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PREVALENCE OF INFERTILITY AND PERCEIVED HELP-SEEKING BEHAVIOURS AMONG WOMEN IN ILORIN EAST LOCAL GOVERNMENT AREA OF KWARA STATE

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Abstract

Children are highly valued and the suffering associated with infertility is overwhelming, leading women to be maltreated by husbands and in-laws. This study examined the prevalence of infertility and perceived help seeking behaviours among women in Ilorin East LGA, Kwara State. The objectives were to examine the prevalence of infertility among women and if seeking medical care, alternative therapy and health counsellor support are help seeking behaviours as perceived by women in Ilorin East LGA, Kwara State. A descriptive survey research design was adopted using 449 respondents. A validated and reliable structured questionnaire was used for data collection. Percentage was used for data analysis. The findings of the study were that the prevalence of infertility among women in Ilorin East LGA is 32.1%; majority of the respondents, 356 (79.3%) sought medical care; 268 (59.7%) utilized alternative therapy; and 316 (70.4%) adopted health counsellor support as help seeking behaviours. The study concluded that there is need for proactive intervention in preventing and managing infertility so as to improve the fertility of women in the study locale. The study recommended that health personnel should develop and implement public awareness campaigns addressing infertility issues, help-seeking behaviours, and available medical and support services.

Introduction

Infertility is one of the serious health challenges that had and continue to ruin many household marriages. In Africa, like Nigeria, society put much importance on childbirth especially in marriage, hence why couple are under immense pressure to reproduce immediately after wedding. Infertility is a worldwide reproductive public health challenge, affecting 48.5million couples due to prolonged maternal morbidity which is more common in the middle income world and graded the 5th severe worldwide disability (Cui, 2010; Dierickx et al., 2019). Despite the devastating reproductive health challenges of infertility, it is still one of the ignored reproductive health challenge and low in the health priority list in the world especially in the low income world (Cui, 2020).

Medically, primary and secondary infertility are basically the main types of infertility. Primary infertility occurs where there was no history of previous conception in a woman that fail to conceive or bear a child while secondary infertility is failure of a woman to become pregnant after previous ability to conceive or carrying a pregnancy to a live birth (Mascarenhas et al., 2018). Basically, it is reported to be underestimated and there is no significant decrease for the past twenty (20) decades (Mascarenhas et al., 2018; WHO, 2018). Worldwide, 72.4 million women are infertile with lifetime prevalence of 6.6% to 26.4% and 40.5 million seeking for infertility treatment with 32.6million (45%) not

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seeking for medical help to conceive in all the countries. Secondary infertility was found to be more prevalent among women within the age range of 20-44years while primary infertility is more in younger women less than 25years (WHO, 2018).

About 15% of couples within the childbearing age are affected by infertility with women accounting for about 9-10% prevalence globally (Cui, 2020; Mascarenhas et al., 2018; WHO, 2018). The prevalence of secondary infertility was reported to be more than primary infertility (Naab et al., 2013; Panti & Sununu, 2014; Oladeji & OlaOlorun, 2018) and common among 25-49 years old women (Cui, 2010). Globally, the prevalence of infertility among women is high with substantially low health seeking behaviour recorded. Health seeking behaviour is a complex process (activity) characterised by multifaceted factors like age, marital status, parity, literacy level of the individual, family's financial resources, religion, social support and individuals' perception of infertility (Slauson-Blevins et al., 2013). Women with infertility in Nigeria, attribute the disease to cultural, spiritual and biomedical aetiology (Lawali, 2015). This implies that despite the importance attached to fertility and the burden of childlessness, women seek for help from alternative medicine with only few accessing medical care.

Thus, women with infertility sought for help to conceive based on their perception of the disease from spiritualist, traditional healers and medical treatment (Tabong & Adongo, 2013). It was also reported that some men are not supportive of medical help, as they feared being diagnosed as infertile or because they have fathered a child elsewhere (Gerrits, 2012). Hence, serving as a discouragement for health seeking to some women and in case of female factor infertility, no medical treatment might be sought (Gerrits, 2012). Generally, there is also the problem of limited information on the availability of biomedical care of infertility to the public especially in the less developed nations (Gerrits, 2012).

