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A QUALITATIVE EXPLORATION OF PSYCHOSOCIAL SUPPORT STRATEGIES FOR REDUCING PSYCHOLOGICAL DISTRESS AMONG CLIENTS ATTENDING AN ASSISTED REPRODUCTIVE CENTER IN SOUTH-WEST NIGERIA

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ABSTRACT: *Clients undergoing infertility treatment usually face a multitude of psychosocial challenges as well as the stigma associated with childlessness. In order to alleviate these issues, psychosocial support strategies are put in place. The strategies target emotional, social, mental, and spiritual needs, with studies confirming the importance of psychosocial support in assisted reproductive technology management. This study explored psychosocial support strategies for reducing psychological distress among clients attending an assisted reproductive center in South West, Nigeria. A purposive sampling technique was used to select 10 participants who met the inclusion criteria. In-depth interview was conducted to gather qualitative data which was analyzed using themes and subthemes. The themes identified are: family support, spiritual support, avoidance strategies and professionalism of healthcare workers. It was therefore concluded that psychosocial support strategies are necessary to reduce the psychological distress that usually accompanies infertility and assisted reproductive technology. It may also improve the outcome of the treatment.*

KEYWORDS: Psychosocial support, Strategies, Psychological distress, Infertility, Assisted reproductive technology, Fertility centers.

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INTRODUCTION

Clients undergoing infertility treatment usually face a multitude of psychosocial challenges when they experience symptoms of stress, anxiety and depression as well as the stigma associated with their childlessness (Lotti & Maggi, 2018; Ofosu-Budu, 2020). Psychosocial support addresses a person's emotional, social, mental and spiritual needs, which are all essential elements of positive human development. It helps to build resilience in individuals. Several studies have been conducted to establish the role of psychosocial support in the management of clients undergoing assisted reproductive technology. Most of the studies that focus on the relationship between infertility and mental state are carried out on small study groups and some large-population studies present conflicting results. However, it seems that psychological distress related to infertility can negatively affect the outcomes of infertility treatment. Infertile women seem to be more affected by this compared to their male partners which may be due to their direct involvement in invasive ART procedures (Gdańska et al., 2017). In a different study, a higher level of anxiety was found in women who failed to achieve a pregnancy via IVF procedure (Jia et al., 2022). A meta-analysis reported that anxiety was associated with lower clinical pregnancy rates (Matthiesen et al. as cited in Galst, 2017).

In the study of Aimagambetova et al. (2020), findings indicate that infertility-related stress is associated with the outcome of clinical pregnancy. A great controversial area in the field of reproductive medicine is the potential impact of psychological factors on pregnancy rates. Although there are a variety of beliefs and old wives' tales that support the notion that stress hampers reproduction function, this theory has been challenging to confirm. There have been several studies that have investigated the relationship between psychological symptoms prior to and during ART cycles and subsequent pregnancy rates, with conflicting results. Some have shown that the more distressed the women prior to and during treatment, the lower the pregnancy rates, while other studies have not (Pasch et al. as cited in Rooney & Domar, 2018). It can therefore be explained as thus, individuals may not accurately report their level of distress when completing psychological questionnaires. As a result of psychological distress experienced by clients in the form of stress, anxiety and depression, psychosocial support becomes an integral part of holistic care during Assisted Reproductive Technology treatment. It addresses emotional, psychological, and relational aspects to promote the well-being of individuals and couples on their fertility journey.

LITERATURE REVIEW

In a qualitative study conducted by Zorlu and Erbas (2023) to identify the psychosocial challenges encountered by women facing infertility and to assess their experiences with social stigma, the study found four primary themes, accompanied by ten subthemes that illuminated the psychosocial issues they faced and their experiences with stigmatization. These themes encompassed feelings of sorrow, guilt, stigmatization related to childlessness, loss of the sense of motherhood, psychological stress, perceived societal pressure, social isolation, diminished sexual desire, sexual frustration, and economic loss. The psychosocial strategies involve limiting their social interactions to avoid questions about their childbearing status and conversations with pregnant women, families, or those with children.

