

Biopsychosocial Facets of Women Undergoing Infertility Treatment in Pondicherry: A Preliminary Study

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ABSTRACT

Background: Physical and mental health are interrelated and influenced by various factors. Infertility is a physical condition that impacts the mental health of individuals experiencing it. It is a well-established fact that all over the world millions of couples are affected by infertility. In India many couples are infertile. Discovering that one is infertile is more than just another stressful event in one's life. Being confronted by failure and helplessness, one feels increasingly anxious and immobilized. **Aim:** To understand the psychosocial problems faced by women due to infertility. **Methodology:** A Descriptive research design was adopted for the study. Women attending the clinic for treatment of infertility were the respondents. A semi-structured interview schedule was used to obtain the data. **Results:** Majority of the educated women married at a young age and sought treatment within five years of the marriage. They had menstrual problems and were referred by their families for treatment. Most of them had identified the problems and were into treatment. They were anxious, yet hopeful of success. They experienced problems of stigmatization in their own families and society and desired acceptance. **Conclusion:** This study highlighted the situation of couples facing infertility and the need for awareness of the condition of infertility. Support for couples by the multidisciplinary team inclusive of the Social Worker through the process of diagnosis and treatment, to maintain their health and mental health as they overcome the challenge of infertility is the need of the hour.

Keywords: Infertility, psychosocial problems, stigma

INTRODUCTION

Family is the necessary component in human life. Reproducing and nurturing children had been a part of life since the beginning of mankind in different cultures. Parenthood is something many couples yearn for and children are seen as a fulfilment of married life in most parts of the world. Today worldwide, married couples are facing the problems of infertility. Fertility has components of both physical and mental health and is important to live a happy and personally satisfying life.

The childless women are commonly referred to as being barren. Down the ages, infertility was understood to be a problem primarily of women and their status was low when childless. In the middle age, the involvement of men in the process was considered. It is

much later that the medical process of fertilization was understood and moved away from ostracising women alone, due to infertility. With medical advancements and possibilities of conception through natural or medical interventions, the condition of infertility is dealt with more openly offering hope to childless couples and reducing the marginalization which has been part of several religions and cultures. Infertility is 'a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse'.^[1]


There are two types of infertility the first one is primary infertility which refers to the couples who never had children and the second one is secondary infertility meaning:

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Those women, who were able to conceive early and bring forth children, are unable to conceive again.

One in every four couples is infertile in developing countries in WHO collaborative surveys between 1990 and 2004.^[2] In another study on infertility prevalence from developed and developing countries from 1990 to 2010, an estimated 48.5 million couples were unable to have a child.^[3] According to the World Health Organization estimate the overall prevalence of primary infertility in India is between 3.9% to 16.8%. Within the Indian state prevalence varies in the range from 3.7% to 15%.^[4]

Nearly 22 to 33 million couples in reproductive age are suffering from lifetime infertility in India.^[5] Infertility affects 10-15% of couples in the USA. The causes for infertility in the USA report only one-third of infertility is related to women, one-third to men and one-third to both partners of which nearly twenty per cent is due to unknown causes.^[6] The female factor contributes 40 - 50%, while male factor 30 - 40%. During the last few decades, a higher prevalence of contraceptive use and increasing effective age at marriage has led to a decline in fertility rates. The risk factors identified have been Poly Cystic Ovarian Syndrome, Endometrial tuberculosis, obesity, tobacco use, alcohol consumption and sexually transmitted infections. This trend of infertility while on the rise, the access to treatment to address it is low in India. A large number of Assisted Reproductive Technologies (ART) are available today which includes In Vitro Fertilization (IVF). However, not all ART centres are registered and the cost of treatment being high it is not affordable for many. The commercialization of these centres has influenced seeking help for infertility and redressal of the problem.

METHODOLOGY

The study aimed to understand the psychosocial problems faced by women due to infertility and to study the associated factors with the treatment of infertility.

The married couples who were above the age of 18 years, who were infertile for one year were referred to as being infertile in this study. The couples both men and women who were treated in a private hospital to conceive naturally formed the universe of the study. The female patients were the respondents in the study. Purposive sampling based on the criteria given was used to select the sixty women respondents who consented to participate in the study. The Descriptive research design was used to understand the physical, psychological, social and economic problems faced by the couples with infertility.

Primary and secondary data were used. The primary data was collected using a semi-structured interview schedule which was formulated based on the review of literature and discussion with the hospital staff and patients. It studied the socio-demographic profile, various aspects of infertility, treatment and psychosocial challenges faced by women due to infertility. The tool was translated into the vernacular language and pretested among six persons and minor changes were made in the tool. The data was edited, coded and analysed and the results are presented below.