Globally, 55% of couples with infertility demand for medical treatment in the high and low income countries. Most importantly, women are usually the first to go for medical help seeking and to do various testing including the invasive type and treatment which are expensive (Mumtaz et al., 2013). Contrarily, there is poor help seeking attitude among women with infertility. In the study of Johnson and Johnson (2019) in USA on 219 women, 56.8% couples sought for medical help to conceive, the couple did investigations and followed treatment but 30.9% did not seeking for medical help. In addition, about 34% of women in USA did not seek for medical help for their infertility problem, 9% went online for health information on infertility, 32% consulted health professional and 25% did both (Slauson-Blevins et al., 2013). Similarly, according to Bunting et al. (2012), demand for medical advice to conceive is similar for both high and low countries with 75% and 70% respectively. The similarity in the health seeking behaviour for both high and low resource countries was also reported by Boivin et al. (2017) but the percentage is higher in the latter study. Collectively, health seeking behaviour for infertility is still a concern in both the high and middle income countries. Likewise, it appears that women delay before seeking care. Women start seeking for medical health seeking at least 5years or beyond of infertility (Dhont et al., 2020).

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Statement of the Problem

Children are highly valued in Nigeria; which Kwara State is not an exception and the suffering associated with infertility is overwhelming. Childless women in Ilorin, particularly Ilorin East are ill-treated by husbands and in-laws. As a result, these women go through many traumas both psychologically and socially such as anxiety, depression, stigmatization, divorce (Lawali, 2015). A major problem with infertility is that it is yet to be taken seriously as a public health issue in sub-Saharan Africa. It is rather a dark stigma, left to women with unmet fertility needs to solve in the free market of private medicine.

In Kwara, particularly Ilorin East Local Government, 15% of women attending medical care are suffering one kind of infertility, meanwhile infertility help seeking is delayed as 40% of women with infertility seek for medical care after three years of not being able to conceive out of which 50.4% used traditional medication. Another problem is that most women have poor knowledge on the causes and solutions to infertility as reported by Olaitan (2012). This shows that delay in seeking care can be attributed to so many factors in the health decision process and the delay might also expose the women to other advance health consequences.

This makes infertile women seeking assistance disproportionately susceptible to sexual violence, exploitative rituals, and ritualistic killings. Furthermore, they are vulnerable to financial exploitation and exposure to harmful pharmaceutical drugs and injections, which can have deleterious effects on their reproductive health and overall bodily functions. Also, research on the prevalence of infertility and help-seeking behaviour among women has been a critical area of focus for many scholars aiming to understand the challenges faced by women in this region and to develop effective interventions. Several studies have contributed valuable insights into this topic, shedding light on various aspects of infertility and its impact on women's lives. However, most of these researches primarily focused on prevalence and none on help seeking behaviour. Thus, this study seeks to fill this existing gap. It is on the note the researcher sought to examine the prevalence of infertility and perceived help seeking behaviour among women in Ilorin East Local Government Area of Kwara State.

Research Questions

The study provided answers to the following questions;

1. What is the prevalence of infertility among women in Ilorin East Local Government Area of Kwara State?
2. Will seeking medical care be a help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State?
3. Will alternative therapy be a help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State?
4. Will health counsellor support be a help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State?

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Methodology

A descriptive research design of survey type was adopted for the study. This method was used because the study requires the researcher to collect information for the purpose of describing the study in details. The population of this study comprises all women of child rearing age in Ilorin East Local Government, Kwara State. The total population was 127,433 (Census, 2024 Projection). The targeted population cut across each wards in Ilorin East, Kwara State. The sample size for the study is 449. A multi-stage sampling procedure was employed in this research. At the first stage, a stratified random sampling technique was used to select six (6) wards out of twelve (12) wards in Ilorin East Local Government, Kwara State. The six selected wards are Gambari II, Magaji Are I, Zango, Ile Apa, GambariI and OkeOyi. At the second stage, proportionate sampling technique was used to select 0.9% childbearing age women in each of the six selected wards. The numbers of women sampled reached a total of 449 which served the respondents for the study. At the late stage, accidental sampling technique was used to select the number of respondents obtainable in each selected wards.

Table 1

Sample Distribution of the Respondents

S/N	WARDS	POPULATION	0.9% SAMPLES
1.	Gambari II	10,032	90
2.	Magaji Are I	8,908	80
3.	Zango	9,688	87
4.	Ile Apa	4,325	39
5.	Gambari I	9,011	81
6.	OkeOyi	8,002	72
Total		**49,966**	**449**

The instrument used to gather information from the respondents was a researcher's structured questionnaire. The questionnaire titled "Prevalence of Infertility and Perceived Help Seeking Behaviour among Women". The questionnaire is a closed-ended type and the responses were based on Yes and No format as well as the modified four point Likert rating scale format of strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). In order to measure the validity of instrument, the self-structured questionnaire was sent to three experts in the Department of Health Promotion and Environmental Health Education, University of Ilorin for face and content validity. Comments and suggestions made by the experts were carefully studied and use to improve the quality of the research instrument, before the reliability of the instrument was carried out. Test re-test method was used to carry out the reliability of the instrument. The instrument was first administered to 20 women in Gambari III ward. The data of the first administration was compared with the data of the second administration which was done two weeks after the first administration using Pearson Product Moment Correlation (PPMC). A correlation co-efficient of 0.78 co-efficient was obtained which revealed that the instrument is reliable enough to carry out the study. Informed consent and ethical approval were collected prior to administration of the instrument. Copies of the questionnaire were personally administered to the respondent with the help of two research assistants who were trained on how to administer the questionnaire. The respondents were briefed on the purpose of the research and the

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questionnaire with the intention of disabusing their mind from the notion that they were been probed. Participation in the study was voluntary. The data collected from the respondents were analysed using descriptive analysis.

