

KNOWLEDGE OF REPRODUCTIVE CYCLE AND SEXUALITY AMONG INFERTILE WOMEN IN NIGERIA

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ABSTRACT

The situation in Africa is a paradox, recording the highest percentage of fertility and infertility globally. Reproductive behaviour in Africa is fertility oriented, thereby resulting in a huge psychosocial burden beyond comprehension to the infertile women / couple. Sexual practice and knowledge of reproductive cycle are important factors in the attainment of conception. Outcome of this study revealed the importance of education and socioeconomic status on the acquisition of knowledge. Also, women empowerment and encouraging monogamous union will improve sexual right of women. Health education and counseling should be an integral part of infertility management.

Key Words: Menstrual Cycle; Sexuality; Knowledge; Practice

INTRODUCTION

In Africa, Infertility is the commonest gynecological condition, and it records the highest percentage of infertility worldwide¹. Sexuality and knowledge of reproductive cycle are important in the attainment of conception, which even becomes more important in couples with infertility problem. It has been recommended that the couple should be seen together at the first gynecological visit for infertility evaluation². 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

This was a questionnaire based survey on infertile women seeking for evaluation and treatment of infertility. They were seen in the infertility clinic of a public referral 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 34(39.1%) had 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 signs of ovulation, 13 (72.2%) of them experienced 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 in the timing of sexual act, 13 (86.7%) of them made conscious effort to have coitus during the ovulatory period. Twenty six (29.9%) subjects engaged in intercourse during menstrual flow and 19(73%) of them do so because of their belief that pregnancy 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 enhanced coital interest in 45 (51.7%) subjects, diminishes coital interest in 29 (33.3%) subjects and made no difference in 13 (15%) subjects.

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 features differentiating human beings from animals³. 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 percent⁴. It is been reported that pregnancies can be attributed to several intercourse during a six day period ending on the day of ovulation⁵ with the highest chance of conception associated with intercourse two days before ovulation⁶. In this study, knowledge of menstrual cycle and ovulatory period was low, and this was mainly affected by 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 is the small percentage that practice timed intercourse based on their awareness of ovulatory signs. Timed intercourse has been reported to improve chances of pregnancy, although it has been depicted as an emotionally stressful intervention in the initial management of infertility⁷.

In this survey, most of the women interviewed did not have a say in 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 and superiority personality of men that is favored and promoted by the African cultural setting where sexual rights of women are not respected. Less than one-third of the patients interviewed engage 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 may have been mainly responsible. In this survey, the influential and overbearing effect of education and socioeconomic status cannot be overemphasized.

There is a complex relationship between psychological stress and infertility⁸. More than half of the women interviewed said their infertility status enhance 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 procedures⁹.

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 men¹⁰. In a survey from a developed country, low level of satisfaction about information given at infertility clinic was reported¹¹. 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 5, are necessary assistance needed to achieve this goal. Ultimately, involvement of women in leadership training, planning, implementation and evaluation of services that relates to them¹², will go a long way towards the attainment of these goals.

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