EXPLORING COPING MECHANISMS AND RESILIENCE STRATEGIES AMONG CHILDLESS COUPLES FACING INFERTILITY IN SOUTHEAST NIGERIA

Eucharia K. AKUMEFULA (PhD)
School of Arts and Social Sciences,
Federal College of Education (FCE),
Ofeme Ohuhu, Umuahia, Abia State, Nigeria
eakumefula@gmail.com
&
Chika Maureen EGWIM-WOKOCHA (PhD)
Department of Sociology, \
Imo State University, Owerri, Nigeria
goodwoman294@gmail.com

ABSTRACT
The plight of infertile couple in Nigeria especially within the South-east is vast. They are dehumanized and stigmatized as a result of premium placed on childbirth within the culture area. This study investigated the mechanisms such couples adopt in order to cope with their circumstance. The study adopted the mixed research method to collect quantitative and qualitative data. The findings revealed that couples mostly adopt socio-cultural mechanisms such as drinking herbal drugs, fasting and prayers and self-medication. The study recommends among others cultural sensitivity intervention program to assist such persons.
Keywords: Infertility, Reproduction, Coping mechanism, Socio-cultural factors

INTRODUCTION
According to Elwell (2022) in all cultures, one of the critical stages in a woman's life is childbearing which is mostly considered a critical. Evidence suggest that in most cultures, childbearing is a cultural ideal that marks a critical step in adult psychosocial development, reinforces social and cultural identity, and supportshousehold production. In sub-Saharan Africa (SSA), children are valued for many reasons, serving a vital social, economic, and cultural role within the family, community, and broader society. Studies of fertility in African communities point to the social role fulfilled by primary fertility, or the ability to have at least one child in the family (Larsen, 2000).In many African societies, children fulfill a vital and economic social role by ensuringcontinuity of the family and lineage (Holls and Larsen (2008). As a result, high fertility is a marker of social status, social power, and social security, providing social and spiritual continuity within the family, community, and lineage, symbolizing social and material wealth to the kinship group (Semott and Yeatman, 2012). Furthermore, in most social contexts, children are described as a spiritual "blessing" (Dyer, Abrahams, Hoffman and van der Suy, 2002).

Infertility is seen as a situation where a woman who has constant intercourse without contraceptives, cannot achieve pregnancy within 12 months or two years (National Institute for Care and Excellence, 2015; World Health Organization- WHO, 2015), or a situation where a man is unable to impregnate his partner after consecutive periods of unprotected sexual intercourse. Infertility, therefore, results in childlessness which could be voluntary or involuntary (Atang, 2016).In recent times, lower child mortality, higher educational attainment of successive generations of women, their growing aspirations to be economically active and financially independent, the difficulties of combining parenthood and paid employment, and the wish of parents to secure financial security before having children were among the major causes of parenthood postponement (Balbo et al. 2013). Infertility especially, in developing

countries like Nigeria is a public health concern due to its socio-cultural implication in African society. Evidence from literature in Nigeria and other parts of Sub-Sahara African countries suggests that different socio-medical factors including unsafe abortion, post-partum pelvic infections, genital mutilation, childhood marriage which increases the risk of developing vesicular virginal fistula (Tanywe et al 2018).

Infertility affects 186 million people across the globe. While in many countries in the Global North infertility is conceptualized as a medical condition, in many countries of the Global South infertility is conceptualized within a broader social and cultural context6. Countries in Sub Saharan Africa experience disproportionately high rates of infertility, where high rates of infertility 'co-exist' with high rates of fertility.

