

# PERCEIVED PSYCHOLOGICAL EFFECT OF INFERTILITY ON WOMEN ATTENDING FERTILITY CLINICS IN YENAGOA METROPOLIS OF BAYELSA STATE

Kenneth BeliBodei Wasini<sup>1</sup>, Felator Deji<sup>\*\*</sup>, Eyito Beatrice Obende<sup>\*\*</sup>

<sup>1</sup>Department of Medical-Surgical Nursing, Faculty of Nursing Sciences, Niger Delta University, Wilberforce Island, Bayelsa State, Nigeria

<sup>2</sup>Department of Nursing, Federal Medical Centre, Yenagoa, Bayelsa State

<sup>3</sup>Department of Nursing, Edo State University, Iyhamo

[kennethwasini@ndu.edu.ng](mailto:kennethwasini@ndu.edu.ng), [dfelator@gmail.com](mailto:dfelator@gmail.com), [beatriceobende@gmail.com](mailto:beatriceobende@gmail.com)

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**Abstract:** The study examined the psychological impact of infertility on women who were clients in three fertility clinics in Yenagoa, Bayelsa State. The objectives of the study were to: identify factors associated with perceived causes of female infertility; identify perceived psychological effects of infertility, and identify the coping strategies utilized by women with psychological challenges of infertility attending the selected fertility clinics in Bayelsa State. The qualitative phenomenological design was used to accomplish the research aim. Data collection was through the use of researchers' developed interview guide and the collected data was analyzed using Creswell's six steps of thematic data analysis. Results from the study showed that infertility of the women was associated with causes that are medical, psychological, and environmental. It also revealed that the women experienced a variety of psychological consequences of infertility, including unstable marriage, despair, stigma, and insults. The study further revealed that the women resorted to maintaining busy work schedules, visiting friends, watching movies, reading books, remaining hopeful, and praying as coping mechanisms to deal with the psychological inconveniences of their infertility.

**Keywords:** Coping Strategy, Fertility Clinic, Infertility, Psychological Effect

## I. Introduction

Infertility is a life crisis with a wide range of socio-cultural, psychological and financial problems.<sup>1</sup> Epidemiologically, infertility is described as the inability to conceive within two years of exposure to sexual intercourse.<sup>2</sup> In Africa, infertility is a big deal because great importance is attached to parenthood, and

children are valued significantly due to cultural, economic, and social reasons<sup>3</sup>.

Infertility is experienced around the globe. According to international estimates, the prevalence of infertility is about 9–15% of the world's population.<sup>4</sup> However, the women's experiences related to infertility problems are not the same in all regions of the world. Whereas, infertility is often associated with psychological strain, which can be a cause or consequence of the disorder or both. Report shows that women in India experience reasonable degrees of psychological distresses that is associated with infertility.<sup>5</sup> In Hungary, it is also reported various psychological effects experienced by women who are infertile including stigmatization, spirituality and self-esteem issues.<sup>4</sup> Within and outside Nigeria literature have reported various effects such as stigmatization, frustration, depression, etc<sup>6,5</sup>. In Mali, infertile women are also reported to be experiencing psychological effects including stigmatization.<sup>3</sup> Generally, women in Sub-Saharan Africa who are unable to conceive and give birth to children face severe, negative life circumstances and experience psychological effects including taunts, insults, social isolation, marital instability, intimate partner violence, divorce, economic deprivation, emotional distress, stigmatization, and discrimination from family and community members.<sup>7</sup> In Ogbomosho, Nigeria; women who are infertile are reported to be experiencing psychological effects such as inferiority complex and isolation.<sup>8</sup> These effects are quite significant to the overall health of women.

In response to the psychological stress and tensions, women use various coping strategies to manage and cope with their infertility

realities so as to protect themselves from harm or other challenging situations.<sup>9</sup> Some of the coping strategies include; task-oriented coping, emotion-oriented coping and avoidance-oriented coping.<sup>10</sup> While some women may use anger or anxious emotional responses which can equally create tension in their social relations, others prefer to use active avoidance in order to experience less infertility-induced stress living with the infertility.<sup>3</sup> Other positive coping strategies such as confrontation and reaction control which have positive impact on self-confidence and reduction of stigmatization feelings are also adopted by infertile women.<sup>11</sup>

