

**SHORT REPORT: PSYCHIATRIC MORBIDITY AMONG INFERTILE  
WOMEN ATTENDING A TERTIARY HEALTHCARE INSTITUTION IN  
LAGOS**

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# **SHORT REPORT: PSYCHIATRIC MORBIDITY AMONG INFERTILE WOMEN ATTENDING A TERTIARY HEALTHCARE INSTITUTION IN LAGOS**

## **Abstract**

### **Background**

Infertile women have been observed to suffer from various forms of psychopathology due to the psychosocial pressures placed on them because of their inability to conceive. This study aimed at investigating levels of anxiety, depression and psychological distress among infertile women in Lagos state, Nigeria.

### **Method**

The study included 107 women with primary infertility in the study group and 99 healthy fertile women in the control group. The 12<sup>th</sup> version of the General Health Questionnaire (GHQ) and the Hospital Anxiety and Depression Scale (HADS) and were administered to both groups to determine their levels of psychological distress, anxiety and depression.

### **Result**

The findings show that 37% of the subjects surveyed had high scores in general psychopathology and only 31% of the controls had scores above the general health questionnaire cut-off norm. Anxiety was diagnosed in 30.8% of the experimental group when compared with the control group. Depression was observed 22.0% of the subjects as against 40.4% of the control group.

### **Conclusion**

The findings of this study showed that infertile women in the study group showed some degrees of psychopathology. Psychosocial factors should also be taken into consideration in the evaluation of infertile women because infertility can also be a source of psychological distress, anxiety and depression.

**Keywords:** *Psychological morbidity, anxiety, depression, infertile women*

## **Introduction**

Infertility is the inability of a couple to conceive after one year of regular, contraceptive-free intercourse or the inability to carry pregnancy to term<sup>1</sup>. Globally, it is estimated that between 8-12% of couples experience some form of infertility during their reproductive years<sup>1</sup>. Infertility has been documented to account for over 50% of cases seen in the gynaecology clinics of developing countries, and as much as one-third of all gynaecological and family planning resources are devoted to infertility and related problems<sup>2-3</sup>. Literature shows that women with involuntary childlessness experience low-self-esteem, increased marital conflicts, verbal and physical abuse by husbands and in-laws. They are also ridiculed, neglected, victimised, stigmatised and under social pressure to get pregnant. These observed attitudes may lead to social withdrawal and suicidal ideation<sup>4-5</sup>. An assessment of factors influencing infertility in the rural Nigerian community showed a prevalence rate for primary infertility to be 12.9% while that of secondary infertility was 54%<sup>6</sup>. Despite being one of Africa's most populous nations, infertility remains a major reproductive health problem in Nigeria and some Nigerian authors have observed that the problems of infertility and women's mental health are comparatively understudied in Nigeria<sup>7</sup>. This study therefore aimed at studying the levels of anxiety, depression and psychological distress among infertile women attending a tertiary healthcare institution in Lagos, Nigeria.

## **Method**

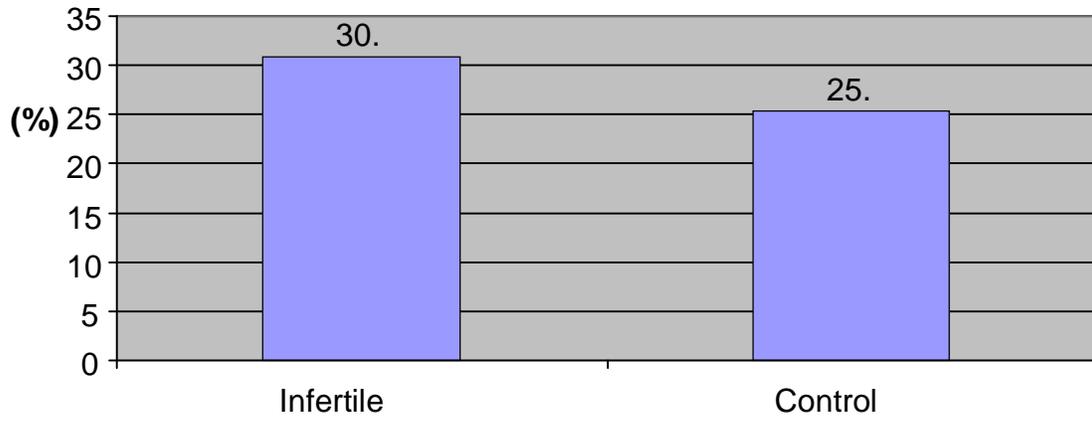
The study was carried out at the Department of Radiology of the Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria, between June and December 2007. Permission to carry out the study was obtained from the Research and Ethics Committee of the hospital. Verbal and written informed consent was obtained from participants of both the study and control groups, and only those who gave their approval were included in the study. Women who were referred from the infertility clinic to the radiology clinic to carry out abdominal ultrasound scan for primary infertility and who had been infertile for a minimum period of two years or more were included in this study. A self-administered questionnaire was administered on both groups to collect data on demographics. The subjects in both groups were administered with the 12<sup>th</sup> version of the General Health

Questionnaire<sup>8</sup> and the Hospital Anxiety and Depression Scale<sup>9</sup>. The general health questionnaire and the Hospital Anxiety and Depression Scale have been standardised, validated and used for community and hospital based studies in Nigeria<sup>10-11</sup>.

