DEMOGRAPHIC FACTORS AFFECTING HEALTH AND WELL-BEING OF COUPLES WITH INFERTILITY IN LAGOS ISLAND MATERNITY HOSPITAL, LAGOS STATE, NIGERIA

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Abstract

The study was carried out among 94 couples attending fertility clinic in Lagos Island Maternity Hospital, Lagos. A single questionnaire tagged "Demographic Factors, Health and Well-being Questionnaire for couple with Infertility" (DFHWQFCI) was used to collect data for the study. The data collected were analysed, using chi-square (cross-tabulation) statistics. Four hypotheses were tested in the study at 0.05 level of significance. The study established that there was no significant influence of years of marriage on health condition of couples with infertility in Lagos Island Maternity Hospital (X^2 = 7.357, df = 8, P>0.05). The study also established that there was no significant influence of age on well-being of couples with infertility in Lagos Island Maternity Hospital, Lagos State (X^2 = 10.907, df = 12, P>0.05). Furthermore, the study established that there was no significant influence of years of marriage on health condition of couples with infertility in Lagos Island Maternity Hospital, Lagos State (X^2 = 5.123, df = 8, P>0.05). Lastly, the study established that there was no significant influence of age on well-being of couples with infertility in Lagos Island Maternity Hospital, Lagos State (X^2 = 9.417, df = 12, P>0.05). Based on the above findings, some useful recommendations were made to enhance health and well-being of couples having infertility challenges.

Key words: *Demographic factors, health, Well-being, Couples, Infertility*

Introduction

Infertility as a life event can be understood from a number of conceptual perspectives: a developmental crisis, a grief reaction, a disruption of marital contracts and roles, a crisis of identity, sexuality, and/or values, or a challenge of decision-making processes (Cadwell & Orubuloye, 2001). However, having a child and creating a family are largely considered some of the

greatest accomplishments and joys in the lives of a couple (Jegede, 2010). A couple is medically defined as being infertile when there is a failure to conceive a child after 12 months of regular unprotected intercourse (Anderson, 2002). It has been indicated by the World Health Organization that 8% to 12% of couples worldwide experience infertility (Hsu & Kuo, 2002). It is important to note that infertility is simply a decrease in the ability to conceive, not the inability to conceive, which would indicate sterility.

In Africa, children are the fabric of any society, without which no meaningful social and economic progress is considered worthwhile. Infertility is defined as the inability of couples to achieve conception despite frequent, unprotected sexual intercourse for one year duration (Belsey, 2006). Infertility also includes the inability to carry a pregnancy to the delivery of a live baby. WHO in 1991 estimated that between 8% and 12% of couples experienced some form of infertility during their reproductive lives, thus affecting 50 to 80 million worldwide, out of which 20 – 35 million couples in Africa are expected to experience this problem. This can be extrapolated to 3-4 million Nigerian couples suffering from infertility (Thomas 1995). However, an estimate of infertile couples has been put at 19% by Okonofua in 1995, although authors in previous studies in the other parts of Nigeria gave ranging estimates. In Africa, its prevalence is particularly high in Sub-Sahara African, ranging from 20% to 60% (Ogunniyi, 2009).

The negative consequences of infertility are many. Infertility causes women in African societies a personal grief and frustration, depression, social stigma, social isolation, and often serious economic burden (Naab, Roger and Heidrich, 2013). Also in Africa, women with infertility problems may be despised, neglected and abused by the husbands and their in-laws (Dyer, Abraham, Mokoena et al., 2005).

Infertile couples experience multiple losses among which are loss of sexual identity and loss of status (Hart 2002). Women also reported being stressed and having poor self-esteem, lack of satisfaction with sexual performance and reduced frequency of sexual intercourse (Andrew, Abbey and Halman, 1991; Andrews, 2011).

In coping with infertility problems, series of strategies are used by women among which are avoidance of reminder of infertility, regaining control, being the best, looking for hidden meaning, giving in to feelings and sharing the burden (Davis and Dearman 1991); adoption (Bhatti, Fikreem and Khan, 1999); and social support (Mojoyinola and Aduloju, 2010).

