



**PREVALENCE OF INFERTILITY AND ITS ASSOCIATED FACTORS AMONG  
COUPLES IN BUGUMA, ASARI-TORY LOCAL GOVERNMENT AREA, RIVERS  
STATE, NIGERIA**

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**ABSTRACT**

**Introduction:** This cross-sectional study assessed the prevalence of infertility and its associated factors among married couples in Buguma, Asari-toru local government area of Rivers state. Three objectives and research questions each and two hypotheses guided the study. **Methodology:** The sample size was 422, using a prevalence of 48.1% (Adeyemi *et al.*, 2009), analyzed using SPSS version 20 and presented in tables and graphs. **Results:** The study was male dominated, 239(56.64%), most of them between 25-34 years and married, 206(48.82%). They were mostly traders, 192(45.50%) or civil servants, 121(28.67%), almost all Christians, 413(97.87%), with 226(53.56%) having tertiary education. Similarly, 144(34.12%) have been married for 6-10 years, 53(12.56%) for over 16 years and mostly have between 1-2 children, 215(50.95%). 138(75.41%) females had been pregnant, of which 63(45.65%) had been pregnant once and 47(34.06%) twice, while 158(66.11%) males have not impregnated a woman before. About half of the respondents, 229 (54.27%) belief age plays crucial role in fertility, while 201(47.63%) strongly agreed and 221(52.37%) agreed that certain occupations can cause infertility. 301(71.33%) strongly agreed infertility can be due to infection, while 227(53.79%) and 195(46.21%) knew infertility can occur in both married and unmarried couples respectively, with 111(26.30%) strongly agreeing and 112(26.54%) agreeing it can be due to satanic attacks. Pursuit of education and career was strongly agreed 183(43.37%) to contribute to delay in child bearing, with age of a woman been agreed and strongly agreed, 79(18.72%) and 331(78.44%) as factor that influence child bearing, while 272(64.46%) agreed that male fertility declines in mid-30s. Generally, the respondents knew about infertility, the causes and factors associated with it. However, they have poor health-seeking attitude and belief, and as such focus on other causes of infertility. Awareness campaigns should be vigorous to ensure that more coverage is done.

**KEYWORDS:** Infertility, couples, Buguma, childbearing, fertility.

**INTRODUCTION**

Parenthood a part of life that it is not just anticipated, but expected. However, failure to achieve this, which often times is caused by infertility, has been linked with both psychological and emotional sequel, such as anger, depression, anxiety, mental concerns and feeling of worthlessness (Lindsey, 2012).

The World Health Organization (WHO) recognizes infertility as a key element of reproductive health. It is also recognized globally as a public health issue (Boivin *et al.*, 2007; Macaluso *et al.*, 2010). The International Committee for Monitoring Assisted Reproductive Technology (ICMART) and WHO defined infertility as a 'failure to achieve pregnancy after 12 months or more of

regular unprotected sexual intercourse (Zegers-Hochschild *et al.*, 2009). The National Institute for health and Clinical Excellence (NIHCE) guideline for England and Wales agrees with this time period, advocating that clinical assessment and investigation should be offered when a woman of productive age has not conceived after one year of unprotected vaginal sexual intercourse, in the absence of any known cause of infertility (NIHCE, 2013).

However, prevalence estimates of lifetime infertility vary widely, in part, because there is no agreed or consensus definition of infertility (Gurunath *et al.*, 2011) and because most study populations vary in age, unit of measurement and relative status.

About 48.5 million couples experience infertility globally (Mascarenhas *et al.*, 2012), with an estimated 1 in every 7 couples in the United Kingdom being infertile (NIHCE, 2013), which is a decline from previously reported global estimates of 60-168 million people (Neelofar & Tazeen, 2006).

There are two types of infertility; primary and secondary. Infertility is said to be primary if conception has never occurred, while secondary infertility is the inability to get pregnant after an earlier pregnancy. A systematic analysis of the incidence of infertility in more than 190 countries and regions around the world in 2010 revealed that women between the ages of 20-45 years had 1.9% and 10.5% rate of primary and secondary infertility respectively (Mascarenhas *et al.*, 2012).

