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SOCIAL SUPPORT AS A DETERMINANT OF PSYCHOSOCIAL WELLBEING OF WOMEN WITH INFERTILITY IN IBADAN, OYO STATE

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Abstract
Infertility is a painful scenario, which influences women socially and mentally, leaving them in a terrible life situation. This study explored the impact of social support on the mental well-being of women experiencing infertility in Oyo state and Ibadan. The study employed a descriptive survey research approach and simple random sampling to choose 150 women visiting reproductive clinics at Adeoyo and Ring Road state hospitals in Ibadan. The age range of the participants ranges between 18 and 50 years old. A standardized questionnaire was drawn from the Social Support Questionnaire of Copenhagen, which was developed by the Psychosocial Department, National Institute of Occupational Health, Copenhagen, Denmark in 2003, Ryf's Psychological Wellbeing Scale, and the Social Wellbeing Scale developed by Lee Keyes (2013). The reliability of the instruments is: financial support (r = 0.74), information access (r = 71) and companionship support (r = 72). Descriptive statistics was used to analyse data. The hypotheses were tested with the use of Analysis of Variance (ANOVA). The result showed there was a significant effect of financial support on the social wellbeing of women with infertility in Ibadan (F = 10.801, p (.000) .05). There was significant effect of access to information on the social wellbeing of women with infertility in Ibadan (F = 4.4114, p (.000) .05). Furthermore, a significant effect of companion support on the psychological wellbeing of women with infertility in Ibadan was reported. (p (.000).05, F = 7.346). The study recommends that medical social workers should ensure the provision of psychosocial support services for couples experiencing infertility.

Keywords: Companionship Support; Financial Support; Infertility; Information Access; Psychosocial Wellbeing.

INTRODUCTION

World Health Organisation (2021) recommends that infertility should be considered as a health problem globally. WHO also reported the importance of adaptation of technology to assist reproduction in low income countries. Infertility is a state of the reproductive system that prevents the conception of children. 10–15 percent of all couples in the United States are affected. Infertility is generally diagnosed in couples who attempted to get pregnant for at least a year without achieving it. Approximately 1 in 10 couples have either primary or secondary infertility WHO (2018). Mascarenhas et al. (2012) estimated that 48 million couples and 186 million people experience infertility at particular periods in their reproductive lives.

Infertility is considered an experience of both the individual and couple that affects the family's social and psychological status (Fatlinda et al., 2015). Childbearing is particularly valued in patriarchal society and traditional circumstances, where a lack of children with a first wife may cause males to choose a second wife with or without divorcing the first (Ramezanzadeh et al., 2004). As a result, infertility is connected with a variety of poor psychosocial and other outcomes, including stigma, deprivation and neglect, aggression, marital problems, and mental health disorders (Wiersema et al., 2006; Sezgin & Hocaolu, 2014). Depression, lack of interest in work, feelings of inadequacy, anxiety, insomnia, bipolar illness, psychosis, hallucination, apathy, and pseudocyesis are the psychological difficulties linked to infertile women. Furthermore, women report a loss of control over their bodies as well as a lack of self-esteem. Helplessness and a lack of imagination might also be observed (Cudmore, 2005). It has been reported that infertility has led many couples into disagreements, polygamy, and confusion which may on the long run, lead to divorce (Ukpong, 2006).

In both Western and non-Western cultures, female infertility is stigmatized. In non-western cultures, stigmatizing attitudes toward infertile women are harsher due to the concept of childbirth being a hallmark of womanhood, the high priority put on children by extended families, and the difficulty of the procedure for legal or permanent adoption. Aside from the view which sees infertility as mainly a problem of the female, they also face physical and psychological assault. Despite calls being made to add social support in studies regarding infertility (Verhaak et al., 2005; Mahajan et al., 2009; Schmidt, 2009), there is little research has been carried out on social support and the psychosocial well-being of infertile women. In view of this, the study looks at social support as a predictor of psychosocial well-being of women who have infertility in Ibadan.

REVIEW OF LITERATURE

Infertility

In defining infertility, it was said that "the result of a disease (an interruption, cessation, or disorder of body functions, systems, or organs) of the male or female reproductive tract that prevents conception of a child or the ability to carry a pregnancy to delivery," (Morantz-Sanchez as cited in Basco et al., 2010, p. 833). The inability to have the first pregnancy is referred to as "primary infertility." The inability to get pregnant after the first one is referred to as secondary infertility (Gibson & Myers, 2000). Infertility is a medical, psychological, and societal issue. As a result, to address the unique link among the biological, psychological, and social elements of infertility, a bio-psychosocial model has been developed.