Although coping with the inconveniences of infertility is necessary, in cases of the use of maladaptive coping strategies such as emotionally focused strategies and avoidance could further exacerbate the psychological effects of infertility.<sup>12,9</sup> Nevertheless, the fact is obvious that infertility is a critical issue to families and individuals.<sup>8</sup> It is a situation that creates an effect which extent cannot be generally described. The psychological effect of infertility experienced by each person in each locality of infertility can never be the same. The severity of infertility-related psychological effects varies across ethnic groups and countries.<sup>13</sup> Even within a cultural group the magnitude of psychological effect of infertility among women may not be the same. This is because certain person – social factors mediate the extent of effect. A woman's social status or level of success in other areas of life greatly influences the effect she would feel; stating that more successful women feel the effect of infertility more than other less successful women.<sup>6</sup> Support from family and significant others as well as other social factors also affect the psychological effects of infertility. Nevertheless, the fact remains that infertility is a big problem in societies. Hence this study is undertaken to ascertain the perceived psychological effect of infertility among women attending fertility clinics in Yenagoa metropolis based on the following specific objectives:

- a. To identify factors associated with perception of effects of female infertility among women attending fertility clinics in Yenagoa Metropolis in Bayelsa State;
- b. To identify the perceived psychological effects of female infertility among women attending fertility clinics in Yenagoa Metropolis in Bayelsa State; and
- c. To identify the coping strategies utilized by women with psychological challenges of infertility attending fertility clinics in Yenagoa Metropolis in Bayelsa State.

## II. Review of Related Literature

Infertility is the failure to achieve pregnancy after having an unprotected sex for 12 months or more.<sup>2</sup> It also defines infertility as the inability to become pregnant with a live birth, within five years of exposure based upon a consistent union status, lack of contraceptive use, non-lactating and maintaining a desire for a child. Clinically, infertility is a disease of the reproductive system defined by the failure to achieve a pregnancy after having an

unprotected sex for 12 months.<sup>14</sup> Female infertility is defined as the inability of a female to produce ovum that can be fertilized by a fertile male for at least one year.<sup>15</sup>

Infertility has types. There are primary infertility, secondary infertility, male and female infertility.<sup>16</sup> **Primary infertility** is when a couple is unable to achieve pregnancy and have never had a child after one year of living together despite having a regular unprotected intercourse.<sup>16</sup> Secondary infertility is the inability to conceive in a couple who have had at least one previous pregnancy which may have ended in live birth, still birth, miscarriage, ectopic pregnancy or induced abortion, but is unable to conceive at this time, even after one year of having regular unprotected sex.<sup>17</sup> Male infertility occurs when the male produced an insufficient number of sperm or poor quality of sperm or both due to the following factors; infection, ejaculation issues, antibodies that attack sperm, tumors etc. Female infertility is the inability for a female to conceive after having a regular unprotected sex for 12 months or more.<sup>18</sup>

Infertility is caused by various factors in both males and female. Infertility can be caused by ovulatory factors, cervical factors, pelvic and tubal factors, uterine factors, reproductive conditions, physical barriers, hormonal imbalances, age related infertility, behavioral factor/lifestyle, environmental and occupational factors, pelvic inflammatory disease, psychological factors etc (Williams *et al* (2019)<sup>18</sup>.

### Management of Female Infertility

Management of female infertility depend upon whether the underlying problem is related to the male/female or both, the age of the woman, how long she has been married and personal wishes/preferences.<sup>19</sup> Female infertility is usually treated with fertility drugs such as antibiotics, clomiphene, gonadotropin, metformin, letrozole, bromocriptine etc, surgical procedures to correct structural abnormalities, or to remove adhesions or scar tissues and reproductive technologies or assisted conception.<sup>18</sup>

Female infertility can also be managed by using reproductive technologies or assisted conception, such as;

- a) **Artificial insemination/intrauterine insemination (IUI)**; specially prepared sperm is placed into the uterus through a catheter. Best for women whose partner has low sperm count or suffering from severe erectile dysfunction.<sup>20</sup>
- b) **In Vitro Fertilization (IVF)**; women's egg is extracted and fertilized with sperm in a laboratory. Once embryos developed, one or two implanted into the uterus and the rest stored. Best for the older women and those with blocked or severely damaged fallopian tubes or scarring from endometriosis
- c) **Intral cytoplasmic sperm injection (ICSI)**; a healthy looking single sperm from male's semen is selected and injected directly into the egg with a microscope needle. Once

the embryo develops, it is transferred into the uterus through IVF<sup>20</sup>.