Due to life style changes and the presence of various environmental stress, the incidence of infertility increased significantly and has become the third most serious disease, following cancer and cardiovascular diseases (Macaluso *et al.*, 2010).

The prevalence of infertility has been notably high in sub-Saharan Africa, ranging from 20-46% (Mascarenhas *et al.*, 2012). This has been attributed to the high rate of sexually transmitted disease, complications of unsafe abortions and puerperal pelvic infections (Idrisa, 2005). Most societies, like the area where this study was conducted, erroneously attribute infertility or its cause to the female, without first putting into consideration that for conception to occur, both sex (male and female) organs and the individuals' wellbeing has crucial roles to play. However, it has been proven that about 30% of infertility is due to female problems, 30% to male problems, and 30% to combined male/female problems, while 10% is of unknown cause (Inhorn, 2003).

In Nigeria, reports have indicated that infertility is the most common reason for gynaecological consultations in healthcare facilities (Umeora *et al.*, 2001). More than 50% of gynecological cases are as a result of infertility consultations and over 80% of laparoscopic investigations are for management of infertility (Orhue & Aziken, 2008). Region-based infertility studies in some parts of Nigeria reports 4.0% from Ilorin, North Central (Abiodun *et al.*, 2007), 15.4% from Abakaliki, South East (Obuna *et al.*, 2012) and 48.1% from Oshogbo, South West (Adeyemi *et al.*, 2009).

Conventionally, parameters such as age, obstetric history, smoking, alcohol consumption pattern, menstruation pattern, body mass index, lifestyle and environmental factors are considered to be the major factors associated with infertility (Sharma *et al.*, 2013). Other preventable causes of infertility are lifestyle factors such as obesity, diabetes, malnutrition, eating disorders, excessive exercise and use of nicotine or caffeine. While these factors are important, their effects on infertility are considerably less than those of infection

(Evens, 2004). However, it is worth determining the prevalence and factors associated with infertility in Buguma community. This is because many couples in the study area have need for childbearing, but from observations, are unable to do so.

Studies have highlighted knowledge as a key factor associated with infertility and the initiation of treatment, when required, thus, concluding that education about fertility issues is needed to prevent fear and unnecessary delay in seeking help when faced with problems of conception (Bunting & Boivin, 2007). Knowledge about infertility health issues may also help prevent infertility in the first instance.

Infertility is surrounded by many mistaken beliefs about its causes, such as witchcraft and possession by evil spirits, and these beliefs negatively affect its management (Ali *et al.*, 2011; Namujju, 2013). Most individuals do not want to be associated with infertility (45%), with most females among this category (56%) considering it a disease as compared to men (31%), while majority have different perception regarding its management (Ali *et al.*, 2011).

In the African context of marriage, every couple is expected to be fertile. However, this is not always the case. Several conditions, such as medical and obstetric, may subject a couple to infertility and sterility. That notwithstanding, many couples try to achieve conception, even when it is impossible because of one or more barriers. The situation is a common cause of broken marriages, divorce and unfaithfulness, and encourages polygamy among partners, especially, in developing countries like Nigeria, where competition exist in childbearing and parenthood.

Infertility in developing countries is mostly associated with socio-economic and cultural characteristics such as low level of education, poor hygiene, poverty, effects of modernization and cultural beliefs (WHO, 2010). Other factors include sexually transmitted diseases, pelvic inflammatory disease, infections and complications in the present of previous pregnancies (Ombelet *et al.*, 2008). These factors are prevalent in the study area, and thus, justify the basis for this study.

Specifically, the study will determine the prevalence, knowledge and factors associated with infertility among couples in Buguma community of Asari Toru Local Government Area, Rivers State, Nigeria.

