

Knowledge Of Reproductive Cycle And Sexuality Among Infertile Women In Nigeria

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Abstract

BACKGROUND: The situation in Africa is a paradox, records the highest percentage of fertility and infertility globally. Reproductive behavior in Africa is fertility oriented, resulting in huge psychosocial burden beyond comprehension to the infertile women / couple. Sexual practice and knowledge of reproductive cycle are important factors to the attainment of conception. **OBJECTIVE:** To evaluate knowledge of reproductive cycle amongst women attending infertility clinic and their sexuality practice. **RESULTS:** Twenty eight (32.2%) out of the 87 subjects knew their menstrual cycle length and 39.1% (34 / 87) had an idea of their ovulatory period. Sixty nine (79.3%) subjects did not have an idea of symptoms of ovulation. Of the 18 (20.7%) subjects that knew the signs of ovulation, 13 (72.2%) of them do experience signs of ovulation. Sexuality practice revealed coital frequency that ranged from 0 to 5 times weekly. Seventy two (82.5%) of the 87 subjects did not have a say as to the timing of coital act. Of the 15 (17.2%) subjects that had a say in the timing of sexual act, 13 (86.7%) of them made conscious effort to have coitus during the ovulatory period. Overall, only 21 (24.1%) of the 87 subjects believed that pregnancy could occur during menstrual flow. The effect of subjects' sub fertile status on their interest in intercourse showed that infertility enhance coital interest in 45 (51.7%) subjects, diminish coital interest in 29 (33.3%) subjects and infertility made no difference in 13 (15%) subjects. **CONCLUSION:** Gender equality, women empowerment, provision of universal basic education and eradication of poverty are programs to be targeted towards improving reproductive rights of women and their knowledge base. Health education and counseling should be an integral part of infertility management.

INTRODUCTION

In Africa, Infertility is the commonest gynecological condition, and it records the highest percentage of infertility worldwide (WHO 1991). Sexuality and knowledge of reproductive cycle are important in the attainment of conception, which even becomes more important in couples with infertility problem. It was recommended that couple should be seen together at the first gynecological visit for infertility evaluation (WHO 1997). However, in Nigeria, this hardly happens, the women that mostly bear the burden, presents to the hospital first. In view of this background, we therefore undertook this study to ascertain level of knowledge of reproductive cycle and sexual practice among infertile women.

METHODOLOGY

The study was a cross sectional study. Based on the questions on a pre tested questionnaire, consenting infertile women were interviewed.. The study was conducted at the infertility clinic of a tertiary hospital; Ahmadu Bello

university Teaching Hospital, Zaria in year 2006.

RESULT

Eighty seven infertile women were interviewed. The subjects mean age was 31.2 years with age range of 19 to 43 years. Mean parity was 1.6 with range of 0 to 4. The duration of infertility ranged from 13 to 156 months with a mean of 18.3 months. Of the 87 subjects, 39 (44.8%) were in monogamous union and 48 (55.2%) in polygamous union. Thirty one (35.6%) subjects presented with primary infertility and 56 (64.4%) with secondary infertility.

Only 28 (32.2%) out of the 87 subjects knew their menstrual cycle length and 39.1% (34 / 87) had idea of their ovulatory period. Sixty nine (79.3%) subjects did not have an idea of the likely symptoms of ovulation. Of the 18 (20.7%) subjects that knows the signs of ovulation, 13 (72.2%) of them do experience signs of ovulation, and only 3 (16.7%) engaged in timed intercourse.

Sexuality practice revealed coital frequency that ranged from

0 to 5 times weekly. Seventy two (82.5%) of the 87 subjects did not have a say as to the timing of coital act. Of the 15 (17.2%) subjects that had a say to the timing of sexual act, 13 (86.7%) of them do make conscious effort to have coitus during the ovulatory period. Twenty six (29.9%) subjects do engage in intercourse during menstrual flow and 73% (19 / 26 subjects) do so because of their belief that pregnancy could occurs during menstrual flow. Overall, however only 21 (24.1%) of the 87 subjects believed that pregnancy could occur during menstrual flow.

The effect of subjects' sub fertile status on their interest in intercourse showed that infertility enhance their coital interest in 45 (51.7%) subjects, diminish coital interest in 29 (33.3%) subjects and infertility made no difference in 13 (15%) subjects.

