



ISSN: 2395-7476

IJHS 2020; 6(2): 23-27

© 2020 IJHS

www.homesciencejournal.com

Received: 16-03-2020

Accepted: 18-04-2020

Olarewaju CA

Department of Home
Economics, Adeyemi College of
Education, Ondo, Nigeria

Ogunleye OB

Department of Home
Economics, Adeyemi College of
Education, Ondo, Nigeria

Bello M

Department of Home
Economics, Adeyemi College of
Education, Ondo, Nigeria

Causes, effects and treatments of infertility among married couples in Akure South local government area of Ondo state

Olarewaju CA, Ogunleye OB and Bello M

Abstract

Infertility is one of the major problems faced by married couples, it causes feeling of disbelief, shame, jealousy and anger, and it can lead to withdrawal from social contacts. The purpose of this study was to determine the causes, effects and treatments of infertility among married couples in Akure South Local Government Area (ASLGA) of Ondo State. The study employed descriptive survey research design. Three research questions were stated to guide the study. Twelve hospitals (a general hospital, 8 Private and 3Health centres) were selected through balloting for the study from the available forty-seven in the area. Simple Random Sampling Technique was employed to select twenty married couples from the public hospital and fifteen from each private and health centre to make a total of one hundred and eighty-five (185) respondents. The instrument used for the study was a structured questionnaire. Simple percentage, frequency count and mean were used to analyze data collected. Findings revealed that low sperm count due to infection of genital tract, damage to the oviduct, cervix and uterus as a result of infections like pelvic inflammatory diseases, adverse effects of drugs, abortion and miscarriage cause infertility. It was recommended that any one suffering from infertility should ensure that they keep off from any psychoactive drug except the drugs recommended by gynecologists, government should also provide health centres for married couple for regular medical check-up.

Keywords: Infertility, married couple, psychoactive drugs, gynecologists, medical check-up

Introduction

Infertility means diminished or absence of ability to produce descendants in either male or the female. Infertility can also be defined as inability of a couple to be pregnant after repeated intercourse without contraception for one year (Marck, 2013) ^[10]. Infertility was also define as the inability of a woman to get pregnant after one year of regular unprotected intercourse (sex) while not using any birth control method (Eva, 2000) ^[6]. Infertility is not as irreversible as sterility (Stedman, 2006) ^[16]. Couples who have tried to achieve pregnancy by regular (at least once in a week) unprotected sexual intercourse for over a year are considered being infertile (Simpukkary, 2010) ^[15]. The World Health Organisation (WHO) estimate shows that 8-12% of couples around the world experience difficulty conceiving a child. About 4.3% of couples have infertile problems at any time (Karami, 2009) ^[9]. In Nigeria, overall prevalence of infertility is 22%, with primary infertility at 5% and secondary at 18% (Ajayi, 2009) ^[11], thus infertility is a problem of global proportions. In oriental cultures reproduction is one of the highest valued factors. Many families depend on children for economic survival, especially in old age. The consequences of infertility in the world range from economic hardship, to social isolation, violence and denial of proper death rites. A psychological crisis may occur when reproduction appears impossible. Different researches have shown depression and anxiety in infertile couples (Andros, 2000). The way in which people deal with infertility is at least partly affected by the values and socio-cultural norms of the community in which they live (Hunault, 2002) ^[8].

Infertility often affects infertile couples causing feelings of disbelief, shame, jealousy and anger. It can lead to withdrawal from social contacts. Problems tend to feel like they are never-ending and not being resolved (Salzer, 2010) ^[14]. The World Health Organization (WHO) has considered infertility a major problem in reproductive health. Sexual inactivity, lack of

Corresponding Author:

Bello M

Department of Home
Economics, Adeyemi College of
Education, Ondo, Nigeria

confidence, tension in communication, loneliness and rejection, encountering laborious treatments, obsessive compulsive disorder, depression, disability, frustration, fatigue, dizziness, anger are some of the effects of infertility in couples (Bernstein 2007) ^[5]. The causes, effects and treatments of infertility are the major problems which most married couples are faced with in our environment. A psychological rating of infertility couples released in 2005 showed that 50 percent of women and 15 percent of the men felt that their infertility was the most upsetting experience they had ever had, emotion stirred by childlessness is strong and deep (Alabama, 2005) ^[2]. Hannah mother of the biblical prophet Samuel remained infertile year after year until God remembered her and blessed her with Samuel (I Sam. 48), this particular story had a happy ending and unfortunately not all infertile stories have the same happy end.

