

IMPACT OF INFERTILITY TREATMENT ON WOMEN.

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Abstract : The essence of being a woman is mostly attributed to the fact that she reproduces, raises children and completes her life cycle of achieving womanhood. Various holy books also mention about women being barren and then conceiving with the power of the almighty. Traditionally it is looked at as a very important milestone after the rituals of marriage. All these holds true to majority of the woman , but with changing trends , lifestyle, prioritizing things , changes in food habits, activity levels and so on has had an effect on the reproductive cycles of woman. This in turn affects their fertility cycles and then the problem arises, the crisis arises, crisis of not being able to reproduce, not being able to provide an heir to the family, not being able to conceive. The word which defines the inability to conceive after one year of coital act without the use of any contraceptive devices is known as infertility. Both men and woman are subjected to the occurrence of this inability, and as a result they may suffer from primary or secondary infertility. Though there are extensive researchers being done on fertility, very few have found a reference with infertility. Therefore infertility was identified as a health priority and global health issue by the WHO.

The present study was undertaken to determine the effect on infertility on woman through a qualitative design using a phenomenological approach. The objective of the research was to study and look into the experiences of the women who were undergoing the process of treatment for infertility. One to one in-depth interview technique was conducted on 15 samples with 4 interactions. The interviews were translated, verbatim was made, coding of the data was done to identify the sub-themes from which the main themes were derived.

Themes generated were: disbelief, challenges in treatment, relationships, social stigma, thought process reliance in god and coping. The present study aimed to explore the experiences of woman suffering from primary infertility and such data are needed to complete the community and sociological science literature on this reproductive problem and to provide evidence-based data to direct and create policies in reproductive healthcare specific to infertility. It will also help nurses in counselling services and also to identify and rectify the problems posed by these clients.

IndexTerms – effect, infertility treatment, women.

I. INTRODUCTION

Around 34 million women around the globe are estimated to be suffering from infertility, and majority of them are from the developing countries. Infertility in women was ranked 5th in the serious global disability. It is also evident from researches, that during the last five years there have been a rise of 20-30 % of infertility cases among couples. It is no longer a phenomenon of the urban class but affects the other areas too, and most importantly it is not confined to women alone. In this upbeat society the issues of infertility have had an impact on men too. These increasing rates are attributed to lifestyle changes, stress in a competitive world, reduced physical activity, increasing obesity, changes in eating habits and medical associated problems. Among all the cases, nearly 45% of the couples have problems not only related to women but men too.

Stress is a major factor to be explored in infertility treatment, stressful lifestyle, odd or long working hours, have to be paid attention to for successful conception. Proper diet and best fertility diets and foods to be included in a healthy diet, lifestyle changes are extremely important, age, strength, immunity, hormonal levels needs to be evaluated time to time. The treatment process becomes more challenging as there is a negative effect on their relationships, the relations go sour and it adds to the misery of the treatment process.

Research Methodology :

In order to achieve the desired objectives of the study a Qualitative research approach was adopted with phenomenology as the research design.

Population and Sample:

The population of the present study comprised of all the women undergoing treatment for primary infertility from infertility centres in Maharashtra. The sample selected for the present study consisted of women undergoing treatment for primary infertility from selected infertility centres of the selected city of Maharashtra and who fulfilled the selection criteria. The sampling technique used for this study was Non probability Purposive Sampling technique where 15 samples were selected. The Inclusion criteria for the study was women who were diagnosed with primary infertility, women who were registered and taking treatment at selected infertility centres of selected district of Maharashtra State, women who can understand English or Hindi or Marathi, and women who were seeking treatment since one year. Exclusion criteria set was women with primary infertility who have adopted child/children.

Data and Sources of Data:

The researcher approached the participants, briefed them about the study objectives, obtained informed consent and assured them about the confidentiality of the data. Data was collected through interview technique which was recorded with the consent of the participant. Transcripts were made from the data gathered through interview technique. Reading and re-reading of the transcripts and listening & re-listening of the tape recorded interviews was done. Field notes were read thoroughly to note the mention of any body language, change in tone, taking time to answer certain questions, followed by coding the data and generating sub-themes and themes.

Data Analysis :

The first demographic characteristic was the of age group in which an equal number of the samples i.e. 33.33% were between 22-26 years, 26-30 years and 31-35 years respectively.

The demographic feature of religion revealed that 46.66% followed Hindu religion, 26.66% were Muslims & Christians respectively.

