





Infertility: Lived Experiences of Couples Seeking Fertility Treatment in Selected Hospitals in Lagos State, Nigeria

Lemonu, Kuburat M.¹ and Gbogbo, Josephine^{1,2}

¹African Centre of Excellence for Public Health and Toxicological Research, (ACE-PUTOR), University of Port Harcourt, PMB 5323, Choba, Port Harcourt; ²Department of Nursing, University of Port Harcourt, PMB. 5323. Choba, Port Harcourt, Nigeria.

*Corresponding author: motunlade@gmail.com; Tel. +2348055439470

Article History	Abstract
<p>Received: 12 April 2024 Accepted: 15 June 2024 Published: 05 July 2024</p>	<p>Infertility poses a significant health challenge, especially in cultures like Nigeria, where the importance of parenthood is paramount, and childlessness carries social stigma. Despite its prevalence, there remains a gap in understanding the experiences of infertile couples navigating treatment in Nigeria. This qualitative phenomenological research aimed to delve into the experiences of infertile couples seeking fertility treatments in selected Lagos State hospitals, focusing on the psychological impacts of infertility, psychosocial effects, treatment barriers, and coping mechanisms. Data were obtained from infertile couples receiving treatment at four selected fertility clinics in Lagos State through unstructured interviews, supported by an interview guide and audio recordings. Participants met specific inclusion criteria, and data saturation was reached after 21 interviews. Three themes and nine sub-themes were identified, 17 of 21 couples (80.95%) stated infertility is accompanied with emotional distress; 18 of 21 (85.7%) expressed low self-esteem and dissatisfaction with life; 13 couples (61.9%) experienced denial and stigmatization; 80.9% of the couples identified financial limitations as major barriers to infertility care; 14 out of 21 (66.7%) are hindered by their cultural/beliefs, and 16 couples (76%) experienced poor access to suitable treatments. Nonetheless, couples demonstrated resilience through religious faith, hope in assisted reproductive technologies (ART), and few participants, 2 of 21 (9.5%) expressed engagement in occupational activities as coping measure. The research emphasized the intricate psychosocial hurdles confronting infertile couples in Nigeria, advocating for enhanced support structures, improved fertility care accessibility, and culturally attuned interventions. Addressing these issues is pivotal to promoting the well-being and reproductive health of infertile couples in Nigeria and comparable settings.</p>
	<p>Keywords: Infertility, Lived Experiences, Treatment seeking.</p> <p>License: CC BY 4.0[♦]</p>  <p>Open Access article.</p>

How to cite this paper: Lemenou, K.M and Gbogbo, J., 2024 *Infertility: Lived Experiences of Couples Seeking Fertility Treatment in Selected Hospitals in Lagos State, Nigeria. Journal of Public Health and Toxicology Research*, 2(1): 56-60.

Introduction

Infertility poses a significant and growing challenge to global public health, resonating across diverse cultural and societal landscapes. This complex health issue intersects with deeply ingrained societal norms, particularly in pronatalist societies such as Nigeria. Here, the act of procreation extends beyond a personal choice to become an anticipated societal expectation (Esan et al., 2022; Thomas et al., 2021). The cultural emphasis on childbearing shape's personal identity, self-worth, and familial legacy. Within these contexts, childlessness

transcends a mere medical condition to become a profound societal stigma, fostering feelings of inadequacy and social marginalization (Esan et al., 2022).

While infertility affects individuals irrespective of gender, its consequences are often disproportionately borne by women, who frequently face societal blame and exclusion. In Nigeria, prevailing societal narratives tend to attribute infertility predominantly to women, perpetuating myths and misconceptions that exacerbate the emotional and psychological toll on affected individuals (Njogu et al., 2022; Obeagu et al., 2023). Such entrenched beliefs sustain a cycle

[♦]This work is published open access under the [Creative Commons Attribution License 4.0](https://creativecommons.org/licenses/by/4.0/), which permits free reuse, remix, redistribution and transformation provided due credit is given.

of shame and silence, obstructing open dialogue and impeding access to essential healthcare services and support networks. On a global scale, infertility impacts an estimated 48.5 million couples, with prevalence rates ranging from 3.5% to 40% across low- and middle-income countries and peaking at 30–40% in the Sub-Saharan Africa region (Chiwere et al., 2021; Chibatata & Malimba, 2019). In Nigeria specifically, studies have highlighted infertility rates between 20% and 30%, emphasizing its role as a prevalent reproductive health issue that transcends geographical and cultural divides (Obeagu et al., 2023).

