

AN INTERPRETATIVE PHENOMENOLOGICAL STUDY:

The Impact of Infertility Diagnosis and Subsequent Treatment on Couples' Relational Dynamics in South West Nigeria.

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ABSTRACT

Infertility research in Nigeria focused on the experience of women dealing with infertility with little attention placed on how couples experience infertility as a dyadic experience. This research aims to explore the impact of infertility diagnosis and subsequent treatment on couples' relational dynamics in South West Nigeria. This is considered significant because although infertility may only be diagnosed in one partner, both partners experience the challenges of infertility. How each individual makes sense of their experience is in turn going to have an impact on their partner.

This is an interpretative phenomenological analysis (IPA) study which provides a foundation for developing a more empathic and contextualised understanding of couples' infertility as it impacts their relational dynamics (Smith et al. 2009). Ten couples were interviewed as a dyadic semi structured interview. Two superordinate themes emerged: "How couples co-construct their experience of infertility when their expectations were not met," and "How couples manage and protect their relationship while dealing with a diagnosis of infertility."

The first superordinate theme made sense of how elements such as family, culture, societal norms, fertility treatment challenges and affect dynamics (the feeling of anger and resentment) impact the couples' relational dynamics. The second superordinate theme interprets how the couples with infertility manage their experience of infertility using religion, emotion masking, avoidance and substitution mechanism. Findings further reveal how the couples communicate and interact during the experience of infertility and the meaning the couples ascribe to infertility as a couple. The new knowledge created by this study reinforces the need to study the experience of infertility as a dyadic experience, as how individual partners experience infertility invariably impacts the other. Thus, the findings from this study have filled a gap in the body of knowledge in Nigeria on the impact of infertility diagnosis and subsequent treatment on couples' relational dynamics in South West Nigeria.

This study recommends the provision of policy targeted at increasing the awareness of infertility in Nigeria as well as providing an appropriate and adequate health care plan. Further research is needed to explore the impact of religion as a coping mechanism for couples diagnosed with infertility in Nigeria.

Keywords: Infertility, couples, interpretative phenomenological analysis (IPA), relational dynamics, developed and developing countries.

Table of Contents

ABSTRACT	4
CHAPTER 1: INTRODUCTION.....	10
1.2 Background of the study	11
1.3 Understanding nigeria as a context for an ipa study.....	12
1.4 Meaning of Relational Dynamics to the study of couples infertility	14
1.4.1 Power.....	14
1.4.2 Affect.....	15
1.4.3 Respect.....	15
1.5 Structure of the Thesis.....	16
1.6 Definition of key words	17
CHAPTER 2: LITERATURE REVIEW	18
2.1 The impact of infertility in developed countries.....	19
2.1.1 Literture search for studies in developed society.....	19
2.1.2 Literature search strategy	20
2.1.3 Screening Strategy for studies within developed society.....	20
2.1.4 Assessing the quality of the studies	22
2.1.5 Characteristics of the selected studies.....	23
2.1.6 The Psychological impact of infertility on couples in developed countries.....	23
2.1.7 The impact of infertility on the marital relationship of couples.....	27
2.1.8 How couples cope with a diagnosis of infertility.....	34
2.2 The Impact of Infertility in Nigeria.....	37
2.2.1 Literature search terms for studies within Nigeria.....	37
2.2.2 Literature search strategy	37
2.2.3 Screening strategy for studies within Nigeria	38
2.2.4 Characteristics of selected studies from Nigeria	39
2.2.5 The impact of Infertility on couples in Nigeria.....	40
S/N.....	41
2.2.6 The impact of infertility on Nigerian women.....	43
2.2.7 Impact of infertility on Nigerian men.....	56

2.2.8 The difference between studies from developing and developed countries on the experience of infertility	61
CHAPTER 3: METHODOLOGY	64
3.1 Introduction	64
3.2 Qualitative study	64
3.2.1 Qualitative research: An epistemological view	65
3.2.2 Qualitative research: An Ontological view	66
3.2.3 My epistemological position.....	67
3.3.1 Phenomenological enquiry	69
3.4 Rationale for IPA in this study.....	72
3.5 Rationale for interviewing couples as a unit.....	73
3.6. Strength and Limitation of IPA and dyadic research.....	76
3.7 The implications of power dynamics and patriarchy within the couple interviews..	77
3.8. Summary.....	79
CHAPTER 4: STUDY METHODS.....	80
4.1 Introduction	80
4.2 Aim of the study.....	80
4.3 Study design	80
4.4 Population and Sample.....	80
4.4.1 Inclusion and Exclusion Criteria.....	81
4.5 Recruitment.....	81
4.6 Data collection.....	83
4.6.1 In-depth interview: Semi structured or Un-structured interviews?	83
4.6.2 Interview Schedule.....	84
4.6.3 The interview process.....	84
4.6.4 Potential risks and safeguard.....	86
4.7 Analytic process in an IPA study	87
4.7.1 Looking for themes in the first couple	88
4.7.2 Engaging with the insider- outsider concept of an IPA study.....	92
4.7.3 The development of a structure, frame or gestalt which illustrates the relationship between themes	95
4.8 Ethical issues and considerations in an IPA study	118
4.8.1 Autonomy and Ensuring Informed consent	118

4.8.2 Maintaining Confidentiality and Anonymity of the couples:.....	118
4.8.3 Reflexivity in IPA research	119
4.8.4 Data Protection	121
CHAPTER 5: OVERVIEW OF RESULTS	122
5.1 Characteristics of the couples.....	124
5.2 Overview of themes	126
5.3 Superordinate theme 1: How couples co-construct their experience of infertility when their expectations were not met.....	127
Theme 1: How elements such as family, culture and societal norms impact the relational dynamics of the couples	127
Theme 2: Fertility treatment challenges and their impact on the couples' relational dynamics	139
Theme 3: Affect dynamics: impact on the relational dynamics of the couples.....	148
Theme 4: Infertility of Couples: How the couples communicate during the experience of infertility	156
5.4 Superordinate theme II: Dealing with a current fertility issue- "How do we manage and protect our relationship?".....	164
Theme 5: Religiosity and faith as a coping mechanism	164
Theme 6: Strategies used by the couple to deal with the experience of infertility.....	171
Theme 7: Means of support that influences the relational dynamics of the couples.....	178
Theme 8: The meaning of infertility to the couples.....	182
CHAPTER 6: DISCUSSION OF THE RESULTS.....	187
Superordinate theme 1: How couples co-construct their experience of infertility when their expectations were not met.....	187
Superordinate theme 2: Dealing with a current fertility issue - "How do we manage and protect our relationship?"	188
6.2 Discussion of key findings as compared to other researches.....	190
6.3 The Meaning of Relational Dynamics in Nigeria (A culturally sensitive environment)	199
6.4 Reflection on relational dynamics as a term for studying couples infertility.....	202
6.5 The Strengths and Limitations of the study.	203
6.5.1 The Limitations of the research.	203
6.6 The implication for Policy, Practice and Research.	206
6.7 Conclusion.....	209
REFERENCES.....	211

Appendix 1: Couple interview and IPA Data analysis.....	227
2.3 Inclusion and exclusion criteria.....	229
Appendix 2: Ethics clearance form from research site.....	240
Appendix 3: Ethics Approval University of Stirling.....	241
Appendix 4: Patient consent form.....	243
Appendix 5: Possible Questions for Couple Interviews.....	244
Appendix 6: Couples Information Sheet.....	245
Appendix 7: Contact information sheet.....	249

CHAPTER 1: INTRODUCTION

The study of infertility in Nigeria has predominantly focused on the diagnosis and treatment of infertility; less is understood about how couples experience infertility diagnosis and treatment outcomes (Lawali, 2015; Nieuwenhuis et al., 2009; Omoaregba et al., 2011). Health care providers are mostly in a distinctive position to support infertile couples with the psychosocial aspects of infertility experience (Arya and Dibb, 2016; Inhorn and Patrizio, 2015). Nevertheless, couples' perspectives have received little or no attention in Nigeria. It is worthy of noting that the experience of infertility is best understood from the plight of the couples experiencing it (Glover et al., 2009; Peter et al., 2011). Greil et al. (2010) reported that the emotional needs of couples experiencing infertility are still not met. Other studies recommend the need to support, counsel and educate infertile couples (Gerrits and Shaw, 2010; Jafarzadeh-Kenarsari et al., 2015).

Since previous studies focused on the experience of infertility from gendered perspectives, it seems pertinent to explore the experience of infertility from couples' perspectives. Exploring the experience of infertility diagnosis and subsequent treatment on couples' relational dynamics will facilitate the health care provider to better make sense of the nature and the meaning of infertility as experienced by the couples.

Infertility has been defined by the World Health Organisation (WHO) as the inability of a couple to achieve pregnancy after one year of regular unprotected sexual intercourse in the absence of a known obstetrics and gynaecological issues (WHO, 2019). Infertility can be classified into primary or secondary infertility (Adegbola and Akindele, 2013; Adekunle, 2008). Primary infertility is diagnosed when a woman has never conceived, and secondary infertility is diagnosed when a woman has conceived at least once before (Nieuwenhuis et al., 2009; WHO, 2019). By differentiating primary and secondary infertility based on the ability of a woman to conceive, the responsibility of infertility is placed on the female partner, thereby exerting more pressure on her to conceive. However, the experience of infertility is felt by both partners, hence this thesis explores the experience of infertility from a relational and couples' perspective.

1.2 Background of the study

The WHO reported that infertility rate exceeding 15%, should be acknowledged as a public health concern (Adegbola and Akindele, 2013; Inhorn and Patrizio, 2015; WHO, 2019). Globally, the rate of infertility has been reported to occur in 8-12% of couples (Inhorn and Patrizio, 2015). However, the incidence differs from one region of the world to the other, with the highest occurrence reported from Sub-Saharan Africa, which includes Nigeria (Okonofua, 2005). In developed countries, the average prevalence rate of infertility is 10-15% (Inhorn and Patrizio, 2015), while in Sub-Saharan Africa the average prevalence rate is variable from 20-46% (Okonofua, 2005). The high prevalence rate has been associated with high rate of sexually transmitted diseases, complications of unsafe abortions, and puerperal pelvic infections (Okonofua, 1999).

In Nigeria, it has been reported that, approximately 30% of women experience infertility, 30% are attributed to male related issues, 30% are attributed to both male and female factors, whereas there is no identifiable cause in 10% of cases (Nieuwenhuis et al., 2009; Okonofua, 2005). The prevalence of infertility is more concentrated in the rural areas than the urban areas due to lack of proper health education, awareness and availability of proper health care in rural areas (Adetoro and Ebonyi, 1999). The clinical service delivery in Nigeria reveals that more than 50% of reproductive health caseloads are as a result of infertility, thus mounting a major burden on delivery of health services (Akinloye and Truter, 2011; Owolabi, 2013). The enormity of infertility is also evident in the high rate of laparotomy investigation (over 80%) (Okonofua, 2005).

There has been evidence that infertility is not a priority on the agenda of policy makers in Nigeria as with other Sub-Saharan African countries. The reproductive health strategy in Nigeria is targeted at reducing the high fertility rate and not reducing the prevalence or impact of infertility (Akinloye and Truter, 2011; Butler, 2003; Sunby and Jacobus, 2001; van Balen, 2000). Research in Nigeria (Okonofua et al. 1997; Orji et al. 2002; Adekunle, 2008) has revealed that women are suffering from the social (social and verbal abuse) and psychological (anxiety and depression) impacts of infertility (Nieuwenhuis et al., 2009; Omoaregbe et al., 2011).

Several studies have revealed that men and women deal with infertility in different ways, while subconsciously acting out the roles society has appropriated them (Mumtaz et al., 2013; Nieuwenhuis et al., 2009). The way couples make sense of infertility through their communication and their treatment behaviour is significantly influenced by the social construct and norms. (Nieuwenhuis et al., 2009). Research in Nigeria has focused on the experience of women dealing with infertility with little attention placed on how couples experience infertility.

The next section explores Nigeria as a context for an IPA study by providing information about the Nigeria health services, the cultural norms and beliefs, the research aim and objectives.

1.3 UNDERSTANDING NIGERIA AS A CONTEXT FOR AN IPA STUDY

Nigeria is a country with poor funding to health care which has led to poor health infrastructures regardless of the three levels of health care which are the primary, secondary and tertiary levels (Osain, 2011; Amoo, 2012). According to the federal ministry of health Nigeria, there are 18,258 registered primary health care (PHC) facilities across the country with an estimate of 3275 secondary facilities and 29 tertiary facilities (WHO, 2004). The public sector accounts for 67% of PHC facilities, 25% secondary facilities and all but one of tertiary facilities (WHO, 2004). For a country as large as Nigeria, findings from several studies (Hollos et al., 2009; Amoo, 2012; Okonofua, 1999) suggest that these are grossly inadequate. While numerous changes have been proposed by the Nigerian government to address the extensive issues in the health care system, they are yet to be realized at the state and local government levels (Osain, 2011; Amoo, 2012; Baloyi, 2014). According to Osain (2011) the Nigeria health care system remains fragile as supported by lack of management, incessant strike actions, lack of resources; including drug and supplies, insufficient and crumbling infrastructure, disproportion in resource distribution, and access to affordable and quality health care. Nigeria is a multi-tribal country comprising of various traditions and beliefs that have an impact on the understanding of infertility (Hollos et al., 2009; Okonofua et al., 1997; Fehintola et al., 2017). The majority of people believe infertility is caused by: (i) supernatural powers (ii) taboo and (iii) a previous abortion (Nieuwenhuis et al., 2009; Hollos et al., 2009; Okonofua, 1999; Audu et al., 2014; Omoaregba et al., 2011). Firstly, due to the belief that infertility is due to supernatural powers at play, the traditional believers are of the opinion that a woman must undergo some ritual rites before being allowed into her husband's home

(Okonofua, 1999; Nieuwenhuis et al., 2009; Hollos et al., 2009). The Christians and the Muslims are of a different opinion; they both believe strongly that God makes and gives children to couples and prayer is the way to get God to listen to their call for a child.

Secondly, Nigeria being a patriarchal (male dominated) society, culture plays a role in shaping the role of a first born child in Nigeria which impacts the couples' emotional wellbeing through pressure from the family and the society. A first born child, most especially a male, is expected to start a family before his siblings on becoming an adult. This high expectation imposes some degree of pressure on each partner and such could bring about emotional distresses (Ukpong and Orji et al., 2006; Lawali, 2015; Ofovwe et al., 2006).

The influence of cultural norms and beliefs regarding infertility in Nigeria has been reported to also impact the couples emotional wellbeing (Jegede and Famiwo, 2010; Fehintola et al., 2017; Okonofua et al., 1997). The wife's family or the husband's family may believe that certain taboo subjects cause infertility (Audu et al., 2014). The couples are expected to pay close attention to the taboos in their family as failure to do so can lead to infertility (Orji et al., 2002). It was a shared opinion that a woman may not be able to bear children if she has experienced abortion before she got married (Omoaregba et al., 2011). These cultural beliefs have been reported to influence the quality of social research in Nigeria (Chukwu et al., 2016). Moreover, Chukwu et al. (2016) argues that Nigerians do not appear to have developed a scientific model of causality teaching them that when things happen, it is traced to certain causes that need to be scientifically explored to discover the cause, which establishes the grounds for the problem to be solved, thus affecting the efficiency of researchers in the social sciences (Chukwu et al., 2016).

Marriage stability in Nigeria is subject to the legitimacy of a child (Nieuwenhuis et al., 2009). As a result, it is important for every family to evidence that the child is their direct progeny. Consequently, having a child out of wedlock is considered an abominable act, and this can lead to a crisis of identity within the family (Makama, 2013). Furthermore, the child might possess anti-social behaviours due to their shared pattern of living. Also, a child born out of artificial means such as IVF and who is adopted is not regarded as a legitimate child within the family structure (Nieuwenhuis et al., 2009; Omoaregba et al., 2011). Thus, the aim of this study is to explore the experience of infertility diagnosis and subsequent treatment on couples relational dynamics in southwest Nigeria. This is considered noteworthy because, although infertility may only be diagnosed to one partner, both partners supposedly experience the

challenges of infertility. How each individual makes sense of their experience is in turn going to impact on their partner, and how this affects both the relationship and the level of distress is of interest to the professionals working in this field.

The next section provides the meaning of relational dynamics to this study by adopting the classification by Millar and Rogers (1987), thus enabling a better understanding of the impact of infertility on couples' relational dynamics.

1.4 Meaning of Relational Dynamics to the study of couples infertility

Many research studies have used the term relational dynamic within a dyadic joint interview and interpretative phenomenological approach (IPA) to explore and explain the dynamics within a relationship (Wawrziczny, 2015; Kilbride, 2003). However, this term has not been clearly defined in any literature apart from the study by Millar and Roger (1987).

For the purpose of this study, the classification by Millar and Rogers (1987) will be adopted to define relational dynamics, thus enabling a better understanding of the impact of infertility on couples' relational dynamics. This study is rather old but will be used regardless because it gives a perspective to the meaning of relational dynamics which have not be seen anywhere else. The classifications are power, affect and respect.

1.4.1 Power

Power refers to one's ability to influence the other person in a relationship to achieve a desired end or to effectively resist unwanted influence (although the exercise of power is not always successful) (Millar and Roger, 1987). When a power imbalance occurs in a heterosexual relationship, it is likely related to gender (Sprecher and Felmlee, 1997). Connell (2014) discussed the intersection of power and gender inequalities in sexuality. Many feminists have argued that women are socialized to meet the needs and desires of men, and the resultant male dominance affords men an advantage in that they have more power to define their relationships (Vaillancourt and April, 2014). Alternatively, women's suggested role as gatekeeper in heterosexual relationships appears to increase their power, as they dictate when and how sexual relations will occur (Vaillancourt and April, 2014). Thus both men and women have the tendency to define and influence the outcome of their relationships.

In the study of infertility, issues of power dynamics have been suggested to occur within couples (Okonofua et al., 1997; Kilbride, 2003). Kilbride et al. (2003) interpreted a scenario

where a female participant described how her partner made her feel worse; she felt unable to express her feelings of distress about their fertility problem because if she did, the male would express his feelings of guilt and blame as it was a male factor problem. Similarly, Lalonde (2014) described how a female within the dyadic interview would somehow turn every conversation around to be about their fertility issue, and this was perceived by both of them, but by the man especially, to be unhelpful. Typically, couples like to influence their partner's behaviour and they do not like being overly controlled by their spouse. Hence, power is relevant in all of these conflicts as power determines the topics we discuss, the opinions we share, whether we adapt to the expectations of others, and the communication behaviours we choose to enact.

1.4.2 Affect

Resentment is one of the issues that comes with relationships (Millars and Rogers, 1987). When interacting with another person, we show how we feel about the person we are talking to and we express this type of information through our nonverbal behaviour—facial expressions, eye contact and postures (Millars and Rogers, 1987; Vaillancourt and April, 2014). In summary we regularly signal warmth, acceptance, coldness, indifference, hostility. For instance, the ongoing nature of the fertility problems for couples could lead to strong feelings of resentment. Kilbride (2003) reported that women in their study felt unable to look at pregnant women and babies because it was too upsetting. They felt jealous of friends who announced their pregnancies and bitter that it was not them. They described finding it hard to make sense of people they saw as being inadequate parents and felt it was unfair that those people could have children and treat them badly (Kilbride, 2003). They felt they would be a good parent yet they could not have children and to them this seemed unfair (Kilbride, 2003). Thus, exploring affect dynamics (the feeling of anger and resentment) will be interpreted during the analysis.

1.4.3 Respect

All relationship problems involve respect (Millar and Rogers, 1987). The couples can either show respect or disrespect for themselves, their ideas, values, and differences (Miller and Rogers, 1987). For instance, how couples respect each other's opinions regarding their infertility experience reflects how they respect each other and their relationship. When couples are currently dealing with infertility, conflict can occur, either due to their fertility issues or other

related issues. How conflict is handled without disrespecting each other's idea, values and differences defines the couple's relational dynamics.

In summary, for the purpose of this study, relational dynamics can simply be defined as the impact of power dynamics (how couples define and influence their relationship, their co-constructed experience of infertility), affect (the feeling of resentment and anger) and respect (how they make sense of the impact of infertility as a couple bearing in mind their ideas, values and differences) on the couple's relationship.

1.5 Structure of the Thesis

Literature review: This chapter explores two narrative reviews from developed society and Nigeria. A review of studies on couples infertility in developed society provides insight on the psychological impact of infertility, the impact of infertility on the marital relationship of couples and how couples cope with a diagnosis of infertility in developed society. Thus provides knowledge on couples experience of infertility.

The second review explores the impact of infertility in Nigeria by assessing studies that made sense of the impact of infertility on couples, women and men. It aims to provide a general background to understanding how infertility is experienced in Nigeria. Thus, provides a justification for the significance of exploring couples experience of infertility in this study. Doing the review of couple's infertility in developed society lays the foundation to understanding how couple's experience infertility as a co-constructed experience in developing society.

Furthermore, this chapter presents differences or similarities between developed and developing societies on the impact of infertility. Thus provides rich and revealing data on the experience of couple's infertility.

Methodology: This chapter presents the methodology of the research through justification for exploring the impact of infertility on couples' relational dynamics using a qualitative research method and explains why IPA was chosen as an applicable methodology for this study.

Methods: This chapter presents the IPA process that was used in this study and includes a discussion of the aim of the study and research questions, the study design, the population and sampling, the recruitment process, the data collection process, the data analysis ap-

proaches, the ethical issues and considerations in an IPA study and my self-reflection (understanding Nigerian culture, who am I within this culture, who am I in this study).

The Findings: This chapter presents the result of the research with a focus on making sense of how the couples co-constructed their experience of infertility and its impact on their relational dynamics, thereby providing new knowledge on the impact of infertility on couples' relational dynamics in South West Nigeria

The Discussion of Findings: This chapter presents the discussion of the findings with a view of giving a summary of the result, comparing key findings with other studies, the strength and limitation of the research and the implication for policy, clinical practice and research.

1.6 Definition of key words

- Co-construction: To jointly express an experience or feelings.
- Dyadic: Joint participation of two people in an interview.
- Hermeneutic: The act of interpreting an experience.

CHAPTER 2: LITERATURE REVIEW

Introduction

Infertility has over the years been viewed, treated and accepted differently in the developed world in contrast to the developing world. According to Greil et al. (2010), in the developed parts of the world, infertility has become an important issue in the public debate while in developing countries; infertility is still an issue that receives little public policy attention (Ombelet, 2011; Nachtigall 2006). Infertility was and often seen as a way of solving overpopulation in developing societies (Greil et al. 2010; van Balen and Gerrits 2001). This provides a clear approach as to how couples in the developed and developing countries may experience infertility either individually; male or female or joint experience as a couple (Nachtigall 2006). This reason opens up a view of infertility being seen as a medical problem in developed countries and as more of a social construct in developing countries (Greil et al., 2010). Similarly, Chimbatata and Malimba (2016) explains that while there is a high degree of freedom in decisions regarding where individuals can choose not to have a child or just to have them by adoption in developed nations or societies, the case differs mostly in developing societies (Holloos et al. 2010; Larsen et al. 2010; Nieuwenhuis et al. 2009).

Greil et al. (2010) reports that several studies across developing countries especially Sub Sahara African countries share similar factors, perception and experiences of infertility especially on the social and cultural fronts. The review of studies across these countries (Gambia, Egypt, Ghana and Botswana), reports that when pregnancy does not occur, it leads to many problems at the personal, conjugal, family and community levels (Greil et al. 2010; Tabong and Adongo, 2013). Nigeria has the highest percentage of prevalence of infertility in Sub Sahara Africa. In Sub-Saharan Africa, the prevalence differs widely from 9% in the Gambia (Greil et al. 2010), 21.2% in northwestern Ethiopia (Haile, 1990), between 20 and 30% in Nigeria (Larsen et al. 2000) and 11.8% among women and 15.8% among men in Ghana (Geelhoed et al. 2002). Thus infertility is a public health issue in Nigeria, hence why this review will focus on Nigeria and not other developing countries.

Also, the experience of infertility has been studied as a dyadic experience (Joint experience) in developed society (Glover et al. 2009; Peter et al. 2011). In contrast, reviews carried out in developing societies on infertility are based on either, and most of the time, female infertility and experience or the male, and less of the time, infertility and experience (Greil et al. 2010; Tabong and Adongo, 2013). However, little or none from a couple's co-constructed experi-

ence. This is most especially found in Nigeria where there is a huge male dominance factor (Fehintola et al. 2017; Hollos et al. 2010; Larsen et al. 2010; Nieuwenhuis et al. 2009).

In summary, several published studies have provided insight into the experience of infertility from developed and developing societies as “two worlds apart” (Ombelet, 2011; Nachtigall 2006, van Balen and Gerrits 2001). The difference in experience between developed society and Nigeria as a context for this study is the approach to diagnosis, treatment and the perception. For example in developed society, most often infertility is approached as a couples issue as compared to Nigeria where infertility is mostly associated as a “woman issue” (Dyer et al. 2005; Feldman-Savelsberg 2002; Hollos et al. 2009; Larsen et al. 2010). This has informed a need to review studies that explored couples as a dyadic experience on the impact of infertility. A review of couple’s infertility in developed society will provide a foundation in understanding couple infertility in developing society. Nigeria has been reported to have the highest prevalence of infertility with studies providing the impact of infertility from a gendered perspective (Fehintola et al. 2017; Hollos et al. 2010; Larsen et al. 2010; Nieuwenhuis et al. 2009). This makes it necessary to provide a general background for understanding the current knowledge on the impact of infertility in Nigeria to date, thereby providing a justification for the significance of this research and contribute to the local and international body of literature on this topic.

2.1 The impact of infertility in developed countries

This section explores studies from developed societies with a focus on how couples experience the impact of infertility, thereby providing context to this study and a justification for the significance of this study. The screening and selection strategy, the inclusion and exclusion criteria and the findings from the review will also be discussed. The next section will discuss studies of infertility in developed societies, thus providing insight into how couples experience infertility in developed countries as opposed to couples in Nigeria.

2.1.1 Literature search for studies in developed society

A thorough search was carried out using a transparent process to identify primary studies on the impact of infertility on couples in developed societies. The search strategy used included hand searching journals, electronic databases from the Stirling digital libraries and internet sources. The electronic databases and libraries online catalogue systems provided a wide variety of literature (Polit and Beck, 2004). The databases that were explored for published data

are: Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed. However, unpublished data were not selected due to bias and uncertainty of the methodology used. The abstract of the various searches related to this study was reviewed to identify the relevance and selected for further review.

2.1.2 Literature search strategy

The processes applied in the search include the use of MeSH keywords and text words of the categories, such as [infertility], [impact], [couple], [experience], and [developed], which were linked to the Boolean operator 'AND' to optimize the search to produce results answering the research questions. The inclusion criteria for this review were:

- Primary research studies published in peer review journals in developed countries with no set restriction date and written in the English language. A restriction of no set date is helpful in gathering informed knowledge on the impact of infertility in developed countries.
- Studies that recruited infertile couples as a unit were used to provide a better understanding of how couples experience infertility in a developed society.
- Studies that focused on exploring the impact or the consequences of infertility diagnosis in developed societies.

The exclusion criteria were:

- Systematic reviews
- Research reports or article that discuss the impact of infertility in Nigeria and other developing countries.
- Non-infertile participants, such as patients with other reproductive health challenges.
- Studies written in a language that is not English language.

Studies that explored the experience of infertility from other perspectives, such as the prevalence, pattern and risk factors of infertility.

2.1.3 Screening Strategy for studies within developed society.

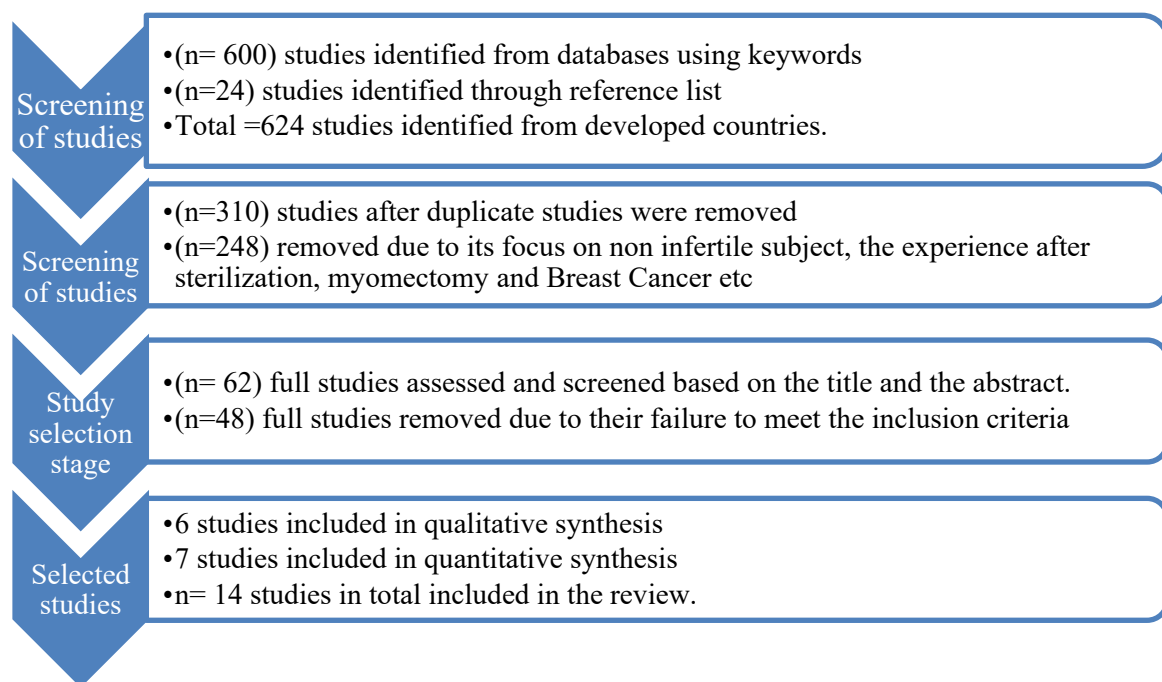
A total of 600 studies were identified from all databases. Hand searching studies from reference lists and author names identified 24 papers and increased the total papers for review to 624. This number was reduced to 310 after scanning the titles of each study for relevant keywords, duplicate studies were eliminated. 248 were further eliminated due to its focus on non infertile subject, the experience after sterilization, myomectomy and breast cancer. The

abstracts of 62 studies were reviewed adopting the stated inclusion and exclusion criteria, 48 studies were removed for not meeting the inclusion criteria and the number of articles was reduced to 14 eligible articles. These were exported to reference management to allow for full text search (Figure 2). From the full texts that were studied, the relevant studies were grouped using the information gathered from them, which included references (the authors' names), research title, research design, sample size, data collection instrument, key research findings and my summary.

The studies from developed countries were screened for quality according to the principles described in 2.3.1. above.

The figure below shows the study selection process for studies in developed countries (Figure 2).

Figure 2: Study selection process.



2.1.4 Assessing the quality of the studies

This section provides an insight into how the selected studies for review was assessed for validity and quality. Two papers, Yardley (2000) for qualitative research studies and Heale and Twycross (2015) for quantitative research studies, offer a variety of ways in which to establish validity and quality.

These two guidelines were chosen in this review because they are broad ranging and offer a variety of ways to establish the validity and quality of qualitative and quantive researches (Yardley, 2000; Heale and Twycross, 2015). They also attempt to offer criteria that can be applied irrespective of the particular theoretical orientation of a qualitative or quantitative study.

Yardley (2008) uses four broad principles to assess qualitative research: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. These principles were applied to all the qualitative research studies that met the inclusion criteria. Sensitivity to context was applied by considering the socio-cultural environment in which the studies were situated, the approach by which the interviews were carried out and the consideration in selecting samples matching the research question (Yardley, 2000, 2008; Elliott et al., 1999). For example, the socio-cultural environment was considered through assessing the research setting (the cultural site in which the researcher conducts the study, not excluding the physical and social setting). Generating meaning within the participant's natural setting provides quality data to the research study (Yardley, 2000).

I considered whether the stages of the research process were clearly described in the write up (Smith et al., 2009; Yardley, 2000, 2008). Yardley (2000) also highlights that the validity of a piece of research lies in whether the study provides importance and its usefulness to the body of knowledge. Hence, findings from the evaluation of the selected studies helped to provide clearer and further basis for the significance of my study.

Twycross and Heale (2015) argue that in quantitative studies, considerations must be given to the extent to which a concept (in this case infertility) is accurately measured. Hence, in this study, they are the extent to which a research instrument accurately measures all aspects of the impact of infertility on the participants (Twycross and Heale, 2015). To ensure reliability of the result in quantitative research, the study also has to present consistency of the instruments used to asses the criteria under study (Heale and Twycross, 2015). For example,

studies that used standardised scales provide evidence of validity and reliability because it has been tested across populations worldwide (Bannigan and Watson, 2009).

These principles (Yardley, 2000; Twycross and Heale, 2015) were used to extract, analyse and synthesise data from the screened studies. From the full texts that were read, studies were grouped using the information gathered from them, which included reference (the authors' names), the research title, research design, sample size, data collection instrument and key research findings.

2.1.5 Characteristics of the selected studies

Fourteen studies were included for the review of studies from developed societies. These studies were published in "peer-review journals", consisting of seven qualitative studies and seven quantitative studies. The identified studies represent a diverse population from seven countries, with seven studies conducted in Europe (UK, Germany, Italy, Denmark, Portugal and Poland), one in East Asia (Japan), one in Western Asia (Turkey), two in Australia, one in Canada and two in the United States of America (California, Louisiana). The synthesis of these studies exploring the experience of infertility on couples in developed countries reveals the focus on the psychological impact of infertility, impact of infertility on couples' marital relationship and how couples cope with the experience of infertility. The review will be presented under the following headings: the psychological impact of infertility on couples in developed countries, the impact of infertility on the marital relationship of couples in developed countries and how couples cope with a diagnosis of infertility in developed society.

2.1.6 The Psychological impact of infertility on couples in developed countries.

From the reviewed studies, infertility impacted both partners; nevertheless the majority of research on the psychological experience of infertility focused only on how women experienced infertility, and few studies explored how men experienced infertility (Wischmann et al., 2001). With the aim to contribute to the understanding of how couples in developed countries experience the impact of infertility, three studies provided insight into the psychological impact of infertility on couples. These included one cross sectional (Fassino et al., 2002) and two case control studies (Drosdzol and Skrzypulec, 2009a; Wischmann et al., 2001).

All three studies provided evidence on the psychological impact of infertility on couples, demonstrating that infertile couples displayed higher levels of stress than fertile couples and the women showed more psychological distress than men (Drosdzol and Skrzypulec, 2009a; Fassino et al., 2002; Wischmann et al., 2001).

These studies used standardised scales to explore the psychological impact of infertility on couples (Drosdzol and Skrzypulec, 2009a; Wischmann et al., 2001; Fassino et al., 2002). The reliability of the studies was assessed by considering the consistency of the responses provided to the questions asked and the ability of the scales to measure the psychological impact of infertility of the studies (Twycross and Heale, 2015). The findings from the studies reaffirms the need for studies to move in the direction of placing the experience of infertility from the context of those experiencing it through in-depth interviews as opposed to the implementation of standardised scales and questionnaires.

Table 2.5 below provides a summary of the selected studies, showing the psychological impact of infertility in developed countries for ease of reference.

S/N	Reference	Research title	Research Design	The sample Size	Data Collection Instrument	Key research findings
1	Drosdzol and Skrzypulec, 2009a (Poland)	Depression and anxiety among Polish infertile couples:an evaluative prevalence study	Case control	206 infertile couples, 190 fertile couples	SCL-90	A larger percentage of infertile women (36%) scored above the line for severe symptoms of depression compared to fertile women (20%). Findings also revealed that among the male groups, there was a comparable difference in the intensity of psychological morbidity (anxiety and depression).
2	Fassiono et al., 2002 (Italy)	Depression and anger suppression in infertile couples.	Cross sectional studies	156 infertile couples, 80 fertile couples	HAM-A, HAM-D, STAXI	Findings also reveal a higher intensity of anxiety and depression in the infertile group compared to the fertile group.
3	Wischman et al.,	Psychosocial characteristics	Case Control	564 Couples	SCL-90-R	Findings show higher anxiety and depression scores for infertile women.

	2001 (Germany)	of infertile couples: A study by Heidelberg Fertility				
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Annotation: SCL-90=Symptom Checklist 90,HAM-A=Hamilton Anxiety Rating Scale, HAM-D = Hamilton Depression Rating Scale, STAXI = State-Trait Anger Expression Inventory.

2.1.7 The impact of infertility on the marital relationship of couples

Nine studies explored the impact of infertility on couples' relationships (five quantitative research and four qualitative research) (Table 1.6). Out of the five quantitative studies, two used a standardised scale (Onat and Beji, 2012; Monga et al., 2004) and three studies used self-designed scales (Benazon and Sabourin, 1992; Drosdzol and Skrzypulec, 2009a and Martin et al., 2014) to assess the marital adjustment of couples diagnosed with infertility. In assessing the quality of the studies, Heale and Twycross (2015) state that studies using standardised scales provide reliability and validity to the study. Thus, the studies by Onat and Beji (2012) and Monga et al. (2004) not only indicated a reliability and validity, but the stages of the research process were clearly illustrated in the analysis (Smith et al., 2009; Yardley, 2000, 2008), indicating a further level of reliability (Heale and Twycross, 2015).

In the studies that used self-designed measures (Benazon and Sabourin, 1992; Drosdzol and Skrzypulec, 2009a and Martin et al., 2014), the problem of validity arises. Creswell (2013) reports that participants may provide responses that are exaggerated, which does not reflect the true state of the experience. They may also misrepresent or misremember the content of the survey. However, the advantage of this measure is that it allows participants to describe their own experiences rather than assuming this from observing participants. Martin et al. (2014) used an online distributed questionnaire to ascertain whether perceived social support from partner, family and friends was associated with increased infertility related stress. However, all the stages of the research process were not clearly presented such as the analytic process. Yardley (2000), however, highlights that the validity of a piece of research lies in whether the study provides importance and its usefulness to the body of knowledge. The findings from Benazon and Sabourin (1992), Drosdzol and Skrzypulec (2009a) and Martin et al. (2014) provided useful and important findings which are relevant in providing insight into the experience of couples diagnosed with infertility.

Four studies used a qualitative research approach to assess how couples experience the impact of infertility on their marital life by assessing the couples' marital adjustment or satisfaction, sexual life and social life (Glover et al., 2009; Hood, 2000; Imeson, 1996; Peter et al., 2011). These studies demonstrated quality by providing a review on the existing literature on infertility, the environment in which the study is situated and the transcript of the participants, which demonstrated sensitivity to context (Yardley, 2000). These studies also presented logically presented themes. For example, Imeson (1996) aimed at examining the

experience of couples undergoing IVF treatment for infertility. Four key themes emerged from the data: life changes, powerlessness, hope and disappointment cycle, and social isolation. These themes were clearly dealt with and carefully written (Glover et al., 2009; Hood, 2000; Imeson, 1996; Peter et al., 2011). However, the outcome of the studies is inconclusive regarding marital adjustment or satisfaction in infertile couples (Glover et al., 2009; Hood, 2000; Imeson, 1996; Peter et al., 2011). While there was evidence of increased marital distress in couples who did not conceive in the first year of treatment, none was reported for couples who conceived in the first year of treatment (Benazon and Sabourin, 1992; Onat and Beji, 2012). The studies also demonstrated resilience in couples dealing with infertility as they perceived their marital relationships as being very cordial (Glover et al., 2009; Peter et al., 2011). They attributed the cordiality to the shared experiences of being infertile and their faith in their relationship (Drosdzol and Skrzypulec, 2009a; Glover et al., 2009; Peter et al., 2011). Likewise, setting themselves achievable and challenging goals enhanced the process of adapting to their life without children (Peter et al., 2011). This finding remained consistent with later research by Hood (1989) where the couples in the study expressed a sense of appreciation for the strength of their relationship with their spouses. The couples described the importance of the support received from their partners and their experiences of individual growth within the relationship (Hood, 1989). Thus, although the experience of infertility comes with its challenges, it can be seen to either lead to marital distress or create a greater bond due to the shared experience of infertility.

Another significant finding from the reviewed studies showed that sexual tension during infertility treatment does exist between couples dealing with a diagnosis of infertility and it is mostly associated with gender differences (Drosdzol and Skrzypulec, 2009a; Monga et al., 2004; Onat and Beji, 2012). Women retain elevated levels of distress from the beginning of their infertility evaluation and throughout the treatment processes, and this impacts the sexual and marital satisfaction of the couples, whereas men are stressed from the treatment demands and expectations (Martins et al., 2014; Monga et al., 2004). Thus, the aforementioned sexual tension between the woman and the man has an impact on the marital satisfaction of the couples.

Findings also reveal that having a precise schedule for the complex demands of fertility treatment has the potential to have an impact on the couples' marital satisfaction (Imeson, 1996; Monga et al., 2004). Participants in studies reported that the idea of planning the time to have sex had a negative impact on the quality of the relationship and sexual function

(Monga et al., 2004; Onat and Beji, 2012). Sex becomes automated, thereby leading to a reduction in affection and an increase in the stress level the couple already experiences (Drosdzol and Skrzypulec, 2009a; Onat and Beji, 2012). For some couples, the problems with intimacy and sexual satisfaction can continue for years after they have resolved their infertility issue (Monga et al., 2004). Thus, having a scheduled treatment plan and expectation leads to a reduction in the affection and marital satisfaction of couples dealing with a diagnosis of infertility.

In a marital relationship, the experience of infertility could be a challenging life crisis (Martins et al., 2014). From a social perspective, findings revealed that infertility leads to social isolation, which includes “avoiding being in places with children, reluctance to meet friends”, cycles of hope and disappointment infiltrating their lives, and the simultaneous worries in having to deal with the inappropriate responses from family and friends and feelings of inadequacy and frustration. (Fontenot, 2008; Imeson, 1996; Martins et al., 2014; Onat and Beji, 2012). Martins et al. (2014) aimed to determine if “perceived social support from partner, family and friends was linked to an increase in infertility related stress”, using a cross-sectional sample of 613 Portuguese patients. This study showed that infertility related stress was somewhat related to “low family support for women and low partner support for both men and women”, with both showing no significant relationship between infertility stress and perceived friend support (Martins et al., 2014; Drosdzol and Skrzypulec, 2009a). Thus, these studies showed that the experience of infertility impacts the social interactive way of life of couples and, by extension, the quality of marital relationship.

From Table 2.6 below: a summary of the selected studies shows how infertility impacts marital relationships of couples in developed countries and provides an ease of reference.

