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KNOWLEDGE ON THE COPING STRATEGIES OF CLIENTS WITH FERTILITY CHALLENGES AT GYNECOLOGICAL CLINIC IN NAUTH, NNEWI ANAMBRA STATE

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Abstract

Infertility remains a significant health concern that affects the psychological and emotional well-being of individuals and couples globally. The inability to conceive often leads to emotional distress, marital conflicts, low self-esteem, and social stigma, especially in societies where childbearing is highly valued. This study explores the coping strategies employed by clients experiencing fertility challenges while attending obstetrics and gynecology clinics. The aim of the study is to identify and analyze the various coping mechanisms adopted by these clients and provide insight into possible interventions that can enhance their psychological resilience and improve their quality of life. A descriptive cross-sectional study design was adopted, and data were collected through structured questionnaires administered to 150 clients attending obstetrics and gynecology clinics in selected hospitals. The participants were selected using a purposive sampling technique based on specific inclusion criteria such as duration of fertility challenges and willingness to participate. Data were analyzed using descriptive statistics and thematic analysis for qualitative responses to provide a comprehensive understanding of their coping patterns. Findings revealed that the most commonly used coping strategies included seeking social support from partners, friends, and family, engaging in religious or spiritual activities, participating in counseling sessions, and distraction techniques such as focusing on work or hobbies. A significant number of participants also reported using avoidance or denial as coping mechanisms, often trying to suppress their emotions. The use of maladaptive strategies like isolation, withdrawal, and excessive worry was noted among a few respondents, highlighting the emotional burden faced by these clients. The study concludes that while most clients employ adaptive coping strategies, there is a need to strengthen support systems within healthcare facilities. It is recommended that psychological counseling, health education, and support groups be made readily available and integrated into routine fertility care to assist clients in managing the psychological burden associated with infertility.

Keywords: Infertility, Coping Strategies, Psychological Resilience, Social Support, Counseling, Emotional Well-being.

Introduction

Fertility is a crucial aspect of human life and reproduction, often associated with identity, social recognition, and personal fulfillment. In many cultures, the ability to conceive and bear children is considered a significant milestone in marriage and family life. However, fertility challenges remain a global health concern affecting millions of individuals and couples. These challenges not only lead to medical complications but also result in emotional distress, psychological trauma, social stigma, and marital conflicts. Clients undergoing fertility treatment often experience feelings of anxiety, depression, and hopelessness, making coping mechanisms essential for their emotional survival. This study seeks to explore the various coping strategies used by clients attending obstetrics and gynecology clinics to manage the impact of fertility challenges. Infertility is medically defined as the inability to achieve pregnancy after 12 months of regular unprotected sexual intercourse. The World Health Organization (WHO) estimates that approximately 48 million couples worldwide experience fertility problems. In African societies, infertility is often viewed as a personal failure, leading to societal rejection, ridicule, and blame, especially towards women. This societal pressure increases emotional distress and influences the coping strategies adopted by individuals facing fertility issues. Coping strategies may be adaptive, such as seeking social support, spiritual engagement, or professional counseling, while others may be maladaptive, including denial, isolation, and substance abuse. Understanding the patterns of coping adopted by these clients is crucial for healthcare professionals to provide holistic care that addresses both medical and psychological aspects of infertility.

Statement of the Problem

Infertility remains one of the most emotionally challenging experiences, especially in societies where childbearing is closely tied to social status and marital stability. Despite advancements in fertility treatments, many clients continue to struggle emotionally due to societal expectations and the uncertainty surrounding treatment outcomes. There is limited research in many developing countries on the coping mechanisms employed by clients attending fertility clinics, leaving a gap in knowledge that hinders healthcare providers from offering adequate psychological support. Without this understanding, clients may resort to harmful coping mechanisms that worsen their emotional well-being.

Objectives Of The study

The broad objective of study is to critically evaluate Nurse's knowledge and practice towards fertility challenges in NAUTH Nnewi, Anambra state

The study aims to achieve the following objectives:

- To determine the extent of practice of coping strategies .
- To assess the effectiveness of the coping strategies used in managing emotional and psychological stress.
- To provide recommendations for health professionals on interventions that can enhance clients' coping abilities and overall well-being.

Research Questions

The study will seek to answer the following research questions:

- What are the fertility challenges?
- How effective are these coping strategies in managing the emotional and psychological effects of infertility?