RESULTS

Socio-demographic profile of respondents

The socio-demographic profile of the respondents revealed that the age of the respondents ranged between 19 to 38 with a mean 26 ± 3.7 years indicating that most of the couples were seeking help early. The age of marriage shows a mean of 23 ± 3.7 years which is in the early years of adulthood. There was one child marriage in the group and she was entering adulthood, yet she was in treatment. The peak fertility time for women is in the twenties and the ability to reproduce diminishes later. It is seen that majority of the women were seeking treatment during the reproductive phase, before the age of thirty. The duration of marriage was within 1-5 years for 87% of the respondents, 6 -10 years for 11% and 11-15 years for 2%.

The monthly income range of the respondents shows a range of Rs.95,000 minimum and maximum Rs. 100000 and the mean of Rs. $19,208 \pm 15557.79$ show that most of the respondents seeking treatment belonged to the middle-income group.

All the women were educated. The women were from different educational backgrounds; nearly half the women 48% were higher secondary educated and 52% had a diploma, degree and postgraduate education.

The occupation of the respondents reveals that the majority, 85% of the respondents were homemakers and the remaining 15% were employed as teachers, doing small business, held government jobs and worked as daily wage earners. Seventy per cent of the respondents lived in joint families.

Factors associated with treatment

On factors associated with treatment, it is found that 72% had menstrual problems of which more than half of the respondents had problems with the menstrual cycle after marriage and the remaining before marriage. The respondents were referred by the families predominantly (68%), only one couple came on their own indicating that the concern of others is common in seeking help.

The duration of the treatment the respondents have undergone in the hospital shows that 83% of the respondents were taking treatment for less than two years.

In the course of treatment, 65% of the respondents became aware of the condition that needs to be treated and 35% were undergoing diagnosis. Further, 67% of the respondents needed the fertility treatment; while 8% of the respondents reported that their spouse needed the treatment, 3% of the respondents said both of them need fertility treatment. The various causes reported were Fibroids, multiple factors (female), irregular periods, less sperm count and obesity. The positive aspect is that two patients were in the early stages of pregnancy after treatment in the hospital.

The feelings associated with the process revealed that more than two-thirds of the women 68% were afraid and anxious, whereas 38% were hopeful of success. As a small percentage experienced miscarriages, feelings of fear were present. Similarly, 65% of the respondents did not face any challenges in seeking treatment, whereas 35% had challenges such as language, spouse's job timing, reaching the hospital, financial problem and waiting time.

The mean sum spent on treatment is Rs.24,581±6418 wherein 80% of the respondents spent below Rs. 20,000.

Fifty-five per cent of the respondents had approached this hospital at the first level. Affordable treatment, referral by families and success stories are the reasons for approaching the current hospital. The respondents in keeping with cultural beliefs also visited religious places praying for a child indicating the strong desire for a child.

Table 1 Familial aspects of infertility (N= 60)

| Variable | f | % |
|--------------------------------------|----|----|
| Supportive attitude of the spouse | 38 | 63 |
| Positive cooperation of spouse | 56 | 93 |
| Supportive family of origin response | 43 | 72 |
| Supportive response of in-laws | 18 | 30 |
| High expectations of in-laws | 13 | 22 |
| Non-supportive in-laws | 22 | 36 |
| In-laws being indifferent | 7 | 12 |
| Being criticised | 39 | 65 |

The familial aspects of infertility revealed that 63% of the respondents reported that their husbands were supportive, 17% of the respondents said that their spouses were non-cooperative and reacted negatively to them. However, 93% of the spouses cooperated in the treatment. Concerning the spouse's family, 30% respondents experienced support, high expectations 22% and lack of support and indifference from 36% and 12% respectively. Families of origin of the respondents have shown better support (72%). Sixty-five per cent of the respondents, when criticized about their infertility, experienced sadness, anger, regret and loneliness.

Society's attitude towards women with infertility issues shows that 30% of the respondents' experienced unjust treatment, 21% of the respondents felt that they were not accepted by the society while 20% of respondents were being criticised and 12% each reported being blamed and their rights were violated respectively.

Thirty one percent of the respondents expect that the society should accept the women with infertility issues, while 28% of the respondents expected support from the society, 27% of the respondents felt the need to be understood and 11% of the respondents expressed that the

society should not blame the women for the issues of infertility.