Other authors found that isolation and loneliness, stigma, sentiments of misunderstanding, insensitive reactions, and others' unhelpful attempts at support were general recurring themes,

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especially amongst females while males predominantly reported negative emotional experiences and stigma, often feeling overlooked when compared with women despite being equally affected by these issues. Overall, social support plays an important role in helping a person adapt to life's crises and lead a healthy life. It acts as a mental cleanser enabling individuals to overcome mental stress by feeling belonging to one or more groups (Borowczak & Rotoli, 2022).

In another qualitative study conducted by Otchere et al. (2022) among 18 women undergoing treatment for infertility in Kumasi, Ashanti region using a semi- structured in-depth interview, finding revealed four main themes. They are participants' perception of infertility and its consequences on their daily lives. These include "abuse", "marital instability", "social isolation", and "loss of self-esteem." The most predominant theme was "loss of self-esteem." Infertility was found to influence both the psychological and social well-being of women.

Additionally, a study found that studying religion is not an inhibiting factor for ART usage. On the contrary, it enables and creates a positive attitude among participants to find a solution to their infertility through ART. It also serves as a source of strength to endure the physical and emotional discomfort associated with the biomedical process of conception and childbirth. The authors found that religion provides participants with a frame of reference to navigate the spaces between decision-making, treatment processes and outcomes, and attributions of responsibility for the outcomes whatever they may be. Infertility also awakens spiritual needs and the inability to experience parenthood. Coping strategies that incorporate spirituality can enhance the ability of couples to overcome childlessness and suffering. Therefore, holistic care should support couples in overcoming and finding meaning in this life and health condition (Hiadzi, Bafo & Tetteh, 2021; Romeiro et al., 2017).

In addition, psychosocial support strategies have been a vital part of reducing stress, anxiety and depression among couples faced with infertility. It is more pronounced when individuals are faced with ART options. Several studies have supported the fact that psychosocial support is a key factor in achieving success (Gmeiro et al., 2015; Katyal et al., 2020; Iordachescu et al., 2021). Very few are of contrary opinion.

Findings from a study conducted by Truong et al. (2022) among women with infertility in Vietnamese show that levels of infertility-related stress and perceived social support have a direct effect on the choice of coping strategies of the women. The study therefore implies that there should be development and adaptation of evidence-based and culturally appropriate interventions and counseling strategies, social policy advocacy to better support women diagnosed with infertility**,** their husbands, and both as couples. Saffarieh et al. (2020) also noted that men and women need the support of their spouses, friends and family, the medical team and insurance services**.** Chronopoulou et al. (2021) identified other factors during psychosocial support education of couples during ART to include counseling to abstain from tobacco use, limit alcohol consumption and aim for a body mass index less than 30 kg per m^2 to improve their chances of natural conception or using assisted reproductive technology. It is important to emphasize the influence of obesity as it impairs fertility and the response to fertility treatments, including in vitro fertilization. It is therefore advisable to counsel patients who are obese to lose weight before conception or infertility treatments. Involvement in group counseling and exercise is more effective than weight loss advice alone. Counseling on lifestyle modifications is reasonable because exposures to tobacco and alcohol are associated with lower rates of

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fertility. Motivational interviewing techniques for modifiable risk factors, such as obesity, tobacco, illicit drugs, and alcohol, can decrease the targeted risk factor.

Katyal et al. (2021) found a positive association between psychosocial interventions and pregnancy rates. The authors' findings suggest a positive association between psychosocial interventions, particularly long-duration interventions, and pregnancy rate in infertile women and couples in ART treatment.

Additionally, Iordachescu et al. (2021) found that psychological intervention facilitates emotional venting of partners, accompanying them in making important decisions about fertilization treatment: continuing, interrupting it or choosing alternative solutions, such as adopting or accepting the status of a couple without children. They also pointed at individual or group therapy as necessary in developing adaptive coping methods. The role of psychoeducation for couples undergoing assisted human reproduction treatment is important in the optimal management of the difficulties they go through and can also add value to the medical process. Support groups play an important role in the treatment of infertility. They relieve the emotional symptoms felt by couples, prevent the progressive deterioration in quality of life and increase success rates in the treatment of infertility .