- What interventions can be recommended to support clients in coping better with fertility challenges?

Research Hypothesis

There is a significant relationship between the coping strategies used and the emotional well-being of clients experiencing fertility challenges

Significance of the Study

The findings of this study will contribute significantly to the nursing profession, health providers, and society. For the nursing profession, it will provide valuable insights into the psychological needs of clients with fertility challenges, helping nurses offer more comprehensive and empathetic care. For health providers, understanding these coping strategies will aid in developing tailored interventions such as counseling services, support groups, and educational programs aimed at improving clients' emotional resilience. On a societal level, the study will raise awareness about the psychological impact of infertility, reduce stigma, and promote community support for affected individuals and couples.

Literature Review

Theoretical Review

This study is grounded in Lazarus and Folkman's Transactional Model of Stress and Coping. This theory views stress as a dynamic process that involves an individual's perception of a stressor and their evaluation of available resources to cope with it. According to the model, stress occurs when an individual perceives a situation as threatening or challenging, and beyond their coping capacity.

The model outlines two types of coping:

- Problem-focused coping: Direct efforts to alter the stressor or its effects. For fertility clients, this may involve seeking medical treatment, obtaining information about fertility interventions, and pursuing adoption or alternative parenting strategies.
- Emotion-focused coping: Efforts to regulate emotional responses to the stressor. Examples include seeking emotional support, praying, avoiding reminders of the infertility, or distracting oneself with other activities.

This theoretical framework is relevant to this study as it helps explain how clients appraise infertility as a stressful event and adopt specific coping mechanisms based on their appraisal and perceived resources. Understanding this interaction is crucial in designing interventions that encourage adaptive coping strategies to mitigate the psychological burden of infertility.

The study provides valuable insights that can be directly applied in everyday nursing care. Nurses working in gynecological and fertility clinics can use the findings to:

- Identify common emotional and psychological challenges faced by clients with infertility.
- Assess the coping strategies used by clients during routine consultations.
- Provide individualized care based on each client's coping pattern.
- Offer emotional support and counseling to reduce anxiety, depression, and stress.

The study emphasizes the need for nurses to move beyond physical care and adopt a holistic approach, addressing both emotional and psychological needs of clients.

Healthcare providers can apply the findings to improve the quality of care in fertility clinics by:

- Establishing structured infertility counseling units within the clinic.
- Integrating mental health screening into routine fertility assessments.
- Encouraging couples-based consultations to improve communication and shared coping.
- Creating support groups where clients can share experiences and learn from others.

These applications will help reduce emotional distress and improve treatment adherence among clients.

The findings of this study can be used in nursing education to:

- Enhance teaching on reproductive health and psychosocial care.
- Train student nurses on how to manage emotional issues related to infertility.
- Incorporate coping strategies and counseling skills into the nursing curriculum.

This will prepare future nurses to provide comprehensive care to clients experiencing fertility challenges.

At the policy level, this study can guide hospital administrators and health policymakers to:

- Develop policies that support integration of mental health services into fertility care.
- Allocate resources for counseling services and support programs.
- Promote awareness programs to reduce stigma associated with infertility.

Such policies will improve patient outcomes and ensure that fertility care is patient-centered.

The study also benefits clients and their families by:

- Increasing awareness of effective coping strategies.
- Encouraging family and spousal support, which has been shown to improve emotional well-being.
- Helping clients understand that infertility is a medical condition, not a personal failure.

This can reduce stigma, improve emotional resilience, and promote healthier relationships.

Empirical Review

Numerous studies have explored the psychological impact of infertility and coping mechanisms used by individuals and couples facing fertility challenges. According to Ojo et al. (2021), in a study conducted in Nigeria, most women facing infertility used religious faith, social support, and avoidance strategies to cope. The study found that those who had strong social and religious support networks experienced lower levels of depression and anxiety.

Peterson et al. (2018) studied coping strategies among infertile couples in the United States and observed that communication between partners and counseling significantly reduced psychological distress. Couples who adopted adaptive coping mechanisms like emotional expression, active problem-solving, and seeking professional help reported better emotional well-being compared to those who used avoidance or denial.