In most African communities, being unable to conceive a child can have severe consequences to women's social and cultural identity. Women who experience infertility are often marginalized within their marriage, family, and the broader community. The literature on infertility in SSA African communities reports a range of social and cultural consequences for women experiencing infertility, including: marital instability and divorce, domestic abuse, polygamy, stigmatization by family, stigmatization by community, social isolation, accusations of witchcraft, and limited rights of land and financial inheritance (Holls and Larsen, 20082). One study of fertility expectations among women in a small community in rural Malawi found that perceptions of infertility were influenced by waiting time to pregnancy (Barden-O'Fallon and Unmet, 2005).Finally, several studies also suggest a direct relationship between infertility and mental health challenges where the social stressors of being infertile have significant consequences to women's emotional health and well-being(Hess RF, Ross R and Gililland Jr JL 2011). Despite the existing literature, relatively little is known about how infertile couples cope with such situation considering all the social stigmatization, and other socio-cultural barriers they are constantly faced.

RESEARCH QUESTION

What are the coping and resilience mechanism adopted by infertile couples in Southeast Nigeria?

REVIEW OF RELEVANT LITERATURE

Karaca and Unsal (2015), investigated the factors affecting the psychosocial problems of infertile women in Turkish and identified their coping strategies. The study employed a descriptive qualitative method. The participants were selected through criterion sampling which is a purposive sampling method. Analysis of the qualitative data was based on thematic content analysis. The findings of the study revealed that women used spiritual methods for overcoming stress and avoiding society, as well as traditional fertility remedies as coping mechanisms for infertility.

In Mali, Hess, Ross and Gililland (2018), conducted a similar study assessing infertility-induced psychological distress and coping strategies among women using convergent mixed-methods- correlational and qualitative descriptive method was used. Fifty-eight (58) infertile Malian women from the infertility clinic were selected through the convenience sampling technique. The data were collected through face-face- interviews. Quantitative data collected from the study were analyzed using descriptive statistics including mean, standard deviations, frequencies and percentages, with the aid of Statistical Package of Social Sciences (SPSS) software package version 23. The point bi-serial correlation was used to examine the relationship between infertility status (Primary vs. Secondary) and outcomes. The process of

qualitative data analysis involved first transcription which was conducted independently, after which; the transcribed data were subjected to thematic content analysis. The findings of the study revealed that infertile women in Mali cope with infertility through traditional and biomedical treatment, religious faith and practices and self-isolation.

In Iran, Keshavarz, et al., (2018), carried out a study to examine the perceived stress of couples undergoing infertility treatment as well as their coping strategies. This study adopted the cross-sectional survey research design, using one hundred and forty (140) infertile couples undergoing infertility treatment at the infertility centre of Yazd. Data were collected using the Perceived Stress Scale (PSS) and Billings and Moors Coping Response Inventory (BMCRI). Data collected were analyzed using the descriptive method of data analysis which includes percentages, mean and standard deviation, while the study hypotheses were tested using the Pearson correlation coefficient and regression model. Results of the study revealed that women more frequently used problem-focused mechanisms, while men more frequently use emotion-focused mechanisms.

Meanwhile, the mean scores for avoidant and behavioral coping mechanisms were higher in men and the mean score for cognitive coping mechanisms was higher in women. In Nigeria, Maduakolam, et al., (2021) examined the coping strategies of infertile clients attending a gynaecological clinic in South-Eastern Nigeria. The study adopted a descriptive cross-sectional survey method, using a sample size of one hundred and twenty (120) respondents who were drawn using the purposive sampling method. Data for the study were collected using questionnaire administration and data collected were processed using the Statistical Package for Social Sciences Version 23.

The processed data were thereafter subjected to descriptive analysis using frequency counts and simple percentages. The outcome of this study showed that participants used self-controlling, positive reappraisal coping strategy and social-seeking support strategy as a mechanism for coping with infertility in Nigeria. In this study, the researchers used purposive random sampling which means that they relied on their judgment in selecting the samples. This presents a difficulty in terms of the generalization of these study findings to the entire population. Apart from the sampling method, the population consisted of only women whereas; infertility could be caused by both men and women. Obeit (2014) conducted a descriptive qualitative study on missing motherhood: Jordanian women's experiences with infertility. The participants were thirty Muslim women experiencing infertility who were purposively selected using snowball sampling techniques through professional and social networking. The age range of the women was 26 to 42 years with a mean age of 32±5.2 years. 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). Findings from the study also revealed that trust in God was a powerful coping strategy for these women experiencing infertility. Islamic spiritual beliefs and religious rites strengthened these women's trust in God and helped them cope with this challenge (positive reappraisal coping strategy). These women also utilized problem-fused strategies, seeking medical solutions for infertility as well as spiritual healing and herbal medicine as an alternative intervention. On the other hand, some participants used escape/avoidance as a coping strategy after failed medical treatment interventions.Lastly, another cause of infertility which is always the reason for not having children is considered as punishment from the spirit world in Igbo traditional society (Ikeke, M. 2021). It is often assumed that one who is infertile might have one time or the other in his lifetime incurred the wrath of gods or it could even be that his late father or relation did much evil here on earth which is still haunting his children. But evidence has shown that in