METHODOLOGY

The study adopted a qualitative approach to answer different aspects of the research. Eight self-developed semi-structured questions were used for the interview. Ten (10) participants at the University College Hospital, Ibadan participated in the interview until there was data saturation.

Study Population

The study population were clients receiving and attending the Fertility Centre/Assisted reproductive technology centers in the hospital.

Inclusion criteria:

- Clients who have been married for at least one year
- Clients who have been referred to the ART clinic.
- Clients who started medical management in the center.
- Clients who gave consent for their participation.

Exclusion criteria include clients who:

- Have been married for less than one year.
- With prior history of psychiatric illness before infertility.
- Who refused to give informed consent.

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Sample Size

Sample was drawn from participants who met the inclusion criteria from the clinic attendance.

Sampling

A purposive sampling technique was used to select participants who met the inclusion criteria.

Instrumentation

A semi-structured interview guide was used to gather qualitative data. It included probing questions to elicit information on the feelings when assisted reproductive technology was suggested as the next line of management, psychosocial factors that affect infertility and assisted reproductive technology. It also included the psychosocial support strategies in reducing psychological distress during infertility treatment with assisted reproductive technology. The questions were vetted by the researcher's supervisor for content validity.

Method of Data Collection

Eligible respondents (both females and males) who met the inclusion criteria and received treatment at the fertility centers were included. The researcher introduced herself to the participants as well as the purpose of the research. Informed consent was obtained before they were interviewed. The interviews were conducted by the researcher. The interviews were audio recorded after explaining the purpose to the participants. The interview lasted at least 15 minutes. The interviews were conducted in the English language, though some participants answered with a mixture of English, Pidgin English and Yoruba language. The researcher translated those areas. After the interviews with the participants, the researcher transcribed the interviews word to word in a Microsoft Word document. The qualitative aspect was analyzed using content analysis (subthemes and themes).

Ethical approvals were sought from Babcock University Health Research Ethics Committee and the number was BUHREC761/22 and the UI/UCH Research Ethics Committee with approval number NHREC/05/01/2008a.

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RESULTS

Qualitative Exploration and Analysis

Ten (10) interviews were completed with participants drawn from the University College Hospital, Ibadan.

Demographic characteristics of qualitative data from respondents

Table 4.1: Description of the participants and the patient's history

Variable	Category	Frequency	Percentage
Age	30 – 39	4	40.0
	40 – 49	3	30.0
	50 – 59	3	30.0
Gender	Female	8	80.0
	Male	2	20.0
Religion	Christianity	9	90.0
	Islam	1	10.0
Years in marriage	1 – 10	6	60.0
	11 – 20	4	40.0
Occupation	Civil service	5	50.0
	Self employed	4	40.0
	Businessman	1	10.0
Years of desire for child	1 – 10	6	60.0
	11 – 20	4	40.0

Most of the participants were adults with ages ranging between 30 and 59 years. The majority of the patients participating in the study were females. The majority of patients were Christians and had been in marriage between 1 and 20 years and having desire for child(ren). Half of the participants were civil servants. This implies that men are not easily involved in studies relating to infertility. Also, despite many years of desiring to have babies, many people do not still give up as there are people who are still trying to conceive for close to two decades.

The themes that emerged from the psychosocial support strategies in reducing psychological distress among the clients include family support strategies, spiritual support strategies, avoidance strategies and health workers' professionalism.

S/N	Theme	Subthemes
1.	Family support strategies	- Spousal support - Support from relations - Economic support
2.	Spiritual Support strategies	- Faith in God - Prayer about the procedure -Attendance at religious programmes
3.	Avoidance strategies	- Acceptance of the situation -Purposeful /Intentional distraction -Keeping the experience of infertility and the treatment from others

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4.	Health workers professionalism	- Nurses as advocates

Theme 1: Family Support Strategies

The sub themes that emerged from this includes: Spousal support, relative support, and economic support.

subtheme 1: Spousal Support

The clients, especially women, desired the support of their spouse in order to aid reduction in psychological distress that may accompany infertility and its treatment. There is a sense of joint ownership of the challenge when both partners are involved in the treatment. In cases where only one person is involved in the treatment, it is usually followed by negative emotions. Participants suggested an improvement in spousal support.

