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Factors Influencing Acceptability of Assisted Reproductive Technology among Women Attending Fertility Clinic in Selected General Hospitals, Lagos State, Nigeria.

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Abstract

Infertility is one of the major health and social problems confronting individuals, couples, families and communities. However, there is significant breakthrough in the field of fertility through assisted reproductive technologies (ART) but evidence suggests that acceptability is low. Therefore, this study identifies factors influencing acceptability of ART among women attending fertility clinic in selected General Hospitals. This study adopted a descriptive cross-sectional research design with a sample size of 251 which was selected through a purposive and convenience sampling techniques. A well-validated instrument with Cronbach's alpha coefficient ranging from 0.72 to 0.74 was used for data collection. Descriptive and inferential statistics (Multiple Regression) were used to analyze the data. The findings of this study revealed that the respondents (80.2%) had high level of knowledge of ART with high acceptance (mean = 21.73; 72.4%). About 22.8% of the total variance in the acceptability of

ART was accounted for by age ($R = .477$, $R^2 = .225$, $f(4,222) = 4.473$; $P = 0.000$); and less than 0.01% of the total variance in the acceptability of ART was accounted for by level of education ($R = 0.061$, $R^2 = 0.009$, $f(3, 223) = 0.366$; $P = 0.861$). The study concluded that majority of the respondents had high knowledge of ART, and high acceptability of ART. Additionally, age was significantly related to acceptability of ART while level of education and family support had no influence. Based on the findings of this study, it was recommended the age should be considered in developing intervention to increase acceptance of ART.

Keywords: Assisted Reproductive Technology, Acceptability of ART, fertility, Knowledge, Family Support.

Introduction

Infertility is one of the major health and social problems confronting individuals, couples, families and communities. It is a global health problem and a socially destabilizing condition for couples around the world, the inability to have children naturally is a personal tragedy. Children are very important in the African culture because a childless marriage is often viewed as an incomplete. Generally, it is often assumed that the fault is from the women, which may not necessarily be the case (Kwaghga et al., 2022).

Previous studies have reported that infertility causes grief, shame and isolation and have stated that these experiences are due to the infertile individual inability to discuss the condition with friends and family due to a sense of failure. Infertility is a cause of significant psychosocial distress and leads to poor quality of life. Compared with men, women, experience lower self-esteem, depressed mood and poor life satisfaction. Women also blame themselves for their infertility irrespective of the actual reason for infertility and are more likely to regard childlessness as something that is unacceptable by society.

Infertility is considered one of the critical issues in a couple's life, and male infertility contributes to more than half of all the cases of childlessness, however, infertility remains a woman's social burden (Abazie & Agbato, 2021). The highest rate of infertility is often those with poor access to assisted reproductive technology. Assisted reproductive technology offer a chance at parenthood to couples, who recently would have had no hope of having a biological related child.

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse (World Health Organization, 2018). It is estimated to affect between eight and twelve percent (8-12%) of reproductive -aged couples worldwide. Female infertility was reported to account for about 55% of infertility cases, Male factor accounted for about 30%-40% of infertility cases and unexplained infertility accounted for the remaining 5-15% of cases in Africa (Joe-Ikechebelu et al., 2023).

There are two major types of infertility medically: primary and secondary infertility. Secondary infertility is the most common form of female infertility around the globe, often

due to reproductive tract infections (Abebe et al., 2020). In a typical, African society, fathering a child is a fulfilment of a role that every male hope to achieve in marriage. Motherhood is celebrated in some communities in Africa, especially in the Upper East Region of Ghana, the importance attached to parenthood makes infertility undesirable in marriages and could sometimes be a major cause of divorce. However, in some instances both male and female are stigmatized, but the culture allows the men to de-stigmatize themselves from the condition by opting out of the marriage or re-marrying (Kuug et al., 2023).

Globally, infertility affects millions of people of reproductive age and has an impact on their families and communities. Worldwide, more than one hundred and eighty-six million people suffer from infertility; the majority of these populations are residents of developing countries. Estimates suggest that approximately one in every six people of reproductive age worldwide experience infertility in their lifetime (World Health Organization, 2020).

In Nigeria the prevalence of infertility is higher than the data obtained in the developed world as over 60% Gynaecology clinic consultations are infertility related. If a woman does not become pregnant after treatment with medical and surgical techniques, she may choose to undergo more complex procedures called assisted reproductive technology after consultation (Olorunfemi et al., 2021).