The above strategies may not be adequate for effective coping with infertility, hence the need to consider the age and years of marriage of couples having infertility problems. It is against this background that the present study is based.

Review of Relevant Studies

Some studies had empirically documented the association between years of marriage and health condition of couples with infertility. For instance, Katz and Katz (2017) in their studies found that there was a significant impact of years of marriage on health condition of couples experiencing infertility as their family members are concerned about getting pregnant immediately after marriage. Maquet (2011) also in a study among the Tutsi in Ruwanda, found that there was a relationship between years of marriage and women's health reason for bearing children. The study

reported that, constantly, childless women complained about the result of long years of marriage leading to domestic violence and disrespectful attitude from their partners and relatives. This is quite often dehumanizing treatment.

The psychological complications of childless marriages as a result long years of marriage have been documented in the developed countries (Matsubayashi, 2014, Monga, 2014, King 2013, Tan, 2011, Ulbrich, 2014), and less developed nations of the world (Dyer, 2015, Jindal & Dhall, 2010). Women without children who have spent many years in their marriage were reported to be despised, neglected and abused by the husbands and their in-laws, leading to various health conditions (Dyer, 2015).

Upton (2011), in his study in Northern Botswana, reported that men and women reacted differently when they first received the news that they were infertile after long years of marriage. The scholar found that majority of the male respondents were shocked because they never believed that men can also be infertile, while women reacted by crying profusely.

Studies have also revealed the influence of age on health condition of couples with infertility. Akanni and Odukogbe, (2017) found that women over 35years are nearly 2.5 times more likely than a younger woman to have a stillbirth. By age 40, she is more than five times more likely to have a stillbirth than a woman under 35. For a woman aged 40, the risk of miscarriage is greater than the chance of a live birth. Another study found that female age is the most important determinant of spontaneous as well as treatment-related conception, with a gradual decline in fertility, especially, after the age of 35 years (Menken, 2016).

Also, American College of Obstetrics and Gynecology (2016) found no significant impact of age on health condition of couples with infertility as they reported that age is not something we can control, but if women want a baby or another baby, and are in a marriage, they can have a conversation with their partners sooner rather than later to reduce the emotional pressure. Also, the study reported father's age can also impact on chance of conception, time to pregnancy, risk of miscarriage and the health of the child. Older women may be more likely to be diagnosed with unexplained infertility and that this is due to the negative effect of age on ovarian reserve (Gleicher and Barad, 2016).

Miller, (2009) found that a diagnosis of ovulatory dysfunction was more common in younger age group. However, they could only show a trend towards an increased prevalence of unexplained infertility in older women. Akanni and Odukogbe, (2017) did not found any significant impact of age on health condition of couples experiencing infertility.

Thoits, (2015) examined the influence of years of marriage on well-being of couples experiencing infertility and found a significant association between years of marriage and their well-being. Gibson and Myers, (2002) found that years of marriage does not impact on well-being of couples experiencing infertility as they feel sense of belonging and acceptance within their environment. Remennick, (2000) found that years of marriage is not a determinant of well-being of couples attending the infertility clinics as they enjoy how to cope with stressor of

infertility. Miall, (2006) found that there is a significant impact of years of marriage on well-being of couples experiencing infertility in low income societies. However, Valentiner, Holahan, and Moos (2014) found no significant association between years of marriage and well-being of couples coping with stressful event of infertility.

Studies have also revealed the impact of age on well-being of couples experiencing infertility. Haagen, (2003) found a significant relationship between age and well-being of couples experiencing infertility in rural communities as they experience motivation from family and other social networks. Furthermore, Bish, (2005) observed that age improves the well-being of couples attending fertility clinics. Nahar, (2010) observed that age does not have significant impact on social well-being and interaction of couples experiencing infertility in India.

