

## Patterns of Spiritual Help Seeking Behaviour among Women with Secondary Infertility in Ibadan, Nigeria

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### Abstract

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**Introduction:** Spiritual help-seeking is an illness behavior carried out by an individual who perceives him/herself as needing informal, personal and spiritual assistance with the purpose of resolving a crisis. Little is known about the role of psychological factors (anxiety, life-satisfaction and marital conflict) in spiritual help-seeking among women with secondary infertility.

**Method:** The cross-sectional survey included 240 women with secondary infertility, after multi-stage sampling. An 83-item battery of self-report questionnaire with reliability ranging between .56 and .96 was used for data collection. Descriptive and inferential (multiple-regression; t-test; and Pearson Product-Moment Correlation) statistics were employed with two hypotheses tested.

**Results:** Psychological factors jointly predicted spiritual help-seeking behavior. Life-satisfaction; anxiety; and marital conflict independently predicted spiritual-help seeking. Women with one child reported higher mean score on spiritual help-seeking behavior than those who have two or more children. There was negative relationship between life-satisfaction and spiritual help-seeking, as well as positive relationship between anxiety, life-satisfaction and spiritual help-seeking. Moslems reported more spiritual help-seeking than Christians.

**Conclusion:** These psychological factors are pertinent in forecasting spiritual help-seeking among women with secondary infertility. Attention to these psychological factors in the management of patients with secondary infertility would enhance a broad based patient-centred approach to infertility management.

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**Key words:** Secondary infertility, Help-Seeking behavior, Anxiety, Marital Conflict, Life Satisfaction, Nigeria.

### 1. Introduction

Infertility is the failure of a couple to achieve a clinical pregnancy after twelve months or more of regular unprotected sexual intercourse (Ferreira, et al. 2015). It could be regarded as a disease of the reproductive system (Zegers-Hochschild et al., 2009). Primary infertility happens when there is the inability to achieve conception and to have a successful live birth without ever having a child. On the other hand, secondary infertility is the inability to achieve conception and have a successful live birth when individuals have already had a previous biological child (WHO, 2016). Both men and women of reproductive age in all regions of the world face the challenge of infertility, causing considerable personal suffering and disruption in family life (Opoku & Addai-Mensah, 2014). Many people with health challenges do not seek professional help (Rickwood, & Thomas, 2012, and the socio-psychological reasons for this need to be investigated. The present study examines the role of psychological factors (anxiety, life satisfaction and marital conflict) and number of living children in spiritual help seeking among women with secondary infertility in Churches and Islamic centers in a large urban location in Nigeria. Although the literature is replete with socio-psychological problems associated with infertility (NICE, 2013; Tabong & Adongo, 2013).

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There is little empirical evidence of the role of socio-psychological factors in spiritual help seeking, especially among women with secondary infertility in developing countries. It has been observed that help seeking among religious individuals may be less likely because they feel as though their faith is the most efficacious way of coping with an illness (Abe-Kim, Gong, & Takeuchi, 2004). Loewenthal, et al. (2001), also opine that since religious coping (e.g. through prayer) may be perceived as less stigmatizing among women living with infertility than queuing up in a gynaecology clinic for orthodox investigations and examinations. Such women may therefore perceive spiritual solutions to be more culturally acceptable and potentially effective in overcoming infertility. Further, Mayers, et al. (2007) in a qualitative study on seeking help from a mental health professional found that religious respondents felt that seeking secular help could be viewed as a rejection of the belief in God's healing ability. Therefore, it could be assumed that women with secondary infertility would seek spiritual solutions to overcome bio-psychosocial problems associated with their desire to get pregnant after a previous history of successfully carrying a pregnancy to term.

Spirituality is often described as a poorly explored dimension in clinical and behavioural sciences (Roudsari, Allan & Smith, 2007; Rickwood & Thomas, 2012; Romeiro, Caldeira, Brady, Hall & Timmins, 2017). It is "a way of being in the world in which a person feels a sense of connectedness to self, others, and/or a higher power or nature; and transcendence beyond self, everyday living, and suffering" (Weathers, McCarthy & Coffey, (2015). In the same vein, connectedness, transcendence and meaning in life have been identified as the main attributes of spirituality, regardless of religious affiliation (Weathers, McCarthy & Coffey, (2015). Although the perception and attitude to spirituality may differ in different cultures, the concept of traditional African religion/spirituality takes these into account. It would be therefore narrow-minded to separate traditional African concept of health beliefs from traditional African religion or spirituality (Tasha, 2012). Consequently, in certain cultures chronic infertility could be attributed to curses, witchcraft and other non-biological causes (Nigosian, 1994; Okonofua, 1996; Tabong and Adongo, 2013). In places where this forms part of their beliefs, multi-disciplinary and individualized management of health problems would require enquiry into the spiritual background of any disease, in order to uncover its "hidden roots", determine the spiritual, cultural and biologic relevance of the observations, before the foundations for healing can be laid (Tasha, 2012).