Certain event must take place in a woman's body for pregnancy to occur, Ovulation is the first stage of pregnancy in women and which is the release of an egg from the ovary then the uniting of the egg and a man's sperm and attachment of the embryo to the lining of the uterus (Eva, 2007) ^[7]. Infertility possesses socio-cultural attributes and challenges at both etiological and experiential levels. Etiological explanation differs to an extent between health care providers, patients, and the society. From the western medical tradition, explanations on the causes of infertility centered on biological and empirical factors which could readily be subjected to clinical investigations. To the traditional medical practitioners, the factors responsible for infertility would range from explainable such as biological factors to unexplainable factors such as supernatural factors. Cultural beliefs are major determinants in the prevailing explanation of infertility from the lay perspectives (Babajide, 2009) ^[3]. The divergence in the etiological explanation of infertility between the patient and the professional health care provider has implications for care provision and compliance of the patient to treatment. Although the etiology may be specifically due to either female or male factors, infertility is considered to be a problem of both couple (Karami, 2009) ^[9].

Quality treatment is a major tool for eradicating infertility, if it is properly administered (Alabama, 2005) ^[2] and new advances in the treatment of infertility have now made it possible for an increasing number of infertile couples to achieve pregnancy (Oladipupo, 2011) ^[12]. Infertility has no limits, as it exists in every culture, in different social classes in all over the world (Salzer 2010) ^[14]. The rate at which Infertility affects couples in Akure South Local Government Area of Ondo State of Nigeria quite unfortunate as many homes are broken due to inability to conceive. It is estimated that this condition accounts for not less than 100,000 divorce cases annually in Nigeria. Since infertility is a medical and demographic phenomenon in societies, there is still no scientific study of the social aspects of infertility in our society, more studies have been done in the field of medicine and psychology, these points are important reasons to justify the need to address the subject of this research. Hence, the purpose of this study was to find the causes, effect and treatments of infertility among married couples in Akure South Local Government Area of Ondo State.

Objectives of the Study

The general objective of this study was to determine the causes, effects and treatments of infertility among married

couples in Akure South Local Government Area (ASLGA) of Ondo State. Specifically the objectives of the study were to:

1. Examine the causes of infertility among married couples in ASLGA.
2. Identify the effects of infertility among married couples in ASLGA
3. Determine the treatments of infertility among married couples.

Research Question

The following research questions guided this study

1. What are the causes of infertility among married couple in ASLGA?
2. What are the effects of infertility among married couple in ASLGA?
3. What are the treatments of infertility among married couple?

Research Methodology

This study was conducted in Akure South Local Government Area of Ondo state using descriptive survey research design. A two stage sampling technique was adopted for the selection of respondents for the study. Stage one was a balloting sampling technique used to select twelve hospitals which include public, private and health centers from the available forty-seven (47) hospitals in AKSLA namely; General, Joe-Jane, Ayo specialist, Sckye, Shekinah, Segsumbobbo international, Midas, Ade-tade hospitals and Comprehensive health centres, Community health centre, Basic health centre. Stage two was the random sampling technique employed in selecting twenty married couples from the first five above mentioned hospital, fifteen each from the private hospitals and health centre to make a total of one hundred and eighty-five (185) respondents. A validated structured questionnaire was used to gather primary data from the respondents in this study. The data gathered was analysed using descriptive statistics such as simple percentage, frequency count and mean.

Result and Discussion

Result in Table 1 showed that the male respondents represented 44% of the total population, while the female respondents represented 56% of the total population of the study. This implies that there is fair representation of the gender.

