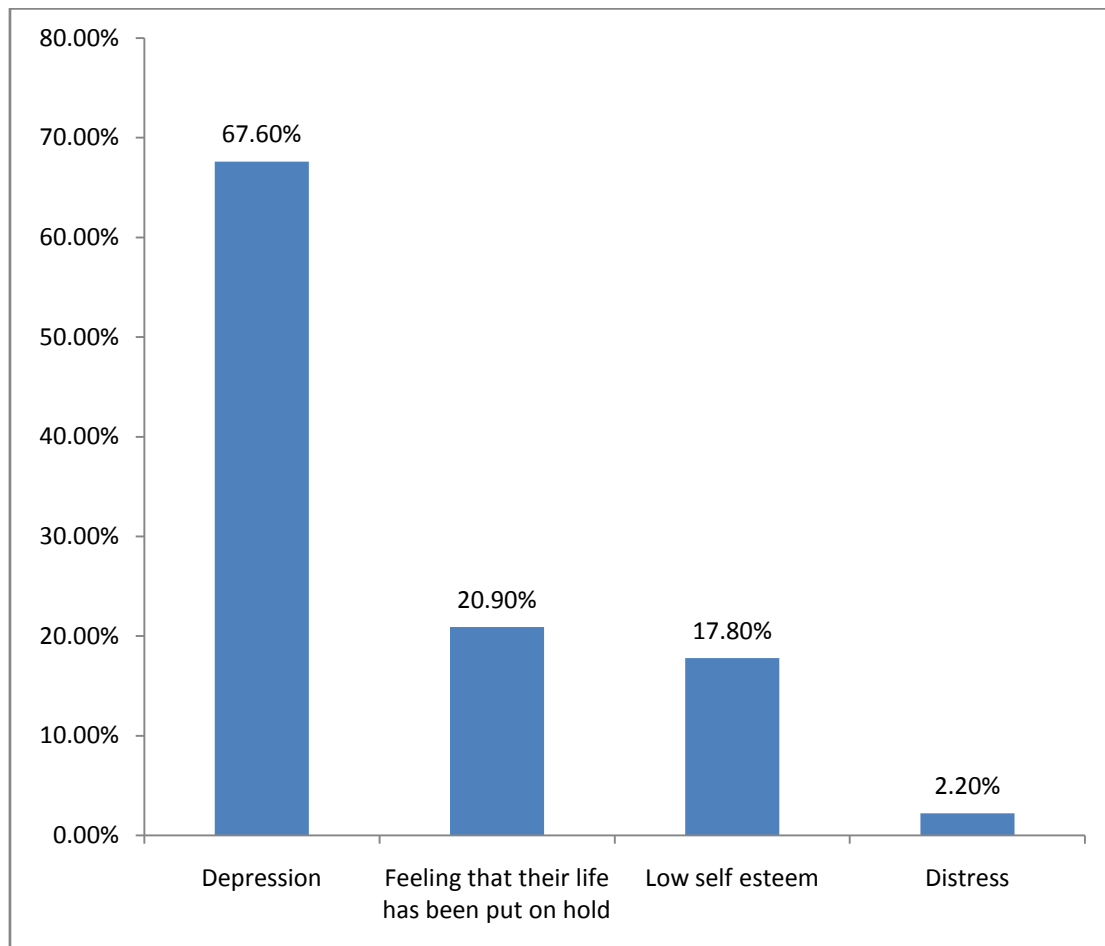
III. Result

Figure 1 Shows that majority of the respondents (98.2%) claimed that infertility is caused by uterine fibroid, 92% claimed that blocked tubes is a possible cause of infertility. A total of 90.2% and 80% of the respondents indicated that infertility is caused by use of contraceptives and sexually transmitted diseases respectively.