### Methodology

The study was conducted in Buguma community, headquarters of Asari-Toru Local Government Area, Rivers State, Nigeria. 422 respondents participated in this cross-sectional, descriptive study, using the sample size determination formula  $n = Z^2 pq/d^2$  (Israel, 2009) and a prevalence of 48.1% from a similar study by Adeyemi *et al.* (2009) and a non-response rate of 10%. All the

married women and men of child bearing age that have been resident in the community for at least 12 months prior to the commencement of the study and gave consent were included, while those with impairment of special senses and disease conditions were excluded. A semi-structured, self-administered questionnaire with four sections comprising of socio- demographic characteristics of the respondents, prevalence, knowledge and factors associated with infertility was used to obtain information, with the help of two trained research assistants, while data analysis was done using the

statistical package for social sciences (SPSS) version 20.0 was employed and the results presented in tables as frequencies and percentages. Also, Ethical clearance for the study was obtained from the Ethics Committee of University of Port Harcourt Teaching Hospital and the Social and Preventive Medicine Department of the University of Port Harcourt, which permission was sought from the Chairman of the Community Development Committee and Informed consent obtained from the respondents.

## RESULTS

**Table 1: Socio-demographic characteristics of the respondents. (n=422).**

Variables	Frequency	Percentage
<b>Sex</b>		
Males	239	56.64%
Females	183	43.36%
<b>Age (years)</b>		
18-24	48	11.37%
25-34	127	30.10%
35-44	98	23.22%
45-54	92	21.80%
≥55	57	13.51%
<b>Marital status</b>		
Married	206	48.82%
Separated	91	21.56%
Divorced	107	25.36%
Widow(er)	87	20.62%
Co-habiting	69	16.36%
<b>Occupation</b>		
None	14	3.32%
Civil servant	121	28.67%
Trading	192	45.50%
Fishing	21	4.98%
Student	43	10.19%
Full-time house wife	13	3.08%
Others	16	3.79%
<b>Religion</b>		
Christianity	413	97.87%
Islam	2	0.47%
Traditional	6	1.42%
Others (please specify)	1	0.24%
<b>Level of education attained</b>		
None	2	0.47%
Primary	7	1.66%
Secondary	187	44.31%
Tertiary	226	53.56%

The table above presents the socio-demographic variable of the respondents in this study, of which a total of 422 respondents participated. 239(56.64%) were males and 183(43.36%) females. For their age ranges, the following responses were obtained; 18-24, 48(11.37%), 25-34, 127(30.10%), 35-44, 98(23.22%), 45-54, 92(21.80%) and 55 years and above 57(13.51%). 206(48.82%) respondents were married, 91(21.56%) separated, 107(25.36%) divorced, 87(20.62%) widowed and 69(16.36%) co-habiting. The respondents occupation was investigated.

The outcome shows that 14(3.32%) did not have any occupation. 121(28.67%) are civil servants, 192(45.50%) are traders, 21(4.98%) are into fishing, 43(10.99%) are students, 13(3.08%) are full-time house wife and 16(3.79%) are into other occupations that were not captured in this study. 413(97.87%) of the respondents are Christians, while 2(0.47%), 6(1.42) and 1(0.24%) are of the religions of Islam, traditional and others, such as Jew respectively. Finally, the level of education attained by the respondents revealed that 2(0.47%) did not have

any education, whereas, 7(1.66%), 187(44.31%) and 226(53.56%) had attained primary, secondary and tertiary education respectively.

**Table 2: Prevalence of infertility (n=422)**

Variables	Frequency	Percentage
<b>Number of years in marriage</b>		
0-4	128	30.33%
5-10	144	34.12%
11-15	97	22.99%
16 and above	53	12.56%
<b>Number of children</b>		
None	32	7.58%
1-2	215	50.95%
3-4	83	19.67%
5 and above	92	21.80%
<b>Have you been pregnant before?</b>		
Yes	138	75.41%
No	38	20.77%
<b>If yes, how many times?</b>		
Once	63	45.65%
Twice	47	34.06%
Thrice and above	23	16.67%
<b>If no, how long?</b>		
One year	4	10.53%
Two years	7	18.42%
Three years	16	42.11%
Above 3 years	9	23.68%
<b>Has any woman been pregnant for you (for males only)?</b>		
Yes	61	25.52%
No	158	66.11%
<b>If yes to number 12, how many children do you have outside your matrimonial home?</b>		
None	23	37.71%
One	18	29.51%
Three	4	6.56%
Two	11	18.03%
Above 3	1	1.64%