Similarly, El-Kak, (2009) found that age is not a determinant of well-being of couples going through infertility. Furthermore, Link and Phelan (1995) found that age is not a significant factor for the well-being of couples experiencing infertility in developed countries like UK, USA, etc. White, (2006) reported no age factor in promoting well-being of couples experiencing infertility in Finland. In another study, Berkman, (2004) found that age does not determine how couples cope with the stressor of infertility. However, Benson and Karlof, (2009) found that there is a significant effect of age on well-being of couples experiencing infertility in sub-Saharan African countries.

Hypotheses

$H0_1$ There is no significant influence of years of marriage on health condition of couples with infertility in Lagos Island Maternity Hospital, Lagos State.

$H0_2$ There is no significant influence of age on health condition of couples with infertility in Lagos Island Maternity Hospital, Lagos State.

$H0_3$ There is no significant influence of years of marriage on well-being of couples with infertility in Lagos Island Maternity Hospital, Lagos State.

$H0_4$ There is no significant influence of age on well-being of couples with infertility in Lagos Island Maternity Hospital, Lagos State.

Methodology

The study was carried out in Lagos Island Maternity Hospital, Lagos State among couples with infertility.

The Descriptive Survey research design was adopted for the study. All couples attending the fertility clinic of the hospital constituted the research population. In all, a total number of 94 couples with infertility who attended the maternity clinic were used as sample for the study. A single-questionnaire tagged "Demographic Factors, Health and Well-being Questionnaire for Couples with Infertility" (DFHWQFCWI) was developed and used for the study. The instrument is divided into three sections, namely, Section, A,B,C. Section A contains items measuring the demographic variables. Section B contains items measuring the health condition of the couples having infertility. The items were drawn from the 2008-2012 PROMIS Health Organization and PROMIS Cooperative Group Global Health Scale. Section C contains items measuring well-being. The items were drawn from Ryff (1995) scales of psychological well-being (SPWB) and Radzyk (2014) social well-being Questionnaire (SWBA). The instrument used for the study was reliably

validated, yielding Cronbach alpha value of 0.81. Approval was given by the authority of the hospital used and the informed consents of the patients were gained before giving each of them a copy of the questionnaire to complete. They were asked to indicate the option that best represents health and well-being they experience during the periods of infertility. The Researcher, Doctors and Nurses in charge of the fertility clinics in the hospital, assisted or guided the couples (especially the illiterate patients) to complete the questionnaire. All the 94 copies of the questionnaire were properly completed and were analysed, using chi-square statistical method at 0.05 level of significance.

Analysis, Results and Discussion of Findings

Hypothesis 1: There is no significant influence of years of marriage on health condition of couples with infertility in Lagos Island Maternity Hospital, Lagos State.

Table 1: Cross-tabulation showing the influence of years of marriage on health condition of couples with infertility

Variable		**Years of Marriage**			**Total**	
		1-5 years	**6-10 years**	**11-15 years**		**X^2**
Health condition	Poor	1(1.9%)	0(0%)	1(8.3%)	2(2.1%)	7.357
	Fair	3(5.8%)	3(10%)	0(0%)	6(6.4%)	
	Good	6(11,5%)	7(23.3%)	1(8.3%)	14(14.9%)	
	Very good	29(55.8%)	14(46.7%)	6(50%)	49(52.1%)	
	Excellent	13(25%)	6(20%)	4(33.3%)	23(24.5%)	

X^2 =7.357, df = 8, P>0.05

Table 1 reveals that there is no significant influence of years of marriage on health condition of couples with infertility (X^2cal (7.357) < X^2 crit (15.507)). The result gives support to the hypothesis, hence, the null hypothesis was accepted. The result is consistent with the finding of Maquet (2011) that there is no specific impact of years of marriage on health condition of couples experiencing inability to bear children. The above finding is not supported by the findings of Andrews, (2011) that years of marriage has significant influence on health condition of couples experiencing infertility. However, the finding is further supported by the finding of Matsubayashi, (2014) that years of marriage did not have any specific impact on health condition of couples with infertility.