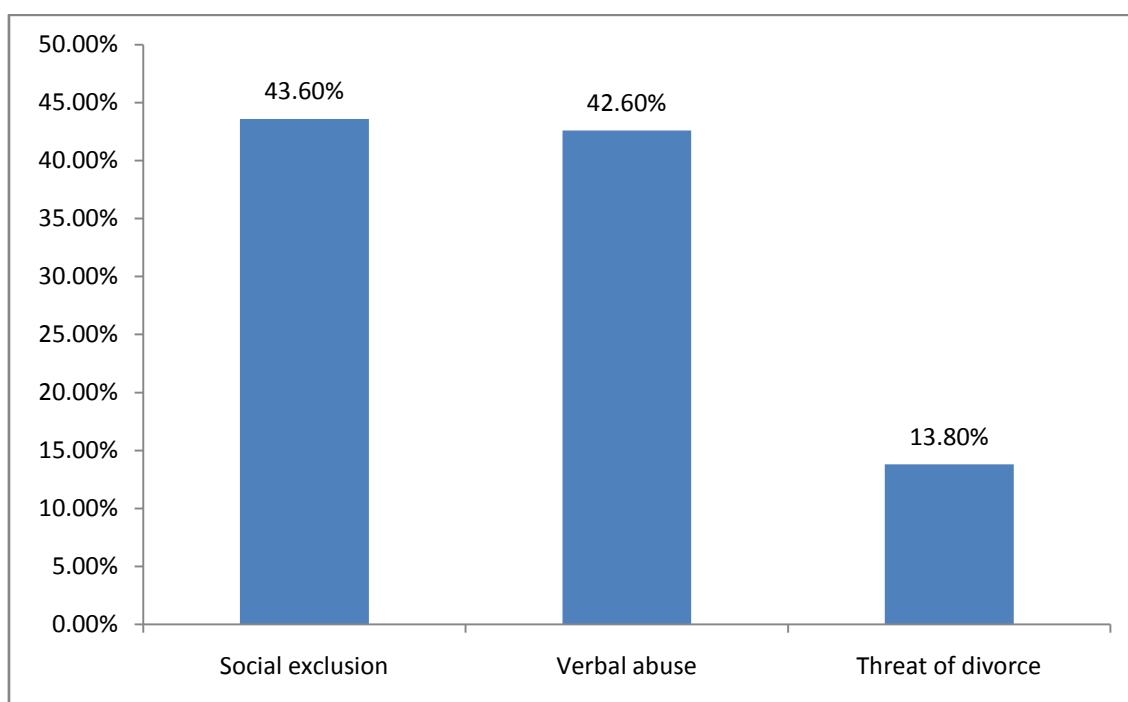
Psychosocial effects of infertility on study subjects

Figure 3 show that 67.6% of the respondents indicated that the major effect of infertility is depression. 20.9% of the respondents have the feeling that their life has been put on hold. 17.8% indicated that infertility has led to low self-esteem while 2.2% mentioned distress.



Social effect of infertility on the lives of respondents

Figure reveals that 43.60% believed infertility has led to social exclusion, 42.6% they are subjected to verbal abuse and 13.8% indicated that it has led to divorce.



IV. Discussion

Reproduction is one of the highest values and when child bearing seems impossible, probable psychological crisis sets in. Individual with infertility faces personal psychological, familial and societal pressures to produce a child. The experience of infertility is marked by disquiet and threat to individuals with infertility especially women's identity, status and economic insecurity. In addition, children are seen as source of happiness and they let a parent forget all their troubles. It is believed that children make a house full of life and pleasure.¹⁵ Couples with infertility are being treated with contempt and dishonor by the society, which views their infertility as a punishment for some social transgression.¹⁶ This was supported by the findings of this study which revealed that living without a child has been terrible as some of them have been victims of verbal and physical abuse as well as on the verge of losing their spouse. Some respondents (30%) believed that if the female is not able to conceive, she may be possessed by an evil spirit. The less educated participants were more likely to attribute the causes of infertility to an evil force or supernatural power, outside human control. In fact, these findings are confirmed by another study which was conducted amongst the Kuwait infertile women. It was discovered in that study that the uneducated group attributed the causes of their infertility to supernatural causes such as evil spirits, witchcraft and God's retribution, while the educated group held nutrition, marital and psychosexual factors responsible for their infertility.¹⁷ African marriages are based on an ability to produce children, and infertility could lead to separation, polygamy and finally divorce. Most traditional cultures place high social values on fertility particularly as demonstration of the consummation of the marriage and as one expression of the couple's social role. Although the need to have children is universal, it becomes even stronger in Africa countries where children are considered as assets and sustainable sources of income as well.¹⁸

Conclusion: This study revealed in addition to lack of knowledge of both causes and treatment of infertility among the study subjects, the women seeking treatment face several psychological and social problems with devastating effect on the mental health and well being of the infertile individuals and couples. We therefore recommends special unit that will focus on providing support services such as counseling to couples and individuals diagnosed with infertility.

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Balarabe Adamu Isah "Perceived Causes Of Infertility And Its Psychosocial Effects Among Women With Infertility Attending Gynecology Clinic In Usmanu Danfodiyo University Teaching Hospital, Sokoto "IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 17, no. 11, 2018, pp 26-30.