- d) **Gemeteinral fallopian transfer (GIFT)**; women's eggs are collected and mixed with sperm from the man in a Petri dish and then placed directly into the fallopian tubes where fertilization can occur. Best for women that have one functioning fallopian tube or the man has low sperm motility.
- e) **Zygote intra fallopian transfer (ZIFT)**; like IVF but the embryo is inserted into the fallopian tube and uterus. Best for women who have unexplained infertility.
- f) **Surrogacy**; the surrogate carries a child for another woman by artificial insemination using the father or through IVF with the couple's embryo. Donor eggs or sperm can also be used. Best for women who cannot have a child due to hysterectomy or rare diseases.

Female infertility can also be managed surgically using,

- a) **Laparoscopic or hysteroscopy surgery**; this is done to correct abnormal uterine shape, removing polyps, fibroids, pelvic or uterine adhesion.
- b) **Tubal surgery**; this is done if the fallopian tubes are blocked or filled with fluid (hydrosalpinx). Though this surgery is rare as pregnancy rates are usually better with IVF, etc.

### Psychological Effects of Infertility

Infertility and its treatment have been reported to have psychological effects on affected individuals. Psychological effects of infertility and its treatment are classified into four groups<sup>1</sup>. They include the following:

- a) **Emotional-affective reactions to infertility**: These are reactions that relate to interpersonal relationship in respect of infertility. They include fear, anxiety and worry; loneliness and guilt; grief, depression and regret.<sup>1</sup> These psychological effects could stem from non-fulfillment of the desire to have a child and may heighten their anxiety to conceive.<sup>6</sup> Other emotional effective reactions to infertility as highlighted in the literature include stigma, sense of loss and diminish self-esteem. Anxiety has also been shown to be significantly higher in infertile individuals when compared to the general population.<sup>6</sup> Many women facing the challenge of infertility experience varying levels of sadness as a result of concerns expressed by family members and lack of support, negative reactions from their community or being blamed by their husbands.
- b) **Emotional-affective reaction to Therapy/treatment**: It has been suggested that infertility treatment itself may have negative psychological effects.<sup>4</sup> This group of psychological effects also includes fear, anxiety and worry, fatigue and helplessness, grief and depression; and hopelessness. During the course of treatment, women may be afraid of taking a pregnancy test and telling the husband about the result if negative. How the therapy process proceeds and concerns about the success of treatment may also breed worry and anxiety among women facing the challenge of infertility.<sup>1</sup> The continuous use of hormonal treatments and non-medical interventions such as Intrauterine Insemination (IUI) and In vitro-fertilization (IVF) and repeated failures may lead to

frustration and fatigue among women dealing with infertility. Furthermore, the cost of interventions such as IUI and IVF coupled with lack of support from partners or relatives could cause some women to drop out of treatment plans thereby increasing their frustration, anger and risk for depression.<sup>6,1</sup>

- c) **Cognitive Reactions to infertility**: This category includes mental engagement and psychological turmoil. In Nigeria, after marriage, most couples try to achieve pregnancy as early as possible. If a new bride remains healthy over a period of six months, suspicion sets in and relatives become concerned thereby making the situation tense for the couple especially the woman. The woman begins to feel susceptible to infertility. She begins to weigh the consequences and feels that her world is collapsing.<sup>13</sup> Women facing the challenge of infertility usually become agitated and spend time thinking about topics such as possibility of remarriage of spouse, curiosity of their significant others about their condition, and feelings of regret their partners may have when they see couples who are able to have children. This results in mental engagement among women and could lead to more anxiety and depressive symptoms. Also, infertile women experience a loss of self-esteem as a result of repeated attempts at conceiving but failing to conceive or deliver successfully. This perceived failure may begin to erode their self-esteem which tends to worsen when the individual has been highly successful in other areas of life and has not been able to develop coping skills to deal with failure and loss.
- d) **Cognitive Reactions to Therapy/treatment**: This category includes: psychological turmoil; being difficult to control in some situations; the reduced self-esteem and feelings of failure.<sup>1</sup> Infertile women may become upset following outcomes in the treatment process such as hearing a negative pregnancy test especially after spending a lot of money, taking medication and passing treatment steps that in some procedures were invasive. Also, certain aspect of treatment such as the need for surgery or using a surrogacy or donated oocytes is usually shocking for affected individuals. This may cause some women to lose control of their emotions or actions thereby compromising their emotional, mental or physical health.<sup>20</sup>