Hypothesis II: There is no significant influence of age on health condition of couples with infertility in Lagos Island Maternity Hospital, Lagos State

Table 2: Cross-tabulation showing the influence of age on health condition of couples with infertility

Variable		Age					
		18-25years	26-35years	36-45years	46years and above	Total	X^2
Health Condition	Poor	0(0%)	1(2%)	0(0%)	0(0%)	1(1.1%)	10.907
	Fair	0(0%)	0(0%)	1(3.6%)	0(0%)	1(1.1%)	
	Good	3(27.3%)	11(22%)	8(28.6%)	0(0%)	22(23.4%)	
	Very good	5(45.5%)	20(40%)	12(42.9%)	5(100%)	42(44.7%)	
	Excellent	3(27.3%)	18(36%)	7(25%)	0(0%)	28(29.8%)	

X^2 =10.907, df = 12, P >0.05

Table 2 reveals that there is no significant influence of age on health condition of couples with infertility in Lagos Island Maternity Hospital, Lagos State (X^2cal (10.907) < X^2 crit (15.507)). The result is in line with the finding of Akanni and Odukogbe, (2017) that age does not have significant impact on health condition of couples with infertility. Also, the result gives support to the finding of American College of Obstetrics and Gynecology, (2016) that there is no significant impact of age on health condition of couples with infertility. Furthermore, the result is consistent with the finding of Miller, (2009) that age is not associated with health condition of couples in a fertility clinic.

Hypothesis III: There is no significant influence of years of marriage on well-being of couples with infertility in Lagos Island Maternity Hospital, Lagos State.

Table 3: Cross-tabulation showing the influence of years of marriage on well-being of couples with infertility

Variable		Years of Marriage				
		1-5 Years	6-10 Years	11-15 Years	Total	X^2
Well-being	Not at all	33(63.5%)	16(53.3%)	5(41.7%)	54(57.4%)	5.123
	A little bit	5(9.6%)	4(13.3%)	2(16.7%)	11(11.7%)	
	Somewhat	3(5.8%)	0(0%)	1(8.3%)	4(4.3%)	
	Quite a bit	7(13.5%)	6(20%)	3(25%)	16(17%)	
	Very Much	4(7.7%)	4(13.3%)	1(8.3%)	9(9.6%)	

X^2 =5.123,df = 8, P >0.05

Table 3 reveals that there is no significant influence of years of marriage on well-being of couples with infertility in Lagos Island Maternity Hospital, Lagos State (X^2cal (5.123) < X^2 crit (15.507)). The result is in line with the finding of Gibson, and Myers (2002) that years of marriage does not impact on well-being of couples experiencing infertility. The result is also consistent with the finding of Remennick (2000) that years of marriage is not a determinant of well-being of couple attending the infertility clinic. Additionally, the result is consistent with the finding of Miall (2006) that there is no significant impact of years of marriage on well-being of couples experiencing infertility in low income societies. Furthermore, the result is supported by the finding of Valentiner, Holahan, and Moos (2014) that there is no significant association between years of marriage and well-being of couples coping with stressful event of infertility.

Hypothesis IV: There is no significant influence of age on well-being of couples with infertility in Lagos Island Maternity Hospital, Lagos State.

Table 4: Cross-tabulation showing the influence of years of marriage on well-being of couples with infertility

Variable		**Age**					
		18-25years	**26-35years**	**36-45years**	**46years and Above**	**Total**	**X^2**
Well-being	Not at all	1(9.1%)	7(14%)	5(17.9%)	1(20%)	14(14.9%)	9.417
	A little bit	0(0%)	10(20%)	3(10.7%)	0(0%)	13(13.8%)	
	Somewhat	1(9.1%)	9(18%)	3(10.7%)	1(20%)	14(14.9%)	
	Quite a bit	4(36.4%)	8(16%)	5(17.9%)	2(40%)	19(20.2%)	
	Very much	5(45.5%)	16(32%)	12(42.9%)	1(20%)	34(36.2%)	

