



KNOWLEDGE, PERCEPTION, MYTHS AND HEALTH SEEKING BEHAVIOUR ON INFERTILITY AMONG MEN AND WOMEN ATTENDING SELECTED HOSPITALS IN OGUN STATE, NIGERIA

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ABSTRACT: Background: Infertility is medically defined as the inability to achieve a pregnancy after a year or more of regular unprotected sexual intercourse. It causes great worry and sorrow for many couples in Africa, especially for the women. Medical evidence shows that men and women usually have the same rates of infertility. This study therefore investigated the knowledge, perception, myths and health seeking behaviour on infertility among men and women attending selected hospitals in Ogun state, Nigeria. **Methods:** The study employed descriptive cross-sectional design. Multi-stage sampling technique was used to select 272 participants for the study. A 70-item validated semi-structured questionnaire with Cronbach's alpha of 0.77 was used to collect data. The knowledge variable was measured on 27-point rating score and perception was measured on 27-point scale. The health seeking behaviour was measured on 9-point scale. Frequency, correlation, and linear regression analysis were conducted to give statistical responses to the research questions and hypotheses using IBM-SPSS version 25. **Results:** The mean age of the respondents was 33.27 ±8.7years and 204(75%) of the respondents were female. Most 172(63.2%) of the respondents were of the Christian faith, 149(54.8) of the respondents had a tertiary education, less than half 131(48.2%) of the respondents were self-employed and majority of the respondents were married 220(80.9%). The respondents' knowledge on infertility measured on a 27points knowledge scale, rating showed a mean score of 14.81±3.48. The respondents' perception on infertility measured on a 27-point rating scale, showed a mean of 14.45±3.52, and the respondents' health seeking behaviour was measured on a 9-points scale rating with a respondents mean score of 5.20±1.97. Majority 238(87.5%) of the respondents knew that infertility can be prevented, of those who stated that infertility can be prevented reported the following means, health education on reproduction 225(94.5%), fertility awareness 226 (95%), and early treatment



*of sexually transmitted disease 236(99.1%) Majority 209(76.8%) of the respondents knew that infertility can be treated. Less than half 100(36.8%) of the respondents disagreed that infertility is not a serious problem, while 91(33.5%) opposed to the idea that infertility is only serious in African society. The knowledge and health seeking behaviour ($r=0.22$; $p=0.00$) ($R=0.22$; $R^2=0.04$; $p<0.05$), perception and health-seeking behaviour ($r=0.14$; $p=0.02$) ($R=0.14$; $R^2=0.02$; $p<0.05$). **Conclusion:** In conclusion the respondents had adequate knowledge and perception of infertility. Majority of the respondents' health seeking behaviour included the use of traditional and orthodox medicine. Majority of the respondents had poor health-seeking behaviour.*

KEYWORDS: Knowledge, Perception, Myths, Infertility, Health Seeking Behaviour, Nigeria.

INTRODUCTION

Background

Infertility is medically defined as the inability to achieve a pregnancy after a year or more of regular unprotected sexual intercourse. It affects the entire women's life⁽¹⁾. It is reported as being 16 times more frequent than maternal mortality.⁽²⁾ Globally, 56% of women with infertility are having problem seeking help.⁽³⁾ From the epidemiological perspective, infertility is defined as inability of a woman of reproductive age who is at risk of pregnancy, to conceive despite continuous unprotected sexual intercourse for two years or more⁽⁴⁾. Infertility can be primary or secondary. Primary infertility is the inability to conceive in a couple who have had no previous pregnancy⁽⁵⁾. Whereas 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⁽⁵⁾.

It is also estimated that 10% of women are affected with infertility worldwide⁽⁴⁾. In 2010, among women aged 20–44years that were exposed to the risk of pregnancy, 1.9% were unable to conceive. Out of women who had had at least one live birth and were exposed to the risk of pregnancy, 10.5% were unable to conceive again⁽⁶⁾. In the United Kingdom (UK), 2.4% of women aged 40–55 years had unresolved infertility with no pregnancies (primary), and a further 1.9% had been pregnant but not achieved a live birth⁽⁷⁾. According to the Center for Disease Control and Prevention⁽⁸⁾, approximately 10% or 6.1 million women in the United States struggle with infertility.

