ASSESSMENT OF EXPERIENCES AND COPING STRATEGIES AMONG WOMEN WITH INFERTILITY ATTENDING TEACHING HOSPITALS IN OGUN STATE, NIGERIA

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ABSTRACT

This study determines the assessment of experiences and coping strategies among women with infertility attending teaching hospitals in Ogun State, A descriptive cross-sectional study was conducted among women attending gynaecological clinics at Olabisi Onabanjo University Teaching Hospital (OOUTH) and Babcock University Teaching Hospital (BUTH). From a population of 440 women, 231 respondents were determined using Slovin's formula and selected using proportionate stratified random sampling. Data were collected using a structured, self-administered questionnaire with a cronbach's alpha reliability index score of 0.76–0.82 and analysed with SPSS version 26 using descriptive and Chi-square statistics at a 5% significance level. Ethical approval was obtained from both institutions. The socio-demographic characteristics of this study shows that majority of the respondents are within the ages of 36 - 40 years (37.7%), having monogamous type of marriage (84.4%) and are Christian by religion (60.2%). Findings reveal that majority are employed (74%), are from Yoruba ethnic group (84%), with tertiary education (53.6%), and has 16 to 20years of infertility (26.8%), with abortion/miscarriage as their outcome of last pregnancy (32.5%). This study conclude that life experiences of infertility among respondents are loss of identity and depression (71%), stigma (50.2%), social isolation (50.7%), societal pressure like strained relationship with family and friend (71.9%), discrimination (83.9%), lack of support and understanding (51.1%) and high cost of infertility treatment (52.0%). This study noted that coping strategies used among respondents include Seeking emotional support from friends and family (71%), spiritual (faith-based) (71.9%), keeping issues of their fertility to themselves (71.9%), self-care activities like mindfulness, meditation and self-compassion (59.4%), seeking medical treatment (83.9%), formal adoption (83.1%)adopting traditional methods (84.9%), receiving support from spouse and family members (79.3%) and social withdrawal and isolation (82.3%). In conclusion, infertility significantly affects women's psychological and social well-being. While adaptive coping strategies such as social support and medical help-seeking are common, maladaptive strategies such as social withdrawal remain prevalent. Culturally sensitive psychosocial interventions are therefore essential.

KEYWORDS: Coping Strategies; Women; Infertility; Teaching Hospitals**.**

INTRODUCTION

Infertility is a growing concern across all cultures and societies, affecting an estimated 13–15% of couples globally. It is defined as a disease of the reproductive system characterized by the failure to achieve a clinical pregnancy after 12 months or more of regular, unprotected sexual intercourse (Dumbala et al., 2020). Both men and women of childbearing age are affected, with the World Health Organization (WHO, 2020) estimating that over 10% of women experience infertility, while the burden among men remains less documented.

Prevalence rates vary across countries. In the United States, Martinez et al. (2020) reported a 12% prevalence among women aged 15–44 years. Slama et al. (2020) observed a 24% prevalence in France, while Donkor and Sandall (2021) recorded 15% in Ghana. In Nigeria, the Demographic and Health Survey (2006–2010) estimated infertility prevalence at 30% among women aged 15–49 years and 7.1% among women aged 25–49 years (Ogu et al., 2023). Regional data also reflect disparities: South-South Nigeria reports 32% (Odunvbun et al., 2018), North-West reports 15.7% (Panti & Sununu, 2018), North-Central

35%, and South-West 8.5% (Jimoh, 2020).

Coping, as defined by Fokman et al. (1988), is a dynamic cognitive and behavioural effort to manage specific external and/or internal demands perceived as taxing or exceeding one's resources. Davis (2018) highlights that coping strategies involve conscious efforts to resolve personal or interpersonal problems, thereby overcoming or tolerating stress. Previous studies indicate that women adopt various coping strategies, including social support, prayer, self-education, and traditional treatments (Davis & Dearman, 2017; Mpone et al., 2024; Hess et al., 2018). However, limited research exists on culturally specific coping strategies in Ogun State, Nigeria. Globally, coping strategies are shaped by cultural, religious, and socio-economic contexts. In Mali, for instance, Hess et al. (2018) documented that women relied heavily on religious faith and traditional treatments, similar to patterns observed in this study. In contrast, Western populations often favour cognitive-behavioral techniques, such as cognitive reframing and professional counselling (Hammarberg et al., 2008). The predominance of religious and social coping in this study underscores the need for integrating faith-based support into infertility interventions in Nigeria. Studies in South-East Nigeria by Maduakolam et al. (2021) also reported high use of self-controlling strategies (86.3%) and positive reappraisal (62.4%), which is consistent with the findings here. These strategies reflect an internal locus of control, where women seek to regulate their emotions in response to infertility-related stress. Furthermore, cultural perceptions of infertility influence the desirability of certain coping mechanisms. For example, adoption, which is a viable option in many countries, is often culturally stigmatized in Nigeria (Ezugwu et al., 2020). As a result, women may prefer coping strategies that maintain hope for biological parenthood, such as continued medical treatment and religious faith.

