Original Article

Coping Strategies of Infertility Clients Attending Gynecological Clinic in South-eastern Nigeria

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Abstract

Background: Infertility is the failure of a couple to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. It causes psychological and social consequences for couples. This study aimed to ascertain the "Coping strategies of infertility clients attending gynecological clinic in South-eastern Nigeria." **Subjects and Methods:** A cross-sectional descriptive survey was used. One hundred and twenty participants were drawn from a population of one hundred and fifty clients, using the power analysis formula of sample size calculation. Participants were selected using a purposive sampling technique. One hundred and seventeen participants were analyzed using the Statistical Package for the Social Sciences version 25. Descriptive and inferential statistics were used at a 0.05 level of significance. $P < 0.05$ was considered statistically significant. **Results:** Majority of the participants use self-controlling, positive reappraisal coping strategy, and social seeking support strategy. There is no significant difference in the mean responses of male and female participants with infertility on their use of coping strategies. The respondents used more self-controlling (86.3%) strategies than they used positive reappraisal (62.4%), escape-avoidance (59.8%), and other coping strategies (47.0%) and these showed statistical significance ($P < 0.05$). Even though they used social support seeking as much as they used self-controlling strategies, this finding was not significant ($P > 0.05$). Furthermore, gender was found to have a significant influence on the coping strategies among the study participants ($P < 0.05$). **Conclusion:** The couple's capacity to adapt to infertility-related stress depends on the coping strategies, which have different impacts on individuals' mental health. Hence, this study suggested the need for health-care providers to integrate psychological counseling into the care of clients with infertility challenges.

Keywords: Coping strategies, infertility, psychological, South-East Nigeria

Introduction

Infertility is the failure of a couple to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.[1] According to Donkor and Sandall,[2] in Ghana, 15% of women of child bearing age have infertility which have been regarded as a health problem. Causes include the woman, man, or both and can also be unexplained.[3] It is associated with psychological and social consequences and tends to affect females more than the males.[4] The effect of infertility is felt by individuals and couples as a stressful experience. Research has shown that women with infertility experience a lack of control in their life, social isolation, loneliness, sexual dysfunction, low self-esteem, and fertility distress. They endure a myriad of felt losses and high level of suffering and sorrow as a result of their inability to have children.[4]

Infertility is a global problem and leads to distress and depression as well as discrimination and ostracism.[5] Studies confirm that women experience greater amounts of infertility-related stress.[6,7] Women are also more likely than men to report depression and anxiety symptoms, and also take a more active role in medical treatment, and respond poorly following treatment failure.[4] Men experience stress more in infertility but look less emotionally affected, and they are willing to consider treatment termination.[6] With regard to counseling services, women have more positive attitudes toward seeking psychological help than men and are more likely to seek couple counseling for general distress.[6] For this

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reason, couples with fertility challenges adopted several coping strategies in managing the stress of infertility. A qualitative study conducted in the United States by Davis and Dearman[7] showed that women used a variety of coping strategies to solve infertility problems. In Pakistan, some women resorted to adoption in coping with infertility.[1] However, from a cultural and social aspect, adoption remains an undesirable option in India.[3] Coping, according to Folkman *et al*.[8] is a constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. Coping strategies, according to Davis[9] are conscious efforts to solve a personal or interpersonal problem that will help in overcoming, minimizing, or tolerating stress or conflict. Ntoumanis *et al*.[10] emphasized that some coping strategies are not better than others; in essence, effective coping requires a fit between situational appraisals and choice of coping responses (this notion is also known as the goodness of fit model). Specifically, perceptions of controllability of the situation should lead to the utilization of problem-focused strategies to a greater degree than emotion-focused strategies, which are more suitable for situations that are less controllable. According to Folkman and Lazarus.[11] coping strategies are classified into two: problem-focused coping strategy and emotion-focused strategy. The problem-focused strategy is directed toward reducing or eliminating a stressor, adaptive behavioral condition.[12] Users of problem-focused strategies do this by getting information on the problem and learning new ways to manage the problem. Emotion-focused coping is when we feel we have little control of the situation, thus we cannot manage the source of the problem.[12] It involves gaining strategies for regulating emotional distress. They include escape-avoidance, seeking social support; exercising, relaxing, and confronting.[13] For this study, four of these coping strategies will be used extensively. Meanwhile, other remaining types will be discussed collectively. Self-controlling strategy means clients trying to control themselves and their emotions through the diversion of their attention, e.g., watching television and reading interesting novels. Heshmat[14] explained that "while the physical independence of today and tomorrow is real enough, the fact remains that today's actions affect tomorrow's." Escape-avoidance means clients directing their attention away from the problem as a reality. The strategy comprises wishful thinking and behavioral efforts to escape or avoid the problem at hand through regulation of stressful emotions related to the problem;[15] positive reappraisal means clients trying to see the positive aspect of the situation instead of thinking about the negative impact.[15] Mikulincer *et al*.[16] categorized clients with infertility as secure, anxious-ambivalent, or avoidant and found that secure men and women reported more well-being, less distress, and more dyadic consensus than those who were avoidant or anxious-ambivalent. Secure and avoidant individuals also reported more dyadic satisfaction. Social-seeking support refers to when clients seek social support by interacting with people who they think can be of help concerning their infertility challenges. According to Peterson *et al*.,[6] women seek more social support through medical professionals and those also going through infertility stress. Because infertility is so commonly linked with negative symptoms such as depression, anxiety, and stress in quantitative studies, the finding that some couples can experience a relational benefit from infertility is encouraging and worthy of future study.[17] It is against this background that this study is based.