X^2 =9.417, df = 12, P >0.05

Table 4 reveals that there is no significant influence of age on well-being of couples with infertility in Lagos Island Maternity Hospital, Lagos State (X^2cal (9.417) < X^2 crit (15.507)). The result corroborates the finding of Nahar (2010) that age does not have significant impact on social well-being and interaction of couples experiencing infertility in India. Similarly, the result is in line with the finding of El-Kak, (2009) that age is not a determinant of well-being of couples going through infertility. The result is also supported by the finding of Link and Phelan (1995) that age is not a significant factor for the well-being of couples experiencing infertility in developed countries like UK, USA, etc. The above result gives support to the finding of White, (2006) that there is no age factor in promoting well-being of couples experiencing infertility in Finland. Also, the result corroborates the finding of Berkman, (2004), that age does not determine how couples cope with the stressor of infertility. However, the result contradicts the finding of Benson and

Karlof (2009) that there is a significant effect of age on well-being of couples experiencing infertility in sub-Saharan African countries.

Conclusion

Findings from the study show that demographic variables of age and years in marriage has no significant influence on health and well-being of infertile couples. This is probably due to the fact that over time, couples have become more emotionally matured and able to adopt positive coping skills. Furthermore, the age of women in this research brings about hope for infertile couples as there is still chance for fertility before the menopause phase sets in. Findings from the study may also suggest genuine changes or shifts in perception, regarding infertility. There may be positive signs that the negative social consequences that childless individuals suffer in Nigerian societies might be or go on the decline. The results obtained from the study further suggest that the couples understudied did not yield to pressures, negative actions and reactions from family members and others which could have serious health consequences on them.

It can, therefore, be summarily concluded that when couples having infertility problems show emotional maturity based on their age and years of marriage, they will be able to adjust and cope effectively with challenges of infertility.

Implication of findings for Social Work Practice with Couples Experiencing Infertility

As the awareness and reported cases of infertility continue to increase, so too will the number of infertile couples seeking guidance from social workers to deal with the psycho-social issues related to the infertility experience. As social workers may come into contact with couples struggling with infertility in a wide variety of work settings, this study will provide information for more effective social work practice. Therefore, the social workers are uniquely qualified to assist couples in addressing issues in all areas of psycho-social functioning. They have to intervene in complex problems of loss or infertility ranging from a multidimensional perspective, incorporating biological, psychological, and social factors. Social workers should help in buffering the effects of infertility or pregnancy loss by seeing the couple as a unit, searching for adaptive strengths, improving sharing and communication. These efforts would strengthen the couple's ability to cope and be resilient for the future.

Social workers also need to recognize that infertile women who make the decision to stop treatment or not to adopt often continue to identify their infertility as the primary component of their "self" for quite some time. There is so much shame with infertility which is compounded for those that were raised in an environment of shame, secrets, and/or unresolved childhood trauma. Social workers should, therefore, help women work through the trauma and shame of infertility so it does not get 'stuck' in their bodies and minds by assisting them in developing a narrative around their infertility. This involves identifying all the losses—social, identity, ancillary—and helping clients articulate what the losses mean to them. This is fundamental in helping to integrate the loss into one's life story. The social worker also has to introduce themes of acceptance and choice and instil hope by conveying that it is possible to live a good and rewarding life.

Recommendations

Based on findings for the study, the following recommendations were made:

1. There is need for the Federal Ministry of Health to send social workers for training on psycho-social management of infertility.
2. The Ministry of Health should provide drugs and supplies needed for infertility care and always make them available, sufficient and affordable to the clients.
3. Non-governmental organizations should view infertility as a public health issue, since it burdens on the society.
4. There is need for government supportive services for couples experiencing infertility in Nigeria.
5. Health educational programmes about infertility through the mass media should be sponsored.
6. There is need for medical social workers to ensure that counselling is incorporated in the care of patients with infertility and their significant relatives.
7. The Hospital management boards should employ more welfare counsellors and post them to various hospitals for effective counselling with couples having infertility problems.
8. Hospital management boards should sponsor researches related to infertility.
9. There is need for couples to be emotionally matured for effective adjustment and coping with challenges of infertility.

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