Participant 2: *"One should be kind. If a man is not kind, the woman will be thinking and will not be happy. When this happens, many things can happen. By staying with her, communicating with her, and accompanying her when she needs to go to the hospital for treatment. It is also important to support her financially."*

P*articipant* 7 said *"The husbands too should also support their wives because many men if they ask them to do semen analysis, they will not want to do it because they believe that fertility issues only affect women. I will ask men to support their wives."*

P*articipant 8,* who also commented said' "……*Hmmn, I didn't discuss anything with anybody except my husband and I, like I don't discuss with people that this is what I am going through."*

Subtheme 2: Support from Relations

Clients suggested support from siblings and relations who are always around them so that being able to achieve pregnancy will be possible. This enables them to have reduced stress, anxiety and depression. They came up with statements such as;

Participant 3: "*My major source of support is primarily my family, including my husband, my parents and my siblings because they are aware."*

Participant 6: *"I do call my mother so that I will not overthink which can result in hypertension."*

Participant 10: *''My parents know about it and they have been very supportive."*

Subtheme 3: Economic Support

Economic support for clients needing ART is an important area that helps achieve success in assisted reproduction. Funds are required for various investigations and the main procedure. Some of the clients were able to benefit from economic support from their spouses and members of the family. Some of the participants came up with statements, such as:

Participant 2: "…*When this happens, many things can happen. By staying with her, communicating with her, and going with her when she needs to go to the hospital for treatment. It is also important to support her financially".*

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Participant 3: "*...From my spouse, all I need is money that will help in achieving this dream; from health workers, I need them to focus on what they want to do for me and take a good care of me "*

Participant 4: "*....Any relative around we can tell them, whatever they can contribute in terms of finance*

Theme 2: Spiritual Support Strategies

This consists of 3 subthemes: Faith in God, prayer about the procedure and attendance at religious programmes.

Subtheme 1: **Faith in God**

Many of the clients perceive that faith in God is important for the procedure to be successful. They also believe that it is barely impossible to have babies if anyone does not have faith in God. This is considered necessary in ensuring a positive outcome of treatment of clients who have infertility and are on treatment with assisted reproductive technology. One of the participants in order to affirm her belief in God said:

Participant 1: "Actually, *everything in life depends on God, if I have faith in God and believe in Him 100%, He will surely perform wonders and miracles because I believe He is the creator of life and the only one who can make babies and with him, if we believe in him with the help of doctors, I believe it will work out successfully."*

Other participants also said:

Participant 4: *"We should find a means of going for an alternative and I pray that God will allow it to work out."*

Participant 6 stated*, "(Slightly emotional) I believe that if I come here for treatment, I will get what I want, through the treatment. I leave everything to God about my situation"* .

Participant 9: *"I just leave everything to God 'cause that's the way God created me. Even some people are just, even my friends, some of my friends are having like three or five children, but mine, I don't have any issue, any children. I am always thinking, every day by day even crying, I will cry about what happened to me but one of my sisters, she's with us now, she's always consoling me but I believe that it's God, it's God"* .

"Nobody except God, nobody. If I say that maybe my family, sister or friend, I am just lying, it's only God. They can talk to me and console me but when they leave me, it's only me and my God and my wife. I can't…I just put everything in God. Only God can console me."

Subtheme 2: Prayers about the Procedure

Some of the clients believe they have to pray to God to make having babies a reality. There is the assurance that offering prayers makes them balanced psychologically. It also helps to reduce stress, anxiety and depression. There were statements to support the claims, such as:

Participant 4: *"We should find a means of going for an alternative and I pray that God will allow it to work out."*

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Other statements by the participants are:

Participant 5: *"...I need prayers because it is only God that can perfect the whole thing because we human beings are just trying our own best. God has the best solution so that's only what I can say I need. It's just prayers for everything to be in place. Spiritually, one needs to keep praying."*

Participant 6: *"I have always been thinking about what I want to do and who can assist me. I am the only one who is childless out of my siblings. Nobody to assist me. I have not lost hope. If I want to go out, I feel lonely because of not having a child. If I have my own child, we will go anywhere we wish. In order to reduce the psychological distress, I just pray and read the bible."*