Subjects and Methods

A descriptive cross-sectional survey design was used among infertility clients attending gynecological clinic in South-Eastern Nigeria. The design was successfully used by Nelson *et al*.,[3] in studying the coping strategies of clients with challenges of fertility in Borno State. The sample size of 120 participants was obtained using the power analysis formula by Gill *et al*.[18] A homogenous purposive sampling technique was used. It was used as clients were selected based on their similar characteristics of fertility challenges and not all clients in the clinic register attend the clinic during the period of data collection. A letter of introduction was obtained from the Department of Nursing Sciences, University of Nigeria, Enugu Campus, and the ethical approval was obtained from the Health Research and Ethics Committee of the University of Nigeria Teaching Hospital. Two research assistants were trained on the purpose of the study and data collection. One hundred and twenty questionnaires were administered to clients with fertility challenges who met the inclusion criteria as they attend the clinic. Those who could read and write in English were given the questionnaire to fill and return. Those who could not read and write the researcher and research assistants used the questionnaire as an interview guide to obtain information from them and assisted them in filling the questionnaire. Data collection lasted for 2 months and only 117 questionnaires were available for analysis as three questionnaires were wrongly filled. Data collected were analyzed using both descriptive and inferential statistics. The descriptive statistics – frequency, percentage mean and standard deviation – were used to summarize the items of the questionnaire. Specifically, the mean and standard deviation were used to assess for the four-point scaled items on the coping strategies, where strongly agree (SA) = 4, agree (A) = 3, disagree (D) = 2, and strongly disagree = 1. A cutoff of 2.5 was used for decision; hence, an items with a mean above 2.5 was judged to be the respondents' status.[8] The inferential statistics – Chi-square Homogeneity of Proportions and Student's *t*-test – were used for the comparisons: testing for the difference between the groups at 5% level of significance. Chi-squared test and *t*-test were used for categorical and continuous variables, respectively. Statistical difference hence existed if $P < 0.05$; otherwise, no significance. These statistics were done with the aid of the Statistical Package for the Social Sciences (SPSS) version 25.

Results

Out of the 120 copies of questionnaires administered, three were observed to be filled wrongly, representing a return

rate of 97.25%. As shown in Table 1, the age distribution of the respondents was slightly varied with respondents aged between 30 and 39 years comparatively higher (54.7%). Females (78.7%) constituted a majority of the participants. However, 47.0% and 45.3% were educated up to secondary and tertiary levels respectively, and 36.8% were self-employed. In addition, a large proportion were Christians (97.4%) and were married (83.8%). A total of 100 (85.5%) respondents admittedly used self-controlling strategy. Further figures in Table 2 showed that they used this strategy majorly by trying to control their emotions 96.5%, keeping their feelings to themselves 89.7%, and not letting others know how bad things are in their family 87.2%. The opinions of the respondents showed that on average, 59.8% adopted one or more forms of the escape-avoidance coping strategy. The most common form adopted by 80.3% was the refusal to believe that they cannot be pregnant or impregnate a woman [Table 3].