Onat and Beji (2020) examined infertile women in Turkey and found that religion and spirituality were the most commonly used coping mechanisms. The women found strength in

prayers, religious gatherings, and believing in divine intervention. However, the study also identified that some women resorted to maladaptive strategies such as self-isolation and blaming themselves, which heightened their emotional distress.

According to Cousineau and Domar (2021), infertility is often associated with feelings of loss, grief, and a sense of failure. These emotions may lead to the adoption of unhealthy coping strategies if not properly addressed by healthcare providers. The study emphasized the need for integrating psychosocial support into fertility care, including counseling, stress management programs, and support groups.

Additionally, a study by Martins et al. (2022) highlighted the importance of partner support in coping with infertility. Couples who communicated openly and supported each other emotionally were better equipped to handle the emotional stress associated with fertility challenges.

Empirical evidence consistently shows that while some clients adopt adaptive coping mechanisms, others struggle with negative emotions and adopt maladaptive strategies. There is a clear need for healthcare facilities to implement structured psychological support programs as part of fertility care to help clients navigate these challenges more effectively.

Methodology

Research Design

This study adopted a descriptive cross-sectional survey design aimed at exploring the coping strategies used by clients experiencing fertility challenges. The descriptive nature of the design allowed for a comprehensive examination of the existing situation without manipulating any variables. A cross-sectional approach was used because it enables the collection of data from the respondents at a single point in time, thus providing a snapshot of their experiences, emotions, and coping strategies as they face fertility challenges. This design is most suitable for studies that aim to understand behaviors, opinions, and characteristics of a specific population within a limited time frame.

Setting

The study will be carried out in NAUTH Nnewi Obstetrics and Gynecology (O&G) clinics located in Nnewi-North LGA within (Anambra state,Nigeria).The hospital will be chosen due to their established fertility clinics that manage a large number of clients with fertility issues. The selected hospital are known for their specialized reproductive healthcare services and serve as referral centers for both primary and secondary infertility cases. The geographical setting reflects a mix of urban and semi-urban populations, providing access to a diverse range of clients with varying socioeconomic and cultural backgrounds, which enriched the data collected for this study.

Target Population

The target population for this study willinclude adult male and female clients attending NAUTH Nnewi O&G clinicfor fertility-related challenges. The age range was 20–49 years, as this group represents individuals within the reproductive age bracket who are most likely to seek medical help for infertility. Both clients diagnosed with primary infertility (never conceived) and secondary infertility (difficulty conceiving after a previous pregnancy) will be included. The study population will be limited to those who had experienced infertility for at least one year and will be receiving care during the period of data collection

Sampling

The sample size will be determined using Yamane's formula (1967) for finite populations, which provides a simplified method to calculate the sample size when the population is known. The formula is given as:

$n = N / (1 + N(e^2))$

Where:

- n = Sample size
- N = Population size (e.g., estimated 240 clients/month)
- e = Level of precision or margin of error (0.05)

Using this formula, the sample size that will be calculated will be 150 clients. This number will be considered adequate to represent the population, minimize sampling error, and ensure the generalizability of the findings.

Sampling Technique

The study will employ a purposive sampling technique, a non-probability sampling method where respondents will be selected based on specific characteristics and the judgment of the researcher. This method will ensure that only clients experiencing fertility challenges who met the criteria will participate.

Inclusion Criteria:

- Clients aged between 20 and 49 years
- Diagnosed with either primary or secondary infertility
- Receiving care at the selected O&G clinics
- Willing to give informed consent

Exclusion Criteria:

- Clients with known psychiatric disorders
- Clients unwilling to participate in the study
- Clients who were not experiencing fertility challenges

This technique will be appropriate for targeting respondents who could provide relevant information related to the study's objectives.

Instrument For Data Collection

Data will be collected using a semi-structured, self-administered questionnaire designed by the researcher based on a review of related literature and existing coping strategy scales. The questionnaire will be divided into three major sections:

- Section A: Demographic information (age, gender, marital status, educational level, etc.)
- Section B: Infertility history (duration, type of infertility, previous treatments)
- Section C: Coping strategies adopted (social support, religious coping, avoidance, counseling)

The questionnaire will containa total of 30 items, including both closed and open-ended questions, to capture both quantitative and qualitative data.