In Africa the prevalence rate of infertility may be as high as 20-30% in some areas, and vary from region to region even within the same country. Infertility prevalence is highest in South Asia, Sub-Saharan Africa, North Africa/Middle East, and Central/Eastern Europe and Central Asia⁽⁶⁾. In sub-Saharan Africa, primary infertility is much less prevalent than secondary infertility⁽⁹⁾. These disparities are reported to be the result of the high prevalence of untreated sexually transmitted infections, abortion and postpartum infections^(4,10). It has been reported that, the exact prevalence of infertility in developing countries is unknown due to a lack of



registration and scarcity of empirical investigations in the area ⁽¹¹⁾. The overall burden of infertility is significant, likely underestimated, and has not displayed any decrease over the last 20 years ⁽⁴⁾. Infertility causes great worry and sorrow for many couples in Africa, especially for the women. Medical evidence shows that men and women usually have the same rates of infertility ⁽¹²⁾. Yet African tradition continues to view infertility as a woman's fault ⁽¹²⁾.

Knowledge is a key factor associated with fertility self-care (that is knowing about your own fertility potential) and the initiation of treatment (when needed), concluding that education about fertility issues is needed to prevent fear and unnecessary delay in seeking help when faced with problems conceiving ⁽³⁾. Knowledge about fertility health issues may also help prevent infertility in the first instance; for example more information and advice regarding curable sexually transmitted diseases could reduce the number of cases of infertility, particularly in less developed countries where most cases of infertility are due to infection ⁽¹³⁾. Infertility in Nigeria is found to be mainly related to post infectious causes; sexually transmitted infections, post abortal and puerperal sepsis ⁽¹⁴⁾, poor knowledge of the fertile period of the menstrual cycle-the period of ovulation, uterine anomalies and diseases, and male factor from inadequate sperm count.

Despite this large burden of infertility in Nigeria, very few infertility management programs exist. Fertility care, its development and access is limited in resource-poor countries ⁽¹⁵⁾ like Nigeria, overshadowed by competing and more important reproductive health issues ⁽¹⁶⁾ like high maternal mortality rates. Most times the burden of infertility lies squarely on the couple alone, with a greater burden on the woman. To achieve pregnancy, infertile couples may resort to different forms of treatment. Likewise, the financial burden of treating infertility is high. Given the poverty that exists in Nigeria, where 92.4% of the population live on less than 2 USD a day, the high cost of infertility treatments is associated with a significant risk of catastrophic health expenditure. For example, tubal disease, which is the most common cause of infertility in Nigeria, is best treated with in-vitro fertilization (IVF), and one cycle of IVF in Nigeria costs an average of 3,289 USD. This out-of-pocket payment has the potential to create or exacerbate poverty.

In Nigeria, there are many misconceptions about infertility, and a research into the knowledge and the health seeking behaviour of men and women with infertility will likely bring out their understanding on infertility and its treatment. The study conducted in 10 countries across Europe, Asia, Africa and South America revealed that the knowledge on infertility is low (World Fertility Awareness Month, 2006). There are very few published study on knowledge of infertility among men and women in Nigeria. It is on this claim that this study aims to investigate the knowledge, perceptions, myths and health seeking behaviour on infertility among men and women that attend some selected hospital in Ogun state, Nigeria.

METHODS

Study site and Study design

A cross-sectional survey was conducted on a conveniently selected adult population, recruited from the outpatient centres of a tertiary care hospital in Abeokuta, Ogun state



(Federal Medical Centre Abeokuta) and a State hospital in Ota, Ogun state (State Hospital Ota). These two hospitals were chosen because they are the largest Government hospitals in two of the Ogun state Senatorial districts, and people from all socio-economic and ethnic backgrounds visit these centres. An outpatient centre was chosen at each hospital, which had designed waiting area for patients and people accompanying them for their gynaecology doctor's visit.