some cases, people solve this problem by engaging in sacrifices to appease the spirits and deities who may have been behind their problem (Onyekulu 2020). The Igbo people are a particular people.

METHODOLOGY

Data for this study was collected in South east Nigeria. South East is one of the six geo-political zones in the Federal Republic of Nigeria. According to Osugiri, et al (2019), Southeast Nigeria is located in the tropical rainforest zone of Nigeria, within latitudes 5 longitudes 60 E to 80 E, with an estimated land mass of 10,952,400 hectares. It is made up of five States including Abia,Anambra, Ebonyi, Enugu and Imo State. South-Eastern Nigeria used to be one of the 12 States created during the Nigerian Civil War which later disintegrated into the present Akwa Ibom and Cross-River States before it became the name of one of the six geopolitical zones in Nigeria in the 1990s (Awoniyi, 2004). It is an Igbo-speaking region and the majority of its people practice Christianity.

The socio-cultural organization of the Southeastern people of Nigeria is mainly based on membership within kinship groups and parallel but complementary dual-gender associations which are important to societal integration. The Southeast zone of Nigeria has a strong cultural value attached to the issue of reproduction, as a yardstick for measuring manhood and womanhood. As such, a married man who has no issue after considerable years of marriage losses a sense of manhood within the kinship groups and community levels, as well as that of a childless woman.

In Igbo traditional society, a woman who did not give birth to children is seen as being possessed by marine spirit called "Ogbanje" who has been giving birth to spiritual children (Nwaolisa, 2018). Also, in Igbo culture childlessness is referred to as "Ana mmadu", while women experiencing infertility are labeled 'Nwa nku' , men experiencing infertility are often regarded as 'Nwoke 'ana' mmadu' meaning childless man or 'ogbu umu' meaning childless husband (Nwosu, 2015; Nwaolisa, 2018).

Marriage to them is deemed an inseparable factor for the continuation of family. There appears a growing need for fertility services and support, which led to the establishment of fertility clinics in southeast Nigeria such as Nnamdi Azikiwe University Teaching hospital (NAUTH) Nnewi, Anambra State, Imo State University Teaching Hospital (IMSUTH) Orlu , Imo state and Abia Specialist Hospital and fertility Centre, Umuahia Abia state. Despite the presence of fertility clinics in Southeast Nigeria, infertility problems persist due to sociocultural beliefs, lack of awareness and other related issues. (Nnagbo, J Dim; Eze,M; Ugwu,E. Nwagha,I.2023). Consequently, the issue of childlessness is a serious concern within many communities in Southeast Nigeria and remains a source of mental stress for most childless couples. It is on this basis that this zone is chosen forthis present study.

We adopted the mixed research design for the purpose of data collection (Krol and Neri, 2009). This research design was considered appropriate based on the fact that it incorporates the quantitative and qualitative methods of data collection for the study. The instrument for data collection includes structured questionnaire guide and semi-structured interview guide. The quantitative data was collected using the questionnaire which was highly structured. The semi-structured in-depth interviews (IDI) guide was used for qualitative data. This was deployed to gather qualitative data to complement the quantitative data in the study.