A fundamental change in the ability of couples with infertility has led to the survival of the generation and the strengthening of the family structure of infertile couples. Some of these methods create a lot of sensitivity and the decision about the methods are influenced by the perception, attitude, cultural, religious, legal, moral, and expectations of others toward the use of these methods. In addition, having sufficient knowledge about ART can change people's attitudes and reduce psychological problems after fertility and childbearing (Rabiei et al., 2022).

However, WHO (2018) reported that despite the high levels of infertility in Africa the continent still records the lowest rate of assisted reproductive technology (ART) utilization in comparison to other regions of the world. Chikeme (2022) also explored that in most developed countries, ART is largely accepted while in developing countries such as Nigeria, cost, belief and poor knowledge of the benefits inherent in ART and negative attitudes reduce ART acceptability. A few studies were done on the personal knowledge and attitude toward the acceptability of ART and most of these studies were done outside the country (Eladle et al., 2019; Kim et al., 2019; Rabiei et al., 2019).

The Theory of Planned Behavior (TPB) was used for the study. The theory was proposed by Icek Ajzen in 1991 to predict a behavior change.

The main objective of this study was to identify factors influencing acceptability of ART among women attending fertility clinic in selected General Hospitals, Lagos state, Nigeria

The specific Objectives were to:

Determine the level of knowledge on assisted reproductive technology among women attending fertility clinic in selected General Hospitals in Lagos state.

Ascertain the extent of acceptability of assisted reproductive technology among women attending fertility clinic in selected General Hospitals in Lagos state.

Research Questions

What is the level of knowledge of assisted reproductive technology (ART) among women attending fertility clinic in selected General Hospitals in Lagos state?

What is the extent of acceptability of ART among women attending fertility clinic in selected general hospitals in Lagos state?

Null Hypotheses

H01: There is no significant relationship between age and acceptability of ART among women attending fertility clinic in selected General Hospitals.

H02: There is no significant relationship in the level of education and acceptability of ART among women attending fertility clinic in selected General Hospitals.

H03: There is no significant association between family support and acceptability of ART among women attending fertility clinic in selected General Hospitals.

Methodology

The research adopted descriptive cross-sectional design. This study adopted a research methodology in which the researcher administered questionnaire to collect quantitative data. The study populations were all women attending the fertility Clinic in selected General Hospitals (Secondary Health facilities) in two selected General Hospitals in Lagos state, Nigeria.

Married without children or diagnosed with primary or secondary infertility (sexually active and not contraceptive) who have consented to participate were included in the study at Alimosho and Ifako -Ijaye General Hospital. Women attending fertility at Alimosho and Ifako- Ijaye General Hospital, women with history of hysterectomy or any co-morbid medical, surgical diseases other than fertility related were excluded from the study.

The sample size of 251 for this study was determined by applying the Cochran (1997) as a standard method of sample size determination. The two General hospitals with maternal and child health centers (MCCs) were selected by purposive sampling technique. The maternal and child health care centers were selected based on large inflow of women attending fertility clinic for treatment, accessibility of ART centers, availability of ART specialists, highly developed technological equipment, and availability of patients from all socio- economic and ethnic backgrounds who can voluntarily participate in the study.

Table 1: Sample size distribution based on population size

S/N	Selected Hospital	Population size	Sample size
1.	Ifako-Ijaye General Hospital, Ifako Lagos.	147	$147 \times 251 = 96$ 386
2.	Alimosho General Hospital, Lagos.	239	$239 \times 251 = 155$ 386

Total	386	251
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Source: Researcher developed (2023).

To identify the factors that influence the acceptability of assisted reproductive technology among women attending fertility clinic in selected General Hospitals in Lagos state Nigeria. Adapted and well- validated questionnaire was designed to collect data on acceptability of assisted reproductive technology. The instrument was divided into (3) sections comprising A, B, and C.

Section A: This section focused on the participant’s socio-demographic data of the respondents which include ten (10) items comprises of age, marital status, religion educational level, ethnicity, occupation, number of children alive personal annual and spouse income.

Section B: Knowledge of women about ART questions was adapted from Abazie & Agbato (2021) and Qsien, et al., (2019).

Section C: Acceptability of women toward ART was adapted from Elade et al. (2019) to assess the acceptability of women respondents toward ART

A copy of the questionnaire was given to the experts in the field of maternal and child health Nursing and measurement and evaluation for appraisal.