Despite existing studies on infertility and coping strategies in Nigeria, limited research has comprehensively examined the combined life experiences and culturally influenced coping mechanisms of women with infertility in Ogun State. Most available studies focus primarily on prevalence or psychological distress without adequately exploring the socio-cultural realities shaping women's responses to infertility. Therefore, there is a need to generate context-specific evidence that reflects the lived experiences of affected women. This study was conducted to assessment of experiences and coping strategies among women with infertility attending Teaching Hospitals in Ogun State, Nigeria.

Specific Objectives

1. To assess the experiences of Women with Infertility Attending Teaching Hospitals.
2. To identify Coping Strategies utilize by Women with Infertility Attending Teaching Hospitals**.**

METHODOLOGY

Design: A descriptive cross-sectional design was adopted

Setting: The study setting was at Olabisi Onabanjo University Teaching Hospital (OOUTH) and Babcock University Teaching Hospital (BUTH)

Population: the population of this study comprised of infertile women

Inclusion criteria: the study population consisted of infertility women attending gynecological clinics in BUTH Ilishan Remo and OOUTH Sagamu, Ogun State, who met the specific inclusion criteria. These included woman aged between 25 to 45-year-old,women who have received a clinical diagnosis of infertility from a healthcare professional in BUTH Ilishan Remo and OOUTH Sagamu Ogun State, women who are actively attending gynaecological clinics in BUTH Ilishan Remo and OOUTH Sagamu

Ogun State for infertility-related consultations or treatments and women who provide informed consent to participate in the study

Sample Size Determination: The sample size was calculated using Slovin formula based on the availability of the number of participants/samples in a survey resulting in an initial sample size of 210. To account for potential attrition, an additional 10% of the estimated sample size was added, which is approximately 21(10% of 210+21.0). Therefore, the total sample size was increased to 231.

Sampling Technique: Participants were selected using a stratified random sampling method. The three tertiary hospitals in Ogun State were identified and constituted the sampling frame for the study. The hospitals were stratified based on ownership into federal, state, and private institutions. Following stratification, simple random sampling using the balloting method was employed to select two hospitals from the strata. This approach ensured representation across ownership categories while minimizing selection bias.

Instrument: Data collection was done using a structured questionnaire. The questionnaire contained 45 closed ended questions. The questionnaire had four sections:

Section A: sought information on socio-demographic characteristics of the respondents:

Section B was used to identify life experiences of women with infertility attending teaching Hospitals;

Section C contained question items used to explore coping Strategy utilized by women with infertility attending teaching Hospitals;

Validity: The instrument was given to expect in the field for tests and measurement for face the field for tests and measurement for face validity. Unclear and ambiguous items were reframed before using it for data collection**.**

Reliability: The test-retest reliability method was employed to assess the consistency of the research instrument. The Cronbach's alpha reliability index was calculated for each construct, the result of reliability coefficient for causes of infertility is 0.76, predisposing factors contributing to depression is 0.78 and coping strategies is 0.82 and a general reliability coefficient of 0.789. Based on this result, the questionnaire was reliable and suitable for use in the study.

Data Collection: The completed questionnaires were checked for completeness and a coding guide was developed to facilitate entry. The data collected were analyzed using statistical package for social science (SPSS) software package, version 26 using descriptive statistics.

Ethical Approval: For the study ethical approval was obtained from Babcock University Hospital Research Ethics Committee (BUHREC). Throughout the research, ethical principles were considered and respected. The researchers ensured that all respondents have the right to determine their participation in the study. It was also ensured that research is not a cause of harm to respondents and was confidentiality was maintained.

RESULT

Socio-Demographic Characteristics

This study determines the assessment of experiences and coping strategies among women with infertility attending teaching hospitals in Ogun State.The study involved a total of 231 women diagnosed with infertility who attended gynaecological clinics at Olabisi Onabanjo University Teaching Hospital (OOUTH) and Babcock University Teaching Hospital (BUTH). The socio-demographic characteristics of this study shows that majority of the respondents are within the ages of 36 - 40 years, having monogamous type of marriage and are Christian by religion. Findings reveal that majority are employed, are from Yoruba ethnic group, with tertiary education has 16 to 20years of infertility, with abortion/miscarriage as their outcome of last pregnancy.