Spiritual help seeking in resolving health problems takes diverse forms and varying intensity in different societies. In this context, spiritual help seeking is an illness behavior or activity carried out by an individual with infertility who perceives herself as needing informal, personal and spiritual assistance with the purpose of getting pregnant. Many Africans practiced Western and traditional African religions concurrently and often utilised the services of both (Nigosian, 1994). In many African cultures, it is common practice to resort to diviners/healers (Adejumo, Faluyi & Adejuwon, 2013), Christian or Islamic practices in resolving spiritual and health challenges. In South Africa, a healer or Sanusi can be both a diviner and herbalist, just as a prophet or 'lebone' is believed to possess the Holy Spirit and is able to foretell the future and advice on how to avert an undesirable event (Nigosian, 1994; Mokgobi, 2015). To Moslems in Nigeria, alfas are trusted to connect the Moslem faithful to Allah for spiritual assistance. Some couples, who believed that their infertility was due to witchcraft, curse or any cause other than physical are those who seek spiritual help (Okonofua, 1996) from spiritual churches and prayer camps. In Nigeria, herbalists prescribe certain ritual or actions, such as women bathing at night at road intersections, or making sacrifices to evil spirits that may be responsible for their infertility (Okonofua, 1996). The Holy Qur'an (Surah 42: 49-50) teaches that infertility is ordained by Allah and could happen to any couple. However, a basic Islamic principle permits persons facing hardship to use all 'lawful' means to solve their problem, while at the same time preserving their trust in God that He will help them achieve their goal (Fadel, 2002). This probably explains Dhar, Chaturvedi and Nandan (2013) explains that spiritual well-being is considered is the missing link in the dimension of health. There are inconclusive evidences in the literature on help seeking behavior and role of psychological factors. Mojtabai, Olfson and Mechanic (2002) in a study among patients with emotional disorders including anxiety found that the nature and severity of disease appeared to predict help-seeking from mental health professionals.

Among those who sought help, male gender and positive attitudes toward professional help were associated with seeking help for treatment. In a related study, medical help seeking was similar among African Caribbeans and white Europeans but African Caribbeans with mental disorders were more likely to seek additional help from non-medical sources. Concerning life satisfaction, Anderson, Sharpe, Rattray and Irvine (2003) observed that females reported significantly greater infertility-related concerns regarding life satisfaction, self-blame, self-esteem and avoidance of friends compared with males.

In the same vein, Abbey, Andrews and Halman (1992) found no direct effect of lifetime infertility on life satisfaction. However, among infertile women who perceive infertility as a problem, life satisfaction is significantly lower. For women with infertility who do not perceive a problem, motherhood is associated with higher life satisfaction compared to women with no history of infertility. It has also been reported that women who became biological mothers through IVF were significantly more satisfied with their lives than women who were unsuccessful in IVF and remained childless (Leiblum, Aviv and Hamer, 1998). In a study among pregnant career women, there was no significant effect of parity on the psychological wellbeing (Adejumo, 2008).

From the foregoing, it could be hypothesized that:

1. Psychological factors (anxiety, life satisfaction and marital conflict) will independently and jointly predict spiritual help seeking; and
2. Women with only one living child will report more spiritual help seeking compared with women with two or more living children.

## **2. Method**

### **2.1: Design:**

This cross sectional survey examined the role of psychological factors (anxiety, life satisfaction and marital satisfaction) in spiritual help seeking behavior.

### **2.2: Setting**

The study took place in Ibadan, the capital of Oyo state, Nigeria and also the largest city in West -Africa.

### **2.3: Population**

The focus was on women with history of secondary infertility attending worship centers (Churches and Islamic worship centers) in Ibadan metropolis.