This study relied on the 2016 population projection by the National Population Commission (NPC) and the Nigeria Bureau of Statistics (NBS). According to the projection, the populations of five Southeastern States were: Imo State - 5,915,060; Anambra State - 6,291,146, Abia State - 4,285,251, Enugu State – 4,411,100, Ebonyi State – 2,880,400. This, therefore, gives the total population of 23,782,957 people within Southeast Nigeria.

However, the target population for this study includes involuntary childless couples attending medical healthcare services at the federal and State general/teaching hospitals within three randomly selected States in Southeast Nigeria. According to the Statistics obtained from the registry of the selected health institutions, there were a total of 1,404 involuntary childless couples in the selected health institutions within the period of this present study. The breakdown of the target population within the respective health institutions is presented in table 1.

Table 1: Target Population

S/N	States	Selected Health centre	Population	Total	Composition %
1.	Abia	FMC Umuahia ABSUTH	319 165	484	34.5
2.	Imo	IMSUTH orlu FUTH Owerri	98 317	415	29.5
3,	Anambra	NAUTH Nnewi COOUTH Awka	317 188	505	36.0
	Tota;		1404	1,404	100

Source: Gynecology Desk Officers from Selected Health Institutions, 2022

The sample size of 311 was generated from this target population using the Yamane (1967) formula for sample size determination, which provided a simplified approach of calculate appropriate sample sizes for a finite (known) population. The questionnaire was divided into two sections. Section I contained items designed to obtain information on the socio-demographic characteristics of the respondents such as: sex, age, educational qualification, occupation, place of residence, income etc., while section II of consisted of items designed to address the substantive issues of the research derived from the study research questions and specific objectives. The questionnaire items in section II were arranged thematically in sub-sections, in line with the research specific objectives. The questionnaire was also structured mainly in closed-ended format using concise and simple English language to avoid ambiguity and confusion in understanding the content of the instrument. The In-depth Interview (IDI) guide was used to obtain additional primary data, so as to clarify vague statements, and permit further exploration of other ideas on the research topic that the questionnaire may not sufficiently capture. The questions for the IDI were also constructed by the researcher in line with the specific objectives of the study, with corresponding probes that are associated with each question.

The data was analyzed thematically using deductive and inductive methods to identify rich and detailed patterns of meaning in the data set (Braun & Clarke, 2019). The audio recordings were transcribed verbatim, read many times, and cross-checked for accuracy. The authors coded ten transcripts using participants' own words and phrases (Linneberg and Korsgaard, 2019), and then generated the framework codes that guided the analysis; the essence of this procedure are to ensure transparency, trustworthiness, and analytical rigor (Gioia, Corley, and Hamilton, 2013). The quantitative data were manually sorted and coded in to the SPSS version 20.0. The

following section presents the findings drawn from the analysis.

RESULTS/FINDINGS

The data commenced with the presentation of the socio-demographic characteristics of the respondents including gender, age, length of marriage, educational qualification, occupation, place of residence, and religious affiliation. Results of the analysis were presented in Table 2.

Table 2: **Socio-Demographic characteristics of the quantitative study respondents**

VARIABLE	FREQUENCY	PERCENTAGE
Gender		
Male	95	31.3
Female	207	68.7
Total	**302**	**100.0**
Age		
18-27 years	58	19.3
28-37 Years	59	19.6
38-47 Years	95	31.4
48-57	43	14.3
> 58	47	15.4
Total	**302**	**100.0**
Length of Marriage		
1 - 5 years	101	33.5
6 - 10 years	79	26.0
11 - 15 years	41	13.7
16 - 20 years	31	10.4
> 20 years	50	16.4
Total	**302**	**100.0**
Educational Qualification		
None		
Primary	56	18.6
Secondary	82	27.3
Tertiary (Diploma)	46	15.2
Tertiary (Degree)	104	34.4
Tertiary (Post Graduate)	14	4.5
Total	**302**	**100.0**
Occupation of Respondents		
Public/civil servant	44	14.6
Private company employee	43	14.1
Self-employed business	74	24.4
Artisan	52	17.3
Agriculture	70	23.3
Unemployed	19	6.3
Total	**302**	**100.0**
Residence of Respondents		
Rural	112	37.0
Urban	190	63.0