Table 1: Sex Distribution of the Respondents

S/N	Sex	Frequency	Percentage
1	Male	83	44
2	Female	107	56
	TOTAL	190	100

The data in table 2 indicates age grade of 18-24 represented 5.8% of the total population, age grade 25-29 represented 14.2% of the total population, age grade 30-39 represented 34.2%, age grade 40-49 represented with 17.9 of the total population of the respondents, age grade 50-59 represented 24.7% while age grade of 60 and above represented 3.2% of the total population of the respondents. This reveals that the larger percentage of the respondents were in the child bearing age.

Table 2: Age Distribution of Respondents

Age	Frequency	Percentage %
18-24	11	5.8
25-29	27	14.2
30-39	65	34.2
40-49	34	17.9
50-59	47	24.7
60 and above	6	3.2

Table 3 depicts the causes of infertility among married couple in ASLGA, it revealed that the mean responses of respondents on items, 1,2,3,4,7,8 and 9 ranged from 2.54 to 3.07 and were

greater than the cut-off point (2.5), hence the respondents agreed that exposure to certain chemical radiation and toxin, low Sperm count due to infection of genital tract and family history of infertility did not cause infertility however that the blockage between testes and seminal vesicles due to infections like gonorrhoea and tuberculosis, damage to the oviduct, cervix and uterus as a result of infections like pelvic inflammatory diseases, adverse effects of drugs and as a result of abortion and miscarriage, abnormal sperm due to hormonal problem or infections, distorted uterus are the causes of infertility among married couple in Akure South Local Government Area of Ondo State.

Table 3: Causes of infertility among married couple in ASLGA, the result

S/N	Causes of infertility among married couple in ASLGA	N=190, \bar{X}	C= 2.5 Decision
1.	Exposure to certain chemical radiation and toxin	2.82	Agree
2.	Low Sperm count due to infection of genital tract	2.96	Agree
3.	Family history of infertility does not cause infertility	3.07	Agree
4.	Blockage between testes and seminal vesicles due to infections like gonorrhoea and tuberculosis	2.54	Agree
5.	Failure to ovulate does not cause infertility	2.33	Disagree
6.	Previous use of Intra Uterine Contraceptive Devices (IUCDs) as family planning cannot lead to infertility	2.43	Disagree
7.	Damage to the oviduct ,cervix and uterus as a result of infections like pelvic inflammatory diseases, adverse effects of drugs and as a result of abortion and miscarriage	2.88	Agree
8.	Abnormal sperm due to hormonal problem or infections	2.57	Agree
9.	Distorted uterus does not cause infertility	2.89	Agree
10.	Uterine fibroid does not cause infertility	2.33	Disagree

Key: N= total no of respondents, C= cut-off point

The result of the findings on the effects of infertility among married couple in ASLGA was as presented in Table 4, indicating that the mean responses of respondents on hence the respondents agreed that ability to produce offspring, pressures from the parents, neighbours and other people around them, infertility brings about separation or divorce, Infertility does not bring about lack of confidence among

married couple, Infertility leads to psychological problems among married couple, Women under pressure become susceptible to high risk of sexual behavior, infertility leads to loneliness and rejection from family and friends and infertility does not lead to marital instability are the effects of infertility among married couple in Akure South Local Government Area of Ondo.

Table 4: Effects of infertility among married couple in ASLGA.

S/N	Effects of infertility among married couple in ASLGA	N=190, \bar{X}	C= 2.5 Decision
1.	Ability to produce offspring	2.78	Agree
2.	Pressures from the parents, neighbours and other people around them	2.87	Agree
3.	Infertility brings about separation or divorce	2.84	Agree
4.	Infertility does not bring about lack of confidence among married couple	2.53	Agree
5.	Infertility leads to psychological problems among married couple	2.62	Agree
6.	It does not lead to low self-esteem	2.12	Disagree
7.	Infertility does not bring about social isolation among married couple	2.20	Disagree
8.	Women under pressure become susceptible to high risk of sexual behavior	2.90	Agree
9.	Infertility leads to loneliness and rejection from family and friends	2.64	Agree
10.	Infertility does not lead to marital instability	2.60	Agree