Table 1: Socio-Demographic Characteristics

Socio-demographic Characteristics	Frequency	Percent
Age as at last birthday		
18 - 20 years	5	2.2
21 - 25 years	14	6.1
26 - 30 years	45	19.5
31 - 35 years	80	34.6
36 - 40 years	87	37.7
Type of Marriage		
Monogamous	195	84.4
Polygamous	36	15.6
Religion		
Christianity	139	60.2
Islam	90	39.0
Traditional	2	0.9
Occupation		
Employed	171	74.0
Unemployed	60	26.0
Ethnicity		
Igbo	30	12.9
Yoruba	194	84.0
Hausa	2	0.9
Others (Nupe, Fulani, Ijaw)	5	2.2
Level of Education		
Primary Education	38	16.4
Secondary Education	63	27.3
Tertiary Education	130	56.3
Duration of Infertility		
1-5 years	15	6.5
6-10 years	31	13.4
11-15 years	32	13.9
16-20 years	62	26.8
21-25 years	43	18.6
26-30 years	48	20.8
Outcome of Previous Pregnancies		
Live Births	20	8.7
Still Births	30	13.0
Miscarriages/Abortions	75	32.5
Nulligravida	96	41.6
None	10	4.3

Table 2 observe that 18.2% of respondents don't know if Intense emotional distress such as anxiety and grief is life experiences of infertility among respondents, 37.2% disagree and 48% agree. 13.9% of respondents don't know if loss of identity and depression is life experiences of infertility among respondents 15.2% disagree and 71% agree. 5.2% of respondents don't know if social isolation is life experiences of infertility among respondents, 44.2% disagree and 50.7% agreed.

25.5% of respondents don't know if stigma is life experiences of infertility among respondents, 24.2% disagree, while 50.2% agreed. 11.7% of respondents did not know that societal pressure like strained relationship with family and friend is life experiences of infertility among respondents, 16.5% disagree and 71.9% agreed. 39% of respondents did not know that Treatment experiences are life experiences of infertility among respondents, while 26.9% disagree and 32.5% agreed. Findings indicate that 4.3% of respondents did not know that discrimination is life experiences of infertility among respondents and 12.2 disagree and 83.9% agreed. 16.9% of respondents did not know that Internalized belief about self-questioning is life experiences of infertility among respondents and 38.1 disagree and 40% agreed. 15.1% of respondents did not know that lack of support and understanding is life experiences of infertility among respondents while 33.8% disagree and 51.1% agreed. 5.2% of respondents did not know that insecurities in relationships is life experiences of infertility among respondents while 33.8% disagree and 51.1% agreed. 28.2% of respondents did not know that insecurities in relationships, while 31.3% disagree and 40.6% agreed. 17.7% of respondents did not know that high cost of infertility treatment is life experiences of infertility among respondents while 30.3% disagree and 52% agreed.

This study conclude that Loss of identity and depression (71%), Stigma (50.2%), Social isolation (50.7%), Societal pressure like Strained relationship with family and friend (71.9%), Discrimination (83.9%), Lack of support and understanding (51.1%) and high cost of infertility treatment (52.0%) are life experiences of infertility among respondents, While intense emotional distress such as anxiety and grief (48%), Treatment experiences (32.5%), Internalized belief about self - questioning (45%) insecurities in relationships (40.6%) are not life experiences.

Table 2: Assessment of Experiences of Infertility among Respondents

Variables	Don't know	D	A	Sig
Intense emotional distress such as anxiety and grief	42 (18.2)	86 (37.2)	103(48%)	Not sig
Loss of identity and depression	32 (13.9)	35 (15.2)	164(71%)	Sig
Social isolation Stigma	12 (5.2)	102(44.2)	117(50.7)	Sig
	59 (25.5)	56 (24.2)	116(50.2)	Sig
Societal pressure like Strained relationship with family and friend	27 (11.7)	38 (16.5)	166(71.9)	Sig
Treatment experiences	90(39)	62 (26.9)	75 (32.5)	Not sig
Discrimination	10 (4.3)	28 (12.2)	193(83.9)	Sig
Internalized belief about self questioning	39 (16.9)	88 (38.1)	104(45.0)	Not Sig
Lack of support and understanding	3 6(15.1)	78 (33.8)	118(51.1)	Sig
Insecurities in relationships	65 (28.2)	72 (31.3)	94 (40.6)	Not sig
High cost of infertility treatment	41(17.7)	70 (30.3)	120(52.0)	Sig