S/N	Reference	Research title	Research design	Sample size	Data collection instrument	Key research findings
1	Onat and Beji, 2012 (Turkey)	Marital relationship and quality of life among couples with infertility	Qualitative research method	Seven couples who received infertility treatment	Dyadic joint interview.	Infertility was reported to impact the relationship of the couples with one or both partners feeling guilty and considering separation or divorce.
2	Glover et al., 2009 (UK)	To explore how couples appraise their experiences of infertility and how they manage differences in these appraisals	Qualitative research	Ten couples	Dyadic Semi-structured interview.	The experience of infertility led the couples in this study to consider their commitment to their relationship. Majority of the couples expressed the strength in their relationship, hence they could overcome the experience of infertility together as a couple.
3	Monga et al., 2004	Impact of infertility on quality of life, marital adjustment and sexual	Case control study	Eighteen infertile couples	MAT, BISF ILEFSA	The findings showed that 83% of the infertiles feel pressure to

	(US, California)	function		And twelve couples seeking elective sterilization		conceive by the society. The result also noted no significant difference in the sexual function of the infertile women, but the men experienced significant impacts on their sexual function.
4	Peter et al (2011) (Australia)	Surviving the adversity of childlessness: Foistering resilience on couples	A qualitative phenomenological study	Five couples undergoing ART treatment.	Each spouse were interviewed separately.	Despite infertility being perceived as a cause of relationship discord, resilience was exhibited by the couples as they perceived their marital relationship as being very close.
5.	Benazon and Sabourin (1992) (Canada Quebec)	Stress, sexual satisfaction, and marital adjustment in infertile couples	A Quantitative-longitudinal study	165 couples	SIS	Significant impact on the marital functioning of the couples were reported as their fertility treatment progressed. Marital distress was reported to progress in couples that did not conceive.

6.	Hood (1989) (Canada)	The meaning and lived experience of permanent childlessness as a result of infertility	A qualitative study- Phenomenological study	Nine couples	Unstructured, indepth interview	Findings reveal the production of seven themes: a need to protect their relationship, lessen the emotional burden, a sense of regaining control, a need for identity, a sense for the strength of their relationship and a need to make sense of their relationship.
7	Imeson, 1996 (Australia)	Couples' experience of infertility: a phenomenological study.	A qualitative phenomenological study.	Six couples receiving ART treatment.	Dyadic indepth interview.	Findings show that couples undergoing infertility treatment went through four stages: a change to their lifestyle, various physical and emotional changes which impacted the couples' relationships through the feelings of powerlessness, alternating feeling of hope and disappointment and social isolation.
8	Martins et al., 2014	Dyadic Dynamics of Perceived Social Support in Infertile	Quantitative research	191 couples undergoing fertility treatment.	SIS	Positive co-relation was found between social support from partner, family and friends but significantly

	(Portugual)	Couples				related to fertility related stress.
9	Drosdzol and Skrzypulec, 2009a (Poland)	Evaluation of marital and sexual interactions of Polish infertile couples	Quantitative study	190 infertile couples	IMS (Polish version) and ISS	

Annotation: Dyadic Adjustment Scale (DAS), the Locke- wallace Marital adjustment test (MAT), Brief Index of Sexual Functioning for women (BISF), Index of Marital staisfaction (IMS) and Index of Sexual Satisfaction (ISS) and international index of Erectile Function for men to assess sexual function (ILEFSA) and Self Invented Scales (SIS).

2.1.8 How couples cope with a diagnosis of infertility

Two studies provided insight into the coping mechanisms used amongst infertile couples in a developed society (Fontenont, 2008 and Peterson, 2008). Findings show that growth fostering relationships, family support and partner support contribute to decreasing in infertility stress amongst couples (Fontenont, 2008; Peterson, 2008). Findings also revealed that communication with fellow couples who had similar experiences, either going through infertility or having gone through the treatment was easier as they fully understood their pain and feelings (Fontenont, 2008). Findings show that religion and faith in God was expressed as a coping mechanism through the belief that infertility is associated with God's plan for the couple (Fontenont, 2008).

Peterson (2008) conducted a study to determine the impact of partner coping mechanism on infertile couples, using four different kinds of coping mechanism: active avoidance, passive-avoidance, active confronting and meaning based. Women participants reported higher levels of social, personal and marital distress compared to men and also an increase in the use of the four coping mechanisms. Although this aspect has been understudied, partner coping mechanisms play an important role in the experience of infertility on couples (Peterson 2008). The above reviewed studies have provided varied coping mechanisms for couples; however, other various studies have shown that the type of support available to couples helps the couples cope better with a diagnosis of infertility (Fontenot, 2008; Paterson, 2008).

Table 2.7 below provides a summary of how couples cope with a diagnosis of infertility to provide an ease of reference.

S/N	Reference	Research Title	Research design	Sample Size	Data Collection Instrument	Key research findings
1	Peterson et al., 2008 (Denmark)	The impact of partner coping in couples experiencing infertility	Quantitative research	1169 women and 1081 men prior to beginning assisted reproduction treatment.	Questionnaire	Findings show that couples predominantly use three types of coping strategies (Active avoidance, Active confronting and meaning based coping strategy). The active avoidance coping strategy increases both partners' personal, marital and social distress.
2	Fontenot, 2008 (US, Louisiana)	A phenomenological study of couples who struggle with infertility and the impact on their lives.	A qualitative Study.	Two married couples and three women from a couple based sample	In-depth, separate interviews.	Findings from both partners show that the couples prefer to speak to other couples going through the experience of infertility as they fully understand their feelings and frustration regarding infertility.

In summary, all the 14 studies showed that infertility imposed a tremendous amount of strain on couples diagnosed in developed society. Findings show that infertile couples demonstrate higher levels of stress than fertile couples and the women show more psychological distress than men (Drosdzol and Skrzypulec, 2009a; Fassino et al., 2002; Wischmann et al., 2001). However, the outcome of these studies are inconclusive regarding marital adjustment or satisfaction in infertile couples. These studies demonstrate resilience in couples dealing with infertility as they perceived their marital relationships as being very cordial (Glover et al., 2009; Peter et al., 2011). They attributed the cordiality to the shared experiences of being infertile and their faith in their relationship (Glover et al., 2009; Peter et al., 2011).

Studies that explored the impact of infertility in developed societies have predominantly adopted the quantitative research approach to assess the psychological impact of infertility on couples. These findings reaffirm the need for new and more research to move in the direction of placing the experience of infertility from the context of those experiencing it through indepth interviews as opposed to the implementation of standardised scales and questionnaires (Greil, 2010; Redshaw et al., 2007).

Following the findings of studies from developed societies on the impact of infertility on couples as a shared experience, it was further thought relevant to explore studies from Nigeria society on the impact of infertility. The aim is to provide a general understanding of how couples , women and men experience the impact of infertility in Nigeria, thereby provides further justification for the significance of this study.

2.2 The Impact of Infertility in Nigeria

The preceding sections have laid a foundation and given insight into the impact of infertility on couples relational dynamics in developed societies. Thus this findings will provide a unique perspective in understanding the experience of infertility in Nigeria. The screening and selection strategy, the inclusion and exclusion parameters for the studies used and the findings from the review are discussed in this section.

2.2.1 Literature search terms for studies within Nigeria

A thorough literature search was carried out using a transparent process to identify primary studies on the impact of infertility in Nigeria. The search strategy involved hand searching journals, electronic databases from the Stirling digital libraries and internet sources. The electronic databases and libraries' online catalogue systems provided a wide variety of literatures (Polit and Beck, 2004). The databases explored for published dates were the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Africa Journals Online (AJOL), PubMed and Medline. The unpublished data was not selected due to the bias and uncertainty of the methodology. The reference lists of relevant research related to this study were scanned to identify citations of studies which appeared relevant to the review topic and did not appear in the electronic database search. These identified citations were used to carry out a search for more primary research studies through Google Scholar. The whole electronic database search was augmented with manual journal searching. Some of the relevant journals that came up repeatedly during the search were identified and the content page scanned for other relevant articles. This exercise required a significant investment to ensure enhanced objectivity and avoid mistakes (Liberati et al., 2009). The abstract of various research related to this study were reviewed to identify the relevance and selected for further review. The search strategy involved utilizing (MeSH) keywords and text words of the categories, such as [infertility], [impact], [couple], [experience] and [Nigeria] which were linked with [AND].

2.2.2 Literature search strategy

The search strategy involved utilizing (MeSH) keywords and text words of the categories [infertility], [impact], [couple], [experience] and [Nigeria], which were linked with the Boolean operator AND to refine the search so as to produce results which could answer the research questions.

The inclusion criteria for this review were for:

- Primary research studies published in peer reviewed journals about Nigeria with no set restriction date and written in the English language. A restriction of no set date would be helpful in gathering informed knowledge on the impact of infertility in Nigeria to date, thus providing a justification for the purpose of the research.
- Studies that recruited couples, women and men diagnosed with infertility were recruited to give a broad knowledge of the experience of infertility in Nigeria and to justify the purpose of the research.
- Studies that aimed at exploring the impact or the consequence of infertility diagnosis.

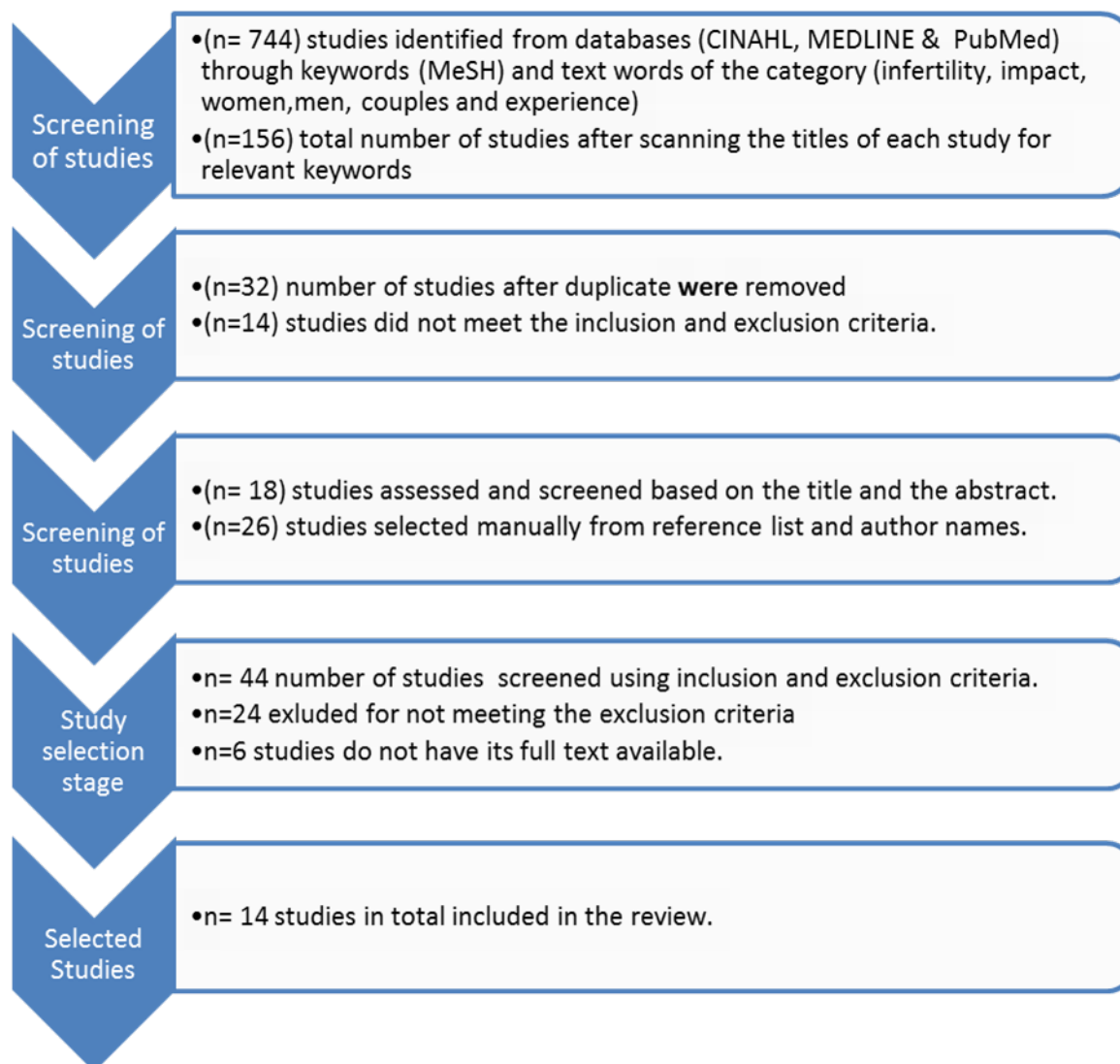
The exclusion criteria were:

- Studies that were not undertaken with a Nigerian population.
- Non-infertile participants such as patients with other reproductive health challenges.
- Studies written in other languages apart from English.
- Studies that explored the experience of infertility from other perspectives, such as the prevalence, pattern and risk factors of infertility.

2.2.3 Screening strategy for studies within Nigeria

A total of 744 studies were identified from all databases. This number was reduced to 156 after scanning the titles of each study for relevant keywords. Elimination and removal of duplicate studies further reduced the number of papers for review to 32. The abstracts of the 32 studies were further reviewed using the stated inclusion and exclusion criteria. After a thorough abstract review, 14 studies were eliminated and removed, leaving 18 eligible articles, which were exported to the reference management, allowing for subsequent full text search later. Hand searching of studies manually from reference list and author names identified 26 papers, which made up the total papers for expected review to 44. However, full texts were not available for 6 studies and 24 studies were excluded, as they did not meet inclusion and exclusion criteria. The total number of articles with full texts for review was 14 (figure 1).

Figure 1: Screening strategy for study selection process in Nigeria



2.2.4 Characteristics of selected studies from Nigeria

Fourteen studies were selected for this review, as they met the inclusion criteria. These studies were published in “peer-review journals”, consisting of five qualitative studies, six quantitative studies and three mixed methods (both qualitative and quantitative). The quantitative studies utilized standardised scales and self-developed questionnaires to explore the impact of infertility in Nigeria. The qualitative studies applied focused group discussions (FGD) and in-depth interviews and the mixed methods (in-depth interviews and questionnaires) to explore the experience of infertility.

2.2.5 The impact of Infertility on couples in Nigeria

After a review of primary studies in Nigeria, evidence showed that no study in Nigeria has provided or provides knowledge on the experience of infertility on couples as a co-constructed experience. This highlights a clear gap in the evidence base, and informs on the need to explore the impact of infertility diagnosis and subsequent treatment on couples' relational dynamics in Nigeria. Two studies, however, provide knowledge on the impact of infertility by recruiting infertile couples, but these are presented from a gendered perspective (Audu et al., 2014; Fatoye et al., 2008).

Previous studies suggest that the high premium placed on children in Nigeria impacts couples marital lives as pressure is placed on the couple by inlaws to remarry (Fatoye et al., 2008; Nieuwenhuis et al., 2009). Audu et al (2014) provided insight on the reaction expressed by a couple when they initially discovered that they are infertile through in-depth interviews. Receiving an unanticipated infertility diagnosis was reported to have an impact on the couples' sexual life (Fatoye et al., 2008). While Fatoye et al (2008) provided findings showing that the onset of psychological morbidity when compared between each partner is significantly higher in women than men using a standardised scale (Fatoye et al., 2008). These two studies, although with different methodological orientation, do not provide insight into how each couple as a unit experiences infertility and the impact on their relational dynamics. However, the findings provided an important perspective, which revealed that although the studies assessed couples' infertility from a gendered perspective, it has also showed that infertility can have an impact on marriage stability through the onset of psychological morbidity in Nigeria.

As a result of the gap in the body of knowledge on the impact of infertility from a dyadic interpretation, it became relevant to analyse studies that have explored the impact of infertility on women and men in Nigeria, thus providing more context to the experience of infertility on couples in Nigeria and justifying the significance of this study.

The table 2.1 below provides a summary of the studies that offered insight into the impact of infertility on couples.

S/N	Reference	Research title	Research design	Sample size	Data collection instrument	Key research findings	Author's summary
1	Audu et al., (2014)	Infertility and gender difference in reaction among couples and family and community treatment: a study of patients attending N.K.S.T hospital Mkar in Benue state,	A Qualitative Research	24 participants In three FGD (one with men and women and 2 with men only and women only.	FGD	Reveals that men do not believe they are capable of being the cause of their spouse's in-fertility. This was found to impact the couple's sexual life, by being unable to hold an erection for weeks.	This study provides a psychological impact of infertility on couples' marital lives with a focus on men receiving a diagnosis of infertility in a society where infertility is believed to be a woman's issue. Because it centers more on mens' experiences and how it collectively affects couples, the need to explore infertility from

		Nigeria.					a dyadic perspective rather than the predominant gendered perspective on the impact of infertility in Nigeria becomes relevant.
2	Fatoye et al. (2008)	Unfulfilled desire for pregnancy: Gender and family differences in emotional burden among a Nigerian sample.	Quantitative research.	164 participants (82 couples)	HADS	Study shows that women present more signs of psychological pathology compared to their spouses	The study recruited couples together with an aim to compare their individual level of anxiety and depression associated to the diagnosis of infertility. It does not provide insight into how each couple as a unit experiences this psychological morbidity and its impact on their relational dynamics. Hence, it provides a need to present evidence(s) on how couples coconstruct their experience of infertility as a unit.

Annotations: Focus Group Discussions (FGD) and HADS (Hospital Anxiety and Depression Scale (Audu et al., 2014; Fatoye et al., 2008).

2.2.6 The impact of infertility on Nigerian women

The studies on impact of infertility on women in Nigeria predominantly focused on the social and psychological impact of infertility. Six of these studies made sense of the social impact of infertility on women (Fehintola et al., 2017; Hollos et al., 2010; Larsen et al., 2010; Nieuwenhuis et al., 2009; Okonofua et al., 1997; Mustapha et al., 2015), whilst four out of these explored the psychological impact of infertility (Ofowwe et al., 2006; Omoaregbe et al., 2011; Umezulike and Efezie, 2003; Upkong and Orji, 2006), and two studies explored the psychosocial impact of infertility (Lawali 2015; Mustapha et al. 2015).

2.2.6.1 Social impact of infertility on Nigerian women

In Nigeria, the highly problematic nature of infertility is as a result of the social importance of childbearing and cultural norms to reproduce (Mustapha et al., 2015; Nieuwenhuis et al., 2009). Over half of the reviewed studies suggested that infertile women experience physical, social and verbal abuse (Fehintola et al., 2017; Hollos et al., 2010; Larsen et al., 2010; Lawali, 2015; Okonofua et al., 1997). The sources of abuse commonly reported were from the spouse, spouse's relatives and neighbours (Fehintola et al., 2017; Larsen et al., 2010; Nieuwenhuis et al., 2009). The societal and family expectations after a wedding is pregnancy within a year (Fehintola et al., 2017; Nieuwenhuis et al., 2009). If she fails to conceive, she would be mocked and jeered at by her in-laws, neighbours and relatives (Hollos et al., 2009, Larsen et al., 2010, Nieuwenhuis et al., 2009). This abuse involves calling a childless woman different abusive names such as 'male pawpaw', 'barren sister' and 'empty basket', and this makes them suffer from personal grief (Nieuwenhuis et al., 2009). The lack of empathy and inconsiderate comments from friends sometimes also lead to break-up of friendships (Mustapha et al., 2015). Due to the aforementioned factors, the family system, though supportive in other ways, may aggravate the problem of infertility (Lawali, 2015; Nieuwenhuis et al., 2009; Omoaregba et al., 2011). These findings suggest that the social pressure placed on infertile women is intense.

Furthermore, cultural norms in Nigeria usually accord an authoritarian place to men (Hollos et al., 2009; Larsen et al., 2010). The men folk control the cultural and traditional principles which, most times, is favorable to them, thereby leaving decision making regarding the family's economic and absolute decision making power in their hands (Okonofua et al.,

1997). As a result of this, women are held responsible for all cases of infertility even though male factors are known to be responsible for about 59% of all cases in Nigeria (Lawali, 2015; Nieuwenhuis et al. 2009). Findings show that infertile women experience difficulties in relations between family members and the community (Hollos et al., 2009; Okonofua et al., 1997), lack of decision making power within the home and community (Hollos et al., 2009; Larsen et al., 2010), and where to live in their later years (Hollos et al., 2009), all indicating that culture plays a major role in how infertility is perceived.

This section highlights the social impact of infertility on Nigerian women. The quality of these sets of studies were assessed using the principles set by Yardley (2000). All of the references that have been researched for the purpose of making sense of the social impact of infertility on Nigeria women demonstrated the interactional nature between the participants and the researcher within the research setting and during data analysis (Fehintola et al., 2017, Hollos et al., 2010, Larsen et al., 2010, Lawali, 2015, Mustapha et al., 2015, Nieuwenhuis et al., 2009 and Okonofua et al., 1997). For example, Hollos et al. (2010) and Larsen et al. (2010) carried out an in-depth ethnographic and demographic research in two communities in Nigeria. The interviews were carried out in the form of a life history which provided a means for the women to discuss their infertility issues over a period of years (Hollos et al., 2010). The research process provided an understanding of the interactional difficulties and power play within these communities and how these were negotiated (Larsen et al., 2010; Hollos et al., 2010). For example, the research looked at the impact of patriarchy (male dominance) on what is acceptable for the women to participate in and what is not. This research further provided how data was collected through focus group discussion with women who consented to the research (Hollos et al., 2010; Larsen et al., 2010). This provided rich and revealing data which adds to the quality of the review (Hollos et al., 2010). Similarly Nieuwenhuis et al. (2009) aimed at providing a detailed understanding and experience of infertility by recruiting not only infertile men and women but also community members. The research provided a considerable amount of verbatim extracts from the participants to make sense of the participants' experience of infertility, thus giving the participants a voice in the study and allowing the reader to check the interpretation being made. These studies by Hollos et al. (2010), Larsen et al. (2010) and Nieuwenhuis et al. (2009) have provided a good example of how sensitivity to context was assessed (Yardley, 2000).

Furthermore, the studies selected for review attempted to enhance transparency by carefully describing how the participants were selected, how the interview were conducted and what

steps were used in the analysis of the findings (Larsen et al., 2010; Hollos et al., 2010; Mustapha et al., 2015; Fehintola et al., 2017). For example, Mustapha et al. (2015) assessed the psychosocial impact of infertility by using a self designed questionnaire and a general health questionnaire (GHQ-12) on a sample of 217 women attending an infertility clinic. Mustapha et al. (2015) demonstrated the principle of transparency by not only including tables and graphs which provided detailed socio-demographic characteristics of the participants, but the elements of the analytic process was also clearly stated, thereby strengthening the quality of the study (Mustapha et al., 2015).

The table 2.2 below provides a summary of the social impact of infertility on Nigerian women.

S/N	Reference	Research Title	Research Design	Sample Size	Data Collection Instrument	Key Research Findings	Author's Summary
1	Okonofua et al. (1997)	The social meaning of in-fertility in South West Nigeria	Qualitative research design.	25 women	FGD	Women are more likely to suffer the social consequences of infertility; they suffer physical and mental abuses, neglect, abandonment, economic deprivation and social ostracism as a result of their infertile status.	It provides information on how women experience the impact of infertility in Nigeria. Further study is needed to provide more information on couples' experiences and the impact of infertility on their lives as a shared experience.
2	Hollos et al. (2009)	The problem of infertility in high fertility populations, meaning, consequence	Qualitative and Quantitative research design (Mixed	25 infertile women and a matching sample of 25 fertile women.	Questionnaire and indepth interview	Reveals that it is paramount for a woman to have a child of her own. Motherhood continues to define a woman's treatment in the community, self respect and her understanding of motherhood.	This study highlights the need for studies exploring how couples experience infertility (as the experience of infertility is a shared experience) as opposed to the numerous studies that have provided data

		and coping mechanisms in two Nigerian communities	method)				on how women experience infertility within these communities.
3	Larsen et al. (2010)	Suffering infertility: The impact of infertility on women's life experiences in two Nigerian communities	Qualitative and Quantitative research design (Mixed method)	100 child-less and sub fertile women and 100 fertile women were selected.	Questionnaires and indepth interviews	Findings from the interviews in this study show that although there are variations in the challenges of infertility on women from two extremely different societies in Nigeria, attaining the stage of motherhood is a basic necessity.	This study provides a variation in how women experience infertility from two different communities in Nigeria. It has also provided information on the experiences of women. Little is known about how the men feel or how both partners experience infertility as a dyadic experience.
4	Fehintola et al. (2017)	Social Meaning and Consequences of Infertility in	Qualitative and Quantitative methods (Mixed	200 women	SIQ , FGD and Key informant interview.	Findings from this study show that the main source of pressure for women undergoing treatment at a fertility clinic is family pressure, especially	The learnings from this study shows how pressure is felt by women during the experience of infertility. Little is known about how pressure is felt and

		Ogbomoso, Nigeria.	method)			pressure from husband and husband's family.	or handled by couples when interviewed as a unit of study.
5	Mustapha et al. (2015)	Psychosocial morbidity in women attending an infertility clinic in North Western Nigeria: 'Its the worst misfortune of a woman'	Quantitative research- Cross sectional study.	217 women	GHQ-12 and SIS.	This study shows high levels of social distress in women ,diagnosed with infertility, through societal pressure which causes marital distress. It also reveals that the predictors of psychological morbidity are stress due to infertility, financial burden of infertility and marital distress as a result of infertility.	Findings from this study provide information on how women experience the social impact of infertility using self report inventories. There is therefore a need for more research to explore the experience of infertility from those experiencing it through in-depth interviews.
6	Lawali, (2015)	Psychosocial experiences of women with infertility and their coping	Qualitative research.	12 women	Indepth interviews	The findings from this study also show that socially, women suffer social isolation, stigma, pressure and marital problems. It also shows that women	This study assessed the marital adjustment in couples diagnosed with infertility and reveals how women only in Nigeria experience the social impact of infertility. Further

		strategies in Zamfara State, Nigeria.				undergoing infertility issues experience anxiety, stress and depression.	studies are needed to show how both partners experience the social impact of infertility as a co-constructed experience within this culturally sensitive environment.
7.	Nieuwenhuis et al. (2009)	The Impact of Infertility on Infertile Men and Women in Ibadan, Oyo State, Nigeria: A Qualitative Study	Qualitative research design.	8 infertile women, 7 infertile men, 7 professionals and 42 community members.	IDI, FGD	Study reveals the social pressure experienced by women in Nigeria is high. The expectation after the wedding is to have a child; once this is not the case, the woman is called unpleasant names. It also brings to light that a diagnosis of infertility consequently leads to lack of adequate support from family members and friends.	It provides further evidence to show that the impact of infertility on women is an unpleasant social experience. This further presents the need to understand how women experience infertility as a couple in Nigeria.

Annotations: 12-item General Health Questionnaire (GHQ-12), Self invented Questionnaire (SIS), Structured Interviewer-administered Questionnaire (SIQ), Focus Group Discussions (FGD) (Fehintola et al., 2017; Hollos et al., 2010; Larsen et al., 2010; Lawali, 2015; Mustapha et al., 2015; Nieuwenhuis et al., 2009; Okonofua et al., 1997).

2.2.6.2 Psychological impact of infertility on Nigeria women

Infertility has also been reported to be associated with severe psychological morbidity amongst Nigerian women (Ofovwe et al., 2006; Omoaregbe et al., 2011; Umezulike and Efetie, 2003; Upkong and Orji, 2006). Infertile women in Nigeria tend to feel more stress, anxiety and depression compared to men (Umezulike and Efetie, 2003) and are more likely to carry more burden of infertility than men (Upkong and Orji, 2006). Women have more negative thoughts concerning infertility than men (Audu et al., 2014; Fatoye et al., 2008) and feel more stigmatized by infertility (Ofovwe et al., 2006; Omoaegba et al., 2011; Umezulike and Efetie, 2003; Upkong and Orji, 2006). They face a lot of challenges as a result of infertility even when the cause of the childlessness is from the man (Audu et al., 2014; Lawali, 2015).

Depression was seen to be the highest psychological morbidity amongst women in Nigeria (Omoaregba et al., 2011; Upkong and Orji, 2006). The lack of a supportive relationship from the spouse has been reported to be associated with severe anxiety and depression in women suffering from infertility (Lawali, 2015; Omoaregba et al., 2011; Umezulike and Efetie, 2003; Upkong and Orji, 2006). Women without adequate support tend to be vulnerable and exposed to a variety of stressful events such as conflicts within their relationships, abuse and domestic violence (Omoaregba et al., 2011; Umezulike and Efetie, 2003). However, a recent study found that lack of spousal support did not predict severe distress amongst infertile women (Fehintola et al., 2017; Mustapha et al., 2015). Instead, the predictors of psychological distress were; not having at least one child, financial burden of treatment, duration of infertility, stressed by infertility and marital instability due to infertility (Lawali, 2015; Mustapha et al., 2015). The findings from this study also suggest that the stress women undergo due to infertility might undermine their ability to get the very support they need (Lawali, 2015; Mustapha et al., 2015). Thus, these findings suggested that infertile women feel stressed and the lack of adequate support has the potential to impact them psychologically.

This section highlights the predictors of psychological distress amongst Nigerian women by relying solely on self-reported data. As aforementioned, the findings also suggest that the stress women undergo due to infertility might undermine their ability to get the very support they need (Lawali, 2015; Mustapha et al., 2015). In studies that used self-designed measures (Benazon and Sabourin, 1992; Drosdzol and Skrzypulec, 2009a and Martin et al., 2014), the

problem of validity arises. Creswell (2013) reports that participants may provide responses that are exaggerated, which does not reflect the true state of the experience. They may also misrepresent or misre-member the content of the survey. However, the advantage of this measure is that it allows participants to describe their own experiences rather than assuming this from observing participants. Martin et al., (2014) used an online distributed questionnaire to ascertain whether perceived social support from partner, family and friends is associated with increased infertility-related stress. However, all the stages of the research process were not clearly presented such as the analytic process. Yardley (2000), however, highlights that the validity of a piece of research lies in whether the study provides importance and its usefulness to the body of knowledge. The findings from Benazon and Sabourin (1992), Drosdzol and Skrzypulec (2009a) and Martin et al., (2014) provided useful and important findings which are relevant in providing insight into the experience of couples diagnosed with infertility.

The next section will review the impact of infertility on men in Nigeria. Table 2.3 below provides a summary of the reviewed studies on the psychological impact of infertility on Nigerian women.

S/N	Reference	Research Title	Research Design	Sample Size	Data collection Instrument	Key Research Findings	Author's Summary
1	Umezulike and Efetie (2003)	The psychological trauma of infertility in Nigeria	Quantitative research A cross sectional study	168 women	SIS	The psychological impact of infertility shows that a majority of the women suffered from sadness, anger, lack of marital happiness and regrets. The highest pressure was reported from the spouse. From the onset of infertility, 17.3% of the women had developed high blood pressure and 8.9% developed depression.	This study reveals that the lack of a supportive relationship from spouse impacts women's psychological wellbeing. However, this finding further affirms the proposed need to explore the impact of infertility on couples' relationships.
2	Omoaregbe et al. (2011)	Pattern of mental illness among women attending an	Quantitative- A cross sectional	100 women attending an infertility	GHQ- 30	Women with infertility have a high prevalence of psychiatric morbidity.	The high psychiatric morbidity in this research re-affirms a need to broaden research scope

		infertility clinic in Southern Nigeria	study design	clinic			to assess the impact of infertility on women who cannot afford going to the hospital due to costs or cultural reasons.
3	Upkong and Orji (2006)	Mental health of infertile women in Nigeria.	Quantitative-cross sectional study design.	112 women	GHQ-30, BDI and HADSA	Depression was seen as the most common psycho-pathology amongst women in this study. Findings also showed that a lack of support from the spouse predicted a high psychiatric morbidity.	<p>The outcome of the study was measured mainly through self-report inventories.</p> <p>Although this has an advantage of minimising the possibility of researcher bias, the findings also re-affirms the need to explore further the impact of infertility on couples as a co-construct in Nigeria.</p> <p>This study added to the body of knowledge regarding how women experience the impact of infertility from a psychological perspective. Little is known on</p>

							how the couples experience infertility as a unit.
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2.2.7 Impact of infertility on Nigerian men

Findings from other studies in Nigeria focused on the epidemiology and the aetiological factors for male infertility to date (Ahmed et al., 2010; Obilahi et al., 2016; Uadia and Emokpe, 2015). A study that recruited men only, provided knowledge into the psychosocial impact of infertility on men (Ibrahim et al., 2012). This study (Ibrahim et al., 2012) shows that male infertility exists as a clinical problem with major psychosocial impacts such as divorce. This is evidenced by the data extracted from the clinical and laboratory records.

Nieuwenhuis et al. (2009) recruited seven men out of its samples to how men experience infertility in a society where there is a high mis-conception about the cause of infertility being a woman's issue. There is a misconception amongst many of the participants about the ability of a man to be the cause of infertility due to their sexual capability (Nieuwenhuis et al., 2009). It was also reported that men prioritise the economic impact of infertility than the psychosocial impact. On the other hand, women are more concerned about the psychosocial impact of infertility than the economic impact (Nieuwenhuis et al., 2009), thus making them worry about the impact this could have on their marital relationship and their friendship (Nieuwenhuis et al., 2009).

Two other studies provide knowledge on how men experience infertility by recruiting infertile couples, but these were conducted from a gendered perspective (Audu et al., 2014; Fatoye et al., 2008). Findings reveal that men can be affected by infertility in several ways; through receiving a diagnosis of their own infertility (Audu et al., 2014), being the partner of a woman who is infertile or being part of a couple with unexplainable infertility (Audu et al., 2014). Similarly, Audu et al. (2013) reported that men often react negatively to jokes and teases made by peers and friends about their infertility. These jokes and teasing may come across as harmless; however, they feel insulted and sad during moments of lonesomeness (Audu et al., 2014). Thus, the ability to father a child and the continuity of the family tree are crucial factors to men's emotional reactions when it comes to infertility. Consequently, men and women experience infertility differently (Audu et al., 2014). The differences in men and women are how they express their feelings and how they process difficult emotions (Audu et al., 2014).

In conclusion, Yardley (2000) argues that the real test of validity lies in whether a study provides a reader with interesting, useful or important findings. The four studies are important because they reveal how men experience infertility and also provide some perspectives, albeit

very little, that are useful in understanding how couples experience infertility. (Ibrahim et al., 2012; Audu et al., 2014; Fatoye et al., 2008; Nieuwenhuis et al., 2009). Infertility impacts on the psychosocial lives of infertile men in Nigeria stem from getting emotionally distressed about not being able to impregnate a woman and the power of reproducing and sustaining the family tree. Nonetheless, the impact of infertility on couples relational dynamics for men are less well understood (Audu et al., 2014; Ibrahim et al., 2012). However, there still remain very limited studies that provide quality data on the impact of infertility on men and its impact on their relational dynamics.

Table 2.4 below provides a summary of the reviewed studies on the impact of infertility on Nigerian men.

S/N	Reference	Research Title	Research Design	Sample Size	Data Collection Instrument.	Key Research Findings	Author's Summary
1	Ibrahim et al. (2012)	Male Infertility As Seen in University of Maiduguri Teaching Hospital North-Eastern Nigeria	A quantitative research method	73 Male participants	Data was gathered from laboratory and clinical records.	This study reveals that infertility impacts men through societal and family pressure.	Study provides knowledge on the psychosocial impact of infertility on men. It reveals that both men and women experience the challenges of infertility. Consequently, this informs the need for studies to explore the experience of infertility as a shared experience, thus providing rich and revealing data not readily available in any study.
2	Fatoye et al., 2008	Unfulfilled desire for pregnancy: Gender and family	Quantitative research	164 participants (82 couples)	HADS	Provides data on the psychological morbidity as an impact of infertility on husbands as compared to their wives.	This study provides knowledge on the level of anxiety and depression experienced by men when compared to their wives. Although this study carried out

		differences in emotional burden among a Nigerian sample					a comparative assessment of the level of anxiety and depression on women as compared to their husbands, it also provides knowledge on the psychological experience of men which is useful in strengthening the purpose of this current study.
3	Audu et al. (2014)	Infertility and gender difference in reaction among couples and family and community treatment: a study of patients attending N.K.S.T		24 participants. In 3 FGD (one with men and women and two with only men and only women	FGD	Study reveals that men do not believe they are capable of being the cause of their spouse's infertility. It shows that teases and jokes made by peers towards their fertility issue have an impact on the emotional stability of men.	This study brings to light that men do not believe they are capable of being the cause of their spouse's infertility. It shows that teases and jokes made by peers towards their fertility issue impact the emotional stability of men, thus, opening the gap to study impact from a couple's perspective.

		hospital Mkar in Benue state, Nigeria.					
4	Nieuwenhuis et al. (2009)	The Impact of Infertility on Infertile Men and Women in Ibadan, Oyo State, Nigeria: A Qualitative Study	Qualitative reseach	7 infertile men, 8 infertile women and 11 professionals. 7 FGD with community members.	IDI, FGD	It shows how men experience infertility in a society where there is a high mis-conception about the cause of infertility being a woman's issue. The impact of infertility on men is felt from an economic point (financial pressure). Infertility also encourages men to be polygamous.	It shows how men experience infertility in a society where there is a high mis-conception about the cause of infertility being a woman's issue. The impact of infertility on men is felt from an economic point (financial pressure). Infertility also encourages men to be polygamous.

A significant finding from the studies researched on the impact of infertility in Nigeria is that studies that recruited couples provided knowledge of the impact of infertility from a gendered perspective; however, there still remains a huge gap in the body of knowledge on the impact of infertility on couples as a shared experience. These studies that have centered mainly from a gendered perspective in Nigeria further informs the need to make sense of the impact of infertility on couples' relational dynamics. Therefore, this provides new knowledge not readily available in other studies and also adds to the body of knowledge on the topic of infertility.

The next section provides a comparison between studies from developing countries, Nigeria as a case study and developed countries on the impact of infertility. This comparison seeks to assess whether findings from developed countries apply to couples from developing countries.

2.2.8 The difference between studies from developing and developed countries on the experience of infertility

Several published studies that provided insight into the experience of infertility from developed and developing societies have shown that these experiences are “two worlds apart” (Nachtigall, 2006; Ombelet, 2011; van Balen and Gerrits, 2001). How infertility is perceived in developed and developing societies differs. In a developed society, having a family (married or unmarried) without a child is presumed as voluntary childlessness or perceived as a choice and it is a recognised system (Akinloye and Trutter, 2011; Greil et al., 2010). However, in developing society, a married couple without a child is assumed to be infertile, as having a child is central to a woman's self integrity, respect and decision making power within the family and community at large (Dyer et al., 2005; Feldman-Savelsberg, 2002; Hollos et al., 2009; Larsen et al., 2010). Thus, studies in developing countries showed that infertility threatens the awareness of masculinity and causes psychological distress in men (Audu et al., 2014; Nieuwenhuis et al., 2009). In addition, due to infertility being an unexpected and surprising experience for couples, couples normally perceive infertility as a loss of primary life plan (Dyer et al., 2005; Greil et al., 2010; Nieuwenhuis et al., 2009). Hence, some couples live in denial, and most times angry and dejected, therefore guilt and depression set in (Dyer et al., 2005). Furthermore, because of the significance placed on children in developing countries (Greil et al., 2010; Nachtigall, 2006), the experiences of infertility impact each partner, further laying an enormous burden on marital relationship

(Nachtigall, 2006). In comparison to a developed society where infertility is perceived as voluntary and acceptable, Greil et al., (1991) reported that infertile women in this society experience infertility in secrecy, whereas in cultures in which fertility is perceived as essence of marriage and existence, it is impossible for the women to experience infertility secretly. These findings suggested that stigmatisation and emotional distress are felt more in developing countries than developed countries.

Secondly, the difference in the experiences of infertility in developed and developing countries can be seen through the availability of infertility treatment services. Infertility in most developed countries is acknowledged as a medical condition with provisions made in national health policies to cover the medical and psychological consequences of infertility (Bos et al., 2005 and Nachtigall, 2006). Couples receive treatment in an environment which focuses on providing care tailored to the needs of the couples as a result of availability of resources (Greil et al., 2010; Greil, 1991). Whereas in developing countries, the access to infertility treatment services has been interpreted as a costly process (Bos et al., 2005, Inhorn et al., 2009; Nachtigall, 2006, van Balen and Gerrits, 2001). For example, in Nigeria, the absence of functional health insurance schemes is a major hindrance to health service delivery with infertility care being excluded from the list of services offered in the states where health insurance schemes are currently operating (Akinloye and Truter, 2011). Many couples who are struggling financially in Nigeria and other developing countries are forced to pay out-of-pocket. Likewise, hindrance to accessing health care in developing countries including Nigeria reflects through the concept that policy makers are more concerned about overpopulation, thus resources are centered towards the treatment and prevention of other health related issues such as the eradication of malaria, HIV/AIDS and tuberculosis (Akinloye and Truter, 2011; Okonofua et al., 1997). The national and international policy reported that dealing with overpopulation is the most important issue, while women diagnosed with infertility in developing countries report infertility as being the biggest threat a couple can face (Fieldman-Savesberg, 2002; Nieuwenhuis et al., 2009; Fehintola et al., 2017). Studies from developed countries have showed that couples get the support they need from a medical and psychological perspective (Greil et al., 2010), but studies from developing countries such as Nigeria have highlighted little significance in the medical and psychological needs of the couples, but more attention on the socio-cultural significance of infertility (Gerrit et al., 2010 ; Nachtigall, 2006).

Finally, the difference between the experience of infertility in developing countries and developed countries can be seen through the perceived cause of infertility. In developed societies, studies showed that couples perceive infertility to be attributed to bio-medical anomalies and accepted it as a medical issue. However in some studies, couples attributed the cause of infertility to both medical and to a large extent traditional interpretations (Dyer et al., 2004; Feldman-Savelsberg, 2002; Nahar, 2007). Studies from developing countries have mostly attributed the cause of infertility to folk models such as infertility being caused by the infestation of weak worms (sperm) in Egypt (Inhorn, 2003). Studies from Nigeria, Gambia and Zimbabwe have also shown that infertility is attributed to witchcraft (Audu et al., 2014; Sundby, 1997; Inhorn, 2003). In the developed and developing worlds, the cause of infertility can be perceived both as a medical condition and with traditional understandings (Nieuwenhuis et al., 2009; Okonofua et al., 1997; Sewpaul, 1999; Yebei, 2000).