The psychosocial implications of infertility are manifold, extending beyond medical diagnosis to influence various aspects of an individual's life. Infertile couples often grapple with emotional, relational, and financial challenges, experiencing heightened levels of stress, anxiety, depression, and strained interpersonal dynamics (Hiadzi, 2022; Taebi et al., 2021). Women face increased emotional distress and societal scrutiny, bearing the societal burden of motherhood and often being held accountable for the couple's reproductive challenges (APA, 2019; Wilson, 2023).

Assisted Reproductive Technology (ART) offers a glimmer of hope for many couples navigating the complexities of infertility. However, the potential of ART remains inaccessible to a substantial portion of the global population, particularly in low- and middle-income countries like Nigeria, where challenges related to accessibility, affordability, and awareness create significant barriers to treatment (WHO, 2022; Nwosu et al., 2022). The prohibitive costs of ART, combined with limited availability and inadequate healthcare infrastructure, perpetuate disparities in access to reproductive healthcare services, intensifying the struggles faced by infertile couples and exacerbating existing socio-economic disparities.

Despite the escalating prevalence and profound societal impact of infertility, there exists a noticeable gap in comprehensive research exploring the lived experiences of couples navigating fertility treatments, particularly in culturally diverse settings such as Lagos State, Nigeria. Existing studies predominantly focus on the medical dimensions of infertility, overlooking the intricate interplay of psychosocial, cultural, and economic factors that shape individuals' experiences and perceptions of infertility (Ozturk et al., 2020; Obeagu et al., 2023).

This study aims to address this critical gap by delving into the multifaceted experiences of infertile couples seeking fertility treatments in selected hospitals in Lagos State, Nigeria. This study delves into the psychological, psychosocial, and economic effects of infertility, aiming to deepen understanding of the experiences, attitudes, and coping mechanisms of individuals facing this challenge. The objective is to highlight the complexities of infertility and to guide policies and practices that enhance empathy, understanding, and support for affected couples across various cultural settings.

The biopsychosocial model is employed as a comprehensive framework to examine the biological, psychological, and social factors that affect the health and well-being of infertile couples. This method uncovered deep insights into participants' experiences and their infertility struggles.

The purpose of this study is to explore the experiences of couples seeking fertility treatments in selected hospitals in Lagos State, Nigeria.

The specific objectives of this study are to:

1. Explore the psychological impact of infertility and its treatment on couples seeking fertility therapy in selected hospitals in Lagos State, Nigeria.
2. Investigate the psychosocial effects of infertility among couples in selected hospitals in Lagos State, Nigeria.
3. Explore the barriers encountered by infertile couples during treatment in selected hospitals in Lagos State, Nigeria.
4. Uncover the coping strategies adopted by infertile couples seeking infertility treatment in selected hospitals in Lagos State, Nigeria.

Methodology

The study utilized a phenomenological qualitative design, focusing on deeply understanding the lived experiences of infertile couples. Using a descriptive survey design, detailed narratives and insights were gathered to provide a nuanced view of their experiences.

Setting:

The research took place in Lagos State, Nigeria, within both public and private healthcare settings known for their fertility treatment expertise. Notable locations included the Lagos University Teaching Hospital (L.U.T.H.) and three private facilities: OMNI Advanced Fertility Clinic, Kingswill Specialist Hospital, and Fertilgold Fertility Clinic. This diverse selection aimed to broadly represent infertile couples' experience in Lagos.

Study Population and Sampling:

The population comprised of infertile couples seeking treatment in the chosen facilities, representing the socio-cultural and economic diversity of Lagos State. Couples who had been trying to conceive for at least one year without success and are able to provide in-depth information about their experiences were included, however, those unable to communicate in English or Yoruba, or who showed signs of mental instability, were excluded. Ethical approval was received from the University of Port Harcourt Research Ethics Committee and informed written consent was sought and obtained from the research participants prior the interview.