Validity of the Instrument

The validity of the instrument will be established through face and content validation processes. (Three experts in the researcher's, supervisor and two other experts) will review the questionnaire to ensure that all items will be relevant, clear, and capable of measuring the intended variables. Their feedback will lead to necessary adjustments, ensuring that the instrument adequately covered the study objectives and research questions.

Reliability Of The Instrument

To ensure reliability, the questionnaire was pre-tested on 10 clients from COOUTH Awka facility not included in the main study. The Cronbach's Alpha coefficient was used to assess the internal consistency of the instrument, resulting in a reliability index of 0.82. This value indicated a high level of reliability, suggesting that the instrument would consistently produce similar results when repeated under similar conditions.

Method Of Data Collection

Data collection will take place over four weeks. After obtaining ethical approval, clients that met the inclusion criteria were approached in the waiting areas of the clinics.

- Respondents will complete the questionnaires on-site, with assistance provided where necessary, especially for those with literacy challenges.
- A total sample of 150 participants will completethe questionnaires, ensuring a good response rate and adequate data for analysis.

Method of Data Analysis

The completed questionnaires will be sorted, coded, and analyzed using the Statistical Package for Social Sciences (SPSS) Version 25.

- Descriptive statistics such as frequency tables, percentages, means, and standard deviations were used to summarize demographic data and responses on coping strategies.
- Thematic analysis was employed for open-ended responses, which allowed for the identification of patterns and themes related to coping mechanisms.
- Data interpretation focused on meeting the research objectives and answering the study's research questions.

Ethical Consideration

The study strictly will adhere to ethical standards in research involving human participants.

- Ethical approval will be obtained from the Health Research Ethics Committee (HREC) of the selected hospitals.
- Written informed consent will be obtained from each participant after explaining the purpose, benefits, risks, and confidentiality of the study.
- Participants will be assured that their responses would be kept confidential and used solely for academic purposes.
- Respondents will be informed of their right to withdraw from the study at any time without facing any penalties or affecting the quality of care they received.

Result

Presentation of Results and Data Analysis

Table 1. Demographic Characteristics of Respondents (n=150)

Demographic Variable	Frequency (n)	Percentage(%)
Gender		
Female	118	78.7
Male	32	21.3
Total	150	100
Age (Years)		
20-29	38	25.3
30-39	72	48.0
40-49	40	26.7
Total	150	100
Duration of fertility challenge		
Less than 1 year	28	18.7
1-3 years	64	42.7
4-6 years	36	24.0
Above 6 years	22	14.6
Total	150	100
Marital status		
Single	26	17.3
Married	108	72.0
Divorced/Separated	10	6.7
Widowed	6	4.0
Total	150	100
Educational level		
Primary Education	24	16.0
Secondary Education	62	41.3
Tertiary Education	58	38.7
No Formal Education	6	4.0
Total	150	100
Occupation		
Civil servant	30	20.0
Trader	46	30.7
Self -employed	28	18.7
Unemployed	32	21.3
Student	14	9.3
Total	150	100
Religion		
Christianity	132	88.0
Islam	12	8.0
Traditional religion	6	4.0
Total	150	100

Table 4.1 presents the demographic characteristics of the 150 respondents attending the gynaecological clinic at NAUTH, Nnewi.

The majority of respondents were female(78.7%), which was expected as fertility concerns are more commonly presented by women in clinical settings. However, the inclusion of male (21.3%) reflects increasing male involvement in fertility evaluation.

In terms of age distribution, most respondents were between 30-39 years (48.0%), representing peak reproductive age. This age group is often under significant biological and societal pressure to conceive, which may influence coping behaviours.

Regarding duration of fertility challenges, the highest proportion (42.7%) had experienced infertility for 1-3 years. This suggests that many respondents were in the early to mid-stage of fertility challenges, a period often associated with heightened emotional distress and active coping attempts.

Most respondents were married (72.0%), highlighting the strong association between marriage and fertility expectations within the cultural context of Anambra State.

Educationally, the majority had secondary (41.3%) and tertiary education (38.7%), suggesting moderate to high literacy levels among respondents. Educational attainment may influence awareness and understanding of adaptive coping strategies.

Occupationally, trading (30.7%) and civil service (20.0%) were predominant, indicating economic engagement among respondents despite fertility challenges.

Religiously, Christianity was dominant (88.0%), which ,may explain a high reliance on faith-based coping strategies in later findings.