From Table 4, majority of the respondents employed the positive reappraisal strategy while coping with infertility by trying to channel their effort to do something creative (85.5%) and to their career (76.1%). As shown in Table 5, the respondents' responses on the use of social seeking support coping strategy indicate that 94.0% talk to someone about how they are feeling, and 90.6% try to stay with other children in their house believing that they will have theirs someday. Furthermore, 89.7% ask people that had previous infertility problem for advice, 88.9% read/listen or watch programs on television on infertility management, and 88.0% talk to someone about how they feel. Table 5 also illustrates other ways of coping which clients with fertility challenges adopt. These ways include praying to God/other beings (85.5%), engaging in exercises to bring about distractions (73.5%), and accepting to move on with life without bothering anyone ever again (62.4%).

Table 1: Sociodemographic characteristics of the participants (*n*=117)

Characteristics	Frequency, *n* (%)
Age	
<20	3 (2.6)
20-29	25 (21.4)
30-39	64 (54.7)
40-49	22 (18.8)
50 and above	3 (2.6)
Mean±SD	34.24±7.79
Gender	
Male	25 (24.1)
Female	92 (78.7)
Highest level of education	
Primary	9 (7.7)
Secondary	55 (47.0)
Tertiary	53 (45.3)
Occupational status	
Unemployed	29 (24.8)
Self-employed	43 (36.8)
Employed	25 (21.4)
Trading	18 (15.4)
Others	2 (1.7)
Religion	
Christian	114 (97.4)
Islam	3 (2.6)
Marital status	
Married	98 (83.8)
Single	15 (12.8)
Separated	1 (0.9)
Divorced	1 (0.9)
Cohabiting	2 (1.7)

SD: Standard deviation

As shown in Table 6, the self-controlling coping strategy was the most dominant coping strategy used by the respondents with a mean response of 3.12 ± 0.74. This was statistically significant when compared with escape-avoidance, positive reappraisal, and other ways of coping ($P < 0.05$). However, there was no significant difference in their use of the self-controlling and social seeking support strategies ($P = 0.603$). Table 6 also shows the existence of a statistically significant association between the gender of the respondents and the coping strategies they use. There were significant differences in gender and among the use of self-controlling, escape-avoidance, positive reappraisal, and social support seeking coping strategies ($P = 0.020$, $P = 0.020$, $P = 0.040$, and $P = 0.025$, respectively). There was, however, no significant association between the participants' gender and their use of other ways of coping (0.573).

Discussion

The present study reports on the coping strategies adopted by clients with fertility challenges in dealing with the psycho-social consequences associated with infertility. 85.5% of the respondents adopted the use of self-controlling coping strategies in dealing with their infertility challenges by trying to control their emotions, not letting others know how bad things are in their family and trying not to let their feelings interfere with other things they do. Self-controlling strategy enables the client to invest their own conscious effort, to solve personal and interpersonal problems, in order to try to master, minimize, or tolerate stress and conflict. This was similar to the findings by studies in Ghana[2] and India[7] where self-controlling strategy was adopted as 91% tried to keep their feelings to themselves. The gender difference in the use of self-controlling strategy was also statistically significant ($P = 0.020$). Even though all male respondents were found to use self-controlling coping strategy, a proportionate number of female respondents also adopted the use of this strategy. Comparable findings were also noted by a study in Canada[6] whose result showed that men used proportionately greater amounts of self-controlling and problem-solving than women.

The use of escape-avoidance coping strategy when compared to the use of self-controlling coping strategies showed a significant difference ($P = 0.020$) and was used less commonly by 59.8% of the respondents. In employing this strategy, the