Recruitment and Interview

The patients that presented at the gynaecology out-patient centres were approached by the study team members. After taking a written informed consent, participants were interviewed one-on-one at the designated locations, where privacy was ensured. Each interview was conducted by a team member who had undergone previous training. The interview was conducted in the native language of Yoruba (English language was used for those that doesn't understand Yoruba language), using a structured, pre-tested questionnaire and lasted for 12-15 minutes.

Sample Size

Using the formula $(z^2 \times p \times q)/d^2$ a sample size of 246 was calculated with the confidence interval of 95% and precision of 5%. The sample size was inflated by 20% to account for non-responders. Therefore, the adjusted sample size was approximately 272.

Questionnaire

The questionnaire was initially designed by the research team on the basis of previously published literature on infertility. It was designed in English language and translated for patients that doesn't understand the language. It was thoroughly discussed amongst the study team and external experts to reduce any bias and to standardize the terms.

The questionnaire was divided into various subsections, the first assessed the knowledge of infertility and the next evaluated the perception of infertility. The final section inquired about their health seeking behaviour

Statistical Analysis

Data was coded and entered using EpiData v 3.2. Data-based files were exported to SPSS v25.0 to be analysed. Associations were assessed using Coefficient of Correlation and Regression, a p-value of ≤ 0.05 was taken as significant.

Ethical Considerations

The research protocol was reviewed and approved by Babcock University Health Research and Ethics committee (BUHREC). All subjects had the right to withdraw from the study anytime they wished without giving any explanation. The questionnaire was anonymous and ensured confidentiality of the study participants. Written informed consent was taken from each participant prior to the interview.



RESULTS

Socio-Demographic Characteristics of the Sample

Two hundred and seventy-two questionnaires were completely and correctly filled, and analysis was done on these completely filled questionnaires (272). The socio demographic characteristics of the respondents are shown in table 1. The respondent's ages ranged from 17 to 69 years with a mean of 33.27 ± 8.7 years. The ages of the majority of the respondents 149 (54.8%) fell within the 27 to 36 years age range. Majority of the respondents were female 204 (75%). Most 172 (63.2%) of the respondents were of the Christian faith and 149 (54.8) of the respondents had a tertiary education. Less than half 131 (48.2%) of the respondents were self-employed and majority of the respondents were married 220 (80.9%).

Table 1 Socio-demographic Characteristics of the Respondents

Socio-demographic variables for consideration	Respondents in this study; N=272	
	Frequency(n)	Percentage (%)
Age (in years) \bar{x} 30 \pm6.64		
17-26	51	18.8
27-36	149	54.8
37-46	53	19.5
47-56	14	5.1
57-66	2	.7
67-76	3	1.1
Religion		
Christian	172	63.2
Islam	100	36.8
Education		
primary	29	10.7
secondary	94	34.6
Tertiary	149	54.8
Marital Status		
Single	41	15.1
Married	220	80.9
Divorced	11	4.0
Occupation		
Civil servant	49	18.0
Self-employed	131	48.2
Trading	65	23.9
Driver	6	2.2
Artisan	3	1.1
Farming	18	6.6
Sex		
Male	68	25.0
Female	204	75.0



Knowledge About infertility

More than half 147(54%) of the respondents knew that both man and woman are responsible for delay in achieving pregnancy among couples. Majority 164(60.3%) of the respondents knew that infections like urinary tract infection caused by gonorrhoea, and medical conditions like diabetes, hypertension, obesity amongst others could cause infertility among couples. Less than half 107(39.3%) of the respondents stated that waywardness/promiscuity would cause infertility among couples. A small proportion 97(35.7%) of the respondents stated that supernatural causes such as ancestral curse would be responsible for infertility among couples. Slightly more than 138(50.7%) of the respondents' had the intuition that early marriage would cause infertility among couples while 135(49.6%) of the respondents stated that late marriage cannot cause infertility among couples.