### Coping Strategies utilized by Women Faced with the Challenge of Infertility

In coping with the challenges of infertility, women use different strategies.<sup>10</sup> Such challenges include:

- **Task-oriented Coping**: where individuals attempt to solve distress causing problems by action planning, problem solving and positive reappraisal.<sup>10</sup> People who utilize this coping strategy try to deal with the problem by seeking information from sources about the problem as well as new skills to manage the problem. These sources may refer them to traditional healers, prayer houses or fertility clinics in a bid to find a solution to infertility.<sup>22</sup> However, problem-focused or task-oriented coping may not be necessarily adaptive, especially in the uncontrollable case that the woman cannot find a suitable way to resolve her problems.<sup>11</sup>

- **Emotion-oriented coping:** This is characterized by strategies through which individuals seek to regulate the negative emotionality associated with a stressor by engaging in conscious activities to regulate affect (e.g., emotional disclosure, seeking social-emotional support).<sup>10</sup> Emotion-focused coping techniques make an individual less emotionally reactive to the stressors they face. They alter the way one experiences stressful situations so they impact individuals differently.<sup>22</sup> Emotion-focused coping focuses on regulating negative emotional reactions to stress such as anxiety, fear, sadness, and anger. This coping may be useful when a stressor is something that one cannot change easily.<sup>22</sup> Through emotion-focused strategies, infertile women attempt to regulate the psychological and emotional consequences of infertility and establish affective and emotional balance through control of emotion due to the stressful situations.<sup>9</sup> Many women may also turn to religion by engaging in religious practices such as praying and going on a pilgrimage. Also, some women try to gain the support and sympathy of their relatives and friends by discussing their problems and feelings with them.<sup>21</sup>
- **Avoidance-Oriented Coping:** This includes activities and/or cognitive strategies used in a deliberate attempt to disengage from stress causing situations (e.g., wishful thinking, seeking distractions, and substance use).<sup>10</sup> Avoidance coping strategy may be in the form of passive avoidance coping strategy or active avoidance coping strategy.<sup>23</sup> In passive avoidance coping, women faced with the challenge of infertility look for miracle and wish for positive changes. This has been related to the infertile woman's perceived lack of control over her situation or to low level of education.<sup>23</sup> Infertile women who use Active avoidance coping on the other hand either try to avoid being with pregnant women and children or tend to focus on their jobs as a means to distract them from their current situation.<sup>24</sup>

### **Factors affecting perception of psychological effect of infertility**

The way a woman and the society perceive infertility is significant regarding the psychological effects that are experienced. Such key factors could be:

- 1) Knowledge of female infertility;
- 2) Misconceptions that form the perception of psychological effects relating to infertility;
- 3) Cultural beliefs and practices, such as infertility being considered a shameful condition, something that is not freely discussed because most men and women still have the misconceptions about the true causes of infertility especially in developing countries<sup>5</sup>. Also, while infertility is a problem of both sexes, the women are mostly blamed for infertility and they suffer the negative consequences such as disrespect, social exclusion, mocking, evil eyes accusation, denial of means of livelihood and violence in same instance.<sup>25</sup>; and
- 4) Religious beliefs. Many couples label the causes of infertility to be an act of God, a punishment from unhappy ancestors or the result of witchcraft and the consequences are often apparent especially for women in the developing world,

leading to grief, frustration, guilt, stigmatization and ridicule, marital instability, economic deprivation and social ostracism.<sup>27</sup>

The theory upon which this study is resting is Lazarus' psychological stress theory. This theory was developed by Richard Lazarus in 1966 and has undergone various revisions and it is also known as transactional model of stress and coping.<sup>28</sup> The theory states that "stress is experienced when a person perceives that a demand exceeds personal and social resources the individual is able to mobilize". According to Lazarus, the effect that stress has on a person is based more on the person's feelings of threat, vulnerability and ability to cope with than on a stressful effect itself. The theory suggests that neither the event nor the person's response defines stress, rather the individual's perception of the psychological situation is the critical factor. Lazarus also explained further that stress is "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing".<sup>28</sup> Appraisal (individuals' evaluation of the significance of what is happening for their well-being) and coping (individuals' efforts in thought and action to manage specific demands) are the two concepts central to any psychological stress theory.<sup>28</sup>

According to the psychological stress theory, psychological effects of infertility such as anxiety, fear, sadness, hopelessness occur when the woman faced with the challenge of infertility perceives that the personal and social resources available to her in the form of will power and support from friends and relatives are insufficient to manage or cope with the challenge of infertility.

