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Self-Perception and Psycho-social Status of Women with Infertility

Idris Abdulrashid[1], Ruqayya Hamza Usman[1], Sani Ahmad Sharif[1], Auwalu Muhammed[2]
Chioma Judith Mba[1], & Aisha Sulaiman Abdullahi[1]

[1]Department of Nursing Sciences, Faculty of Allied Health Sciences,
Bayero University, Kano.
[2]Department of Nursing Sciences, Faculty of Allied Health Sciences,
Usmanu Danfodiyo University Sokoto.
***Corresponding Author:** Idris Abdulrashid
***Corresponding Email:** aidris.nur@buk.edu.ng

Abstract
Background: Infertility is a problem of global proportions and forms one of the most important reproductive health concerns of women. Generally, women are the most stigmatized for virtually all cases of infertility. **Aim:** This study was aimed at assessing the self-perception and psychosocial status of women experiencing infertility. **Materials and method:** One hundred and four(104) women attending a secondary health fertility clinic in Kano were recruited using a systematic random sampling technique. An interviewer-administered questionnaire was used to retrieve information using an adapted Rosenberg self-esteem and perception scale and the depression, anxiety, stress scale (DASS-21) questionnaire to assess self-perception and psychosocial status. Data was analyzed using statistical package for social science (SPSS) version 20 and was presented in tables of frequency and percentage. **Result:** The results revealed that infertile women have a negative attitude toward themselves and the majority (81.0%) had experienced severe anxiety, depression (80.0%) and at least half (50.0%) have experience stressful conditions due to infertility. The psychological experiences were linked to social circumstances mostly from mother-in-laws (72.1%) and divorce threat from their husbands (60.6%). **Conclusion:** Thus, the women reported a negative self-perception and experienced psychosocial concerns related to anxiety and depression due to infertility. Psychotherapy and societal reorientation were finally recommended to support women with infertility.

Keywords: *Self-perception, Psychosocial, Women, Infertility*

Introduction

Infertility is a global public health concern and affects approximately a tenth of couples worldwide (Omoaregba, James, Lawani, and Morakinyo, 2011). In Nigeria, prevalence rates may be higher. A study reported that up to a third of women in a rural community were affected (Sherman, 2009). It has been described as the most important reproductive health concern of Nigerian women and accounts for between 60 and 70% of gynaecological consultations in tertiary health institutions (Omoaregba et al., 2011).

Female infertility is stigmatized in western as well as non-western cultures (Hess, Ross &GilillandJr, 2018). The notion of childbearing being a hallmark of womanhood, the high premium placed on children by extended families as well as difficulties in the procedure for legal marriage and permanent adoption make stigmatizing attitudes experienced by infertile women particularly severe in non-western cultures (Hess et al, 2018). Furthermore, aside from the stereotype that infertility is solely considered 'a woman's problem,' they also experience physical and psychological abuse (Oniyangi& Ibrahim,

2017). Earlier reports have documented psychosocial morbidity (marital instability, social ostracism, and economic deprivation) associated with female infertility (Oniyangi and Ibrahim, 2017).

Childlessness has led many couples into the valley of conflict, bandage of polygamy, ocean of confusion, the mountain of obstacles and eventually into the cell of divorce (Adishi, 2009). Nnabugwu (2014) stated that fertility is often seen as a great mystery of life, as a force that runs from one generation to the next. This demand for fertility puts stress on marriage and can bring about a breakdown when it turns out not to be fruitful.

Infertility frequently causes feelings of shame, which may make it more difficult to talk to friends and family about their struggles. This isolation makes depression more likely, (Rachel, 2015). Infertility triggers loss of feelings of motherhood, and a sense of loss of productivity and genetic continuity (Mahadeen, Mansour, Al-Halabi, Al Habashneh and Kenana, 2018). In certain cultures, childless women are seen as incomplete and they are blamed for infertility (Omoaregba et al., 2011). Thus, infertility may compromise the mental, psychological and social wellbeing of infertile women, with a negative impact on their psychological wellbeing and ability to function normally as a family (Mahadeen et al, 2018ce). In our society today, there are many broken homes and a lot of their husband's houses without granting them access to their husband's property because they cannot bear children for their husbands (Omoaregba et al., 2011).

However, despite the impending consequences of the stigmatization imposed on the women with infertility, their concerns were often neglected. Therefore, this study was conducted to assess the perception and psychosocial status of women with infertility attending an infertility clinic in a secondary health facility in Kano State.

Materials and Method

Research design

The study was a descriptive cross-sectional method.

Setting

The study was conducted in Muhammad Abdullahi Wase Teaching hospital Kano situated in the Nasarawa local government area, which is one of the 44 local governments of Kano state. It is located at 11°58 N 8°33 45 E/ 11.97694°N in Nigeria. It has an area of 34km^2 and a population of 596,669 at the 2006 census. The hospital was established in 1929 and was then referred to as a European hospital. It was renamed Nasarawa hospital, because of its geographical location which is Nasarawa GRA after the creation of Kano state. It was renamed Muhammad Abdullahi Wase Teaching hospital in 1996 following the death of the state military governor.

