Determinants of the Choice of Treatment Outlets for Infertility in Southwest Nigeria
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ABSTRACT

Objective: To examine the determinants of choice of treatment outlets for infertility among infertile patients in Osun State, Nigeria

Methods: A Cross-sectional survey was carried out from August 2006 to October 2006 in six Enumeration Areas of Osun State, Nigeria. One hundred and fifty two respondents, both male and female, were interviewed at the various infertility treatment outlets where they were currently receiving treatment. Qualitative data were collected through Focus-Group Discussions (FGD) and In-Depth Interviews (IDI). Data were analyzed with the SPSS software version 11.

Results: The first treatment outlet chosen by 41.4% respondents was faith healing. Among those who had not used faith healing, 53.3% of them were still complementing the treatment outlet they are using presently with faith healing. Fifty-one percent said the quality of care was average. Socio-economic status, quality of care and level of education were significantly related to the choice of treatment outlets for infertility.

Conclusions: There is dire need to counsel infertile patients on the causes and management of infertility, as these determine where treatment will be sought. (Rawal Med J;33:193-196).

Key Words: Infertility, faith healing, pregnancy.

INTRODUCTION
The World Health Organization (WHO) defines infertility as the inability of couples of reproductive age to impregnate or conceive and carry a pregnancy to live birth within two years of exposure to the risk of pregnancy.1,2 The quest of infertile women to resolve the problem of infertility has resulted in the patronage of various treatment outlets which is determined by social, cultural and behavioral factors. 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.

RESULTS

Ninety percent were females while 10 % were males. Most of the respondents were between ages 15 and 45 years (table 1).
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percentage (%)</th>
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</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
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</tr>
<tr>
<td>Female</td>
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<td>90.1</td>
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<td>Male</td>
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<td><strong>Age group</strong></td>
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<td></td>
</tr>
<tr>
<td>15-25 yrs</td>
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<td>26-35 yrs</td>
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<td>36-45 yrs</td>
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<tr>
<td>46 yrs</td>
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<td>3.9</td>
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<tr>
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<tr>
<td>Low</td>
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<td>23.7</td>
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<tr>
<td>Medium</td>
<td>74</td>
<td>48.7</td>
</tr>
<tr>
<td>High</td>
<td>42</td>
<td>27.6</td>
</tr>
<tr>
<td><strong>Duration of marriage</strong></td>
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<td></td>
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<tr>
<td>Below 2 yrs</td>
<td>3</td>
<td>2.0</td>
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<tr>
<td>Between 2 and 10 yrs</td>
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<tr>
<td>Above 10 yrs</td>
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<tr>
<td>Divorced</td>
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<tr>
<td>Separated</td>
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<td>3.9</td>
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<tr>
<td><strong>Number of marriages</strong></td>
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<td></td>
</tr>
<tr>
<td>One</td>
<td>98</td>
<td>64.5</td>
</tr>
<tr>
<td>2 +</td>
<td>54</td>
<td>35.5</td>
</tr>
<tr>
<td><strong>Education</strong></td>
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<td></td>
</tr>
<tr>
<td>Had been to school</td>
<td>102</td>
<td>67.1</td>
</tr>
<tr>
<td>Had never been to school</td>
<td>50</td>
<td>32.9</td>
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<td>Islam</td>
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<tr>
<td>Traditional</td>
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<td>19.7</td>
</tr>
<tr>
<td>Others *</td>
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<tr>
<td><strong>Occupation</strong></td>
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<td></td>
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<tr>
<td>Farming</td>
<td>3</td>
<td>2.0</td>
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<td>Civil servant</td>
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<td>24.3</td>
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<td>Trading</td>
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<td>Student</td>
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<td>9.9</td>
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<tr>
<td>Artisan</td>
<td>25</td>
<td>16.4</td>
</tr>
<tr>
<td>Self employment</td>
<td>36</td>
<td>23.7</td>
</tr>
<tr>
<td>Others * include Eckankar and Grail message</td>
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<td></td>
</tr>
</tbody>
</table>

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 whiles the remaining 34.2 percent and 14.5 percent of the respondents travel more than 10 kilometers and less than 1 kilometer respectively (table 2).

Table 2. Fertility seeking behaviour of infertile respondents (N = 152).