Twenty-five infertile women in a private hospital in Lagos State who were not part of the respondents for this study were used for pretesting. The collected data were statistically analyzed using SPSS version 24 to get the Cronbach’s alpha coefficient value of 0.72 and 0.74 for knowledge and acceptability respectively.

Questionnaires were administered to women attending fertility clinics as they come in to see the Gynecologist. Descriptive statistics of frequency distribution mean and standard deviation were used to analyze the data and provide answers to the research questions. Multiple regression analysis was used to test the hypotheses at 5% level of significance (0.05) using the Statistical Package for the Social Sciences (SPSS) version 24.

Results

Table 1: Respondents’ socio- demographical characteristics

SN	Variable (N =227)	Frequency	%	
1	Age	18-25yrs	41	18.1
		26-35yrs	39	17.2
		36-45yrs	123	54.2
		46yrs and above	24	10.6
		Total	227	100.0
2	Religion	Christianity	131	57.7
		Islam	96	42.3

		Others	-	-
		Total	227	100.0
3	Marital Status	Single	56	24.7
		Married	156	68.7
		Separated	10	4.4
		Divorced	5	2.2
		Total	227	100.0
4	Ethnicity	Yoruba	193	85.0
		Hausa	10	4.4
		Igbo	23	10.1
		Others	1	0.4
		Total	227	100.0
5	Educ. Background	No formal education	-	-
		Primary	32	14.1
		Secondary	81	35.7
		Tertiary	114	50.2
		Total	227	100.0
6	Period of marriage (years)	1-3	39	17.2
		4-6	81	35.7
		7-10	90	39.6
		11-13	17	7.5
		Total	227	100.0
7	Number of pregnancies	0	88	38.8
		1	51	22.5
		2	69	30.4
		3 and above	27	11.9
		Total	227	100.0
8	Number of children alive	None	103	45.4
		1	76	33.5
		2	49	21.6
		3 and above	-	-

		Total	227	100.0
9	Estimated monthly income	< #100,000	89	39.2
		100,000-500,000	138	60.8
		Above #500,000	-	-
		Not indicated	-	-
		Total	227	100.0
10	Spouse estimated monthly income	<#100,000	73	32.2
		100,000-500,000	154	67.8
		Above #500,000	-	-
		Not indicated	-	-
		Total	227	100.0

Source: Field survey, 2023

Majority (123; 54.2%) of the respondents claimed they are within ages 36-45 years; 131 (57.7%) of the respondents were Christians; 156 (68.7%) were married, and 193 (85%) were Yorubas. The reason for the high population observed among the Yorubas is because the study area is situated in Yoruba land. The respondents' educational background revealed that 114 (50.2%) of the respondents had tertiary education, 81 (35.7%) had secondary education, and 32 (14.1%) had primary education. The period of marriage in years showed that 111 (48.9%) had married for 6-10 years, 89 (39.2%) married for 2-5 years, 20 (8.8%) had married for 11 years above and 7 (3.1%) had married for about a year.

The result of the analysis of the demographic variable as regards the number of pregnancies showed that majority (88; 38.8%) has never been impregnated while the parity of the respondents revealed that 103 (45.4%) were yet to have any child. On the monthly income, it was shown that majority (138; 60.8%) of the respondents has an estimated monthly income of #100,000 to #500,000. The estimated monthly income of their spouses showed 154 (67.8%) has an income of #100,000 to #500,000.

Question One: What is the level of knowledge of assisted reproductive technology (ART) among women attending fertility clinic in selected General Hospitals in Lagos state?

Table 2: Information on the knowledge of assisted reproductive technology (ART).

S/N	N = 227	Correct Response	Incorrect Response
1.	Is conception made possible through ART?	201(88.5)	26 (11.5)
2.	In-vitro fertilization, Artificial Insemination and Gamete Intra-fallopian transfer are types of ART	189 (83.3)	38 (16.7)

3.	Is the success rate of ART low?	167 (73.6)	60 (26.4)
4.	Female age and previous obstetric history are best predictor of ART success	193 (85.0)	34 (15.0)
5.	Ovarian hyper-stimulation syndrome and multiple pregnancy risk are two key complications of ART	177 (78.0)	50 (22.0)
6.	Are there side effects with ART procedures?	213 (93.8)	14 (6.2)
7.	Can ART be used to treat male and female infertility?	180 (79.3)	47 (20.7)
8.	Do you know any fertility clinics around you?	227 (100.0)	-
9.	Does ART damage the ovaries?	227 (100.0)	-
10.	Is there a law governing the practice of ART in Nigeria?	221 (97.4)	6 (2.6)