### **III. Methodology**

The phenomenological design was utilized in investigating the perceived psychological effect of infertility among the women attending fertility clinics in Yenagoa. The study areas were three selected health care facilities in Yenagoa Metropolis. They are Federal Medical Centre, Yenagoa Niger Delta University, Okolobiri, and Diète-Koki Memorial Hospital, Opolo. A sample of 38 participants was used for this study, using the convenience sampling technique. A semi-structured interview guide and audio recorders were used to obtain the participants' experiences relating infertility via in-depth interview. Trustworthiness of the instruments and entire study was established by ensuring credibility, transferability, dependability, and confirmability as opined in literature. Data collection was carried out by individual interviews where each participant was accessed based on mutual agreement. The data collection process lasted six months. Collected data was analyzed using Creswell's six steps of thematic data analysis.

### **IV. Results**

Results of demographic characteristics of women who participated in the survey show that the age distribution spans from 31 to beyond 51 years, thereby indicating that all members fall within the eligible age range for matrimony. Likewise, among the cohort

of 38 participants, it was observed that a subset of 5 individuals had previously experienced pregnancy prior to the onset of infertility-related challenges. While 1 participant of the quintet had previously undergone parturition after which the issue of infertility was experienced arisen. Ultimately, the survey results indicate that a total of 5, 23, and 10 participants possessed educational credentials of SSCE, BSc, and MSc, respectively. The presented data indicates that the participants possess a reasonable level of education to appreciate the subject of infertility which makes the data they provided as credible showing requisite details with lucidity and accuracy.

The data analysed also revealed some factors that the participants perceived to be causes of infertility that is associated with them. Responses from participants such as; *"They said I have a problem with my womb"*, *"I don't know o, but the doctor said there is something wrong with the mouth of my womb which is suspected as the cause, but they are recommending treatment though"*; *"They advised me to reduce my working hours and workload because its affecting my blood chemicals for pregnancy"*, *"The doctor in this hospital said, my earlier fibroid surgical operation in the process of getting pregnancy is complicating my condition"*, and *"I lived in an area where smoking activities is much. Due to my husband's job and finances we have not moved away from our present compound and the doctors are suspecting that chemicals from my surrounding might be contributing to my problem"* show that the perceived associated causes of infertility are physical and medical, psychological and emotional as well as environmental in nature.

The existent infertility among the participants was perceived to have psychological effect on them. The results show that the psychological impact of infertility on women attending fertility clinics in Yenagoa, Bayelsa State differed depending on environmental and familial pressures they face. However, the women experienced grief, depression, remorse, and inferiority complex. Some marriages were relatively unstable as a result of threats from husbands and family members to divorce them or marry another wife. The issue is so severe that the majority of them experience depression when they witness other women with children and are also humiliated when people discuss infertility. Additionally, the majority of them were unsure if they were female or male. Nevertheless, a few respondents reported that they experienced calmness at home, possibly as a result of the fact that they had children prior to their current condition of infertility. Similarly, they are capable of comforting themselves even when they are the subject of rumour.

Regarding coping strategies utilized by women attending fertility clinics in Yenagoa Metropolis in Bayelsa State, the results revealed that the participants, like other women experiencing infertility in marriages in other regions, employ several techniques to cope with the psychological effect of their situation. Being busy with work and routines, paying visit to friends and relatives, and praying to God are methods adopted by the participants. These were derived from the pulled responses from participants such as: *"Anytime I am at work, I don't remember there are problems"*;

*"My daily routines help to distract me from the thought of being infertile."*; *"...So the best thing for me is to spend time with those who will give me hope to live rather than die in silence"*.