Key: N= total no of respondents, C= cut-off point

The prescribed measure against infertility among married couple is as presented in Table 5. Table five revealed that the mean responses of respondents on items, 21, 22, 24, 25, 26, 27, 28, 29 and 30, ranged from 2.54 to 3.00 and were greater than the cut-off point (2.5), hence the respondents agreed that taking multivitamins, such as Vitamin E reduces infertility, the government provide public enlightenment on infertility, among married couple, regular sexual intercourse reduces infertility among married couple, surgical removal of fibroids, such as reduces infertility, Treatments may require

medications and lifestyle changes, taking hormonal therapy drugs, such as clomiphene reduces infertility among married couple, women under pressure become susceptible to high risk of sexual behavior, quality treatment is a major tool for eradicating infertility, there is supply of antibiotics of choice to medical health centre and physical examination and checking of medical history are the treatment of infertility among married couple in Akure South Local Government Area of Ondo.

Table 5: Treatments of infertility among married couple in ASLGA.

S/N	Treatments of infertility among married couple in ASLGA	N=190, \bar{X}	C= 2.5 Decision
1.	Taking multivitamins, such as Vitamin E reduces infertility among married couple	2.84	Agree
2.	The government provide public enlightenment on infertility	2.54	Agree
3.	Government provide health centre for married couple for regular medical check-up	2.34	Disagree
4.	Regular sexual intercourse reduces infertility among married couple	2.99	Agree
5.	Surgical removal of fibroids, such as myomectomy reduces infertility	3.00	Agree
6.	Treatments may require medications and lifestyle changes Taking hormonal therapy drugs, such as clomiphene reduces infertility among married couple	2.91	Agree
7.	Women under pressure become susceptible to high risk of sexual behavior	2.89	Agree
8.	Quality treatment is a major tool for eradicating infertility	2.94	Agree
9.	There is supply of antibiotics of choice to medical health centre	2.64	Agree
10.	Physical examination and checking of medical history	2.88	Agree

Key: N= total no of respondents, C= cut-off point

Discussion of findings

Respondents in this study were selected from private hospitals, public hospitals and health centres and as such they are aware of the information given to them on causes, effects and treatment of fertility. Olaitan *et al.*, (2004) [13] stated that many of the infertile couples are aware of the fertility problem that can emanate from anatomical abnormalities, such as uterine fibroids, distorted uterus and so on. Findings of this study showed that majority of the respondents are knowledgeable about causes of infertility such as low sperm count, uterine fibroids, failure to ovulate, damage to the oviduct and previous use of Intra Uterine Contraceptive Devices (IUCDs) for family planning and exposure to certain chemicals and toxin.

Tulppala, (2012) stated that about 55-60 % of infertile couples in Nigeria seek for medical help for their infertility problem and about 40 % of couples decide not to seek medical help. Respondents in this study agreed that taking of multivitamins such as Vitamin E reduces infertility among married couples. However, using of contraceptive was the mostly mentioned biological causes of infertility for females. The perception that the use of contraceptives can cause infertility in females therefore poses a challenge to reproductive health policy to prevent unwanted pregnancies and ensure good child and maternal health aimed at accelerating progress towards achieving the Millennium Development. Family planning providers must also be concerned about sexually transmitted diseases, induced abortion and infertility and they should be able to find ways to incorporate such concerns into their programs. Nigeria Health Service, (2010) [11].

Conclusions

Based on the findings of the study, it is concluded that majority of the married couples in Akure South Local Government Area of Ondo State, Nigeria who suffer from infertility are knowledgeable about the major causes of infertility such as, Reproductive Tracts Infections (RTIs), damaged to the oviduct, cervix, and uterus, failure to ovulate, distorted uterus, low sperm count, previous use of Intra Uterine Contraceptive Devices and uterine fibroids. These married couples are also knowledgeable about common solution to infertility, such as regular sexual intercourse, taking hormonal therapy drugs, antibiotics and vitamin E as well as surgical removal of fibroids. The impact of infertility generates individual or marital problems and emotions. Infertility can also contribute to instigating and/or worsening marital problems. Sex can become a duty dissociated from pleasure; furthermore, sexual frequency may be reduced. All of these factors contribute directly or indirectly to increasing

gestational failure.