Weighted Mean Score = 8.789 (87.89%), Std. Dev. = .902

Source: Field survey, 2023

The result presented in Table 2 revealed the knowledge of assisted reproductive technology (ART) among women attending fertility clinic in selected General Hospitals in Lagos State. The weighted mean score is 8.789 and 87.9% when translated into percentage. It could be said that the respondents' knowledge of assisted reproductive technology (ART) was high.

A further descriptive analysis of the level of knowledge of assisted reproductive technology (ART) among women attending fertility clinic is shown on Table 4.3 below.

Table 3: Summary of knowledge level of respondents' on assisted reproductive technology (ART)

Category	Criteria	Frequency	%	Remark/
7-10	High	182	80.2	Respondents with high level of knowledge of assisted reproductive technology (ART)
4-6	Moderate	45	19.8	Respondents with moderate level of knowledge of assisted reproductive technology (ART)
1-3	Low	-	-	Respondents with low level of knowledge of assisted reproductive technology (ART)

Mean = 8.789, Std Dev. = .902

Source: Field survey, 2023

The result presents the respondents' level of knowledge of assisted reproductive technology (ART). Their knowledge was categorized as high (7-10), moderate/average (4-6) and low (1-3). Majority 182 (80.2%) of the respondents had high level of knowledge of assisted reproductive technology (ART) and the remaining 45 (19.8%) had moderate level of knowledge of assisted reproductive technology (ART). Thus, the level of knowledge of assisted reproductive technology (ART) was high.

Question 2: What is the extent of acceptability of ART among women attending fertility clinic in selected general hospitals in Lagos state?

Table 4: Information on the acceptability of ART among women attending fertility clinic

S/N	Item	Fully Accepted (3)	Partially Accepted (2)	Not Accepted (1)
1	My religion and culture accept the procedure of ART	163 (71.8)	41 (18.1)	23 (10.1)
2	Undergoing ART treatment can be stressful and time consuming	109 (48.0)	30 (13.2)	88 (38.8)
3	Failure rate of ART prevent women from it uptake.	65 (28.6)	56 (24.7)	106 (46.7)
4	High cost can lead to unacceptable of assisted reproductive technology	152 (67.0)	75 (33.0)	-
5	Media has improved my acceptance of ART.	88 (38.8)	101 (44.4)	38 (16.7)
6	Decision about ART services should be joint-wife and husband	199 (87.7)	28 (12.3)	-
7	Associated physical and psychological burdens of ART treatment often cause women to stop treatment.	76 (33.5)	86 (37.9)	65 (28.6)
8	I will be willing to accept sperm from someone else to achieve a pregnancy.	-	106 (46.7)	121 (53.3)
9	Health insurance scheme should cover part of fertility treatment costs	227 (100.0)	-	-
10	ART procedure is too expensive to adopt/accept	161 (70.9)	66 (29.1)	-
Weighted mean= 21.731, SD= 7.119				

The findings of the research question measuring the level of the acceptability of ART among women attending fertility clinic revealed that majority of the respondents 204 (89.9%) agreed

that their religion and culture accept the procedure of ART; 139 (61.2%) accepted that undergoing ART treatment can be stressful and time consuming; 111 (53.3%) accepted that failure rate of ART prevent women from its uptake; and all the respondents agreed that high cost can lead to unacceptable of assisted reproductive technology.

Table 4 revealed further that 189 (83.2%) women accepted that media has improved their acceptance of ART; 227 (100%) agreed that decision about ART services should be joint-wife and husband; 162 (71.4%) accepted that associated physical and psychological burdens of ART treatment often cause women to stop treatment; 106 (46.7%) accepted that they will be willing to accept sperm from someone else to achieve a pregnancy; and all the respondents accepted that health insurance scheme should cover part of fertility treatment costs, and ART procedure is too expensive to adopt/ accept respectively.