Table 2: The use of self-controlling coping strategy

Coping strategy	SA (%)	A (%)	SA+A=Yes, frequency (%)	D (%)	SD (%)	D+SD=No, frequency (%)	Mean±SD
I just try to control my emotions	30 (25.6)	83 (70.9)	113 (96.5)	3 (2.6)	1 (0.9)	4 (3.5)	3.21±0.52*
I keep my feelings to myself	39 (33.3)	60 (51.3)	99 (84.6)	17 (14.5)	1 (0.9)	18 (15.4)	3.17±0.70*
Despite lack of conception, I do not let others know how bad things are in my family	47 (40.2)	55 (47.0)	102 (87.2)	12 (10.3)	3 (2.6)	15 (12.8)	3.25±0.74*
I try not to let my feelings interfere with other things I do	37 (31.6)	68 (58.1)	105 (89.7)	10 (8.5)	2 (1.7)	12 (10.3)	3.20±0.66*
Infertility keeps my mind thinking over and over again	37 (31.6)	62 (53.0)	99 (84.6)	12 (10.3)	6 (5.1)	18 (15.4)	3.11±0.79*
Infertility makes me not to feel good	36 (30.8)	64 (54.7)	100 (85.5)	7 (6.0)	10 (8.5)	17 (14.5)	3.08±0.84*
I feel rejected/incomplete because of infertility	30 (25.6)	54 (46.2)	84 (71.8)	18 (15.4)	15 (12.8)	33 (28.2)	2.85±0.95*
Grand/overall mean			100 (85.5)			17 (14.5)	3.12±0.74

*The used strategy. SA: Strongly agreed, A: Agreed, D: Disagreed, SD: Strongly disagreed, SD: Standard deviation

Table 3: The use of escape-avoidance coping strategy

Coping strategy	SA (%)	A (%)	SA+A=Yes, frequency (%)	D (%)	SD (%)	D+SD=No, frequency (%)	Mean±SD
I try to leave when people are talking about pregnancy or children	22 (18.8)	53 (45.3)	75 (64.1)	28 (23.9)	14 (12.0)	42 (35.9)	2.71±0.91*
I avoid being with pregnant women or children	24 (20.5)	49 (41.9)	73 (62.4)	24 (20.5)	20 (17.1)	44 (37.6)	2.66±0.99*
I become a workaholic to keep myself busy	25 (21.4)	53 (45.3)	78 (66.7)	26 (22.2)	13 (11.1)	39 (33.3)	2.77±0.91*
I refuse to believe that I can't be pregnant or impregnate a woman	46 (39.3)	48 (41.0)	94 (80.3)	14 (12.0)	9 (7.7)	23 (19.7)	3.12±0.90*
I drink/smoking or take drugs to forget am childless	8 (6.8)	30 (25.6)	38 (32.4)	36 (30.8)	43 (36.8)	79 (67.5)	2.03±0.95
I turn off the television when a program on pregnancy/childbirth comes on.	26 (22.2)	35 (29.9)	61 (52.1)	34 (29.1)	22 (18.8)	56 (47.9)	2.55±1.04*
Grand/overall mean			70 (59.8)			47 (40.2)	2.64±0.95

*The used strategy. SA: Strongly agreed, A: Agreed, D: Disagreed, SD: Strongly disagreed, SD: Standard deviation

Table 4: The use of positive reappraisal strategy

Coping strategy	SA (%)	A (%)	SA+A=Yes, frequency (%)	D (%)	SD (%)	D+SD=No, frequency (%)	Mean±SD
Because of infertility, I try to channel my effort to do something creative	31 (26.5)	69 (59.0)	100 (85.5)	13 (11.1)	4 (3.4)	17 (14.5)	3.09±0.71*
Infertility makes me to channel my effort to my career.	43 (36.8)	46 (39.3)	89 (76.1)	23 (19.7)	5 (4.3)	28 (23.9)	3.09±0.86*
I do not channel my effort to anything because of infertility	6 (5.1)	30 (25.6)	36 (30.8)	52 (44.4)	29 (24.8)	81 (69.2)	2.11±0.84
I made a plan to adopt a child/children	30 (25.6)	51 (43.6)	81 (69.2)	27 (23.1)	9 (7.7)	36 (30.8)	2.87±0.89*
I have made a plan to go for assisted reproduction	25 (21.4)	60 (51.3)	85 (72.6)	23 (19.7)	9 (7.7)	32 (27.4)	2.86±0.84*
I have no plan for assisted reproduction	17 (14.5)	31 (26.5)	48 (41.0)	40 (34.2)	29 (24.8)	69 (59.0)	2.31±1.00
Infertility keeps me stagnant and dejected	25 (21.4)	45 (38.5)	70 (59.8)	27 (23.1)	20 (17.1)	47 (40.2)	2.64±1.00*
Grand/overall mean			73 (62.4)			44 (37.6)	2.71±0.88