Figure 1

Table I: Knowledge Of Reproductive Cycle

	KNOWLEDGE OF MENSTRAUL CYCLE LENGTH		KNOWLEDGE OF OVULATORY PERIOD		KNOWLEDGE OF OVULATORY SYSTEMS	
	N = 28	%	N = 34	%	N = 18	%
EDUCATION						
Illiterate	5	17.9	6	17.6	5	27.8
Literate	23	82.1	28	82.4	13	72.2
SOCIOECONOMIC STATUS						
Low	3	10.7	7	20.6	2	11.1
Middle	7	25.0	11	32.4	4	22.2
High	18	64.3	16	47.0	12	66.7
TYPE OF UNION						
Monogamy	13	46.4	16	47.0	8	44.4
Polygamy	15	53.6	18	53.0	10	55.6

Figure 2

Table II: Sexuality And Infertile Women

VARIABLES	SAY TO TIMING OF INTER COURSE		INTERCOURSE DURING MENSTRUAL FLOW		PREGNANCY RESULTING FROM INTERCOURSE DURING MENSTRUAL FLOW	
	N = 15	%	N = 26	%	N = 19	%
EDUCATION						
Illiterate	2	13.3	18	69.2	16	84.2
Literate	13	86.7	8	30.8	3	15.8
SOCIOECONOMIC STATUS						
Low	1	6.7	19	73.1	11	57.9
Middle	4	26.7	5	19.2	6	31.6
High	10	66.6	2	7.7	2	10.5
TYPE OF UNION						
Monogamy	13	86.7	13	50.0	9	47.4
Polygamy	2	13.3	13	50.0	10	52.6

DISCUSSION

In Africa, the burden of infertility goes beyond lack of childbirth. It is associated with enormous psychosocial consequences that cannot be over quantified. In an African

setting, children serve different functions and meet various needs. Human sexuality and reproductive behavior are among the number of distinctive feature differentiating human being from animal (Geddes 2002). Menstruation is an indication of positive reproductive health status of women. Knowledge of menstrual cycle and ovulatory period are important in pregnancy attainment, especially in infertile women. This is because fecundability, which is the probability of achieving conception within a menstrual cycle, is as low as 20 – 25 percent (Cramer 1979). It was reported that pregnancies could be attributed to several intercourse during a six day period ending on the day of ovulation (Wilcox 1995) with the highest chance of conception associated with intercourse two days before ovulation (Dunson 1999). In this study, knowledge of menstrual cycle and ovulatory period was low, and this was mainly attributable to the low level of literacy and socioeconomic condition. Age and type of marital union did not influence acquisition of this knowledge.

From this study, percentage of patients that knew the signs of ovulation was low, more worrisome was the low percentage that practiced timed intercourse based on their awareness of ovulatory symptoms. Timed intercourse was reported to improve chances of pregnancy, although it has been depicted as an emotionally stressful intervention in the initial management of infertility (Kopitzke 1991).

In this survey, most of the women interviewed did not have a say as to the timing of sexual act. Polygamy maybe partly responsible, because the days of cohabiting are shared between wives. Furthermore in Africa, it is the domineering men with superior personality that are favored and promoted by the African cultural setting where sexual rights of women are mainly not respected. Less than one-third of patients interviewed engaged in sexual intercourse during menstrual flow. Further analysis revealed that they are equally distributed between the two types of union. Their opinion that pregnancy may result from sexual intercourse during menstrual flow was mainly responsible. In this survey, the overbearing impact of education and socioeconomic status cannot be overemphasized.

There is a complex relationship between psychological stress and infertility (Brkovich 1998). More than half of the women interviewed said their infertility status enhanced their desire for sex, while about one-third said it actually decreases their sexual urge and interest. Authors have reported decrease frequency of sexual intercourse in couples undergoing fertility diagnostic and treatment procedures

(Benazon 1992).

Women will continue to remain the focus of reproductive health activities since the burden of sexual and reproductive ill health fall on women far more than men (Moronkola 2006). In a survey from a developed country, low level of satisfaction about information given at infertility clinic was reported (Souter 1998). Based on this, counseling and information dissemination should be recognized as an integral part of infertility management.

In view of our findings, it is recommended that eradication of poverty, provision of universal primary education and promotion of gender equality and empowerment, as contained in the Millennium Development Goals (MDG) one to three, are favored policies. These policies will increase women's level of knowledge and sexual right. However, global partnership for development of MDG 8, are necessary assistance needed to achieve this goal. Ultimately, involvement of women in leadership training, planning, implementation and evaluation of services that relates to them (Evans 1997), will go a long way towards the attainment of these goals.

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