In table 3, 18.2% of respondents strongly disagreed that distancing self from triggers is a coping strategy used among respondents, 37.2% disagreed, 20.8% agreed while 23.8 strongly agreed. 13.9% of respondents strongly disagreed that seeking emotional support from friends and family is a coping strategy used among respondents, 15.2% disagreed, 27% agreed while 44% strongly agreed. 11.7% of respondents strongly disagreed that Spiritual (faith-based) is a coping strategy used among respondents, 16.5% disagreed, 31.3 agreed while 40.6% strongly agreed. 40.6% of respondents strongly disagreed that acceptance and focus on aspect of life beyond infertility is a coping strategy used among respondents, 11.7% disagreed, 16.5 agreed while 31.3% strongly agreed. Result reveals that 25.5% of respondents strongly disagreed that regular physical exercise is a coping strategy used among respondents, 27.7% disagreed, 22.5 agreed while 24.2% strongly agreed. 11.7% of respondents strongly disagreed that keeping issues of their fertility to themselves is a coping strategy used among respondents, 16.5% disagreed, 27.7 agreed while 44.2% strongly agreed. 15.6% of respondents strongly disagreed that Self-care activities like mindfulness, meditation and self -compassion is a coping strategy used among respondents, 23.4% disagreed and 26.9% agreed while 32.5% strongly agreed. 4.3% of respondents strongly disagreed that seeking medical treatment is a coping strategy used among respondents, 12.2% disagreed and 46.1% agreed while 37.8% strongly agreed. 6.5% of respondents strongly disagreed that Formal adoption is a coping strategy used among respondents, is a coping strategy used among respondents, 10.4% disagreed and 38.1% agreed while 45% strongly agreed. 3% of respondents strongly disagreed that adopting traditional methods is a coping strategy used among respondents, 12.1% disagreed and 33.8% agreed while 51.1% strongly agreed. Also, 5.2% of respondents strongly disagreed that receiving support from spouse and family members is a coping strategy used among respondents, 15.6% disagreed and 35.1% agreed while 44.2% strongly agreed. 4.3% of respondents strongly disagreed that Social withdrawal and isolation is a coping strategy used among respondents, 13.4% disagreed and 30.3% agreed while 52% strongly agreed.

This study noted that coping strategies used among respondents include Seeking emotional support from friends and family (71%), Spiritual (faith-based) (71.9%), keeping issues of their fertility to themselves (71.9%), self-care activities like mindfulness, meditation and self-compassion (59.4%), seeking medical treatment (83.9%), formal adoption (83.1%)Adopting traditional methods (84.9%), receiving support from spouse and family members (79.3%) and social withdrawal and isolation (82.3%) while Distancing self from triggers (44%), acceptance and focus on aspect of life beyond infertility (47.8%), regular physical exercise (46.7%) are not coping strategies.

Table 3: Coping Strategies among Respondents

Variables	SD	D	A	SA
Distancing self from triggers	42 (18.2)	86 (37.2)	48 (20.8)	55 (23.8)
Seeking emotional support from friends and family	32 (13.9)	35 (15.2)	62 (27.0)	102 (44.0)**
Spiritual (faith-based)	27 (11.7)	38 (16.5)	72 (31.3)	94 (40.6)**
Acceptance and focus on aspect of life beyond infertility	94 (40.6)	27 (11.7)	38 (16.5)	72 (31.3)
Regular physical exercise	59 (25.5)	64 (27.7)	52 (22.5)	56 (24.2)
Keeping issues of their fertility to themselves	27 (11.7)	38 (16.5)	64 (27.7)	102 (44.2)**
Self-care activities like mindfulness, meditation and self-compassion	36 (15.6)	54 (23.4)	62 (26.9)	75 (32.5) **
Seeking medical treatment	10 (4.3)	28 (12.2)	106 (46.1)	87 (37.8) **
Formal adoption	15 (6.5)	24 (10.4)	88 (38.1)	104 (45.0)**
Adopting traditional methods	7 (3.0)	28 (12.1)	78 (33.8)	118 (51.1)**
Receiving support from spouse and family members	12 (5.2)	36 (15.6)	81 (35.1)	102 (44.2)**
Social withdrawal and isolation	10 (4.3)	31 (13.4)	70 (30.3)	120 (52.0)**

Sig = **

DISCUSSION

This study explored the coping strategies employed by women with infertility attending teaching hospitals in Ogun State, Nigeria. The socio-demographic characteristics of this study shows that majority of the respondents are within the ages of 36 - 40 years, having monogamous marriage and are Christians by religion. Findings reveal that majority are employed are from Yoruba ethnic group, with tertiary education and has 16 to 20years of infertility, with abortion/miscarriage as their outcome of last pregnancy.