Participant 8 also mentioned that, *"...Seeing your mates' children calling you aunty is somehow. I think I just need faith and prayer."*

Participant 10 in her own contribution said that*, "It is very necessary, support in terms of prayers, and anything that will make the conception process possible."*

Subtheme 3: Attendance at Religious Programmes

Some clients use this strategy to reduce psychological distress during diagnosis and treatment with ART. There were reports as:

Participant 6: *"I have tried not to share my experience with others...I am a member of the choir and I go to Church so that I will not be overthinking."*

Theme 3: Avoidance Strategies

Some of the clients described avoidance to curb psychological distress during treatment of infertility with Assisted Reproductive Technology. Three subthemes were identified and they are acceptance of the situation, purposeful distraction, and keeping the experience from others.

Subtheme 1: Acceptance of the Situation

Some clients feel that they need to accept the situation to experience calmness during the treatment so that there would be a record of success. There were reports, such as:

Participant 1: "*…but generally, I know that anyone who is expecting has to be patient, careful, prayerful, and not moody or take offense easily from other people."*

Participant 7 said, "*They should put their mind at rest. They should have faith in God that with God all things are possible…"*

Subtheme 2: Purposeful Distraction

Some clients purposefully distracted themselves to remain calm in the process of having to undergo assisted reproduction. These were supported with statements, such as:

Participant 4: *"…I have taken a lot of steps, by not being alone, playing around people, if my husband is not around, I will not stay alone. I do go to my friends' place to play with them and*

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their children and from there go to my place of work. I will not be alone. Just find a way to create happiness for yourself."

Participant 5: *"…just to remain calm, there is no fear there, people have done it before, we too can do it. Socially, if you have people around you who can help , they should be able to offer the help"* .

Participant 7: "*They should put their mind at rest. They should have faith in God that with God all things are possible. If they are thinking about it, they can listen to Christian music or do anything that works for them. I like music and there is one Mount Zion movie because people will be advising you to go to this or that. I watch different types of movies."*

Participant 10 *said, "It is only God who will take control. We have to look away, instead of thinking and having hypertension, it is better to trust in God…"*

Subtheme 3

Keeping the experiences from others is one of the strategies that some of the clients utilized in ensuring that during treatment with ART, they achieve success. This was supported with such statements as:

Participant 4: "*…there are people that we cannot tell because we don't know who is who and they will be saying we don't know what she has done. I will definitely encourage other people to come for IVF."*

Participant 6: *"I have tried not to be sharing my experience with others…"*

Theme 4: Health Workers' Professionalism

One of the participants desired that the nurses should act as advocates so that the process of accessing ART will be fast enough and this will reduce psychological distress. Since the care of clients with infertility involves a multidisciplinary approach, and nurses are only a part of the professionals who render care, it is necessary to harness the responsibilities of other professionals in order to reduce psychological distress. One of the participants said:

Participant 3: "*I need the nurses' support to expedite the treatment process. The process has been very long and it is quite frustrating. I have sold the only land remaining but I feel it is when I have children that I can pass the inheritance to. It is financially consuming if the government can help with the reduction of the fees. Though some people have the means and having assisted reproduction is not difficult for them. The treatment is very difficult for people like us who depend on cooperative loans to foot the bill. I usually have three thousand naira remaining in my salary because I want to have a child (she became emotional and paused a bit). We need help from the hospital."*

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DISCUSSION

In the treatment of infertility with assisted reproduction, the importance of spousal support in ensuring a positive outcome of the procedure is crucial. Facchin et al. (2019) discovered a significant link between distress related to infertility and the sexual functioning of the couple. Sulyman et al. (2019) also identified factors that were predictive of anxiety disorders: stigmatizing behaviors and lack of support. Others were long duration of infertility treatment, surgical treatment for infertility and other medical treatments. Clients on treatment fared better when they had a supportive spouse. Many participants expressed regrets for a child-free life. In light of this, spousal support has been provided to ease these various forms of distress. Literature supports that a nurturing partnership and a secure romantic bond seem to alleviate the stress associated with infertility and may also have a significant impact on the effectiveness of assisted reproductive technology treatments (Chaves, Canavarro & Moura-Ramos, 2019; Renzi et al., 2020).