Table 5: Information on the extent of acceptability of ART among women attending fertility clinics

Variable	N	Minimum	Maximum	Mean	Std. Dev
Extent of acceptability of ART	227	12.00	30.00	21.731	7.119

Table 5 reveals the extent to which women attending fertility clinic in selected general hospitals in Lagos state accept of ART with a mean score of 21.731 (72.4%), which is high. This is because it is higher than the minimum score of 12 which is 48%. It could then be deduced generally that the extent of acceptability of ART among women attending fertility clinics is high, which may be as a result of some factors inherent in the women or circumstances around them.

Test of Hypotheses

Ho1: There is no significant difference between age and acceptability of ART among women attending fertility clinic in selected General Hospitals

Table 6: Summary of Multiple Regression Analysis of difference between age and acceptability of ART

Model	Unstandardized Coefficients		Standardized Coefficients	T	p-value
	B	Std. Error	Beta		
(Constant)	7.303	.511		4.543	.000
18-25years	.054	.126	.077	1.432	.217
26-35years	.122	.051	.109	1.897	.049*
36-45years	.167	.049	.303	2.091	.000**
46years above	.109	.031	.206	1.939	.034*
Source of variation	Sum of Squares	Df	Mean Square	F-Ratio	P
Regression	99.204	4	23.801	4.473	
Residual	1191.904	222	5.321		.000
Total	1231.108	226			
R = 0.477; Multiple R2 = 0.228 Multiple R2 (Adjusted) = 0.225; Stand error estimate =					

The age and acceptability of ART yielded a coefficient of multiple regression (R) of 0.477 and a multiple correlation square of 0.228. This shows that 22.8% of the total variance in the acceptability of ART among women attending fertility clinic in selected General Hospitals is accounted for by age. The Table 6 also indicates that the analysis of variance of the multiple regression data produced an F-ratio value significant at 0.00 level ($R = .477$, $R^2 = .225$, $f(4,222) = 4.473$; $P = .000$). Therefore, the hypothesis that stated no significant difference between age and acceptability of ART among women attending fertility clinic in selected General Hospitals was rejected.

The relative contribution of each predictor variable (age groups) to the variance in the acceptability of ART among women attending fertility clinic revealed that age group 36-45 years has a beta value of .303 and t-value of 2.091 significant at .000 alpha level, 46 years above has a beta value of .206 and t-value of 1.939 significant at .034 alpha level, and 26-35 years has a beta value of .109 and t-value of 1.897 significant at .049 alpha level while 18-25 years failed to significantly predict acceptability of ART among women.

Ho2: There is no significant difference in the level of education and acceptability of ART among women attending fertility clinic in selected General Hospitals.

Table 7: Summary of Multiple Regression Analysis of difference between level of education and acceptability of ART

Model	Unstandardized Coefficients		Standardized Coefficients	T	p-value
	B	Std. Error	Beta		
(Constant)	9.827	3.702		5.657	.000
1 Primary	.051	.289	.013	.160	.566
Secondary	-.204	.303	-.056	-.775	.421
Tertiary	.114	.326	.037	.444	.643
Source of variation	Sum of Squares	Df	Mean Square	F-Ratio	P
Regression	77.981	3	25.943	.366	.861
Residual	15787.508	223	70.796		
Total	15865.489	226			

R = .061; Multiple R2 = .004; Multiple R2 (Adjusted) = -.009; Stand error estimate = 8.081

Source: Field survey, 2023

The level of education and acceptability of ART yielded a coefficient of multiple regression (R) of 0.061 and a multiple correlation square of -0.009. This shows that less than 0.01% of the total variance in the acceptability of ART among women attending fertility clinic in selected General Hospitals is accounted for by level of education. The Table 7 also indicates that the analysis of variance of the multiple regression data produced an F-ratio value not significant at 0.861 level ($R = .061$, $R^2 = .009$, $f(3,223) = .366$; $P = .861$). Therefore, the hypothesis that stated no significant difference between level of education and acceptability of ART among women attending fertility clinic in selected General Hospitals was retained.

Discussion of findings

Findings revealed the following socio-demographic characteristics of the respondents. Majority (54.2%) of the respondents claimed they are within ages 36-45 years and the findings also revealed that the respondents' age ranged from 19 years to 53 years with a mean age of 41.9 ± 7.56 years. This shows that all the participants in this study were within the child bearing age, which is the target population for this study. It was further revealed that 68.7% were married, 57.7% were Christians, 85% were Yorubas, 50.2% had tertiary education, 48.9% had married for 6-10 years, 38.8% has never been impregnated, 45.4% were yet to have any child, 60.8% has an estimated monthly income of #100,000 to #500,000. This result is similar to Umar and Adam (2021) in a cross-sectional study which results showed that most respondents aged 29 years; married, and had tertiary education (36.9%).