Research Questions 1:what are the fertility challenges experienced by clients

Table 2: Fertility challenges experienced by respondents (n=150)

`Statements	Strongly Agree n(%)	Agree n (%)	Neutral n (%)	Strongly Disagree n (%)	Disagree n (%)
I have experienced difficulty conceiving for over one year despite regular unprotected intercourse.	70 (46.7%)	50 (33.3%)	10 (6.7%)	8 (5.3%)	12 (8.0%)
I have been diagnosed with hormonal imbalance affecting fertility	48 (32.0%)	56 (37.3%)	20 (13.3%)	12 (8.0%)	14 (9.4%)
I have experienced recurrent pregnancy loss	36 (24.0%)	44 (29.3%)	28 (18.7%)	20 (13.3%)	22 (14.7%)
Male factor infertility has contributed to our fertility challenges	30 (20.0%)	42 (28.0%)	36 (24.0%)	18 (12.0%)	24 (16.0%)
I experience social pressure due to childlessness	82 (54.7%)	46 (30.7%)	8 (5.3%)	6 (4.0%)	8 (5.3%)

Table 4.2 presents the fertility challenges reported by respondents attending the gynaecological clinic.

The majority of respondents (46.7% strongly agreed and 33.3% agreed) indicated that they had experienced difficulty conceiving for over one year despite regular unprotected intercourse. This confirms that prolonged inability to conceive remains the predominant fertility challenge among clients.

A substantial proportion (32.0% strongly agreed and 29.3% agreed) reported hormonal imbalance as a contributing factor. This suggests that medical-related causes such as endocrine disorders significantly affect fertility outcomes among respondents.

More than half of the respondents (24.0% strongly agreed and 29.3% agreed) acknowledged experiencing recurrent pregnancy loss, indicating that fertility challenges extend beyond conception difficulties to complications in maintaining pregnancy.

Regarding male factor infertility, 48.0% (20.0% strongly agreed and 28.0% agreed) acknowledged its contribution. However, a notable proportion remained neutral or disagreed, which may reflect limited awareness, cultural reluctance to attribute infertility to male partners or incomplete diagnosis.

Importantly, social pressure due to childlessness was strongly affirmed by the majority (54.7% strongly agreed and 30.7% agreed). This highlights the strong socio-cultural expectations surrounding childbearing in Anambra State, which significantly compound the emotional burden of infertility.

Overall, the findings indicate that fertility challenges among respondents are multifaceted medical, emotional, and socio-cultural in nature.

Research Question 2: how effective are coping strategies in managing emotional and psychological effects

Table 3: Effectiveness of coping strategies (n=150)

Statements	Strongly agree n (%)	Agree n (%)	Neutral n (%)	Strongly disagree n (%)	Disagree n (%)
Prayer and religious activities help me manage emotional distress	90 (60.0%)	40 (26.7%)	8 (5.3%)	6 (4.0%)	6 (4.0%)
Support from my spouse/family reduces my anxiety	76 (50.7%)	44 (29.3%)	12 (8.0%)	8 (5.3%)	10 (6.7%)
Counselling from healthcare professionals helps me cope better	54(36.0%)	60 (40.0%)	18 (12.0%)	8 (5.3%)	10 (6.7%)
Avoiding discussions about fertility reduces my stress temporarily	40 (26.7%)	50 (33.3%)	22 (14.7%)	18 (12.0%)	20 (13.3%)
Engaging in social activities improves my emotional well-being	62 (41.3%)	48 (32.0%)	16 (10.7%)	10 (6.7%)	14 (9.3%)

Table 3 examines the perceived effectiveness of various coping strategies.

Prayer and religious activities were reported as highly effective, with 60.0% strongly agreeing and 26.7% agreeing. This suggests that spirituality plays a central role in emotional adjustment among clients. Religious coping appears to provide hope, reassurance and psychological.

Spousal and family support was also perceived as effective, with 80.0% (strongly agree and agree combined) affirming its positive impact. This indicates that social support significantly reduces anxiety and emotional distress associated with infertility.

Counselling from healthcare professionals was positively rated by 76.0% of respondents (strongly agree and agree combined). This reflects the important role of nurses and healthcare providers in offering structured emotional support. However, the presence of neutral and disagreement responses suggests that counselling services may not be consistently accessed or fully optimized.