Results

The results of the descriptive analysis of the demographic data of respondents showed that respondents who are within the age range of 23-27 years old were majority 268 (59.7%) while those who are 41 years and above were minority 32 (7.2%). Majority of the respondents practice Islam with the population of 243 (54.1%) while 206 (45.9%) respondents practice Christianity. Also, for the years of marriage, 222 (49.5%) have married within the last 4-6years, 107 (23.8%) have married for the past 7-9years while 120 (26.7%) have married for last 10years and above.

Research Question 1: What is the prevalence of infertility among women in Ilorin East Local Government Area of Kwara State?

Table 2

Percentile Analysis on Prevalence of Infertility

ITEMS	YES	NO
I have been struggling to get pregnant during courtship and after wedding	198 (44.1%)	251 (55.9%)
I am not pregnant since I marry despite having unprotected sexual intercourse	89 (19.8%)	360 (80.2%)
Mean	**144 (32.1%)**	**305 (67.9%)**

Table 2 shows that the mean of positive response by the respondents to the items is 144 (32.1%), which is lesser than the mean of negative response of 305 (67.9%). This implies that there is minimal prevalence of infertility among women in Ilorin East Local Government Area of Kwara State.

Research Question 2: Will seeking medical care be a help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State?

Table 3

Percentile Analysis on Medical Care as a Help Seeking Behaviour

S/N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
1.	I always buy and use any infertility drugs to cure my infertility challenge.	203 (45.2%)	160 (35.6%)	363 (80.8%)	51 (11.4%)	35 (7.8%)	86 (19.2%)
2.	I feel that adequate medical care is the best solution for my infertility challenge.	178 (39.6%)	207 (46.1%)	385 (85.7%)	39 (8.7%)	25 (5.6%)	64 (14.3%)
3.	Medical care assists me to know the cause of my infertility.	111 (24.7%)	189 (42.1%)	300 (66.8%)	77 (17.1%)	72 (16.1%)	149 (33.2%)

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4.	I seek regular medical care from professionals as the appropriate solution to my infertility.	222 (49.4%)	113 (25.2%)	335 (74.6%)	63 (14.0%)	51 (11.4%)	114 (25.4%)
5.	I always advise myself to always seek medical care and adhere to medication in order to solve my infertility challenge.	199 (44.3%)	199 (44.3%)	398 (88.6%)	31 (6.9%)	20 (4.5%)	51 (11.4%)
	Mean			**356 (79.3%)**			**93 (20.7%)**

Table 3 shows that the mean of positive response by the respondents to the items is 356 (79.3%), which is greater than the mean of negative response of 93 (20.7%). This implies that majority 356 (79.3%) of the respondents prefer seeking medical care in Ilorin East Local Government Area of Kwara State.

Research Question 3: Will seeking alternative therapy be a help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State?

Table 4

Percentile Analysis on Alternative Therapy as a Help Seeking Behaviour

S/N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
6.	I sometimes take recommended herbs to solve the issue of my infertility.	88 (19.6%)	59 (13.1%)	147 (32.7%)	166 (37.0%)	136 (30.3%)	302 (67.3%)
7.	I usually combine alternative medicine with orthodox medicine with the hope they will make me conceive baby.	122 (27.2%)	122 (27.2%)	244 (54.4%)	123 (27.4%)	82 (18.3%)	205 (45.7%)
8.	I seek alternative therapy for my infertility challenge.	104 (23.2%)	158 (35.2%)	262 (58.3%)	100 (22.3%)	87 (19.4%)	187 (41.7%)
9.	People use to advise me to try alternative medicine as another mean of infertility solution.	200 (44.5%)	152 (33.9%)	352 (78.4%)	60 (13.4%)	37 (8.2%)	97 (21.6%)
10.	I believe that alternative therapy is as effective as orthodox medicine when looking for my infertility solution.	176 (39.2%)	158 (35.2%)	334 (74.4%)	90 (20.0%)	25 (5.6%)	115 (25.6%)
	Mean			**268 (59.7%)**			**181 (40.3%)**

Table 4 shows that the mean of positive response by the respondents to the items is 268 (59.7%), which is greater than the mean of negative response of 181 (40.3%). This implies that alternative therapy is utilized as help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State.