In the year 2006, it was projected that over one billion women who are aged 15 to 49 years were married or in consensual relationships. This number comprised of 122 million women in nations that are just developing (Boivin et al., 2007). Out of this same age group were 72 million women who are aged 20 to 44 years and were married or in 'live in' relationships and were infertile. Again, out of the women, 40 million

will prefer to consult health care practitioners for infertility treatment, while 32 million are unlikely to do so due to the stigma associated with it. Only 12 million of the projected 40 million infertile women sought treatment (Boivin, 2007).

The Causes of Infertility in Women

One study found that a perforated or obstructed fallopian tube that might be as a result of sexually transmitted illness is one of the most prevalent causes (Harms, 2011). Endometriosis, or the formation of pelvic adhesions, is another prevalent cause of female infertility (Harms, 2011). Ovulation problems can cause the ovaries to stop producing eggs. Hormonal problems might also contribute to a woman's infertility (Harms, 2011). According to current research, infertility is now on the rise as a result of the aforementioned reasons and shows no indications of abating (American Society for Reproductive Medicine, 2013). 20% of the infertility are idiopathic but recently have been traced to increased levels of stress, depression and anxiety though research in this area is few (Domar, 2004).

Treatment for Infertility

There are several therapies available to assist in conceiving a child, just as there are numerous reasons for infertility. If a woman has an ovulation issue, there are several drugs that can help with ovulation. In circumstances when these drugs don't work, Assisted Reproductive Technology (ART) is available. However, In Vitro Ferterlization (IVF) is the most prevalent type of ART.

The Psychosocial Impact of Infertility

Different kinds of psychological problems are as stated below: Depression, grief and loss of self-esteem. Women are only accepted as part of the family when they bear children in some traditional Chinese or Indian cultures (Wong, 2012). Women who have infertility however often see themselves as less attractive, defective, inferior, unlikeable, unworthy, withdrawal and lowered self-esteem (Golhardo & Pinto, 2011; Yuit 2012). Women were found to display withdrawal socially, denial, self-stigma, self-neglect, secretive and acceptance (Benyamini et al., 2008). In a study conducted in Singapore on the influence of infertility on women's psychological health, it was found that women suffered grief, shame, and depression (Yuit, 2012). It was shown that childlessness was found to significant relationship with loneliness and depression, even when different socio-demographic factors were used (Zhang & Liu, 2007). Individuals with negative results after ART cycles showed increased level of depression from a US research (Thomas & Rausch, 2008). In Turkey, depression was found to be more among women having inability to achieve conception in Turkey (Kazandi et al., 2011). About 50% of women having inability to conceive presented with depression (Upkong and Orji, 2007). Also, women were found to have a higher mean depression score (p 0,001) compared with their spouses in Nigeria (Fatoye et al., 2008). According to Upkong and Orji (2007), mental illness in women with infertility had a prevalence rate of 46.4 percent, with 37.5 percent and 42.9 percent being instances of depression and anxiety.

Stress, anxiety and anger: Women who are infertile frequently feel nervous and irritated as they expect each month, fearfully with the expectation missing their menstrual flow (Wong, 2012). Women who had difficulty conceiving in the UK described themselves as becoming completely obsessed, feeling empty, suffering enormous sorrow, and believing they would not become parents (Redshaw et al., 2007). Women in Kuwait have psychological problems such as stress, aggression, anxiety, despair, self-blame, and suicide thoughts (Fido & Zahid, 2007). Children have been discovered to be effective in addressing emotional needs so African women may experience stress and worry (Dyer, 2007). Anxiety sometimes arise while having sexual intercourse when the woman is remembers her infertility which then impact the level of sexual satisfaction of the couple because of change from intimacy of love to a worrisome situation that is anxious of becoming pregnant (Golhardo & Pinto, 2011; Peterson et al., 2007).

Psychosocial Support

Psychosocial support has to do with psychological and social factors that affect mental health. Nigerians have been planned around the advanced family system where the individual exists totally in closely knitted context with no individual rights apart from that of the family (Okoye, 2004). Unfortunately, intergenerational relationships that exist in a family are controlled by strong norms of ancestors that disturb the importance of an individual intimacy with family and caregivers (Aboderin, 2013). Chappell (2004) mentioned emotional support, financial support, information access, and companionship as the different forms of psychosocial support.