### **2.4: Sampling**

Women attendees of Christian and Islamic prayer and counseling sessions in popular churches and Islamic centers participated. Purposively, the sampling procedure utilized some inclusion criteria, which included:

1. Being currently married with history of previous pregnancy, irrespective of the outcome i.e. secondary infertility
2. Engaged in un-interrupted and un-protected heterosexual relationship with husband for the past one year
3. Personal expression of being without pregnancy for at least one year before invitation to participate in the study and
4. Currently seeking divine/spiritual intervention (e.g. through prayer, fasting, other religious practices) from religious leaders in the study setting to get pregnant.

Purposive sampling was used in selecting the spiritual houses. Only those spiritual houses that conduct counseling and spiritual related services e.g. prayer, spiritual baths, counseling, fasting, etc. for their attendees were included. Purposive and random sampling was employed in selecting the participants. Purposively, only women (not men and not couples) who met the inclusion criteria were sampled. Eventual participants were systematically sampled. Usually, when people go to spiritual houses for help from the pastor, priest or alfa, they are seen in the order of their arrival. The researchers gave them odd and even numbers in the order of their arrival. Simple balloting was done to determine whether those with even or those with odd number should be included at each center. From the group (odd or even number) participants were systematically selected; from which only 240 expressed willingness to participate, and eventually completed and returned the research questionnaire.

### **2.5: Participants:**

The participants' age ranged between 20 and 63 years (Mean =36.90± 6.83). There were 138 (57.5%) Christians and 99 (41.3%) Muslims, while 3 (1.2%) did not indicate their religion.

In terms of their educational qualification, 69(28.8%) were Senior School Certificate (SSC) holders, 64 (26.7%) were Ordinary National Diploma (OND) holders, 36 (15%) were holders of Higher National Diploma (HND) certificates; 31 (12.9%) were primary school certificate holders, 23(9.6%) were Bachelor of Science (B.Sc.) or equivalent holders, 7(2.9%) were Master of Science (M.Sc.) or equivalent degree holders, while 10 (4.1%) participants did not disclose their educational status. All the participants were married. Table 1 contains more details about the participants' characteristics.

## 2.6: Instruments

An 83-item self-report questionnaire divided into five sections was used for data collection. Section A of the questionnaire was designed to obtain participants' socio-demographic data, which included age, religion, number of previous pregnancies, etc. Section B contained the 20-item Self-Rating Anxiety Scale developed by Zung (1971). The scale has 4-point Likert response format with options ranging from "a little of the time" to "most of the time." Scores range between 20 and 80. The raw score between 20 and 44 is interpreted as normal range; 45 to 59 mild to moderate anxiety; 60 to 74 interpreted as severe anxiety; and 75 to 80 interpreted as extreme anxiety level. Ramirez and Lukenbill (2008) reported an internal consistency reliability coefficient of .80.

Section C of the questionnaire contained the 5-item Satisfaction with Life Scale by Diener, Emmons, Larsen and Griffin (1985). It was designed to measure global cognitive judgments of one's life satisfaction (not a measure of either positive or negative affect). Participants indicate how much they agree or disagree with each of the 5 items using a 7-point scale that ranges from 7 i. e. strongly agree to 1 strongly disagree. Though scoring should be kept continuous (sum up scores on each item), scores should be interpreted as e.g.; 31 - 35 i.e. extremely satisfied, 20 as neutral and 5 - 9 extremely dissatisfied. López-Ortega, Torres-Castro and Rosas-Carrasco, (2016) reported a reliability of  $\alpha = 0.74$ , which showed good internal consistency.

Section D of the instrument contained the 39-item Women Spiritual Help Seeking Behaviour Measure (WSHSBM) developed by Oladipo (2008). The WSHSBM is a five dimensional, likert format scale with responses ranging from '0' not applicable to '5' strongly agree. The entire scale has a Cronbach's Alpha reliability co-efficient of .98 and a Guttman split-half reliability of .96. The item total correlation for the scale is between .56 and .87. The scale was re-validated for use in Cameroon and Iran, with the Alpha reliability co-efficient of .96 and .93 respectively. An individual who has a mean score, or scores above the mean is regarded as having high spiritual help-seeking behavior, while an individual whose score is below the mean is considered as having low spiritual help-seeking behavior. A mean value of  $77.71 \pm 17.04$  was observed in the present study.