The table above is a presentation of some personal demographic parameters in this study. The number of years the respondents have been in marriage shows that 125(30.33%) have been in marriage for 1-6 years, 144(34.12%) for 6-10 years, 97(22.99%) for 11-15 years and 53(12.56%) for 16 years and above. The number of children these respondents have also reveals that 32(7.58%) has not had a child, 215(50.95%) has 1-2 children, 83(19.67%) has 3-5 children and 92(21.80%) has five children and above. Asked if they been pregnant before, 138(75.41%) said yes, while 38(20.77%) said no. for those that said yes, they were further investigated to know how many times they have been pregnant. The outcome of this shows that 63(45.65%) had never been pregnant, 47(34.06%) had been pregnant twice, while 23(16.67%) had been pregnant three times and above. Similarly, those that have never been pregnant were further investigated, with the outcome showing that 4(10.53%) had not been pregnant for one year, 7(18.42%) for two years, 16(42.11%) for three years and 9(23.68%) for above three years. Males were further

investigated to determine if they are the likely cause of infertility. To this end, they were asked if a lady has ever been pregnant for them. To this end, 61(25.52%) said yes, while 158(66.11%) said no. For the males that said they have impregnated a female before, the number of children they have outside their marriage was investigated and revealed that 23(37.11%) do not have any child outside their marriage. On the other hand, 18(29.51%), 4(6.56%), 11(18.03%) and 1(1.64%) have had one, two, three and above three children outside their marriage respectively.

**Table 3: Factors associated with infertility.**

Variables	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Infertility is the inability to give birth, prolonged absence of birth	238 (56.40%)	161 (38.15%)	0	23 (5.45%)	0
Infertility could be due to the age of the parents	229 (54.27%)	81 (19.18%)	0	5 (1.19%)	107 (25.36%)
Infertility can be man-made e.g. surgery, accidents, radiation	208 (49.28%)	209 (49.53%)	0	1 (0.24%)	4 (0.95%)
Certain occupations can cause infertility	201 (47.63%)	221 (52.37%)	0	0	0
Infertility is more common in a particular sex	24 (5.69%)	205 (48.58%)	163 (38.63%)	12 (2.84%)	18 (4.28%)
Infertility can be due to infection	301 (71.33%)	101 (23.93%)	0	16 (3.79%)	4 (0.95%)
Mean	200(47.43%)	163(38.62%)	27(6.44%)	10(2.25%)	22(5.26%)

In the table above in section C, the knowledge of the respondents on infertility was examined using some variables. When the concept of what infertility means was asked, 238(56.40%) respondents strongly agreed that it is the inability to give birth or its prolonged absence. This is followed by 161(38.15%) respondents who agreed to this, with 23(5.45%) of them disagreeing. Asked if infertility could be due to age of an individual, 229(54.27%) strongly agreed, followed by 107(25.36%) that did not agree. However, 81(19.18%) and 5(1.19%) agreed and disagreed respectively. The concept of certain

occupations having the ability to cause infertility was also strongly agreed and agreed by 201(47.63%) and 221(52.37%) respondents respectively. 205(48.58%) respondents agreed that infertility is more common in a particular sex. This was however, agreed, undecided, disagreed and strongly disagreed by 24(5.69%), 163(38.63%), 12(3.79%) and 18(4.28%) respondents respectively. Finally, 301(71.33%) respondents strongly agreed that infertility can be due to infection. 101(23.93%) agreed to this, while 16(3.79%) disagreed and 4(0.95%) respondents strongly disagreed.