Total	**302**	**100.0**
Religious affiliation		
Christianity	286	94.6
Islam	4	1.2
African Traditional Religion (ATR)	13	4.2
Total	**302**	**100.0**

Source: Field Survey, 2023

Data contained in Table 2 showed that in terms of gender, an overwhelmingly higher proportion (68.7%) of the respondents were females, compared to about a quarter proportion (31.3%) of the respondents who were males. This clearly shows that females tend to visit medical centers with issues relating to infertility than their male counterparts, as they tend to bear the bulk of the blame for issues relating to fertility. On age distribution, the analysis indicates that the respondents were distributed across different age groups, with a relatively balanced distribution, but there was a slight skew towards the mid-adult age group, with majority (31.4%) of the respondents aged between the ages of 38-47, with mean age of 35.4. This finding is interesting considering that childless women in this age bracket are approaching menopause and thus feel more pressure to conceive.

With regard length of marriage, the data showed that respondents had varying lengths of marriage, with the largest proportion ((33.5%) of the respondents being married for 1-5 years and 6-10 years (26.0%). This indicates that participants had spent a reasonable amount o f time while experiencing infertility condition in their marriages. The analysis also showed that with respect to educational qualification, a diverse range of educational qualifications was represented among the respondents, with tertiary degree holders being the largest group at 34.4%.

The occupation distribution revealed a varied representation, with the majority (24.4%) of respondents being engaged in self-employment, followed by those working in agriculture (23.3%) and artisans (17.3%) respectively. Public/civil servants and private company employees were almost equally represented at 14.6% and 14.1% respectively, while there were a lower proportion of unemployed individuals at 6.3%. These findings suggest that the study encompassed individuals from diverse work backgrounds, potentially allowing for an exploration of infertility experiences across different occupational contexts within Southeast Nigeria.

In terms of place of residence, the analysis showed that the majority (63.0%) of respondents resided in urban areas, while those in rural areas constituted 37.0% of the sample. These findings suggest that the study included participants from different types of residential settings, which allows for a comparative examination of the experiences and responses to infertility condition among in voluntary childless couples living in various environments within Southeast Nigeria.

Lastly on the socio-demographic characteristics of respondents, the analysis showed that Christianity was the dominant religion among the respondents, with 94.6% of them identifying as Christian, followed by Islam at 1.2% and African Traditional Religion at 4.2%. This suggests that Christianity plays an important role in the social, cultural, and spiritual lives of childless couples in the Southeast region of Nigeria, including how they respond to the challenge of infertility condition. However, the presence of Islam and African Traditional Religion in the

sample suggests a degree of diversity and co-existence of different beliefs and practices in the Southeast Nigeria, which could also influence the responses toward the infertility problem.

Table 3: Socio-Demographic Characteristics of the qualitative study Participants

Number	Participant Label(PL).	Age (years)	Gender	Occupation
1	FMC.Umuahia	40	Female	Self Employed
2	ABSUTECH Umuahia	43	Female	Employed
3	IMSUTH Orlu	52	Male	Employed
4	FUTH Owerri	34	Female	Employed
5	NAUTH Nnewi	47	Male	Unemployed
6	COOUTH Awka	38	Female	Self Employed

Table 3 presents the socio-demographic profile of the 6 in-depth interview (IDI) participants, detailing their age, sex, occupation, and marital status. This profile provided valuable insight into the factors that may influence their experiences with infertility. The data analysis revealed six key themes:

1. Lack of Family Support
2. Socio-Cultural Issues
3. Medically-Related Issues
4. Curse within Communities
5. Solely the Problem of Women
6. Conflict leading to Divorce, Separation, etc.

These themes triangulated with and supported the findings of the quantitative data, offering a more comprehensive understanding of the complex issues surrounding infertility. The emergence of these themes underscores the need for a nuanced and multifaceted approach to addressing infertility, one that takes into account the social, cultural, and medical factors that shape childless couples' experiences.