Wellbeing

Well-being is a broad concept that spans several aspects, including happiness, life satisfaction, physical and mental health (Olowookere, 2012). According to Shin and Johnson (2007), "wellbeing" is a general worldwide evaluation of an individual's quality of life based on his or her personal assessment. WHO (2013) asserts that quality of life is an individual view of one's place in life in relation to one's objectives, aspirations, standards, and concerns in the aspect of the cultural value systems where one lives. As a result, well-being might be described as the point of equilibrium between an individual's pool of resources and the obstacles confront with.

Information support and social wellbeing

Stekelenburg (2006) reported that materials needed for information enhance the wellbeing of couples with infertility. The study also found that the information level is a determinant of adjusting to problems of inability to conceive (Stekelenburg, 2006) and the help-seeking behaviour of husbands and wives who attend fertility hospitals (Tinuoye & Ola, 2013). Bennett and Bennett (2012) also discovered a tangible influence of fertility information access on the wellbeing of couples who attend fertility clinics in low-income countries in Africa. Again, other research showed a relationship between the preferred information support and the wellbeing of couples with infertility in India (Nahar, 2010). Furthermore, El-Kak (2009) found an

association between information access for couples in fertility clinics and their wellbeing to cope with the burden of seeking help from various health care centres.

Financial Support and Social Wellbeing

White (2006) discovered financial support relates with wellbeing of couples who are coping with inability to achieve conception in low-income countries because couples found it very difficult to purchase the medication needed to enhance fertility. An environment that is financially supportive provides things that mitigate effects of illness such as closeness, a sense of belonging, reassurance of one's self-worth, instrumental assistance, guidance and advice (Omorogiuwa, 2020) among couples coping with infertility (Berkman, 2004). Slade (2007) in his submission, he established a link between the financial burden of fertility seeking behaviour and the wellbeing of couples coping with infertility. It was observed by Thoits (2015) that poor financial support to enhance wellbeing of couples experiencing infertility led to reduced self-efficacy. In addition, Wing (2005) observed that there is a significant influence of good financial backing on the level of adjustment to infertility by husbands and wives in the tropics. Omorogiuwa (2020, p. 48) established the "importance of facilitating access or guardians to financial schemes to develop trades and build their capacities to become employable through skills development programmes" Similarly, Benson and Karlof (2009) point to a bearing between financial support and the wellbeing of couples having infertility in sub-Saharan African countries.

Companionship Support and Psychological Wellbeing

Valentiner et al. (2014) found that the function of support through companionship for individuals who are coping with pressing life events varies with the individual's assessment of the adaptability of the stressor. In addition, Haagen (2003) reported that support through companionship has a significant influence on the wellbeing of couples experiencing inability to achieve conception because the encouraging efforts are more from the family members and other social contacts. Bish (2005) observed that companionship is a vital factor that improves the wellbeing of couples having infertility. Another study found that friends and families gave advice on how to adjust to symptoms and encouraged consulting health care practitioners (Sheppard, 2008). Bunting and Boivin (2007) found that those who did not consult, were less likely to view that their close family and friends wanted them to do so compared with their counterparts who had seen a medical doctor regarding their inability to achieve conception. Throsby and Gill (2004) found that the wellbeing status of couples who experience infertility when there is companionship support improves, as most men serve as sources of companionship when they give support to their wives.

The health belief model was adopted for this study. In 1966, Irwin Rosentock created the health belief model (HBM) and it is considered as one of the most significant models used in promotion of health. According to the HBM (Janz & Becker, 1984; Rosentock, 1974), for an individual to engage in suggested health activities, he or she shall first perceive that there is danger of getting a major and terrible unfavourable medical result. Simultaneously, the individual must feel that the

advantages of executing the recommended protective activity outweigh the costs of doing so. The HBM has been used in areas such as health screening, disease, sick role, and preventative behaviour (Janz & Becker, 1984). Perceived susceptibility, perceived severity, perceived effectiveness, and perceived cost are the model's four essential components. The Health Belief Model is appropriate for this study since the four components of HBM determine a woman's infertility-related health seeking behaviour, including the provision of social support.

Hypotheses

The following hypotheses were testes:

Ho_1: Financial assistance has no significant effect on the social well-being of infertile women in Ibadan.

Ho_2: Information access has no significant effect on the social wellbeing of women with infertility. Ibadan, Oyo State

Ho_3: Companion support has no significant effect on the psychological wellbeing of women with infertility. Ibadan, Oyo State.