Furthermore, the issue of childlessness which was the main reason for accepting the treatment modality is a very crucial factor in the African context. Children are highly valued in the context of Nigerian society. Childlessness is not acceptable as it is believed that a lineage can go into complete extinction if children are not born to replace the parents (Sulyman et al., 2019). Thus, support from other family members is important in a culturally-driven society like Africa. Ojedokun (2021) found that both family and spiritual support enhance positive outcomes in the treatment of infertility. Many participants in the current study are willing to have these supports on the journey of infertility treatment.

The study found that most of the participants are females whereas men are very important stakeholders in ART-treatment. The significance of men's dyadic coping strategies is underscored by research outcomes, which reveal their pivotal role not only in couples' marital adjustment but also in men's emotional well-being. The findings accentuate the crucial need to actively include men in the fertility treatment process, thereby reinforcing the dyadic aspect inherent in infertility processes (Chaves, Canavarro & Moura-Ramos, 2019).

Participants used avoidance strategies to reduce the effect of childlessness. This is in line with the findings of Zorlu and Erbas (2023) who found that limiting social interactions to avoid questions about their childbearing status and conversations with pregnant women, families, or those with children. Limiting social interaction that involves discussing childlessness helps distract individuals from negative emotions that may ensue. Many of the participants avoided interaction that would bring up discussion about their childlessness or the treatment they are undergoing.

Additionally, many participants reported their belief in God as the one who can make it possible to have children. This is in agreement with the study of Hiadzi, Bafo and Tetteh (2021), and Romeiro et al. (2017) where they found spiritual support to be a coping strategy for dealing with psychological distress during infertility treatment. Annan-Frey et al. (2023) also found that spiritual and social support are important coping strategies in the treatment of infertility. Almost all the participants in the study referred to spiritual belief as a strategy for reducing psychological distress.

The support of the healthcare team is an important factor. The study found that the client pleaded for the support of the team in order to achieve success. Jaimin et al. (2022), in their

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study, found reduced anxiety and distress during the waiting period after embryo transfer when patients had an empathetic physician. One of the participants wanted the nurses to serve as advocates in shortening the time needed for the process of ART to be completed.

Based on the fact that ART is such an expensive procedure, participants desire support from the government so as to ease their burden. Ojedokun (2021) argued that there should be provision of subsidized treatment for couples undergoing infertility treatment in order to restore hope among couples experiencing infertility. The current study also reiterates the support that clients can receive from the government of the nation.

IMPLICATION TO RESEARCH AND PRACTICE

1. Awareness should be created at the primary, secondary and tertiary levels of care so that clients who suffer from infertility will seek medical attention on time and be referred to the assisted reproductive technology unit promptly.

2. Based on the fact that it is believed that women are the main cause of infertility problems, awareness should be created so that men can also see the problem as all-encompassing.

3. More nurses and other health workers should have specialized training in fertility care in Nigeria.

4. Many of the participants believe in the spiritual aspect of the process; clients on treatment should be encouraged to seek spiritual support as applicable, in order to alleviate stress, anxiety and depression during treatment.

5. Non-governmental organizations should help fund some of the procedures to reduce the burden on clients.

6. The government should establish more functioning assisted reproductive centers in Nigeria to make services more accessible.

CONCLUSION

From these findings, it was concluded that nurses working in assisted reproductive treatment centers, who often have extended interactions with infertile women, take a proactive role in identifying and addressing the psychosocial problems women may encounter throughout their treatment journey, providing the necessary emotional support and counseling.

FUTURE RESEARCH

The researchers recommended the following as areas of future research:

More qualitative and quantitative studies should be conducted to unravel how there could be a more positive outcome in pregnancy rates after psychosocial support education during assisted reproductive technology treatment. Other areas that can be explored include awareness about

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oocyte donation, as there have been concerns about having enough people for egg donation, and why men are not easily involved in infertility treatment and assisted reproductive technology.

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