Given the differences between developed and developing countries on the impact of infertility, it cannot be assumed that findings from developed countries apply to couples from developing countries. The findings have shown how each couple experience of infertility differs; thus there is a need to explore the impact of infertility diagnosis and subsequent treatment on couples' relational dynamics in South West Nigeria. This, therefore, contributes to the local and international body of literature on this topic.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter discusses the methodological approach of this research study. Creswell (2013) interprets methodology as “an articulate group of methods that compliment one another and that have the ability to fit to convey data and findings that will reflect the research question and suits the researcher’s purpose”. The methodological principles underpinning the approach to research are highlighted, including its ontological and epistemological foundations and my epistemological position. Following an exploration of qualitative methodologies, a rationale for IPA as a choice in this study and a rationale for interviewing couples as a unit are presented. This chapter ends with a summary providing the key reasons why IPA methodology and qualitative paradigm are the correct choices to explore and answer my research questions.

3.2 Qualitative study

Qualitative research was chosen as an appropriate approach to explore the impact of infertility on couples relational dynamics in South West Nigeria. Denzin and Lincoln (1994) refer to qualitative research as a multi-method type of research that applies a realistic and interpretive approach towards its subject matter as well as an emphasis on the qualities of entities, for example processes and interpretations arising naturally (Denzin and Lincoln, 1994: p.8). Furthermore, Denzin and Lincoln (1994: p.2) argued that qualitative research is used to study an occurrence within the environment in which it naturally occurs, supported by social meaning from the individuals who were subjected to the occurrence (Denzin and Lincoln, 1994). Thus, exploring how the couples make sense of infertility diagnosis and subsequent treatment from the point of view of those experiencing it seeks to develop an understanding of the ‘world view’ of the research participants (Crabtree and Miller, 1999; Liamputtong, 2007; Willig, 2013). This is opposed to quantitative research, which is more objective; it provides observed effect of a program on a problem or condition and, for example, might review records or documents for numeric information (Creswell, 2013).

The next section will explore the researcher’s epistemological position within a qualitative study.

3.2.1 Qualitative research: An epistemological view

Qualitative researchers can adopt a variety of epistemological positions, and there are different ways of applying these epistemological positions assumed by the different approaches to qualitative research (Creswell, 2013, Bryman, 2012). An epistemological consideration is concerned with what kind of knowledge is possible, acceptable, adequate and legitimate in a discipline (Willig, 2013). Scotland (2012) argues that a particular central issue of what is acceptable knowledge of a discipline is the question of whether the social world should be investigated according to the same ethics and measurements used to understand the natural world.

Bryman (2012) reports that the study of the social world requires a unique perspective to research, one that interprets the understanding of human's behaviour as opposed to forces that deem to act on it (Bryman, 2012: p.26). An interpretivist research approach develops subjective meanings of an experience due to the knowledge that people seek to understand the world in which they live and work (Blaikie, 2007; Willig, 2013). The aim of this research, then, is to rely as much as possible on the participant's view of the situation which is formed through the interaction with others and through cultural and historical norms that operate in individuals' lives (Creswell, 2009). This is opposed to the naïve realist approach, whose belief rests on an objective reality or truth waiting to be discovered (Blaikie, 2007). Rather, the interpretivist believes that we construct reality in our particular situations and therefore it follows that knowledge and understanding are highly related and depend on the context or situation; as a result, there is not one but many insights into the same phenomenon (Willig, 2001; Madill, 2000). In practice, the question becomes broad and general so as to enable the participants to construct meanings to a situation, a meaning which is typically formed through interaction with other persons (Creswell, 2009).

This section has shown that the interpretivist approach is concerned with exploring understandings that inform human action instead of the forces that are deemed to act on it. An interpretivist approach will therefore be applied to this research as it seeks to explore the impact of infertility on couples' relational dynamics.

The next section will look at the social ontological philosophical view and how it shapes the research question better. Social ontology is a belief system that relates to the nature of being,

becoming, reality and existence: the nature of what can be known. Thus, questions of social ontology cannot be separated from issues surrounding the conduct of social research (Scotland, 2012).

3.2.2 Qualitative research: An Ontological view

Qualitative research approaches open a researcher to different multiple realities with the intent of reporting these realities (Johnson and Onwuegbuzie, 2004). There are two ends of a continuum a researcher can take to understand how a participant in a research study views their experience differently; from an objectivism view (positivism) or subjectivism (constructionist) view (Bryman, 2012)

Objectivism is an ontological view suggesting that social reality is viewed as a reality external to the individual actor and as almost a perceptible reality of its own (Blaikie, 2007; Sarantakos, 2012). It has the features of an object and henceforth of having an objective reality (Bryman, 2012). Objectivist ontology as a choice leads to positivist epistemology, a deductive research approach, and thus, quantitative research methods would need to be applied (Sarantakos, 2012). Constructionism, on the contrary, recognises social phenomenon as created from the perception and consequent actions of those actors concerned with their existence (Oulasvirta et al., 2005). The selection of constructionist ontology leads to the choice of interpretivist epistemology; therefore, an inductive method will be used within the application of qualitative research methods of data collection and its analysis within this study. Qualitative methods of data collection and analysis enables the researcher to make an interpretation of the findings of the research, an interpretation shaped by the researcher's own experiences and background (Creswell, 2013). The aim of the researcher, then, is to make sense of the meanings the participants have about the world.

In summary, this research adopts a constructionist point of view because individuals develop subjective meanings of their experiences that are directed towards certain objects (Creswell, 2013). Therefore, the goal of the research is to understand the complex world of lived experience from and through the perspective of those who live it.

3.2.3 My epistemological position.

Having observed the challenges of infertility forced by a close family member and its wider impact on physical and emotional wellbeing, I felt it was imperative to study how couples make sense of the impact of infertility on couples' relational dynamics.

As a clinical nurse with a public health foundation, I found that talking to couples has emphasised the fact that although intimacy and relationship maintenance is important to them, this does not appear to be an area of high importance for health professionals involved in their care. Infertility experiences impact couples' lives. I have witnessed neglect within the family because of a couple's infertility, while others in the society have spent a fortune trying to conceive and achieve the status of fertile couples (Jungwirth et al., 2012).

As a researcher, I reject the approach of scientific realist standpoint in that I do not believe there is one single objective reality, separate from our perceptions of it, or that the scientific method is the only true way to access the real world (Scotland, 2012). I stand with Bhaskar's critical realist approach in that I do believe that there is a real world, but that knowledge of it is inclined by how the person perceives it in the context of their lives (Bhaskar, 1978). I identify with many of the assumptions made by the interpretivist epistemological approach as interpretative studies are more useful where understanding and meaning of a phenomenon are the major focus (Smith and Osborn, 2007), or where there is insufficient information such as the impact of infertility treatment and diagnosis on a couple's relationship and not just as a reaction to the deductive or quantified approach.

In conclusion, I am therefore adopting a qualitative approach to explore the impact of infertility on couple's relational dynamics, informed by an interpretivist approach. In light of my epistemological position, this study will discuss qualitative research methodologies which are informed by interpretivist epistemologies, such as constructionist versions of grounded theory and interpretative phenomenological analysis (IPA) for suitability in understanding and generating meaning of a phenomenon. In doing so, I will provide the justification of why the IPA method has been selected.

3.3 Qualitative research methodology.

This section will discuss the constructionist (interpretivism) worldview as it manifests within a grounded theory and IPA.

Social constructionist accounts of grounded theory are embedded within the interpretive approach to qualitative research with flexible recommendations and focus on theory development (Creswell, 2013). Charmaz (2003) argued that categories and theories do not simply emerge from data but are constructed by the researcher through their interaction with the data. Thus, the role of the researcher is acknowledged, as well as what the researcher brings to the research process (Blaikie, 2007). Consequently, in this instance, the theory reflects only one description of the data but contributes to the interpretivist positions on the nature of knowledge (Willig, 2001).

Whilst social constructionist versions of the grounded theory have an affinity with the epistemological stance of the researcher and therefore appear to be an attractive methodology for this study, such an approach was not thought suitable for the reasons outlined below.

The social constructionist understanding of the suitability of grounded theory approaches to answer research questions regarding the meaning and nature of experience has been questioned, with some advocating the use of phenomenological types of inquiry for answering questions about meaning and nature of an experience (Bryman, 2012; Smith, 2004). It could be argued that, when applied to questions exploring how people make sense of an experience, as opposed to the unfolding of social processes, the grounded theory method is reduced to a technique for systematic classification (Willig, 2001). This means that the result is a systematic plot of concepts and categories used by the participants to make sense of their experiences (Willig, 2001). While such a plot may provide us with a better understanding of the structure of participants' experiences, it does not, in fact, constitute a theory (Creswell 2013; Willig 2001). Therefore, as the research questions in this study are exploring the impact of infertility diagnosis and subsequent treatment on couples' relational dynamics, grounded theory was felt to be an unsuitable research methodology to answer such questions. Moreover, theory generation is not one of the objectives of this study.

IPA has been linked to a constructionist stance (Larkin et al., 2006; Biggerstaff and Thompson, 2008). It is a position ontologically rooted in critical realism, believing that there are unchanging and stable features of reality that exist with human conceptualisation (Sarantakos,

2012) and that different accounts of phenomena are possible because people experience different components of reality (Smith et al., 2009).

There are mainly three theoretical touchstones of IPA, which are phenomenology, hermeneutics and idiographic.

3.3.1 Phenomenological enquiry

Phenomenology is concerned with human understanding and originates from the works of Edmund Husserl. By phenomenology, Husserl meant the study of how people describe things and experience them through their senses. His most basic philosophical assumption was that “we can only know what we experience by attending to perceptions and meanings that awaken our conscious awareness” (Smith et al., 2009: p. 28).

Phenomenology is both a research method and a philosophical movement, in which the main objective is to explore and describe phenomena as they are consciously experienced (Lavery, 2008). Thus, a homogenous group is identified for research that may vary in size from 3 to 4 individuals to 10 to 15 (Willig, 2013; Creswell, 2009). The phenomenological method does not explore for the purpose of predicting or controlling behaviour, or to reveal causal relationships; instead it aims to interpret and make sense of phenomena of interest by understanding, analysing and describing (Creswell, 2009; Moustakas, 1994). It is without a theory about causes and is as free as possible from unexamined assumptions and beliefs. A phenomenology ends with a descriptive passage focusing on the essence of the experience for individuals, combining what they have experienced and how they experienced it (Creswell, 2013).

Larkin et al., (2006) argued that ‘the essences’ were universal to any lived experience and that they represented the real nature of the phenomenon under investigation, resulting in one correct explanation of the phenomena under investigation. Husserl thought that it was necessary to develop a rigorous, scientific foundation for the natural and human sciences and, as a result, introduced the concept of “transcendental objectivity” (Smith, 2015). In order to achieve this, he proposed that individuals had to “bracket” the outer world by continually assessing and ‘neutralising’ any biases and preconceptions that may be present (Lopez and Willis 2004) and only then could contact with the ‘essences’ be achieved. While Husserl was concerned with finding the essence of experience, IPA is “more concerned to capture the particular experiences as it is experienced by particular people” (Smith et al., 2009: p. 3).

Therefore, exploring the impact of infertility on couples' relational dynamics through phenomenological enquiry provides essential truths about reality that are difficult to discover through quantitative methodology (Larkin et al., 2006). To capture the couples' experiences of infertility, another main theoretical underpinning of IPA is derived from hermeneutics, the theory of interpretation.

3.3.2 Hermeneutics

In developing the work of Husserl further, Heidegger (1962) began his philosophical career as a student of Husserl, and later moved away from the transcendental project and set out the beginnings of hermeneutics (theory of interpretation). Hermeneutics is a method of enquiry that is concerned with experience rather than what was consciously known; it focuses on the 'person and the context of their existence' (Lopez and Willis, 2004). Heidegger believed that phenomenological method of enquiry should be concerned more with the relationship of the individual to their entire life and used the term 'in dissolute unity' to emphasise this concept (Maguire, 2011). Heidegger (1962) in Smith et al., (2009: p.16) advocated that there are many ways of 'being in the world' but most important was in being aware of 'one's own being' that is to say, 'Dasein'. To exist in this way, he believed, was to exist 'authentically' and he proposed that access to the 'lived experience' can only be achieved through exploration of this entity. He questioned Husserl's phenomenology and believed that narrative devoid of interpretation was impossible, so he initiated interpretation as both a concept and method of phenomenology (Maguire, 2011). Heidegger (1962) in Smith et al. (2009: p.17) believed that understanding through interpretation was meaningful and resulted in the true revelation of the phenomena.

Furthermore, in contrast to the works of Husserl (1962) and his views on 'bracketing', Smith et al. (2009) believed the presence of fore-structures such as existing knowledge and experience to be both useful and valuable. Smith et al. (2009) uses the term 'the hermeneutic circle' to illustrate the continual relationship between pre-existing knowledge and experience in understanding.

Another writer on hermeneutics is Gadamer (1989; in Smith et al., 2009: p.34). Gadamer moved on from the work of Heidegger, by questioning how understanding was possible. He agrees with the work of Heidegger that language and understanding were inseparable features

of 'being in the world' (Smith et al., 2009). However, he also emphasises the importance of history and the effect of tradition on the interpretative process (Smith et al., 2009). Gadamer (1989) also argued the notion of bracketing was 'absurd' because being aware of one's own experience enables individuals to transcend to a 'fusion of horizons' (Gadamer, 1989 in Smith et al., 2009). By horizons, Gadamer meant 'a range of visions that includes everything that can be seen from a particular vantage point'; thereby fusion of horizon means "a dialectical interaction between the expectation of the interpreter and the meaning of the text" (Gadamer cited in Lavery, 2008). From this viewpoint, a research grounded in the works of Gadamer aims to understand the fusion of horizons between the researcher and the participant (Lavery, 2008).

Therefore, Heidegger's (1962) viewpoint on the individual 'being in the world' and Gadamer's (1989) view on the importance of history and tradition in shaping our perception of the world supports IPA's focus on seeking knowledge from the participant perspective and interpretation as it acknowledges the researchers past and personal beliefs in the construction of knowledge (Lavery, 2008; Smith et al., 2009).

IPA also acknowledges how access to the participants 'lived experience' is influenced by their role in the research process in that they are required to make sense of participants accounts through a process of interpretation (Smith et al. 2009). IPA is said to involve a double hermeneutic in that as well as the individual attempting to make sense of their world, the researcher is, in turn, trying to make sense and interpret the accounts of the participant (Eatough and Smith 2006).

Consequently, exploring the impact of infertility on couples' relational dynamics through the role of cognition and how these can be fixed through words and dialogue of their experiences will capture how the couple's make sense of the diagnosis of infertility and its impacts on their relational dynamics.

3.3.3 Idiographic

Eatough and Smith (2006: p.63) describe IPA as an idiographic mode (a mode of understanding the meaning of a unique and subjective entity) of inquiry, which is in contrast with the nomothetic approaches (mode of deriving law that explains objective phenomenon in general) where analysis is conducted only at a group level. IPA advocates the examination of both individual cases and analysis from a group level. The individual case can enable claims

from an individual basis and from a group level; it enables the identity of shared themes that participant may have (Eatough and Smith, 2006; Smith et al., 2009).

The idiographic focus of IPA enquiry suggests that everyone is unique and therefore everyone should be studied in a distinct way (Smith et al., 2009). This will facilitate an in-depth exploration of this phenomenon from the perspective of the couple as a unit, thereby, making sense of the impact of infertility diagnosis and subsequent treatment on the couples' relational dynamics. Imposing theory too early may narrow the focus of the research area and lead to key variables being missed.

Therefore, following a discussion on the philosophical view point of IPA, the next section will explicate the adoption of IPA as a methodological tool in this study.

3.4 Rationale for IPA in this study

The social constructionist version of IPA is more suited for this study because it provides rich and complete description of human experiences and meanings (Smith et al., 2009; Eatough and Smith, 2006). IPA was selected for this study for its phenomenological enquiry because it provides an exploration of the couples' experience as opposed to attempting to produce an objective interpretation of the couples' experience. At the same time, during the process of making sense of the couples' personal world, IPA also ensures that access is dependent on the researcher's own conceptions, which are required to make sense of the couples' experience of infertility through a process of interpretative activity (Larkin et al., 2006; Smith et al., 2009). IPA also provides a unique perspective of studying the couples as unit and thus provides understanding of the impact of infertility on the couples' relational dynamics. The technique involved in this approach carefully keeps the interpretation as faithful as possible to the experiential raw data and; thus provides both strength and robustness to the research. Therefore, for the above reason, IPA was determined the appropriate methodology for this study.

Consequently, having provided justification for the qualitative exploration of the impact of infertility diagnosis and treatment on couples' relational dynamics and why IPA was considered an appropriate methodology, the rationale for interviewing couples as a unit will be explored.

3.5 Rationale for interviewing couples as a unit

This research aims to explore the experience of infertility diagnosis and subsequent treatment on couples' relational dynamics in South West Nigeria. A literature search of available studies using IPA and interviewing couples as a dyad was undertaken to provide justification for the research methods utilised. (Appendix 1). Findings revealed that IPA and couple interviewing has been widely adopted in terms of studying sex and sexuality and the experience and context of psychological distress (Smith et al., 2009) for example in studies that explored intimacy and relationship, making sense of dementia and adjusting to loss and infertility.

A literature review of nine studies was undertaken and revealed that the most effective way to elicit information pertaining to the couples' relational dynamics was through joint interviews (Appendix 1). Four key elements are discussed below with a particular focus on the conceptual and practical issues of dyadic joint interview.

Firstly, IPA research has been commonly presented at the idiographic level. Usually, this word has been linked with the study of 'individual' persons in psychology. However, it originally functioned within a wider meaning, namely to distinguish the study of specifics from the study of 'things-in-general' (Larkin et al., 2006: p.26). Hence, the study of any specific situation (couples infertility) or event can also be called idiographic (Smith et al., 2009; Larkin et al., 2006: p.34). Following the idiographic focus of IPA, when interviewing couples together, the participants have more control over the shared story of which they are a part. Thus, problems of anonymity and consent among interviewees are reduced, as both are present and what is being said is in a 'public' setting (Corti, Day and Backhorse, 2000). Thus, interviewing couples together in this research prevents the researcher from been a medium through which confidential and possibly cultural beliefs and sensitive information may be pieced together in ways that may be unintended by the individual participants and which may have a negative impact on their relational dynamics (Burton et al., 2013). Findings reveal that the idiographic analysis of a couple as a case study offers robust information which will provide a more concrete knowledge.

Secondly, IPA seeks to offer an insiders perspective; thus allows the exploration of participants' shared experience, the meanings they gave to those experiences, and the production of rich data (Smith and Osborn, 2007). The participants' personal world also depends on the researcher's own conceptions; indeed, these are required in order to make sense of that other personal world through a process of interpretative activity. Thus, a two-stage interpretation

process, or a double hermeneutic, is involved (Smith and Osborn, 2007). The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world (Smith et al., 2009). Following the exploration of the couples shared experience, one of the oppositions made is the assumption that a couple will relate a constant story when interviewed about their relationship. Related to this perceived limitation is the idea that one of the partners might overtake the discussion and that the other partner's side of the story will be disregarded (Bjornholt and Farstad, 2012). Bjornholt and Farstad (2012) also noted that they cannot categorically claim that situation like this never occurs in a joint interview, but in their experience, divergence and negotiations do become evident in joint couple interviews.

Lalonde (2014) IPA study aimed to understand and compare how couples made sense of their marriage post marriage intensive therapy (Lalonde, 2014). Lalonde (2014) adds that interviewing couples together might reveal sensitive subjects that the participants might not be willing to discuss. However, in a joint interview, conflicts can be debated there and then, and through that process, the researcher can be provided with rich and revealing data (Bjornholt and Farstad, 2012). In defence of interviewing couples as a dyad in this current research, dyadic interview within an IPA approach will provide evidence not only of the experiences of each partner but also of the differences between what each one is living through, and their points of divergence and convergence (Wawrziczny et al., 2015). Thus interviewing couples within an IPA study provides an insiders perspective to the shared experience of infertility and how infertility impacts on the relational dynamics of the couple. This provides rich data not readily available from individual interviews.

Third, studies adopting IPA focus on the role of cognitions and how these can be fixed through the analysis of language, which allows the researcher to explore how individuals make sense of their experiences and what they think of its impact on their lives (Smith et al., 2009; Eatough and Smith, 2006). In order to explore and understand the impact of infertility on the couples' relational dynamics, it is important that we get some insight from the couples as a dyad. The dyadic interview enables the exploration of 'how' the couples feel, think about infertility, and the meanings that they ascribe to it, as infertility affects both partners. For example, an infertility based research study by Kilbride (2003) aimed at assessing how couples appraise and communicate their fertility problems argues that partners are likely to influence each other's appraisal of their fertility problem. Wawrzicz et al. (2015) study on impact of early onset of dementia on couples' relational dynamics adds that early interventions with a

dyadic approach are aimed at developing communication between the two partners, informing them about the disease and available support services, and helping the couple get through the emotional upheavals generated by the diagnosis (Wawrzycz et al., 2015). Thus one of the strengths of interviewing couples as a dyadic is it develops communication amongst partners. Therefore in this research adopting this approach supports the study of couples as an interacting and dynamic unit and ensures the complexity of their shared experience is not lost.

Finally, as highlighted by Nieuwenhuis et al. (2009) infertility has been seen to be a woman's issue, with little attention placed on the experience of men with infertility. The dyadic interview may be a way to recruiting men to family studies as it is often more difficult to recruit men to separate interviews than women (Bjornholt and Farstad, 2012). Tolhurst (2017) study evaluated dyadic elements of experience which has been harnessed by the joint interview method. The dyadic interview approach enabled the perspectives of men with dementia and their carers to be examined, but also offered direct insights into how these perspectives are negotiated within a dyadic dynamic (Tolhurst, 2017). The interview will take place where the couples feel most comfortable at, either at their home or at a private room in the clinic (Cresswell, 2009), thus encouraging the participation of the men and enabling the couples feel at ease and may offer an elaborative and informative narrative. Under such settings it might be feasible to produce detailed interpretations from both participants that would not have been presented in one-to-one interviews (Tolhurst, 2017). Also, in a situation where both spouse are together in a comfortable platform as a result of their shared presence within the research process, they might offer subjective perspectives that they have never before conveyed to one another.

Interviewing couples in this research will not only add to the depth of knowledge on the impact of infertility on couple's relational dynamics in Nigeria, but will also inform the wider and international body of literature on this topic.

3.6. Strength and Limitation of IPA and dyadic research.

Willig (2008) argues that the most active criticism of IPA is that IPA, like many phenomenological studies gives unremarkable recognition to the imperative role of language. Smith et al (2009) accepts that the primary purposes of IPA are to gain insight into the experience of the participants, it is constantly entwined with language. Findings from the reviewed studies on IPA and dyadic interviews reveal that meaning making takes place in the context of narratives (what is thought-provoking or noteworthy about what the couples said; exploring the specific use of language by the couples with a focus on engaging at a more interrogative and conceptual level) (Smith et al., 2009; Tolhurst, 2017; Lalonde, 2014; Wawrzycz et al., 2015; Freeman, 2011; Robinson et al., 2010). It builds a harmless space for partners to make sense of and share their experiences and feelings without being judged (Lalonde, 2014). The couples are able to compliment each other's narratives and also enable them to recall issues that they might have forgotten by reminding each other (Mavhandu-Mudzusi, 2018). Smith et al. (2009) argues that IPA is dependent on how participants recall some of their experiences. Findings from Azwihangwisi and Mavhandu-Mudzusi (2018) aimed at understanding the experience of living in an HIV-serodiscordant relationship. The study interviewed seven couples and findings further revealed that partners' nonverbal reactions, when one of them is replying, act as minimal triggers for the other partner (Azwihangwisi and Mavhandu-Mudzusi, 2018). The nonverbal cues also function to direct the interviewer in discovering certain areas more completely. Some prompts even cause the person who is talking to add more information (Mavhandu-Mudzusi, 2018).

In addition, the claim that IPA is concerned with cognition opens it to criticism because some aspects of phenomenology are not well-suited with cognition (Willig, 2008; Giorgi, 2010). However, Smith et al. (2009) disagrees this by arguing that the IPA's precondition of generating meaning by "making sense" which includes formal reflection evidently resonates with cognitive psychology. IPA provides a means of journaling ones pre-conceptions throughout the research process thereby a further layer of quality in IPA research (Smith et al., 2009).

IPA raises concerns on whether it can appropriately provide the experiences and meanings of experiences rather than opinions of it (Larkin et al., 2006; Brocki and Wearden, 2006). The critical question asked by critics is whether both the researcher and the participants have the communication skill required to successfully make sense of the nuances of experiences (Azwihangwisi and Mavhandu-Mudzusi, 2018). Also, it is challenging to translate some non-verbal cues expressed by the participants despite using probes to gain clarification (Azwi-

hangwisi and Mavhandu-Mudzusi, 2018). Smith (2004) agrees that it can be difficult to negotiate the meaning of non-verbal communication.

Also, interviewing couples as a dyad within a sensitive research context may stimulate a lot of undesirable emotions such as feeling embarrassed, ashamed or guilty (Azwiangwisi and Mavhandu-Mudzusi, 2018). Azwiangwisi and Mavhandu-Mudzusi (2018) adds that it can be tempting as a researcher to continue with the interview instead of offering counselling while detecting the emotions. However, wawrziczny (2014) indicates that interviewing couples as a dyad within an IPA research requires good counselling skills in order to address immediate emotions without going into in-depth counselling.

3.7 The implications of power dynamics and patriarchy within the couple interviews

The implication of power dynamics in couple interviews relates to cultural beliefs and practices. These cultural beliefs or practices potentially create conflict that may interplay during the interview (Bjornholt and Farstad 2012). This may rise up given what is known about cultural beliefs and practices around infertility in Nigeria (for example, assumptions in relation to women as witches and curses can be placed on either or both of the partners) (Fehintola et al., 2017; Larsen et al., 2010; Nieuwenhuis et al., 2009). Kilbride et al. (2003) interprets an experience where a female participant described how her partner made her feel worse; she felt unable to express her feelings of distress about their fertility problem because if she did the male would express his feelings of guilt and blame, as it was a male factor problem. Similarly, Lalonde (2014) described how a female within the dyadic interview would somehow turn every conversation around to be about their fertility issue, and this was perceived by both of them, but the man especially, to be unhelpful. Also, with one of the couples interviewed in Azwiangwisi and Mavhandu-Mudzusi (2018: p.7), the wife said that she felt uncomfortable about the way the chairs were arranged before the start of the interview. She expressed her disapproval on how the arrangement of the chairs made her feel, saying she felt that having the chairs arranged facing each other made her feel like she was disrespecting her husband (Azwiangwisi and Mavhandu-Mudzusi, 2018: p.7). When asked what her preference was regarding the seating arrangement, she expressed her choice would have been to sit on the carpet, lower to her husbands' gaze (Azwiangwisi and Mavhandu-Mudzusi, 2018: p.7). The implication of patriarchal influence during couple interview was further expressed in this study, in which one of the women repeatedly asked for permission from her husband to reply

to some sensitive questions such as aspects of their sexual life (Azwihangwisi and Mavhandu-Mudzusi, 2018: p.7). Hence, power is relevant in all of these discussions as power determines the topics we discuss, the opinions we share, whether we adapt to the expectations of others, and the communication behaviours we choose to enact. Consequently, power dynamics potentially influence the communication behaviour of the couples, which may potentially influence the quality of the interview.

The Nigerian society is patriarchal in nature which enables men to dominate the women (Makama, 2013). This puts a limit to the decision making power of women and what women are allowed to participate in within the society (Holloos et al., 2009; Nieuwenhuis et al., 2009). Thus, the supposed irrelevance associated with the status of women in society has merely reduced an average woman to an inferior commodity (Makama, 2013; Okonofua et al., 1997). According to Makama (2013) there is little a woman can do about child bearing without the husband's agreement, as a child belongs to the father in the context of Nigerian society. In Nigerian culture, the opinions of the man take primacy even in a situation where the woman is the breadwinner of the family. In a situation where the man is not making the decision in his household, he is considered a weak man or he has been hypnotized by his wife (Makama, 2013; Okonofua et al., 1997). The man decides when to start or begin treatment; he decides what to invest their money into and what not (Holloos et al., 2009; Larsen et al., 2010). Thus he arguably makes the decision on what to do regarding their infertility challenges even though it is a shared experience (Okonofua et al., 1997). Also, Azwihangwisi and Mavhandu-Mudzusi (2018) adds that negative emotions such as embarrassment, guilt and blame are generated in couple interview. Consequently, the implication of patriarchy on the couple interview within a Nigeria culture may potentially produce some undesirable emotions which may interplay during the interview, thus impacts on the quality of the interview.

This section has reviewed the implication of power dynamics between partners in a heterosexual relationship and the influence of patriarchy in couple interviews. Findings have revealed that cultural beliefs and practices can influence the communication behaviour of the couples during the interview. This may potentially impact the quality of the interview and will be discussed further in the following chapter.

3.8. Summary

For a novice IPA researcher, I had to spend an extensive amount of time and effort to understand the three key elements of an IPA study (phenomenology, hermeneutics and idiographic) and how they function together. After engrossing myself in the key elements, mentioned above, I started making sense of how the theoretical and philosophical fundamentals facilitate a rigorous, organised, and resourceful thesis. Although it was a challenge learning this methodology, selecting it was easy – combining qualitative modes of enquiry with a psychological foundation meant that the findings from this thesis will not only describe events but also make sense of the couples' life experiences – which in my view was very fascinating and has the potential to positively impact future research and practice. What I like the most is the fact that IPA has a theoretical obligation to the person as a cognitive, linguistic, affective, and physical being, and adopts a series of association between people's dialogue, thinking and emotional state.

In the case of couple interviewing and IPA research, it is important to understand that the couples' interpretation of their experience within a joint interviewing framework can be interpreted as a joint co-constructed account of their experience (Smith and Osborn, 2007). For example, what this means to me as a researcher doing this type of analysis is the couple told their own shared truth; whether it's coming from the man or the woman, this can be interpreted as their shared experience. In cases where acceptance or refusal of story is shown within the interview (like nods, saying yes or no, interjecting during the interview or just silence) this can be interpreted from a relational dynamic perspective.

Being a married woman who functions within a Nigerian culture, the philosophical stance of having to reflect upon my personal experiences, preconceptions and assumptions was something I found stimulating. The fact that IPA is a newly developed methodology (1996) and considered by most researchers as a contemporary methodology, and thus being an opportunity for me to become an expert during my doctorate years is very exciting.

The next section will present the process that was used in this study and includes a discussion of the aims and research questions, the study design, the population and sample, the recruitment process, the data collection process, the data analysis approaches that were employed to confirm the aims of the study were achieved and the ethical dimensions and considerations.

CHAPTER 4: STUDY METHODS

4.1 Introduction

The preceding chapter highlighted the justification for exploring the impact of infertility on couples' relational dynamics using a qualitative research method and why IPA was chosen as an applicable methodology for this study. This chapter presents the process that was used in this study and includes a discussion of the aim of the study and research questions, the study design, the population and sampling, the recruitment process, the data collection process, the data analysis approaches, the ethical dimensions and considerations and reflexivity.

4.2 Aim of the study

The aim of this study was to explore the experience of infertility diagnosis and subsequent treatment on couples' relational dynamics in Southwest Nigeria.

Sub-questions

- How do couples make sense of the impact of infertility?
- How do couples make sense of the impact of subsequent treatment?

4.3 Study design

This study adopts an IPA design. For the purpose of this study, IPA as an approach affords the exploration and how couples diagnosed with infertility make sense of the impact of infertility diagnosis and subsequent treatments on the couples' relational dynamics. These couples were interviewed together within a dyadic interview.

4.4 Population and Sample

In IPA studies, sample sizes are small with a prominence on how thorough the data was analysed rather than size (Smith et al., 2009). Sample sizes between four and ten are optimal for the level of detail required in IPA at the doctoral level (Eatough and Smith, 2006). As such, selection is purposeful because the researcher's primary aim for conducting an IPA study is to accurately describe the lived experience of a culture, experience or event (Rossman and Rallis, 2003). And most importantly, interviewing the couples diagnosed with infertility can provide data or access on the phenomenon under study (Ritchie and Lewis, 2003).

The Federal Government teaching hospitals in South Western Nigeria (the gynaecological department) served as the research site (Appendix 2). There are two tertiary referral hospitals located in this region (a region of 15.5 million people) (Adeniyi et al., 2012). Couples who access the hospital are predominantly members of the Yoruba ethnic. For this research it enables the selection of couples from a sample of people with similar cultural and socio economic backgrounds, thus providing a unique perspective into the experience of infertility.

4.4.1 Inclusion and Exclusion Criteria

Smith et al. (2009) argues that in IPA study, the samples should be a fairly homogeneous (a closely defined group). If the couples with the experience of infertility are vastly different, it would be challenging to make a decision if this is due to their separate characteristics rather than the social variable they denote (Larkin et al., 2006). The criteria for inclusion of all the couples receiving treatment of infertility at the teaching hospital was that one or both of the partners were diagnosed with primary or secondary infertility and they were living together as a couple (married or unmarried). Polygamous relationships were exempted from this study to prevent confoundings factors. The couples were obligated to speak fluent English because this was required to take part in the interview. The English language is the universal language in Lagos state; however, in a situation where one or both of the couples could not speak fluent English they were excluded from the research as this makes interviewing and interpretation difficult. Lastly, the participants had to be willing to be interviewed together because this study is aimed at exploring the couple's joint interpretations of the effect of infertility diagnosis and treatment on their relational dynamics.

4.5 RECRUITMENT

After obtaining the ethical approval from The NHS, Invasive or Clinical Research Committee Faculty of Health Sciences and Sport, University of Stirling and Lagos state teaching hospital Idi Araba Ethics Committee, I started a more formal process of informing staff at the hospital about the study by sending a written proposal which was sent by mail to the head of Faculty Obstetrics and Gynaecology in the proposed hospital. The head of the faculty assigned a Consultant to me who conveyed information about my research to the doctors and nursing staff at the clinic. This was important to ensure informed knowledge of the purpose of the research to every member of the team prior to data collection.

Step 1: Sampling and recruitment

The lead nurse facilitated selection of eligible couples by assessing the patient files to highlight eligible couples during their clinic days. She was also responsible for introducing me to the couples at the end of their consultations.

I then provided further introduction about the study and offered them information about taking part, emphasising that their participation is entirely voluntary and would in no way adversely affect them or the care they receive if they refused. I gave information sheets to the couples along with a slip for couples to fill in their contact detail.

On the slip, the couples were asked to tick the appropriate box if they were interested in participating. Couples willing to participate filled in the slip with their contact details (names, address and telephone contact details) and those who were not interested returned the slip back to me (Appendix 7). Some participants filled in their details the same day and some took the slips home to return back at their next scheduled appointment.

Step 2: Contacting eligible couples

For couples who were willing to take part in the research, I followed up with phone calls after two days to give the participants time to read the Participant Information Sheet (PIS). For couples who returned their contact details/slips at their next clinic day, I followed up with a call as soon as I received the slips back from the nurses. If the couples remained willing to take part, then I arranged to interview the couples at their home or at the clinic. All ten couples recruited were interviewed in an assigned room provided by the lead nurse. All couples turned down the option of visiting them at home to carry out the interview. Six of the couples reported reasons associated to keeping their privacy and general hospital preference (they had family members living with them, hence were uncomfortable to speak to me about their experience) and distance (four of the couples lives very far away from the hospital).

Step 3: Formal written consent

All ten couples signed a consent form (Appendix 4), which confirms that the couples were given the opportunity to consider the information on the IPS, and all questions that arose were answered satisfactorily. Also, signing the consent form confirmed that the couples were not coerced to participate in the research, participation was voluntary and they were free to withdraw at any time, without giving any reason, without their medical care or legal rights being affected. The couples also consented to having the interviews digitally recorded and for the recordings to be stored securely.

4.6 Data collection

Other methods of data collection have been used in IPA studies such as focus groups, diaries and electronic e-mail dialogue (Smith et al., 2009). However, these methods of data collection were not selected as I felt they did not reflect on the idiographic focus of IPA methodology, would not enable the collection of in-depth data that is required to answer my research questions. In order to explore the impact of infertility on the couples' relational dynamics, the methods that I adopted had to facilitate the collection of data which would enable a comfortable interaction with the participants and in turn, enable detailed account of the experience under investigation. An in-depth interview facilitates such exploration.

4.6.1 In-depth interview: Semi structured or Un-structured interviews?

Having decided to use in-depth interviews as my method of data collection, I then had to determine what type of in-depth interview technique to use.

In the unstructured interview, only one question is asked at the beginning of the interview and the way the interview transpires is entirely dependent on how the participants reply to the first question (Crabtree and Miller, 1999; Willig, 2013). The assumed benefits of the structured interview layout are reliability, control and speed. That is, the interviewer has full control in the interview process (Smith and Osborn, 2007). It is also argued that the interview will be reliable in the sense that the same layout is being used with each participant, and that the identity of the interviewer should have minimal effect on the responses obtained (Smith, 2015). However, the structured interview limits what the respondents can talk about and may well miss an important area to the researcher (Smith and Osborn, 2007: p.65)

In comparison, in the semi-structured interview, the questions asked by the researcher function as prompts that encourage the participant to talk and it is these questions and prompts which direct the interview and type of data collected, in order to answer the research questions posed (Braun and Clarke, 2006; Willig, 2001). According to Smith et al. (2009), this method of interviewing attempts to implement IPA's epistemology and facilitates an appreciation of the participants interpretation of particular phenomenon. Thus, the semi-structured interview facilitates rapport/empathy, allows a greater flexibility of coverage and allows the interview to go into novel areas, and it tends to produce richer data (Freeman, 2011; Kilbride, 2003; Smith and Osborn, 2007; Tolhurst, 2014). For this study which aims to explore the impact of infertility on couples relational dynamics, a semi-structured interview method ap-

peared to be the most widely adopted method for IPA researchers (Reid et al., 2005) and this was the method implemented.

4.6.2 Interview Schedule

An interview schedule was drafted as an informal and flexible tool to assist in guiding the dialogues in the dyadic interview (Bryman, 2012; Smith and Osborn, 2007) (see Appendix 5). In my effort to devise a flexible schedule, my thought was centered on how certain questions might be perceived due to the sensitivity of the topic, thus the arrangement and phrasing of the questions were paramount (Lakin et al., 2006), for example more general questions were asked at the beginning to set the scene and more sensitive questions were asked when the couples felt more comfortable with the interview. General question such as “what does infertility mean to you as a couple?” and more sensitive question such as “Could you describe the experience of infertility diagnosis on your relationship”.

Further questions that required prompting and probing were structured to encourage the couples to make sense of their experience in more depth and provide more interpretations.

4.6.3 The interview process

The process of data collection is an unpredictable experience. Consequently, it would be unmanageable to prepare for every eventuality because, when carrying out research with human subjects, there is always a possibility for those persons to act in an impulsive and unanticipated manner (Fahie, 2014). In a culturally sensitive country such as Nigeria, interviewing couples together to explore their shared experience of infertility was a challenge. The infertility clinic was mostly populated with women, since the men refused to accompany their wives to the clinic due to the misconception that infertility is a woman’s issue (Nieuwenhuis et al., 2009). This misconception and stigma attached to infertility in Nigeria impacted the proposed length of recruitment, from four weeks to five months. In my view, negotiating dates with the couples felt like the most difficult appointment I have ever had to make. For example, I had a scheduled appointment with a couple, and the next minute the interview was cancelled for various reasons, mostly associated to the aforementioned cultural construct of infertility in Nigeria. Though the strength of qualitative research is that it is flexible enough to capture such behaviour (Mertens, 2010; Sin, 2010), it can pose challenges for researchers, particularly novice IPA researchers, as to how best to manage such conduct (Smith et al., 2009).

In addition, to provide comfort and accessibility to the couple, the couples had the option to be interviewed in the comfort of their homes. Nevertheless, all the couples opted to be interviewed at the hospital, mostly due to protecting their privacy, as most of the couples had family members living with them. For some of the couples, having the interview take place at the clinic was time efficient as the travel distance to their houses was not sustainable. The hospital, however, lacked the basic amenities such as regular power supply, which impacted the temperature of the clinic room and the flow of the interview. It was difficult for the nurses to provide a private room for me; the head nurse had to vacate her office during the scheduled times for my interviews as this was the only conducive room in the clinic. Although the head nurse office was set up as a conducive room for an interview, there were interruptions from the staff nurses for the collection of important documentation stored in this office. For an IPA study that entails the couples sharing their experience of infertility from a dyadic perspective, I felt the couples were not afforded the privacy for a research of such sensitive nature. I felt helpless because there was nothing I could do. I felt I had to work harder to make the couples more comfortable by constantly reassuring them and asking how I can make them more comfortable during the interview.

At the start of each interview I reminded the participants of the study focus and assured them of strict confidentiality (Larkin et al., 2006). I started by ensuring the participants were aware of the voluntary nature of participating in the study and that they could withdraw at any time. I also used my communication skills gained from practice as a nurse and knowledge of Nigerian culture (as a Nigerian woman) to help put participants at ease and create a rapport with them hence facilitating open and honest responses (McCosker et al., 2001). I encouraged them to seek clarification if they did not fully understand any of my questions (Smith et al., 2009). I emphasised that they were under no obligation to answer all my questions (Smith and Osborn, 2007).

While interviewing the couples, the interview schedule was not followed rigidly. In contrast, the couples were at times encouraged to take the lead in influencing the direction of the interpretations that they were willing to share about their joint experience of infertility (Willig, 2001; Smith and Osborn, 2007). I memorised the questions on the interview schedule in advance of the interview to facilitate a more open approach (Smith et al., 2009). The length of the interviews ranged from thirty-three minutes to fifty-five minutes. All the interviews were audio-recorded and transcribed to aid with analysis. In order to intensify my own cognizance of presuppositions, assumptions, and bias, I commenced the process of primary reflection by

keeping a reflective journal to maintain a continuing record of personal understandings gained (Smith and Osborn, 2007). Hassan (2015) argues that keeping a journal encourages being aware of bias continuously and this leads to a more rigorous study. Any observation, such as the tone of voices, laughter, silent and dominant participants, was reflectively noted alongside my changing thoughts and ideas as the research proceeded (Smith et al., 2009).

4.6.4 POTENTIAL RISKS AND SAFEGUARD

The couples were offered the option of being interviewed at their homes or a private room in the clinic (Dickson-Swift et al., 2009). An undisturbed venue is a high priority (Elmir et al., 2011), as it is important that the couples feel comfortable, safe and secure and that the interviews be conducted without any interruptions. Where a couple decided to have the interview in a private room at the clinic, a quiet and private room was chosen, for example a private office. This was arranged with the ward's head nurse beforehand to ensure the availability of the room on the day of the interview and with no access for others.