More than half 149(54.8%) of the respondents knew that low sperm count would cause infertility among couples. Majority 181(66.5%) of the respondents knew that trauma to the reproductive organs would cause infertility among couples. Most 170(62.5%) of the respondents stated that unsafe abortion would cause infertility among couples. More than half 147(54%) of the respondents acknowledged to the fact that over work or stress could cause infertility in couples. More than half 164(60.3%) of the respondents stated that family planning drugs could cause infertility among couples. Few 78(28.7%) of the respondents reported that use of sexuality arousing drugs can not cause infertility in couples. More than half 146(53.7%) of the respondents stated that heredity or family problem can cause infertility among couples. Less than half 103(37.9%) of the respondents know that failure to worship the family gods cannot result to infertility among couples. Few 101(37.1%) of the respondents were stated that men using their manhood to get money can cause infertility among couples, while 95(34.9%) of the respondents knew that God not allotting children to some people cannot cause infertility. Majority 238(87.5%) of the respondents knew that infertility could be prevented, of those who stated that infertility can be prevented reported the following means, health education on reproduction 225(94.5%), fertility awareness 226 (95%), and early treatment of sexually transmitted disease 236(99.1%) (Table 2)

Majority 209(76.8%) of the respondents knew that infertility could be treated. of those who knew that infertility could be treated stated the following ways of treatment: native concoction 132(63.16%), visiting spiritual houses (churches/ mosques) 97(46.41%), undergoing regular test/examination and treatment of ailments 191(91.39%), in vitro fertilization 145(69.37%), God will do it at his own time 141(67.46%) (See, Table 3).

Furthermore, respondent's knowledge of infertility measured on a 27 points knowledge scale, rating showed a mean score of 14.81 ± 3.48 . More than half of the respondents 174(64%) had adequate knowledge regarding the perceived causes of infertility while 92(33.3%) had an excellent knowledge regarding the perceived causes of infertility, only a small percentage of the respondents had poor knowledge on the perceived causes of infertility 6(2.2%)(See, Table 4).

**Table 2: Respondents Knowledge about Infertility**

Items	Respondents in this study=272, *N=238	
	Frequency(n)	Per cent (%)
Who is responsible for the delay in pregnancy among couples?		
	28	10.3
Male only	45	16.5
Woman	147	54.0
Both	52	19.1
*None of them		
Cause infertility among couples?		
*Diseases (e.g., urinary tract infection, gonorrhoea, diabetes, hypertension obesity etc)	164	60.3
*Waywardness/promiscuity	107	39.3
Supernatural cause e.g., curse	97	35.7
Early marriage	138	50.7
*Late marriage	102	37.5
*Low sperm count	149	54.8
*Trauma to the reproductive organs	181	66.5
*Unsafe abortion	170	62.5
*Over work or stress	147	54.0
*Family planning drugs	164	60.3
Use of sexuality arousing drugs	78	28.7
Heredity or family problem	89	32.7
Failure to worship the family gods	103	37.9
*Men using their manhood to get money	101	37.1
God not allotting children to some people	95	34.9
Can infertility be treated?		
Yes	238	87.5
No	34	12.5
*+Ways of preventing infertility?		
Health education on reproduction/sexual life for teenagers	225	94.5
Fertility awareness	226	95
Early treatment of sexually transmitted diseases	236	99.1
Clinical screening for abnormalities and hormonal imbalance	193	81.1

+ **Multiple responses**

**Table 3: Respondents Knowledge about Infertility**

Variables	Frequency(n=209)	Percentage (%)
**Ways of treating infertility in men and women		
The use of native concoction	132	63.16
Visiting spiritual houses churches and mosque	97	46.41
Undergoing regular test/examination and treatment of ailments that can delay child bearing	191	91.39
Adoption or IVF in vitro fertilizer	145	69.37
No treatment is needed, God will do it at his own time	141	67.46
**Multiple responses		

Table 4. Proportion of Respondent's Infertility

	Respondents in this study; N=272	
	Frequency	Percentage (%)
Poor (0-9.9)	6	2.2
Adequate (10-18.9)	174	64.0
Excellent (19-27)	92	33.8

Perception of Infertility

As shown in table 5. below, that less than half 108(39.7%) of the respondents perceived that infertile couple will achieve pregnancy after being managed or received treatment, while 24(8.8%) of the respondents strongly disagreed that spiritual means is the best way to treat infertile couples. Only 81(29.8%) of the respondents seems to be of the opinion that orthodox method is the effective means of managing infertility in couples. Few 84(30.9%) of the respondents perceived with a strong opinion that the only way to manage infertility in couples is through medical treatment. Less than half 102(37.5%), of the respondents does not concur to the statement that it is easier and cheaper to manage infertility in men than in women. Less of than half 100(36.8%) of the respondents disagreed that infertility is not a serious problem, while 91(33.5%) opposed to the idea that infertility is only serious in African society. 102(37.5%) seems not to agree that there is no cause for alarm, that only those who are under spell becomes infertile.