*The used strategy. SA: Strongly agreed, A: Agreed, D: Disagreed, SD: Strongly disagreed, SD: Standard deviation

respondents refused to believe that they cannot be pregnant or impregnate a woman, became a workaholic, tried to leave when people are talking about pregnancy or children, and avoided being with pregnant women or children. Hence, they deny their condition or act as there is no stressor, and therefore, there is no need to seek medical treatment. This result is similar to studies conducted in Ghana[2] and Nigeria[3] which revealed that majority refused to believe that they were in such a situation and wished it would go away. There was also an observable significant association between the use of this strategy and the gender of the study participants ($P < 0.05$). The proportion of males who used the escape-avoidance coping strategy was greater than females. This corresponds with the findings of a study done in Nigeria[3] which showed that most respondents, especially males (54.7%), used escape/avoidance coping strategy by drinking, smoking, and taking drugs to forget they are childless than the females.

From the findings, the proportion of the respondents who used a positive reappraisal coping strategies was 62.4%. This figure was lower when compared to the proportion of the

Table 5: The use of social seeking support strategy and other ways of coping

Coping strategy	SA (%)	A (%)	SA+A=Yes, frequency (%)	D (%)	SD (%)	D+SD=No, frequency (%)	Mean±SD
I talk to someone about how I am feeling	29 (24.8)	81 (69.2)	110 (94.0)	6 (5.1)	1 (0.9)	7 (6.0)	3.18±0.55*
I try to stay with other children in my house believing that I will have mine someday	36 (30.8)	70 (59.8)	106 (90.6)	9 (7.7)	2 (1.7)	11 (9.4)	3.19±0.65*
I ask people that had previous infertility problem for advice	33 (28.2)	72 (61.5)	105 (89.7)	11 (9.4)	1 (0.9)	12 (10.3)	3.17±0.62*
I talk to someone to find out more about my problem	38 (32.5)	65 (55.6)	103 (88.0)	11 (9.4)	3 (2.6)	14 (12.0)	2.87±0.83*
I accept sympathy and understanding from people	32 (27.4)	62 (53.0)	94 (80.3)	18 (15.4)	5 (4.3)	23 (19.7)	3.03±0.78*
I read/listen or watch programs on television on infertility management	46 (39.3)	58 (49.6)	104 (88.9)	10 (8.5)	3 (2.6)	13 (11.1)	3.26±0.72*
I accept financial assistant from relations for infertility treatment	27 (23.1)	56 (47.9)	83 (70.9)	19 (16.2)	15 (12.8)	34 (29.1)	2.81±0.98*
Grand/overall mean			101 (86.3) 16 (13.7)				3.07±0.73
Coping strategy	**SA (%)**	**A (%)**	**SA+A=Yes, frequency (%)**	**D (%)**	**SD (%)**	**D+SD=No, frequency (%)**	**Mean±SD**
I pray to God and/or other beings for a miracle	78 (66.7)	22 (18.8)	100 (85.5)	13 (11.1)	4 (3.4)	17 (14.5)	3.49±0.83*
I have accepted to move on with life without bothering anyone ever again	21 (17.9)	52 (44.4)	73 (62.4)	32 (27.4)	12 (10.3)	44 (37.6)	2.70±0.88*
I engage in exercises to keep my thoughts away from my condition	43 (36.8)	43 (36.8)	86 (73.5)	26 (22.2)	5 (4.3)	31 (26.5)	3.06±0.87*
I relax in a quiet environment and sleeping off to forget my predicament at least for a moment	23 (19.7)	25 (21.4)	48 (41.0)	45 (38.5)	24 (20.5)	69 (59.0)	2.40±1.03
I confront my partner that the fault is his or hers	3 (2.6)	11 (9.4)	14 (12.0)	83 (70.9)	20 (17.1)	103 (88.0)	1.97±0.61
I threaten my partner that I will marry a new wife/ husband	1 (0.9)	10 (8.5)	11 (9.4)	85 (72.6)	21 (17.9)	106 (90.6)	1.92±0.54
Grand/overall mean			55 (47.0)			62 (53.0)	2.59±0.79

