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Coping Strategies of Clients with Fertility Challenges Attending Obstetric and Gynaecological Clinic of University of Maiduguri Teaching Hospital, Borno State, North Eastern Nigeria

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Authors' contributions

This work was carried out in collaboration between all authors. All authors read and approved the final manuscript.

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ABSTRACT

This study was on coping strategies of clients with fertility challenges attending Obstetric and Gynaecological clinic of University of Maiduguri Teaching Hospital. The objectives of the study were to ascertain the use of escape/avoidance coping strategy by couples with fertility challenges, determine the use of self-controlling coping strategy by couples with fertility challenges, determine if couples with fertility challenges use social seeking support as a coping strategy and assess if couples with fertility challenges use positive reappraisal as a coping strategy. Descriptive design was used for the study. 232 respondents were selected using purposive sampling technique. The instrument for data collection was adapted from Folkman and Lazarus ways of coping. The face and content validity were determined by a psychologist and a consultant in Obstetric and

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Gynaecological clinic in UMTH. The results were presented in tables as percentages, means and standard deviation. Pearson Chi-square and Fisher's Exact test were used to determine the association between coping strategies based on gender at 0.05level of significance. Major findings of the study revealed that males used most coping strategies than the females. The analysis shows 57% of males and 31.1% of females drink and smokes and indulges in drugs as escape/avoidance coping strategy. There was significant difference in the used of escape/avoidance strategy (P=0.000). Similarly, there was significant difference in the use of self-controlling coping strategy as P=0.000, where 79.2% of males and 50.3% of females avoid people who trouble them about pregnancy and children. However, there was no significant difference in the use of social seeking support as 75% of males and 92.2% of females ask people with similar problem for advice with P=0.080. In the same vein, 64.9% of males and 89.2% of females used praying to God to change the situation as a positive reappraisal coping strategy with P=0.087. In conclusion, escape/avoidance and Self-control coping strategies were used more by men and there was no difference in use of social seeking support and positive reappraisal coping strategies. It was recommended that clients should use more of positive coping strategies like social seeking support and positive reappraisal to cope with the challenges of infertility.

Keywords: Coping; strategies; clients; fertility; challenges; UMTH.

1. INTRODUCTION

Infertility is perceived as a problem across virtually all cultures and societies and affects an estimated 10-15% of couples of reproductive age [1].

It has been viewed differently in different cultures. 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, lack of cooperation between the man and the woman during sexual intercourse [1]. No matter the culture, infertility is viewed as an enormous problem by couples everywhere.

According to Dhont et al. [2] 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 [2].

Apart from the rare cases when couples deliberately decide not to have children, inability to bear children has been the cause of many failed marriages and even destroyed many homes. It affects the self-esteem of a man, dampens his sense of control and also throws a woman into total confusion, frustration and anxiety. It is therefore an issue that should not be taken lightly by both the man and the woman. Many women believe that without children, life is without hope [3].

Infertility refers to the biological inability of a person to contribute to conception. It also refers to the state of a woman who is unable to carry a pregnancy to full term [4]. World Health Organisation, 1987 as cited in Tabong & Adongo, [5] defined infertility as failure to conceive after one year of regular unprotected sexual intercourse in the absence of known reproductive pathology. However epidemiological studies have revealed that in a normal population of heterosexually active women who are not using birth control methods, 25% will become pregnant in the first month, 63% within six months and 80% within one year. By the end of the second year, 85% to 90% will have conceived (National Collaboration Centre for Women and Children Heath [6]). Because some couples who are not infertile may not be able to conceive within the first year of unprotected sex, World Health Organization (WHO) therefore recommends the epidemiological definition of infertility, which is the inability to conceive within two years of exposure to pregnancy (WHO, 1987 in Tabong & Adongo, [5]). Individuals who are thought to be infertile are generally relegated to an inferior status, and stigmatized with many labels. As a

result, childlessness has varied consequences through its effects in the society and on life style of individuals. Though in some cases, the childless life style enhances life satisfaction for some individuals, yet it is diminishing for others for whom parenthood is a personal goal [7].

