

Quality of Life in Infertile Women: Comparison between UK and Nigerian Women

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DESCRIPTION

Infertility is defined as “a disease characterised by the failure to establish a clinical pregnancy after 12 months of regular, unprotected sexual intercourse or due to an impairment of a persona capacity to reproduce either as an individual or with his/her partner”. In many cultures, infertility is fraught with negative psychological consequences. Its effects have been impacted several aspects of a couple’s existence such as marital life family life, psychosocial well-being. Quality Of Life (QOL) assessment has emerged as a well-established concept to address this complex and multi-dimensional issue

Quality of life is defined by the World Health Organisation (WHO) as an individual’s “perception of their position in life from the viewpoint of the culture and value systems in which they live and in relation to their goals” The quality of life assessments include aspects of an individual’s physical, psychological, social, spiritual and environmental facts. Quality of life evaluation provides a more holistic assessment of an individual’s health condition and treatment outcomes, which goes beyond just symptomatology. Since infertility is known to adversely affect the mental and social health of infertile women, Quality of life assessment should be as equally important as treatment. Consequently, knowledge of the various factors which may affect a patient’s quality of life might actually improve and promote patient-centred care, because patients are more capable of making a subjective evaluation of their health.

Infertility is associated with decreased scores in the various quality of life domains. In Nigeria, social status is tied closely to

childbearing and infertility can greatly impact one’s social standing in the community. When a woman has no experience of pregnancy, labor or parenting, she may be excluded from adult discussions. Therefore, infertile women are often met with unfavorable attitudes from relatives, social stigma and isolation. These negative social consequences could, in turn, affect their social quality of life. It was anticipated that older women from both cohorts would have more stress-related problems due to their age and the possibility of Assisted Reproductive Technology (ART) being their last attempt at motherhood, while younger women who had more time and the option for more attempts, would have higher quality of life scores.

Within the UK cohort, educational level was positively associated with psychological quality of life. There are a few descriptions in the literature explaining the association between these two variables. It is possible that highly educated women feel less stigmatised as compared to those less educated.

Within the Nigerian cohort, the cause of infertility was significantly associated with the physical QOL domain; however, this was not observed in the UK cohort. Age, educational level, duration of infertility and income were major predictors of quality of life among UK women, while cause of infertility (particularly female-related) and income were major predictors among the Nigerian women. As such, it is important that health care professionals involved with infertility treatment are cognisant with these potential predictors and perform a comprehensive evaluation of these women prior to treatment. Furthermore, these women should be provided with adequate interventions to promote better quality of life.

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