**Table 4: Knowledge of infertility.**

Variables	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Does infertility occur among married couples?	227 (53.79%)	195 (46.21%)	0	0	0
Can occurrence of infertility be due to satanic attack?	111 (26.30%)	112 (26.54%)	184 (43.60%)	15 (3.56%)	0
Premarital sex and pregnancy among teenagers predisposes to infertility	142 (33.65%)	129 (30.56%)	143 (33.89%)	8 (1.90%)	0
Age of woman influences fertility among women	79 (18.72%)	331 (78.44%)	0	3 (0.71%)	9 (2.13%)
Delayed childbearing can be related to educational and career pursuit by educated and high social class women	183 (43.37%)	117 (27.73%)	29 (6.87%)	29 (6.87%)	64 (15.16%)
Women sexual desire decreases as aging occur	21 (4.98%)	232 (54.98%)	95 (22.51%)	74 (17.53%)	0
Women between 35-38 years of age are known to have a drastic decline in fertility and child bearing	33 (7.82%)	235 (55.69%)	9 (2.13%)	145(34.36%)	0
A delay in marriage and age of first birth of a child result to reduction of family size	24 (5.69%)	114 (27.01%)	118 (27.96%)	106 (25.12%)	64 (14.22%)
A decline in the male fertility in mid to late 50s	0	272 (64.46%)	132 (31.28%)	18 (4.26%)	0
Infertility occur as a product of post-partum abstinence e.g. waiting time before assuming sexual relationship and conceiving	62 (14.69%)	195 (46.21%)	127 (30.10%)	19 (4.50%)	19 (4.50%)
Excessive intake of alcohol in the blood stream is known to cause reduction in blood supply to the reproductive cells, hence, sterility occurs	0	59 (13.98%)	237 (56.16%)	0	126 (29.86%)
Polygamy and prolonged breastfeeding can result to prolonged child birth	38 (8.92%)	121 (28.67%)	143 (33.98%)	89 (21.09%)	31 (7.34%)
Mean	70.8(16.38%)	162.5(38.50%)	93.6(22.15%)	38.9(9.22%)	24.1(5.63%)

The table above presents parameters that have to do with the respondent's knowledge of infertility. 227(53.79%) and 195(46.21%) respondents strongly agreed and agreed that infertility can occur in legally married couples. 111(26.30%), 112(26.54%), 184(43.60%) and 15(3.56%) respondents strongly agreed, agreed, are undecided and

disagree that infertility can be due to satanic attack on an individual. The role of premarital sex and pregnancy, and its tendency to cause infertility was another parameter considered in this study. 142(33.65%) and 129(30.56%) strongly agreed and agreed to it, while 143(33.89%) and 8(1.90%) respondents were undecided and disagreed to

the concept. 79(18.72%), 331(78.44%), 3(0.71%) and 9(2.13%) respondents strongly agreed, agreed, disagreed and strongly disagreed that the age of a woman influences infertility among couples. Similarly, educational and career pursuit was strongly agreed by 183(43.37%) respondents to be a contributing factor to delayed child bearing, while 117(27.73%), 29(6.87%), 29(6.87%) and 64(15.16%) respondents agreed, were undecided, disagreed and strongly disagreed respectively that it affects child bearing among couples. The sexual desire of women was strongly agreed and agreed by 21(4.98%) and 232(54.98%) respondents to decrease as age increases, however, this was undecided by 95(22.51%) and disagreed by 145(34.36%) of the respondents. Similarly, 33(7.82%), 235(55.69%), 9(2.13%) and 145(34.36%) respondents strongly agreed, agreed, undecided and disagreed that women between 35-38 years of age have a drastic decline in the fertility. Delay in marriage and age of first birth of child can result in reduction in family size was considered. To it, 24(5.69%), 114(27.01%), 118(27.96%), 106(25.12%) and 64(14.22%) respondents strongly agreed, agreed, undecided, disagreed and strongly disagreed respectively. A decline in male fertility occur in mid 30s is agreed by 272(64.46%), undecided by 132(31.28%) and disagreed by 18(4.26%) respondents. Infertility could be due to postpartum abstinence was strongly agreed, agreed, undecided, disagreed and strongly disagreed by 62(14.69%), 195(46.21%), 127(30.10%) 19(4.50%) and 19(4.50%) respondents respectively. Excessive intake of alcohol in the blood stream was agreed, undecided and strongly disagreed by 59(13.98%), 257(56.16%) and 126(29.86%) respectively to cause sterility. Finally, polygamy and prolonged breast feeding after childbirth was investigated among the respondents and the following responses obtained; 38(8.92%) strongly agreed, 121(28.67%) agreed, 143(33.98%) undecided, 89(21.09%) and 31(7.34%).