Marital conflict was measured with the use of a 10-item inventory included in Section E of the research questionnaire. The Marital Conflict Scale was developed by The National Longitudinal Survey of Youth (Center for Human Resources Research, 2000). The scale consists of 10 marital conflicts which assess conflict in such areas as division of chores and responsibilities around the house, raising children, how much money is made or spent, how often or not is their spouse showing affection, etc. and how these cause conflict in their families. The women ranked all 10 conflicts on a scale of 1 (never), 2 (hardly ever), 3(sometimes), and 4 (often). Cronbach's alpha indicated an acceptable internal reliability ( $\alpha=.74$ ). The mean for the present study is  $\bar{X} 29.55 \pm 5.59$ .

## 2.6: Procedure

The main study was preceded by approval from the Social Sciences and Humanities Research Ethics Committee. A letter of introduction was also obtained from the Department. The letter was presented to the Head of each of the Christian churches and Islamic centers; the research protocol was discussed with the leaders who provided the link to the various groups of women on their various prayer meeting and counseling days. Potential participants were reviewed in line with the eligibility criteria, after which the purpose, risks and likely benefits of the research were explained to them. This was followed by an informed consent process. Willing participants were allowed 48 hours to consider their invitation to participate. They were given the questionnaire, allowed to read through, respond accordingly, and return completed questionnaire to the various research locations within a week. A total of 350 copies of the questionnaire were given out in the various locations with 240 correctly and completely filled and returned, yielding a response rate of 68.6%. Completed questionnaires were sorted, coded, negative items were reversed in scoring, and entered into the Statistical Package for Social Sciences for data analysis.

**2.7: Data analysis**

Analysis of the data included descriptive statistics such as percentages, mean and standard deviation, as well as inferential statistics such as multiple regression, t-test and correlation at  $p < 0.05$ .

**3. Results**

**Table 1: Descriptive statistics Table showing demographic patterns of spiritual help seeking and psychological factors among women with secondary infertility**

				Sp. Help Seeking	Marital Conflict	Life Satisfaction	Anxiety
				Mean± SD	Mean± SD	Mean± SD	Mean± SD
Variables	Levels	N	%				
Age	Young	104	43.3	76.57±17.09	28.81±5.76	20.90±4.61	55.90±12.55
	Old	136	56.7	78.58±17.01	30.12±5.40	19.93±4.82	59.46±9.84
	Total	240	100	77.71±17.04	29.55±5.59	20.35±4.75	57.92±11.21
Religion	Christianity	138	57.5	76.86±17.72	28.69±5.40	20.46±5.27	56.74±12.06
	Islam	99	41.3	78.61±16.25	30.95±5.51	20.03±3.80	59.99±9.41
	Missing	3	1.2				
	Total	240	100	77.59±17.11	29.63±5.55	20.28±4.70	58.10±11.12
Educational Qualification	Primary	31	12.9	79.03±14.90	30.03±5.09	19.23±4.66	59.13±9.10
	SSC	69	28.8	75.01±20.25	29.84±6.48	21.07±4.66	57.17±10.80
	OND	64	26.7	79.09±13.86	30.66±4.52	19.98±4.44	58.89±10.50
	HND	36	15.0	82.33±10.04	30.17±4.17	20.19±2.69	62.25±11.26
	BSc	23	9.6	81.48±16.81	26.91±6.23	20.57±6.43	51.65±14.52
	MSc	7	2.9	76.00±17.12	21.86±5.08	16.43±8.65	49.57±11.95
	Missing	10	4.1				
Total	240	100	75.81±16.27	29.61±5.61	20.19±4.75	57.93±11.35	

Concerning age, a range between 20 to 58 years (Mean =36.90± 6.83) was reported. Of these, 104 (43.3%) were young and 136 (56.7%) were old. In terms of religious affiliation, 138 (57.5%) were Christians and 99 (41.3%) were Muslims; 3 (1.2%) did not indicate their religion. All the participants were married. With regard to educational qualification, 69(28.8%) were Senior School Certificate (SSC) holders, 64 (26.7%) were Ordinary National Diploma (OND) holders, 36 (15%) were holders of Higher National Diploma (HND) certificates; 31 (12.9%) were primary school certificate holders, 23(9.6%) were Bachelor of Science (B.Sc.) or equivalent holders, 7(2.9%) were Master of Science (M.Sc.) or equivalent degree holders, while 10 (4.1%) participants did not disclose their educational status. The result also shows that older women reported more spiritual help seeking, experienced more marital conflict, reported lesser satisfaction with life and higher anxiety than women in younger age group. Christians reported lesser spiritual help seeking behavior, experienced lesser marital conflict, had relatively the same level of life satisfaction and expressed lower anxiety than their Muslim counterparts. In terms of educational qualification, holders of HND engaged most in spiritual help seeking behavior, whereas those with primary school certificate, SSC, OND, and HND experienced marital conflict relatively equally. Moreover life satisfaction is lowest among those with Masters degree while others have near equal level of life satisfaction. However, Masters degree holders perceived social support most and experienced lowest level of anxiety compared to others.