Graham [8] noted that, parenthood is one of the major transitions in adult life for both men and women. The stress of the non-fulfilment of a wish for a child has been associated with emotional related problems, sexual dysfunction and social isolation. Among couples with infertility challenges in general, women show higher levels of distress than their men partners. They experience sense of loss of identity and have pronounced feelings of incompleteness and incompetence.

However, infertility is a significant medical problem that affects many couples and has multiple aspects including physical, emotional, financial, social and psychological effects [9]. Experience of fertility challenges is a stressful condition itself, becoming particularly traumatic with previous pregnancies ending up in abortions, stillbirths and neonatal/infant deaths [10]. Receiving a diagnosis of infertility is a significant life crisis [11]. Feeling of grief and loss are very common as couples come to terms with the fact that they are not able to conceive. Infertility may result in a decrease in quality of life and an increase in marital discord and sexual dysfunction [12].

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 (National Collaboration Centre for Women and Children Health, [6]). In African culture, the meaning of marriage is only fulfilled if the woman conceives and bears children as they are seen as sources of power and pride as well as assurance of family continuity.

In Nigeria, the prevalence of infertility has been studied in demographic surveys, epidemiological surveys and through clinical observation [13]. The Nigeria demographic and health survey for the period 2006-2010 reported a prevalence rate of primary infertility of 22.7% in 15-49 years old women and 7.1% in 25-49 years old [13].

According to Jordan & Revenson [14] Coping strategies are ways in which one learns to deal with stressful situations. Every one copes with stress differently. Over time, 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”. Carroll et al. [15] noted 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 investigated the various coping strategies utilised by clients with fertility challenges attending Obstetrics and Gynaecological (O and G) clinic of University of Maiduguri Teaching Hospital (UMTH).

The researchers had observed that in obstetric and gynaecological clinic of University of Maiduguri Teaching Hospital (UMTH) 30% of the clients that came for consultation had fertility challenges and these raised questions in the mind of the researchers on how clients with fertility challenges cope with infertility. Which coping strategies do they adopt? Are there differences in the use of coping strategies based on gender? This study attempted to address these questions.

2. METHODS AND MATERIALS

Purposive sampling technique was used to select a total of 220 respondents who had been attending clinic for the past one year and had been married for two years and agree to participate voluntarily in the study. The study used descriptive survey conducted in Obstetric and Gynaecological clinic of UMTH. UMTH is the largest tertiary hospital in north eastern Nigeria and as well offer services to patients from neighbouring countries of Cameroon, Niger and Chad in which Borno state share boundaries with them.

The instrument for data collection was adapted by the researchers from structured questionnaire by Folkman and Lazarus [16] in 2005. The questionnaire consists of section A demographic variables and section B coping strategies of couples with fertility challenges adapted from revised version of ways of coping by Folkman

and Lazarus, [16] and some modifications made by the researchers in the questionnaire to suit the environment. Section B consisted of 22 items on rating scale of not used, used somehow, used quite a bit, and used a great deal. The instrument was validated by a psychologist and a consultant in Obstetric and Gynaecological Department of UMTH for face and content validity. The reliability of the instrument was determined by carrying out a test re-test on 23 clients attending the Obstetric and Gynaecological clinic of the State Specialist Hospital Maiduguri for infertility investigation and treatment. The scores obtained were correlated using a statistical tool Pearson Product Moment Correlation coefficient to determine the consistency of the instrument. A reliability coefficient result of 0.79 was obtained and that of the adapted was 0.83.

Ethical clearance was obtained from the Research and Ethics Committee of the UMTH to allow the researchers carry out the study in the institution on human subjects. An oral informed consent was also obtained from the clients with fertility challenges after explaining the purpose of the study to them. The respondents were assured of anonymity and confidentiality and their wishes and rights were respected throughout the period of data collection including the right to withdraw from the study at any time.