## DISCUSSION

The study shows that majority of the respondents have been in a relationship for between 1-10 years, 125(30.33%) for 1-6 years and 144(34.12%) for 6-10 years. Although some authors tend to shy away from the concept of infertility due to religious, social and cultural factors, it cannot be ruled out. This agrees with the findings of Ehlers (2012), which states that both cultural and social factors are implicated in the cause of infertility. Most of the responding couples also have between 1-2 children, 215(50.95%). This cannot be unassociated with the economic conditions prevalent in the country and the increased activities within the region that would have made couples have less number of children. The incidence of infertility is slightly on the increase, as shown in this study, 63(45.65%) had never been pregnant, 47(34.06%) had been pregnant twice and 23(16.67%) had been pregnant three times and above. This study shows that even the investigated males showed tendency of not having impregnated a lady, even outside the marriage. This may consolidate the fact that

infertility is not peculiar to females, as males also have their fair deal of it. It also agrees with the finding of Bossa (2010) that infertility affects both men and women and that of Alli *et al.*, (2011), in which 40% of the respondents correctly identified that both males and females are equally responsible. The number of those who have had children outside their marriage were few, 18(29.51%), 4(6.56%), 11(18.03%) and 1(1.64%) have had one, two, three and above three children outside their marriage respectively.

With the diverse factors that could be associated with infertility, the age of an individual and how it could lead to infertility in this study showed that about half of the respondents, 229(54.27%). This is, however, different from the finding of a similar study by Adeshi *et al.*, (2000) that many women have little awareness their periods of fertility. Alli *et al.*, (2011) also got a view that agrees with that in this study in which only 46% of the study population could correctly identify mid cycle as their fertile period. The concept of certain occupations having the ability to cause infertility was also strongly agreed and agreed by 201(47.63%) and 221(52.37%) respondents respectively. This agrees with the finding of Ehlers (2010). In the region of this study, exposure to explorative activities of multinationals and working in industries such as the cement manufacturing companies and other construction firms can lead to infertility. About 301(71.33%) respondents in this study strongly agreed that infertility can be due to infection. This is medically-proven, of which the causative organisms vary greatly. The infections result mainly from unhygienic processes in the environment and certain habits we indulge in that encourage it.

Infertility has been seen in both unmarried and legally married couples in the society. In this study, 227(53.79%) and 195(46.21%), accounting for about four-fifth of the total respondents strongly agreed and agreed that infertility can occur in legally married couples. As to whether infertility can be due to satanic attacks is left for cultural and traditional beliefs, as this study shows that slightly above the total number of respondents, 111(26.30%) and 112(26.54%) strongly agreed and agreed to the concept. This is further supported by the finding of Alli *et al.*, (2011), which posited that infertility should not be considered solely as a disease. This is also in tandem with the findings of Okonofua (2005) and Kollie (2009) that supernatural causes are implicated. Educational and career pursuit was strongly agreed by 183(43.37%) respondents to be a contributing factor to delayed child bearing. This is a large chunk of the total number of respondents in this study. The pursuits are peculiar to developed and fast developing countries, where most individuals indulge in them with the perception that it has the tendency to improve their chances of a better life. This also agrees with the findings of several researchers (Gyimah, 2003; Matthews & Hamilton, 2009; Rosero-Bixby *et al.*, 2009; Mile *et al.*, 2011), with Balasch (2010) positing that this

delay may lead to partial infertility. 79(18.72%), 331(78.44%), 3(0.71%) and 9(2.13%) respondents strongly agreed, agreed, disagreed and strongly disagreed that the age of a woman influences infertility among couples. This tendency of risk of infertility among ageing women is corroborated by the finding of (Makar & Toth, 2002). Makar and Toth (2002) also discovered in their study there is a decrease in sexual desire as woman age. This they attributed to the preoccupation of the minds of these women, in later life, by situations such as raising their children and maintaining a stable family. This is similar to the finding in this study, of the sexual desire of women, in which, the three-fifth, 21(4.98%) and 232(54.98%) of the respondents strongly agreed and agreed respectively. In this study, 33(7.82%), 235(55.69%), 9(2.13%) and 145(34.36%) respondents strongly agreed, agreed, undecided and disagreed that women between 35-38 years of age have a drastic decline in the fertility. This finding is also in agreement with the finding of Makar and Toth (2002), in which ageing in women was discovered to play a critical role in infertility. A decline in male fertility occur in mid 30s is agreed by 272(64.46%), undecided by 132(31.28%) and disagreed by 18(4.26%) respondents. This is yet inconclusive as literatures pertaining to male infertility are scanty, especially, in the region of this study. Finally, excessive intake of alcohol in the blood stream was agreed, undecided and strongly disagreed by 59(13.98%), 257(56.16%) and 126(29.86%) respectively to cause sterility. This, however, contradicts the finding in a similar study on infertility by (Obono, 2003), in which a prolonged abuse of alcohol is noted to be implicated in the aetiopathogenesis of infertility.