In addition, respondent's perception of infertility measured on a 27-point rating scale, showed a mean of 14.45 ± 3.52 , with majority of the respondents 215(64%) had adequate perception of infertility, 32(11.8%) of the respondents had excellent perception of infertility with only 25(9.2%) of the respondents with low perception (See, Table 6).

**Table 5: Respondents Perception of Infertility in Couple N=272**

Statements	Strongly disagree **F (%)	Disagree F (%)	Agree F (%)	Strongly agree F (%)
Infertile couple will achieve pregnancy after being managed/receiving treatment	13(4.8)	45(16.5)	106(39.0)	*108(39.7)
Spiritual means is the best way to treat infertile couples	*24(8.8)	102(37.5)	101(37.1)	45(16.5)
Orthodox method is the effective means of managing infertility	*19(7.0)	76(27.9)	96(35.3)	81(29.8)
The only reliable way of managing infertile couple is through medical treatment	21(7.7)	67(24.6)	100(36.8)	*84(30.9)
It is easier and cheaper to manage infertility in men than women	*12(4.4)	102(37.5)	106(39.0)	52(19.1)
It is easier and cheaper to manage infertility in women than men	*35(12.9)	100(36.8)	90(33.1)	47(17.3)
It is only serious in Africa society	*51(18.8)	91(33.5)	78(28.7)	52(19.1)
No cause for alarm, only those who are under a spell becomes infertile	*43(15.8)	102(37.5)	79(29.0)	48(17.6)

***Expected Responses**

Table 6. Proportion of Respondent's Perception of Infertility

	Respondents in this study; N=272	
	Frequency	Percentage (%)
Low(0-9.9)	25	9.2
Adequate (10-18.9)	215	79.0
Excellent (19.9-27)	32	11.8

Myths about Infertility as Reported by the Respondents

Few 72 (26.5%) of the respondents believed that infertility is caused by witches and wizards while 139(51.1%) believed on the contrary. Less than half 96 (35.3%) of the respondents accepts that infertility is caused by watery sperm. Less than half 63(23.2%) of the respondents believed that infertility is caused by early circumcision. Few 58 (21.3%) of the respondents, believed that infertility is caused by eating certain foods or vegetables e.g., Okra. Above a quarter 86(31.6%) of the respondents, tends to agree to the myths that female holding their feet high after sexual intercourse and not going to the bathroom immediately after can increase conception. Few 73(26.8%) of the respondents believed that adopting a child increases the chances of getting pregnant. While, 89(32.7%) of the respondents believed that giving alms can enhance fertility. Less than half 111(40.8%) of the respondents believed that infertility is caused by EDA (sperm back flow). Almost half 126(46.3%) of the respondents believed that infertility has more negative effects on women than on men. Less than half 123(45.2%) of the respondents are of the opinion that delay in ability to achieve pregnancy /infertility could be inherited from parents (See, Table 7.).