Data collected was tallied according to questionnaire items under research questions and analyzed using computer software package programme statistical package for social sciences (SPSS version 20). The demographic data of the respondents was analyzed using frequency distribution and percentages with mean and standard deviation to compare the age of respondents. Chi-square and Fisher's Exact test were used to determine whether the use of coping strategies by clients with fertility challenges was based on gender at 95% confidence interval. Frequency distribution and percentages as well as mean and standard deviation were used to analyse the coping strategies of respondents.

3. RESULTS

3.1 Demographic Variables of the Respondents

The result shows that; majority of the respondents were in the age grade of 30-39 years with mean age of 33.6±7.04 years. This shows that all the respondents were within reproductive age and still have hope of giving birth. A greater number of respondents had been married for almost 5 years indicated by 115 (52. 3%). This study finding is confirmed by Obeidat, Hamlan and Callister [17] where their respondents were within the reproductive age with a mean and standard deviation of 32±5.2 years.

Majority of the female respondents had secondary infertility. Similarly, most male respondents had impregnated a woman in their life time. The finding shows that; secondary infertility was more prevalent than primary infertility among the respondents studied. These findings are similar to the findings of Obuna, Ndukwe, Ejikeme and Ugbonna [18] as well as Panti and Sununu [19] who reported in their studies that, majority of their respondents had secondary infertility 64.7%, primary infertility 35.3%, secondary infertility 67.2% and primary infertility 32.8% respectively.

3.2 Use of Escape/Avoidance Coping Strategy by Clients with Fertility Challenges

The data analyzed revealed that slightly above half (54.7%) of males and 31.1% of females drink, smoke and indulge in drugs to forget they are childless with mean score and SD of 0.83 (0.893) for male and 0.35 (0.570) for female. What this means is that an average respondent falls between not used and used somehow. The higher mean value for male indicated that males used the strategy more than female. This is proven by the Fisher's Exact statistical test which shows a significant difference as indicated by P = 0.000. Similarly, 61.4% of males and 46.1% of females were workaholic with mean scores and SD of 1.00 (0.981) for male and 0.59 (0.770). This means that average male respondents used the strategy somehow while an average female respondent fall between not used and used somehow. The higher male mean score of 1.00 is the evidence that they used this strategy more than females and supported by significant Fisher's Exact test of P = 0.000. The findings support that of Pottinger et al. [20] and Audu et al. [21] where the male respondents make self-better by eating, drinking or smoking and keeping late nights.

Table 1. Socio demographic variables of respondents

Socio demographics	Frequency	Percent
Age in years		
20-29	60	27.3
30-39	109	49.5
40-49	43	19.5
50 and above	8	3.6
Gender		
Male	53	24.1
Female	167	75.9
Educational level		
Quranic	15	6.8
Primary	4	1.8
Secondary	111	50.5
Tertiary	90	40.9
Years of marriage in category		
1-5	115	52.3
6-10	67	30.5
11—15	20	9.1
16 and above	18	8.2
Have you been pregnant before? (women only)		
No	25	15.0
Yes	142	85.0
Have you impregnated a woman before? (Men only)		
No	19	35.8
Yes	34	64.2
Mean age=33.6±7.04		

This therefore means that males used escape coping strategy to cope with their fertility challenges more than females. This type of coping is a maladaptive coping mechanism where males avoid dealing with the problem (infertility challenges) and find solace in drinking, smoking and taking of drugs as well as being workaholic. By using this strategy, male will develop low self-esteem as well as poor relationship with their partners. This finding should be considered appropriate because infertility issues are place in the door steps of women in Africa and men involving in maladaptive coping is acceptable in our society since they will not bear the blame.