#### SUMMARY

The findings of this study show more male participation, 239(56.64%) as against their female counterparts, 183(43.36%). Majority of the participants were aged between 25-34 years, 127(30.10%) while the least participating group were those aged between 18-24 years, 48(11.37%). Most of them were legally married and together, 206(48.82%), followed by those that were divorced, 107(25.36%) while the least participants were co-habiting, 69(16.36%). Majority of them were traders, 192(45.50%) followed by civil servants, 121(28.67%) while those in the category of others were the least participants. Almost all, 413(97.87%) of the respondents were Christians, with only 1(0.47%) person in an unspecified religion. 2(0.47%) respondents lack a formal education, while majority of them, 226(53.56%) have a tertiary education, followed by those with secondary education, 187(44.31%).

The findings further shows that majority, 144(34.12%) of the respondents have been in marriage for between 6-10 years, while the least number of years in marriage was obtained from those that have been in marriage for over 16 years, 53(12.56%). Most of them also have between 1-2 children, 215(50.95%) followed by those with 5 children and above, 92(21.80%) while those without a

child, 32(7.58%) are the least respondents in this category. Of the number of female respondents, 138(75.41%) have been pregnant before, with most of them, 63(45.65%) haven been pregnant just once, followed by those that have been pregnant twice, 47(34.06%). In the male respondents also, 158(66.11%) have not impregnated a woman before. The number of children had outside their marriage were few, with majority, 23(37.11%) having none out of wedlock and the least been 1(1.64%) with above three children out of wedlock.

The diverse factors associated with infertility with concepts such as, the age of an individual. This study observed that about half of the respondents, 229(54.27%) belief that age play a crucial role in fertility. The concept of certain occupations having the ability to cause infertility was also strongly agreed and agreed by 201(47.63%) and 221(52.37%) respondents respectively. It shows that all the respondents either agreed or strongly agreed to the concept some occupations having the likelihood of causing infertility. About 301(71.33%) respondents in this study also strongly agreed that infertility can be due to infection. This medically-proven factor associated with infertility, have several organisms deeply implicated.

The knowledge of infertility among the married couples in Buguma shows that most of them, 227(53.79%) and 195(46.21%), accounting for about four-fifth of the total respondents, know that it could occur in both married and unmarried couples. The study shows that many of the respondents, 111(26.30%) and 112(26.54%) strongly agreed and agreed that infertility can be caused by satanic attacks. Pursuit of education and career was strongly agreed by 183(43.37%) respondents to be a contributing factor to delayed child bearing. This was observed to be related to that of some findings too. Age of a woman was also shown by this study to influence child bearing, with 79(18.72%) and 331(78.44%) agreeing and strongly agreeing to it. Sexual desire declining as age of a female increases is also shown in this study to occupy the three-fifth of the total respondents, 21(4.98%) and 232(54.98%). This is similar to the majority, 33(7.82%) and 235(55.69%) agree and strongly agree respectively, of respondent's view that this decline is pronounced between the ages of 35-38 years in the female. Finally, a decline in male fertility occur in mid 30s is agreed by 272(64.46%) respondents. This is a majority of the the total participants in the study.

#### CONCLUSION

More males participated in this study than females, with respondents been mostly between 25-34 years of age, married, are traders, of the christian faith and have a tertiary education. They have been mostly married for about 6-10 years, have a maximum of 1-2 children and have mostly been pregnant once, with most males not impregnated a female before. The respondents have a

good knowledge of infertility, its associated factors and some high risk behaviours that could put one at risk.

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