**Table 2: Regression Table showing life satisfaction, perceived social support, anxiety, and marital conflict as predictors of spiritual help seeking behavior using linear regression**

Dependent Variables	Predictors	B	T	P	R	R <sup>2</sup>	F	p
Spiritual Help Seeking	Life Satisfaction	-.186	-2.953	.003	.413	.171	12.08	< p.001
	Anxiety	.204	2.940	.004				
	Marital Conflict	.198	2.813	.005				

For the hypothesis which stated that life satisfaction, anxiety and marital conflict will independently and jointly predict spiritual help seeking; the result shows that the psychological factors jointly predicted spiritual help seeking behavior [ $F(4,235)=12.08, p < .001$ ]. Similarly, life satisfaction [ $\beta = -.19, t = -2.95, p = .003$ ]; anxiety [ $\beta = -.20, t = 2.94, p < 0.005$ ]; and marital conflict [ $\beta = .20, t = 2.81, p = 0.005$ ] independently predicted spiritual help seeking. The hypothesis is therefore supported.

**Table 3: Independent t-test showing mean, standard deviation and significant difference of spiritual help seeking behavior in number of surviving children**

Dependent Variable	No of children	N	Mean	Std. Dev.	T	Df	Sig.	Mean Difference
Spiritual Help Seeking Behaviour	One child	123	80.10	15.129	1.98	235	0.48	4.28
	Two or more children	114	75.82	17.971				

Women who have only one child showed a higher mean score on spiritual help seeking behavior than those who have two or more children [ $t(235) = 1.98, p < .05$ ] with a mean difference of 4.28. Therefore the hypothesis stating that there will be higher spiritual help seeking behavior among women with only one living child than those with two or more children among women with secondary infertility is supported.

**Table 4: Summary of Pearson Product Moment Correlations Table Showing Relationships among variables**

S/N	Variables	Mean	SD	1	2	3
1	Life Satisfaction	20.35	4.75	1		
2	Anxiety	57.92	11.21	-.250**	1	
3	Marital Conflict	29.55	5.59	-.169**	.478**	1
4	Spiritual Help Seeking	77.71	17.04	-.258**	.332**	.310**

Note:\*\*. Correlation is significant at the 0.01 level (2-tailed).

The result shows there was negative relationship between life satisfaction and spiritual help seeking behavior [ $r(238) = .26, p < .01$ ]. This means the lower their satisfaction with life, the higher their spiritual help seeking behavior [ $r(238) = -.15, p < .01$ ]. There was positive relationship between anxiety and spiritual help seeking [ $r(238) = .33, p < .01$ ]. This shows the more anxious they were, the more their spiritual help seeking behavior. Marital conflict also showed positive relationship with spiritual help seeking [ $r(238) = .31, p < .01$ ].

#### 4. Discussion

This study investigated whether psychological factors (anxiety, life satisfaction and marital conflict) independently and jointly predict spiritual help seeking. It also explored the role of parity in spiritual help seeking among women with infertility. Results from data analysis revealed that psychological factors jointly predicted spiritual help seeking behavior accounting for approximately 17.1% of the total variance of spiritual help seeking behavior in the sample. The psychological factors also independently predicted spiritual help seeking behavior with: anxiety contributing approximately 20%; marital conflict 20%, and life satisfaction 19% respectively to the variance in spiritual help. The hypothesis that stated that psychological factors will independently and jointly predict spiritual help seeking is therefore supported. Women with one child reported higher mean score on spiritual help seeking behavior than those who have two or more children with a mean difference of 4.28; as a result, the second hypothesis is also supported.