Sensitive issues in research require exploring the experience of infertility on couples' relationships (Elmir et al., 2011). Infertility in particular may pose some psychological difficulty for the couples; thus it is necessary to make available a contact point for the couples in the research who could become distressed by issues raised during the interview (Dickson-Swift et al., 2009; Elmir et al., 2011). Strategies employed in other studies included providing access to a professional psychologist or referring couples to support services to counsel and allay anxiety after the interview (Liamputtong, 2007). However, there is currently no support service for couple experiencing infertility in Nigeria (Fatoye et al., 2008). Culturally, this is not part of the usual clinical service provided in Nigeria. However, clinical healthcare professionals on site do informally provide support when required. In this study, I ensured that in the event of either partner becoming emotionally distressed, recovery time was offered and, if agreed, the interview terminated. The nurses and doctor at the clinic who were experienced with dealing with patients with infertility would provide support for couples that needed to further discuss issues raised during the interview. The couples were given a number to call either to speak to them on the phone or arrange an appointment. Details are included in the information sheet (Appendix 6).

Usually during the data collection phase, a common risk for researchers undertaking sensitive research in this field is the emotional sorrow of listening to the couples' repeated stories of the impact of infertility on their lives (McCosker et al., 2001). It is not unanticipated that per-

sonal feelings of sorrow and anguish would be experienced when listening to couples with infertility recount their experiences. Therefore, after I conducted this research, I debriefed with my supervisors accordingly. This ensured I had access to the necessary support within their capability via phone calls, Skype calls and emails (McCosker et al., 2001).

4.7 Analytic process in an IPA study

Introduction

In an IPA study, Burton et al. (2013) reports that the joint interviews should be analysed as a co-constructed account because the couples told one interconnected story. Thus, the researcher has to consider how what is stated has been shaped not only by the presence of the interviewer, but also by the presence of the other partner in the couple.

In line with this, I started thinking about a way in which I could capture and code the transcripts and then in turn capture and code my thoughts as the interpreter of the data (Vicary et al., 2016). The existing literature on analysis in IPA has not prescribed a single method for working with data (Smith et al., 2009). Many published papers propose a healthy level of flexibility in developing the data analysis (Smith et al., 2009).

In my quest to apply the appropriate approach to manage my data within IPA specification, at first I was convinced a software management (NVIVO 11) was an appropriate approach to attempt (Bazeley, 2002). I soon realised that it was not possible to make notes that could reveal a detailed part of the source as they cannot be marked or highlighted (Vicary et al., 2016; Bazeley, 2002). For this study, the step-by-step approach advocated in Smith et al. (2009) was applied.

The next section describes a step-by-step approach to the analysis in IPA.

- Looking for themes in the first couple: I started by looking in detail at the transcript of one interview before moving on to examine the others, couple by couple. This follows the idiographic approach to analysis, beginning with particular examples from the first couple and only slowly working up to more general categorization (Smith et al., 2009). This section also involves how I engaged with the insider-outsider concept of an IPA study, as seen in step 1 to step 4.

- The development of a structure, frame or gestalt which illustrates the relationship between themes, as seen in step 5 to step 7.

4.7.1 Looking for themes in the first couple

This method involved using a Microsoft Word document with three margins.

Emergent Themes	Original Transcripts	Initial noting/ Exploratory comments
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The first column documented the emergent themes, the second column had the original transcripts and the third column had the initial noting or exploratory comments at three levels about the couple’s content, linguistic interpretations and conceptual comments (Pietkiewicz and Smith, 2012; Smith et al., 2009). This method enabled me immerse in the couple’s world, as it felt more engaging as opposed to the software management tool.

Step 1: Reading the original transcript a number of times. I started making sense of the couple’s interpretation and making initial notes in the third column. The initial notes included a description of what was thought-provoking or noteworthy about what the couples said; linguistic comments were italicized and focused on exploring the specific use of language by the participant; finally, conceptual comments were underlined with a focus on engaging at a more interrogative and conceptual level.

The abstract on Table 3 below illustrates the first stage of analysis for a small segment of the interview with Couple Yinusa, who was the first couple in this study.

Box 1.1: Original transcript from Couple Yinusa and the exploratory comments.

<p>I : How long have you guys been waiting?</p> <p>H: 4, 4years. But we don't know if God is keeping quadruplet for you. If the person you marry the same time he has two kids now and this year</p>	<p>Making sense of the period of wait as God keeping Quadruplets for him.</p> <p>“If the person you marry the same time he has two kids now and this year or maybe by next year, God give you quadruplet, so who's</p>
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<p>or maybe by next year, God give you quadruplet, so who's now having more? *giggles* you see? That's just the logic, so we don't need to kill ourselves over something that, ehh, we don't need to. The only thing is we need to be prayerful then follow up our treatment, then leave the rest to God. Then the question, let me go back to the question I've not forgotten, I said "God have already given me children in disguise". You said "why did I say that?" I don't have any kid outside, let me clarify that. Since I get married to my wife, I've not seen any, any girl.</p>	<p>now having more? “ <i>“giggles and smiled”</i>. Feeling very confident that things will get better. He feels he doesn't need to kill himself over this...(an emotional statement) <i>"Leave the rest to God"</i> statement of fatalism of their status and hope for the best. Fatalist approach <i>"God have already given me children in disguise"</i>. He beliefs God has given him kids without actually having his own kids <i>"I don't have any kid outside,"</i> Loyalty to his wife/ Commitment to the relationship against all odds. He looked at his wife while saying this and the wife smiled back (Reflection from fieldwork journal).</p>
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Reflective Box: For a novice IPA researcher, I had to spend an extensive amount of time and effort to understand the three key elements of an IPA study (phenomenology, hermeneutics and idiographic) and how they function together. After engrossing myself in these key elements, I started making sense of how the theoretical and philosophical fundamentals facilitate a rigorous, organised, and resourceful thesis. Although it was a challenge to learn this methodology, selecting it was easy – combining a qualitative mode of enquiry with this level of theoretical foundation meant that the findings from this thesis will not only describe events but also make sense of the couple's life experiences – which in my view was very critical and had the potential to impact positively on future research and practice. What I like the most is the fact that IPA has a theoretical obligation to the person as a cog-

nitive, linguistic, affective and physical being, and adopts a series of association between people’s dialogue, thinking and emotional state.

Step 2: This stage involves transforming notes into emergent themes. Here the primary notes are transformed into short phrases which aim to capture the crucial quality of what was made sense of in the text (Eatough and Smith 2006; Smith et al. 2009). For example when the couples say “I leave the rest to God,” this was interpreted as “Fatalism.” According to Smith and Osborn (2007), the skill required at this phase is discovering words which are critical enough to allow theoretical interpretations for all cases but are still focused on the specific thing said. As seen in the Couple Yinusa account above, the following themes emerged and were noted.

Figure 1.2: Emerging themes from Couple Y

Emerging theme	Couple Yinusa transcript	Initial noting/ Exploratory comments
How couples make sense of the experience of infertility through faith.	“We don't know if God is keeping quadruplet for you”	Making sense of the period of wait as God keeping quadruplets for him.
Fatalist approach	<u>"Leave the rest to God"</u>	Statement of faith and hope for the best. Loyalty to his wife/ Commitment to the relationship against all odds.
Statement of commitment to the relationship.	<i>"I don't have any kid outside."</i>	

Reflective Box: “The process of transcribing and analysing the first interview became an emotional experience as I felt more heightened emotions reading the transcript than I had during the interview. I felt carrying out the interview was one thing, while transcribing was a completely different thing, as I had to listen and feel the emotion as the couples narrated their experience. I had to take breaks while transcribing and also while analysing as it became overwhelming at different points.” (Reflection from fieldwork journal 24/04/2017)

4.7.2 Engaging with the insider- outsider concept of an IPA study

Two things were involved in engaging with the insider-outsider concept (Smith et al; 2009), also referred to as the reflective cycle in IPA research (Smith et al., 2009; Giorgi, 2010 and Giorgi, 2011). This is reflected in Step 3 and Step 4 below.

Step 3: To adopt an “insider perspective” means to see what it is like to experience infertility from the couples view (Smith et al., 2009). On the other hand, I am also in the position of making sense of the couples experience by taking a different angle, by asking question and puzzling over things that were shared. Hence to adopt an insider perspective I had to combine both stances by trying to make sense of the couples experience of infertility (Smith et al., 2009). A further conception about the process of data analysis in IPA is bracketing; this enables a deep level of reflection for the researcher during the interpretation of the data (Tufford and Newman, 2010, p.81). ‘Pure’ phenomenologists argue that to see openly and also set aside is not possible (Giorgi, 2010 and Giorgi, 2011). In IPA terms, bracketing is used in both ways (Smith, 2015).

To achieve these, fundamentally, this level of analysis involves and rely on the couples transcript or text. These interpretations is then contrasted with my fieldwork journal. The value of using such a journal includes enabling active interpretation and reflection upon that interpretation (Thorpe, 2010). In this research analysis, the use of a reflective journal housed within the same platform (Word document) used for interpreting the transcripts, enables a critical interpretation to be made for each of the above measures, thereby provided evidence of how I engaged with the insider, outsider perspective of IPA. This has been evidenced in the extract of Mr Yinusa reflective journal and Box 1.3 below.

Extract from my reflective journal

Couple Yinusa journal

17/07/17

I found myself making sense of the couples shared experience while the couples were busy making sense of their experience. The couples made sense of the experience of infertility to have impacted on their relationship between friends. From the couples interpretation, the couples relates how difficult and sad it is to trust friends with their problems, especially in times when they need their help financially. "You don't wash your dirty underneath or underwear outside..," ...this statement kept ringing in my head, meaning it's difficult to disclose all their issues to people in general. They fear if they open up about their issue they tend to hear about it from other friends. Thus infertility experience puts a limit to the couple's social interactive way of life.

Step 4: To further engage with the insider-outsider concept. IPA acknowledges that this access and interpretation is complicated by the researcher's own conceptions – and the interpretive, analytic activity should illustrate this (Smith et al., 2009).

For this purpose, I added a fourth interpretive process as advocated by Freeman (2011). This fourth column provided a deeper level of interpretation of the couple's relational dynamics. The fourth column provides analysis of how the researcher interprets the impact of power dynamics (how couples define and influence their relationship, their co-constructed experience of infertility), affect (how their feelings impact how they communicate and interact) and respect (how they make sense of the impact of infertility as a couple, bearing in mind their ideas, values and differences) on the couple's relationship.

For this study, the interpretation in this fourth column stems from my assumptions and thoughts in my reflective journals and my conceptions of the couples' experience of infertility. My conceptions are illustrated in section 4.8.3, which refers to who I am (i) within this culture and (ii) within this study. To provide an interpretation from a relational dynamics, I had to reflect on the couple's exploratory comments (quotes included reflects a description of what was thought-provoking or noteworthy about what the couples said; linguistic comments were italicized and focused on exploring the specific use of language by the participant; final-

ly, conceptual comments were underlined with a focus on engaging at a more interrogative and conceptual level). Fundamentally, this level of analysis involves and rely on the couples transcript or text. These interpretations is then contrasted with my fieldwork journal.

For example, as illustrated in box 1.3 below, the fourth column had my interpretation of the couple’s exploratory comment, which expresses my own personal interpretation of the exploratory comment. I referred to my reflective journal on any assumption or conceptions jotted in order to make an interpretation from a relational point of view which the research was focused on. This concept has influenced my findings through a deeper reflection of how interpretation emerges and enables a critical interpretation to be made for each of the above measures, thereby representing quality and validity in IPA (Smith et al., 2009).

Box: 1.3: The exploratory comment and my reflection from a relational dynamic perspective for Couple Yinusa

Exploratory comments	Reflection from a relational dynamic point of view.
<p><i>“If the person you marry the same time he has 2 kids now and this year or maybe by next year, God give you quadruplet, so who's now having more?”</i></p> <p>Making sense of the period of wait as God keeping Quadruplets for him.</p> <p>Thoughts that makes the experience of infertility bearable</p> <p><i>“Giggles and smiled”</i>. Feeling very confident that things will get better.</p> <p>He feels he doesn’t need to kill himself over this...(an emotional statement)</p> <p><i>“Leave the rest to God”</i> statement of ac-</p>	<p>My interpretation of the couples exploratory comment</p> <p>The couple expresses how they make sense of this period of delay by attributing the period of wait as a way for God having a better plan for them. This believe or faith in God is expressed as a means of keeping hope alive and coping better with any challenges that comes with the experience of infertility as a couple.</p> <p>Reflection from my reflective journal:</p> <p>This account of their experience was expressed by the husband in the relationship while the wife was quiet listening to how the husband expresses his account of their expe-</p>

<p>ceptance of their status and hope for the best.</p> <p>Fatalist approach</p>	<p>rience.</p> <p>Reflection from a relational dynamic perspective which stems from my conceptions.</p> <p>From a relational point of view, this could be interpreted as acceptance of their shared story just by her presence and her attentiveness to their shared account of their experience.</p>
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Also, in the case of couple interviewing within IPA research, the couple’s interpretation of their experience within a dyadic interviewing framework can be interpreted as a joint co-constructed account of their experience (Smith et al., 2009). For example, what this means to me as a researcher doing this type of analysis is the couple told their own shared truth, whether voiced as coming from the man or the woman, it is interpreted as their “shared” experience, as seen in table 3.2.

In summary, in order to illustrate the hermeneutic process required in an IPA study, the third and fourth stage involve how the researcher puts aside preconceptions to enable sense making by journaling and using extracts of the journal as part of the data.

4.7.3 The development of a structure, frame or gestalt which illustrates the relationship between themes

Step 5: After analysis of the first couple (Couple Yinusa), Step 1 to 4 was repeated for the other nine transcripts. The emergent themes from couple Yinusa were listed on a page and used as a guide to check for connections between themes emerging from the other nine transcripts.

The box 1.1 below shows the initial themes that emerged from Couple Yinusa’s transcript and it is in the sequence in which they came up in the transcript. The themes from Couple Yinusa was used to spot the links between each emerging themes from other couple’s transcript.

Box1.4: Themes that emerged from Couples Yinusa's transcript

Initial list of themes

- The couples' expectation after marriage
- Increased social expectation
- Support from in-laws
- Increased pressure from wife's family
- The challenges of taking different medication
- The importance of having a child to the couple
- Difficulty articulating thoughts
- Tendency to blame women
- Misconception that infertility is caused by women
- Financial impact of infertility
- Fear of disclosing personal issues
- Difficulty knowing who to trust
- The distress of taking different herbal/ traditional medicines
- Acceptance of diagnosis
- Grief related to being the cause of their infertility
- Spending more than he has on treatment
- Herbal medicines as a cost effective means of treatment
- Emotional distress at wife's feelings
- Worry about wife's feelings
- Fear and insecurities

- Statement of commitment towards the relationship
- Power dynamics
- Spousal support
- Making sense of their period of wait through faith
- Fatalist approach
- Taking care of other children like their own
- Interview setting as a form of expressing feelings towards each other
- How couples makes sense of infertility through religiosity and faith
- Bible verses that relates to infertility as a means of hope
- Strategies used to deal with friends and family
- Not taking advice or discussing marital affairs with friends for fear of getting wrong advice
- Infertility experience leads to worrying
- Lack of concentration
- Infertility brings couple together
- Lack of conducive sample collection room
- Lengthy sample collection process at the hospital
- Most embarrassing and disappointing experience

Step 6: This step involves looking for patterns across cases. So far, I had established a set of themes within the transcript in the order in which they came up. This stage involved developing a framework of how the themes fit together and the relationship between themes. These levels of analysis are not prescriptive but innovative in terms of organising the themes (Smith et al., 2009).

I started off trying to make sense of the connections between the themes which were emerging. I identified that some themes clustered together and some emerged as a superordinate theme. Smith et al. (2009) argues that this aspect depends on the overall research question and its scope; hence there will be a need to re-evaluate the importance of some themes. This means looking for a means of drawing together the emergent themes and producing a structure which allows a trace back to all the most interesting and important aspects (in this case, the relational dynamic focus of the research) of the couple's account of their experience. The super ordinate theme emerges at a higher level as a result of putting the themes together – see box 1.5.

BOX 1.5: Emergent themes leading to the development of a superordinate theme

<p>Superordinate theme 1: Couples expectation not met - “How do we make sense of the contextual issues”?</p>	<p>Super-ordinate theme II: Dealing with a current fertility issue- “How do we manage and protect our relationship.”</p>
<p>Theme 1: How pressure is felt by the couples and its impact on the couples relational dynamics</p> <ul style="list-style-type: none"> • The couples expectation after marriage • The importance of having a child to the couple • Increased social expectation • Increased pressure from wife`s family • Tendency to blame women • Misconception that infertility is caused by women • Fear of disclosing personal issues • Difficulty knowing who to trust • Grief related to being the cause of their infertility 	<p>Theme 5: Religiosity and faith</p> <ul style="list-style-type: none"> • Acceptance of diagnosis • Making sense of their period of wait through faith • Fatalist approach • How couples makes sense of infertility through religiosity and faith • Bible verses that relates to infertility as a means of hope

<ul style="list-style-type: none"> • Emotional distress at wife`s feelings • Worry about wife`s feelings • Fear and insecurities • Not taking advice or discussing marital affairs with friends for fear of getting wrong advice • Infertility experience leads to worrying • Lack of concentration 	
<p>Theme 2: Affect dynamics: The feeling of resentment.</p>	<p>Theme 6: Strategies used to deal with the challenges of infertility</p> <ul style="list-style-type: none"> • Taking care of other children like their own • Interview setting as a form of expressing feelings towards each other
<p>Theme 3: Fertility treatment and its challenges</p> <ul style="list-style-type: none"> • The distress of taking different herbal/ traditional medicine • The challenges of taking different medication • Questions the viability of test result • Financial impact of infertility • Spending more than he has on treatment • Herbal medicines as a cost effective means of treatment • Lack of conducive sample collection room • Lengthy sample collection process at the 	<p>Theme 7: Means of support that influence the couple`s relational dynamics.</p> <ul style="list-style-type: none"> • Support from inlaws • Spousal support • Testimonies of others with infertility

<p>hospital</p> <ul style="list-style-type: none"> • Most embarrassing and disappointing experience 	
<p>Theme 4: How they communicate, interact during the experience of infertility.</p> <ul style="list-style-type: none"> • Statement of commitment towards the relationship • Interview setting as a form of expressing feelings towards each other • how conflict is handled within the relationship • Infertility brings couple together 	<p>Theme 8: The meaning of infertility to the couples</p>

Step 7: The next stage involved gathering the couple’s transcript extract for each emergent theme. For each theme across the ten couples’ analyses, I exported extracts from the couple’s interpretation on one table. As illustrated in Box 1.6 below, an extract from the ten couples on how they make sense of religion and faith and its impact on their relational dynamics are gathered on one table. Also gathered are my reflections from a relational dynamics perspective on some of the extracts. This process enabled the researcher to illustrate the internal consistency, the specificity of each emergent theme across the ten couples and take the analysis into a deeper level of reflection on the relational elements within the couple’s relational dynamics that the research aimed to explore. This step was carried out for all the emergent themes.

Reflective note: In this doctoral study, all steps carried out in analysing the couples’ transcripts were documented. This was carried out to enable a series of evidence that presents how the findings generated from initial noting through to the final report could be followed. In addition, my supervisors conducted reviews of my work at different stages by discussing the annotations made on my initial interpretations through to the final themes, thus checking for validity in relation to the couple transcript’s analysis. I was also conscious of setting aside

my preconceptions and biases through frequent discussions with my supervisors and by keeping a researcher reflective journal.

I can say for certain that I have experienced a range of emotion throughout the process of this research. Doing an IPA analysis has not only been exhilarating, demanding and stimulating; it has also been very enlightening and hopefully rewarding.

Box 1.6: Table showing all couples’ extracts on the theme “Couples use religion and their faith as a means of making sense of infertility and its impact on their relational dynamics”.

Couple	Abstractions	Keywords/sentences	Reflection from a Relational dynamic perspective	Page /line number
Couple Y	Faith in God Bible verses that relates to infertility as a means of hope	<p>“I use to think about other people, they've stayed for more than five years, six years, I use to see it on Facebook, they stay for like fifteen years, God still bless them with a child. So, I use to hope that my own will not stay long like that and one day God will do it”</p> <p>“Prophet Abraham, may the peace of God be with him, married Sarah for how many years? More than 25years before they were able to give birth to their first child”.</p> <p>“you don't need to worry yourself about something you cannot do for yourself”</p> <p>"Leave the rest to God"</p>	<p>Reflection from fieldwork journal</p> <p>Husband expresses this in the presence of wife and wife nods her head in agreement. Keeping faith in God through past experience of others keeps them hopeful or as a support strategy to deal better with the experience of infertility.</p> <p>My interpretation of the couples exploratory comment:</p> <p>This belief and experiences in the bible makes them have faith that there is hope and there is a solution to their problem</p>	29-31 23 21

	Fatalism approach Reason for delay attributed to God	God might be delaying this, in order for us not to have a child in, maybe in poverty, he doesn't, he does not want our children to be wayward, he does not want / he want our children to have good education and good lifestyle so that tomorrow he can, he can beat his or her chest that I have a good parent, my parent took/ they take good care of me. Maybe that's the/one of the reason why we are delaying	<p>The couple views infertility that no matter what they do or how they struggle, the outcome is only what fate has predetermined it to be.</p> <p>Reflection from a relational dynamic perspective</p> <p>The couple expresses how they make sense of this period of delay by attributing the period of wait as a way for God having a better plan for their unborn child.</p> <p>They believe God is putting a delay to prevent them from having a wayward child or probably because he wants them to be financially buoyant first before having kids so they can provide the child with the best education and good lifestyle. The role of God could sometimes be benevolent or punishing.</p>	
Couple NW	Fatalism approach	<p>“We continue telling them that it's not we that give children, it's God”</p> <p>“Whatever thing is the wish of God let it happen”.</p> <p>“we should wait for the God time that everything will com-</p>	<p>My interpretation of the couple’s exploratory comment:</p> <p>The couple’s fatalism approach illustrates how they have accepted their faith and hopes for the best out-</p>	<p>4/20</p> <p>5/25</p>

	<ul style="list-style-type: none"> Faith in God 	<p>mence when the time comes”.</p> <p>“so I still believe that everything lies in God's hand”</p> <p>“let me stay to see what God has for me”,</p> <p>“if you don't have God by your side or you're not the person that will wait for Gods time, you'll be tempted to do otherwise”</p> <p>I believe that God's time is the best, that's it.</p> <p>“So, me I believe that one day, I/ ours will turn out to be good”.</p> <p>“I believe in God so much because it's God that supersede humans, it's just God supersedes, even, even the greatest physician, so, me I believe in Gods time, you know? and that's what has been keeping us going”</p> <p>“I believe God that he will not let us, our money to go in vein,</p>	<p>come.</p> <p>My Reflection from a relational dynamic perspective.</p> <p>From a relational point view, this form of approach could be interpreted as a form of support for the couple to deal better with the challenges of infertility and enhance a positive relational dynamic between couple.</p> <p>Having the faith in God has been seen as a form of support for this couple. Thus there waiting period has been attributed to waiting for when God says its best for them.</p> <p>An adaptive method of coping with the challenges of infertility.</p>	<p>5/27</p> <p>10/5 1</p> <p>21/1 29</p> <p>12/6 9</p>
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	<ul style="list-style-type: none"> The belief system 	<p>he will surely bless us, that's my own believe”</p>	<p>There is heavy reliance on their belief as a means of hope for a better outcome.</p>	<p>13/8 6</p> <p>17/1 02</p> <p>47/2 92</p> <p>49/2 96</p>
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Couple P	<p>Fatalism</p> <p>Religion and faith as it opposes polygamy and adoption.</p>	<p>“But that's not where the solution is, everything is I think from God”</p> <p>“But to God we are still hoping”</p> <p>“Because of word of God that was in us if not so, ahh, one would have said okay you have many options, so let me try this and try that but...”</p> <p>“The last thing she will encourage any of her son, either they remarry or go for adoption because all these Deeper Life they like to pray everything out, you know?”</p>	<p>Everything is from God...means they have left their fate to God. And with God they will achieve pregnancy.</p> <p>This couple reveals how religion and their faith prevent them from considering polygamy and adop-</p>	<p>3</p> <p>5</p>

			tion. A way to keep a positive relational dynamic.	7
Couple B	<p>Optimistic approach</p> <ul style="list-style-type: none"> • Faith in God 	<p>so/but when the child or children are not forthcoming, you have /you don't know more than God so , He's our creator”</p> <p>“Have to you know have faith and keep trusting God”</p> <p>“So, we are not barren, we are not barren, it's just... we are waiting, we are waiting on the Lord”.</p> <p>“We are Christian and we believe that this thing is, still ball</p>	<p>Couple rely on the support of God as a form of coping with the wait of being infertile.</p> <p>Wife keeps nodding her head every time the husband mentions the name of God. She stands with his believe that with God they will achieve pregnancy. From a relational dynamic perspective, the couple seems to rely in the words of God from their</p>	<p>3/14a</p> <p>22/34c</p>

	<ul style="list-style-type: none"> Bible verses that relates to infertility 	<p>down on... God”</p> <p>“it's God! It's God, I told/tell them "God will do it", ehn God will do it and then believe it, just keep on praying”</p> <p>“We are not barring from the Bible there is no / the only woman that was barring in the Bible was err this err king err David's wife, because he mocked the king when he was praising God. So, I think that's the only... woman that was barring in the Bible”.</p> <p>“going by the Bible, any/most of the children that come late that, they are always a glorious ehh ones.</p> <p>But ehh Abraham and Isaac, you know? he had Isaac at his old age and ehh you know, Isaac is you know? a glorious child</p> <p>“Like I use to tell my wife, anytime we are buying things, let's buy two two two two, it's twins that is coming this time around, because then the Bible says "for you shame you will</p>	<p>religion as a form of support and hoping for the outcome through the words of God.</p> <p>This can be interpreted as their strong believe in God.</p> <p>From a relational point of view, the woman constantly nodes her head in complete acceptance and admiration (seen by smiling back at him) of what her husband was saying (Extract from fieldwork journal).</p>	<p>and j</p> <p>3/14 b</p> <p>10/2 2</p> <p>36/6 0a-b</p> <p>5/14 g</p>
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	<p>Optimistic approach</p>	<p>have double". So, we are expecting that double".</p> <p>“So it has errr never been *sucks teeth* been a concern / so so to say, because because we know that we are just passing through it, we would overcome it”.</p> <p>“I thought it was just a, just a small thing, I didn't know that the devil is planning a very big thing but it is well sha”.</p> <p>“There was one time I started attending specialist, but if I come to your... and saw that my faith was not in line with what you're doing, the first day I came that would be the last day I'll visit that place”</p> <p>“When my scripture condemns it,I'll throw everything away, I'll not use again”</p>	<p>From a relational point of view, this couple showed they have a very strong optimistic approach towards their period of wait. This also associated with their strong faith in God. However their attitude towards this wait period (doing shopping for unborn kids and buying of two items in expectation of twins) this attitude can potentially lead to periods of disappointments and emotional stress (Sparks and Susan, 2015).</p>	<p>6/14 I 10/2 2 37/6</p>
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	<p>Associating devil as the cause of infertility.</p> <p>Conflict of religious ideals.</p>		<p>Associating the cause of infertility to devil. This has a potential to influence the belief of what and how to approach the cause of infertility.</p>	<p>4</p> <p>16/3 0a</p>
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				18/ 30j
				18/3 2
Couple AW	<ul style="list-style-type: none"> Faith in God. 	<p>“You know I don't know one-day God will see us through even depend on /for a long time we depend on God.”</p> <p>“The believe that hope that God will give me my own when the time comes”.</p> <p>“By the grace of God sha we will be able to conceive that's the only thing”.</p>	Reliance on God to take over their infertility situation. This has the potential to either cope with the experience of infertility but the waiting time can also potentially led to distress within the relational dynamics of the couples.	6 9

	<ul style="list-style-type: none"> •Optimistic approach 	<p>“Everything is okay, I've hope in God, everything will be okay”.</p> <p>The last/the only thing we can do now is hope for God so yes, we have finished everything, tell God the problem "God I have finished everything oh, you take over the situation", that's the only thing I want now, that's the only thing now.</p>		16
	<ul style="list-style-type: none"> •Fatalism 			17
Couple F	<p>Prayer as a form of support</p> <ul style="list-style-type: none"> • Conflict of religious ideals 	<p>We pray. That's just one thing I know, we pray and... maybe that is why we have not broken down yet.</p> <p>“Even if I don't pray she pray, and she'll hold my hands you know and connect it.</p> <p>“Our religion is against IVF”,</p> <p>“Catholic, we are against the usage of condom”</p> <p>“This decision we have taken is a personal decision, the fami-</p>	<p>Prayer as seen as a form of adaptive mechanism to the experience of infertility to the couple.</p> <p>Thus, while the couple is religious, they seem to</p>	17/103-108

	<ul style="list-style-type: none"> • Fatalism approach 	<p>lies are not aware of it...”</p> <p>as Catholics IVF it is, it is not advisable it is not/ it’s against our belief, you know? But I don’t know, we just decided to let’s see what happens</p> <p>“If God says you are not going to go through this process, you're only, you're only lying to yourself”</p> <p>“I don't see it as ehh infertility, as a Christian I only see it as it is not yet God's time”</p> <p>“Our soul is in God's hands”</p> <p>“I'm a Christian and I believe so much that, with God on the throne, you understand? my time will definitely be my time”.</p>	<p>believe that some decisions fall outside of the jurisdiction of the church and should be made by the couple alone “this decision we have taken is a personal decision, the families are not aware of it...”.</p> <p>The husband seems to believe that it is God’s will that they will have children “God should give us children that will live long and take care of us at old age”.</p> <p>Again, the husband reiterates the importance about getting children on God’s time and what can happen if the children don’t come on God’s time “We have had people who have fall, not that we are mocking them and at even as probably advance age of 16 and God decide to take all of them at once, I have seen</p>	<p>24/1 44- 145</p>
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	<ul style="list-style-type: none"> The belief system 		that happen”.	25/146
Couple D	<ul style="list-style-type: none"> Optimistic approach Faith in God 	<p>“Even after the first time we came to see a doctor, like, for like almost a year we stop seeing the doctor because *laughs* we were like... there's no need, that we were just fine”</p> <p>“Our faith in God. there's nothing God cannot do, and He does it at the right time, so I think that's one of the major major drive, that's the major thing that / when it is time God will do it, so why should I be worried.”</p> <p>“I don't think there's anything special about / and then, because I believe in God, I believe strongly in God, yes, I am a</p>	<p>The experience of infertility impacts on the couple to seek more knowledge on the cause and other information associated to diagnosis. Hence improved knowledge leads to increase in hope and thus couple remained optimistic.</p> <p>The couple showed how much they believe in their selves and their ability to someday reproduce even with the diagnosis of infertility. They were willing to continue been optimistic if not for a bleeding that</p>	37

		Christian, she is a Christian, you understand?"	<p>indicated a need for surgery.</p> <p>Attributed infertility to a waiting period determined only by God`s time. God determines what time is right and when not to have or achieve pregnancy.</p>	<p>22</p> <p>28</p>
Couple AK	Faith in God	<p>“Wife: ahh, err... I really/ I don't/ at times *sucks teeth* when I *giggles* he'll say "ehh is it because of this issue?" I'll just keep quiet, well... he will just *door opens* say "no problem, God will do the best" *door closes*”</p>	<p>Articulates the husband comforts her once in a while but both strongly trust everything into God’s hand</p> <p>She doesn’t bothers if the husband comforts her or not, most time he just says God will do the best... implying them putting everything in God’s Hands</p>	13

<p>Couple AD</p>	<p>Fatalism</p> <p>Role of God as a means of punishment</p> <p>Prayer as a form of support</p> <p>Conflict of re-</p>	<p>“But I always tell him that we married all because of the fact that it has been destined and once it has been destined, it is God”</p> <p>“Some people are saying that it is spiritual, me I'm also saying that it is spiritual, because there are so many people that have some cases that are even worse, they are worse than my own case and they are getting pregnant.”</p> <p>we pray together, then we just probably ensure that the love we had for each other still stays, no matter how it is</p> <p>I understand many things about my religion so well, so I felt, fine, if you have a wife and she's not being productive, Ómò go to another one nah, you have, at least you have the, the op-</p>	<p>The couple views infertility that no matter what they do or how they struggle, the outcome is only what fate has predetermined it to be. From a relational point view, this form of approach can be interpreted as a form of support for the couple to deal better with the challenges of infertility and enhance a positive relational dynamic between couple.</p> <p>As interpreted by the couples, infertility is seen as a punishment from God. Upon reflection, Good and bad events are synonymous with God and the devil. The role of God is seen as a form of support as well as a punishment.</p> <p>Religion although beneficial can also be seen to encourage polygamy within this culture as interpreted by couple AD. With the option of remarriage open to men, this further compounds the wife`s feeling, thus impact on the couples relational elements within their relational dynamics.</p>	<p>37</p>
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	religious ideals	portunity of going to/ from one, two, three to four, the only thing you just don't do is you don't exceed four		19
Couple OB	Prayer as a form of support Faith in God	<p>I'll just go to the closet, pray to God that God should help me, God should just help me, I've prayed to God for many family, so that's just it.</p> <p>I believe so much in God, that very very soon by the special grace of God, that we would sing new song, that God would give us our fruit of the womb, our own child and all that. / children and all that. so...</p> <p>God will do it, that it's just a matter of time</p>	<p>Couple OB also demonstrates their heavy reliance on God to provide everything which their heart desires. Through the act of prayer and strong belief.</p> <p>This was demonstrated verbally and non-verbally. They express this belief by stressing their words "very very" or by how their face litt up when calling the name of GOD.</p>	<p>2/15</p> <p>16/1 13</p>

4.8 Ethical issues and considerations in an IPA study

The main ethical issue experienced by the researcher was experiencing different emotions while the couples were making sense of their experience of infertility and its impact on their lives. As such, the researcher had to recall her role as a researcher. This means the researcher had to be consciously aware of how she reacted to their emotions as they made sense of their experiences. Also, the researcher always had to remain neutral with regards to the data collection and interpretation of the information gathered.

4.8.1 Autonomy and Ensuring Informed consent

In this study, autonomy was protected by gaining written informed consent from the couples. It was important that couples were provided with full study information before agreeing to the interview. Thus, the patient information sheet containing all the necessary information (appendix 6) was given to the couples to read and ask necessary questions prior to signing the consent form. All participants in the study were literate and fully capable of providing written informed consent (as seen in Appendix 4). I also drew on my nurse training to informally assess participant understanding at the start of the interview.

4.8.2 Maintaining Confidentiality and Anonymity of the couples:

Confidentiality aims to mask the true identity of the couples (Liamputtong, 2007). Therefore it is particularly essential for vulnerable groups such as couples experiencing infertility. Confidentiality is threatened when the interviews reveal details between the pair that was previously a secret (Forbat and Henderson, 2003). There is a particular issue with “dyadic” inquiry within an interview setting, as the couple’s privacy tends to be questioned when the interviewer probes into areas where one of the partners would prefer kept private (Gibbs, 2018; Seibold, 2001). In this study, by interviewing couples together, the couples had more control over what part of their experience they were willing to share; thereby issues of anonymity and consent among interviewees were avoided due to the presence of both partners (Corti, Day and Backhorse, 2000).

Data with no defining characteristics of the couples was shared with my supervisors. These included nationality, personal characteristics and age, and I did not link identifying details to any quotes or discussion in the results. Following completion of this study, all information, both electronic and printed, will be stored in the Archive Section of the University of Stirling for ten years.

4.8.3 Reflexivity in IPA research

Reflexivity simply means an act of self-reference and is described as: “..... A process in which researchers are cognisant of and reflect about the conducts in which their inquiries, approaches and own subject focus might impact on the psychological knowledge produced in a research study.” (Langdrige 2007 p.58).

As confirmed in IPA theoretical underpinnings that the process of analysis is influenced by the interpretive context of the researcher and how the couples makes sense of their experience (Smith et al. 2009), this means that in IPA research, the recognition and acknowledgement of the role of the researcher reflexivity is vital. Indeed, in contrast to other forms of qualitative mode of inquiry, IPA clearly identifies data analysis as subjective and makes this clear to the reader, evading efforts to ‘bracket’ or disregard this element. For this study which aims to explore the experience of infertility diagnosis and subsequent treatment on couples relational dynamics in Nigeria, IPA was adopted to gain an “insiders perspectives” into the lived experience of the couples. To explicitly provide context to this IPA study and provide transparency, this section will look at Who am I (i) within this culture and (ii) within this study.

i. Who am I within this culture

I am a thirty one year old married Nigerian woman who has spent most part of my life in Nigeria. For a woman, in the context of Nigerian culture, bearing offsprings is essential in the longevity of the couples marriage. Once pregnancy is not achieved this impacts on the woman’s emotional wellbeing. From a personal opinion, the issue of infertility has a deep meaning to me. I have witnessed the impact infertility has had on my closest aunt. She will now be 50 years old and still suffering from the challenges of infertility from social isolation (not invited to major family gatherings), and social pressure (inconsiderate comments from family and friends) which has impacted on her health. Having witnessed first-hand the impact infertility can have within this culture, after marriage I started to feel the same social and family pressures which reinforced the need to have a child of my own immediately after marriage and to be secured within the marital context of my background.

As a nurse with clinical experience within this culture, I believe that infertility should not be seen as a woman’s issue, it should be perceived as a joint experience because what happens to one partner affects the other partner. It is hoped that this research will encourage people to reflect on possible implications of their actions towards the experience of infertility and inspire other researchers to continue exploring the experience of infertility as a joint experience.

Reflective Note: Being a Nigerian married woman, I approached this area of study with my own beliefs, ideals and personal experience of infertility and became an “insider” through interaction with the couples diagnosed of infertility during data collection and analysis of their transcript. Approaching this study with my own personal and cultural baggage (Hayes et al. 2016) may possibly help me to be more insightful and recognise the many challenges that culture present to a study that is sensitive in nature.

ii. Who am I within this study

In preparing this study, I struggled to decide the ‘best way’ to access this research. One perspective that appeared vital to reflect upon was the context of data collection with couples diagnosed of infertility. Akinloye and Trotter (2007) reports that to have an in-depth interview with Nigerian couples known to be reluctant to disclose themselves to strangers even when the researcher is of Nigerian heritage can be a challenge.

For this reason, during recruitment, I spent time building rapport with the couples through informal discussions, in order to put them at ease and help them to feel more comfortable. I was also aware of the sensitive nature of the research and the possibility of the couples to be uncomfortable disclosing their personal world to me. The use of counselling (the ability to ask the couples open ended questions that are not leading the couples in a sensitive and judgemental way) was advocated in couple interviewing with a sensitive nature (Kilbride, 2013; Lalonde, 2014). Showing signs of being judgemental may influence the way each partner views each other especially during conflicts. This may aggravate features of negative emotions such as resentment, blame, and even violence (Kilbride, 2013; Lalonde, 2014). In line with these thoughts, I felt it was important to share a bit of my personal life stories and experience to make them comfortable and to make them understand that I recognise what they might be going through. I shared with them my professional and my personal experience of infertility. I find some of the women would often ask me some personal questions about myself. One of the couples recruited asked me if I had a child of my own. At that point I reflected to 3 years previously before I had my first child and the thoughts that kept running through my mind about getting pregnant. My greatest fear was having to experience infertility in the context of my background. Coming back to their question this made me feel agitated because I felt they might think if I had not experienced infertility why should they disclose their personal issues to me. I answered their questions honestly, which made them feel they were not alone in the experience of infertility, as many of the couples described the experience of infertility as ‘isolating.’

In addition, It was observed that the clinic was mostly populated with women and rarely did the men accompany their wives to the clinic. At every clinic, there are 20 to 30 women with infertility issues. During my conversations with the women, they all have different reasons why their husbands could not make it to the clinic. Attending the hospital shows that they have accepted they are infertile. These beliefs and perceptions made me realise how difficult it was to recruit 10 couples within 5weeks as proposed. At this point I knew I was unrealistic to get my 10 couples in 5weeks - , instead I recruited 10 couples in 5months.

Before the interview, I emphasised the semi-structured nature of the process, the fact that there were no right or wrong answers and that I was interested in hearing what they thought was relevant and important to their personal experiences. I hoped that this would give them some sense of power over the situation and the direction of the discussion. Throughout the interview I aimed to listen with a high level of interest and adopt a sensitive and empathetic approach. This involves observing the participants' verbal and non-verbal behaviour to ensure that lines of enquiry that they did not appear comfortable with were not pursued.

From this methods chapter, I hope that the reader is able to see a suitable fit between the research question and the methodology I selected. I included information about how the interview schedule were structured, how the couples were selected, how I conducted the interviews and how I analysed the data. In the result chapter, I included transcript extracts and reflective notes to allow the reader to reflect on my interpretations and enable the reader reflect on other alternatives.

4.8.4 Data Protection

In accordance with the legal and ethical requirements of The Data Protection Act (1998), the semi-structured interviews were digitally recorded and uploaded to a secure shared drive in the UK through the university's box facility. It was kept safe and secure with a password, and all printed material was kept in a secure locked cabinet. Following completion of this study, all information, both electronic and printed, will be stored in the Archive Section of the University of Stirling for ten years. All interview transcripts have been anonymised by changing all names of the couples, names of the hospitals mentioned as well as any other defining characteristics were changed. The consent forms signed were scanned and saved electronically on the University of Stirling drive and the original copy was destroyed.

CHAPTER 5: OVERVIEW OF RESULTS

This chapter highlights the findings from the interpretation on the impact of infertility on the lives of the ten couples. From the analysis of the interview with the couples, two super ordinate themes emerged. The first super ordinate theme makes sense of the impact of infertility on the relational dynamics of the couples when their expectations were not met and their life expectations derailed. When life expectations do not go as expected for couples experiencing infertility, through their expressions and interpretations the couples make sense of how they are being subjected to scrutiny and pressure from elements such as family, culture and societal norms and expectations. As a result of the pressure they seek solutions in the form of infertility treatments from both modern and traditional medicines, which come with their challenges. These challenges include long waiting times at the clinic, which makes them feel like their life is on hold, and financial difficulty when trying out different methods. When these methods do not yield expected outcomes, this tends to weigh on the couples' emotions, thus potentially impacting the relational elements (such as how the couples communicate, interact and respect each other) within the dynamics of the couples. Feelings such as anger and resentment tend to develop when treatment does not go as planned, which can potentially impact how the couples communicate with each other. Thus, this super ordinate theme also explored how couples communicate during the experience of infertility.

The second superordinate theme explores how the couples manage and protect their relationship while dealing with the challenges of infertility. As interpreted by most of the couples, religiosity and faith were the common themes couples used to cope with infertility as a means of solitude and comfort. Some of the couples sought other means of support such as from spouses, family and testimonials of others experiencing infertility. To protect their relationship, couples had to resort to using different strategies, such as emotional masking and shielding themselves from emotional distress, among many others.