Recommendations

It is therefore recommended that any one suffering from infertility should ensure that they keep off from any psychoactive drugs except the drugs recommended by gynecologist, regular sexual intercourse is advised, Quality treatment is a major tool for eradicating infertility, a complete medical history and physical examination of both partners is essential, taking of multivitamins, such as Vitamin E, Governments should provide public enlightenment on infertility and surgical removal of fibroids, such as myomectomy and government should also provide health centers for married couple for regular medical check-up and governments should contribute positively to the life of those couples who are infertile, Couple detected to be infertile should go for infertility evaluation on time. Thus, multidisciplinary teams that counsel and care for infertile couples must have broad knowledge regarding the main alterations that can occur in the couple's emotional, sexual and marital relationships, thus allowing the team to provide quality care and achieve better outcomes (Bankole, 2008) [4].

Reference

1. Ajayi A. Textbook of obstetrics and gynecology for students, medical practitioners and senior midwives in Southern developing countries. Evans Brothers (Nigeria Publishers) Ltd., 2009.
2. Alabama. A standard semen analysis. Seminar Presentation at Department of Reproductive Health and Research, WHO. www.who.ch, 2005.
3. Babajide K. Exchange marriage among the Negev Bedouin: Between 'Urf and Shari'a, and state law. Hamizrah Hehadash 2006. 2009; XLVI:5-23.
4. Bankole C. Fertility and Social Change in Oman: Women's Perspectives. Middle East J 1993, 2008; 47(4):652-66.
5. Bernstein J. International estimates of infertility prevalence and treatment-seeking: potential need and demand for infertility medical care. Hum Reprod. 2007; 22:1506-12.
6. Eva H. Modest women, deceptive jinn: Perceptions of foreignness, danger and disease among the Hadenowa of Eastern Sudan. USA: Harvard Center for Population and Development Studies, Working Paper Series, 2000.
7. Eva H. Abortion, birth control and surrogate parenting: an islamic perspective. Indianapolis: American Trust Publications, 2007.
8. Hunault A. Differences between husband's and wife's

- approach to infertility affect marital communication and adjustment. *Fertil Steril.* 2002; 77(6):1241-7.
9. Karami M. Is ovarian reserve diminished after laparoscopic ovarian drilling? *Gynecological Endocrinology.* 2009; 25:159-165.
 10. Marck A. Differences between husband's and wife's approach to infertility affect marital communication and adjustment. *Fertil Steril.* 2002; 2013; 77(6):1241-7.
 11. Nigeria Health Service Nigeria demographic and health survey on (2010. Nov6), 2010. Available from: <http://www.nigerjmed.com/>
 12. Oladipupo OL. Attitudes of university students towards abortion in Nigeria. *International Journal of Tropical Medicine.* 2011; 6(3):52-57.
 13. Olaitan OL, Api M, Ben AB. Attitudes of university students towards abortion in Nigeria. *International Journal of Tropical Medicine.* 2004; 6(3):52-57.
 14. Salzer JW. *Handbook for family planning operations research design* (2nd ed.), New York: Population Council, 2010.
 15. Simpukkary G. Reproduction choice: A Muslim perspective. In Harris J, Holm S, Eds. *The Future of Human Reproduction: Ethics, Choice and Regulation.* Oxford: Clarendon Press, 2010, 191-202.
 16. *Stedman's Medical Dictionary.* 27th ed. London & New York: Lippincott Williams & Wilkins 2000, 2006, 896.
 17. Tulppala T. Drugs in infertility and fetal safety. *Fertility Sterility.* 2009; 89:1595-1602.
 18. World Health Organization (WHO). Mother or nothing: The agony of infertility. *WHO Bulletin.* 2010; 88:877-953.