3.3 Use of Self-controlling Coping Strategy by Clients with Fertility Challenges

Findings from the study revealed that 73.6% of males and slightly above half (51.5%) of females avoid others from knowing how bad things were in their families with mean scores and SD of 1.23 (0.933) for male and 0.73 (0.835) for female. This indicate that an average male respondents fall between used somehow and used quite a bit while an average female respondents fall between not used and used somehow. The higher male mean score shows that, male used the strategy more than female as supported by significant statistical Fisher's Exact test of P = 0.000. In the same vein, 79.2% of males and 50.3% of females avoid people who trouble them about pregnancy and children. The mean scores and SD is 1.47 (0.953) for male and 0.78 (0.959) for female. This shows that an average male respondents used the strategy somehow and quite a bit while an average female respondent does not used the strategy as well as used it somehow to cope. The higher male mean value indicated that men used the strategy more than the female. This is evidence by the significant Fisher's Exact test of P= 0.000. The findings confirmed that of Pottinger et al. [20] where majority of men kept their feelings to themselves and as well-kept others from knowing their pains. However, these findings contradict that of Donkor and Sandall [22] where slightly above 90% of females, that is 91% kept their feelings to themselves, 96% kept others from knowing how bad things were and 95% refrained from discussing their problem with anyone except their husbands or partners.

Table 2. Showing the escape/avoidance strategy used by the clients to cope with the fertility challenges (n=220)

ESCAPE – AVOIDANCE	Not used n(%)		Used somehow n(%)		Used quite a bit n(%)		Used great deal n(%)		Mean (SD)	Mean (SD)	χ^2/fishers exact test p-Value
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Avoid being with pregnant women or Children	-	108(64.7)	-	44(26.3)	-	11(6.6)	-	4(2.4)			N/A
Leave when people are talking about pregnancy or Children	26(49.1)	106(63.5)	18(34.0)	40(24.0)	8(15.1)	16(9.6)	1(1.9)	5(3.0)	0.70(0.799)	0.52(0.790)	0.206f
Drinking, smoking or take drugs to forget am Childless	24(45.3)	115(68.9)	16(30.2)	48(28.7)	11(20.8)	2(1.2)	2(3.8)	2(1.2)	0.83(0.893)	0.35(0.570)	0.000f
Turn off television when a programme On	23(43.4)	94(56.3)	20(37.7)	67(40.1)	8(15.1)	3(1.8)	2(3.8)	3(1.8)	0.79(0.840)	0.49(0.629)	0.002f
Become a workaholic to keep myself Busy	21(39.6)	90(53.9)	15(28.3)	64(38.3)	13(24.5)	5(3.0)	4(7.5)	8(4.8)	1.00(0.981)	0.59(0.770)	0.000f
Refuse to believe that I can't be pregnant/impregnate a Woman	22(41.5)	89(53.3)	22(41.5)	61(36.5)	6(11.3)	5(3.0)	3(5.7)	12(7.2)	0.81(0.856)	0.64(0.852)	0.084f

**P-value < 0.05 is considered significant*

F= Fishers Exact test value. This is given in cross tabulation any time some cells have values less than 5 or when there is wide difference between the highest value and the lowest value in a data set.

Self-controlling coping strategy is also a maladaptive coping mechanism which men deployed to use more than females. They regulate their feelings and actions in order not to let anyone know what they are passing through by avoiding others from knowing how bad things are in their families and the same time avoid people that trouble them about pregnancy and children.

Table 3. Showing the self-controlling coping strategy used by clients with fertility challenges (n=220)

SELF CONTROLLING	Not used n(%)		Used somehow n(%)		Used quite a bit n(%)		Used great deal n(%)		Mean (SD) Male	Mean (SD) Female	χ2/ fishers exact test P-value
	Male	Female	Male	Female	Male	Female	Male	Female			
I try to keep my feelings to Myself	12(22.6)	82(49.1)	25(47.2)	65(38.9)	8(15.1)	10(6.0)	8(15.1)	10(6.0)	1.23(0.974)	0.69(0.835)	0.001f
I avoid others from knowing how bad things are in my Family	14(26.4)	81(48.5)	17(32.1)	64(38.3)	18(34.0)	8(4.8)	4(7.5)	14(8.4)	1.23(0.933)	0.73(0.835)	0.000f
I try to keep my feelings From interfering with other things I Do	13(24.5)	77(46.1)	17(32.1)	61(36.5)	15(28.3)	17(10.2)	8(15.1)	12(7.2)	1.34(1.018)	0.78(0.899)	0.001f
Just avoid people who trouble me with pregnancy/ children	11(20.8)	83(49.7)	12(22.6)	54(32.3)	24(45.3)	14(8.4)	6(11.3)	16(9.6)	1.47(0.953)	0.78(0.959)	0.000f

**P-value < 0.05 is considered significant*

F= Fishers Exact test value. This is given in cross tabulation any time some cells have values less than 5 or when there is wide difference between the highest value and the lowest value in a data set.