Data saturation was achieved after interviewing 19 participants, with two additional interviews ensuring comprehensive coverage of 21 participants. A purposive non-probability sampling method was used, focusing on diversity in age, ethnicity, education level, employment status, and duration of infertility.

Data Collection and Analysis:

Data collection was conducted using an unstructured interview guide, which allowed for flexible, in-depth questioning. Interviews were audio-recorded, ensuring accurate data transcription and analysis. The study followed Lincoln and Guba's trustworthiness criteria to validate the data collection instruments.

Data were analysed through Interpretative Phenomenological Analysis (IPA), involving six steps: familiarization with data, generating codes, developing themes, reviewing themes, defining themes, and discussion. This method helped uncover deep insights

into the participants' experiences and the meanings they attributed to their infertility struggles.

Results

Three themes and nine sub-themes were generated from the analysis of the transcripts.

Theme 1: The Experiences of Infertile Couples

Most participants (90.5%) stated that infertility significantly disrupts marital peace, causing frustration and a sense of incompleteness, particularly in cultures where childbearing is essential for a "complete" marriage. A smaller group (9.5%) mentioned that their infertility issues arose after their first child, compounded by earlier miscarriages, leading to severe emotional stress and the pursuit of fertility treatments.

Emotional Stress and Frustration (Sub-theme)

Most participants reported that consistent attempts to conceive without success lead to emotional exhaustion and mechanical intimacy, increasing mental strain and doubts about fertility. This often drives couples to seek treatment in hospitals or herbal clinics. A few participants noted they did not recognize their infertility until five years into trying to conceive. An excerpt from one of the participants goes thus—*"What do you expect, after 8 years of marriage, with no child? The relationship is not the same as when we started. At times I don't even feel like going home. I am the only son of my parent, they had advised me to get another lady as a second wife, but I couldn't do that. I don't think I can cope with two women. I had stayed away from most of my friends. I can't take their advice. Yet I'm not happy within me"*. (Couple 20, Appendix II)

Low Self-esteem and Dissatisfaction with Life (Sub-theme)

Most participants felt diminished among peers due to their infertility, describing a loss of joy and excitement in life. Support from family and prayers were highlighted as crucial for coping, in a society that often views childlessness as a curse or punishment. Below are some excerpts from the participants:

"Six years after my first marriage, my husband married another woman who got pregnant for him. I decided to quit the marriage because I couldn't bear the shame and agony" (Couple 20, Appendix II)

"... Aaah, to be sincere, I felt very bad, I felt as if I had gotten it wrong, why should I be, or should it be me getting myself engaged with somebody through prayer and everything else, preserve myself and never think of double dating. And end up suffering from this kind of issue. I like following procedures in Christ. I felt I was finished; what came to mind was, does that mean I will never have a child of my own" (couple 1, Appendix II).

Stigmatization & Denial (Sub-theme)

Participants described feeling ostracized and ridiculed due to infertility, leading to avoidance of public events and strained relationships with family and friends.

"I had stopped partying with friends. even, few classmates back then, I used to avoid them, because I don't want anybody to ask me of my child" (Couple 18, Appendix II)

Theme 2: Barriers to Fertility Treatment

The majority of the participants remarked that it has been an onerous task to seek fertility treatment. They emphasized that their lack of awareness and lack of finances were among

the major reasons why they had not sought medical treatment for infertility. Most of them lamented that their setbacks were a lack of finances for another IVF when the first procedure failed.

Participant Statements:

"...Exactly, she had told you. All my earnings practically go to these herbalists, all to have a child of our own. it is so painful that I sometimes get worried whenever I think of previous pregnancies with my girlfriends before marriage, but they are not wife material. All they are after is clubbing and spending money" (Couple 3, Appendix II).

Economic and Financial Barriers to Infertility Treatment (Sub-theme)

The majority of the participants from the four specialist hospitals emphasized that one of the biggest challenges in seeking fertility treatment is financial involvement. Indeed, infertility is a life crisis that gulps in much of the finances of affected couples and their families.

Participant Statements:

"The primary obstacle was financial; the cost of the IVF treatment was exorbitant. I found myself having to secure a loan to help cover the expenses involved" (couple 4, appendix II).