## V. Discussion

The study's participants indicated that their separate reasons for infertility which are related to the physical, mental and environmental factors. These findings aligns with report that causes of infertility could be medical in the form of ovulatory, uterine, and cervical challenges, psychological in form stress, marital conflict or emotional instability; and environmental in form of poisoning from chemicals.<sup>18</sup> It is also similar to a Nigerian report that perceived causes of infertility among women are fibroid, sexually transmitted infections, fallopian tube issues and family history.<sup>28</sup> The educational level and knowledge of infertility of the participants of this study are characteristically similar to those those in earlier report who also showed reasonable understanding as to relate possible causes to their condition.<sup>28</sup> However, the findings above are congruent with those who discovered that women experiencing infertility endure negative repercussions such as disrespect, social exclusion, and loneliness.<sup>25</sup> There is an accusation of the evil eye, a denial of means of subsistence, and violence in the majority of households. Other studies have also provided accounts where majority of women who experience infertility experience grief due to frustration, guilt, stigma, and marital instability, particularly in developing nations.<sup>26</sup> The findings also corroborate the report that infertile women face social and self-stigma which threatens their psychosocial wellbeing and self-esteem.<sup>29</sup> The findings are also in line with the fact that women who suffer inability to be pregnant experienced a feeling of lack of control and effective planning of their life as well as feel significant anxiety and stress.<sup>30</sup> The findings that women attending fertility clinics in Yenagoa adopt busy work schedules, visit to loved ones, and praying to God as coping measures confirm that the experiences of women regarding infertility around the world are not exclusively peculiar. The findings are consistent with the report that task-oriented and emotion-oriented coping strategies are usually adopted by distressed individuals to overcome depression and other emotional trauma that are linked to infertility in marriages.<sup>10</sup> Additionally, the study supports the findings which suggested avoidance-oriented coping.<sup>23</sup> This is shown by the fact that that many women avoid places where the topic of infertility would come up for discussion and could lead to depression thus preferred to visit friends who will keep them happy.

## VI. Conclusion

Infertility, which is caused by a combination of medical, psychological, and environmental factors affects women psychologically in a number of ways, including unstable relationships, depression, shame, and insults. Although women experiencing infertility adopt various coping mechanisms to deal with the many types of stress and problems they confront in their marriage, it is not easy for them to successfully live with the reality which is a reason for them seeking help any where they can find one. Consequently, it is worthy to recommend that all significant parties, friends, relatives, government and non-governmental

organisations, the media and general public should show understanding of the predicament of the women and develop support programmes for them. The support can be to raise awareness about infertility and the issues that come with it or creating support systems to couples. The male spouse should be encouraged to participate in continuous sexual contact without paying much attention to the passing of time as regards conception. Couples who are experiencing infertility should also seek medical attention, as the condition is not limited to women alone.

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**Appendices**

**Table 1: Respondents’ Demographic Data**

Variables	F	%	
<b>Age</b>	31-40 years	9	23.7
	41-50 years	25	65.8
	Above 51 years	4	10.5
	<b>Total</b>	<b>38</b>	<b>100</b>
<b>Family</b>	Polygamous	9	23.7
	Monogamous	29	76.3
	<b>Total</b>	<b>38</b>	<b>100</b>
<b>Sex Rate</b>	Daily	9	23.7
	Weekly	26	68.4
	Monthly	3	7.8
	<b>Total</b>	<b>38</b>	<b>100</b>
<b>Education</b>	SSCE	5	13.2
	BSc	23	60.2
	MSc	10	27.3

	Total	38	100
<b>Being pregnant/ Had child</b>	Yes	4	10.5
	No	33	86.9
	<b>Total</b>	<b>38</b>	<b>100</b>
<b>Religion</b>	Christian	23	60.5
	Islamic	11	28.9
	Traditional	4	10.6
	<b>Total</b>	<b>38</b>	<b>100</b>

Source: Field Survey, 2024

**Table 2: Themes on factors associated with the perceived causes of infertility among women attending a fertility clinic in Yenagoa Metropolis**

Factors	Responses
<b>Medical Factor</b>	From the responses obtained from participants, it was found that (26 = 68.4%) of the women had associated medical factors relating to ovulatory, uterine, and cervical issues. Some of the respondents mentioned that they were diagnosed with related cases that were linked to their infertility. <i>“They said I have a problem with my womb”</i> 3 participants [1, 17, & 14] indicated being diagnosed with a cervical disorder, which has caused their inability to conceive. <i>“I don’t know o, but the doctor said there is something wrong with the mouth of my womb which is suspected as the cause, but they are recommending treatment though”</i> . Other clients reported being diagnosed with uterine and ovulatory blockages as factors responsible for delays in conception. <i>“In my case, the doctor said my tube is not allowing sperm and egg to meet, which is the reason for the challenge”</i> .
<b>Psychological Factors</b>	From the responses obtained from participants, it was found that (3 = 7.8%) of the women had associated medical factors relating to stress, marital conflict, and emotional instability. <i>“The doctors feel that the fact that I haven’t given birth is troubling my mind too much and making the situation not to improve. They advised me to take it easy and be hopeful”</i> . Of the psychological factors associated with infertility, participants [29, & 32] attributed the causes to stress in their jobs, routines, and other activities. <i>“They advised me to reduce my working hours and workload because its affecting my blood chemicals for pregnancy”</i> , Similarly, respondent [32] attributed marital conflict among couples, which includes sexual denial, as the cause of infertility among