METHODOLOGY

The study made use of descriptive survey research design and the study population comprised of women who have infertility and attend state hospitals in Ibadan, Oyo State. The technique used is simple random sampling to select one hundred and fifty couples attending the fertility clinics in Adeoyo State hospital and Ring Road State hospital, both in Ibadan. The age range of the participants is between 18 and 50 years old. Questionnaire was the research instrument used for this study. The instrument had questions that assessed the psychosocial wellbeing of couples. The items were drafted from the Social Support Questionnaire of Copenhagen which was developed by the Psychosocial Department, National Institute of Occupational Health, Copenhagen, Denmark in 2003. Psychological wellbeing was assessed using questions that were adapted from Ryf's psychological wellbeing scale. Social well-being was assessed using questions adapted from the Social Well-being scale developed by Keyes (2013). Descriptive statistics was used to analyse data. The hypotheses were tested with the use of Analysis of Variance (ANOVA).

RESULTS

Ho_1: Financial assistance has no significant effect on social well-being of infertile women in Ibadan.

Table 1: One-way Analysis of Variance (ANOVA) showing the effect of financial support on the social wellbeing of women with infertility in Ibadan.

Source of variation	Sum of square	DF	Mean square	F	p-value
Between groups	4478.813	3	235.727	10.801	.000
Within groups	4212.014	146	21.824		
Total	8690.826	149			

Table 1 shows that financial support has no significant effect on social wellbeing of women with infertility in Ibadan (F = 10.801, p (.000) .05). Therefore, the null hypothesis is therefore rejected.

Ho_2: There is no significant effect of information access on the social wellbeing of women with infertility in Ibadan.

Table 2: One-way Analysis of Variance (ANOVA) showing the effect of information access on the social wellbeing of women with infertility in Ibadan

Source of variation	Sum of square	DF	Mean square	F	p-value
Between groups	26686.113	2	595.371	7.346	.000
Within groups	5206.531	146	21.165		
Total	7892.644	149			

Table 2 shows that information access has significant effect on social wellbeing of women with infertility in Ibadan, Oyo State. (p (.000).05, F = 7.346). The null hypothesis is therefore rejected.

Ho_3: There is no significant effect of companion support on the psychological wellbeing of women with infertility in Ibadan.

Table 3: One-way Analysis of Variance (ANOVA) showing the effect of companion support on the psychological wellbeing of women with infertility in Ibadan

Source of variation	Sum of square	DF	Mean square	F	p-value
Between groups	451.890	2	150.630	8.692	.000
Within groups	4262.974	146	17.329		
Total	4714.864	149			

Table 3 shows that companion support has significant effect on the psychological wellbeing of women with infertility in Ibadan (F = 8.692, p (.000) .05). The null hypothesis is therefore rejected.

DISCUSSION OF FINDINGS

The finding reveals that there was a significant effect of financial support on the social wellbeing of women with infertility in Ibadan, Oyo State. The result supports the findings of Slade (2017) who submitted that there is a significant effect of financial support on the social wellbeing of women with infertility in developing countries where resources are limited. Additionally, the result supports the findings of Gillespie and Rosemary (2016) that financial support has an impact on the social wellbeing of women with infertility whose husband is unemployed. The findings of this study also showed that information access has a significant effect on the social wellbeing of women with infertility in Ibadan. This is consistent with the view of Brittany (2015)

on infertility awareness, attitudes, and beliefs of women in Grenada. Stekelenburg (2006) found that information and materials for education enhance the wellbeing of husbands and wives experiencing inability to achieve conception. Bennett and Bennett (2012) also found access to fertility information has significant effect on the wellbeing of couples who attend fertility clinics in low-income countries in Africa. Again, the study showed that companion support has significant effect on psychological wellbeing of women with infertility in Ibadan.

CONCLUSION AND RECOMMENDATIONS

This study found that the provision of companionship support had a strong association with improving the psychological wellbeing of women experiencing infertility. Further, it was found that there was a significant effect of financial support and access to information on social wellbeing among women experiencing infertility in Ibadan, Oyo State.

The following recommendations are made for social work practice:

- Social workers are to provide necessary therapies for counselling that would be included into the care of infertility patients.
- Social workers in family health clinics should use the media to propagate developed infertility education programs.
- Social workers being experts, should be involved and more effective in research at the policy-level.
- Social workers should also initiate and implement actions to address the needs of infertile couples.

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