The specific features of each couple as well as how each couple expresses their period of wait is presented in Table 5.2 below. The couples' names have been anonymised to enable the researcher to recall and make sense of each couple's unique experience while adhering to the confidentiality of the couple.

How each couple makes sense of their experience of infertility as a joint interpretation will be further discussed in detail with illustrative quotes (H=Husband and W=Wife) as well as the researcher's reflections, thus supporting the hermeneutic nature of IPA research. The re-

researchers reflections provided additional data to the interpretation of the couples co-constructed experience of infertility. The reflection were logged on the researchers reflective journal or field journal. The purpose of the reflective journal is;

1. To keep a personal record of my evolving feeling and perception throughout the research process.
2. To keep a log of my day to day activities. For example how many couples were seen at the clinic, how many interviews were carried out, how many people consented and opted out of the study, the length of each interview.
3. To make sense of IPA`s limitation and strength as experienced during the study. For example during the interview the couple were using the interview setting to express words probably not voiced out before about their experience to each other. Giving them the opportunity to communicate their feeling towards their infertility experience. Thereby provided rich and revealing data for this study.
4. To keep a log of the non verbal communication between the couples before and during the interview. For example I kept a log of the couples presentation; how they dressed up, the way they sat down during the interview, any means of affection shared during the interview. This provided the possibility to interpret elements of the couples relational dynamics.

5.1 Characteristics of the couples

The diversity of the couples interviewed can be seen in the table below from their age to their period of wait, their faith and how the couples co-constructed their period of wait.

Couple Interview	Female Age	Male Age	Period of wait	Faith	How couples express their period of wait.
Couple Yinusa	29	37	5yrs	Muslim	W: "I was expecting maybe after a month or two" (Pg.1) H: silent but actively listening
Couple Paul	37	34	6yrs	Christian	W: "Ever before we got married, while we were still dating. We had in mind that we want to have 4 children, probably..." (pg. 2) H: Nods his head
Couple Felix	36	42	5yrs	Christian	W: "It's natural that they would, they would be happy to have their children immediately after marriage or maybe their first child immediately after marriage." (Pg.4) H: Quiet but actively listening
Couple Dauda	28	34	7yrs	Muslim	H: "But 1yr we really didn't even think about you know any reason why we could not conceive around that 1yr until about 2yrs thereabout we started consulting." (Pg. 2) W: Silent but actively listening
Couple Bako	32	39	6yrs	Muslim	H: "Errrrr... well we thank God. We are Christians, so, uhm actually the joy of a couple is to, you know? Have their desired number of children as soon as they get married."
Couple Lawal	36	44	16yrs	Muslim	H: "If two people meet as husband and wife, the first thing is to /within a short period we were expecting at least a baby." (Pg. 3) W: Nods head in agreement (Reflection from

					fieldwork journal)
Couple Nwankwo	34	40	7yrs	Christian	H: “At least we agree by now at least we would having ehh two issues by now” W: “We didn't expect it to be long like this.” (Pg. 2)
Couple Obeta	34	36	11yrs	Christian	W: My expectation was very high I won't lie to you... because each month anytime a month passes by, I'm always expectant but at the end of the day, by the time I reach the pregnant stage, nothing... comes forth. H: My expectation was very high too (Pg. 2 and 4)
Couple Akin	38	45	6yrs	Christian	H: Expectation is that, after marriage of course, it's a child, so oh that's my expectation (Pg.2). W: Nods head in Agreement
Couple Adodo	32	35	7yrs	Christian	H: “My purpose of getting into marriage is just to have my own family.” W: “I did not even think that I will experience this thing that I'm going through.” (Pg.5)

5.2 Overview of themes

This section will look at how the couples make sense of infertility when their life expectations are not met and how they manage their expectations. This provides insight into how infertility diagnosis and subsequent treatment impacts the couples' dynamics.

Smith et al (2009) argues that good IPA research requires verbatim extracts from the couples to support how they make sense of their experience, thereby giving a voice to the study and allowing the reader to check the interpretations being made. The super ordinate themes would be made sense of from the extracts of the couples' interview transcripts, my field work reflective journal and my reflections during the analysis (Friedemann *et al.*, 2013; Smith *et al.*, 2009).

Box 5.1: Shows the superordinate themes from ten couples.

Superordinate theme 1: How couples co-construct their experience of infertility when their expectations were not met

Theme 1: How elements such as family, culture and societal norms impact on the relational dynamics of the couples

Theme 2: Fertility treatment challenges and its impact on the relational dynamics of the couples

Theme 3: Affect dynamics: impact on the relational dynamics of the couples

Theme 4: How the couples communicate during the experience of infertility.

Super-ordinate theme II: Dealing with a current fertility issue- "How do we manage and protect our relationship."

Theme 5: Religiosity and faith as a coping mechanism

Theme 6 : Strategies used by the couple to deal with the experience of infertility

Theme 7: Means of support that influence the relational dynamics of the couples.

Theme 8: The meaning of infertility to the couples

5.3 Superordinate theme 1: How couples co-construct their experience of infertility when their expectations were not met

This superordinate theme interpreted how elements such as family, culture, societal norms, fertility treatment challenges and affect dynamics (the feelings of anger, resentment and disappointment) were experienced by the couples. These elements are central to couples' co-construction of infertility.

Theme 1: How elements such as family, culture and societal norms impact the relational dynamics of the couples

This theme explored the impact of pressures on the relational dynamics of the couples through their expressions of couples expectation of fertility, family expectation of couple, cultural and societal norms, infertility as a woman's problem and the emotional impact of all these factors on the couple.

The couples made sense of the impact of infertility on their relational dynamics through discussions of their expectations after marriage of becoming parents. The couples experienced fertility expectations not only within their relationship but also from their family and society.

As seen in Couple Lawal below, bearing a child appeared to be a natural evolution of what is expected after marriage.

Couple Lawal: H: "If two people meet as husband and wife, the first thing is to [pause] within a short period we were expecting at least a baby." (Pg. 3)

W: Nods head in agreement

Reflective box:

Extract from reflective journal (28/4/2016)

Couple Lawal: "Although the husband showed his disappointment while emphasizing his words during the interview, the wife was supporting this by nodding her head showing their joint collaboration."

The extract provided interpretation of the couple's expectation after marriage. The reflective note further gave an insight into how the couples collaborated their stories.

Some couple had clear plans of what life should be after marriage and how many children they would have had by now. For Couple Adodo, their life plan involved getting married early and achieving all their kids before the age of thirty-five so that they would still be young enough to enjoy the joy of parenthood.

Couple Adodo: H: “I got married at the age of twenty-eight, just then I felt it is very early, to some they felt it is very early, but it was, it was basically because I want to start making my own family at a very, very early age of my life, you understand that? Latest by thirty-five years, I should be done with child making, and that was the intent and that was just the essence of getting married.”

H: “You watch them grow, they watch you grow, you watch them grow as well, shey(do) you understand? That’s just the essence.” (Pg. 2)

W: Nods head in agreement

Reflective Box:

Extract from reflective journal (2/04/2016):

Couple Adodo: “While the husband was reflecting his expectation of marriage, the wife could not wait to chip in and share hers, I was reflecting on my perception of them as a couple. I could perceive Couple Adodo as young and vibrant but unhappy.”

From their interpretation of their period of wait, one could deduce they were quite exposed and enlightened, having to go through infertility was least expected.

Their co-construction showed how the couple is making sense of their truth regarding their experience of infertility.

Couples Bako and Nwankwo expressed how each month they keep expecting and each month they keep getting disappointed. They never thought they would have to wait this long to bear a child, but time keeps passing on.

Couple Bako: H: “After a year or two, we expecting that / okay, we would call all of them to come and name our first baby.” (pg.3)

W: Nods head in agreement while husband speaks

Couple Nwankwo: H: “At least we agree by now at least we would haven, eh, two issues by now.”

W: “We didn't expect it to be long like this.” (Pg. 2)

Reflective Box:

Extract from reflective journal (2/04/2016):

With Couple Bako, “while husband was expressing his disappointment wife was nodding her head in agreement”; also Couple Nwankwo “shows wife was quick to chip in while husband was expressing disappointment”.

The extract provides evidence of what the couples' expectations were after marriage. The way the couples relate through verbal and nonverbal communication highlights their co-construction through the interview, thus providing an insight into the relational dynamics of the couples.

Culture plays a strong role in the co-construction of infertility as reflected by Couple Bako; the wife felt the family members were more against them than friends, while the husband felt the mum was eager to have grandchildren. Both views from wife and husband highlight the influence of culture on their relational dynamics. As expressed by Couple Adodo, their privacy tends to be compromised as family members take it as a point of duty to take up their fertility issue as a priority even when this goes against their consent. A couple with infertility is regarded unfulfilled until they have a child of their own, as interpreted by Couple Dauda.

Couple Bako: H: “As an African, you know? We, with extended family, a lot of expectations are you know? On us [...] my mum, you know? Is eager to, you know, have a, err, have a, err, grand, err, children” (Pg. 4)

W: “I won't deceive you, most people / previously I / some of my friends against me, are even my family member” (pg.31)

Couple Adodo: W: “I don't really blame the family members ‘cause immediately you get married in Nigeria, the next thing should be a child and once you are not having that child, *giggles* even if you,

you, you don't ask them to go extra mile because of you, they will go the extra mile to make some findings that you don't/ you yourself don't even know” (pg. 34)

H: Quiet but actively listening

Couple Dauda: H: “It’s the culture and tradition, you know? Some people would feel, ermm... you get married today, you get pregnant today, and then in 9 months time, you have the baby, that is when you have children that you are fulfilled, you know and all those jazz all those rubbish thing, to me” (Pg. 12)

W: Nods her head in agreement

Reflective Box:

Extract from reflective journal (09/04/2016):

From the couples’ interpretation, “the couples’ life plans of having children are not only for the joy of the couple but also for fulfilling their family’s expectations of marriage. This could make the family members assert pressure on the couple in the expectation of a child for the purpose of continuity of the family tree”.

The verbatim extract above could be interpreted as pressure placed on a couple to bear a child due to expectations from family members, which compromises the privacy of the couple and thereby affects the relational dynamics of the couple. As narrated by Couple Addo, family members are already meddling in their business leaving them with no privacy.

As expressed by Couple Nwankwo, culture plays a role in how family members perceive infertility. Their family members believe that for them to be infertile is of their own doing through rituals (native customary rites). Their family members resort to verbal abuse, which could potentially impact the couples’ emotions and also has the possibility of having a suicidal effect on the couple.

Couple Nwankwo: H: “In short there was a time I wanted to commit suicide in this kind of thing, you know? I was annoyed, I travelled to [anonymous place] to meet a cousin of mine, you know? They had a little problem with the younger/with the senior brother, I went there to settle them, you know? On my way there / when I/ when we got there they were like fighting, I was telling them, your brother travelled all the way from abroad down to Nigeria, you’re meant to embrace him no matter what happened, it's not easy to live over there, you know? They

start/they pounce on me, they said I should go, I'm a ritualist, that I've used all the babies in my wife's womb to go and do money, that is why I'm rich, I'm building house everywhere, that I should go, you know? I was surprised, that's the last thing I, and I expected from those my cousin, so I was crying" (Pg. 34)

W: Was seen to move closer to her husband and put her hands across him as a means of support (reflection from my field-work journal)

Reflective Box:

Extract from reflective journal (23/04/2016):

While the husband from Couple Nwankwo was "expressing his experience of the impact of family pressure on his emotional state of mind, the wife expressed how unhappy she was by showing support towards her husband through physical contact".

Couples Nwankwo provided interpretation of how extended family's comments on their infertility status impacts their emotional and psychological wellbeing, which could potentially impact the couple's relational dynamics.

As interpreted by couples Bako, Yinusa and Paul, there is a misconception that infertility is attributed to women. This misconception tends to impact the emotional state of mind of the couple which impacts the quality and quantity of communication between couples.

Couple Bako: H: "They normally look on the wife that err maybe the issue is from the wife" (Pg.5)

Couple Yinusa: H: "The belief that any problem any infertility problem is from a woman" (Pg. 10)

W: Nods head in agreement

Couple Paul: W: "To woman, you know? Both in-law side, your side, your friends, they said "the woman is the main problem", they will say you are the problem, you have problem" (Sounded very emotional, close to tears) (Pg. 6)

H: Husband remains silent with intent to listen to wife

Reflective Box:

Extract from reflective journal (22/05/2016):

Upon reflection, for Couple Paul, outside the framework of the interview the wife confirmed how happy she was to finally have the opportunity to express herself and learn more about the husband's opinion regarding their experience.

During the interview this could be seen through the wife's posture and look of intent in hearing her husband's opinion. Similarly, the husband had the same drive to hear his wife talk by the way they were staring at each other during the interview.

Couple Nwankwo related an experience where the woman feels the whole world is looking at her as barren, making her feel less of a woman. With the burden of infertility placed on the wife, this creates a sense of doubt and low self-esteem, as expressed by the wife. Where the wife feels less of a woman, she tends to isolate herself from the world. This invariably impacts the relational dynamics of the couple ("You won't want to feel free, you won't want to talk to your husband, you'll want to be alone, you know?").

Couple Nwankwo: W: "Especially this problem of infertility has, has made the whole world look at me as if I'm barren, you know? as if ahh... this, this one is a man, she's not a woman, so because of that most times when you go out and come back you'll be depressed, you know? You won't want, you won't want to feel free, you won't want to talk to your husband, you'll want to be alone, you know? Ehh going through the pains. So/ but at least once my husband comes, he first of all, the first thing he does, he looks at my face, ehh what has happened today, what is the problem? I now, I/ most times I talk to him, I tell him my experiences for the day, most times too I don't, I keep it to myself, it's my cross, I need to carry, do you get?" (Pg.46)

H: Silent but actively listening.

Reflective Box:

Extract from reflective journal (23/04/2016):

Every time there is a statement that seems very emotional there seems to be a changing role. The husband touches the wife's arm or the wife increases the space between them on the seat. This could be interpreted as how they are coping or supporting each other through the interview. It also says a lot about their dynamics as a couple. In listening to couples talk about how they make sense of their experience of infertility, this has given me more insight into infertility issues in a culturally diverse country like Nigeria.

Also as seen in Couple Adodo, women are often isolated from family events as a result of the stigma attached to infertility. The husband feels the impact through lack of respect for his wife by the family members and supports his wife by not attending family events. The couple cannot advise or make suggestion towards parenthood when they don't have a child of their own. This affects how the couple interacts with family and friends as they become withdrawn. The couples tend to support each other, thus promoting the relational dynamics.

Couple Adodo: W: "When you don't have a child of your own, you know? People will always remind you of your problem, most of the time the nursing mothers at my place of work or those that are/ when they do some certain thing, I try to give them some experience based on the fact that even if I'm yet to have my own child, I'm still experienced, based on some child that has passed through me, but they would make you to realize that, ah ah, *sucks teeth* no, *sucks teeth* no, we are not referring to you. They'll say it to your face, you know?" (Pg. 20)

H: "You can imagine the situation where your sibling, no not your sibling, your cousin had a baby now, they felt/ they feel comfortable sharing the news with me and not my wife and if you're sharing it with me and not my wife, there's no point, I won't go to that naming, 'they' you understand?" (Pg.32)

Reflective Box: There were a few nonverbal cues while making sense of their experience such as "sucks teeth", "ah ah". This could suggest their level of disappointment while making sense of their experience.

Also, as expressed by Couple Yinusa, infertility also impacts the relational dynamics of the couple through the husband worrying about the wife's feelings. For this couple, they need to have their own child for their marriage to be secure. The husband expresses how having a child will make his wife happy and in turn make him happy, thus promoting a positive relational dynamics between this couple.

Couple Yinusa: H: "The only thing she's using it to weigh herself down. She might be inside crying, maybe, or sometimes... You understand, but I need to have the one I'll call my own so that my wife will be happy, not only my wife. oh, my wife and I, let me put it that way, so that she will feel secure in her marriage" (Pg 26-27)

W: "That's what I do now" (Pg.26-27)

Reflective Box:

The Couple Yinusa seems to be using this interview setting to express their feelings for each other, things they probably have been thinking about but not had the opportunity to say to each other. The husband relating how worried he is of his wife's feelings and also the wife's non-verbal response to this interview could be a sign of how comfortably interesting it is to listen to her husband relate their joint experience.

Some couples felt pressure was also felt within the relationship where the men are expected by their families to remarry or divorce their wife due to their fertility issues. The men express how this is an option for them through cultural beliefs and societal expectations.

Couple Adodo: H: "Then some family member, I have an aunt, you understand? She's of the opinion that, I don't know where she got to or where she went to, she's of the opinion that the problem is from the wife, that it is two solutions; it's either you send her off or you allow her to find a lady for you" (Pg. 31)

Couple Paul: H: "You know like the natural or an average Igbo man, what, eh... most times what comes to their mind is that maybe you have many options, you know? Either to go and remarry or to adopt" (Pg.6)

H: “Although a second thought you understand? To be candid with you, was that okay; oh, because the uncles are talking, your relatives are talking ‘ahh come oo, if this is not working come we have option we’ll get you a wife’, stuff like that” (Pg. 6)

Couple Nwankwo: H: “Some will tell you to try some other place; some will tell you to get another wife. I love my wife.”

W: “But the pressure from family, friends, relatives, ahhh!!! It is well, it is only God because” (Pg. 6)

Reflective Box:

Couple Nwankwo made sense of their experience by showing affection towards each other. This could be demonstrating a level of commitment to the relationship and the value placed on their relationship. They narrated how they disregarded advice given from family and friends towards their relationship and focused on building their relationship together and facing the experience as a couple. Statements of affection towards his wife (“I love my wife”) could imply a positive relational dynamic between the couple

Extract from reflective journal (22/05/2016):

Couple Paul: Wife was very attentive while the husband talked. Having her husband confirm the expectation of him from a cultural perspective must be quite revealing for her. Even when she probably knows about this expectation, hearing him say it could be quite emotional for her. Putting the couple in the same setting further supports the IPA approach applied in this study.

When couples’ expectations are not met, the women tend to worry over the possibility of them losing their relationship. This tends to impact the emotional state of mind of the couple and in some cases their health. Some broke down crying and some tended to question themselves: “will I be able to conceive?” Their self-integrity becomes compromised, which in turn impacts the relational dynamics of the couples.

Couple Lawal: W: “When you are alone in the house you will be thinking ‘ahh if I have this thing maybe’” (Pg.9)

Couple Paul: W: “I’ll just go indoor and be crying [...] Will, I be able to conceive?” (Pg.3)

Couple Obeta: W: “At times, I would just be crying like a baby” (Pg.12)

Couple Adodo: W: “I’ve come to realize that, in as much as thinking, I’m, I’m, I’m thinking about this all issue is giving me a lot of issues in fact, health challenges that I cannot even manage myself.” (Pg. 34)

Reflective Box: From the interpretations above, it could be seen that the women expressed crying as a way to express their emotional distress or questioning of self. This could potentially impact the relational dynamics negatively once their self integrity has been compromised.

As interpreted by Couple Akin in a situation where it is believed that the cause of the infertility is associated with the man, the woman also experienced the pressure to either remarry or divorce her husband. The woman is placed in a position where she questions her commitment to her husband and the relationship. Overall, these kinds of pressure exerted on the couples have the tendency to impact the stability of the couple’s relationship, thus impacting the relational dynamics of the couple.

Couple Akin: W: “Ahh, it has not been well, it's a sad thing *giggles* [emotional giggle] because both families and friends, they are saying lots of things that ‘ahh why did you marry him?’ This, that and that; these are the things that we have been hearing about him, that he's ahh / and even one of my aunts self-called me one day that ahh, that man, better divorce him oh ‘cause this and this are what we heard about him that...” (Pg. 3)

Reflective Box: From the interpretation above, the “ahh” could be interpreted as the intensity of how the couples feel the impact of the experience and the giggles in between conversation could be a way to mask emotions.

As interpreted by some couples, the society is very “unfriendly” to the experience of infertility. This exposes the couple to polygamy or one partner impregnating another woman outside his marriage. Couple Adodo also expressed their displeasure at the undue pressure that is placed on couples experiencing infertility. With the option of polygamy being presented by family members, this puts a strain on the relational dynamics of the couples.

Couple Adodo: H: “Society is very, very, very unfriendly to those that don't have their own kids and society is always very ready to absorb you instantly, once you choose you want to take another wife or you want to take extra steps, which are not just very advisable, and if you're always very desperate to wanna have a kid outside, many at times they end up having a bastard because the lady will obviously know that this is what you want, and if your wife cannot produce it for you, she will readily get it anywhere and throw it at you.” (Pg. 28).

Reflective Box: From Couple Adodo's interpretation, family members believe if a wife cannot bear a child, polygamy is the next best option for a man.

Upon reflection, it could be deduced that there is no empathy towards the woman and the stability of the relational dynamics of the couple becomes irrelevant to the family. With no empathy shown to the woman, this could potentially affect her emotional state of mind, thus impacting the relational dynamics of the couples through the feelings of anger and resentment.

Some couples make sense of their experience by expressing their frustration of having to put their life plans on hold just so they could focus on trying to produce offsprings. Couple Adodo expressed how they had to turn down a better job in a different state and an educational upgrade in the States. Consequently, this could have an impact on the opportunity to live a better life. However, due to their present fertility issue, such opportunities are not acceptable. The couple related how family and the society will frown at their decision of putting a distance away from the wife due to work or any other reason. They reflected on decisions they had to turn down for fear of what family members would think and say. Time is of the essence when it comes to fertility issues.

Couple Adodo: H: “Many a time I'll have the opportunity, like day before yesterday, there's an employment, umm, there's vacancy in one Federal University in [anonymous] state; obviously if I had sent in my CV, I'll definitely get the job there, but I was looking at it that, many people complain/ There was a time I work in a bank in [anonymous] place, people complained that it is because I was away from the house more often and get it straight, many a time at the close of banking hour, I would find my way and get to [anonymous] state. Monday morning I'm back to [anonymous] state, every weekend I'm always in, around but people presume three days is not even enough for couples expecting kids in a week, that they need to stay together.”

H: “There was a time I was supposed to take a course in [anonymous] country; I felt if I'm going, I'll be going for two years and yet we don't have a kid. So, a lot of things we need to do, a lot of things we aspire to wanna do; we get impediment and it's not always her own, but her own volition, we decide we can go anywhere but people would ask you, as in, what is the pride of a prisoner that ask for your wrist watch? They you understand? The one will tell you, that is just the question, even this question will not come from an outsider, imagine a question like that coming from somebody you ascribe as an aunt or an uncle“ (Pg. 39)

W: Nods head continually and giggles at husband's reflection.

Reflective Box: Upon reflection, I made sense of infertility as an experience which could possibly impact couples' life development through the period of waiting for their unborn child.

Overall, the couples made sense of how infertility impacts their relational dynamics through the couples' expectation of fertility, family's expectation of couple, cultural and societal norms, infertility as a woman's problem and the emotional impact of all these factors on the couple. These elements are stressors as expressed by the couples, impacting the relational dynamics of the couple through the way they communicate and interact. Finding a solution becomes the next course of action that takes over the couples' lives. The next theme will explore how the couples make sense of their fertility treatment challenges and their impact on their relational dynamics through verbal and non-verbal communication.

Theme 2: Fertility treatment challenges and their impact on the couples' relational dynamics

This theme explores the impact of fertility treatment challenges on the couples' relational dynamics through their expressions of the age of the woman as a determining factor in treatment of infertility, culture and treatment method, long waiting times in the clinic, financial costs and lack of empathy from clinical members of staff.

Some of the couples reflected that they had felt fertility treatment was going to provide the solution to their problem. As some of them had to place their life plan on hold and prioritise having a child, they had hoped starting fertility treatment would be the solution. When the treatment did not go as expected, this tends to be emotionally and mentally draining, as interpreted by Couple Lawal. Some felt starting treatment on time increased their possibility of achieving pregnancy, thus giving them a sense of hope.

Couple: Lawal: H: "And naturally, you know? We have to, you know? Try and, errr, you know, go into this, err, medical lab to check if / maybe one or two things might be wrong, so that they can correct it and, errr..." (pg.4).

W: Stares at husband

Couple Adodo: W: “We have been to several hospitals, you know? That at least knowing one gynaecologist or the other, so we started early, but despite that...” (Pg.5)

H: Silent but actively listening

Reflective Box:

Extract from reflective journal (23/05/2016):

“When one partner is talking the other keeps silent, from the facial expressions of the other partner it was almost obvious how challenging the experience was to them and how this makes them unhappy”.

Upon reflection from the couples’ extracts above, it could be interpreted that undergoing fertility treatment involves huge commitments and when expectations are not met this could potentially impact the couples’ relational dynamics, such as how the couples communicate, interact, respect each other and express the feeling of affection.

As interpreted by some of the couples, the age of a woman was a significant factor in the treatment of fertility; some felt they had no choice but to go ahead with treatment.

Couple Adodo: W: “You are thirty-two, the time is no longer there and you and your weight size/ side, all you need to do is that, I'm not attending to you, let me just give you referral letter. That's why we are here today” (Pg. 9)

H: Silently listening

Reflective Box:

Extract from reflective journal (05/06/2016):

“As expressed by the couple, once a couple gets married family members expect them to start producing offsprings.” When things do not go as expected the pressure mounted on the couple could grow exponentially, thereby leading them to sign up for treatment as soon as possible.

From the couple’s interpretation above, it can be interpreted that pressure from extended fam-

ily members could be a reason why the couple sought fertility treatment.

As interpreted by Couple Lawal, culture plays a role in influencing their treatment choice. Although they believe in God, traditional medicines from native doctors should be the first line of treatment as expressed by the couple, and it would be stress-free to achieve their goal of bearing offsprings and completing their life expectation.

Couple Lawal: H: “We are from [B] state. So, we decided to go to some native areas and see some people that massage and put their own roots things which will in all that for the, eh..../ to achieve the aim of getting married.” (Pg.3)

W: “No with that, even though that we know God will do/will be what we would that was why we were going to, we were going to this traditional, you know, our people we believe in traditional, you know? When something like this happens going to this traditional way, the place will open” (Pg.3)

Couple Yinusa: H: “She know people in my community that they have been giving this medicine” (Pg.10)

W: “I did, but anyone they bring for me to take, I use to take, hoping that at... I’ll have a good result. But to no avail nothing happened, but today that’s why we are here” (Pg.11)

Reflective Box:

Extract from reflective journal (23/04/2016):

“The couple co-constructed their stories either by adding more to what each partner said as regards their belief in traditional medicines or having a different perspective”. Overall, they ended up being disappointed with their strong belief.

Upon reflection from the couples’ interview extracts, numerous disappointments could potentially take a toll on the relationship of the couple, with the possibility of impacting their relational dynamics.

When fertility treatment does not yield expected results, this leads to self-doubt as interpreted by Couple Felix. This couple related an experience where every time they got negative feedback from the doctors, they would not talk to each other on their journey back home, thus impacting their relational dynamics.

Couple Felix: W: “First you question yourself to what is happening”(Pg.10)

H: hmmmmm [sighs hard]

Couple Adodo: W: “Two, three years ago it was, it was not easy, hmm! Most of the time whenever we come around, and he, he, he, he came to realize that the fibroid has increased or it is not decreasing, in fact right from that hospital to when we get home, we will not talk to each other, so I'll just start begging him that, please now, what will I do?” (Pg.12)

Reflective Box: When infertility is experienced, communication between couples could be a way to strengthen and encourage each other. As seen with Couple Adodo above, the experience of infertility can impact their communication, thus impacting their relational dynamics.

Long waiting times at the clinic makes the couples feel very ‘overwhelmed’ and ‘sad’ as interpreted by couple Nwankwo. The hospital system has been associated as a place that further reminds them of their fertility issue. They feel stigmatised by healthcare professionals, and not getting the attention and care they expected makes them worse than they already feel.

Couple Nwnkwo: W: “Their time/ their visiting time is one, from one to like about three, or three-thirty, so can you see? They just have minimal time for, umm, women trying to conceive, do you get? And they, they are meant to have like, eight or six hours in a stretch to attend to such people; when you get there, you will seat, you will wait, before the so called, umm, doctor, not teaching doctor, not ehh, you know? Student doctor, before the consultants will come, wow! You have been exhausted, you might have waited and waited and waited for hours before they come” (Pg. 42)

H: “It makes me feel bad, as if my own is the worst and when you call them to ask them question how will it seem, they will not even have time to attend to you, being the nurses and all the rest people that work there, they don't even have time to see/even calm you down, okay, hold on, the doctor is coming, this is what happened. There's how they will address you, you'll calm down. When you call them self, to say please can I see you, they'll say, "no, no, no, I don't have time for that, I'm doing my job, I don't..." they will not even have time for you and for you being in such this thing, you'll be upset, it will be as if your own case is the worst, that's what we are passing through

there, going there, if you're happy, if you go there, you'll not be happy again because of, what you'll see there, you'll be sad” (Pg.43)

Couple Bako: W: “That one I'll go very early in the morning before six, before / four o'clock they would not attend to me,”(Pg.18)

Reflective Box: From a relational point of view, this couple expresses how unpleasant their treatment experience has been to them. The wife independently expresses her view, with the husband nodding his head in strong confirmation of what the wife had to say and vice versa. This couple expresses their individual feeling and experience towards their treatment; however, as this is a joint interview, this could be interpreted as a joint perspective of their experience. What is felt by one partner possibly could directly or indirectly impact the other when it comes to infertility.

According to Couple Felix, health care professionals are also seen to have an impact on the couples’s emotional well-being by their choice of words during consultation. Going through the experience, there are some words that might impact emotions, especially when it comes from the least expected person (the doctors). This couple related an experience where their doctor associated the cause of their infertility to the woman (“good girls have got fibroids and bad girls have got babies”). This impacted her emotions by making her sad. Husband was seen to support her story by providing a reason why she felt sad.

Couple Felix: W: “He made me really sad when one of the doctors said that “anyway, you know good girls have got fibroids and bad girls have got babies”, I was like wow! This is not good..

H: “It got to you because you got married as a virgin.”
(Pg. 9-10)

Reflective Box: During data collection most of the approached women expressed how unhappy they were about the lack of empathy from the health care practitioners towards their care. This could possibly contribute to why they feel unhappy, and findings from this study will proffer treatment and management of infertility related issues.

For some couples, the issues around sample collection were highlighted as a major challenge. One partner said it's the most embarrassing experience of his life. The process of sample collection entails the man to take a sample of semen in the toilet. To this couple, the toilet is not the right place to get such sample, and a room conducive enough would enable such a process to be easier.

Couple Yinusa: H: “The most embarrassing thing of the whole process, you give me the container sample where do I / you say I should go to toilet [...] How can you make love to a woman in the toilet? [...] cannot provide just, let me not say even one room, half a room for collection of sample” (Pg. 39-43)

W: Nods head in disapproval of such an act

Reflective Box:

Extract from reflective journal (04/04/2016):

“As interpreted by Couple Yinusa the lavatory is seen as a place of filth and not somewhere to collect semen”.

The process of collecting semen as expressed by the couple above is seen as something which should be done in a conducive and enabling environment with a woman involved.

As interpreted by another couple, masturbation is a very ungodly way of collecting sample. Overall, the challenges faced by each partner during their treatment experience generally impacts their emotions, which in return impacts the relational dynamics of the couples.

Couple Felix: H: “And I have to go through some ungodly way of getting semen out of you [...] The Church is against masturbation and the world is against masturbation too.”

W: Silent but actively listening to husband

Reflective Box:

Extract from reflective journal (23/04/2016):

“As interpreted by Couple Felix, acts such as masturbation are frowned upon in the Church as most couples believe it is ungodly and should be frowned upon.”

From the couple's interpretation above, religion plays a significant role in how couples make

sense of infertility in Nigeria.

The financial implication of infertility was also interpreted by most of the couples. The couples recounted the challenges of spending more than they earned on treatment without any improvement, which reinforced their sense of failure. The couples reflected on how sad and disappointed they felt after putting a lot of effort and money towards their fertility treatment, which yielded no positive outcome.

Couple Yinusa: H: “When we started, I think, everything was well until when it get to a stage, I was not that financially buoyant, ”on a weekly or two, ehh is, it weekly abi two basis? I was spending nothing less than twenty thousand naira, how much is my salary?” (Pg.8)

W: Silently listening to husband

Couple Nwankwo: W “Going through the face of infertility, you're not a happy person and your finances too are going”

H: “If we put everything we've spent so from 2016 till now, it's more than a million naira [...] We will buy and buy and buy, you will take and take and take, after all, no avail, you know? so it makes us go crazy [...] it would be as if you're pouring water into ocean, without seeing any improvement” (Pg.40-48)

Reflective Box:

Extract from reflective journal (28/05/2016):

“As interpreted by Couple Yinusa, fertility treatment is very expensive in Nigeria; when a lot is spent there is always that expectation of it yielding instant result”.

As seen in the quotes above, when things do not go as planned for the couple and the money starts to run out, this could create a sense of urgency and desperation. Upon reflection, this feeling of urgency and desperation has a tendency to impact the couples' emotional well-being, which can possibly impact their relational dynamics.

This could also impact the progression of their treatment and the opportunity to consider other expensive options, such as IVF and adoption.

Couple Lawal: H: “We decided to stop because of the financial/because of the intensity and it involves money so we decided to

stop” (Pg. 4). “Already they've given us some test to do 'cause of financial problem we decided to stop” (Pg. 15)

W: “Some will say we should go for adoption. I'll say for where money/I don't have money for that kind of thing” (Pg.8)

Reflective Box:

Extract from reflective journal (27/03/2016):

“As interpreted by Couple Lawal, adoption is not considered as an option for most couples as they do not see the value of spending huge amount of money on an adopted child”.

Most couples are susceptible to wrong people taking advantage of their needs as a way to rob them of their finances. This exposes them to further emotional and physical distress. Couple Akin interpreted how they spent all their life's savings on finding a solution for infertility from both medical and traditional means.

Couple Akin: H: “All my life's savings before and after marriage went into this same issue... a lot of people, the small change I get, save, blow it up because of this issue; the wrong people will lie for you, collect money you know? This one will come, tell you that, na, you do the pikin, no be God, that don't worry even though you, ehh... e no be like that, take hand press him nose, you know? I'll just use small change I have” (Pg.30)

W: Sighs hard (Pg.30) [The extent of how this impacts their life]

Reflective Box: While seeking solutions, couples become desperate and can easily be swayed by words of assistance from family members and friends who they trust but might end up being disappointed. This could put the couple in an emotional distress when a lot of money is spent without expected results, thus impacting the relational dynamics of couples such as how the couples communicate, interact, respect each other and express feelings of affection.

Regardless of the challenges that fertility issues can bring forth financially, Couple Adodo felt it is all worth it as long as they have a child of their own. They talked about a family friend who experienced fertility issues, lost his business in the process but now has a child of his own. They reflected on how happy this couple is with positive relational dynamics perceived between them.

Couple Adodo: H: “Financially we've spent a lot, a lot; we should just be sincere with you, even spiritualist, medically, they've taken a lot but what I discover is this, when you look at the financial aspect of it, you won't want to move on" (Pg 16). “Though our own prayer is just that, whatever we've spent, so long as I have my result/ like I told you, I have a friend who stayed for nine years, they lost their business in the process but at the end of the day, they have their own child. So, anytime I talk to her on the phone, I see, I see the gladness in her voice, I see it in her tone, and I felt if they can do theirs definitely if it's time together too we can do ours too, but the financial aspect is very, very *door opens* normal compare to the joy attached” (Pg.18).

W: Silently listening

Reflection Box:

Extract from reflective journal (09/04/2016):

“During the interview, in some cases when one partner is expressing an experience, the other partner was silently listening to the other partner relate their experience”. This is probably due to a partner having the opportunity to hear the other relate their joint experience, for the first time.

Overall, the couples made sense of how infertility impacts their relational dynamics through the age of the woman, culture and treatment method, long waiting times in the clinic, financial costs and lack of empathy from clinical members of staff. From the couples' interpretations, having treatment reinforced the feeling of hope, however, the financial implication of infertility barred some couples from considering other treatment opportunities (IVF or adoption), perhaps prolonging their emotional distress regarding their experience of infertility. For some couples the financial challenges was okay as long as there was light at the end of the tunnel. For some couples it also seemed to highlight the feeling of questioning their capabil-

ity of having a child naturally, which tends to lead to the feeling of anger and resentment towards self and others.

Theme 3 will explore how the couples make sense of this feeling of anger and resentment and how it impacts their relational dynamics.

Theme 3: Affect dynamics: impact on the relational dynamics of the couples.

This theme explored the impact of affect dynamics on the relational dynamics of the couples through their expressions of anger and resentment towards others with children, sense of failure and social media as a tool of emotional distress. Some of the couples expressed how sad and unhappy they get when they see others with children or attend children's parties; this tends to make them reflect on what they could have done wrong to deserve this seeming unfairness. Why was it them? Who did they offend? Ultimately all these thoughts impacts on the couple's psychological state of mind which in turn impacts on their relational dynamics.

As interpreted by Couple Nwankwo, the couple was using the interview setting to express how each felt in a situation where they are the only couple who had no child at a party, this puts the couple in a vulnerable state of mind. However, the wife expresses how she tries to mask her emotions in such a situation for the sake of her health while husband relates how happy he is that this experience did not impact on his wife's feeling.

Couple Akin: H: "Sometimes I feel sad."

W: "Emotionally you're sad, you're not happy at times, I do feel bad 'cause when I hear my colleagues as in my friends gave birth or this that I'll say, "ahh, what's wrong now? Are we not still human beings? What's the issue, as in ahh, what do we/ who did we even offend?" I was even thinking ahh, is it from mother side or father side or this that and that."

Couple Nwankwo: H: "There's a party that we went to, umm... January, that when/ it's my club party, opening party, we went there, we are like twenty-two, men, all of them have like two, two or three, three kids, it's only we that didn't come there with our children. When we get there I was, I was, I was not happy, and my noting that my wife has had such because they are doing children party, everybody is saying "my daughter, my son", it's only me and my wife, I was not happy, I came back home *sucks teeth* (as a way of showing his disappointment) I say God, what is this? Even if it's one, you know?"

W: “You'll kill yourself na if you keep putting your mind there *laughs* ahhh, what's my business? They are having their own children. I will have mine.”

H: “It's only me that, it's only me that have been watching what is happening there, but thank God that she doesn't put it in mind, assuming/I know the way my wife use to feel, assuming she observe something like that in me, she'll say let's go, and immediately she say let's go honey. If I didn't go with her, problem. She will say okay, she wants to go because/ she will start crying and I will not like seeing her crying, and I thank God that, that day, she didn't notice what I observe” (Pg.50)

Reflective Box: When one partner feels sad or emotional, it could impact the other, thus impacting their relational dynamics. The couple makes sense of their experience by jointly reflecting on their distress by co-constructing their stories. The use of nonverbal cues such as *sucks teeth* (as a way of showing their disappointment), a laugh (as a way of hiding their emotions), ahhh (to show intensity), giggles (a way of masking their true emotions) and some level of gesticulation all combined to show how difficult it was dealing with their infertility experience.

From the interpretation of most of the couples, seeing others with a child raised their sense of failure and the feeling of “that is the only thing”, thus impacting their emotions. In the words of Couple Felix, it makes them feel psychologically and emotionally down.

Couple Felix: H: “When you see baby every day sometimes it tends to want to weigh you down psychologically, emotionally, all the wise” (Pg. 14)

Couple Bako: H: “Seeing all of these children and especially my younger brother's children” (Pg.22)

Couple Lawal: H: “Though as humans' errr... we see some children like this and we'll feel like that's the only thing” (Pg.9)

Reflective Box: Upon reflection, seeing others with children could send the couples into an emotional distress.

When the couples feel sad and emotional towards their fertility issues, this brings about the feeling of anger and resentment towards others with a child as interpreted by Couple Adodo. The anger is more towards others who are considered to be below their class, i.e. a younger brother, sister or junior colleague. As seen below with Couple Adodo, their anger was towards how easy it is for the husband's cousin to naturally impregnate women, something they are finding difficult to do. The feeling of resentment makes it difficult to wish them well.

Couple Adodo: H: "It's not easy, especially when you see guys or probably young boys that you groomed and they are telling you "hello, eh tomorrow is my naming". You want to go there, you'll give them money. At least I have a cousin who was probably, let's say I am fifteen years older than him, within a span of a year, *sucks teeth* [Disappointment] within a span of the year, he had three kids from three different women. The first woman, the first one, I was the one that paid the bill, bought them a ram, the second one I did the same, so the third one, he never bothered to even call me because obviously he knows I'll just ask him *speaks Yoruba* She you understand? But when at times, when some people share the news of them having a child, at times if you don't manage your emotion, you would be so jealous to wish them well, if you don't manage your emotion," (Pg.56)

W: Nods head in agreement

Reflective Box: As the couple was making sense of their experience they switched to their local dialect, probably because of how intense they felt towards their current state. Upon reflection, the resentment is probably deeper when it is a younger family member having children.

As the first male child in a family, it is the tradition to lead by example and cater for your siblings as interpreted by Couple Adodo. When the couple struggles to bear offsprings, this makes the couple sad and resentful, especially when their younger ones are having kids and they are still waiting for their own. The couple expressed how they wished their siblings would only have female kids; thus by the time they have their own it will be the first male child of the family, thus compensating them for the delay in having their own child.

Couple Adodo: H: "Being the first son of the family, whatever good that should come to the house, should start from me. Fine others are coming, others are coming, we should just be very grateful to God, but that aspect is really, really, very, very touching" (Pg.25)

Couple Adodo H: “My wife will just be like this, thank God your brother, your younger brother's wife is pregnant, but I pray she had a female child so that when she's gonna have hers, she'll have the male child, the first male child of the family” (Pg.25)

Couple Akin: W: “When you see baby every day” “it's challenges, when you see your junior one having a child, you, you don't have a child, that's just the physical challenge” (Pg.22)

H: “According to what she said, I'm a first born for my family, so am/ now I'm above 40 years, ehhen. So, my sister and my brother, even though the one way I use my small token change I have train, the man marry, the girl marry and born children, all of them/ so sometime when I think about it, so, *sucks teeth* I'll feel sad” (Pg.23)

Reflective Box:

Extract from reflective journal (23/04/2016):

“As interpreted by the couples, culture plays a huge part in shaping the role of the first child in Nigeria”. So much is expected from the first child, and as a result when siblings start having children there is a sense of jealousy, which is presented as with resentment by Couple Adodo.

Resentment is also experienced through the feeling of guilt as expressed by Couple Lawal. They had carried out an abortion in the past; this act made them feel guilty but hopeful of having a child.