<b>Environmental Factors</b>	<p>women. While respondents [4 &amp; 29] mentioned emotional trauma as an associated cause of infertility among women attending fertility clinics. <i>"The doctor in this hospital said, my earlier fibroid surgical operation in the process of getting pregnancy is complicating my condition"</i>.</p> <p>From the responses obtained from participants, it was found that (9 = 23.8%) of the women had associated causes of medical factors relating to lead, ethylene, and oxygen. Respondents [9, 12, 3, 34, and others] attributed associated environmental causes to lead, ethylene, and oxide, respectively. <i>"I lived in an area where smoking activities is much. Due to my husband's job and finances we have not moved away from our present compound and the doctors are suspecting that chemicals from my surrounding might be contributing to my problem"</i>.</p>
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Source: Field Survey, 2024

**Table 3: Themes on perceived psychological effects of infertility among women attending a fertility clinic in Yenagoa Metropolis**

Effects	Responses
<b>Unstable marital relationship</b>	<p>Most of the respondents reported experiencing an unstable marital relationship as a result of their infertility. Most of them experience pain and emotional trauma from their husbands and family members. According to respondents [6, 13, 14, etc.], their husbands often threaten to remarry, and most of the time they shout at them for no reason. This is especially severe whenever someone visits the home with their children. <i>"I hear his relatives suggesting that he took another wife"</i></p>
<b>Feeling of guilt and inferiority.</b>	<p>In addition to the above, four (4 = 10.5%) of the respondents reported feeling guilty about their inability to conceive. According to them, <i>"I feel I am not a woman"</i> [7]. Sometimes I began to wonder if I was a woman on the outside and a man on the inside.</p>
<b>Shame and sadness.</b>	<p>When asked their feelings and perceptions on seeing other women with children and a group discussion on infertility, seventeen respondents (17 = 44.7%) acknowledged they feel ashamed of themselves, and it makes them sad all day. Their response: [2] <i>"For me, I cannot participate in such a discussion"</i>. [7] <i>"I will just behave as though I did not hear them"</i>. [38] <i>"I will just go into my room and start crying"</i>. Respondent [18] stated that she would feel restless and would sometimes prefer to die to end the shame of</p>

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<p>being unable to conceive. While respondent [2] acknowledged that it does happen to her and that most of the time she would not be able to eat at all.</p>
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Source: Field Survey, 2024

**Table 4: Themes on coping strategies employed by women attending a fertility clinic in Yenagoa Metropolis.**

Coping Strategies	Responses
<b>Being busy with work and routine.</b>	<p>The responses gathered from (20 = 52.63%) of the participants revealed that they cope by being busy at their respective jobs. As indicated by participants [17 &amp; 33], <i>"Anytime I am at work, I don't remember there are problems"</i>; Participants [1, 15 &amp; 29] stated thus; <i>"My daily routines help to distract me from the thought of being infertile."</i> As such, they even feel happy during that state, like every other woman out there who is conceiving.</p>
<b>Visiting friends and relatives</b>	<p>Among the sampled respondents (8 = 21.05%), reported engaging in visiting friends and relatives. According to participant [3], <i>"I do this often, especially when my mother-in-law is around and the topic of her discussion is grandchildren. For me, I do it just to free my thoughts from such issues that would end up making me sad [9]. So the best thing for me is to spend time with those who will give me hope to live rather than die in silence"</i>.</p>
<b>Praying and hoping in God.</b>	<p>Most of the respondents (10 = 26.31%) mentioned that they engage in prayer and read motivational gospel books as a way of relieving themselves from thoughts of infertility [7, 14, 19, etc.]. They acknowledged that it helped them cope whenever they felt depressed. <i>"What I do is pray to God, hopeful that things will change someday"</i> [14]. [19] <i>"Whenever the thought of infertility comes to mind due to loneliness, I will pick up a gospel book or the Bible to read"</i>. <i>"For me, I am confident that sooner or later, I will have my own child"</i> [23].</p>

Source: Field Survey, 2024