Assessment of Experiences of Infertility among Respondents

This study concludes that Loss of identity and depression, Stigma, Social isolation, Societal pressure like Strained relationship with family and friend, discrimination, Lack of support and understanding and high cost of infertility treatment are life experiences of infertility among respondents. This study support Dyer et al., (2021) who reflects the intense social stigma surrounding infertility in Nigerian culture, where motherhood is highly valued. This study is in line with Cousineau & Domar, (2007) who observe avoidance which can be maladaptive, potentially leading to increased isolation and depression.

Coping Strategies and Psychological Well-Being

This study noted that coping strategies used among respondents include Seeking emotional support from friends and family, Spiritual (faith-based), keeping issues of their fertility to themselves, self-care activities like mindfulness, meditation and self-compassion, seeking medical treatment, formal adoption, adopting traditional methods, receiving support from spouse and family members and social withdrawal and isolation. The findings of this study are consistent with Martins et al. (2022), who found that knowledge acquisition and peer support positively influence coping strategies used among their respondents. This study is not consistent with Himmelberg & Kirkman, (2013) who stated that self-education enables women to understand their condition better, reduce uncertainty, and enhance perceived control. This aligns with findings by Donkor and Sandall (2007), who reported that social support significantly reduces infertility-related distress among Ghanaian women. This study is in contrast to Greil et al., (2018) who reported that open communication with partners, identified by 59.4% of respondents, also plays a vital role in fostering emotional intimacy and shared responsibility in coping with infertility. This study support Schmidt et al., (2012) who indicate avoidance and in contexts where societal expectations are overwhelming, avoidance may serve as a temporary protective mechanism. Pottinger et al. (2021) argue that coping interventions must be culturally tailored to be effective in non-Western settings.

Implications for Practice

These findings highlight the need for comprehensive, culturally sensitive psychosocial interventions. Healthcare providers should incorporate coping strategy education into infertility counselling sessions, with particular emphasis on adaptive strategies such as social support, self-education, and problem-solving. Additionally, addressing the high prevalence of avoidance behaviours requires community-level interventions aimed at reducing stigma and promoting acceptance.

Structured mental health services, including support groups and counselling tailored to the cultural realities of Nigerian women, are essential. Policymakers must also focus on improving access to affordable infertility treatments and psychological support, particularly for women from lower socio-economic backgrounds.

CONCLUSION

Infertility significantly impacts women's psychological well-being in Ogun State, Nigeria. While adaptive coping strategies like self-education and social support are prevalent, the use of avoidance behaviours underscores the need for more effective, culturally sensitive interventions. Healthcare providers should integrate mental health services, educate communities, and offer structured support to improve the quality of life for infertile women.

RECOMMENDATIONS

Based on the study findings, the following recommendations are made: Policy Development**:** Integrate coping education into infertility counselling. Mental Health Support: Establish structured support groups and counselling services. Also, awareness Campaigns: Promote open dialogue and destigmatize infertility. Accessibility: Make fertility treatments and psychological services affordable. Similarly, community Engagement: Develop programs addressing cultural barriers.

REFERENCES

Adegbola, O., Akintayo, A. A., & Abioye-Kuteyi, E. A. (2021). Psychological impact of infertility among women attending fertility clinics in South-West Nigeria. *African Journal of Reproductive Health*, 25(4), 120–130.

https://doi.org/10.29063/ajrh2021/v25i4.12

Cousineau, T. M., & Domar, A. D. (2007). Psychological impact of infertility. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 21(2), 293–308. https://doi.org/10.1016/j.bpobgyn.2006.12.003

Donkor, E. S., & Sandall, J. (2007). The impact of perceived stigma and mediating social factors on infertility-related stress among women seeking infertility treatment in Southern Ghana. *Social Science & Medicine*, 65(8), 1683–1694. https://doi.org/10.1016/j.socscimed.2007.06.003