*The used strategy. SA: Strongly agreed, A: Agreed, D: Disagreed, SD: Strongly disagreed, SD: Standard deviation

respondents who use the self-controlling coping strategies with a statistically significant difference ($P < 0.05$). In employing this strategy, the respondents tend to channel their effort to do something creative, to their career, making a plan to adopt a child, and planning to go for assisted reproduction. The findings are consistent with the studies conducted in Ghana[2] and India.[7] Furthermore, the difference in the respondents' gender and their use of the positive reappraisal coping strategy was statistically significant ($P = 0.040$). This has differed from the findings in an Iranian study[13] which revealed that positive reappraisal was lower in wives than husbands, but these differences are not significant ($P > 0.05$).

Similar to the self-controlling strategy, the social seeking support was also another common strategy adopted by majority (86.3%) of the respondents but was statistically insignificant ($P > 0.05$). The respondents' achieve this through talking to someone about how they feel, asking people with similar problems for advice, talking to someone to find out more about their problem, reading/listening, or watching programs on television on infertility management. Through social seeking strategy, they believe that others understand their needs and will try to help them. Similar findings were noted in a Jordanian study[19] in which the study participants reported receiving emotional support from extended family as well as instrumental support to overcome the financial burden of infertility treatment costs (social support coping strategy).

In contrast to the finding is the work of Donkor and Sandall[12] in which the clients talking to others about fertility problems was not a common strategy that the respondents used. The responses on the use of this strategy showed a significant association with the gender of the participants ($P = 0.025$). This means that both male and female participants have an increased tendency to use this strategy in coping with fertility challenges.

On average, other ways of coping with infertility were the least common strategy adopted by only 47.0% of the respondents. Praying to God/other beings for a miracle was identified to be the most prevalent way by which 85.5% of the respondents coped with their fertility problems. This finding is in line with the work conducted by Obeit *et al*. [20] in which the authors considered trust in God a powerful coping strategy. Similarly, a Ghanaian[5] study also reported that 99% of the respondents pray to God and 98% hoped a miracle would happen. The current study did not find any significant association between the gender of the participants and their use of other ways of coping ($P = 0.573$).

Conclusion

Infertility can have a devastating effect on the mental health of couples. The capacity to adapt to infertility-related stress is strongly dependent on which forms of coping strategies

Table 6: Comparison of differences in the use of coping strategies and relationship between gender and the use of coping strategies

Coping strategies	Coping strategies		Mean±SD	*t*	*P*
Self-controlling coping strategy: 3.12±0.74	Escape-avoidance coping strategy		2.64±0.95	4.312	0.004*
	Positive reappraisal strategy		2.71±0.88	3.857	0.000*
	Social seeking support strategy		3.07±0.73	0.520	0.603
	Other ways of coping		2.59±0.79	5.296	0.000*
Coping strategy	**Gender**		**Total**	χ^2	**df**	***P***
	Male	**Female**				
Self-controlling						
Yes	20	50	70	5.382	1	0.020*
No	5	42	47			
Total	25	92	117			
Escape-avoidance						
Yes	20	53	73	4.200	1	0.040*
No	5	39	44			
Total	25	92	117			
Positive reappraisal						
Yes	25	76	101	5.037	1	0.025*
No	0	16	16			
Total	25	92	117			
Social support seeking						
Yes	13	42	55	0.318	1	0.573
No	12	50	62			
Total	25	92	117			
Other ways of coping						
Yes						
No						
Total						

*Significant *P*. SD: Standard deviation

are used more commonly by infertile couples. Based on the results, the study concludes that first, the respondents used more self-controlling strategies than they used positive reappraisal escape-avoidance and other coping strategies and these showed a statistical significance ($P < 0.05$). Even though they used social support seeking as much as they used self-controlling strategies, this finding was not significant ($P > 0.05$). Furthermore, gender was found to have a significant influence on the use of coping strategies among the study participants ($P < 0.05$). Hence, this study highlights the major coping strategies adopted by infertile couples and underscores need for health-care providers to integrate psychological counseling into the care of clients with infertility challenges so as to help them increase their use of positive strategies such as positive reappraisal strategy.

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Conflicts of interest

There are no conflicts of interest.

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