**Table 7. Myths About infertility as Reported by the Respondents'**

Statements	Agree F (%)	Disagree F (%)	Not sure F (%)
Infertility is caused by witches and witchcraft	72(26.5%)	139(51.1%)	61(22.4%)
Infertility is caused by watery sperm	96(35.3%)	132(48.5%)	44(16.2%)
Infertility is caused by early circumcision of male child	63(23.2%)	166(61.0%)	43(15.8%)
Infertility is caused by eating certain foods or vegetable e.g., okra.	58(21.3%)	162(59.6%)	52(19.1%)
The female holding their feet high after sexual intercourse and not going to the bathroom immediately can increase conception	86(31.6%)	129(47.4%)	57(21.0%)
Adopting a child increases the chances of getting pregnant	73(26.8%)	145(53.3%)	54(19.9%)
Giving alms can enhance fertility	89(32.7%)	136(50.0%)	47(17.3%)
Taking care of children around can enhance fertility	78(28.7%)	146(53.7%)	48(17.6%)
Contraceptive use causes infertility	88(32.4%)	136(50.0%)	48(17.6%)
Male don't have infertility issues	89(32.7%)	134(49.3%)	49(18.0%)
Infertility is caused by EDA {sperm back flow}	111(40.8%)	127(46.7%)	34(12.5%)
Infertility has more negative effect on women than on men	126(46.3%)	112(41.2%)	34(12.5%)
Delay in ability to achieve pregnancy/infertility could be inherited from parents?	123(45.2%)	121(44.5%)	28(10.3%)

Respondents Health-Seeking Behaviour for Infertility

Less than half 120(44.1%) of the respondents reported that they often go to a traditional birth attendant for help. Less than half 109(40.1%) of the respondents reported that they often check the internet for self-mediations concerning my infertility. Less than half 115(42.3%) of the respondents reported that they often had other sources for seeking infertility services which includes; native doctors, herbalist. Few 99 (36.4%) of the respondents reported that they often go to religious home to treat infertility. Less than half 101(37.1%) of the respondents reported that they sometime booked appointments with the doctors when having infertility issues (See, Table 8.).



Furthermore, as shown in table 9. below, on a 10 points scale, rating, respondents mean score was 4.35 ± 2.66 , it was observed that majority 191(70.2%) of the respondents had low health seeking behaviour.

Table 8. Respondent's Health Seeking Behaviour Regarding Infertility

N=272

Items	Sometimes F (%)	Often F (%)	Never F (%)
I go to a traditional birth attendant for help	120(44.1)	98(36.0)	54(19.9)*
I check the internet for self-mediations concerning my infertility	109(40.1)	99(36.4)	64(23.5)*
Other sources for seeking infertility services includes; native doctors, herbalist	115(42.5)	71(26.1)	86(31.6)*
I go to religious home for treatment of infertility	99(36.4)	80(29.4)	93(34.2)*
I book appointments with the doctors when having infertility issues	100(36.8)	101(37.1)	71(26.1)*

*Expected Responses

Table 9. Proportion of Respondents Health-Seeking Behaviour

	Respondents in this study; N=272	
	Frequency	Percentage (%)
Low (0-5)	191	70.2
High (6-10)	81	29.8

DISCUSSION

The results of this study indicated that knowledge about the cause of infertility is adequate in the study population. For instance, more than half of the participants attested to the fact that infertility is caused by both men and women, This finding corroborated the reports of Hanna and Gough, 2016, Malik & Coulson, 2008), Himmel et al., (2005), and Kahlor & Mackert, (2009) which stated that both partners are responsible for infertility, this finding also supports the Centre of Disease Control (2010) findings that infertility is a problem that affects men and women of reproductive ages in all areas of the world. The adequate knowledge of the respondents was further confirmed upon discovering that a good number of the respondents also had the understanding that urinary tract infections such as gonorrhoea, and medical conditions like diabetics, hypertension obesity amongst others could cause infertility among couples. This support the findings by world health organization (2014) that stated that previous infections in the genital tract play a very important role in causing infertility; it further stated that One third of the women in developed countries complaining of infertility showed evidence of previous pelvic infections, including blocked tubes. Similar numbers were found in Asian and Latin American countries, but in the African countries, nearly twice



as many women had causes related to previous infection. In fact, 40 per cent of African women who had been pregnant had tubal blockage. Majority of the respondents, agreed that unsafe abortion can lead to infertility and this corroborates the qualitative study carried out by Tabong and Adongo (2013), and Amoran et al (2016) where it was reported that abortions in all forms (safe and unsafe) are believed to cause infertility, most especially those conducted by unqualified individuals. One of the causes of infertility that the respondents supported was the one caused by low sperm count. This was also supported by Sumera et al (2011) that the most common cause of male infertility is due to sperm production in the testes. There was a significant relationship between the respondent's knowledge and their health seeking behavior. This finding is similar to the findings of Tabong & Adongo (2013).