DISCUSSION

The study addresses one of the emerging public health problems of the modern world. The results depict that infertility is just not a problem of couples married for many years but young people who were within five years of marriage.

When the expectation of conception as a normal process did not occur without contraception, it prompted the couples to seek help. They were aware of the need to take treatment as nearly three fourth of them had problems in menstrual health. Living in joint families could be an added factor of influence as Indian families value a progeny and in this study, the families are the highest source of referral to this hospital.

The majority of the couples were in treatment for the duration of below two years. They were happy they had identified the probable cause of infertility and the others were undergoing tests. Anxiety about the results was high among the respondents as some had experienced miscarriages and failures are not uncommon in the treatment of infertility. The other one third was hopeful of success as some respondents had also conceived. The factors affecting conception were both male and female as also supported by studies. Lifestyle factors, stress and industrial pollution all impact the fertility of couples.^[5] The hospital is well known in the area for treatment of infertility at an affordable cost and more than half approached this hospital at the first level. Others were searching for success as they tried different hospitals before coming here. The belief that children are a gift from God also made many respondents go to religious places seeking God's Intervention. The treatment expenses show that they have spent a significant amount on it.

In many cultures, childless women suffer discrimination, stigma and ostracism if they fail to conceive or carry a baby to term. They may even be regarded as non-humans or described as cursed. In the Indian family, it is not just the married couple that is often involved in family matters and with many living in joint families the support of the parental and spouses families is paramount.

The condition of infertility concerns both partners and requires the support and cooperation of the spouses involved. The spouses showed positive responses predominantly with cooperation by most of them in the treatment. This is a very important factor because the understanding of infertility reveals that it is beyond mere biological factors and has many emotional and social factors that impact it. The responses of the families of procreation and families of orientation revealed that the women enjoyed more support from their families of orientation than that of the spouse's family. They shared the pain as nearly two-thirds experienced criticisms and a small amount of discrimination; this led to feelings of sadness, anger, regret and loneliness. One of the respondents said that her in-laws criticized her saying even "if it were a buffalo it would give milk but you are good for nothing and useless".

In 2015 a study was done on psychosocial problems and coping strategies among Turkish women with infertility shows that some women were being marginalised, especially by their spouse's family, had encountered discrimination and had received threats and pressure to get divorced.^[7]

Some of the women were facing issues of separation and remarriage of their spouses due to their inability to conceive. The childless women are being targeted by their spouse, in-laws, and neighbours. Women are targeted for infertility problems. They often face threats of marital instability, divorce, polygamy, harassment and community ostracism. The women struggle to resist disempowerment and stigmatization.^[8] The current study shows unjust treatment, lack of acceptance, criticism etc. as societal attitude and they had expectations to be accepted, supported and understood without blame. The males too undergo many emotional reactions as they come to terms with their infertility which is also contributing to the global problem. In a study looking into 39 studies of social and cultural consequences of being childless in poor resource areas stigma was quoted the highest followed by isolation, rejection and exclusion. Status loss, social failure, lack of respect, ridicule and verbal abuse were also mentioned^[8] Thus this study highlights the situation of couples faced with the challenge

of bearing children and the role of the team in infertility treatment. The Social Worker has a role in the counselling, helping to form support groups and educating couples who are in the course of treatment. This will enable them to face their situation with a positive and better frame of mind when they feel supported. It is important to create awareness in the community about the issues that affect conception, to prevent or treat it early. The option of adoption for couples where a biological child is medically impossible will improve the quality of life and prevent mental health problems in the long run. Many couples have genuine problems; however, only private treatment centres are popular in ART. The costs are high and many couples are unable to benefit. It is essential for the Government to introduce an Act to regulate these methods. India with its large population is also a known destination for surrogacy; so the law should also address this aspect to avoid the commercialisation and exploitation of a serious human health condition. Research on this aspect with larger populations will help treat the condition better and reduce the stigma that shrouds a complex human condition.

Limitations: The study is done with a small sample and a limited number of variables with an unstandardized tool.

CONCLUSION

From the study, it is clear the problem of infertility is a condition concerning both partners which is associated with feelings of worry, fears and discrimination as the couples tried to address the condition through treatment for conception. The stigma and anxiety were higher for the women who even faced threats of separation and divorce. However, the high cost of treatment which is mostly in private hospitals is often a challenge affecting the resolution of the problem. The laws relating to surrogacy are also important. The role of the Social Worker is crucial in supporting the couples facing infertility through awareness creation, interventions and advocacy for effective laws to address a real-life crisis is indispensable.

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