Out of 15 participants 9(60%) of them were homemakers, 20% were nurses, 13.33% were teachers and one of them was engaged in service.

When the duration of marriage was asked, there were 6 (40%) of the participants who were married since 05 years, 4(26.66%) were married since 07 years,3(20%) said that it has been 03 years for their marriage and 2(13.33%) were married since 10 years.

Majority of the participants i.e. 11(73.33%) did not give history of Consigamous marriage; whereas 04(26.66%) had a history of Consigamous marriage.

None of the participants ever used contraception after marriage.

Majority of the participants i.e. 06(40%), did not have any associated medical treatment, where as 05(33.33%) of them were seeking treatment for obesity and 04(26.66%) were taking treatment for T.B.

All the participants were undergoing some or the other investigation and treatment for infertility, some of the participants had to undergo more than one treatment as scheduled for infertility treatment. Majority of the participants i.e. 09(60%) underwent follicular monitoring,07(46.66%) had undergone TVS,06 (40%) of the participants had hysteroscopy done, 05(33.33%) of them had to undergo menstrual regulation, 04(26.66%) had opted for IUI, and only 01 participant had a cervical biopsy done.

As far as gynaecology history was concerned 06(40%) did not give any history of disease, 05(33.33%) had menstrual irregularity, 03(20%) of the participants were diagnosed to have PCOD, and only 01 participant had septate uterus.

Participants husband's age revealed that 09(60%) of them were in the age group of 25-30 years, and06(40%) of them were in the age group of 31-35 years.

Diverse occupation of the participant's husband were seen in an equal number i.e. 05(33.33%) were IT professional and government employee respectively,03(20%) were labourer's, 01 was a driver and 01 had his business.

Medical history revealed that majority of the participant's husband did not suffer from any medical ailment, except for one who had hypertension.

Treatment of infertility among the males saw that 08(53.33%) had normal sperm count, 04(26.66%) of them had low sperm motility, and an equal number were on hormonal investigation, 03(20%) had not done any investigations.

Majority of the participants i.e. 11(73.33%) were seeking treatment from 5 years, and 4(26.66%) of them were taking treatment since 10 years.

The researcher identified every item /word expressed by the participants to formulate themes which could further explain the experiences. The themes identified were disbelief, challenges in treatment, relationships, social stigma, thought process reliance in god and coping.

Theme 1: DISBELIEF

The news of infertility brings with itself shock, denial, its heart breaking and leaves the person with a big question why me? Fertility is a joyful experience but for those who cannot taste this joy the feelings mentioned are similar. Participants of the present study also described the feelings and the theme identified is disbelief.

Heart breaking

5 participants mentioned that they could not believe it was their result, therefore they were in denial, and they were disappointed with repeated negative results. They felt as if all their strength is gone, all hopes have been shattered. They described it as heart breaking.

Shock

It came in as a rude shock for the participants as 6 of them mentioned that it was unbelievable. Everything was normal with them still they had to face this situation. They were disturbed and felt dejected. They were worried whether they would ever conceive in future.

Theme 2: Challenges In Treatment

The participants experienced that the treatment brought many aspects of life in front of many which they could never imagine. There was reluctance to treatment as a result of fear of disclosure, fear of reactions. Long treatment schedules, hope for a better outcome makes them quest for better doctors. One of the biggest challenges was failure of treatment which pulled them back from continuing further. Also finance becomes a biggest challenge in carrying the treatment further. At certain times the procedures itself does not make them come back to get treated further. The medical management adds on to the associated illness of weight gain, irregular menstruation. There are also family problems, commitments which may hinder from continuing the treatment.

Apprehensions

7 participants expressed that it was difficult to continue the treatment as many a times the spouses are reluctant to accompany, or discontinue the treatment mid-way due to the schedules. Few of them verbalized that the couple has not disclosed their status to the family members and the fear of rejections bothered them. Few others refused to disclose the matter to anyone as a result of social stigma.

Treatment outcome

The treatment outcome also posed as a challenge to the treatment as negative results demotivated them, repeating all the procedures all over again was like giving them false hope, and even after changing treatment and doctors they had to face failure made them think twice regarding the outcome of treatment.

Finance

Infertility treatment causes a big blow to the financial status of the couples undergoing treatment. Few of the participants could manage their expenses as both of them were working; few others were supported by their family members or could manage it through money lenders. Some of the participants had borrowed money, taken loan. The treatment of infertility is not covered under any scheme and therefore the participants were waiting for schemes under which they could get some help. There some hospitals who help to manage the expenses along with the social workers. Infertility treatment in a costly affair, and therefore there is an increased rate of continuation of treatment.

