



# An assessment of the Coping Strategies to address Infertility among Couples in Kisumu County, Kenya

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## Summary

### INTRODUCTION

According to statistical evidence, infertility is a global challenge which many people of all social, economic and cultural classes are grappling with. One of the biggest issues revolves around the response ability towards this health problem. This paper therefore investigated the coping strategies used by women to address infertility in Kisumu County, Kenya.

### MATERIALS AND METHODS

The study was guided by the coping theory propounded by Lazarus and Folkman. Data was collected from 200 respondents using semi-structured questionnaires. At the same time, six focus group discussions (FGDs) comprising of 10-12 individuals and from 36 key informant interviews (KIIs) were employed to collect qualitative data.

### RESULTS

It was established that infertile couples addressed the problem of infertility in various ways including seeking solace in prayers, soliciting for social capital from friends, relatives and colleagues, and seeking alternative traditional herbal medicine. It was also established that the choice of coping strategies employed by couples was influenced by their social-economic backgrounds such as religious affiliation, level of education and place of residence. Few women sought medical intervention to address infertility because of the costs attached to the option.

### CONCLUSIONS

Infertility coping strategies for women in Kisumu County entail problem-focused and emotionally driven approaches.

### RECOMMENDATIONS

The authors recommend incorporation of traditional and medical solutions in dealing with issues of infertility. More research on herbs and other traditional methods of addressing infertility are also recommended. Modern technology such as sperm banks and in-vitro fertilization should also be introduced in the most acceptable ways for adoption by choice.

*Keywords: Infertility, Coping Strategies, Kisumu County*

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## Introduction

Infertility is an unexpected stressor and life crisis (Schmidt, 2010). According to Peterson [3] this could be partly attributed to the strong values associated with procreation, one of the aspirations still considered as basic achievement for the majority of human beings. Infertile couples may also experience disruption in their social relationships, in part due to a tendency of others to look less favorably upon a couple's childlessness state [5] and a desire by individuals suffering from infertility to withdraw socially due to feelings of disconnection and exclusion around those with children [1,2,6]. The impact on social and personal domains contributes to the psychological burden couples feel during the infertility experience. Prevalence of infertility varies from one country to another. It is estimated that about 8 to 12% of couples suffer from infertility worldwide. In Sub-Saharan Africa, between 11 and 20% couples have difficulties conceiving at some point in their lives. Previous studies estimate that about quarter of men and nearly a fifth of women in Kenya suffer from infertility [9].

Samii (2012) asserts that despite a large body of literature on infertility and associated experiences, the coping strategies adopted in dealing with these challenges have received relatively little attention in existing research. Most of the available research tends to use generic coping models, without addressing the specific, which subsequently affect crucial outcomes for stressors such as infertility. Besides, most of these studies have put more emphasis on experience of women as opposed to men who also bear the brunt of infertility. Perhaps, it is because of this that Jordan and Revenson [13] have called for a re-conceptualization of coping with infertility as a couple-level stressor because both men and women are affected by infertility.

In African countries, infertility often leads to the adoption of more of the traditional solutions and less of the medical treatment. For instance, a study carried out by Okonofua *et al.* in Nigeria among the Yoruba community disclosed that most couples with infertility use a variety of traditional and religious treatments, as opposed to medical options. Another example from Malawi noted that there was a cultural pressure to bear children that motivated infertile couples to consult traditional healers and herbalist with the assumptions that they were capable of curing infertility. However, the use of complementary medicine is common in developing countries and may be associated with strong religious beliefs. The Kenyan situation is not any much different, and many communities especially from the poor rural areas still rely on traditional solutions to their problems. The traditional solutions include herbal remedies.

Locally, Kenya seems to be showing noticeable improvement in the development of interventions offered to couples having fertility problems. However, the use of modern reproductive services is often expensive and sometimes rejected by the community members because of cultural and religious reasons. Earlier on, in the first two years of its introduction, the IVF based treatment cost more than KSh. 300,000 (\$3,000) per treatment. Such high cost of IVF treatment is likely to lead to isolation of the couples suffering from infertility at large. In addition, IVF progress has been followed by criticism and debate concerning the moral and ethical issues involved in the use of it.

In Kisumu County, there seems to be minimal attention accorded to research on the issue of coping strategies. Kamau [19] carried out a study on coping strategies with emphasis on experiences of Infertility among Married Kenyan Women. However, the study was conducted within the confines of Nairobi County. In addition, it relied on phenomenological design



which has subjectivity issues hence difficulties in establishing reliability and validity of the data. The closest study is that of Odek *et al.* [9] which sheds some light on the experience of couples suffering from childlessness, though not exhaustive. Therefore, this study is an attempt to fill existing research gaps in this particular field of coping strategies.