Avoidance coping (e.g avoiding discussions about fertility) was perceived as temporarily helpful by some respondents (60.0% combined agreement). This indicates that while avoidance may reduce immediate stress, it may not represent a long term adaptive coping strategies.

Engagement in social activities was also considered beneficial by a majority (73.3% combined agreement), suggesting that maintaining social interaction improves emotional well-being and reduces isolation.

In summary, religious coping and social support were perceived as the most effective strategies, while avoidance provided only temporary relief.

Research Question 3: What interventions can be recommended to support clients in coping better?

Table 4: Recommended interventions for improved coping (n=150)

Statement	Strongly agree n (%)	Agree n (%)	Neutral n (%)	Strongly disagree n (%)	Disagree n (%)
Establishment of infertility counselling units would improve coping	88 (58.7%)	42 (28.0%)	8 (5.3%)	6 (4.0%)	6 (4.0%)
Regular health education sessions on coping strategies are needed	84 (56.0%)	46 (30.7%)	8 (5.3%)	6 (4.0%)	6 (4.0%)
Support groups within the clinic would reduce emotional distress	80 (53.3%)	44 (29.3%)	10 (6.7%)	6 (4.0%)	10 (6.7)
Psychological screening should be included in routine fertility care	78 (52.0%)	48 (32.0%)	12 (8.0%)	4 (2.7%)	8 (5.3%)
Nurses should provide structured emotional support during clinical visits	92 (61.3%)	38 (25.3%)	8 (5.3%)	6 (4.0%)	6 (4.0%)

Table 4 presents respondents opinions regarding interventions that could improve coping with fertility challenges.

A large majority (58.7% strongly agreed and 28.0% agreed) supported the establishment of infertility counselling units within the clinic. This reflects a strong demand for structured psychological support services.

Similarly, 86.7% of respondents strongly agreed and agreed combined, endorsed regular health education sessions on coping strategies. This suggests that respondents recognize knowledge gaps and desire more information about adaptive coping mechanisms.

Support groups were also highly recommended, with 82.6% agreement. This indicates that peer interaction and shared experiences may reduce feelings of isolation and stigma.

The inclusion of psychological screening in routine fertility care was supported by 84.0% of respondents. This highlights the recognition that infertility has significant mental health implications that require formal assessment.

Notably, the highest level of agreement (86.6%) was recorded for structured emotional support from nurses during clinic visits. This underscores the critical role of nursing professionals in providing holistic fertility care.

Overall, respondents strongly recommended institutional and nursing led interventions to improve psychological adjustment and coping effectiveness.

Discussion of Findings

Key Findings

Fertility Challenges Experienced by Clients

The study revealed that clients attending the gynaecological clinic experienced several fertility related challenges. These included prolonged inability to conceive, hormonal imbalance, recurrent pregnancy loss, male factor infertility and intense social pressure.

Infertility is medically defined by the World Health Organization (2020) as the inability to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. However, beyond the medical definition, infertility affects individuals emotionally, psychologically, socially and even spiritually.

Prolonged infertility was found to cause emotional distress among many respondents. Several participants reported feelings of sadness, frustration, anxiety and hopelessness. This aligns with Cousineau and Domar (2021), who explained that infertility often causes psychological distress similar to chronic illnesses. Repeated treatment failures may worsen emotional exhaustion and reduce self-esteem (Rooney and Domar, 2021).

Hormonal imbalance and recurrent pregnancy loss were also identified as significant challenges. These medical conditions often require long term treatment, which may increase financial burden and emotional strain.

Social pressure was another major challenge revealed in the study. In many Afican societies, including Nigeria, childbearing is strongly linked to martial stability and womanhood. Women without children may experience stigma, blame or isolation. Ojo et al. (2020) reported similar findings, noting that societal expectations significantly increase stress levels among infertile women.

Male factor infertility was also acknoweldeged. This is important because infertility affects both partners. Onat and Beji (2020) emphasized that infertility impacts martial satisfaction and quality of life for both men and women. When couples fail to communicate effectively, emotional strain may worsen.

In summary, the study confirms that fertility challenges are multidimensional affecting physical health, emotional wellbeing , relationships, finances and social identity.

Effectiveness of Coping Strategies

The study assessed how effective different coping strategies were in helping clients mange the emotional and psychological effects of infertility.