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Research Question 4: How does seeking health counsellor support be a help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State?

Table 5

Percentile Analysis on Health Counsellor Support as a Help Seeking Behaviour

S/N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
11.	It is advisable for people suffering from infertility like me to seek health counselling emotional support.	188 (41.9%)	181 (40.3%)	369 (82.2%)	69 (15.4%)	11 (2.4%)	80 (17.8%)
12.	I usually feel relieved and motivated whenever I am being counselled by health counsellor with regards to my infertility.	122 (27.2%)	202 (45.0%)	324 (72.2%)	87 (19.4%)	38 (8.5%)	125 (27.8%)
13.	Seeking health counsellor support encourages me to keep trying sex.	137 (30.5%)	189 (42.1%)	326 (72.6%)	77 (17.2%)	46 (10.2%)	123 (27.4%)
14.	Health counsellor educative support gives me different solutions to infertility.	131 (29.2%)	172 (38.3%)	303 (67.5%)	80 (17.8%)	66 (14.7%)	146 (32.5%)
15.	I have health counsellor I share my infertility challenges with for professional advice.	101 (22.5%)	156 (34.7%)	257 (57.2%)	90 (20.0%)	102 (22.7%)	192 (42.8%)
	Mean			**316 (70.4%)**			**133 (29.6%)**

Table 5 shows that the mean of positive response by the respondents to the items is 316 (70.4%), which is greater than the mean of negative response of 133 (29.6%). This implies that seeking health counsellor support is a regular help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State.

Discussion of Findings

The finding reveals there is minimal prevalence of infertility among women in Ilorin East Local Government Area of Kwara State. This finding is consistent with general trends observed in some parts of Nigeria, where infertility prevalence rates can vary widely depending on local socio-cultural and environmental factors. A survey of a representative sample of 1,075 ever-married women using a validated WHO protocol revealed a prevalence rate of 20% infertility in Kwara. As expected, the survey showed a higher prevalence of infertility in the rural parts of the city than in the urban area (Okonofua, 2013). However, this prevalence level is considerable higher than what has obtained in previous studies such as 6.6% to 26.4% global prevalence noted by WHO (2018).

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The finding reveals that seeking medical care is a regular help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State. This is in line with the finding of research by Dyer (2018), which highlights the importance of medical consultation in addressing infertility issues. Medical care is often the first step for many women seeking to understand and address their infertility. Also, the assertion of Kelley et al. (2019) which states that every infertile woman first help seeking idea is medical care. Regardless of their age or believe, they see, seeking medical care as the most feasible measure to solve their infertility challenge.

Also, the finding reveals that seeking alternative therapy is a help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State. This is in line with the finding of Orji et al. (2012), which suggest that in Nigeria, alternative therapies, including traditional medicine and herbal treatments, are commonly sought due to cultural beliefs and accessibility. Rayner et al., (2011) also found that the most commonly used methods for promoting fertility among women regardless of their age include herbal medicine, acupuncture and nutritional advice/supplements while the most rarely used include religious intervention, spiritual healing, fertility accessories (e.g. necklaces, rocks) and changes in attire/sexual practices.

The finding reveals that seeking health counsellor support is a regular help seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State. This is in line with assertion that counselling provides emotional support and information, helping women cope with the stress and uncertainty associated with infertility (Akyüz et al., 2018). Wichman, et al. (2011) noted that health counsellor and their support are patronized by different people of different age when looking for emotional support for their health challenges. The availability of health counsellor support is what matter as people of different ages are ready to explore the option for their health challenge.

Conclusion

It was noted that infertility existed among women in Ilorin East Local Government Area of Kwara State. Also, most infertile women in Ilorin East Local Government Area of Kwara State sought medical care as help-seeking behaviour. Seeking alternative therapy are being utilized by infertile women as help-seeking behaviour in Ilorin East Local Government Area of Kwara State. Seeking health counsellor support is commonly sought as help-seeking behaviour as perceived by women in Ilorin East Local Government Area of Kwara State.

Recommendations

Based on the findings, the following recommendations were made:

1. Women in Ilorin East Local Government Area of Kwara State should make use of specialized fertility clinics in the area even prior to marriage.
2. Health educators should conduct regular educational workshops and seminars in community centres to educate women on infertility, treatment options, and the importance of seeking timely medical care.
3. Health workers should integrate beneficial alternative therapies into mainstream healthcare services where appropriate, ensuring they are regulated and safe.
4. Government in collaboration with ministry of health and NGOs should introduce mobile clinics in remote and underserved areas to provide medical care and counselling services to women who may have limited access to healthcare facilities.

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