Increased marital duration with history of primary or secondary infertility mostly due to tubal blockage from previous abortion or poorly managed deliveries in women, male factors in male and unexplained infertility are the most common indication for referrals for ART. With increasing numbers of trained and IVF/ART centers in the country. ART services have become readily available for Nigerians. However, some factors such as cost of the treatment, lack of family support, accessibility, late presentation at the fertility clinic and advanced age were identified in this study. The respondents had high knowledge of ART in selected facilities, this is not surprising because the study was conducted in Lagos which is urban area where there is wider access to internet, social media, current and timely information and news from radio stations and television. Access to Facebook, Instagram and other online platforms making people to be knowledgeable about health-related issues, influence of education and urbanization have great impact in this study.

The result revealed that the knowledge of assisted reproductive technology ART among women attending fertility clinic in selected General Hospitals in Lagos State was high. The only reasons that could be deduced from this finding is that majority of the respondents had higher education and lived in urban and civilized area part of Nigeria. This is in tandem with similar study by Omokanye et al. (2017) who conducted a cross-sectional study to determine the utilization of ART services at a public health facility in Ilorin, Nigeria. They found that majority of their respondents (87.3%) were aware of ART services. This is also supported by Rabiei, et al., (2022) whose findings revealed that knowledge level among employed and urban dwellers was higher compare with unemployed and rural dwellers. This study is in contrary to the findings of Philip and Ragen (2019) that around two third of the studied group had a poor knowledge about assisted reproductive technology, in their study most of the studied group had a neutral attitude and accepted assisted reproductive technology. The results of the study also revealed that the level of attitude towards ART among women was positive, this could be deduced that high knowledge is related to positive attitude. This outcome of the study lend credence from Rabiei et al. (2022). The study found that respondents had higher knowledge and better attitude towards ART, particularly among the advanced age women. The theory of Planned Behavior (TPB) believes that intention towards behavior in an individual is influenced by attitude, subjective norm and perceived behavioral control.

The findings of the study revealed that the level of the acceptability of ART among women attending fertility clinics was high. It could then be deduced generally that the extent of acceptability of ART among women attending fertility clinic was high. The study was conducted in fertility clinic where participants may have received counselling on assisted reproductive technology which might have increased women's level of acceptability. High acceptability may be related to the facilities used for the study; otherwise community-based study may give a varied result which may be as a result of some factors inherent in the women or circumstances around them. However, the findings of this study supported by a study conducted by Umar (2021) on attitude and acceptability of assisted reproductive technology among women in a tertiary hospital in Sokoto northern Nigeria found out that 51.4% of the respondents would accept ART if offered, and majority, 85.83% had no reason to decline.

Furthermore, the findings of study showed a significant difference between age and acceptability of ART among women attending gynecology clinic in selected General Hospitals. Age group 36-45 years is more influenced to accept ART compared to other age groups. This is in tandem with the findings of Eladle, et al., (2019) that age, significantly influence ART acceptability. This is equally supported by a study conducted by Abazie and Agbato (2021) on knowledge, perception and factors influencing the use of ART among women. They found a significant association between the age of respondents and their awareness/acceptability of ART. Age 36-45 is critical in the reproductive age of a woman because menopause interferes with ability to become pregnant. Therefore, women of this age group accept ART to ensure that menopause will not interfere in their ability to become pregnant.

The level of education and acceptability of ART was found by this study to be insignificant. This study is surprising because the knowledge level of ART is high. However, the only reason that could be deduced from this study that no difference observed on the acceptability of ART based on level of education is because cultural stigmatization and other psychological effects of infertility do not discriminate despite the level of education. The theory of Planned Behavior believes that intention towards behavior in an individual is influenced by attitude, subjective norm and perceived behavioral control.

Conclusion and Recommendations

In conclusion participants in the study had high knowledge, positive attitude and high acceptance of ART. Age influenced acceptability of Assisted Reproductive Technology while level of education had no influence on acceptability of ART,

In view of the findings stated earlier, the following recommendations are made:

- Age should be considered when designing an intervention for the uptake of ART.
- Cost of services should be reconsidered and more funding should be provided for health in the budget.

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