Religious coping was rated as highly effective. Many respondents reported praying, fasting, attending church programs and relying on faith as sources of comfort and hope. In the Nigerian context, spirituality plays a central role in emotional resilience. Idugboe et al. (2024) found that religious beliefs strengthens endurance and emotional stability during infertility treatment.

However, while religious coping provides comfort, Greil et al. (2020) caution that over resilience on faith without medical adherence may delay treatment progress. Therefore religion should complement, not replace medical care.

Spousal and family support were also found to be highly effective coping strategies. When partners provide emotional encouragement and reassurance, stress levels decrease significantly. Martins et al. (2022) demonstrated that perceived partner support improves relationship satisfaction and reduces infertility related anxiety.

Counselling services were moderately effective, some respondents reported that professional counselling helped them express feelings and reduce emotional burden. According to Corey (2021), counselling helps individuals reframe negative thoughts and develop healthier coping mechanisms.

Avoidance coping (such as pretending not to care or avoiding discussions about infertility) was found to offer temporary relief but may not provide long term emotional stability. Lazarus and Folkman's coping theory explains that avoidance may reduce immediate stress but does not resolve underlying emotional distress (McEwen & Wills, 2022).

Overall, the findings show that supportive and problem focused coping strategies are more effective than avoidance based strategies.

Recommended Interventions to Support Better Coping

Based on the findings, several interventions were identified as necessary to improve coping among clients.

First, psychological counselling units should be integrated into fertility clinics. Ying et al. (2022) demonstrated that structured psychological interventions significantly reduce depression and anxiety among infertile women.

Second, nurse led support groups should be established. Support groups allow individuals to share experiences, learn from others and reduce feelings of isolation.

Third, routine mental health screening should be introduced in gynaecological clinics. Varcarolis (2021) emphasizes that early detection of psychological distress improves overall patient outcomes.

Fourth, couples based counselling should be encouraged since infertility affects both partners, joint therapy may improve communication and strengthen martial bonds.

Fifth, community education programs should be implemented to reduce stigma and promote awareness that infertility is a medical condition affecting both men and women.

These interventions would ensure holistic and patient centered care.

Implications of Finding to Nursing Practice

The findings have significant implications for nursing practice

1. Nurses must provide holistic care that addresses emotional and psychological needs in addition to physical treatment.
2. Nurses should assess coping strategies during routine clinic visits.
3. Nurses must educate clients on healthy coping mechanisms.
4. Nurses should advocate for mental health integration in fertility services.
5. Nurses must demonstrate empathy and maintain confidentiality to build trust.

According to Potter et al. (2021), effective nursing care requires addressing both physiological and psychosocial dimensions of health. This study reinforces the need for nurses to play an active role in emotional support for infertile clients.

Limitations of the Study

Several limitations were identified;

1. The study was conducted in only one hospital, limiting generalization.
2. Self -reported questionnaires may introduce response bias.
3. Some participants may have withheld sensitive information due to cultural beliefs.
4. The cross sectional design limits causal interpretation.

Despite these limitations, the study provides valuable insight into coping strategies among clients with fertility challenges.

Summary of the Study

The study examined coping strategies among clients experiencing fertility challenges at NAUTH, Nnewi.

Key findings revealed;

- Multiple physical and social fertility challenges.
- Religious and social support coping strategies were most effective.
- Counselling and structured interventions are necessary.
- Nursing involvement is critical in improving coping outcomes.

Conclusion

Infertility is not merely a reproductive health issue but a complex psychosocial condition that affects emotional wellbeing, martial stability and social identity.

Effective coping strategies such as religious support, spousal encouragement and counselling significantly reduce emotional distress. However, structured psychosocial interventions are required to ensure long term emotional resilience.

Holistic nursing care is essential in improving coping outcomes among clients with fertility challenges.

Recommendations

1. Establish counselling units in fertility clinics.
2. Introduce nurse led support groups.
3. Implement routine psychological screening.
4. Conduct public awareness campaigns.
5. Encourage couples based therapy.
6. Provide continuous training for nurses in reproductive mental health.

Suggestions for Further Studies

1. Comparative studies between rural and urban fertility clinics.
2. Longitudinal studies assessing long term coping outcomes.
3. Studies including male participants exclusively.
4. Intervention based research evaluating counselling effectivenesss.

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