3.4 Whether Clients with Fertility Challenges Use Seeking Social Support as a Coping Strategy

Analysis from the use of social seeking support by clients with fertility challenges shows that, 67.9% of males and 45.5% of females talk to someone to find more about the problem for them with mean scores and SD of 1.17 (1.051) for male and 0.66 (0.882) for female. This indicated that an average male respondent used the strategy somehow and quite a bit while an average female respondent does not used as well as used it somehow to cope.

There was significant difference as proven by Fisher's Exact test of P = 0.006 to support the fact that males used the strategy more than females. On the other hand, 75% of males and 92.2% of females ask people with similar problem for advice with mean scores and SD of 1.38 (0.931) for male and 1.62 (1.060) for female. This means that an average respondent would fall between used somehow and used quite a bit here was no statistical significant difference in the use of coping strategy as proven by 20.562 and P > 0.05. The findings support that of Obeidat, Hamlan and Callister [17] where the participants reported receiving emotional support from extended family. However, the result is contrary to that of Donkor and Sandall [22] where talking to others about fertility problems was not a common strategy that women used as 52% indicated that talking to someone to find solution about their inability to have children did not apply to them. Whereas 53% did not accept sympathy and understanding from people.

Seeking social support is a positive coping strategy which helps clients to find solution to their problem by talking to people who can help

them find solution to their problem as well as ask people who have had similar problem in the past for advice. It also helps reduce the rate of stigmatization among clients with fertility challenges in the society as they received assistant and support from family, friends as well as co-workers to find solution to their problem.

3.5 Use of Positive Reappraisal as a Coping Strategy by Clients with Fertility Challenges

Regarding the respondents use of positive reappraisal as a coping strategy, 64.9% of males and 89.2% of females prayed to God to change the situation for them. The mean scores and SD

Table 4. Showing social seeking support used by clients with fertility challenges as a coping strategy (n=220)

SEEKING SOCIAL SUPPORT	Not used n(%)		Used somehow n(%)		Used quite a bit n(%)		Used great deal n(%)		Mean (SD) Male	Mean (SD) Female	χ2/fishers exact test P-value
	Male	Female	Male	Female	Male	Female	Male	Female			
Talk to someone to find out more about the problem for Me	17(32.1)	91(54.5)	18(34.0)	52(31.1)	**10(18.9)**	**13(7.8)**	8(15.1)	11(6.6)	1.17(1.051)	0.66(0.882)	0.006f
Talk to Someone about how I am feeling	12(22.6)	88(52.7)	18(34.0)	45(26.9)	**18(34.0)**	**20(12.0)**	5(9.4)	14(8.4)	1.30(0.932)	0.76(0.964)	0.000f
Accepted Sympathy And understanding from People	14(26.4)	91(54.5)	16(30.2)	50(29.9)	**15(28.3)**	**15(9.0)**	8(15.1)	11(6.6)	1.32(1.034)	0.68(0.894)	0.000f
Accepted Financial assistance From relations for Infertility Treatment	20(37.7)	97(58.1)	16(30.2)	52(31.1)	**9(17.0)**	**8(4.8)**	8(15.1)	10(6.0)	1.09(1.079)	0.59(0.838)	0.002f
Read/listen or watch Programme on television on infertility Management	**17(32.1)**	**14(8.4)**	**15(28.3)**	**48(28.7)**	10(18.9)	**85(50.9)**	**11(20.8)**	**20(12.0)**	**1.18(1.03)**	**1.62(1.030)**	**27.788** (0.070)
Ask people with similar problem for Advice	13(24.5)	13(7.8)	17(32.1)	52(31.1)	13(24.5)	88(52.2)	10(18.9)	14(8.4)	1.38(0.931)	1.62(1.060)	20.562 **(0.801)**
Stay with children in my house	19(35.5)	18(10.8)	11(20.8)	52(31.1)	16(30.2)	92(55.1)	7(13.2)	5(3.0)	1.21(0.797)	1.47(1.052)	0.067f