Couple Lawal: W: “To open the fallopian tube there was no way that's the only thing. We didn't take anything drastic but I know that it's long time ago; we do only one abortion that's the only thing. We didn't do it two times or anything, that's the once that I know we do only abortion we didn't do anything. By the grace of God sha we will be able to conceive that's the only thing.” (Pg. 7)

H: Quiet but actively listening

Reflective Box: As the couple made sense of their experience, I reflected on affect dynamics in the context of relational dynamics.

Emotions such as anger, grief, and resentment in the context of the relationship might impact their emotions, which in turn influences how the couple interacts.

Couples also made sense of the impact the insensitive comments from friends had on their emotions. For couple Nwankwo, the woman expressed how a friend bluntly told her to have

an extramarital affair and another friend would not let her touch her child. For the man, a friend told him to bring his wife so he could impregnate her, if he can't do it himself. All these comments get the couple really angry, and thus they had to make a decision as a couple to stay away from such friends to protect their emotional and psychological wellbeing, thereby positively impacting on their relational dynamics.

Couple Nwnkwo: W: “If your husband cannot do it, go outside, go and try”(Pg.11) “she said "ahh, please leave my child oh,ahh... It's not husband that is reigning, it's children oh" (Pg.15)

H: “He just made jest of me that people are making their wife pregnant, why can't I make my wife pregnant? “If I'm not capable I should bring my wife to/ for him to sleep with and so that she will have baby” (Pg.16)

W: “But from that day, we stayed away from such friends” (Pg. 13)

Reflective Box: The feeling of anger and resentment is fed by other people's insensitive comments towards the couple Nwankwo's infertility issues, disapproval from families, inadequate treatment opportunities, and the loss of an inner sense of justice. As the couple made sense of their experience, I could deduce that this experience most probably made the couple stronger as they had to make a joint decision to stay away from friends who could negatively impact how they communicate with each other.

For some couples, the feeling of resentment is expressed more towards those who ask sensitive questions or opinions regarding their fertility issue. For Couple Adodo, if you had not experienced infertility before, then you could not understand or make an opinion regarding their fertility experience. Only those that have experienced it at some point can have a sense of what they were going through.

Couple Obeta: W: “Because they have their own kids and they now be asking all kind of rubbish questions, I just try as much as possible to be polite to them then, I try as much as possible to avoid so many things, that's all.”

H: Silent but actively listening

Couple Adodo: W: “It is when you are in the shoe, that is when you can have a picture of it. And those that are not in, into it, they can never give advice; that is why most people when they talk to me, I be like shut up. But if it is person that is experienced he can still reason, but once the person is inexperienced, I’ll say “just shut your mouth”. It is those that are experiencing it that can tell you how it feels like, it is unimaginable” (Pg. 40)

H: Nods head in agreement

Reflective Box: As the couples make sense of their experience regarding the feeling of resentment towards others with children, it can be deduced that the infertility experience from their own perspective, is a very sensitive and emotional experience which can only be shared or understood by those who have gone through it or are dealing with it.

The social media has been expressed as a place which further adds to the couple’s emotional distress. This medium is a place to share or update friends and family of good news or in some cases bad news. For this couple, their resentment is towards those that share pregnancy status, or birth announcement, this gets them emotionally distressed.

Couple Adodo: W: “The way people flaunt their babies on Facebook *giggles* it's becoming annoying that most of the time I'll cry, cry, cry *sucks teeth* woah, don't let me even cry about things, before some people say "ah ah, T we rejoice", I was just thinking that "ahh, the person that got married this year, is expecting a baby or last year she's already pregnant with a baby, the person that got married after me is having three children, oh God why you doing/ so, at this stage in my life.”

Reflective Box: With people quick to share good news on social media these days the distress of the couples is most likely further compounded. And their expressions such as *sucks teeth*, *woah*, *ahhh* could be interpreted as a deeper sense of pain and grief which can be reflected as the intensity of how these emotions can negatively impact the relational dynamics of the couples.

Couple Bako reflected about the feeling of annoyance and resentment towards some women who got pregnant easily without asking for it and they go and terminate it while they are in real need for it.

Couple Bako: H: “They just see themselves on any corner and err they mate. One way or the other they get pregnant.” Some will not even want it, that thing use to baffle me a lot / but I'll say ah ah! Some will even go as far as maybe go and TERMINATE it. You know? Some will even be crying, they'll say "ah! You're pregnant", they will be crying, they don't want it. And we that we WANT it! You understand? So, that thing at times I will / well is God, we can't question Him, you understand?”

W: Smiles and actively listens to husband

Reflective Box:

Extract from reflective journal (28/05/2016):

“From the narration of Couple Bako, the feeling of anger and resentment reveals a deeper interpretation as they reflect on their experience of infertility”.

Upon further reflection, Couple Bako provides insight into why couples pose the question “why us” when dealing with infertility.

Similarly, Couple Adodo expresses the feeling of transferred resentment, from the woman who easily gets pregnant to the child. They feel it’s the fault of the child for going to a family or woman that doesn’t want it and those that want it are crying and waiting for it to come to them.

Couple Adodo: W: “Most of the time when he shows me, ehh, some people, some, some children that were given birth to and they dump them, I was like “ehenn, na them sabi now, why didn't they come to the house that will honor them? They went to meet the mothers that will dump them at some site” (Pg. 36)

H: Quiet but actively listening

Reflective Box: The feeling of resentment is difficult for the couples to express. The infertility experience sometimes makes couples wish the worst for others who are not appreciative of how easily they conceived.

Couple Bako made sense of how teenagers in their neighbourhood get pregnant easily due to peer pressure and plan to abort it. This gets the couple really sad and unhappy about children born into such circumstances, especially when they have a very rough start in life. This reinforces the feeling of anger and resentment towards the children for not coming into a home that needs to have a child and provide the best of life for such a child.

Couple Bako: W: So, especially in our neighbourhood here, there are many, there are secondary school girls, you'll see them, you know? It's order of the day now, you understand? Is, err, usual, err, secondary school, you don't have a boyfriend, you don't have a girlfriend, they would look at you as if, err, you know? *sucks teeth* You don't /you're a bush boy or bush girl, you don't know, you don't know how it works, you're in the city and you are behaving as if you are a local girl, you understand? So in order to belong and you know, to be part of what they are doing, you'll be forced to have a boyfriend and girlfriend, before you know it, they'd you know? Be impregnated and, err, soon may even go as far as terminating the pregnancy. We have a recent case that the lady / the young girl die, she died; I think last year or thereabout. And this woman was a grandmother of a, err / the actual mother that gave birth to her? She's no more, you understand? So the grandmother was now the one taking care of the girl, you know? And, err, all of a sudden, she too got pregnant and, err, in the process of terminating the pregnancy, she... died."

Reflective Box: The couple's anger towards their experience of infertility was very often expressed through verbal and non-verbal communication. When one partner is reflecting an experience, the other partner remained quiet but actively listened and in some case they both shared their separate experience. In expressing their feelings towards seeing others with children, most of the couples either wore a sad face or sucked teeth to express their level of anger towards their experience.

Overall, the couples made sense of how infertility impacts their relational dynamics through the feelings of anger, resentment and disappointment, which in turn impacts their relational dynamics. The feelings of anger, resentment and disappointment contribute in making the couple emotionally distressed, which can affect their relational dynamics through the way the couple communicates during this period.

The next theme will explore how couples communicate during the experience of infertility.

Theme 4: Infertility of Couples: How the couples communicate during the experience of infertility

This theme explores how couples make sense of the impact of infertility on their relational dynamics through the interview, interactions during the experience of infertility and how this impacts communication of the couples during the experience of infertility.

The couples used the interview to communicate their feeling towards each other, reassure each other using words of affection (“I love my wife”; “I love my husband”; “for better for worse”). Doing this points to how they communicate through the experience of infertility and their commitment to their relationship. Some couples expressed this affection verbally towards each other and some expressed how happy they were to hear this feeling by smiling and some were quiet but actively engaged in the conversation.

Couple Nwankwo: H: “In terms of my wife, I love her. I don't mind what they are saying, I don't mind, we are living happily, no problem [...] I don't have to have any other wife except her, I love her, no matter the circumstances but I know God will surely bless us”

W: “And again I love my husband, I don't want to stay away from him.”

Couple Dauda: H: “This woman, I love her very much and that's how / we've been open as much as possible to each other.”

W: Smiles

Couple Yinusa: H: “To be honest I like my wife, fine and good, I love her.”

W: Quiet but actively listening

Couple P: H: “For better for worse we have promised each other to stay together.”

W: Smiles (she changed her posture to look directly at her husband while he talked)

Reflective Box:

Extract from reflective journal (05/06/2016):

“From the couples reflection above, the experience of infertility does not impact one person but both; thus it is important to know they are not experiencing this alone but together, and above all, this experience does not appear to have changed the way they feel about each other as narrated by couples Nwankwo, Dauda and Yinusa”.

Upon further reflection, the dyadic interview setting gave the couple an opportunity to express their feelings towards each other using words of affection.

For this couple with female factor infertility, the husband relates how people expect him to change his behaviour towards his wife because she has undergone surgery (myomectomy). However, he used the interview to reveal how he feels towards her. His feeling towards his wife appears to remain the same with or without surgery, hence reflecting positive relational dynamics.

Couple Obeta: H: “It has been very very tough, you know? Just like I said earlier, so tough. Then another thing is sometimes *sucks teeth* [As a way of reflecting his challenges] I don't see her the way people do see her, that, ahh, she can /she's having issues and all that/ because somebody was asking me, is it a friend or cousin that asked me that "ahh, so the woman that they've done surgery for her, you can still sleep on top of her; are you not afraid?”

H: “I said "how can I be afraid, afraid of what?" You know, so what am I trying to say in essence, I don't see her that way.”

W: Smiles

Reflective Box:

Extract from reflective journal (04/04/2016):

“From the interpretation of Couple Obeta, part of the misconception attached to infertility is the expectation that husbands would change their attitude towards wives once infertility is confirmed”.

Upon reflection, Couple Obeta expressed how this misconception attached to infertility has not changed the affection they have for each other.

For some couples, going through a current fertility issue strengthens the couple’s relationship. They express how the challenges are bringing them closer, thus indicating positive relational dynamics through building their bond as a couple. For Couple Felix, this makes them reflect on the possibility of not having the kind of bond within the relationship if they had had kids, thus finding the positives within their waiting time.

Couple Yinusa: H: “Even the problem is bringing us closer”

Couple Nwankwo: H: “We've been able to strengthen our relationship too, it gives us this, ehh, mind-set that we can do it together [...] I don't go out in the night, she'll give me food, I'll take my bath, we'll watch movie, discuss, how was your day? How did you go? How is everything? This/we'll be playing, from there we'll sleep, in the morning we will dress up, go to our office, come back, so, that is it”

Couple Felix: H: “I'll tell myself, maybe if the babies had come we won't have had this bond.”

W: “It has actually strengthened our relationship” [Giggles...making jokes and laughs at her husband's interpretation of their bonding time.]

Couple Dauda: H: “We play very well, but it's just that my... Yes, we we are very, very open to each other, yes, very /to everything, we are very, very, very, very open to each other, as in, for her now? There's nothing I cannot discuss to her about, discuss with her, there's nothing I cannot discuss with her.”

Reflective Box: The relational element of this research was expressed actively when couples had to talk about how infertility experience had impacted their relationship. For most of the couples dealing with infertility the experience had strengthened their relationship and impacted their relationship dynamics as narrated by couples Yinusa, Nwankwo, Felix and Dauda.

One husband dealing with female factor infertility reveals that meeting his wife as a virgin makes him more devoted to the relationship, and this made the wife smile and happy. This interview possibly reassured the woman of how committed the husband is towards their relationship.

Couple Felix: H: “Had it been, I didn't meet her as a virgin, are you getting it now? That's not the yardstick for love, but that is a very strong point [...] meeting a lady at the age I met her and she still remain a virgin [...] I'm ready to stick my neck for her [...] I've find/ found everything that I need in life in her [...] I think errr... I've not/ we've not really have issue, baby is secondary [...] I don't think anything can scatter the bond.” (Pg. 14-22).

W: Chipped in, “honey” (Pg. 22).

Reflective Box:

From the interpretation of Couple Felix, when a woman is married as a virgin there is less questioning from the society.

Upon reflection it could be interpreted that a woman married as a virgin within this culture makes the experience of infertility easier to manage and protect their relationship, thus promoting a better relational dynamics between the couple.

Similarly, two women in a relationship suffering male factor infertility report that they would rather stay with their husbands through the experience than divorce him.

Couple Akin:W:*giggles* “At least I don't change my mind, as in once I really know that at least he's a good man for me; oh, and he's a God fearing man [...] so once I have that in mind that, ahh, when they say divorce, do I know the next man I would go and meet? How does that one will/ so once, once I've really decide on my mind, let me face that, I know that one day Allah will surely do the best, that's my own.”

Couple Yinusa: W: “So, there's nothing in my mind, like to go and fight him, to park and leave, nothing like that in my mind.”

Reflective Box: The interview setting also gives the couple the opportunity to reassure each other of their level of commitment towards the relationship even against the odds. This also can be interpreted as positive relational dynamics through their commitment towards their marriage. During the interview, Couple Akin used non verbal cues such as giggling, which highlighted their possible joint co-construction.

One of the couples also revealed that the purpose of marrying his wife was neither to have offsprings nor be a father. The husband in this couple feels when the wife bears offsprings, he fears he would get less attention from his wife and the baby will get more attention. Hence, his focus is more on the love and attention than the worries of being a father.

Couple Dauda: H: “I did not marry you because I wanted babies, I wanted to be called a father [...] You just have to love me; you know what I'm even afraid of now? Is that when the baby starts even comes self, attention should not shift from me, you understand? and everybody would not need the attention...”

W: “Which is even possible?”

H: “That's also another / like ahh this one will say "what we've been waiting for since", you know? And then I will now I/ the star now will now become the child, me /you know that kind of this? So... love.”

Reflective Box: Upon reflection, Couple Dauda expressed their focus on building their relational elements and enjoying their marriage as their priority while waiting for a child. Thus, this indicates possible commitment towards their marriage.

Some couples also reflected negative relational dynamics within the relationship. When couples argue or are in conflict over issues within their relationship, they tend to push blames about the cause of their infertility on each other. The feeling of wanting to be left alone without communicating with each other is reported as a way to deal with conflict within the relationship.

Couple Paul: W: “The husband will say I don't have problem, the problem is you! You are the problem.”

W: “Sometimes you'll be fight/ arguing in the house that no I said "you are the problem", no it's a lie you are the problem.”

W: “What I feel I'm not doing right is, I have anger in me, you know? [...] you won't want to talk to your husband, you'll want to be alone.”

Couple Lawal: W: “Sometimes sometimes maybe we argue some kind thing he'll say "abeg just leave me alone", some kind all those things usually... you go just dey think all those things.”

Couple Nwankwo: W: “Most times we have our ups and down, we have our ups and down, most times one will feel, you'll feel not to talk to your spouse because you are depressed, you know?”

H: “The problem sometimes is that, you know? Women, they always believe that men cheat, that is the problem [...] she'll be thinking that my friend, they all mislead me to have another/to go and have affair outside my marital home.”

Reflective Box: Conflicts do occur within couples experiencing infertility, either as a result of their fertility issues or related issues. The couples interpretations shows how the couples are reflecting on their relationship during the interview. When fertility issues occur the couples may tend to push blames to each other, triggering emotional and psychological distress, thus impacting their relational dynamics.

Conflict is managed by talking things through. As expressed by some of the couples, when moods change as a result of outside pressure or due to their fertility issues, this tends to impact how the couples communicate at home, thereby impacting their relational dynamics. However, after some days, talking things through was expressed as a way to resolve issues. Couple Lawal reflects instances where anytime her husband sees her menstruation, his mood will change and thus impact their relational dynamics. However, talking things through was reported as a way to resolve this conflict, thus promoting better relational dynamics within the relationship.

Couple Lawal: W: “Anytime my husband sees my menstruation, I saw his face would just change, so I now decided to start hiding it, so anytime I see it I would hide it, I will not allow him to see it, but at last he will now notice and we will talk it through.”

W: “Ah no, his mood; he would just keep quiet, he won't say anything and me too I will now know that is because of what he saw, before you know it, two days, three days, we will just get over it.”

H: Smiles

Couple Nwankwo: W: “And most times, once he goes out to listen to such, most, ehh, funny stories, once he get(s) back home, his mood would change.”

H: “Sometimes when you want to touch your wife in the night she'll say "why are you touching me? Ehh, the one that we have been doing, what have you given me?"

Couple Obeta: W: “We do quarrel, I won't lie to you... but at the end of the day we settle it. Sometimes I don't even talk about it; we just put the topic outside the room. He might start the topic/ he might start with a joke, from there I'll start flowing again.”

Reflective Box: From the couples' interpretations above, it can be seen that conflicts do occur within couples with infertility. Sometimes it can be as a result of their fertility issues and sometimes it can be unrelated, but talking things through has been interpreted as a way to dissolve tension, thus providing positive relational dynamics within couples. From the transcript above, during a dyadic interview within an IPA methodology, conflicts can be negotiated and settled within the interview.

Extract from reflective journal (03/04/2016):

“Couple Felix, was using the interview setting to express how they felt about their fertility issue; after all, the conflict was resolved. This suggests one of the advantages of carrying out this research as a dyadic interview within an IPA framework.”

Consequently, this couple reflects that being angry with each other impacts their relational dynamics, so it cannot be the best approach to protecting their relationship.

Couple Adodo: W: “We just realize that if we decide to be angry with each other, it will not help us, and if we decide to do some crazy things with each other, it will not help the marriage.” (Pg. 37)

Reflective Box: For Couple Adodo, keeping positive relational dynamics is paramount to them as a couple. Findings from this theme show how the couples were using the interview to express their affection and support towards each other. This was heavily expressed by the husband and the wife actively listening and capturing the words used, as evidenced by the smiles shared, nods of heads and replies given during the interview.

Overall, these themes explored how couples make sense of the impact of infertility on their relational dynamics through: the interview, interactions during the experience of infertility and how this impacts their communication during the experience of infertility. Infertility experience, although a very sad and an unexpected experience that could potentially derail couples' life expectations, has also been interpreted to have made the couples stronger and closer, thus promoting a positive relational element.

The next section will explore how couples manage and protect their relationship through their experience of infertility.

5.4 Superordinate theme II: Dealing with a current fertility issue- “How do we manage and protect our relationship?”

This superordinate theme interprets how the couples struggling with infertility manage (religion as a coping mechanism, strategies used to deal with experience of infertility) and protect their relationship (their means of support). How this experience impacts their general meaning of infertility as a couple will be explored.

Theme 5: Religiosity and faith as a coping mechanism

This theme explores the importance of religion, a controlled organization of beliefs that characteristically relates to the faith of the couples (Wain, O and Spinella, M, 2005). The couples made sense of religion as a means of acceptance of their situation (fatalism), support and a means of hope for a better outcome (belief in God through prayer and faith). Religiosity and faith in God was also interpreted by the couples as a coping, adaptive and maladaptive mechanism, or having faith in God made it easier to deal with whatever challenges come with being infertile as a couple.

The couples expressed some degree of fatalism about infertility, using some variation of the phrase “wish of God, let it happen” or “leave the rest to God” when describing the waiting period.

Couple Adodo: W: “But I always tell him that we married all because of the fact that it has been destined and once it has been destined, it is God.” (Pg.37)

Couple Nwankwo: H: “Whatever thing is the wish of God, let it happen.” (Pg.5).

Couple Felix: H: “I don't see it as, ehh, infertility; as a Christian I only see it as it is not yet God's time.” (Pg. 25).

Couple Yinusa: H: “You don't need to worry yourself about something you cannot do for yourself [...] Leave the rest to God.” (Pg.23)

Couple Paul: H: “But that's not where the solution is; everything is I think from God.” (Pg.3)

Couple Akin: H: “God will do the best.” (Pg.13)

Reflective Box:

Extract from reflective journal (17/04/2016):

“The couples view infertility in a way that no matter what they do or how they struggle, the outcome is only what fate has predetermined it to be.” From a relational point of view, this form of approach can be interpreted as a form of support for the couple to deal better with the challenges of infertility and enhance how the couples communicate, interact, respect each other and express the feeling of affection.

Couple Yinusa interpreted that God is causing a delay so as to give them the opportunity to have their child in the best possible financial position to be able to provide the best possible care and attention for their unborn child. As interpreted by Couple Bako, God is delaying them from having a child as a way of protecting them from unforeseen circumstances like death. This is a way for the couple to adapt to the wait attributed to having fertility issues.

Couple Yinusa: H: “God might be delaying this, in order for us not to have a child in, maybe in poverty. He doesn't, he does not want our children to be wayward; he does not want / he wants our children to have good education and good lifestyle so that tomorrow he can, he can beat his or her chest that I have a good parent, my parent took/ they take good care of me. Maybe that's the/one of the reason(s) why we are delaying.” (Pg.21)

Couple Bako: H: "Oh, well I think God is actually teaching us something here, that it might be that, maybe God forbid, probably if I had been pregnant and something something happened and maybe I had died and something", so she would be the one to say "oh /well let's just hope that God is actually like protecting me from something... "

Reflective Box:

Extract from reflective journal (11/06/2016):

“Couple Yinusa makes sense of this period of delay by attributing the period of wait as God having a better plan for their unborn child.”

They believe God is causing a delay to prevent them from having a wayward child or probably because he wants them to be financially buoyant first before having kids so they can pro-

vide the child(ren) with the best education and good lifestyle.

As opposed to other couples, Couple Adodo interpret the role of God as a means of punishment. They make sense of the cause of their infertility as a means of punishment from the devil or a spiritualist.

Couple Adodo: W: “Some people are saying that it is spiritual, me I'm also saying that it is spiritual, because there are so many people that have some cases that are even worse, they are worse than my own case and they are getting pregnant.” (Pg. 37)

Couple B: H: “I thought it was just a, just a small thing, I didn't know that the devil is planning a very big thing but it is well sha” (Pg.16).

Reflective Box: As interpreted by the couples, infertility is seen as a punishment from God. Upon reflection, good and bad events are synonymous to God and the devil. The role of God can be seen as a form of support as well as a punishment.

Most of the couples experiencing infertility have interpreted using their religion and faith in God as a means of coping (adaptive and maladaptive mechanism). This practice involves using their faith and belief in God as a means of support in dealing with the wait attributed to being infertile. As a means of comfort, they also make sense of prayers and Bible verses that **relate** to infertility as interpreted by couples Bako and Obeta.

Couple Bako: H: “I don't think there's anything special about / and then, because I believe in God, I believe strongly in God, yes, I am a Christian, she is a Christian, you understand?” (Pg.22)

Couple Obeta: H: “I believe so much in God, that very, very soon by the special grace of God, that we would sing new song, that God would give us our fruit of the womb, our own child and all that. / children and all that. So...” (Pg.16)

Reflective Box:

Extract from reflective journal (28/05/2016):

“For Couple Bako, the wife kept nodding her head every time the husband mentions the name of God.” She stands with his belief that with God they will achieve pregnancy. From a relational dynamic perspective, the couple seems to rely on the words of God from their religion

as a form of support and hoping for the best outcome through the words of God (adaptive coping mechanism).

Believing God's power supersedes any human being (in most cases, even a medical doctor or physician), which is reported as a way of coping with the experience of infertility. Couple Nwankwo make sense of this belief as a way for the couple to cope with the experience of infertility ("keeping us going"), thus promoting a better relational dynamics within the couple.

Couple Nwankwo:H: "I believe in God so much because it's God that supersedes humans, it's just God supersedes, even, even the greatest physician, so, me I believe in Gods time, you know? And that's what has been keeping us going." (Pg.47)

Reflective Box:

Extract from reflective journal (24/04/2016):

"As interpreted by Couple Yinusa, the belief that God's power supersedes any human can be interpreted as a maladaptive coping mechanism because this can potentially inhibit their treatment process and their chances of getting pregnant through medical means." However, from a relational dynamic interpretation, the phrase "keeping us going" suggests that their belief has been a form of support in strengthening their relational dynamics.

Some of the couples have also attributed infertility to a waiting period determined only by God's time. God determines what time is right and when to get pregnant. As interpreted by the couples, with their trust and faith in God, they will conceive.

Couple Nwankwo: H: "I believe that God's time is the best, that's it."

Couple Lawal: W: "The **belief and** hope that God will give me my own when the time comes."

Couple Felix: H: "I'm a Christian and I believe so much that, with God on the throne, you understand? My time will definitely be my time."

Couple Dauda: H: "Our faith in God. There's nothing God cannot do, and He does it at the right time, so I think that's one of the major, ma-

jour drive, that's the major thing that / when it is time God will do it, so why should I be worried.”

Couple Obeta: W: “God will do it, that it's just a matter of time.”

Reflective Box: Faith in God, according to the Christian doctrine, also manifests in the form of positive confessions or statements on the challenges Christian believers are going through. Christians believe in the concept of power in the tongue and thus do not say negative statements about themselves; this to an extent looks like a distortion of reality, allowing the couples to keep their belief that God will change their infertility condition.

Couple Felix expresses the importance of prayer achieved together as a couple. If the husband is sleeping, holding his legs or hands in prayer shows their joint act of prayer.

Couple Adodo: H: “We pray together, then we just probably ensure that the love we had for each other still stays, no matter how it is.”
(P.19)

Couple Felix: W: “We pray. That's just one thing I know, we pray and... maybe that is why we have not broken down yet al.”

H: “Even if I don't pray she prays, and she'll hold my hands you know, and connect it.”

Couple Obeta: W: “I'll just go to the closet, pray to God that God should help me, God should just help me, I've prayed to God for many families, so that's just it.”

Couple Bako: H: “It's God! It's God, I told/tell them "God will do it", eh God will do it and then believe it, just keep on praying.”

Reflective Box: Couples make sense of their experience through prayer. The act of prayer provides relaxation, which in return provides hope and support for the couple.

Couples Yinusa and Bako made sense of their period of waiting through specific scriptures in the Bible relating to the experience of infertility. In these scriptures, no matter the period of waiting, pregnancy was achieved, thus providing a sense of hope and positivity.

Couple Yinusa: H: “Prophet Abraham, may the peace of God be with him, married Sarah for how many years? More than twenty-five years before they were able to give birth to their first child.”

Couple Bako: H: “We are not barren from the Bible; there is no / the only woman that was barren in the Bible was, err, this, err, king, errr, David's wife, because she mocked the king when he was praising God. So, I think that's the only... woman that was barren in the Bible.”

Reflective Box: This to an extent looks like a distortion of reality, allowing the couples to keep their belief that God will change their infertility condition. “No woman in the Bible was barren” doesn’t mean women can’t be barren in the real sense of the word. This statement is a questionable reflection of their interpretation of their reality through their strong belief in God. The heightened level of emotional distress can lead to a breakdown in communication, which can impact on their relational dynamics.

Living with the experience of infertility requires some of the couples to have strong, hopeful views with faith in God to the period of waiting, thus expecting the best possible outcome from any given situation. The role of religion gives the couple a sense of trust and support as expressed by Couple Bako (“we would overcome it”), Couple Lawal (“everything will be okay”), Couple Dauda (“we were just fine”).

Couple Bako: H: “So it has, errr, never been *sucks teeth* been a concern / so, so to say, because because we know that we are just passing through it, we would overcome it.”

Couple Lawal: W: “By the grace of God sha we will be able to conceive, that's the only thing [...] Everything is okay, I have hope in God, everything will be okay.”

Couple Dauda: H: “Even after the first time we came to see a doctor, like, for like almost a year we stopped seeing the doctor because *laughs* we were like... there's no need, that we were just fine.”

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Reflective Box: From the way the couples are making sense of their level of trust in God as a means of support and hope using pronouns (we). This can be interpreted as a strong adaptive mechanism and support among the couples.

Keeping an optimistic approach to the experience of infertility can also come with conflict in relation with the role of religion. A very interesting finding in Couple Felix is their faith as it contradicts with the treatment options. As Catholics, they are not allowed to use condom or IVF as an option. This goes against their belief system. The husband portrays a level of flexibility and willingness to attempt IVF but the wife is more willing to stick to her belief. They evidence how they were able to take a decision together to seek IVF treatment against their beliefs.

Couple Felix: W: “Our religion is against IVF.”

H: “Catholic, we are against the usage of condom.”

W: “As Catholics IVF it is, it is not advisable. It is not/ it’s against our belief, you know? But I don’t know, we just decided to let’s see what happens.”

H: “This decision we have taken is a personal decision, the families are not aware of it...” (Pg.24)

Reflective Box: From the trail of conversation seen between Couple Felix above, this also evidences how conversations are negotiated and agreed upon during joint interviews and also shows their relational dynamics during the interview. They evidence how they were able to take a decision together to seek IVF treatment against their beliefs.

Also, as seen in Couple Adodo, Islam permits not more than four wives at a time. In the case of infertility, this gives the husband the opportunity to marry more wives with the aim of achieving parenthood. This impacts the stability of the couple’s relationship, which in turn impacts on the relational dynamics of the couples.

Couple Adodo: H: “I understand many things about my religion so well, so I felt, fine, if you have a wife and she's not being productive, Ómò go to another one nah, you have, at least you have the, the opportunity of going to/ from one, two, three to four, the only thing you just don't do is you don't exceed four.” (Pg.12)

Reflective box: The couple invoked fatalism as a way to maintain a sense of understanding or belief that the experiences and events of life are fixed or even controlled through religion or the belief in a supreme God. Although the role of God is seen as compassionate, the experience of infertility can also be seen as punishment among some couples. These beliefs, heavy reliance on faith, prayers and Bible scriptures come with a positive, adaptive way of dealing with the impact of infertility and as a support mechanism to the couple, hence resulting in positive relational dynamics. However, it can also potentially negatively impact the couple's relational dynamics. By heavily relying on their faith in God to enable them to achieve pregnancy, this can potentially lead to distortion of reality, and over time, it can lead to an intensified level of emotional distress.

Overall, the couples made sense of how infertility impacts their relational dynamics through: religion as a means of acceptance of their situation (fatalism), support and a means of hope for a better outcome (belief in God through prayer and faith). The next section will explore other strategies used in managing the experience of infertility.

Theme 6: Strategies used by the couple to deal with the experience of infertility

This theme interpreted ways the couples protected themselves from external influences through: masking their emotions, avoiding family members, keeping their professional life separate from their personal life, raising children of other family members as their own and avoiding places and people that can possibly impact their emotions. Each partner had a different approach but ultimately their focus was to prevent any stressor that can impact the relational elements, such as how the couples communicate, interact, respect each other and express the feeling of affection within their relational dynamics.

Couple Bako interpreted how they masked their emotions from other people around them by treating their neighbours' children like their own, by taking them to movies, taking them to church and posting their neighbours' children on social media platforms as their own. The make-believe is to showcase to people what is not their reality, thus masking their emotions. As told by Couple Paul, the husband kept telling people his wife was pregnant and would soon give birth to their baby in an effort to sway people away from their reality and to reduce pressure on them.

Couple Bako: H: “The strategy I use is that my neighbours’ children, I gather them [...] you would see them in my sitting room, they play like my children [...] I post it on Facebook, so, those ones that don't even know that I don't have issue yet [...] my Facebook and WhatsApp, you know? Some even call me “papa twins” in my office.” (Pg 10-12)

H: “Anytime they are talking about my children, I talk, I contribute too [...] sometimes I even attend their end of the year party, attend their inter-house sport [...] anytime I've the opportunity to see many children, at times I crack jokes with them, I record, I snap [...] their PTA, even this school fees of a thing, I contribute too.” (Pg. 12-15)

W: “If I'm going out I'll back them [...] my neighbours’ children I use to take them to church [...] how are your children?" I'll say they are fine.” (Pg. 13)

Couple Paul: W: “So, most times he will just tell them that don't worry, she's pregnant, she'll soon put to bed.” (Pg. 9)

H: Silent but actively listening to wife

Reflective Box: Upon reflection, masking their emotions can be interpreted as a maladaptive coping mechanism, which temporarily relieves emotional stress. The consequences of emotional masking include deception as interpreted by Couple Bako. The entire act interpreted by Couple Bako in masking their emotions possibly served as a source of comfort, as they were delighted to share their experiences. From a relational dynamics perspective, masking their emotions can be interpreted as a way to prevent unwanted pressure from friends and family, which can possibly impact their relational elements.

Some couples believe that the best way to avoid unnecessary pressure is to avoid family members. The couples had to sit down and make a decision as a couple to reduce the impact of family pressure on their relationship, thus improving their relational dynamics (as seen below with Couple Adodo). The impact family members have on their relationship does more harm than good; consequently, they will rather keep a safe distance from them. Others feel watching what to say and what not to say is a strategy to avoid emotional distress from family as regards their fertility issues.

Couple Adodo: W: *giggles* [emotional giggles to mask emotions] “The only thing is family, family, family. The level at which we are now, there's no family again... because that's the only thing that both of us have resolved to, because family bumping into this issue has not helped us so far, so we have decided that anything that we want to do now, we should just keep a distance from our family members because you know?” (Pg. 32)

Couple Akin: W: “Me, I just, normally I don't give them [family and friends] reply. I'll just have it in mind that there is a solution; I don't really give them reply. I don't.” (Pg. 6)

H: Silent but actively listening to wife.

Couple Yinusa: W: “I don't talk about it, I don't discuss it with anybody, you might ask me, ‘ahh what is the problem? Is it from you or from your husband?’ I say we don't have problem. So, I don't discuss the matter with anybody.” (Pg. 28)

Reflective Box: From the interpretation of the couple, it can be construed that pressure from family is a major stressor to the couple's state of mind. Upon reflection, when the couples are emotionally distressed or stressed, there is a possibility of the couple resorting to keep to themselves, which in turn can potentially impact on how they interact, thus impacting their relational dynamics.

Some couples also find keeping their professional life separate from their personal life is an effective strategy in dealing with pressure. This impacts their social interactive way of life, thus promoting better relational dynamics between couples through avoiding pressure that could be a stressor, which could possibly impact how they communicate, interact, respect each other and express the feeling of affection.

Couple Paul:H: “It's not every information that I share with them [friends], when we are doing official work, do official work, when it comes to my family or my own personal and family issues I keep it to myself.” (Pg. 8)

W: Nods head in agreement

Reflective Box:

Extract from reflective journal (24/04/2016):

“From Couple Paul’s interpretation, keeping their personal life separate from their professional life was jointly agreed upon as a strategy which works through verbal (husband’s verbal interpretation) and non verbal communication (wife nodding head in agreement to husband’s interpretation)”.

Upon reflection, the strength lies in both partners working together as a team. From a relational dynamics perspective, when a strategy works for one partner it may impact on the other, thereby providing a means of relaxation for the couple, which results in positive relational dynamics in that the couples are emotionally stable to effectively cohabit without any conflict.

As interpreted by couples Yinusa and Adodo, they raised children of other family members as their own if the parents were deceased or absent and could not provide the best care. They believed they would love and provide them a comfortable life and nice home, making the couples feel a sense of parenthood.

Couple Yinusa: H: “One, secondly my immediate younger brother died last month. He had a child, baby girl, which is, is it four years (or) three years old? And that child does not have a father, at the same / my younger brother that we have the same mother, the same father, is the one that gave birth to that child. Indirectly, who is the father of that child? Who will take care of that child? If I said nature has already given me children in disguise, that's what I mean.” (Pg. 25-26)

W: Silent but actively listening to husband.

Couple Adodo: H: “There's one particular boy we adopted, as in we take him in, basically, when you ask him some question about feeding, upbringing, how do you enjoy staying with us compared to your parents? She will say/ I mean he will say, "ahn I love this place". If you want to mock him, as in if you want to mock the guy just tell the guy, go to your house tomorrow, the guy will start crying.” (Pg.17)

W: Smiles at the reflection of her husband’s account.

Reflective Box:

Extract from reflective journal (05/06/2016):

“From the couple’s interpretation, to fill the void of parenthood, adopting a substitution

mechanism by treating children of other family members as their own was interpreted as a coping strategy.”

Upon reflection with my knowledge of Nigerian culture and norms, this is not an expected substitute to parenthood in Nigeria. The societal norm frowns upon couples who adopt or have a child through non-natural methods. The societal pressure further compounds the couple’s stress, which if not handled properly might impact the relational dynamics of the couples through the feeling of anger and resentment towards the insensitive comments made towards their infertility situation.

However, the feeling can never be the same as having your own child as expressed by Couple Adodo. For this couple, it is a waste of time, effort and finances. They related an experience where the adopted child tends to call them fake mummy and daddy. Although this is true in the real sense of it, they deserved better from a child they gave everything to that her biological parent couldn’t afford, as expressed by the couple. In the pursuit of adopting a child for the sake of enjoying the joy of parenthood, this further exposes them to emotional distress. This distress is expressed in the form of crying and making a decision to leave all their life investments to the less privileged rather than an adopted child.

Couple Adodo: H: “We felt/ we channelled a lot of love, we took you out, even places your parents would never have even thought they could take you to, but yet she will still be telling people she has a second mother, she has one first mum, that/ at least if the fact that her dad is alive, probably she’ll still be telling them she has one daddy, one original daddy, one fake mummy. That’s, that’s why/ at a time she was saying fake daddy, original daddy until when I told the mother categorically that any day I hear that from your child again, I’m gonna throw the child out of my house, I have nothing to gain, I have nothing to lose, highest it’s my money that will be saved.” (Pg.16-17)

Couple Adodo: H: “The young girl did something and that would be the first time in my six years of being married that I’ll cry about not having a child, I felt so, so, so bad [...] if I die tomorrow, give my properties to the less privileged, I decided to take you in as my child, does not mean you have any relationship here with me.” (Pg.16-17)

W: Uhhmmmmmm [*Sighs hard at how deep the husband reflected their experience*]

Reflective Box:

Extract from reflective journal (03/04/2016):

“From the couples’ interpretations, the pain of infertility is felt more when the couples are placed in a position where they are always in constant remembrance of their fertility issues.”

Adopting a child reinforced the feeling of failure and constantly reminded them of their inability to have a child naturally.

Upon reflection, this feeling of failure can possibly be substituted with the feeling of anger which can have an impact on the relational elements within the dynamics of the couples.

Some couples avoid places and people that can possibly impact their emotions (such as by banning their calls). For example, a naming ceremony (a party to celebrate the birth of a baby) and the village where families can interfere in their business are avoided, as interpreted by Couple Adodo and Couple Nwankwo.

Couple Adodo: W: “The friend that call me for naming ceremony I go to the naming ceremony, and the one that decide not to call me I don't go.”

Couple Bako: H: “I avoid going to some places, like my village [...] she's been using for a while. Even not only to her own side, even to my side, sometime we are having, ehh, ehh, ceremonies, we have get together, from my side. So, ehh, *sucks teeth* more or less discourage me that / eh, don't go jare, the moment you go like this now they'll poison your mind again, you know actually, she won't say it but I know that's where she's going; they'll poison your mind again and, ehh, be asking this and this and this and this, *sucks teeth*. So, at times we don't go home. That's just the major strategy.” (Pg.32)

Couple Nwankwo: W: “Because I know they [friends] have nothing good to offer, so I ban their calls.” (Pg.11)

Reflective Box: From the couples interpretation, going to places such as a naming ceremony brings back emotions of longing and the feeling of resentment towards those with a child. This makes the couple reflect on their fertility issues, and the constant reminder of their situation could cause emotional distress, thus potentially negatively impacting their relational dynamics.

Although societal pressure and culture influence friends and family to have a say in their fertility issues, the decision of how to deal with their infertility issues lies in the hands of the couples as interpreted by Couple Akin.

Couple Akin: H: “Well, you know in Africa as you said, you know? As *door opens and closes* Africans who people use to think, are not what white people use to think. African people have to talk, no matter what the issue; people have to advise you, that is life for human beings, whether in the right way or in the wrong way, but its left for you as a person in the life. You only you get your life to lose, to choose the best because when he goods/ good, the friend or family will praise you but when you bad, you will carry your cross by yourself.”

W: “At least it’s true nau, cause friends, family will come, they will say this and that; it’s just left for you to decide, that’s it.”

Reflective Box: As shown by the interpretation of the Couple Akin on how they have been able to avoid pressure from the society and the family, the couple has concluded that they have to learn to manage and cope with infertility in ways which they deem fit.

Extract from reflective journal (03/04/2016):

The interview is disrupted as the door of the adjoining room can be heard opening and closing.

Overall, this theme has explored how couples protect themselves from external influences through: masking their emotions, avoiding family members, keeping their professional life separate from their personal life, raising children of other family members as their own and avoiding places and people that can possibly impact emotions. Cultural expectation seems to be an unavoidable impact. Culture is a way of life; hence, the attitude of people towards their fertility issues cannot be disregarded.

The next section will explore the means of support that influence the couples’ relational dynamics.

Theme 7: Means of support that influences the relational dynamics of the couples.

Spousal support was predominantly reported as the main source of comfort amongst the ten couples, followed by support from friends and family and testimonies of others with infertility. Most of the men in this study find it important to support their wives as some believe women bear the brunt of infertility more; hence, they feel the need to encourage them.

Couple Paul: H: “It's mostly down on the ladies, you know, women. It will be like this my mate, this are children oo, blah, blah, blah, blah, blah. But it has to be the man to encourage the lady.” (Pg.3)

W: “He has been a source of encouragement to me.” (Pg.4)

Couple Felix: H: “I have the strength in her she has the strength in me too” (Pg.15); “I need to support/ she's not only in this problem, we are in it together.” (Pg.12).

W: Smiles and nods head in agreement

Reflective Box:

From the interpretations of couples Paul and Felix, spousal support seems to be a very significant component in promoting the relational dynamics of the couples. The experience of infertility might not only impact one partner, but both partners as they experience the challenges that come with infertility.

The couple expressed how talking to each other and consoling each other through their infertility experience is a means of support and reassurance.

Couple Yinusa: H: “No, I do talk to her, no, I do talk to her” (Pg.20); “we would just try and console ourselves” (Pg.30-31)

W: Silent but actively listening.

Couple Akin: H: “Sometime it can be she, because something *sucks teeth* I, I would not, I don't like to hide her, hide my feeling to my partner because I believe if you hide that thing to her *sucks teeth* that is rubbish. So, when two partners here, you people should open up because devil don't have house, so anywhere way he see, he will enter, so when we seat together, we talk together, from there...”

W: Nods her head in agreement

Reflective Box: From the couple's interpretation above, it can be seen that talking things through is a way to console each other, dissolve tension and support each other, which can be interpreted as positive relational dynamics between the couple. The intensity of how important it is to keep positive relational dynamics between the couple is interpreted by Couple Akin by the use of nonverbal cues like *sucks teeth*, possibly revealing a deeper sense of hurt.

The couples expressed how they support one another in situations when friends and family interject into their fertility issues. This extract indicates how husbands shield their wives from external influences and the women support their men by consoling them.