Culture/Belief (Sub-theme)

Many of the participants identified belief to be a critical barrier to infertility treatment. It is always believed in most communities that, it's God or Allah that gives children, and as such couples, who are infertile are believed to be suffering some curses which require spiritual cleansing.

Participant Statements:

"...hmm, our major challenge was the disturbance from the village, eight years into our marriage, and no pregnancy, the pressure increased from home, that we needed to return for spiritual cleansing and herbal medications. But my wife had always reminded me that in God's time, we shall have our own kids" (couple 21, Appendix II).

Access to Proper Infertility Treatment (Sub-theme)

Almost all the participants emphasized that one of their biggest obstacles to treating infertility was having access to proper fertility treatment, noting that they had continued visiting different clinics and not getting the needed attention.

Participant Statements:

"... I have been going to the hospital after 3 months of marriage, yes, a gynecologic clinic, The female doctor said I need an operation for a cyst that grows in my ovary. After the operation, 'tearing'..." (couple 7, Appendix II).

Theme 3: Coping strategies adopted by unproductive couples. Most participants (16 out of 21) cope with infertility through strong religious faith and hope for children.

Participant Statements:

"...I managed to endure with the help of my husband and close friend. Prayers and counselling go a long way in keeping me fit. I pray that God should continue to help me with the pregnancy because I have heard that some people used to have miscarriages" (couple 4, Appendix II).

Coping Based on Religious Beliefs (Sub-theme)

Most participants cited their religious beliefs as key coping strategies. Christians trust in God's timing for children, while Muslims rely on Allah's blessings for their marriages.

Participant Statements:

"In all, I have hope in God. I have cried on so many occasions. It is the grace of God that is keeping me" (couple 1, Appendix II).

Coping based on the hopes of assisted reproduction technology (Sub-theme)

Most participants undergoing infertility treatment expressed that their hopes in the treatment and IVF procedures sustain peace and love in their families. Those who experienced miscarriages and failed IVF procedures were particularly broken compared to first-time procedure candidates.

Participant Statements:

"My husband has been a good and caring man. He stood by me and gave me support with this treatment. We are Muslims who believe in destiny, so my mate has also been supportive in prayers" (couple 2, Appendix II).

Coping based on Occupation (Sub-theme)

Few participants (2 out of 21) identified their jobs as their escape routes. They spend all their time at work only to return home exhausted and the following day, the cycle continues. Again, the financial stability they achieve from their jobs makes them forget the mockery and ridicule at home.

Participant Statements:

"... em, I usually do not spend time at home, I guess my very busy schedule has been my coping strength; I only come home at night. I barely have time to think of my condition" (couple 17, Appendix II).

Discussion

The journey through infertility is undeniably laden with profound emotional stress, overwhelming frustration, and a persistent sense of unworthiness, all of which are further intensified by the uncertainties surrounding treatment options and the weight of societal expectations. The study illuminates the intricate web of challenges faced by infertile couples in Lagos State, Nigeria, shedding light on the multifaceted psychosocial impact that infertility exerts on their lives.

Psychological impacts of infertility- one of the most striking findings were the profound emotional turmoil experienced by couples, characterized by feelings of emptiness, incompleteness, and deep-seated frustration (Esan et al., 2022; Thomas et al., 2021).

Psychosocial effects of infertility- Emotional distress was further exacerbated by societal stigmatization, financial constraints, and the limited availability of appropriate treatment options, creating a complex tapestry of challenges that couples must navigate daily (Njogu et al., 2022; Oluwole et al., 2020).

Barriers encountered by infertile couples- one of the biggest challenges in seeking fertility treatment is financial involvement (Obeagu et al., 2022). A smaller number of participants emphasized that their greatest barriers to seeking infertility treatment were the beliefs and culture of their people.

Coping strategies adopted by infertile couples- this study highlighted that most participants were able to cope with

the challenges of infertility with their faith and belief in God (Abdelnabi 2023).

This article builds upon previous research and literature on infertility, incorporating findings and insights from various studies to support its arguments. Some of the key arguments and findings from previous authors that are referenced in the article include:

Psychosocial Impact: Previous studies (Esan et al., 2022; Thomas et al., 2021; Njogu et al., 2022) have highlighted the emotional distress, societal marginalization, and financial strains associated with infertility. These findings resonate with this study's observations, emphasizing the profound psychosocial impact of infertility on couples' lives.