**P-value < 0.05 is considered significant*

F= Fishers Exact test value. This is given in cross tabulation any time some cells have values less than 5 or when there is wide difference between the highest value and the lowest value in a data set

Table 5. Showing the use of positive reappraisal as a coping strategy used by clients with fertility challenges (n=220)

POSITIVE REAPPRAISAL	Not used n(%)		Used somehow n(%)		Used quite a bit n(%)		Used great deal n(%)		Mean (SD) Male	Mean (SD) Female	χ^2/ fisher's exact test P-value
	Male	Female	Male	Female	Male	Female	Male	Female			
Channel my effort to my Career	16(30.2)	83(49.7)	13(24.5)	51(30.5)	15(28.3)	15(10.8)	9(17.0)	18(10.8)	1.32(1.088)	0.81(0.994)	16.177 (0.001)
I pray to God change the Situation	8(15.1)	26(10.8)	14(26.4)	45(26.9)	17(32.1)	15(9.0)	14(26.4)	81(48.5)	1.51(1.094)	1.91(1.03)	0.087f
Channel my effort to something Creative	11(20.8)	84(50.3)	19(35.8)	48(11.4)	17(32.1)	19(11.4)	6(11.3)	16(9.6)	1.34(0.939)	0.80(0.983)	0.000f
I made my plan to adopt a child	20(37.7)	98(58.7)	15(28.3)	49(29.3)	11(20.8)	14(8.4)	7(13.2)	6(3.6)	1.09(1.061)	0.57(0.795)	0.002f
Planned to go for Assisted Reproduction	14(26.4)	15(28.3)	6(11.3)	50(29.9)	18(34.0)	92(55.1)	15(28.3)	10(6.0)	1.64(0.877)	1.58(1.162)	0.074f

**P-value < 0.05 is considered significant*

F= Fishers Exact test value. This is given in cross tabulation any time some cells have values less than 5 or when there is wide difference between the highest value and the lowest value in a data set.

were 1.51 (1.094) for male and 1.64 (0.877) for female. This means that an average respondent used the strategy somehow and quite a bit. There was no significant statistical difference as indicated by Fisher's Exact test of P = 0.087. Furthermore, 73.6% of males and 71.3% of females planned to go for assisted reproduction with mean scores and SD of 1.64 (0.870) for male and 1.58 (1.162) for female. This indicate that an average respondent used the strategy somehow and quite a bit. There was also no statistical significant difference as proven by Fisher's Exact test of P = 0.074. This is in consonance with the findings of Farzadi et al. [23] where 79.3% pray and trust in God. It also supported the findings of Donkor and Sandall [22] where majority of women 99% pray to God and believed it was God's will and if He choose, they will eventually conceive. Clients used assisted reproduction as the last resort to have children when they cannot conceive on their own.

Finally, the magnitude in which the coping strategies were used are in the following order; escape/avoidance, social seeking support, positive reappraisal and self-control.

4. CONCLUSION

The outcome of the study showed that males use more maladaptive coping strategies (escape/avoidance and self-control) than females to cope with the problem which was statistically significant. This type of coping strategies in our society is accepted and therefore put the blame of infertility on the door step of the woman. While there was no significance different in the use of positive coping strategies (social seeking support and positive reappraisal) in which the respondents hope to have a child of their own in future.

CONSENT

Written informed consent was also obtained from the clients with fertility challenges after explaining the purpose of the study to them.

ETHICAL CONSIDERATION

Ethical clearance was obtained from the Research and Ethics Committee of the UMTH to allow the researchers carry out the study in the institution on human subjects.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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