It is a 250-bed hospital with 744 staff of various Specialties. The Teaching services rendered include medical, surgical, gynaecology, obstetrics, paediatrics/ Neonatology, hemodialysis, Ophthalmology, ENT, radiology, and laboratory investigations services. Other services include dental, physiotherapy and catering. The obstetrics and gynaecology department runs service from Monday to Friday with an average of 100 patients per day. Patients are booked from Monday to Wednesday for the fertility clinic. The nurses deliver health talk and basic investigation such as blood pressure examination and weight measurement before the start of the clinic (retrieved from Muhammad Abdullahi Wase teaching Hospital record).

Target population

The target population comprised of women suffering from infertility attending the Hospital's fertility clinic estimated to be 80 per week on average

Sample size and Sampling Technique

The sample size was determined using a Cochrane formula for a simple population and a sample of 104 subjects was used and

selected within 5 weeks clinic using a systematic sampling technique.

$$n = \frac{Z^2pq}{(e)^2}$$

where; n= sample size, z=confidence level = 95 =1.96

P= prevalence rate = 7.0% = 0.07 (Akpor, Fadare&Adebusuyi, 2016)
Q= 1-p = 0.93, e= degree of error (0.05)

Using the above formula, the sample size was

$n = \frac{(1.96)^2(0.07)(0.93)}{(0.05)^2}$ = 100.03 =100
Attribution value of 5% were added to the calculated value giving the sample size as 105

Instruments
Rosenberg self-esteem and perception scale: is a scale that measures global self-worth by measuring both positive and negative feelings about the self. A widely used self-report instrument for evaluating individual self-perception and was investigated using item response theory. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree.

The DASS-21 questionnaire: Depression, Anxiety, and stress scale DASS developed by the British journal of clinical psychology (2003) is a set of three self-reported scales designed to measure the negative emotional states of depression, anxiety, and stress,

Scores of the DASS in the questionnaire will need to be multiplied by 3.5 to calculate the final score and then compare with the normal range. The table below shows the normal range of the DASS.

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely severe	28+	20+	34+

Validity of the Instrument
The research questionnaire was given to expert content and face validity. And it was also given three other juries for the content and face validity

Data Analysis
Data collected was analyzed by the researcher using statistical package for social science (SPSS) version 20, and was presented in tables of frequency and percentage.

Ethical consideration
A letter of introduction was obtained from the Department of Nursing Science, Bayero University Kano and submitted to Hospital Management Board, and an ethical clearance letter was obtained from Hospital Management Board to carry out the study at Muhammad AbdullahiWase Teaching Hospital Kano, letter of permission to carry out the research was also obtained. Informed consent was also obtained from the respondents. Voluntary participation was ensured as the respondent was permitted to quit participation at any point in the study.

Result
A total number of 104 surveys were conducted and all were successfully retrieved representing a 100% response rate. The mean age and standard deviation of women was **29.50, ±6.70.** More than half (56.7%) were within the age of 26-35 years while a two-third (71.2%) of the respondents were Muslims, mostly (93.3%) married. About one third (43.3%) of the respondents had secondary education and three quarters (73.1%) had non-formal education while few (19.2%) and (9.6%) had primary and tertiary

educational qualifications, respectively (Table 1). On the general feeling of the respondents, the computed aggregate mean (2.09) was found to be less than the decision mean (2.50). This signified that the respondents do not comply with all the statements that concern their general feeling (Table2).

From Table 3, the majority (77.9%) of the respondent suffered severe anxiety, while less than one-fifth of the respondents (6.7%) and (15.4%) range between moderate to normal. And majority suffered severe depression and very few (4.8%) have moderate depression while the remaining (18.3%) do not display any depressive symptoms. Half of the respondent are much stressed while one third (26.9%) of the respondent is not.

Table 1: *Distribution of the Respondents by Socio-Demographic Characteristics (N=104)*

Variables	Frequency(n)	Percentage (%)
Age group in years		
15-25	27	26.0
26-35	59	56.7
36-45	18	17.3
Mean=29.50, SD=6.70		
Ethnic group		
Hausa/Fulani	65	62.5
Yoruba	18	17.3
Igbo	16	15.4
Others	5	4.8
Religion		
Islam	74	71.2
Christianity	30	28.8
Marital status		
Single	1	1.0
Married	97	93.3
Divorced	6	5.8
Level of education		
Non formal	29	27.9
Primary	20	19.2
Secondary	45	43.3
Tertiary	10	9.6
Occupation		
House wife	55	55
Civil servant	8	7.7
Trading	39	37.5
Others	2	1.9