Couple Nwankwo: H: "I say leave my wife alone. We have agreed to marry ourselves; we have agreed to live for better for worse." (Pg.4)

H: "My wife will be petting me, I should not mind them." (Pg.27)

Couple Dauda: H: "If only men will do more to shield their partners, you know, you understand? I... I've never had any / I would always/ okay at the appropriate / nobody would even come to me to tell me that "ahh what is happening?" I do not give that chance, I don't, I don't put myself in that kind of situation." (Pg.19)

Couple Obeta: H: "And another thing is that, sometimes when people talk outside sometimes, sometimes I want to be agitated when I got back/when I get home sometimes. She will just like, she'll just talk to me that "oh boy, you have to take calm that oh, that it is just a phase, that it will come and go; it is not a permanent thing God will do it and all that", then after a while I will begin to control myself also, that indeed God will do it, that why... putting myself under unnecessary stress and all that, then I stopped." (Pg.28).

Reflective Box: With few support systems available to couples experiencing infertility and the pressure from family members, the couple have to adopt a mechanism on how to manage the situation and protect their relational dynamics as constant pressure from external parties could negatively affect the relational dynamics.

Spousal support in the form of husbands attending the clinics with their wives was reported amongst some couples. Fertility treatment has been established by these couples as a sad and emotional experience; having the partners support each other during the treatment experience suggests that the couples are working towards the same goal.

Couple Dauda: H: “And we are always together, every time. I've missed / I think I only missed her clinic maybe once or twice and that's if I'm unavoidable, maybe I'll be at work or maybe outside town.” (Pg.17)

Couple Obeta: H: “Because when she was in the ward, I was the one with her in the ward, so...”

W: “He was the one doing the running around.”

H: “So, sometimes I try as much as possible to encourage her, but I know it's not easy what she's going through, it's not easy.” (Pg. 12)

Couple Nwankwo: H: “We have been trying, going to different types of hospital.”

W: “We've been going, we've been trying our best, we've been pushing, pushing.”

W: “We equally, yes, we equally went there umm... it's a [anonymous hospital] in Lagos state, that's its name.” (Pg.9)

Reflective Box: It was interesting to observe some of the husbands supporting their wives during the treatment. There is still the denial issue by most men in Nigeria regarding infertility. The couples above have shown a level of respect in their relationship by supporting each other, evidenced by attending the clinics together and finding solutions to their problem as a couple. This is opposed to my experience during fieldwork. I remember going to the clinic and thinking this is supposed to be an infertility clinic, hence couples should be seen together attending. However, the clinic was normally dominated by women. Hardly ever will you see a man attend the clinic. This was one of the many challenges during data collection.

For some couples, family members are a major means of support, thus potentially promoting better relational dynamics for the couple.

Couple Yinusa: W: “But my in-laws, they are good to me. So, they use to look for solution for me, they called me that "don't worry, everything would be okay". It's not like they give me problem, they are nice people [...] All his younger ones, his aunties, all of them, they are good to me, even his grandmother [...] Yes, I use to think about it, I'll just call my sister in law, she's the one that use to talk to me [...] so when she talks to me I use to feel okay.” (Pg.2)

Couple Dauda: H: “Our parents have been very very supportive.” (Pg.11).

Couple Felix: H: “The family have been/ the kind of support we have, they've never for one day pressurized us.” (Pg.16)

Reflective Box:

Extract from reflective journal (27/03/2016):

“From the interpretation of the couples above, when there is no pressure from family members it gives them one less thing to worry about. Some family members might see the problem of couple infertility as their own and take it upon themselves to seek solutions to their difficulty.”

Upon reflection, family members can have a strong hold on what happens in a relationship due to the traditional nature of the populace. Although family has been reported to impact the couples’ relational dynamics negatively, it has also in some cases been a source of support for some of the couples.

Testimonies of others with infertility after years of waiting were also reported to be a source of support amongst some couples. Having others experience the challenges of infertility and finally succeeding in having a baby keeps them hopeful, adapting better and potentially promoting better relational dynamics, as interpreted by the afore mentioned couples.

Couple Nwankwo: W: “I've been hearing testimony upon testimony, even in my ehh Facebook group [...] Some say six years, seven years, I say mine is just three years, they said "ahh, that my own is still new", so that give me more confident that if such people can be able to bear it till then, then who, who am I?” (Pg.23)

Couple Bako: H: “Every service they raise testimonies, they call people to come and share their testimonies and, err, you know, you'll be

hearing people, five years, six years, ten years [...] They are married for seven years, after , seven years / so and we visit them, took my wife along, told the wife "please talk to her", So, all those testimonies are my kind of, errr, tablet that I use, as to keep me going in this journey" (Pg.22).

Couple Yinusa: H: "About other people, they've stayed for more than five years, six years, I use to see it on Facebook, they stay for like fifteen years, God still bless them with a child." (Pg.34)

Couple Adodo: H: "So, when they got married and they were staying years without kids, I always look at them that "ahh, mehn if it is me, oh, I will never, I will never, I know I can't stay with that moment, till / but when I got into the picture myself, I lost hope until when Yvonne called me to tell me she has her own baby, so that was when I had a renewed hope." (Pg. 12)

Reflective Box: The testimony of others who have gone through the experience of infertility and achieved pregnancy has been interpreted by the couples as a major source of support. From my reflection, this gives them hope and reinforces the feeling of community and support.

Overall, findings revealed that couples had to adopt a mechanism to manage and protect their relationship from external pressure. The couples made sense of how important it is to have some form of support while dealing with infertility. From a relational dynamics perspective, the couples have expressed the importance of spousal support while dealing with infertility, as the impact on one affects the other.

Theme 8: The meaning of infertility to the couples

This theme explored the meaning of infertility for the couples and its impact on their relational dynamics through their expressions of: periods of bonding, fertility beliefs and myths. Some of the couples were seen to communicate the meaning of infertility to each other Couple and what infertility means to them as a couple. For Couple Felix, it's a period of bonding while waiting for their unborn child.

Couple Felix : H: “that period of waiting, or bonding.” (Pg.30-31).

Reflective box:

Extract from reflective journal (07/07/2016):

“My first impression of this couple was what a happy couple they are. They were always all smiles and seized any opportunity for a joke. This woman expressed that naturally every expectation of a couple is to have kids after marriage, but in their case they started dealing with fibroid and its many challenges at an early stage after marriage.” (Pg. 4)

With all their challenges, infertility experience has increased their relational elements through bonding.

Furthermore, some find this period not only as a time to get to know each other better but to also support each other through the experience of infertility, as collaborated by this couple.

Couple Dauda : W: “It's a time for us to get to know ourselves better, get to enjoy each other better and *giggles* that's for me” (Pg. 27).

H: “And then, get to protect yourself from external influence, you understand?” (Pg. 27).

Reflective box:

Extract from reflective journal (03/04/2016):

“Interviewing these couples has yet provided another insight to understanding infertility and its impact on the couples’ relational dynamics. The experience is indeed an eye opener to the attitude, character and experience of couples on infertility. At the start of the interview, both couples did not hesitate but were happy to start the interview and contribute to the course of the field work. The couples were able to relate their understanding of infertility, diagnosis and treatment or procedure they have gone through.”

One supporting interpretation about Couple Dauda is that they communicate with each other well and don’t allow any form of interference from outsiders, be it from the husband’s side or from the wife’s side.

The meaning of infertility to a large extent shapes what these couples allow into their subconscious. Another couple altered their perception or hung onto the position that their condition of infertility is not of a permanent nature, with the use of “not totally barren”, thus keeping a positive approach to their experience.

Couple Bako: H: “Infertility, as far as my family is concern, like I said earlier on it's not totally barren, but it's waiting, you know, for the children that are coming.”

W: “We are using this period that the babies have not arrived yet, to really plan.” (Pg. 35-36)

Reflective Box: Couple Bako was heavily relying on their religion as a means of coping with their fertility issues. Although this could have a positive impact on the relational dynamics of the couple, it could also be deduced that the couple may attain an intensified level of emotional distress from feeling that all their efforts in praying for the “fruit of the womb” have yielded no positive outcome.

As interpreted by Couple Akin, fertility is dependent on how actively a man and woman can perform. This belief is jointly accepted by this couple, probably due to ignorance and their level of exposure.

Couple Akin: H: “I don't know that there's something that you will do test about, eh, sperm or all this thing. I believe that only, eh, eh, performance is enough for man to get a child.” (Pg.18).

W: “I believe that when a man can perform enough, at least it's okay for my man to get a child” (Pg.18).

Reflective Box: The belief that fertility is dependent on how active a man or a woman can perform sexually could be a misleading misconception placed on infertility in Nigeria.

In contrast, Couple Adodo reflects that the belief that fertility is based on sexual performance is a “glorified stigmatisation” attached to marriage. That is, the belief that once you’re infertile you are not experienced sexually and need to be trained is a stigma attached to marriage. Consequently, it marginalizes the couple. Overall, the meaning of infertility to them as a couple is an experience that has been unexpected, with unexpected impact on their lives.

Couple Adodo: H: “A lot of people presume once you're not having your own child, you are inexperienced, you don't know how to do it, so they felt they wanna teach you, so it is just a stigmatization attached to human presumption about people who get married and not having their own kid on time. I can ascribe, I can ascribe infertility as a glorified stigma attached to a marriage that is expected to be productive.” (Pg. 39-40)

W: *giggles* “I will just describe it with two words, it is an unimaginable ailment, the one that you cannot comprehend what it would bring forth.” (Pg. 40)

Reflective Box: Infertility as interpreted by this couple as a stigma attached to marriage with its many challenges. Upon reflection, from most of the interpretations of the couples above, the knowledge and attitude of the people towards infertility influences the level of stigmatisation attached to infertility in Nigeria, thus impacting the relational dynamics of the couples in the form of pressure from family and friends.

The meaning of infertility has also been expressed as a painful experience but not a lonely journey by couple Nwankwo. From their interpretation, knowing that although they are having problems conceiving; quite a number of people are also finding it difficult. Hence, this gives the wife confidence to keep pushing and hoping for the best.

Couple Nwankwo: W: ”Umm, going through infertility issue, one, infertility issue makes me to know that the case of infertility is, is, umm, is a bit painful, and when you go out there you'll know you're not alone, there are so many, there are so many people still passing the same thing you're passing, so even you go out there to meet them, you see that you're a bit relieved; you'll know that you're not alone on the race, so that gives me the confidence that tomorrow, ehh... would turn out better, that tells me that tomorrow would turn out better, yes.” (Pg.22-23)

H: Nods head in approval

Reflective Box:

Extract from reflective journal (27/03/2016):

Knowing the experience of others with infertility, with longer years of waiting and still waiting, makes Couple Nwankwo reflect on their meaning of infertility.

From their interpretation, fertility issues impacts their emotions, but knowing they are not the only ones with infertility seemingly makes them feel better about themselves.

Overall, this theme has explored how the couples interpret the meaning of infertility as a shared experience. The next section will summarise the findings and the key findings will be compared to the existing literature and elaborated on. Clinical and policy implications will then be addressed, followed by limitations and recommendations for future research.

CHAPTER 6: DISCUSSION OF THE RESULTS

Introduction

The aim of this study is to explore the experience of infertility diagnosis and subsequent treatment on couples' relational dynamics in South West Nigeria. For the purpose of this study, relational dynamics has been defined as the impact of power dynamics (how couples define and influence their relationships, their co-constructed experience of infertility), affect (how their feelings impact their communication and interaction) and respect (how they make sense of the impact of infertility as a couple) on the couple's relationship. Thus, this study explores the challenges of infertility from a relational and couple's perspective.

The findings will be summarised and the key findings will be compared to the existing literature on the study. The meaning of relational dynamics as experienced in this study will be discussed further, thus providing new knowledge on how couples in Nigeria experience the impact of infertility diagnosis and subsequent treatment on their relational dynamics. The strengths and limitations of the study will be discussed, followed by the clinical and policy implications and recommendations for future research.

Summary of the findings

Following the idiographic focus of IPA, ten couples co-constructed their experience of infertility verbally. Two superordinate themes emerged. The first superordinate theme consisted of four sub-themes and the second superordinate theme also consisted of four sub-themes, as seen below:

Superordinate theme 1: How couples co-construct their experience of infertility when their expectations were not met.

Theme 1: How elements such as family, culture and societal norms impact the relational dynamics of the couples

Theme 2: Fertility treatment challenges and their impact on the relational dynamics of the couples

Theme 3: Affect dynamics: impact on the relational dynamics of the couples

Theme 4: How the couples communicate during the experience of infertility

Superordinate theme 2: Dealing with a current fertility issue - “How do we manage and protect our relationship?”

Theme 5: Religiosity and faith as a coping mechanism

Theme 6: Strategies used by the couples to deal with the experience of infertility

Theme 7: Means of support that influence the relational dynamics of the couples

Theme 8: The meaning of infertility to the couples

While making sense of the impact of infertility diagnosis and subsequent treatment, themes 1 to 4 highlighted the influence of contextual issues as experienced by the couples. These contextual issues include the misconception that infertility is caused by women, the influence of cultural norms and perceptions, treatment challenges, the long waiting times at the clinic, financial challenges and lack of empathy from members of clinical staff. The highlighted contextual issues made sense of the couples' expectations of life after marriage, as starting a family immediately after marriage is a societal norm in Nigeria. When these expectations were not met, treatment became the next option which takes over the lives of the couples. However, this comes with its challenges. This study revealed that treatment reinforced the feeling of hope, although the financial implication of infertility barred some couples from considering other treatment opportunities (IVF or adoption), thereby prolonging their emotional distress regarding their experience of infertility. For some couples the financial challenges were tolerable as long as their life plan of having a child was achieved. Furthermore, most of the couples expressed how the diagnosis of infertility made them question their capability of having a child naturally, which led to the feelings of anger towards self and resentment towards others. This feeling of resentment is aimed more towards others with a child which reinforces the emotion of failure amongst the couples. This feeling of failure puts the couples in a state of constant disappointment and is substituted with the feelings of anger, causing conflict within the relational dynamics of the couples. Consequently, this superordinate theme explored how the couples interacted during their experience of infertility, which was interpreted from a relational dynamic perspective as how the couples handled conflicts within the relationship and how this was negotiated. The way the couples interacted informed how the couples communicate their feeling towards each other and reassure each other using words of affection (“I love my wife”; “I love my husband”; “for better for worse”). By doing this, it revealed how they communicate through the experience of infertility and their commitment towards their relationship verbally and non-verbally.

While making sense of the impact of infertility diagnosis and subsequent treatment, themes 5 to 8 interpreted how couples managed their infertility challenges and protected themselves, bearing in mind their ideas, values and differences through: religion and faith in God, emotional masking, substitution mechanisms and support from the spouse, family members and testimonies of others with a past experience of infertility. The couples invoked fatalism as a way to maintain a sense of understanding or belief that the experiences and events of life are fixed or even controlled through religion or the belief in a supreme God. Although the role of God was seen as compassionate to the experience of infertility, it was also seen as punishing by some couples interviewed in this study. The couples made sense of the experience of infertility by believing God's power supersedes any human being (in this case, medical practitioners) and their delay in having a child is associated with God preventing them from going through with parenthood without being financially balanced enough to provide the child the best possible care. These beliefs come with a positive adaptive way of dealing with the impact of infertility and as a support mechanism to the couple. However, it can also potentially impact on the relational dynamics of the couples negatively.

In view of their current fertility issues, apart from their strong reliance on religion and faith in a supreme God, the couples had to find ways to shield and protect themselves from external influences. Each partner had a different approach, but ultimately their focus was to prevent emotional distress that had the tendency to impact their relational dynamics. Some of the couples expressed how they masked their emotions from other people around them by treating their neighbours' children like their own, by taking them to movies, taking them to church and posting their neighbours' kids on social media platforms (like Facebook) as their own. This is an attempt at make-believe and showcase to people what is not their reality. For some couples, the best way to avoid unnecessary pressure was to avoid family members. The impact family members have on their relationship often does more harm than good. Consequently, they would rather keep a distance from them.

In addition, to fill the void of parenthood, some couples adopted a substitution mechanism by treating kids of other family members as their own. However, the feeling can never be the same as having your own child, as expressed by most of the couples. All these strategies have been interpreted as a way in which the couples manage the challenges of infertility and its impact on their relational dynamics.

6.2 Discussion of key findings as compared to other researches

How couples co-construct their experience of infertility diagnosis and subsequent treatment when their expectations were not met

Some of the findings from this study and other studies from developing countries have provided evidence that the experience of infertility is shaped in many ways by the socio-cultural context (Dyer et al., 2005; Hollos et al., 2009; Larsen et al., 2010; Feldman-Savelsberg, 2002; Leonard, 2002). This current IPA study offers new insights into how couples experience the socio-cultural impact of infertility as a shared experience as opposed to the predominant focus on the experience of infertility from an individual perspective. The ideal Nigerian family is made up of the man as the head of the family, his wife and children, all living together in harmony. Hence when infertility is diagnosed, the treatment for infertility within couples is often remarriage, and it is a culturally accepted norm in Nigeria (Nieuwenhuis et al., 2009; Audu et al., 2014; Fehintola et al., 2017). The burden of infertility is placed more on the wife through the misconception that infertility is attributed to women, thus creating a sense of doubt and low self-esteem, as expressed by most of the women in this current IPA study. The men also expressed how this misconception leads to lack of respect for their wives by family members, which causes the husband to worry about his wife's feelings, consequently impacting how they communicate and interact as a couple. Nahar et al. (2000) reports that when couples experience infertility issues in Bangladesh, the 'treatment' for a man is remarriage; thus, men experience conflict in relation to love for wife and the family pressure to remarry. In Costa Rica, women are expected to resign to childlessness even when the cause of the infertility is associated to the male (Jenkins, 2002). Other studies from Nigeria also showed that infertile women experienced difficulties in associating with family members and the community (Okonofua et al., 1997; Omoaregba et al., 2011; Hollos et al., 2009; Mustapha et al., 2015) and men experience the impact of infertility through receiving a diagnosis of their own infertility, by being the partner of a woman who is infertile or being part of a couple with unexplainable infertility (Audu et al., 2014; Nieuwenhuis et al., 2009). The above findings is suggestive of Greil's (1991) argument that when infertility is diagnosed for women, it are experienced as a knock-back to their self-identity, while men experience infertility secondarily through the effect that it has on their wives. The findings from previous studies have provided insights into how men and women diagnosed with infertility experience the socio-cultural impact of infertility. Findings further highlight that making sense of the experience of infertility as a shared experience within a patriarchal society, where a woman cannot

make independent decisions without the consent of her partner, has provided new knowledge on how couples experience infertility from a socio-cultural perspective, thus providing new knowledge that adds to the wider International body of literature on this topic.

A second key observation within this superordinate theme is that when infertility is diagnosed, the bonding between each partner reduces, thus marital distress occurs, either as a result of their fertility issues or related issues. While there is evidence for increased marital distress in couples who do not conceive in the first year of treatment compared to couples who do conceive (Onat et al., 2012; Benazon and Sabourin, 1992), studies have also demonstrated resilience in couples dealing with infertility as they perceived their marital relationships as being very close (Peter et al., 2011; Glover et al., 2009). They attributed the closeness to the shared experience of being infertile and their faith in their relationships (Peter et al., 2011; Glover et al., 2009). Additionally, setting themselves achievable and challenging goals enhanced the process of adapting to their life without children (Peter et al., 2011). Findings from this IPA study show that when couples are distressed, the feeling of wanting to be left alone without communicating with each other was reported as a way to deal with conflicts within the relationship. For some of the couples, conflict is seen to be managed by talking things through. When mood changes as a result of outside pressure or due to their fertility issues, this tends to impact how the couples communicate at home, thereby impacting their relational dynamics. Other researches have evidenced that the quality of a marital relationship is an important indication of how happy the couples are and the state of their wellbeing, while poor marital quality has been linked to many family and community challenges (Monga et al., 2004; Aldous and Ganey, 1999; Bradbury et al., 2000; Tao et al., 2012; Ulbrich et al., 1990). Experiencing marital distress can be challenging, having a supporting marital relationship has been evidenced as the most important source of support in regards to couples undergoing infertility treatments (WHO, 1992; Laffont and Edelman, 1994). Most of the evidence that provided insights into how couples experience marital distress and its impact on their relational dynamics has been from developed societies. In this current IPA study, findings show new insights into how couples in South West Nigeria experience marital distress and how this was negotiated through reducing the quality and quantity of their communication, consequently providing new knowledge on how couples experience marital distress in Nigeria. These findings provide new knowledge not available in any study in Nigeria to date on how couples co-construct their experience of infertility in a culturally sensitive environment.

Another key finding from this IPA study is affect dynamics: the feeling of anger and resentment. The couples in this IPA study interpret how the feeling of anger and resentment is felt through other people's insensitive comments on their infertility issues, anger and resentment towards those who easily got pregnant but decided to have a termination and anger towards the child for not being conceived by them, as they believe they would have given the child the best possible care that the child deserves. According to existing studies, the challenges of infertility leave couples not only depressed but angry, which in turn impacts their psychological wellbeing (Cousineau and Domar, 2007; Greil., 2010; Domar and Gordon, 2011). Other works have evidenced that when couples lose control over when to start a family, they feel enraged, which is multiplied by daily life and treatment demands causing anger and resentment to grow (Greil et al., 2010; Onat and Beji, 2012; Imeson, 1996). The findings from this IPA study further highlight that the feeling of resentment is increased by those who share pregnancy status or birth announcements on social media platforms. The social media platform was interpreted as a place to share or update friends and family of good news or in some cases bad news; however this platform has been made sense of as a place which enhances difficulties experienced and leaving little space to hide. The feeling of anger and resentment by participants in my study towards others with children has been suggested in the past to link to emotional distress in other studies from developed societies. However, this IPA study shows that the concept of resentment has a worldwide (not just Western) significance. Findings from this IPA study also add to the evidence base by providing new insight on how social media platforms increase the emotional distress of couples through receiving birth announcements from others, thus impacting the relational dynamics of the couples.

Furthermore, the findings from this current study also reveal that access to the available treatment options for infertility is solely dependent on the financial capability of the couples in Nigeria. From a global perspective, the availability of infertility treatment service is a major force in the provision of public and private health services. The World Health Organisation reports that factors such as the socio-cultural, political and economic forces determine the allocation of personnel, equipment and facilities in health care organisations (WHO, 2019). In developed societies, with exceptions, particularly the United States, infertility is recognised as a medical condition (Robert and Nachtigall, 2005). There are provisions made within each developed state's national health policies to cover infertility treatment, thereby reducing cost and improving the utilization of effective and safe infertility treatments (Robert and Nachtigall, 2005; Velez et al., 2014). Similarly, data from Belgium shows that patients

profited from financial compensation for six cycles of assisted reproductive technology treatments (de Neubourg et al., 2013). In Nigeria funding is a challenge and the Health Medical Organisations (HMO) do not support treatment whereas some developed countries provide some free efforts at treatment in some public hospitals. The Sustainable Development Goals aim to provide financial protection for couples with medical issues in Nigeria (WHO, 2019). The lack of a serviceable health insurance scheme in many states in Nigeria has been reported as a major hindrance for couples diagnosed with infertility (Hammarberg and Kirkman, 2013). The financial implication of infertility in Nigeria barred some couples from considering other treatment opportunities such as IVF or adoption. This restriction was expressed by some of the couples in this current IPA study as “frustrating” and “spending more than they earn”, which in turn affected their relational dynamics by exposing them to a range of emotional distress, impacting the relational elements of the couples. Findings from this research and other researches in Nigeria (Upkong and Orji, 2006; Lawali, 2015) show that one of the main reasons couples discontinue treatment in Nigeria is due to no funding for treatment. In desperation, the couples in this IPA study interpret how they resorted to traditional means of care (herbal medicines, the act of massaging the womb by traditional birth attendants), which have been reported to be dangerous due to their lack of scientific evidence (Agolor, 2017) and associated to maternal mortality in Nigeria (Ugboma and Akani, 2004). The financial pressures experienced by participants in my study have been suggested in the past to link to maternal health outcomes and the structures of the health service in Nigeria, meaning that financial support is not there. Having difficulties in paying for their health needs exposes the couples to a range of emotional distress that impacts their relational dynamics through the feeling of anger and resentment towards the health system. The financial burden experienced in Nigeria is in direct contrast to Western societies where couples are seen to have better outcomes with better financial support. My study therefore adds to the evidence base by providing new knowledge on how couples diagnosed with infertility experience the impact of financial issues and also how these financial issues impact the relational dynamics of the couples through creating financial pressure and limiting the access to required health care services. The finding from my study has provided new knowledge not available in any study from Nigeria on how couples co-construct their financial challenges of infertility within a culturally sensitive environment. Therefore, these findings can inform the Nigerian government on the importance of creating means of financial support for couples, thus making the treatment of infertility available and accessible to couples in Nigeria.

The hospital system has been associated to a structure that further reminds the couples of their fertility issues and impacts their relational elements through the hospital environment and the attitude of the health care professionals. The hospital environment has been interpreted for some of the couples as emotionally derailing, such as with an unfavourable environment for sample collection and the long waiting time (over five hours) for some couples. The process of sample collection entails the man taking some semen samples in the toilet, which was described by some of the couples as a very embarrassing experience. Similarly, the inadequacy of the facilities provided by the infertility clinic was highlighted as a social factor experienced by the infertile couples in the study by Zandi et al. (2013). These inadequacies included failure to provide a suitable sample collection room and insult to the patients by the health care workers (Zandi et al., 2013; Hasanbeigi et al., 2017). Thus, the need for an appropriate sample collection room as highlighted in this IPA study is an important finding to consider and should be taken into account during care provision. Kawakami et al. (2008) and Abounmater et al. (2008) argue that the waiting time statistics are an important standard through which health care is measured and patients determines satisfaction. Hence, the long waiting time in an uncondusive environment experienced by participants in this IPA study shows that the couples were not satisfied with the standard of treatment received. Furthermore, Okonofua et al. (1997), a Nigerian based research, reports that most of the participants interviewed reported negatively on the insensitive comments and attitude of the health care professionals in charge of their care. It is surprising to see that after numerous decades, this still persists. Other studies have shown that inadequacies within a health care institution can be used to evaluate satisfaction by patients, and findings from this IPA study also show that couples dealing with a diagnosis of infertility feel worse than they already felt due to the hospital environment and the lack of empathy by healthcare professionals and not getting the attention and care needed, thus impacting their relational dynamics through the feeling of isolation. My study adds to limited evidence on the experience of couples from a dyadic co-construction on the treatment experience of couples diagnosed with infertility in Nigeria and its impact on their relational dynamics.

6.2.2 Dealing with a current fertility issue - “How do we manage and protect our relationship?”

While making sense of the impact of infertility diagnosis and subsequent treatment on the relational dynamics of the couples, the couples interpreted ways in which they manage their infertility challenges and protect themselves from its impact on their relational dynamics.

One key finding from this study is the role of religion and faith in God. A strong belief in a God as the creator with absolute power over everything has been interpreted as a form of support as well as punishment. The couples interpreted how their faith in God with the knowledge of past experiences of others in similar situations and who finally have their own children (desired outcomes) keeps them hopeful or provides a support strategy to deal better with the experience of infertility, thus improving their emotional stability. For some of the couples in this study, being diagnosed with infertility is seen as a punishment from God for their evil nature. Other studies have provided insights into how couples experience relaxation through having strong faith in God and a heightened level of distress from feeling that their prayers for a child have gone unanswered (Roudsari and Allan, 2011; Inhorn et al., 2009, Ceballo, 1999; Dyer et al., 2004 and Hess, 2018). Ceballo (1999) reports that African-American minority women who have experienced and struggled with infertility issues often relied on religion and spirituality to cope with the emotional pain. However, these women often coped in silence and isolation, experiencing shame, frustration, desperation and anger. Sewpaul (1999) interprets five themes from their study of Infertility; infertility is caused as a punishment for wrong doings, is caused as a predestined encounter from a supreme being, is able to grow and have a positive change, is caused as a supernatural issue; and is caused as a natural error that is not due to God. Sewpaul (1999) and Dyer et al. (2004) argue that within these various themes, the most dominant one was assuming infertility as a punishment for wrong doing. Findings from previous research and this current IPA study have shown that having faith in God has its advantages and possible drawbacks that impact the relational dynamics of the couples through providing support and emotional stability for the couples and can also cause emotional distress through the belief that infertility is a punishment from God. Previous research has concentrated on how women experience the impact of religion on the experience of infertility. The interpretation from the couples, as opposed to just the women’s perspectives within other studies provides new knowledge on how religion, a controlled organisation of beliefs that characteristically relates to the couples faith and their confidence in a supreme

God as a means of coping with the experience of infertility, can also impact the emotional stability of the couples when their prayers have gone unanswered. My study has provided new insight on how couples make sense of their faith and religion as a dyadic experience and how this impacts their relational dynamics.

Another dimension on the faith in God that lapses over couples religious beliefs is the belief that infertility can be healed through prayers. What this means is the couples believe that God has the possibility to change their infertility situation. Findings from other studies in Nigeria reveal that faith in God according to the two major religions in Nigeria (Islam and Christianity) manifest in the form of prayer until a solution is found (Okonofua et al., 1997). According to the Christian doctrine, faith in God manifests in the form of positive confessions or statements on the challenges Christian believers are going through (Robert et al., 2009; Yebei, 2000; Davies and Thate, 2017). Findings from this IPA study show that the Christian believers are of the notion that there is power in the tongue and thus do not speak negative statements about themselves; this to an extent is interpreted as a distortion of reality, allowing the couples to keep their belief that God will change their infertility condition (Jegade and Fayemiwo, 2010). The Muslims in this IPA study report that they have the authority to remarry while keeping their infertile wives, consequently impacting the relational dynamics of the couples through various means, such as lack of a supporting relationship from their spouses (Nieuwenhuis et al., 2009; Okonofua et al., 1997). Other findings have also reported that actively praying and visiting healing centres potentially cures infertility (Yebei, 2000; Lee and Chu, 2001). Yebei (2000) reports that Ghanaian women are accustomed to visiting Amsterdam churches where they pray with the priest for deliverance from infertility (Yebei, 2000). Similarly, findings also show that Chinese men pray to the Chinese God who they believe can provide a child at special times during the lunar month (Lee and Chu, 2001). Findings from this IPA study although similar to other findings in regard to the belief that couples believe infertility can be solved with prayer. This study further provides new knowledge from couples' and a relational dynamic perspectives not readily available in any study to date in Nigeria on how the act of praying together as a couple enriches spousal support and can impact the couples' emotional wellbeing through the distortion of reality, allowing the couples to keep their beliefs that God will change their infertility condition.

Another significant finding from this IPA study was emotional masking, a coping strategy used by the couples to cope with the stressor that needs to be managed. Findings show that

when couples are faced with the experience of infertility, they mask their emotions through the avoidance strategy (avoiding what to say to people and going to places that can impact their emotions, such as a child dedication) and substitution mechanism (treating children of family members as their own to fill the void of parenthood). Masking their emotions from friends, colleagues and neighbours helps disguise socially unacceptable conducts such as posting their neighbours' children on social media (like Facebook) as their own, taking them out to places and posing as their parents, hence causing people around them to not be aware of their current situation. In other studies, the avoidance coping strategy is the most common coping strategy used by couples dealing with the experience of infertility (Volmer et al., 2017). Findings revealed that the avoidance strategy is associated to a higher risk of developing marital distress in women with a diagnosis of infertility and has a mutually negative impact on their partners (Volmer et al., 2017; Paterson et al., 2008 and Pottinger et al., 2006). The couples in these studies were asked to complete self-report coping strategy scales to assess each partner's coping strategies and its psychological impact (Volmer et al., 2017; Paterson et al., 2008 and Pottinger et al., 2006). Findings from my study have further revealed that interviewing couples as a dyad provides more depth into how couples cope with the experience of infertility as opposed to the use of coping strategy scales. Findings from this IPA study have further highlighted that the act of emotional masking by the avoidance strategy and substitution mechanism disguise socially unacceptable behaviours. Also, findings from the reviewed studies have shown that the price for this coping strategy is marital distress which can have an impact on each partner. This study provides new knowledge about how this coping strategy helps the couples manage the impact of infertility diagnosis and subsequent treatment on their relational dynamics.

Findings from this study further reveal that the act of adopting a child for the purpose of fulfilling the need of parenthood is a waste of time, effort and finances. From the couples' interpretations, the fear of disloyalty by the child, lack of genetic linkage and the society's perception of adoption increase the couples' emotional distress through inappropriate comments made about an adopted child, thus reinforcing the feeling of failure and a constant reminder of their fertility issues. The emotional distress impacts the relational dynamics of the couples through the quality and quantity of their communication. Findings from other developing countries with a culturally sensitive environment such as Ghana, Cameroon and other studies from Nigeria have highlighted that adoption is not an alternative strategy in the management of infertility aimed at bringing comfort to the affected couples due to the socio-cultural set-

ting (Tabong and Adongo, 2013; Oladokun et al., 2009; Nguetack et al., 2014; Jegede and Fayemiwo, 2010). Studies have shown that research from developed societies has embraced the act of adoption even before the era of reproductive technologies (Oladokun et al., 2009), with findings revealing that couples that adopt grieve less about their challenges of infertility and have better emotional support (Greil, 2010; Kilbride, 2003). Kilbride's (2003) findings highlight that couples made sense of adoption; apart from it being a means to enjoy the joy of parenthood, it was also interpreted as a way to provide the child with the best possible care and attention their birth parents could not afford. The reviewed studies have shown that the experience of infertility for infertile couples differs between developed and developing countries due to the socio-cultural perceptions of infertility. This study adds to the body of knowledge on how couples make sense of the act of adoption and its impact on the relational dynamics of couples through its impact on their emotional stability. This finding provides new knowledge that informs the local and wider body of knowledge on the impact of infertility diagnosis and subsequent treatment on the couples' relational dynamics in South West Nigeria.

Finally, findings from this IPA study also made sense of the key meaning of infertility as experienced by the couples. For most of the couples, infertility means a period of "waiting" and "bonding". The act of bonding during the experience of infertility was expressed as a time to enjoy each other's company, a period of reassuring each other of their commitment to their marriage. This finding is consistent with other findings from Western countries and also based on samples taken from a single gender participant undergoing treatment (Peter et al., 2011; Schmidt et al., 2005 and Holter et al., 2006). Findings from these studies show that couples who face adversity together rely on each other more due to their shared experience of being infertile and remaining childless (Peter et al., 2011; Holter et al., 2006; Schmidt et al., 2005). The interpretation from my study, although similar to findings with the reviewed studies, nevertheless provides new knowledge about how couples co-construct the meaning of infertility as a shared experience within the perspective of a developing country as opposed to a developed society. This provides new knowledge on the impact of infertility diagnosis and subsequent treatment on couples' relational dynamics in South West Nigeria.

6.3 The Meaning of Relational Dynamics in Nigeria (A culturally sensitive environment)

The meaning of relational dynamics as experienced in this study is important to define to provide more contexts into how couples in South West Nigeria experience the impact of infertility diagnosis and subsequent treatment on their relationships. Millar and Roger's (1987) classification of relational dynamics, the impact of power dynamics (how couples define and influence their relationship, their co-constructed experience of infertility), affect (the feeling of resentment and anger) and respect (how they make sense of the impact of infertility as a couple bearing in mind their ideas, values and differences) - on the couples' relationships has been used to guide the research question and data analysis. Nonetheless, in line with my critical realist approach to the study of couples infertility, in that that there is a real world and knowledge of it, is inclined by how the person perceives it in the context of their lives (Bhaskar, 1978). Findings from this IPA study further reveal that relational dynamics go beyond the impact of power dynamics, affect and respect on the couple's relationship; it also involves how couples communicate (the quality and quantity of their communication) and interact (how they bond, co-construct their experience of infertility) as a couple during the experience of infertility in South West Nigeria. Thus, the findings of this study provide knowledge on how the couples make sense of the impact of infertility on their world as a shared experience within a culturally sensitive environment where there is high stigmatisation attached to been infertile, which provides undue pressure on the couple and invariably impacts the couple's relational dynamics.

Smith et al. (2009) believes the presence of fore-structures such as existing knowledge and experience are both useful and valuable. Smith et al. (2009: p.16) uses the term 'the hermeneutic circle' to illustrate the continual relationship between pre-existing knowledge and experience in understanding. The primacy and effects of fore-structures, in the context of experiencing infertility in Nigeria, within a patriarchal society where a woman cannot make independent decisions without the consent of her partner, has been highlighted in this IPA study. In a culturally sensitive environment such as Nigeria, the role which the society has appropriated to each gender differs; this has influenced the interpretations made by the couples throughout the research process. Findings from this study and other studies from Nigeria show that a woman needs to get the consent of her partner regarding undergoing any treatment procedures and consent on how and what she invest her money into (Nieuwenhuis et al., 2009; Larsen et al., 2010, Jegede and Famiwo, 2010). The dyadic interview setting in this

IPA study provided an opportunity for the couples to express their feelings towards each other using words of affection; the cultural construct of what is expected from a man and a woman limits the opportunity to openly share this kind of feeling to each other regarding their infertility (Okonofua et al., 1997; Fehintola et al., 2017). Findings from other studies have shown that power influences the other partner in a relationship to effectively resist unwanted influences (Kilbride et al., 2003; Lalonde, 2014; Jegede and Famiwo, 2010). The findings from this IPA study have provided new knowledge on how couples co-construct their experience of infertility in a male-controlled environment, thereby adding to the body of knowledge on the impact of infertility diagnosis and subsequent treatment on the relational dynamics of couples in South West Nigeria.

In addition to Nigeria being a patriarchal society, there is high stigmatisation regarding infertility (Nieuwenhuis et al., 2009; Umezulike and Efetie, 2003; Mustapha et al., 2015; Ofovwe et al., 2006). This is due to the influence of cultural norms and beliefs regarding infertility (Jegede and Famiwo, 2010; Fehintola et al., 2017; Okonofua et al., 1997). Beliefs such as the cause of infertility being attributed to witchcraft and customary rites, as evidenced in this IPA study, show that even in recent times the misconception regarding infertility still persists. Findings from this IPA study have further provided new knowledge on how couples co-construct their ideas, values and differences together as a unit within a culturally sensitive environment where women are seen to be the cause of infertility. This places pressure on the man to either support his wife or leave the marriage, thereby impacting the respect dynamics within the couple's relationship. The couples in this study provided their shared experience in an environment that limits the couple's rights to their ideas, values or differences due to a diagnosis of infertility. This finding has further proved the need to provide intensive health education to the society about how couples experience infertility diagnosis and subsequent treatment, thereby reducing the impact of societal pressure, misconceptions and beliefs towards infertility and consequently reducing its impact on the relational dynamics of couples in Nigeria.

The findings from this study provide further evidence of how culture plays a role in shaping the role of a first born child in Nigeria which impacts the couples' emotional wellbeing through pressure from the family and the society. A first born child, especially if it is a male child, is expected to start a family before his siblings. When this is not the case, there is a sense of jealousy, anger and resentment from the couples towards the younger sibling that

starts a family first. This high expectation and pressure from the family and the society makes each partner emotionally distressed (Ukpong and Orji et al., 2006; Lawali, 2015; Ofovwe et al., 2006), however this IPA study provides new knowledge that the pressure faced by couples potentially creates conflicts within the couples' relational dynamics but consequently affords a bond between the couple. The couple tends to rely on each other for support by talking about their feelings and expectations.

Relying on each other for support provides new knowledge on how couples interact during the experience of infertility. Interaction involves creating a good impression and bonding through physical appearance and coordination (Fox et al., 2013; Kellas et al., 2008). From this viewpoint, this IPA research is grounded in the works of Gadamer, which aimed to understand the fusion of horizons between the researcher and the participant (Lavery, 2008). The way the couples smiled at each other during the interview signifies how comfortable they were with each other and the way they co-ordinated their outfits was made sense of as creating a good impression, which reflects how each partner accepts their social identity (Kellas et al., 2008; Knapp et al., 2014). Findings from this IPA study have further shown that the diagnosis of infertility and subsequent treatment impacts on the social interactive way of life of the couples. By avoiding family members and friends and avoiding what to say and what not to say has put a limit on the couples' social interactive lives. No study to date in Nigeria has provided insight into how couples interact during the experience of infertility as a dyadic interpretation, providing the couples the opportunity to share their truth, thereby offering new knowledge on how couples interact during the diagnosis and subsequent treatment of infertility in South West Nigeria.

This interaction through verbal and non-verbal cues provides knowledge on how the couples communicate. Findings from other studies in Nigeria reveal that when couples are in conflict, this gives room for external influences to interfere in their relationship, thereby creating the opportunity for the marriage to dissolve (Nieuwenhuis et al., 2009; Mustapha et al., 2015; Fehintola et al., 2017). In this IPA study, the dyadic interview setting gave the couple an opportunity to express their feelings towards each other using words of affection, thereby communicating their commitment towards their relationship.

6.4 Reflection on relational dynamics as a term for studying couples infertility.

A reflection on relational dynamics as a term used to make sense of couple's experience of infertility reveals that this concept is complex and multidirectional. I reflected on the methodology (IPA), where my conception, perception and social baggage were needed to make sense of the couples' interpretations (Smith et al., 2009). I was left with the feeling that the ability to notice and remember different aspects of the interview setting is one of many skills required in making sense of the couple relational dynamics. For example, how couples smiled at each other during the interview signified how comfortable they were with each other. Similarly, how they coordinated their outfit was made sense of as creating a good impression, which reflects how each partner accepts their social identity. The interpretation generated from the example above is not only generated from my fieldwork reflective journal; I also had to reflect on and make sense of my preconceptions and conceptions in order to make an interpretation from a relational point of view that the research focused on. For example, I had to reflect on self as a mother, married within this cultural and social setting, in order to make an interpretation from a relational dynamic perspective. This double reflection enabled a critical interpretation to be made about the couples' relational dynamics, thereby representing quality and validity in IPA (Smith et al. 2009).

Furthermore, reflections on relational dynamics as a term used to study how couples co-construct their experience of infertility shows that it provides a concise insight into the dynamics couples experiencing infertility encounter. Infertility is a problem which, foremost, affects the couple. It is for that aim that making sense of the couple's relational dynamics is especially appropriate. Relational dynamics have been made sense of in this study to mean more than the impact of power, affect and respect dynamics as proposed by Millar and Roger (1987). This study has further provided evidence that relational dynamics also involve making sense of how couples communicate and interact. Relational dynamics cannot be assessed only by how each couple define and influence their relationship, for example the impact of the patriarchy, in which the man decides how and when they begin treatment. It can be assessed in conjunction with other aspects such as how they share their feelings towards various experiences as a couple, how they respect their individual ideas and differences, the communication behaviours they choose to enact and how they interact during their experience of infertility.

6. 5 The Strengths and Limitations of the study.