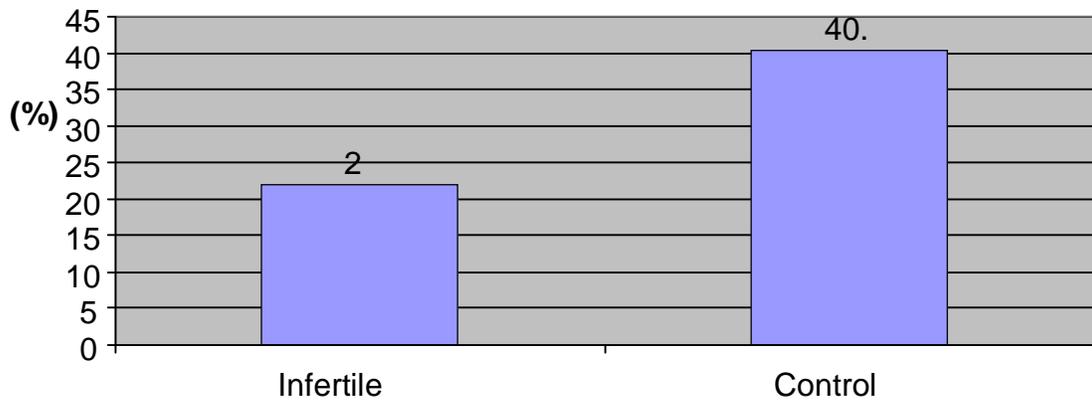
## **Results**

The study sample was made up of 107 women diagnosed with primary infertility and 99 women seeking consultation for family planning at the family planning clinic of the hospital. Psychological distress was recorded in 37 (37.4%) of the subjects in the surveyed group and 23 (31.9%) in the comparison group. The Hospital Anxiety and Depression Scale (HADS) showed that 28 (30.8%) of the subjects in the experimental group and 25 (25.3%) of those in the comparison group had anxiety; while 20 (22.0%) of the index group and 40 (40.4%) of the comparison group suffered from depression.

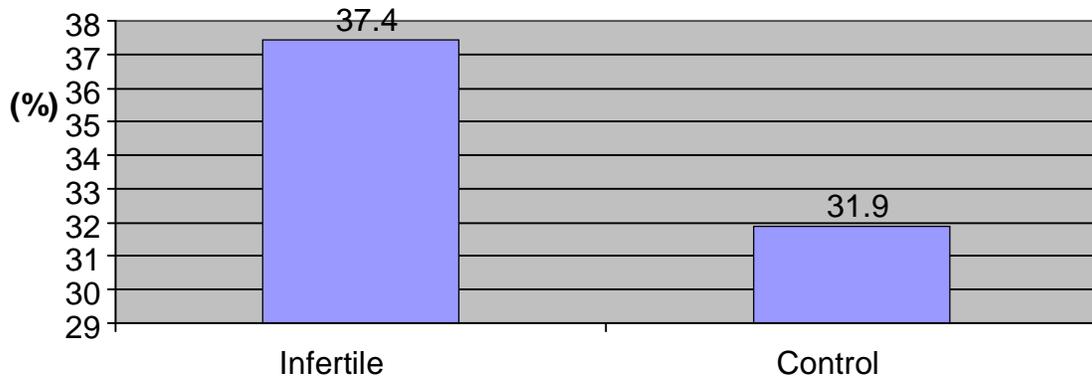
**% of subjects with high scores on anxiety subscale**



### % of Subjects with High Scores on Depression Subscale



**% of subjects with psychological distress on the GHQ-12**



## **Discussion**

This study was aimed at finding the relationship between infertility and psychopathology. The prevalence of psychiatric morbidity in infertile women has been reported to range between 33% and 42.2%<sup>13</sup>. In this study, 37.4% of the surveyed group had psychopathology compared to 31.9% of the comparison group. These findings are in agreement with reported findings by other workers mentioned above. With regard to the Hospital Anxiety and Depression Scale scores, the findings of this study were also in consonance with other similar reported studies: Chen et al,<sup>13</sup> found 23.2% anxiety and 17% depression; Ukpong and Orji<sup>2</sup> reported 37.4% anxiety and 42.9% depression in their study of infertile women. The rate of 31.9% found in the control group is rather high compared with those found in other studies. Ukpong and Orji found 11.9% in their control group, made up of fertile women attending the same hospital with the study group. However, Anwar et al<sup>1</sup> reported 18% of the control group as depressed. In this study, 30.8% of the surveyed group had anxiety and 22% had depression. In contrast, 40.4% of the comparison group of fertile women seeking consultation for family planning had depression, which was much more than the surveyed group. Some authors have suggested that high prevalence rates of psychological disturbances in infertile women could be due to many unsuccessful attempts to get pregnant and long diagnostic and therapeutic procedures<sup>14</sup>. These workers also mentioned that medications used to treat infertility have also been observed to precipitate psychiatric symptoms<sup>14</sup>. Anwar, Meshkibar and kokabi<sup>1</sup> have also reported that poverty, low socioeconomic status, low educational level could be part of the contributing factors in the development of psychopathology in women with involuntary childlessness. However, in the Nigerian societies, childbearing is highly valued and childlessness has been documented to bring about social stigmatisation which in turn increases the risk of serious emotional consequences<sup>3,7</sup>. In the psychological management of infertile women with psychopathology, some authors have suggested that psychotherapy instead of pharmacotherapy should be carried out to avoid medication interactions<sup>14-15</sup>. These authors reported that individual, marital, cognitive behaviour therapy and the Internet resources can also reduce the stress associated with infertility and also provide options for couples and women with infertility<sup>14-15</sup>.

## Conclusion

This study showed that anxiety, depression and psychological distress were present in infertile women in Lagos, Nigeria. Clinicians involved in the management of infertile women should be aware of emotional factors of infertility and also endeavour to proffer psychological interventions that will alleviate signs and symptom of psychopathology in this group of women. The results of this study cannot however, be generalized because of its small sample size and research on psychopathological distress of infertile women in Nigeria will require further exploration.

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