Table 2: *Assessment of general feelings of the respondents(N=104)*

Statements	SA(1) n(%)	A(2) n(%)	D(3) n(%)	SD(4) n(%)	Mean
On the whole, I am satisfied with myself	62(59.6)	26(25.0)	6.7(6.7)	9(8.7)	1.64
At times I think I am not good at all.	7(6.7)	49(49)	31(29.8)	17(16.3)	2.56
I feel that I have a number of good qualities.	69(66.3)	21(20.2)	9(8.7)	5(4.8)	1.52
I am able to do things as well as most other people.	26(25.0)	53(51.0)	19(18.3)	6(5.8)	2.05
I feel I do not have much to be proud of.	23(22.1)	38(36.5)	16(15.4)	27(26.0)	2.45
I certainly feel useless at times.	30(28.8)	36(34.6)	24(23.1)	14(13.5)	2.21
I wish I could have more respect for myself.	35(33.7)	30(28.8)	24(23.1)	15(14.4)	2.18
I take a positive attitude toward myself.	16(15.4)	60(57.7)	21(20.2)	7(6.7)	2.18
AGGREGATE MEAN=2.09					
DECISION MEAN=2.5					

Key: SA: *Strongly Agree, A: Agree, D: Disagree, SD: Strongly Disagree*

Table 3: *Assessment of psychosocial status (N=104)*

	Frequency(n)	Percentage (%)
Anxiety		
Normal	16	15.4
Moderate	7	6.7
Severe	81	77.9
Depression		
Normal	19	18.3
Moderate	5	4.8
Severe	80	76.9
Stress		
Normal	28	26.9
Moderate	24	23.1
Severe	52	50.0

Discussion

The finding of the study reveals that the respondent has negative attitudes toward self, as the computed mean was found to be less than the decision mean, associated with the feeling of guilt, worthlessness, low self-esteem, anger and regret. The finding of this study agrees with the findings of Williams (2014) in a descriptive study in which he extracted eleven themes from interviews with infertile women: negative identity; a sense of worthlessness and inadequacy; a feeling of lack of personal control; anger and resentment; grief and depression; anxiety and stress; lower life satisfaction; envy of other mothers; loss of the dream of co-creating; the 'emotional roller coaster'; and a sense of isolation were responsible for the feeling of abandonment, disregarded and unworthiness in the society, a cross-sectional study conducted in the USA.

Moreover, the findings are in accordance with Akpor, Fadare and Adebusuyi (2016) in a research conducted at the federal medical centre, Owo in Ondo state using a descriptive non-experimental study involving eighty respondents, revealed that the majority of the respondents have expressed feeling of

worthlessness at one point or the other. Also, most of the respondents expressed a feeling of low self-esteem as a result of infertility.

Furthermore, the result is similar to that obtained from other economically developed countries including, Switzerland (Katja, & Hansjörg, 2010), New Zealand (Ulrich and Weatherall, 2010), Korea (Hee-Jun, Il-Hae Hong-Gil, Jae-Won &Kyeong-H, 2016). Reported that the majority of the respondents verbalized feelings concerning their unfulfilled wish to have a child. Hope, anxiety, sadness, stress, and enjoyment were the most commonly expressed emotions, accounting for major of all emotions mentioned.

The correlation of the findings might be associated with lower fecundity. It is noteworthy that the stress women often experience as a result of infertility may influence their perception of their marriage and may undermine their ability to get the very support they need. And might be because childbearing is often highly valued in African societies as well as other parts of the world, infertile women suffer a lot of social stigmas. Women without children can be perceived as incomplete, of little value, or even cursed (Hollos& Larsen 2008; Whitehouse &Hollos, 2014).

One of the major experiences identified among the women was psychosocial. Women with infertility encounter a lot of psychological trauma. These psychosocial experiences include anxiety, depression, stress and social interaction.

The findings indicated that anxiety frequently affects women with infertility and presented in various ways. These ways include too much thinking, doubt, worries, and fear and dryness of the mouth. This finding is congruent with that of Fatoye et al. (2008), that of Fledderjohann (2012), that of Naab et al. (2013), in Ghana, and that of Upkong and Orji (2007).

Conclusion and Recommendations

From the above, it could be concluded that women with infertility in Kano state experienced a lot of psychosocial problems that are associated with infertility. However, their psychological problems were linked to their social experiences. Therefore, infertility needs to be seen as a public health issue rather than a purely medical condition. It is recommended that more emphasis should be made on regular counselling services to women coming to infertility clinic and psychotherapy and more trained nurses be sent to the infertility clinic for better management of patients and should also incorporate with other nongovernmental organization to educate the public on infertility.

Additionally, more research should be done in order to explore more findings related to the psychosocial status of infertile women and provide a possible solution to the existed problem. Nurse Researchers should use the qualitative approach to explore the psychosocial experiences of women with infertility. And the scope of future research should be extended to both governments owned and private hospitals where infertility care is provided to enable adequate representation.

Conflict of Interest:

The authors have no conflict of interest to declare

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