There is a genuine need to have exhaustive information that explains the ways in which people living with infertility cope, particularly those in a rural-urban setting where there is a mixture of modernity as well as tradition, like Kisumu. The objective of this paper therefore was to describe from a qualitative perspective, reports given by heterosexual couples on the coping strategies infertile women of Kisumu County resort to, to resolve infertility or provide its culturally accepted options.

## Materials and Methods

### Study design

This study utilized both quantitative and qualitative approaches to explore the coping strategies used by couples suffering from infertility. This study was conducted in Kisumu County with specific focus on Winam, Kadibo, Maseno and Kombewa areas. Qualitative data of gathering tools such as key informant interviews (KIIs) and focused group discussions (FGDs) were used in the process. At the same time, quantitative data was obtained from the questionnaires.

The primary data was collected from childless couples, local community members, religious leaders, traditional birth attendants, herbalists and health practitioners. In total, 200 respondents were sampled and took part in the study. The respondents were selected using simple random sampling. They were enrolled from among those who visited the gynaecology clinic and who had been diagnosed with infertility.

The Statistical Package for the Social Sciences (SPSS) software was quite useful for analysing quantitative data. Thematic analysis, a qualitative approach for identifying, analysing and reporting themes within material data, was used in analysing data from FGDs and KIIs.

### Ethical considerations

Ethical approval was obtained from the Institutional Review Board of St. Paul's University. Informed consent processes and forms for the FGDs were available in the local languages and, though information could be explained in a group, each participant met with a facilitator to confirm consent.

## Results

Out of the 200 respondents recruited into the study using simple random sampling, 54% were females while the rest, 46% were males. Majority (53%) of the respondents were aged between 20-29 years, which may include many women in child-bearing age. The ages were distributed as follows: 14% and 39% of the respondents were aged 20 to 24 and 25 to 29 years, respectively. The least was 40-44 years as represented by only 1% of the total respondents.

The proportion of the participants who completed primary, secondary schooling and tertiary college was 32%, 21% and 28% respectively. University graduates constituted only 19% of the study sample. Majority were married (80%) as shown in Table 1.

### Coping strategies

These findings corroborate qualitative data from FGDs. For instance, in one of the FGDs, one of the participants had this to say:

*“Let me say I have no close relative who can assist me in this area. I am always alone. It is because of this that I value friendship.”* (FGD Participant. Male, 35 years).



Some also sought spiritual interventions as source of support and approach of dealing with their childlessness.

*“I used to be a church-goer....however today, I attend the church as a very different person. Honestly, I have personally seen the hand of God especially through fellowship. I believe God is faithful and one day I will get a healthy baby boy.” (FGD Participant. Male,35 years).*

The findings were confirmed during FGDs. Some participants also mentioned use of plants roots or leaves, use of spiritual powers and sacrifices as potential solutions to their infertility. Some participants revealed that they knew

infertile couples who gave birth through such solutions. For example, a 45 years old female during FGD pointed out:

*“We know some infertile couples who have given birth by making several sacrifices. One of our neighbours got a baby boy after a year after making some sacrifices.” (FGD Participant. Female, 45 years).*

During KIIs with herbalists, it emerged that there are several traditional methods of dealing with infertility. For instance, *manyasi*, which is a mixture of herbals or concoction, could be used to treat couples experiencing childbearing problems.

**Table 1: Respondents' Demographic Profiles**

Description	Frequency	%
<b>Gender</b>		
Male	92	46
Female	108	54
Total	200	100
<b>Age(years)</b>		
20-24	28	14
25-29	78	39
30-34	62	31
35-39	30	15
40-44	2	1
Total	200	100
<b>Education</b>		
Primary	64	32
Secondary	42	21
Tertiary college	56	28
University	38	19
Total	200	100
<b>Marital status</b>		
Married	160	80
Single	22	11
Divorced	16	8
Widowed	2	1
Total	200	100

(Source: Field Results, 2012)



**Table 2: Reaction and Coping with Infertility**

<b>Reaction</b>	<b>Percentages</b>
Sought medical advice from a doctor in hospital	47
Sought treatment from an herbalist	33
Resorted to prayers	20
Sought advice from immediate relatives	63
Sought support from friends	85
Sought support from Self Help Group Members	11
Sought solace from dead ancestors	5
Other	12
Multiple response=total % >100	
<b>(Source: Field Results, 2012)</b>	