Added to these, there was negative relationship between life satisfaction and spiritual help seeking, positive relationship between anxiety, life satisfaction and spiritual help seeking. Lastly, Moslems reported more spiritual help seeking than Christians. The significant influence of anxiety on spiritual help seeking among women living with infertility means that the level of anxiety reported by women living with infertility could foretell or be a basis for their spiritual help seeking behavior. Anxiety is an emotion characterized by an unpleasant feeling of tension, and uneasiness of mind caused by perceived thought of impending failure or doom. This arouses the survival instinct in the individual in an effort to cope with a challenge. However, when a woman living with infertility realizes her inadequacy to cope with the challenges of infertility, she may think of seeking spiritual help. In reality, one of the fundamental motives for marriage in Africa is procreation for continuation of one's family lineage. Any delay in getting pregnant could cause a feeling of worry, nervousness, with a perception of uncertain outcome. Affected individuals may feel that their innate capacity and available resources to cope appear inadequate, necessitating the need to seek external resources e.g. help from spiritual sources.

This result agrees with the findings of Oladipo and Balogun (2010) where a similar study was conducted among women in spiritual houses, although not women with infertility. Mojtabai, Olfson and Mechanic (2002) also established that the nature and severity of emotional disorders including anxiety predicts help-seeking from mental health professionals. The finding is also in line with that of Adejumo and Fatokun (2017) where 60% of women who went for salpingectomy for palliative and therapeutic reasons reported high levels of health anxiety. Human beings have long looked to faith for strength and support, particularly in difficult times. Considering the culture of Yorubas in south west Nigeria where this study was conducted, family members and friends of women with infertility always put some pressure on couples to have many children, among others to make provision for the possibility of some offspring dying at childhood. When an individual is confronted by problems or troublesome events that demand more resources than they alone can provide, the need to seek external assistance may become imperative. Depending on the context, women with one or two children could also be labeled as infertile. Therefore, despite having previously carried one or two pregnancies to term successfully, with or without a living child, a woman's inability to subsequently get pregnant as desired may be perceived as a form of reproductive incapacity.

Health psychologists and other clinicians therefore need to appreciate these, for which health education, cognitive restructuring and value-reorientation could be suggested to affected individuals and families. This study also reveals that life satisfaction predicts spiritual help seeking behavior among women living with secondary infertility by contributing 18.6% to its variance. Further, Table 4 shows that life satisfaction is inversely related to spiritual help seeking behavior. There is a dearth of empirical evidence on the influence of life satisfaction on spiritual help seeking behavior. The present finding contradicts the opinion of Abbey, Andrews and Halman (1992) who found no direct effect of lifetime infertility on life satisfaction. From a different perspective, a woman with infertility may not perceive infertility as a problem, and therefore may not seek spiritual help. This result partially confirms the findings of Leão, Martins, Paulo Rossi and Bellodi (2011) who found among a group of Brazilian medical students that only 33% of individuals with anxiety and 20% of those with poor quality of life accessed available mental health care. Beyond this, the result in Table 2 provides new knowledge on the influence of life satisfaction on spiritual help seeking for a potentially challenging reproductive health disorder in a context where attention to traditional modes of health care is practiced side by side Western medicine.

Life satisfaction is a complex index of one's adjustments, perception and attitudes towards life and events, as well as cognitive and behavioural response to these (Kilinc & Granello, 2003). Satisfaction with one's life implies contentment with, acceptance of one's life circumstances, or the fulfillment of one's wants and needs for one's life as a whole. It could be assumed that if an individual is satisfied with her life, the need or pressure to seek spiritual assistance would be minimal or non-existent. This probably explains the inverse relationship between life satisfaction and spiritual help seeking presented in Table 4. This study established that marital satisfaction predicts spiritual help seeking among women with infertility. A significant positive relationship between marital satisfaction and spiritual help seeking was observed. This means it is expected that the more marital conflict experienced by the sample, the more they are likely to seek spiritual help. This agrees with the finding of Coleman, Glenn and Mansfield (2010), where participants in their study felt that a couple should be able to deal with their marital problems privately within the dyad, without having to rely on external support. On the other hand, failure to maintain marital harmony could be an invitation to external influence or help seeking. In reality, decisions about having none, one or many children were a particularly important issue for some couples. Participants in a U.K. based study also affirmed that they would not opt to utilize relationship counselling service (Ramm, Coleman, Glenn & Mansfield, 2010), which is a form of external help. Marital and family conflicts often emerge when friends, family and in-laws intrude by super-imposing contrary opinions on how best to manage difficulties in getting pregnant. This could disrupt relationship between couples as a result of failure to agree on the nature and extent of help needed to overcome infertility, especially where different values emerged. Marital conflict could also be a contributory factor to secondary infertility, and vice versa. In harmonious marital relationships, trust, and social support would be assured, synergy will be enhanced, stress coping will be more effective and the need for spiritual help seeking less likely. Previous studies investigated the effect of psychological variables on help seeking behavior, with variations in their conclusions (Oladipo & Balogun, 2010; Ramm, Coleman, Glenn & Mansfield, 2010). The discovery that psychological factors had joint influence on spiritual help seeking behavior is therefore evidence supporting this hypothesis among patients with secondary infertility.