This IPA study explores the couple's experience of infertility and how it impacts on their relational dynamics while also trying to make sense of my own preconceptions and understanding of infertility (Smith and Osborn, 2007). One of the difficulties with this hermeneutic circle is that the researcher's preconceptions (values, ideas) may not only be implicit; "Reflexivity involves interpreting explicit concealed agendas and half formed intents throughout the research" (Gough, 2003: p.25). Smith et al. (2009) argues that it is possible for the researcher not to be aware of the impact of these concealed agendas on the research process and so in effect there is a dual layer of distrust functioning. By reflecting on the strengths and limitations of this IPA study, the researcher is providing the reader with the context that impacted the data and the findings, thus being explicit about the research process.

6.5.1 The Limitations of the research.

This is a qualitative study within an IPA framework, which interviewed couples from a single study site (infertility clinic at a public hospital). The findings from this study is limited to couples who are receiving treatment from public health services. It does not provide insight into couples from other social and economic background for example couples who could afford to use private health services with a better treatment experience. The insights I have gathered are recommended for other study settings, for example, recruiting couples from private infertility clinics, from traditional birth attendance, from religion premises. This would therefore add to the richness and the quality of the study.

Smith et al. (2009, PP. 60) proposes that a quality interview should be between forty-five and ninety minutes to ensure richness in data quality. The data collected were between twenty-five minutes to fifty-five minutes long, which could possibly have impacted the richness of the data collected. The reasons for the short interviews were due to the misconception associated with infertility in Nigeria and its impact on access to basic assisted reproductive treatments, which can be challenging or impossible for many couples who want to conceive. Many fear the negative consequences of childlessness resulting from societal pressure. Couples who cannot conceive often experience emotional and psychological trauma. Sadly, societal norms dictate that the woman is often the cause of the infertility, ignoring male infertility. Infertility comes at a high price financially, emotionally and physically for many couples in Nigeria. This misconception of infertility being a woman's issue was seen through the number of attendee's seeking treatment for infertility at the clinic. The clinic was populated

by women with occasional visits by male attendees. The men do not come to the hospital because of the stigma associated with infertility. They believe that being seen in an infertility clinic would make people think they are the cause of the couple's infertility as interpreted by the women at the clinic, consequently impacting the length of the interview. Carrying out interviews less than forty-five minutes in this IPA study reduced the possibility of gathering more interpretations that could have possibly provided more insight into the interpretations made by the couples and the possibility of more new findings not readily available in other studies.

Also, the long waiting hour at the hospital in an uncomfortable treatment environment due to lack of basic amenities such as the provision of twenty-four hour electricity could possibly have affected the quality of the interview. Being diagnosed with infertility is already a difficult and challenging life experience, and coupled with having to wait to see the doctors in an unfavourable environment, could have impacted the flow of the interview. There were also consistent power outage (in electricity) while conducting the interviews. During these power outages, the interview room became pitch dark and the air in the room became hot and un-conducive. The couples became impatient and inclined to share their experience as quickly as possible, thus impacting the length of the interview and the possibility of generating more interpretations.

Another limitation to this study is the impact of cultural norms and beliefs. For example the influence of patriarchy during the interview could possibly have impacted on the quality of the interview. I found out that during the interviews, the male dominated the narratives and the women either nod their heads in agreement or could have felt obliged to answer in certain ways, including feeling the need to characterise themselves in a socially desirable manner with regards to their joint experience of infertility. This research recommends a mixed methodology, carrying out individual and dyadic interviews, thus the findings could produce new and revealing data which adds to the quality of the study.

Finally, there is currently no study in Nigeria that has explored the experience of infertility as a co-constructed experience despite several studies reporting that how one partner experience infertility invariably affect the other either emotionally, physically or financially (Greil et al (2010; Wawrziczny, 2015; Hollos et al., Nieuwenhuis et al., 2009). The literature review provided understanding of the experience of infertility from a gendered perspective (men and women separately) with many findings indicating that women, in comparison with their hus-

bands, bear greater negative impact due to infertility (Fehintola et al., 2017; Mustapha et al., 2015). The literature review could have benefitted from citing and referencing prior research studies that have attempted to interview couples as a dyad, thus provide recommendations that could serve as a foundation to answer my research question.

6.5.2 The strengths of the research

The key strength to this IPA study is the idiographic focus of IPA (Smith et al., 2009). Interviewing couples as a dyad in this IPA study provided new knowledge not available in Nigeria to date on how couples co-construct their experience of infertility and its impact on their relational dynamics. This IPA study provided the couples with control over their shared experience that they are a part of within a culturally sensitive environment, thereby providing an ‘insider perspective’ into the impact of infertility on couples’ relational dynamics in South West Nigeria through the production of rich and revealing data that can be used to inform clinical practice and research.

Other studies have provided assumptions that interviewing couples as a unit creates the opportunity for couples to relate a constant story when interviewed about their relationship (Bjornholt and Farstad, 2011) and one partner might overtake the other partner’s side of the story (Wawrziczny et al., 2015). Findings from this IPA study provided evidence that the couples complemented each other’s stories verbally and non-verbally through the use of gestures and facial expressions. The non-verbal cues served as a guide for the researcher to prompt further during the interview and for each participant to probe each other for clarity about their experience, which is not possible to be seen while conducting individual interviews. Thus, interviewing couples as a dyad within an IPA framework in this study provided subjective perspectives that they have probably never conveyed to each other before. This therefore adds to the quality of the data on the experience of infertility diagnosis and subsequent treatment on couples’ relational dynamics in Nigeria.

IPA’s focus on the role of cognition and how these can be fixed through the analysis of language provided strength to this study (Smith et al., 2009, pp.3; Eatough and Smith, 2006; Willig, 2013). As a Nigerian woman who has lived half my life in Nigeria, it was easy for me to understand how the couples were communicating and making sense of their world through the English language with Nigerian slangs, such as “ritualist” meaning customary belief within a culture. Understanding the couples’ language provided insight into the couples’ world: how they feel about infertility and the meaning that they ascribe to it. Understanding the cou-

ples' language in this IPA study has provided strength to the quality of the findings and interpretation made in a culturally sensitive environment which I am a part of (Willig, 2013).

Also, this study has provided knowledge not only on the impact of infertility on couples as a shared experience; it has also provided strength to the quality of the findings by recruiting men into family studies. This has been reported as a challenge in social research and family studies (Bjornholt and Farstad, 2011; Greil et al., 2010).

Finally, this study has provided quality knowledge on the social and psychological impact of infertility on couples in Nigeria. Findings from this study can be used to develop care models which would help couples deal with the challenges of infertility in Nigeria, thus positively impacting the health care service delivery and the couple's social and psychological well-being. This would achieve a reduction of the high prevalence of psychological pathology related to infertility in Nigeria.

6.6 The implication for Policy, Practice and Research.

Despite its strategic position in Africa, Nigeria has undergone several breakdowns in the health care sphere, involving a lack of provisions of health centres, personnel and medical equipments, especially in the rural areas (Okonofua, 1999; Adedini et al., 2014; Adeloye et al., 2017; Osain, 2011). While a number of transformations have been presented by the Nigerian government to tackle the wide ranging issues in the health care system, they are yet to be applied at the state and local government area levels (Adeloye et al., 2017). The Nigerian health system is still in its infancy stage and in need of enormous support across the country (Osain, 2011).

For Policy

The clinical service delivery in Nigeria reveals that more than 50% of reproductive health caseloads are as a result of infertility, thus mounting a major burden on health service delivery (Owolabi, 2013 and Akinloye and Truter, 2011). The health system challenges are far ranging from lack of proper remuneration to absence of appropriate infrastructure. Further internal crisis amongst health workers have been worsened by an incompetent administration across different levels of government (Adeloye et al., 2017). Consequently, these crises have prevented optimal health care delivery to the couples in this IPA study and have been interpreted as an experience which further reminded the couples of their fertility issues, creating

the feeling of anger towards the absence of conducive treatment centres tailored to meet the needs of the couples and of a conducive sample collection room preventing the challenges the couples faced in this IPA study in collecting samples. Thus, this study calls for the provision of necessary skills, infrastructures and resources for the health care professionals, thereby reducing the burden on health service delivery in Nigeria.

There has been evidence that infertility is not a high priority on the agenda of policy makers in Nigeria; the reproductive health strategy in Nigeria is targeted at reducing the high fertility rate and not reducing the prevalence or impact of infertility (Inhorn, 2015; Akinloye and Truter, 2011; National population commission of Nigeria, 2006). This study recommends the provision of policy targeted at increasing the awareness of infertility as well as providing an appropriate and adequate health care plan.

For Clinical Practice

The WHO (2012) recommendations regarding the psycho-social aspects of infertility state that the duty of medical staff should include paying more consideration to improving the quality of marital life of infertile couples and not only focus on diagnosis and clinical intervention. Therefore, carrying out an assessment becomes a critical step required when couples first visit the clinics. The personal backgrounds should be assessed with each partner. Evidently, assessing the medical history or the biological aspects of the couple are significant, but the psychological aspect should not be overlooked. For example, couples should be asked how they cope with the experience of infertility.

One key finding from this study is that over half of the couples invoked fatalism as a way to maintain a sense of understanding or belief that the experiences and events of life are fixed or even controlled though religion or the belief in a supreme God. Although these beliefs, heavy reliance on faith, prayers and Bible scriptures come with a positive adaptive way of coping with the impact of infertility diagnosis and subsequent treatment on the couples relational dynamics, they can also potentially negatively impact the couples' relational dynamics through distortion of reality; over time, it can lead to an intensified level of emotional distress. This study recommends the provision of counselling in a religiously sensitive context that can inspire couples to use counselling services and can provide support and relaxation to cope better with the experience of infertility. In addition, it can help infertile couples communicate and relate better within their relational dynamics.

The National Institute for Health and Care Excellence recommends the collection of semen to be taken in a private room near the laboratory, and if not conducive, the sample should be brought to the laboratory within one hour of collection (NICE, 2018). Findings from this study have highlighted issues surrounding sample collection. The couples expressed how embarrassing it is to take samples in the hospital lavatory, which is quite a distance from the laboratory, and was interpreted by some of the couples to impact the quality of the result and the emotional stability of the couple through having to collect such samples in an uncondusive environment. This study recommends the provision of a favourable sample collection room that would not only impact the validity of the result generated; it would also provide the couple with a good treatment experience.

Also, the misconception regarding the cause of infertility is high in Nigeria and is majorly associated to women (Fehintola et al., 2017; Mustapha et al., 2015; Lawali, 2015). This study recommends the provision of a health educational programme aimed at providing sexual and reproductive health education to combat the negative society misconceptions of infertility and challenge the gender-specific burden of infertility where men are usually left out of the infertility equation. The health educational messages should be tailored to improve the knowledge of the society in general through using the media (television, radio and newspaper), social media platforms (Facebook, Instagram and Twitter), educational institutions and most importantly health care professionals.

Finally, how one partner experiences the impact of infertility invariably impacts the other, hence the couple should be consulted together, no matter if the cause of the infertility is associated to a male or female factor.

For Research

There has been limited research relating to the experience of infertility, from the perspective of infertile couples and their relational dynamics. It is hoped that this study will stimulate interest for continued research in this area.

As this research recruited couples from clinical services to explore how infertility impacts the couples' relational dynamics, little is known about how couples who do not pursue treatments experience infertility and its impact on their relational dynamics. Thus, further research is recommended on this area.

This study also recommends further research on the views and experiences of healthcare professionals working within infertility so as to assess their knowledge and development requirements and perhaps implement a model of practice change.

Findings from this study have highlighted the significance of religion on the experience of infertility. Further research is needed to explore the impact of religion as a coping mechanism for couples diagnosed with infertility in Nigeria.

6.7 Conclusion

Infertility is an unanticipated experience with a possibility to last for an unknown length of time. Findings from this IPA study have provided new knowledge on how couples in South West Nigeria co-construct their experience of infertility when their expectations were not met and how they managed and protected their relationship.

This IPA study offers new insights into how couples experience the socio-cultural impact of infertility as a shared experience as opposed to the predominant focus on the experience of infertility from an individual perspective. Findings also show new insights into how couples in South West Nigeria experience marital distress and how this was negotiated through reducing the quality and quantity of their communication, consequently providing new knowledge on how couples experience marital distress in Nigeria.

The social media platform was interpreted as a place to share or update friends and family of good news or in some cases bad news; however this platform has been made sense of as a place which enhances difficulties experienced by infertile couples and leaves little space to hide. This study further provides new knowledge from couples' and a relational dynamic perspectives not readily available in any study to date in Nigeria on how the act of praying together as a couple enriches spousal support and can impact the couples' emotional wellbeing through the distortion of reality allowing the couples to keep their beliefs that God will change their infertility condition.

Findings from this IPA study have further highlighted that the act of emotional masking by the avoidance strategy and substitution mechanism disguise socially unacceptable behaviours. The price for this coping strategy is marital distress, which can have an impact on each partner. This study provides new knowledge about how this coping strategy helps the couples

manage the impact of infertility diagnosis and subsequent treatment on their relational dynamics.

Most importantly, findings from this study have reinforced the need to study the experience of infertility as a dyadic experience, as how individual partners experience infertility invariably impacts the other. Therefore, the findings from this study have filled a gap in the body of knowledge in Nigeria on the impact of infertility diagnosis and subsequent treatment on couples' relational dynamics in South West Nigeria.

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Appendix 1: Couple interview and IPA Data analysis

Literature search

All available studies using IPA and interviewing couples as a dyad interview was carried out. A literature search is a systematic and thorough search of all types of published literature in order to identify relevant evidence to a specific topic (Polit and Beck, 2004).

Purpose of literature search

The aim of the literature search was to review existing studies which have employed Interpretative Phenomenological Analysis (IPA) as a methodology and also interviewed couples as a dyad. This will enable identification of research methods which can be utilised and offer robust justification to aspects of the research methods.

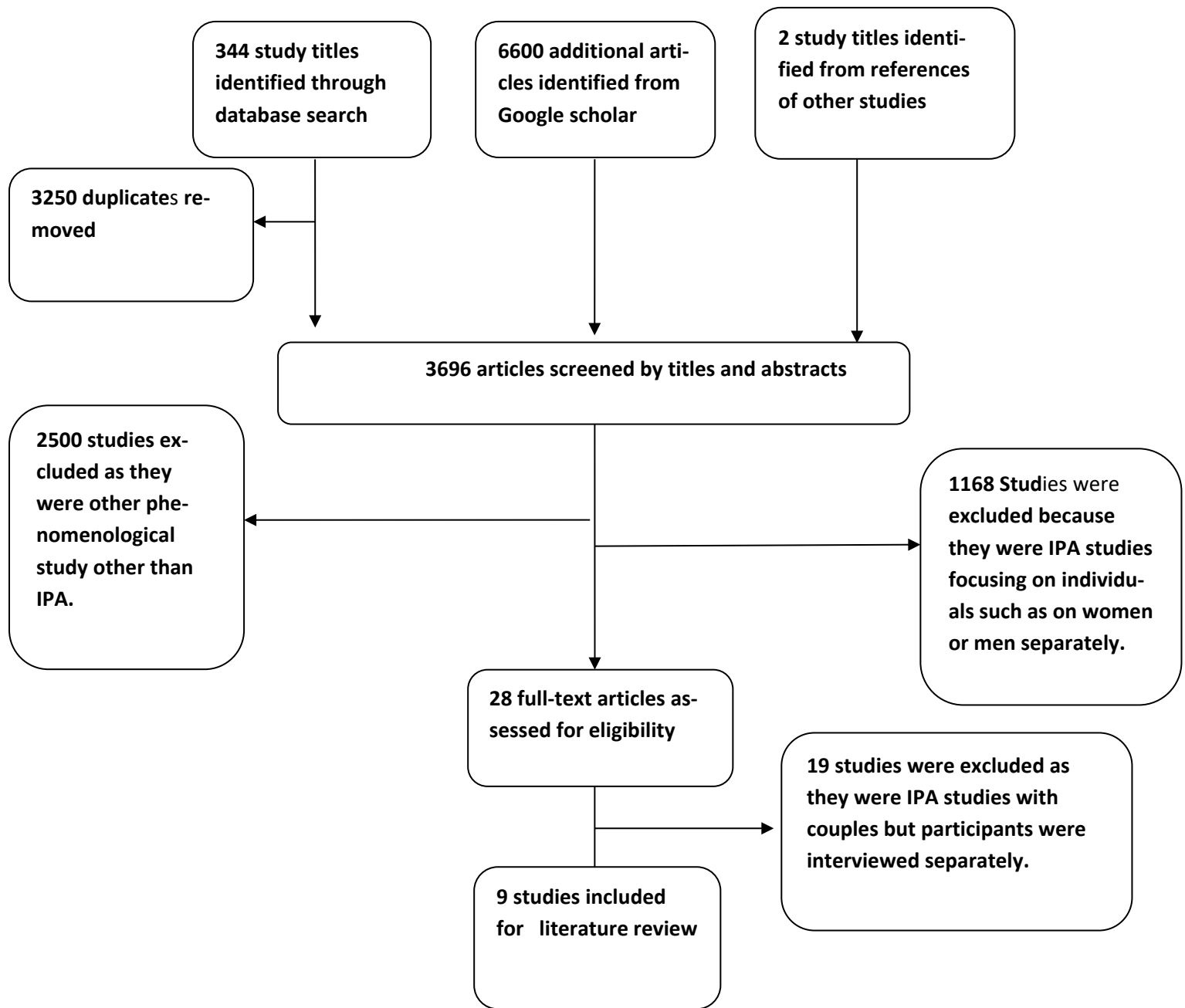
Search strategy

The search strategy involved hand searching journals, electronic databases from the Stirling digital libraries and internet sources. Electronic databases and libraries catalogue systems provide wide variety of literature on subject matter which can be justifiable and referenced appropriately (Polit and Beck, 2004). Relevant keywords for this literature search were IPA and couples interview, IPA and dyadic interview, IPA and joint interview. Most relevant primary publications which provided significant up-to-date reviews were from the University of Stirling (STIRGATE) database search on Science direct, Medline, PSYCINFO and network digital libraries of thesis and dissertation. Google Scholar was also used for the published data but the unpublished data were not selected due to the bias and uncertainty of the methodology. Each of the searches was undertaken with the following terms and Boolean operators: IPA and *Couples interview*.

Screening Strategy

After a systematic search and analysis of publications from the above stated databases, 28 full text publications were selected for further review. These publications were read in full; with 16 of the studies eliminated because they did not meet the inclusion criteria and 9 studies were finally selected for the review. The figure below shows study selection process.

A flow diagram showing study selection process



2.3 Inclusion and exclusion criteria

The inclusion and exclusion criteria were based on the components of the aim of the literature search. The inclusion criteria for this review were for only primary research with IPA as a methodology and couples interviewed as a dyad. The studies selected from the literature search were matched against the stated inclusion criteria to determine if they will be included in the review. Studies which employed other phenomenological methods than IPA were excluded. IPA studies with other forms of interview schedule apart from dyad interview were also excluded.

Inclusion criteria	Exclusion criteria
No date restriction	No date restriction.
Studies that addressed IPA as a methodology and couples interviewed as an entity	Studies that addressed IPA as a methodology and couples interviewed separately were excluded from the review.
Only IPA studies	Studies which employed other phenomenological methods.
Studies focusing on couples as a dyad.	Studies with one to one interview and focus group discussions.

Table 1: inclusion and exclusion **criteria**

	AU-THORS NAMES AND YEAR	TITLE OF THE RE-SEARCH	AIMS AND OBJECTIVE	RESEARCH METH-ODOLOGY	KEY RESEARCH FIND-INGS	CONCLUSION AND RECOMMENDATION	AUTHORS SUM-MARY
1	Wawrziczny et al (2015)	Couples' experience with early-onset dementia: An interpretative phenomenological analysis of dyadic dynamics.	<p>To identify the couples' difficulties and needs</p> <p>To understand the impact of the disease's onset on the couples' relational dynamics and provide evidence of the partners individual and dyadic adjustments modes for coping with the disease.</p>	<p>An IPA study with semi structured interview with 16 couples participating in the study.</p> <p>7 of the couples the caregiver was a woman.</p> <p>The two partners have to be living together as a couple in their home</p> <p>The person with dementia has to be a probably case of Alzheimer's disease.</p> <p>The first signs of the disease has to have appeared before the age of 65years</p>	<p>7 themes evolved from the analyses, showing that control over symptoms gradually leads to deterioration of marital interactions and to the components of marital termination.</p>	<p>This study dealt specifically with the dyadic interaction of couples one of whose members is such a person with dementia. The framework of the interviews was</p> <p>Intentionally kept broad in order to approach all relevant phenomena.</p> <p>For the couple, it also would seem important in the future to look more deeply into the issue of intimacy and sexuality (Harris, 2009). It also became apparent during the interviews that this was a delicate question that the couples and the interviewers alike had trouble addressing.</p>	<p>The findings further shows that early interventions with a dyadic approach are aimed at developing</p> <p>Communication between the two partners, informing them about the disease and available support services, and helping the couple get through the emotional upheavals generated by the diagnosis.</p> <p>Having the perspective of the other partners would have conveyed a fuller picture of the</p> <p>Interactions that occurred and would have</p>

				<p>Good verbal ability.</p> <p>The dyadic interviews took place in the home. The interviews were conducted by a psychologist and lasted an average of 1 h and 15 min (range: 43 min to 2 h and 40 min).</p>			<p>allowed for a more balanced interpretation.</p>
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2	Lalonde (2014)	The significance of marriage intensives: A multi-perspective interpretative phenomenological analysis of couples' post intensive experience.	<p>To understand and compare how couples made sense of their marriage experience one year after marriage intensive therapy for couples who found the intensive significant and were able to maintain gains, and for couples who initially found the Intensive helpful but were unable to maintain gains.</p>	<p>An IPA study.</p> <p>Participants were taken from a pool of couples who had completed IMIT(Integrative Marriage Intensive Therapy) at the National Institute of Marriage (NIM). The Gains group, was comprised of 3 couples, having completed IMIT, who claimed the intensive had been impactful and who had been able to maintain gains achieved through treatment.</p> <p>1 couple and 2 single participants in the difficulties group.</p> <p>Data was collected through reflective summaries provided by the participants, followed by semi-structured interviews that were videotaped and then thoroughly transcribed and analysed.</p>	<p>For the Maintained group, the main factors that enabled them to maintain gains in spite of challenges were that they had experienced core change that raised a renewed and thrilled determination in them.</p> <p>While the Difficulties group met the same initial criteria as the gains group but instead of maintaining gains, initial gains had markedly deteriorated within the first year. They returned home with more extrinsic knowledge and motivation for change that left them disheartened and demoralized in the face of overwhelming difficulties post-intensive.</p>	<p>The intent of the research was to have two groups with all partners represented, only one couple from the Difficulties group consisted of both partners being willing to participate.</p> <p>Not having the two other partners may have biased the perspective on what happened in each of their post-intensive experiences because only one side of the couple perspective was provided.</p> <p>Future research could hold to more rigid requirements, insisting on including only couples with both partners' participation.</p>	<p>This study reaffirms the advantages of interviewing couples together. The result shows how couples interacted, completed each other's thoughts, or ignored each other and proceeded with their own sharing which provided additional soft data that would not have been possible in separate interviews. Even so, future research could consider meeting with couples individually or together to obtain different advantages in the data.</p>
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3	Tolhurst (2014)	The negotiation of relationships and care: the impact of emergent age-related factors upon the experience of dementia.	To explore the diverse factors that shape the experience of dementia, it adopts a particular focus on the impact of age	An IPA study 14 men with dementia (aged from 58 to 89) were recruited to take part in this study alongside their carers. Semi-structured joint interviews were undertaken with the man with dementia and his carer participating together in this interview process. A further two carers participated on their own, taking part in one-to-one interviews.	<p>The men with dementia demonstrated frustrations they encounter due to the impact of the condition; however, they also showed how men can present a stoical perspective of their circumstances. A key concern for some of the men with dementia related to how the condition increased their dependence, for example, as a result of not being able to drive anymore.</p> <p>The carers demonstrated the multiple challenges of their caring role. The intensity of this role often impacted upon their independence, but was also shown to link to diminishing levels of reciprocity.</p> <p>The carers also expressed moral challenges such as</p>	<p>The findings present insights into how structural factors and cultural discourses shape the experience of care, how age impacts upon the experience of dementia, and also the joint interviewing method. It is highlighted that a key academic challenge is to convey the experience of dementia so that it represents the respective vantage points of the person with dementia and carer faithfully.</p>	<p>A key strength of this study has been the evaluation of dyadic elements of experience which has been harnessed by the joint interview method. This approach enabled the perspectives of men with dementia and their carers to be examined, but also offered direct insights into how these perspectives are negotiated within the dyadic dynamic.</p> <p>The researcher is granted access to the ways in which the members of a couple interact and formulate their perspectives in the presence of each other which would be difficult to obtain in one to one interviews.</p>
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					<p>guilt when feeling frustration with the person with dementia, or prioritising their own</p> <p>Preferences or requirements.</p>		
4	Freeman, (2011)	Experiences of intimacy and relationship maintenance in acute spinal cord injury rehabilitation: An interpretative phenomenological study.	To explore the couple's experience of intimacy and maintenance of relationships following a SCI within the newly implemented Transitionz Rehabilitation (TR) Programme at Burwood Spinal Unit (BSU).	Five couples participated in semi-structured, in-depth, dyadic (joint) interviews. Couples were recruited from the TR programme and interviewed before discharge home.	<p>'Grief and loss' encapsulates the mourning for personal and couple losses associated with injury. Guilt and obligation to the other are felt by both partners as they live with these losses. 'Loss of autonomy' describes the restrictive and paternalistic hospital environment that disempowers through a lack of cohesion and distrust in health professionals and problems with privacy and space.</p>	Relationship should be an important aspect of the rehabilitation process and it is a specific objective of the TR programme. Unfortunately, the health professionals' neglect of their needs as a couple had a profoundly negative impact on the participants' sense of autonomy, as did deficiencies in the care provided. The physical environment of the hospital failed to provide the space and privacy needed by the couples	<p>This study indicates that there are a lot of issues to consider when interviewing couples together or separately, but both approaches can be effective in providing data of interest to what is being researched.</p> <p>Robinson et al (2010) suggested that in order to address some of the issues about interviewing couples separately or together, couples should be given the option. Although this may appear to be a logical way to</p>

							eliminate a lot of the ethical issues involved, it too has its drawbacks. For example, when a partner has chosen to be interviewed individually, this has created suspicion and created anxiety in the other partner.
5	Robinson et al. (2010)	Making sense of dementia and adjusting to loss: Psychological reactions to a diagnosis of dementia in couples.	To explore psychological reactions to a diagnosis of dementia in couples in which one partner had received a diagnosis of dementia during the previous two years.	Participants were recruited from four memory clinics across North London. The study included married couples aged 65–85 years where one member of each couple had received a diagnosis of probable Alzheimer’s disease or vascular dementia within the two years prior to participation. Five women and four men with a diagnosis	The themes describes couples’ attempts to make sense of what was happening to the person with dementia and how this process had been influenced by their experiences of receiving a diagnosis of dementia. Their accounts suggested a cyclical process of denial, minimisation and gradual realisation as couples gradually began to accept that the changes in the person with dementia were likely to be	This study has provided an increased understanding of the needs of people with dementia and their spouses, and has made recommendations about the ways in which services might adapt to meet these needs as well as alternative ways in which services could facilitate the process of	The interview schedule further reaffirms an advantage of dyadic interviews. Couples in this study co-constructed and supplemented each other’s stories, providing the researcher with a more robust data. Similarly, partners often modify their partner’s accounts, helping to correct unacknowledged biases and providing a deeper




				of dementia and their nine partners were therefore interviewed. The study consisted of a joint interview at home with each couple.	permanent, linked to an oscillating process of acknowledging what had been lost, as well as carrying on as a couple by focusing on what remained for each person and for the couple.	making sense of, and adjusting to, a diagnosis of dementia.	account.
6	Burton et al. (2013)	Living together with age –related macular degeneration: An interpretative phenomenological analysis of sense making within a dyadic relationship.	To investigate the experiences of an older couple living together with AMD and explore how Galvin and Todres’ (2011) conceptual framework can be used to make sense of their experiences.	An Interpretative phenomenological analysis was used to explore three joint interviews, conducted over an 18-month period, with a married couple (aged 82 and 77 years) both living with age-related macular degeneration (AMD).	Findings show that vision impairment can disrupt a couple’s everyday lived experience by forcing them to develop new ways of dealing with previously taken-for-granted tasks in order to maintain a sense of well-being. Managing mutual deterioration in vision proved challenging for this couple; however, the couple found solace in their togetherness.	This study identified a potential gap in the communication between AMD patients and Health care professionals; messages might not have been received as intended.	The idiographic analysis of a case study offers robust information which will provide a more concrete knowledge. It also allows an in-depth analysis of the historical and social context of the lived experience of AMD.
7	Donnellan and Murray (2014)	Couples’ experiences of their relationship sur-	To explore couples’ experiences, perceptions, and	-An IPA study -Semi structured interview between 4	The findings show that adapting to life after trauma within a relationship is difficult. Also	This research has highlighted issues of grief and loss, social isolation, family structure,	This study was limited to a small number of participants and therefore no claims are

		rounding trauma.	conceptualizations of their relationships when one person within the couple has directly experienced a traumatic event.	heterosexual couples. - Recruitment took place across two primary care mental health services and one specialist traumatic stress service within the United Kingdom.	there are myriad of factors that might promote or prevent a couple from moving forward after such an experience. Although the impact of the trauma experienced was clearly significant for those participants, their distress had a significant impact on their partners' also, and together these experiences impacted the ability to move on from the trauma as a couple.	and joint trauma integration as relevant in the experience of relationships after trauma in this sample. Individually focused psychological models of PTSD can be extrapolated from to predict the interpersonal impact of trauma, but do not promote the acknowledgment of such interpersonal factors in the treatment of trauma-related difficulties.	made regarding the generalizability of the results. Smith et al. (2009) have argued that IPA is not opposed to more general claims for larger populations but is concerned.
8	Merrick (2012)	The experience of dementia in the context of couple	To enrich understanding of the experience of dementia, from a relational perspective, in the context of couple relationships. The study aimed to ex-	An IPA study A purposive sample was recruited through branches of the Alzheimer's Society. A total of fourteen participants, comprising of seven couples (five men and two	Findings show that all participating couples reflected on how the structure and organisation of their relationship had altered and how some aspects of their relationships had weakened, whilst others were preserved or strengthened. The findings also show	The results of this study suggested that dual process models of loss may be helpful in understanding the experience of dementia, and literature which has identified ways in which couples seek to maintain involvement of the person with de-	This study also indicates that People with dementia and care partners were interviewed together. This allowed for a relational understanding as co-constructed by the couple to be developed. However, a disadvantage of this

			<p>plore both the impact of dementia upon relationships and the impact of relationships upon the experience of dementia.</p>	<p>women with dementia and their heterosexual partners, referred to as 'care partners')</p>	<p>that participants' perceptions of their relationship were generally positive and appeared to have a positive influence on adjustment. When care partners felt that the person with dementia had previously invested in them in some way, there was a sense that they wanted to repay them.</p>	<p>mentia, sustain their sense of personhood and the couple's sense of couple hood. A new and important finding was the recognition that PWD were able to reflect upon their personal experience and that of their partner, demonstrating an ability to mentalise. This appeared to play a role in sustaining the couple's relationship and is worthy of further investigation.</p>	<p>methodology is that the dynamics of couples' interpersonal relationships were likely to have influenced what each partner felt able to talk about in front of the other.</p>
9	Kilbride, 2003	How couples appraise and communicate about their fertility problems: A study using IPA	To explore individual partners/ couples appraisal of their fertility problems and the way in which they communicate about them.	A semi-structured interview study of couples who experience fertility problems. Ten couples were recruited via the Hull IVF unit and interviewed by the primary researcher.	Findings show that the impact of fertility problems on life plans caused uncertainty and lack of control that were felt acutely by some of the couples. For many of the couples an important element of parenthood was that their	Communication was revealed to play an important, yet complex, role in the experience of continued fertility problems. Women seemed to have a greater need for communicating, both with their partner and with others.	The study explored in depth the meaning fertility problems had for the couples, and captured how the couples talked about their problems. By taking a qualitative approach the complexity of the couples' interaction

					<p>child was biologically theirs. The notion that they would see themselves or family members in their child seemed an important reason for people, whether it be the way the child looks or how they may behave.</p>	<p>The couples that reported effective communication were also more likely to report successfully managing any differences as well as satisfaction with their relationship. The themes were discussed in relation to previous theory and research; the stress and coping model was found to be helpful for guiding the research process, but did not seem sufficient to fully explain the depth of meaning the fertility problems had for the couples.</p>	<p>and influence on each other was not lost, and what was described by some couples was a process of joining together their individual appraisals and coping strategies, or accepting their differences.</p> <p>Ultimately this study revealed that if a couple were committed enough to each other they could overcome the difficulties posed by their fertility problems.</p>
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Appendix 2: Ethics clearance form from research site

	DEPARTMENT OF OBSTETRICS & GYNAECOLOGY COLLEGE OF MEDICINE, UNIVERSITY OF LAGOS LAGOS UNIVERSITY TEACHING HOSPITAL P.M.B. 12003, Lagos, Nigeria Tel: +234 1 842 8852 - H. O. D. +234 1 842 8853 - Secretary E-mail: obgyn@unilag.edu.ng; obgyn@cmul.edu.ng obgyn.cmul@gmail.com; Skype ID: obgyn.cmul ICQ Number: 649047035	
Head of Department Prof. Rose I. ANORLU, <i>MRCOB, FRCOG, MRCOG, FWACS, MPH</i>		
EXPERIMENTAL AND MATERNAL MEDICINE UNIT: Prof. B. A. Oye-Adeniran Dr. B. B. Afolabi Dr. A. A. Oluwole Dr. B. O. Okusanya	26 th January, 2016 MRS OLOLADE GIWA UNIVERSITY OF STIRLING, SCHOOL OF HEALTH SCIENCES, RG BOMONT BUILDING, STIRLING, FK9 4LA, SCOTLAND, UK.	
ONCOLOGY AND PATHOLOGICAL STUDIES UNIT: Prof. R. I. Anorlu Dr. (Mrs.) M. A. Adegbesan-Omitayo	Dear Ololade,	
REPRODUCTIVE ENDOCRINOLOGY & FERTILITY REGULATION UNIT: Prof. (Mrs.) O. K. Ogedengbe Dr. J. A. Olamijulo Dr. C. C. Makwe	RE: ACCESSING STUDY PARTICIPANTS In reference to your letter requesting for access to our patients with infertility in Southwest Nigeria in carrying out your research, I wish to inform you that I am very happy to allow you access to my patients. I must say that your research topic is very interesting as we do have a lot of infertility cases down here and no one has ever really done a study to look at the impact of the diagnosis on the relationship and the long term effect it may have on them. I look forward to working with you on this study and wish you all the best.	
ULTRASOUND AND FETAL MEDICINE UNIT: Dr. O. Adegbola Dr. (Mrs.) O. K. Akin-Adenekan	Thank you. Yours truly,  DR A.A. OLUWOLE, FWACS, FRCOG. CONSULTANT OBSTETRICIAN & GYNAECOLOGIST	

Appendix 3: Ethics Approval University of Stirling



JE/SN

7 September 2016

Mrs Ololade Giwa
Faculty of Health Sciences & Sport
Pathfoot Building
University of Stirling
Stirling FK9 4LA

Web: <http://www.stir.ac.uk/health-sciences/research/ethics/>

Professor Pat Hoddinott
Chair
School Research Ethics Committee

The Faculty of Health Sciences and Sport
University of Stirling
Stirling FK9 4LA

Tel: +44 (0) 1786 466404
Fax: +44 (0) 1786 466333
Email: shs.ethics@stir.ac.uk

Dear Ololade

**The impact of infertility on couples relational dynamics: An interpretive phenomenological study.
SREC 15/16 – Paper No.64 – Version 2**

Thank you for responding to the SREC communication dated 19 July 2016, and attaching the following documents,;

- Table of Explanation
- Revised SREC Application V2 (including)
 - Appendix 2: Couples Consent Form (Version 2)
 - Appendix 4: Couples Information Sheet (Version 2)

and the subsequent email between yourself and Dr Deji Oluwole, which now clarifies the safety/support contact number for your fieldwork.

I am pleased to advise that your study has been approved, and we would like to wish you and your team all the best.

May I remind you of the need to inform Committee prior to making any amendments to this protocol, of any changes to the duration of the project and provide notification of study completion. A site file of all documents related to the research should be maintained throughout the life of the project, and kept up to date at all times.

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Please bear in mind that your study could be audited for adherence to research governance and research ethics protocols.

Ref: SREC 15/16 – Paper No.67 – Version 2
Please quote this number on all correspondence

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Evans', with a stylized flourish at the end.

DR JOSIE EVANS
(Depute Chair)
School of Health Sciences Research Ethics Committee

Cc Drs Nicola Cunningham & Carol Bugge, Supervisors

Appendix 4: Patient consent form

Title of Project: The Impact of infertility on couple’s relational dynamics in South West Nigeria: An Interpretive Phenomenological Study.

Name of Researcher: Ololade Giwa

Please initial each box

I confirm that I have read and understood the information sheet dated (Insert details) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

I understand that interviews may be digitally recorded. It has been explained to me that recordings will be stored securely and that I will not be identified by anyone outside the research team.

I would like to receive summary result of the above study

I agree to take part in the above study

Names of the couple Signature Date

Researcher Signature Date

When completed, 1 for couples; 1 for securing researcher site

Appendix 5: Possible Questions for Couple Interviews

Project Title: The impact of infertility on couples' relational dynamics in South West Nigeria: An Interpretative Phenomenology Study.

Introduction

My name is Mrs Ololade Giwa, you can call me Lolade.

Could you please introduce yourself?

Thanks for that, is it okay I call you.... Or

My interest in this field comes from being a nurse and experiences I have witnessed within my family. I understand the impact infertility can have on couples especially in a country like Nigeria with different cultural and religious beliefs. I am only interested in sharing your experience of infertility as a couple.

I will first like to thank you very much for agreeing to participate. It is highly appreciated. Please remember that you have every right to withdraw from this study at any time without any reason. This will not impact on your care and treatment at the clinic. Please feel free to ask me questions if you do not fully understand any of my questions. Also you have no obligations to answer all my questions. I will offer breaks if you wish to and if you feel you can't continue with this interview, please do let me know and I will end the interview.

QUESTIONS

- What does infertility mean to you as a couple?
- As a couple, how have you been able to manage the experience of infertility diagnosis within your relationship?
- As a couple, how have you been able to manage the experience of infertility treatment on your relationship?
- Could you describe the experience of infertility diagnosis on your relationship?
- What is your experience of infertility treatments on your relationship?

Appendix 6: Couples Information Sheet

Introduction

I am a PhD student interested in exploring the experience of infertility on your relationship as a couple. I would like to invite you to take part in this study. Your joint perspective will be highly appreciated. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

To explore how couples experience, make sense of and manage infertility diagnosis and treatment within their relationship, it is important to understand how they feel and think about infertility. It is hoped that this knowledge will inform future support and service development requirements.

Why have we been invited to take part?

You have been invited as a couple because you are attending the Obstetric and Gynaecological clinic for fertility issues. Your joint perspective on the topic will be highly appreciated. We aim to invite 10 couples to take part in this research.

Do we have to take part?

It is up to you as a couple to decide whether or not to take part. You should only agree to take part if this is something you both want to do. If you do decide to take part, you will be given this information sheet to keep and each of you will be asked to sign the consent form.

What if we change our minds about taking part?

You can withdraw from the study at any time without having to offer a reason. This will not affect your treatment or care at the clinic.

What will taking part in this study involve?

The purpose of this research is to understand the experience of infertility for couples. For couples who are willing to take part, I will follow up with phone calls after 2 days to give you time to read this leaflet again and provide an opportunity to ask questions. For couples who returned their slip/contact details at their next scheduled clinic day, I will follow up with a

call as soon as I get the slips back from the nurses. If you are still willing to take part in the study, a suitable place and time to carry out the interview will be agreed upon. You and your partner will be interviewed together at your place of choice, either at your home or a private clinic at the hospital. If you wish to have the interview at the clinic, be rest assured that your safety and privacy will be guaranteed.

What happens next?

Ololade Giwa, student researcher will be conducting the interview. At the start of the interview, Lolade will request you both to sign the consent form. This form means you have both willingly agreed to take part in this study. The interview will last approximately 1 hour 30 minutes and, with your consent, will be digitally recorded.

Sample questions you may be asked

- What does infertility mean to you as a couple?
- Could you describe the experience of infertility diagnosis on your relationship?
- What is your experience of infertility treatments on your relationship?
- As a couple, how have you been able to manage the experience of infertility diagnosis within our relationship?
- As a couple, how have you been able to manage the experience of infertility treatment on your relationship?

Will we benefit from taking part?

Although there are no direct benefits to you, taking part in this study will give you the opportunity to talk about your experience of infertility within your relationship as a couple. Taking part in this study may also help inform future service developments.

Are there any risks involved in taking part?

As you will be talking about your experience of infertility within your relationship, you may find this emotionally distressing at times. You have the right to refuse to answer any question and to end the interview at any stage without your medical care or legal rights being affected.

In the event that you or your partner becomes emotionally distressed, I will offer the opportunity to end the interview or discussion and give you or your partner the opportunity to address the matter outside of the research. The nurses and doctor at the clinic who are experienced with dealing with couples with infertility will provide support for couples that need to further discuss issues raised during the interview.

You can call the number below to speak to them on the phone or arrange an appointment.

Contact Name:

Phone number:

Will I be paid to take part?

No, you won't be paid to take part in this study but your participation in this research will be highly valued and appreciated.

Will I be able to be identified from the results?

No. The researcher will be mindful of any data that can identify you and your partner, for example, your names, nationality, personal characteristics and age, and there will be no link identifying details to any quotes or discussion in the results.

What will happen to the results of the research study?

The findings of this study will be presented in a thesis which will be submitted for the award of a PhD qualification. The findings will also be published in academic journals. You will not be able to be identified in any report or publication. You can receive a short summary of the findings if you wish.

Who is organising and funding the research?

This research is organised and funded by a PhD student from the University of Stirling.

Who has approved the research?

The University of Stirling Research Ethics Committee and the Lagos University Teaching Hospital Idi- Araba Research Ethics Committee have approved the research.

For further information please contact the researcher below:

Name: Ololade Giwa

Phone number:

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If you would like to speak to someone who knows about this study who is an independent advisor, please contact:

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Appendix 7: Contact information sheet

Please tick the appropriate box

I am interested in participating in this research.....

Name:

Address:

Phone number:

For further information please contact the researcher below:

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