Other methods involved changing of diets. It was, for instance, common advice and practice to consider eating food with no sugar, coffee, alcohol, dairy, wheat, and spices as part of the daily menu for those with infertility problems especially women. The following quotations clearly explain the various approaches:

*“We use whole plants believing that they are more beneficial than isolated plant constituents. Herbs are gentle, safe and effective with very few side effects. They can be used to treat specific health conditions, prevent the recurrence of health problems or to promote good health when taken on a regular basis... and indeed, I have seen so many women, am convinced that it works.”* **(KII Participant. Female Herbalist, 35 years).**

There is, however, no scientific evidence that the herbal treatment works as explained by one of the health practitioner during KII as demonstrated by the statement below:

*“A lot of these plants and drugs may be good and attending to the problem, but what we are not sure of are the side effects. From my own view, if these herbs affect the chromosomes or genes, then it is a big problem. Therefore, it is important that traditional healers are involved in different*

*researches on medicines so that they meet the required standards in this era of science and technology.”* **(KII Participant. Female Health Officer, 35 years).**

## **Discussion**

Drawing upon qualitative research design, the current study is one of the first known studies to exclusively examine coping strategies employed by couples suffering from infertility in Kisumu County. Social support as a coping strategy seems to dominate among couples suffering from infertility. This includes seeking advice from immediate relatives and support from friends as well as self-help groups. The findings correspond to those of Mariano [20] where some of the respondents in his study disclosed they relied on the support from their colleagues, friends and even neighbours. Similarly, Wischmann [21] observed that childless couples relied on the informal ways of dealing with their problems such as sharing with their friends, peers, spouse or close relatives.

The use of traditional methods in dealing with infertility is also clear from the findings. As it can be seen in Table 2, a number of respondents sought treatment from herbalists. This was again confirmed by participants in FGDs and KIIs. One



of the herbalists disclosed that he used whole plants because they were more beneficial than isolated plant constituents adding that herbs are gentle, safe and effective with very few side effects. Another participant reiterated that traditional coping strategies such as making several sacrifices have worked for some people. The use of traditional methods by most respondents in this study may be attributed to its availability and affordability.

Decisions on the methods are also influenced by the levels of education and to some extent, individuals' faith or religious beliefs. Residents with low levels of education were more likely to adopt traditional remedies or seek treatment from herbalists. However, those educated are more likely to prefer medical remedies. People with limited knowledge of infertility were more likely to engage in traditional based coping strategies. In researcher's view, dealing with infertility has no quick solution. Instead, it requires coping strategies for adaptation and adjustment over a given period.

Experiences of infertile couples presented in this study highlight the challenges they face and their coping strategies. The study findings confirm the theory of coping as proposed by Lazarus and Folkman which holds that individuals evaluate threats or harm to come up with ways of coping with the stressful events or to improve the prospects for a beneficial outcome. The current study results have implications on the roles played by community members in coping with infertility related consequences. For instance, husbands, in-laws, friends, neighbours, doctors and other community members have marked influence on the social capital that is vital for coping with infertility.

## **Conclusion**

Our study shows that infertile couples in Kisumu County do face a lot of challenges.

Although it cannot be ruled out that some married couples may choose not to have children for various reasons, in the present study, it's clear that no one challenges the value of parenthood and prefers to lead a child free life voluntarily. Consequently, they have developed coping strategies to solve or stabilize internal conflicts and emotional problems as well as external challenges related to their childlessness.

In this county, the main strategies for coping with infertility revolved around problem-solving and emotion-focused coping strategies. Infertility is an undesirable status and infertile women and men will take actions intended to avoid a childless life and the associated stigma of infertility. Most people resort to traditional and religious means of dealing with their infertility problems. However, there are those who prefer medical solutions. In the context of this study, the choice and decision on the strategies adopted tended to revolve around knowledge, attitude and socio-cultural beliefs and practices among infertile persons in Kisumu County, Kenya.

## **Recommendations**

The researchers call upon pharmaceuticals and universities to launch further investigations into the content of the herbal drugs. It is possible that some of these herbal concoctions contain strong medicinal values that can be used to cure cases of infertility. In developed countries, adoption is generally more common through sperm banks and in-vitro fertilization are generally used to assist in conceptions. The study therefore recommends for continuous efforts from both the national and county governments as well as relevant Non-Governmental Organizations (NGOs) to generate a blend of approaches which are sensitive to the alternative as well as conventional medicine. These ought to be packaged in a way that will attain acceptability by those in need of those services.



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