Access to Fertility Care: Despite advancements in Assisted Reproductive Technology (ART), many couples still face challenges accessing comprehensive fertility care, especially in low- and middle-income countries (WHO, 2022; Nwosu et al., 2022). The study underscores the critical need for improved accessibility to fertility care services to alleviate the burden on affected couples.

Sociocultural Factors: Sociocultural norms, gender roles, and traditional practices further exacerbate the challenges faced by infertile couples (APA, 2019; Enwuru et al., 2020). The result of the study highlights the importance of culturally sensitive interventions and support systems to address these challenges effectively. Recent research underscores the psychological toll of infertility, including depression, guilt, and social withdrawal (Obuna & Igwe, 2022; Oluwole et al., 2020), highlighting the necessity for tailored psychological support.

This study adds to the existing literature on reproductive health by advocating for a holistic approach to address the psychosocial impact of infertility and enhance support for affected couples. It emphasizes collaborative efforts among healthcare providers, policymakers, and community stakeholders to develop effective strategies for improving the well-being of infertile couples.

Acknowledgments

The authors acknowledge all the participants who provided the information and the research assistants who collected the data for this research.

Funding

The authors have no affiliation with any organization with a direct or indirect financial interest in the subject matter discussed in the manuscript.

Competing Interest

This manuscript has not been submitted to, nor is it under review at, another Journal or other publishing venue.

References

- Adegunmi, E. A. (2019). Infertility treatment financing in Nigeria. *Nigeria Journal of Health Sciences*, Available from: <http://chs-journal.com>
- Enwuru, C. A., Iwalokun, B., Enwuru, V. N., Oparugo, C. T., Ezechi, O., & Oluwadun, A. (2020). Fertility knowledge, care-seeking behavioral pattern, and attitudes of infertile men in Lagos, *International Journal of Research in Medical Sciences*, 8(3), 901-907.
- Esan, D. T., Nnamani, K. Q., Ogunkorede, A., Mohammed, F., Oluwagbemi, O. O., & Ramos, C. G. (2022). Infertility affects the quality of life of Southwestern Nigerian women and their partners. *International journal of African Nursing Sciences* 17, 100506.
- FertilityHub Nigeria. (2022). Understanding IVF treatment cost in Nigeria. Available from: <https://fertilityhubnigeria.com>.
- Ghorbani, M., Hosseini, F. S., Yunesian, M., & Keramat, A. (2020). Dropout of infertility treatments and related factors among infertile couples. *Reproductive health journal* 17 (1), 1-6.
- Joe-Ikechebelu, B. B., Okehi, U. G., Onuoha, K. N., Jegede, O. T., Asini, A. O., & Moshood, I. O. (2023). Knowledge, Attitude and Perception of Assisted Reproductive Technology among patients attending health clinics at Babcock University Teaching Hospital Ilishan-Remo Ogun State. *International Journal of Scientific Advances*. 4(1)
- Njogu, A., Njogu, J., Mutisya, A., & Luo, Y. (2022). Experiences of infertile women pursuing treatment in Kenya: a qualitative study. *BMC Womens Health*, 22, 364.
- Obeagu, E. I., Njar, V. E., & Obeagu, G. U. (2023). Infertility: Prevalence and consequences. *International. Journal Curriculum. Resources Chemical Pharmacological Sciences*. 10(7): 43-50.
- Oluwole, O. L., Obadeji, A., & Mobolaji, U. D. (2020). Pains of the bane of infertile women in Southwest Nigeria: a qualitative approach. *Fertility Science and Research*. 7(1).
- Sharma, A., & Shrivastava, D. (2022). Psychological problems related to infertility. *Cureus*, 14(10). doi:10.7759/cureus.30320.
- Thoma, M., Fledderjohann, J., Cox, C., & Adageba, R. K. (n.d.). Biological and social aspects of human infertility: A global perspective. Available from: <https://doi.org/10.1093/acrefore/9780190632366.013.184>.
- World Health Organization. (2022). Infertility. Available from: <https://www.who.int/news-room/fact-sheet>