Analysis of Major Research Issues

Coping mechanism adopted by childless couples for infertility in Southeast Nigeria. The data is presented in a compressed composite table.

Table 4: Composite analysis of Respondents views on how they respond to their infertility condition

Items description	**Responses**	**Frequency**	**Percentage**
Visiting of prayer houses/spiritualists	Yes	242	80.0
	No	60	20.0
	Total	302	100.0
Use of herbal medications	Yes	227	75.3
	No	75	24.7
	Total	302	100.0
Clinical consultancy/orthodox medical professional	Yes	279	92.5
	No	23	7.5
	Total	302	100.0

Use of Artificial Reproductive Technology (ATR)	Yes	77	25.5
	No	225	74.5
	Total	302	100.0
Use of fertility enhancing drugs	Yes	260	86.2
	No	42	13.8
	Total	302	100.0
Faith-based initiatives (fasting, prayers, deliverance and sacrifices).	Yes	188	62.3
	No	114	37.7
	Total	302	100.0
Resorting to self-medication	Yes	167	55.3
	No	135	44.7
	Total	302	100.0

Field Survey, 2023

The respondents were presented with a number of questionnaire items with dichotomous response options, and obliged to respond to each item in order to indicate how they responded to the infertility condition. In the first item, data analysis showed that a significant proportion (80.0%) of the respondents visited prayer houses to find solutions to their childless state in Southeast Nigeria. This finding suggests that faith-based approaches, such as prayer, active engagement in church and religious activities are a common strategy used by couples in Southeast Nigeria to address the physical and emotional effects of infertility. It also reveals the extent to which individuals and couples in the region attach premium to faith-based solution to their precarious situations, and are willing to explore different avenues in hopes of finding a solution to their fertility challenges. This finding is consistent with the experiences of one of the interviewees who had this to say:

> 'I visited a lot of spiritualists to help solve my childless condition. No woman would sit and watch years pass her while she is childless and do nothing. It was really a herculean task as I kept on going from one prayer house to the other just to find solutions. I engaged in various fasting and prayers, used different items given to me by these spiritualists…(Female, 40years, Self-employed, FMC Umuahia).
>
> Another couple recounted;
>
> During my uterine fibroid surgery 4 yaers ago, I had a lt of complications, I narly died and my church members pastors had to pray for me at the hospital and fortunately God saved my life. So I know He will grant me the fruit of the womb; my God is a prayer answering God….since then I have been more involved in church activities mostly the miracle prayer meetings.(Female, 38 years, Self Employed,COOUTH Awka).

In the second item, the data showed that a majority (75.3%) of the respondents used herbal medications in an attempt to find a solution for their infertility condition. Conversely, 24.7% of respondents reported that they did not use herbal medications for this purpose. This finding suggests that the use of herbal remedies is also a common strategy used by involuntary childless couples in Southeast Nigeria to find solutions to their infertility condition. It also reveals the

extent to which they are willing to explore indigenous approaches to manage their fertility challenges. Perhaps, this could be based on the view that herbal remedies are perceived as an affordable and accessible option for many individuals and couples, especially in areas where access to conventional medical treatments is limited, or where the conventional options have not yielded expected results.

On the third item, the respondents were asked to indicate whether or not they sought clinical consultancy/orthodox medical professional to find solutions to their childless state. The findings indicated that an overwhelming majority (92.5%) of the respondents ticked the response option 'yes', while only 16.0% of the ticked the option 'no'. This finding suggests that clinical consultancy/orthodox medicine is the first option for individuals and couples in Southeast Nigeria seeking a solution for their fertility challenges. It also highlights the fact that the majority of the respondents have accepted the importance of scientific medical interventions in fertility-related issues. The qualitative data also gave weight to these findings as observed through the opinion of one of the interviewees, who asserted that,

> I went to many medical professionals when I was searching for a child. It took me four years before I was able to conceive, and in those four years and certain I visited up to five medical professional. Each of them came up with different routine and medications for us to adopt in other to be able to conceive. We ram series of test too to ascertain the reason behind our childlessness. After all the back and forth I finally conceived and gave birth to a beautiful girl. (Female, 43 years, employed, ABSUTH).