Majority of the respondents agreed that infertility can be treated. Infertility was seen as a minute problem since it can be treated which corroborates the American Society for Reproductive Medicine study, (2011); which stated that the factors affecting fertility are easily detected and treated. As regards the aspect of management, majority believed that if it is properly managed the couples could achieve pregnancy and this corroborates the findings of Sumera et al (2011), that majority of the respondents believed that couples should seek treatment for infertility. The study also revealed that there was a significant relationship between respondents' perception of infertility and their health-seeking behaviour.

A small proportion of the respondents disagreed that supernatural cause such as ancestral curse is responsible for infertility among couples. This may be due to their religion which they practice and their level of education, as this was at variance with the documentation of Sumera et al (2011) and Tabong and Adongo (2013). Sumera et al (2011) stated that there is a prevalent belief in the society that infertility can be caused by supernatural causes like black magic; the less educated respondents were more likely to attribute the causes of infertility to evil forces or supernatural power outside human control.

Few of the respondents believed that infertility is caused by witches and wizards. Less than half of the respondents accepted that infertility is caused by watery sperm. Less than half of the respondents believed that infertility is caused by early circumcision. Few of the respondents, believed that infertility is caused by eating certain foods or vegetables e.g., Okra. This finding is similar to the result of Bunting and Boivin (2008) that women would achieve pregnancy due to eating the recommended number of fruits and vegetables in a day. Above a quarter of the respondents, tends to agree to the myths that female holding their feet high after sexual intercourse and not going to the bathroom immediately after can increase conception. This corroborate the findings of Daniluk (2001) that standing on your head that would keep the oocyte and sperm in closer contact and facilitate fertilization. Few of the respondents believed that adopting a child increases the chances of getting pregnant. This finding is similar to the report of Bunting and Boivin (2008) that women conceiving naturally immediately after adopting a child. Although all are relatively harmless in that they do not involve risky behaviour, there is no empirical research that these factors have an effect on pregnancy. Less than half of the respondents believed that infertility is caused by EDA (sperm back flow). Almost half of the respondents believed that infertility has more negative effects on women than on men. Less than half of the respondents are of the opinion that delay in ability to achieve pregnancy /infertility could be inherited from parents

The findings revealed that majority of the respondents had poor health-seeking behaviour on infertility. This finding is at variance with the findings of Sumera et al (2011) and Tabong &



Adongo (2013). Less than half of the respondents reported that they often go to a traditional birth attendant for help. Less than half of the respondents reported that they often check the internet for self-mediations concerning their infertility. Less than half of the respondents reported that they often had other sources for seeking fertility services which includes; native doctors, herbalist. Few of the respondents reported that they often go to religious home to treat infertility. Less than half of the respondents reported that they sometime booked appointments with the doctors when having infertility issues.

Limitations of the Study

Respondents may have been biased in giving responses to some items (Such as health seeking behaviour) since data received was based on self-reported information.

Due to limited time and money the researcher could not work with the total population.

RECOMMENDATION

There is a need for health education in re-orienting the couple that infertility could be caused by either partner or both. Community-based health education programmes should be organised using existing male and female platforms to promote right knowledge and perception of respondents with regards to early diagnosis and management of infertility. It was mentioned that sexually transmitted infections such as gonorrhoea can lead to pelvic inflammatory disease and tubal blockage. Therefore, there is a need to educate the general public about safer sex and avoidance of multiple sexual partners to prevent sexually transmitted infection and its sequel. And finally, government should establish infertility clinic with sophisticated equipment and personnel, this could encourage the use of orthodox medicine for infertility treatment.

CONCLUSION

In conclusion, childbearing and family are considered a right of every human being Infertility is a fairly common problem affecting approximately one-fifth of the population. This study showed that the respondents had adequate knowledge and majority had adequate perception of infertility. Few of the respondents, believed that infertility is caused by eating certain foods or vegetables. Majority of the respondent's health seeking behaviour includes the use of traditional and orthodox medicine. Majority of the respondents had poor health-seeking behaviour. There was a relationship between respondent's perception and their health-seeking behaviour.

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Conflicts of interest

There was no conflicts of interest.



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