

Assessing Fertility – Seeking Behavior of Infertile Men and Women in Osun State, Nigeria.

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Extended Abstract

Introduction

Health-seeking behavior refers to ‘the sequence of remedial’ actions that individuals or couples undertake to rectify perceived ill health’ (Ward, Mertens and Thomas, 1996). It is initiated with symptom definition where upon a strategy for treatment action is devised. Infertile patients go through various fertility-seeking modes to avoid the adverse consequences of childlessness after trying to conceive for one to four years (Sayeed, 1999).

Vermuri and Manohar, (1986) reported that the fertility-seeking behavior of men and women with primary and secondary infertility is different. Couples with primary infertility are usually more interested in treatment than those with secondary and it is the woman who usually initiates the first contact with the provider, irrespective of who the infertile person is. Corroborating the above, Sayeed (1999) reported that stigmatizing beliefs, limited male participation, cost, indifferent quality of care and lack of services in the public sector are major barriers to prompt and appropriate fertility-seeking.

Igun (1982) explored health-seeking behaviour in Nigeria from three perspectives, *viz*: those who utilize mainly psychological processes and variables to explain decisions; those who utilize individual demographic characters and healthcare delivery systems to explain decisions, and those which explain decisions as a result of psychological processes. Larsen (2000) noted that fertility-seeking of the infertile is partly related with the perceived cause of the infertility, availability, affordability and accessibility of various treatment outlets and most importantly their own or others’ previous experiences with a particular outlet. With this backdrop, this study investigated the treatment-seeking behavior of infertile patients, socio-cultural and behavioral factors that modulate treatment seeking and most importantly, choice of treatment outlet for infertility.

Materials and Methods

A three-level Multi Stage Sampling technique was used to select respondents for this study which was carried out in Osun State, South-west, Nigeria. The study population consisted of 152 infertile respondents both male and female who were interviewed at various treatment outlets, where they were currently receiving treatment. Qualitative data were collected through Focus-Group Discussions (FGD) and In-Depth Interviews (IDI) while quantitative data was collected through a structured questionnaire. Data were analyzed at univariate, bivariate and multivariate levels with the SPSS version 11.

Major Findings

Ninety percent were females while 10 % were males. Most of the respondents were between ages 15 and 45 years. Two-fifths of the respondents (41.4 percent) reported that they chose faith healers. Nearly forty per cent of the respondents reported that they first chose orthodox treatment outlet. More than half of the respondents (53.3 percent) were complementing the treatment outlet they are using presently with faith healing. More than two-fifths of the respondents (45.4 percent) travel between 2 to 10 kilometres to access the chosen treatment outlets while the remaining 34.2 percent and 14.5 percent of the respondents travel more than 10 kilometers and less than 1 kilometer respectively.

Conclusion/Recommendation

This study showed that the major determinant of the choice of treatment outlets for infertility in Osun State was perceived causes of infertility and the cultural significance that the members of the community attach to reproduction and sex preference. Yoruba conception of infertility is very different from the scientific conception which compelled the infertile patient to seek treatment from different treatment providers concurrently and sequentially. Therefore, there is a pressing need for intervention strategies that will have a positive impact on the fertility-seeking pattern of couples that are infertile. This may include a comprehensive community-based educational program, independent counseling services and possibility of integrating orthodox medicine, faith healing, spiritual and traditional healing for the effective management of infertility. Also, different options available for hopeless cases of infertility like adoption and Assisted Reproductive Technologies (ART) are to be improved.

References

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