This implies that in considering possible factors influencing spiritual help seeking among women with secondary infertility, it is important to consider anxiety, life satisfaction and marital conflict because the psychological factors jointly account for 17.1% of its variance. Women who have only one child showed a higher mean score on spiritual help seeking behavior compared to those who have two or more children. This implies that among women living with infertility, the fewer the number of living children, the more they sought spiritual help. It confirms the result of the study conducted by Ramm, Coleman, Glenn and Mansfield (2010), with the difference being that the latter's study is qualitative and had a focus on relationship difficulties and help seeking behavior among UK couples. This finding is logical. When a woman has two or more children, such an individual may no longer meet the criteria for infertility definition. Such an individual would therefore need no spiritual help seeking for infertility treatment. In many cultures, couples could choose to have only one child, irrespective of the child's sex. However, in many traditional Yoruba communities, a family is perceived as successful based on its size, and presence of males. Large number of children were often needed to provide sufficient hands for farm cultivation, and also as a mark of prestige. Additionally, in polygynous families for example, a woman with only one child will explore every possible opportunity to have more for access to family inheritance and also to overcome the stigmatization and reduced self esteem that were often associated with infertility.

Research on help seeking for infertility supports this notion that realizing one has a problem is a crucial component to the help seeking process. In the African culture, and particularly among Yorubas, the problem of an individual is the problem of every member of the family. Hinson and Swanson (1993) further mentioned that, "If these 'natural helpers' are not able to provide adequate help, persons may turn to religious leaders". Religious leaders are considered as (readily available and reliable) help agents mostly because of the prominent believe in spirits and the supernatural among many Africans. In general, people seek help, not only because they are experiencing distress, but also because they are inclined to perceive others as potential sources of support and help (Oladipo & Balogun, 2010).

#### **4.2: Implications:**

The implication of these is that there are psychological perspectives to understanding and management of reproductive health issues. As observed by Adejumo and Fatokun (2016), attention to the psychological basis of human response to health, illness, and health care helps in better understanding unique human behavior in such challenging situations, which if adequately understood and applied would be of greater benefit to patients with infertility as well as health professionals in resolving the psychological consequences of infertility, as well as provision of additional opportunities for infertility treatment, through spiritual help seeking as evidenced from this study. Understanding the role played by psychological factors in spiritual help seeking behaviour would help to support and strengthen women with infertility. As such, this study is an important area for research, policy and practice.

#### **4.3: Limitations and future research:**

Although this investigation has contributed to the literature on spiritual help-seeking behavior from a different cultural context, it has some limitations. First, since all the participants were women with secondary infertility, the generalizability of the findings among primarily infertile women, as well as men with infertility may be limited. Second, since this study adopted a cross sectional survey design, it might be inappropriate to make causal inferences from the findings. Further, the research instruments are self report inventories. The participants' responses might have been influenced by other extraneous variables such as educational status, parity and psychological health which were not controlled for during the data analysis. However, the study provides a unique interconnectedness between the biological and behavioural sciences on one part, and religious and cultural factors that influence help seeking behavior on another part. Without doubts, these are required for providing individualized and culture-driven multi-disciplinary approach to the management of secondary infertility. Future research should therefore be mindful of these.

#### **4.4: Conclusion:**

Physicians, nurses and mental health professionals need to understand that in some contexts, having one living child may be insufficient to escape the anxiety, stigmatisation and perceived uncertainty arising from secondary infertility for which affected people may seek spiritual help. Clinicians need to increase their understanding of cultural and psychological background of spiritual help seeking, to develop broader resources for more personalised, culturally adaptive and effective programmes for managing secondary infertility.

**4.5: Conflicts of interest:** None declared

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