Similarly, another interviewee asserted:

> It is normal and widely acceptable to seek assistance from medical practitioners when one is dealing with issues like infertility. I and my wife booked appointments with various medical practitioners when we were battling childlessness. It wasn't an easy task, the results showed that nothing was wrong with the both of us so we hoped for the best and it came in about three years after marriage (Male, 47 years, unemployed, NAUTH Nnewi).

With regard to the use of Artificial Reproductive Technology (ART) to find solutions to their infertility conditions, only about a quarter (25.5%) of the respondents indicated having tried using Artificial Reproductive Technology (ART) in an attempt to find a solution for their fertility condition. Conversely, quite a majority (74.5%) of respondents reported that they have not used ART for this purpose. This finding suggests that the use of ART for fertility management is a less common approach used by couples in Southeast Nigeria. It also highlights that a majority of the respondents are not willing to consider or cannot afford to try these advanced reproductive technologies. Perhaps this could be due to its cost or the seemingly less acceptance of such reproductive method within the socio-cultural environments of Southeast Nigeria, which could dissuade most couples from using such options. Despite this low popularity of ART among the respondents, some interviewees gave testimonies about their experience with the ART. This was succinctly captured in the statement of an interviewee, who said,

> My wife and I were finding it difficult to conceive; in fact we were childless for eight years. We had prayers, fasted, ran series of tests, visited medical professionals but nothing happened. The last medical professional we visited gave us the option of ART as a good alternative as the nature of my job keeps me away from home for a long period. We opted for it and in no distance time we had a baby. I believe people are beginning to key into the area of using

> scientific method through artificial reproductive technology in getting a child (Male, 52 years, Employed, IMSUTH, Orlu).

Similarly, another interviewee asserted:

> If you look around most married couples are using one artificial reproductive technology or the other to conceive. The world has really evolved and science has been proficient in solving lots of mankind problem of which childlessness is one. When I was told about using surrogacy to get a child, I initially kicked against it. Medical test showed that am not fit to carry a child as my cervix is not wide enough. After much cajoling I accepted and now am a proud mother of two sons (Female, 43 years, Employed, ABSUTH, Umueze).

The analysis in Table 4 also indicated that a majority (86.2%) of the respondents had used fertility-enhancing drugs in an attempt to find a solution for their fertility condition. Conversely, 13.8% of respondents reported that they did not use fertility-enhancing drugs for this purpose. This finding suggests that fertility-enhancing drugs are a commonly used strategy by individuals and couples in Southeast Nigeria for managing their fertility challenges. It also highlights the desperateness of involuntary childless couples to explore all available options in hopes of finding a solution to their fertility issues.

Furthermore, the analysis in Table 4 equally showed that a majority (62.3%) of the respondents got involved in faith-based initiatives (such as praying, fasting, deliverance, and sacrifices) in an attempt to find a solution for their fertility condition. Contrariwise, 37.7% of respondents reported that they did not get involved in faith-based initiatives for this purpose. This finding suggests that faith-based initiatives are an important aspect of fertility management for some individuals and couples in Southeast Nigeria. Socio-culturally, the use of prayer, fasting, deliverance, and sacrifices are seen as spiritual practices that can help individuals cope with the emotional and psychological challenges, including that of infertility.

In the last item in Table 4, slightly more than half proportion (55.3%) of the respondents agreed to have resorted to self-medication as a strategy to response to finding solutions to their infertility condition, 44.7% of them indicated that they did not resort to self- medication for that purpose. This finding equally reinforce the view that desperateness in finding solutions to infertility condition can make some couples go above limit, including resorting to self-medication. One of the interviewees captured his experience this way:

> ‘There was practically nothing my wife did not take when she was unable to conceive. She would get suggestions from family, friends, even the internet on how to find solutions to her childless state and she would try virtually all the suggestions (Male,47 years, unemployed, NAUTH Nnewi).