Dyer, S. J., Abrahams, N., Mokoena, N. E., Lombard, C. J., & van der Spuy, Z. M. (2005). Psychological distress among women suffering from couple infertility in South Africa: A quantitative assessment. *Human Reproduction*, 20(7), 1938–1943. https://doi.org/10.1093/humrep/deh898

Dyer, S. J., & Patel, M. (2012). The economic impact of infertility on women in developing countries – a systematic review. *Facts, Views & Vision in ObGyn*, 4(2), 102–109. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270881/

Ezugwu, E. C., Obi, S. N., Onah, H. E., & Okafor, I. I. (2020). Adoption in the management of infertility: The views of infertile couples in Enugu, Nigeria. *Nigerian Journal of Clinical Practice*, 23(5), 678–683. https://doi.org/10.4103/njcp.njcp_505_19

Fledderjohann, J. (2012). Zero is not good for me: Implications of infertility in Ghana. *Human Reproduction*, 27(5), 1383–1390. https://doi.org/10.1093/humrep/des035

Greil, A. L., Slauson-Blevins, K., & McQuillan, J. (2018). The experience of infertility: A review of recent literature. *Sociology of Health & Illness*, 33(1), 1–18. https://doi.org/10.1111/j.1467-9566.2010.01227.x

Hammarberg, K., & Kirkman, M. (2013). Infertility in resource-constrained settings: Moving beyond a medical challenge. *Reproductive BioMedicine Online*, 26(2), 189–195. https://doi.org/10.1016/j.rbmo.2012.11.013

Martins, T., Ferreira, A. C., & Silva, C. (2022). Coping strategies among women undergoing infertility treatment. *Journal of Psychosomatic Research*, 158, 110895. https://doi.org/10.1016/j.jpsychores.2022.110895

Pottinger, A. M., Bailey, A., & McKenzie, C. (2021). Gender differences in coping with infertility in a sample of Jamaican couples. *Journal of Reproductive and Infant Psychology*, 39(5), 457–468. https://doi.org/10.1080/02646838.2020.1793967

Schmidt, L., Holstein, B. E., Christensen, U., & Boivin, J. (2012). Communication and coping as predictors of fertility problem stress: Cohort study of 816 participants who did not achieve a delivery after 12 months of fertility treatment. *Human Reproduction*, 20(11), 3248–3256. https://doi.org/10.1093/humrep/deh898

Davis, T. (2018). *Coping strategies and infertility: Psychological approaches*. Journal of Reproductive Health, 22(4), 341–355.

Donkor, E. S., & Sandall, J. (2021). The impact of stigma on infertility in Ghana. *Reproductive Health*, 18(1), 1–9.

Dumbala, S. R., & Smith, H. (2020). Global infertility trends: A review. *World Health Journal*, 34(3), 220–229.

Folkman, S., & Lazarus, R. S. (1984). *Stress, appraisal, and coping*. Springer.

Hala, R. M., et al. (2023). Missing motherhood: Jordanian women's experiences. *International Journal of Women's Health*, 15(2), 112–124.

Hess, R. F., et al. (2018). Coping strategies among infertile women in Mali. *African Health Sciences*, 18(4), 945–953.

Hiltunen, R., et al. (2018). Changes in coping during fertility treatment. *Fertility and Sterility*, 110(5), 996–1004.

Jimoh, A. (2020). Prevalence of infertility in South-West Nigeria. *Nigerian Journal of Health*, 19(1), 15–25.

Mpone, M., et al. (2024). Coping strategies in Cameroon: A mixed methods study. *African Journal of Reproductive Health*, 28(1), 45–60.

Ogu, R. N., et al. (2023). National survey on infertility in Nigeria. *Nigerian Demographic Studies*, 40(1), 33–47.

Oluwole, O. F., et al. (2021). Infertility prevalence among Nigerian couples. *Tropical Journal of Reproductive Medicine*, 12(3), 101–109.

Panti, A. A., & Sununu, Y. M. (2018). Infertility in North-West Nigeria. *Sahel Medical Journal*, 21(2), 85–91.

Park, J., et al. (2020). Coping strategies and adaptive outcomes. *Journal of Reproductive Psychology*, 35(1), 56–67.

Uysal, D., et al. (2021). Coping strategies among IVF patients. *Fertility Research International*, 29(2), 132–141.

Walker, R. J., et al. (2019). Long-term infertility and psychological distress. *Reproductive Mental Health Journal*, 23(2), 123–136.

World Health Organization. (2020). *Infertility definitions and statistics*. Retrieved from https://www.who.int/health-topics/infertility