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td><strong>Choice of treatment outlet</strong></td>
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<tr>
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<tr>
<td>Orthodox medicine b</td>
<td>34</td>
<td>22.4</td>
</tr>
<tr>
<td>TBA</td>
<td>9</td>
<td>5.9</td>
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<tr>
<td>Faith healers</td>
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<td>41.4</td>
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<tr>
<td>Spiritualists</td>
<td>21</td>
<td>13.8</td>
</tr>
<tr>
<td>Traditional Herbalists</td>
<td>12</td>
<td>7.9</td>
</tr>
<tr>
<td>Medicine sellers c</td>
<td>9</td>
<td>5.9</td>
</tr>
<tr>
<td><strong>First choice of treatment outlet</strong></td>
<td></td>
<td></td>
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<tr>
<td>Self care</td>
<td>4</td>
<td>2.6</td>
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<tr>
<td>Orthodox medicine</td>
<td>57</td>
<td>37.5</td>
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<tr>
<td>TBA</td>
<td>10</td>
<td>6.6</td>
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<tr>
<td>Faith healers</td>
<td>22</td>
<td>14.5</td>
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<tr>
<td>Spiritualists</td>
<td>15</td>
<td>9.9</td>
</tr>
<tr>
<td>Traditional Herbalists</td>
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<td>15.1</td>
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<tr>
<td>Medicine sellers</td>
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<td>13.8</td>
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<tr>
<td><strong>Complementing of treatment outlet</strong></td>
<td></td>
<td></td>
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<tr>
<td>TBA</td>
<td>12</td>
<td>7.9</td>
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<tr>
<td>Faith healers</td>
<td>81</td>
<td>53.3</td>
</tr>
<tr>
<td>Traditional herbalists</td>
<td>12</td>
<td>7.9</td>
</tr>
<tr>
<td>Spiritualists</td>
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<td>30.9</td>
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<tr>
<td><strong>Accessibility of treatment outlet</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1km</td>
<td>33</td>
<td>21.7</td>
</tr>
<tr>
<td>Between 2 and 10km</td>
<td>69</td>
<td>45.4</td>
</tr>
<tr>
<td>Above 10km</td>
<td>50</td>
<td>32.9</td>
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<tr>
<td><strong>Quality of care d</strong></td>
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<td></td>
</tr>
<tr>
<td>Below Average</td>
<td>22</td>
<td>14.5</td>
</tr>
<tr>
<td>Average</td>
<td>78</td>
<td>51.3</td>
</tr>
<tr>
<td>Above average</td>
<td>52</td>
<td>34.2</td>
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<tr>
<td><strong>Report of treatment outcome</strong></td>
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<tr>
<td>Yes</td>
<td>105</td>
<td>69.1</td>
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<tr>
<td>No</td>
<td>47</td>
<td>30.9</td>
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<tr>
<td><strong>Source of information about treatment outlet</strong></td>
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<tr>
<td>Referral network</td>
<td>20</td>
<td>13.2</td>
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<tr>
<td>Mass media</td>
<td>49</td>
<td>32.2</td>
</tr>
<tr>
<td>Neighbours/Relatives</td>
<td>59</td>
<td>38.8</td>
</tr>
<tr>
<td>Handbills/posters</td>
<td>24</td>
<td>15.8</td>
</tr>
</tbody>
</table>
Traditional and modern home remedies (b) Private and public hospital, (c) Chemists and drug peddlers, (d) Appropriate and safe clinical services, adequate amenities, skilled staff, and essential drugs, supplies, and health equipment made available as at when due.

More than half of them (51.3 percent) reported that it was average while the remaining 34.2 percent and 14.5 percent reported that it was above average and below average respectively (table 3). Nearly two-fifths of the respondent (38.8 percent) got information about the treatment outlet they chose from neighbours, friends, and relatives.

**DISCUSSION**

Women go through different modes of fertility seeking behavior to avoid the several and severe consequences of infertility. A central finding of this study was that the quality of care, level of education, socio-economic status and marital status are significantly related to the choice of treatment outlets for infertility. The level of education is often used to predict health behavior because it is often associated with exposure to scientific knowledge and practice; in this case, the choice of formal treatment outlet over the informal treatment outlet. The reason is that the problem of infertility affects all people equally irrespective of the level of education. Place of residence, religion and occupation of respondents had no significant relationship with their choice of treatment outlet. Indeed, it has been widely reported that the importance of faith-healing in the Nigerian health care system is growing. Moreover, the choice of a particular treatment outlet depends on the perceived cause of the infertility, not only by the infertile men and women but also by the family members.

Infertility is often attributed to the supernatural and if otherwise, the adherents of the faith-healing treatment outlets still believed that “God can give” them children. The services of the faith-healing treatment outlets cut across the whole spectrum of users, both rich and poor. Contrary to the general perception, our finding revealed that the infertile respondents recognizes infertility as a biological disorder and for this reason majority first sought treatment from the orthodox treatment outlets. The first method chosen for the treatment of infertility is often determined by the perception of the couple regarding the causes of the infertility.
Table 3. Choice of treatment outlets by education, quality of care and socio-economic status of respondents.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>%</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Socio-economic Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>23.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>48.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>27.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had been to school</td>
<td>102</td>
<td>67.1</td>
<td>13.828</td>
</tr>
<tr>
<td>Had never been to school</td>
<td>50</td>
<td>32.9</td>
<td></td>
</tr>
<tr>
<td><strong>Quality of care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below average</td>
<td>22</td>
<td>14.5</td>
<td>69.451</td>
</tr>
<tr>
<td>Average</td>
<td>78</td>
<td>51.3</td>
<td></td>
</tr>
<tr>
<td>Above average</td>
<td>52</td>
<td>34.2</td>
<td></td>
</tr>
</tbody>
</table>

Level of significance – 0.05; Decision rule - $\chi^2 > \chi^2_t = $ Significant.

In conclusion, 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. 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