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Overall, the analysis showed that the respondents gave strong affirmative responses in all the items presented to them. This implies that the daunting experience of infertility condition influences the affected couples to explore different avenues for improving their fertility condition.

DISCUSSION OF FINDINGS

Infertility as a health condition is a social aberration within the Igbo culture area. Infertile couples are confronted with diverse social stigma and all forms of status degradation. This study examined the means by which infertile couples attempt to cope and resolve their situation. in Southeast Nigeria. The analysis indicates that they employed various strategies

including visiting prayer houses/spiritualists, using herbal medications or fertility-enhancing drugs, seeking clinical consultancy/orthodox medical professionals like doctors specializing in reproductive health issues or exploring faith-based initiatives like fasting prayer deliverance sacrifices etc., resorting self-medication all aimed at improving their chances Of conceiving. These findings reiterate how the daunting experience of infertility condition influences the affected couples to explore different avenues for addressing their fertility condition. Prayer and faith in God as a coping mechanism and response to infertility condition was also found by Karaca and Unsal (2015), who found in their study that trust in God was a powerful coping strategy for women experiencing infertility. Furthermore, in our traditional Nigerian society, infertility is often regarded as a curse, a affliction that can only be lifted by appeasing the gods and ancestors through traditional means. Therefore, when the cause of a couple's childlessness is diagnosed as having spiritual or traditional roots, it is only logical that the remedy should also be sought in the traditional realm, in order to restore balance and harmony to the family and community. This is supported by data from the literature reviewed in the study particularly that of (Anthony et.al 2017; Adabara et al 2023). In South East Nigeria, the belief that infertility is a result of ancestral transgressions is a common notion, as evident in a study conducted by Adebara, et al (2023) This belief system perpetuates the idea that individuals experiencing infertility are cursed, and therefore, traditional remedies are often sought to appease the gods and ancestors, and subsequently reverse the curse (Esan et al 2022). The cultural significance of childbearing in Igbo culture, which is predominant in South East Nigeria, is well-documented, with previous studies (WHO, 2002; Onyekelu, 2019) highlighting the social prestige and recognition associated with it. In Igbo society, children are viewed as a blessing from the gods, and childlessness is often stigmatized. The current study reinforces these findings, underscoring the importance of children in Igbo culture. In consideration of these cultural dynamics, it is imperative that policymakers and public health practitioners in South East Nigeria develop fertility interventions that are culturally sensitive and tailored to the specific needs of the Igbo community. Furthermore, the study reveals that some families in South East Nigeria facing infertility tend to exhibit increased solidarity, offering support, compassion, and understanding, which can help mitigate the anxiety and stress associated with infertility. By acknowledging and respecting these cultural nuances, healthcare providers in South East Nigeria can create a more supportive and inclusive environment for individuals and families affected by infertility.

CONCLUSION

The socio-cultural context of South East Nigeria plays a significant role in shaping the experiences of childless couples, with cultural beliefs and practices influencing their perceptions of infertility and its coping mechanism. This study provides evidence of the sociocultural implications of infertility in South East Nigeria, highlighting the need for policymakers and public health practitioners to develop fertility interventions that are culturally sensitive. In Nigerian communities, where cultural values and traditions are deeply ingrained, it is essential to consider the cultural inclination of the population when designing fertility interventions. Therefore, policymakers and public health practitioners should prioritize the development of culturally sensitive fertility interventions that take into account the unique sociocultural context of rural Nigeria. Since this study revealed that socio-cultural beliefs and practices influence how involuntary childless couples seek help for their infertility, reproductive health interventions and support services can therefore be designed with cultural sensitivity in mind. This may involve collaboration with traditional healers or religious leaders to provide comprehensive care to affected couples. The study recommends for the need to provide sexual and reproductive health education and awareness. This would serve as important tool for discouraging practices and resolving the misconceptions on infertility

regarding its causes

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