Theme 3: Relationships

Participants expressed that the support from spouse and family members goes a long way in treatment of infertility. At the same time there were others who said that as a result of the treatment their family ties have been disturbed.

Support

7 participants stated that it was their partner's unconditional support that got them this far, they were always accompanied by them during visits, and spouses did not hesitate to get themselves checked. They also garnered support from their family members and in-laws.

Strained Relationships

8 of the participants mentioned that the infertility treatment caused a lot of stress in their relationship with others. They stated that their partners were reluctant to come for investigation or treatment. Spouses would lose their temper on insisting them to come for treatment. They had a fear of disclosure, fear that their partner will leave them, they were afraid of discussing the coital act which was to be performed on specific time. They were constantly under pressure and were compared to others by the family members. Hence strained relationships were identified as a sub-theme.

Theme 4: Social stigma

Participants verbalized that they felt as if they were being isolated, they had to face negative reactions of people and had fear that something may go wrong if they go near other children, they were scared to attend any social gathering too. All these experiences were more of a social stigma attached to "infertility". Hence the theme social stigma was identified.

Isolation

04 participants mentioned that they thought that it was better to avoid social functions especially those related to pregnancy and child birth as it reminded them of their bareness. More than themselves it was people around them who thought it was a bad omen for a barren woman to attend such events. Thus they were isolated from social gatherings.

Negative reactions from people

05 participants mentioned that they were constantly compared with others who got married along with them and had already conceived. Participants were not allowed to touch or go near other children fearing that something may go wrong. They were blamed for not conceiving. The fear that something may go wrong with children if they go near them and fear of being left alone by their spouse made them avoid social functions.

Theme 5: Thought Process

All the reactions going on in the mind of the participants made them feel that were they destined to suffer all these things? They blamed themselves felt depressed as a result of failed results and comparisons; they even believed that they indeed need professional help in terms of health and finances, and in spite of being in such a state how they achieve a sense of satisfaction.

Destiny\Luck

5 participants verbalized that it was written in their destiny to, it was their fate and that's how they were suffering. They also started believing that will they ever have a child of their own.

Self Blame

6 participants believed that it was because of their incompleteness, the fault lies within them and therefore blamed themselves for the present state. They felt guilty, and had no power left to continue further. Therefore self blame was identified as a sub-theme.

Depressed

8 participants expressed that they were dejected and disheartened with repeated failure; this led to discouraging environment around them. Comparisons with others too made them feel dejected.

Theme 6: Reliance in god

Participants derived solace in God, they had immense faith in God their hope and trust was keeping them grounded. Few of them practiced rituals in the hope of a positive result and few others had shaken belief and felt that God is not being fair to them.

Faith /Hope/trust

“One day surely my prayers will be answered”.

One thing that kept the participants move on the hope and trust they had in their God. 5 participants stated that their dreams will be fulfilled if they continue to keep their hopes high. And above all it was only God’s wish and will to make things work. They had assurance that their prayers will be heard someday.

Rituals

Indian is a land of various cultures and faiths, participants of the present study too came from different religion following various rituals. But one thing found common among them was fasting, visitingshrines and temples for their fulfilment of their wishes.

Few of them also performed pooja and donated things offering them to God for fulfilling their wishes.

Theme 7: Coping

Coping

Participants adopted various coping skills to combat this state of mind. Few of them tried to avoid the situation, others tried to engage themselves in taking care of other children or they were busy with the household work.

Avoidance

6 participants stated that they thought it was better to ignore people who constantly spoke negative. They also started avoiding social gathering and thought its better to stay away rather than listening to them.

Sharing responsibilities

Few of them said that they helped out others at home in taking care of their children. This helped them in a dual way. One is it kept them engaged and the other is that their maternal instincts were finding some way to satisfy themselves. Also it gave them a sense of satisfaction.

Conclusion:

Infertility is an issue that goes to the core of the individual. How women chose to respond to the questions asked and the language they used reflected their individual experiences. Reading their accounts and appreciating the diverse ways in which their experience are articulated has led to a complex picture in which physical and practical aspects of the clinical treatment are interwoven with emotional responses. The message that the respondents wished to convey to health professionals and other women and couples considering treatment for infertility was very clear. Such treatment is not at easy option: ‘This is an emotionally and physically difficult process’ and with every failure the feelings of never becoming a parent are re-visited, even after success. From the outside, it is easy to expect these women for whom treatment has been successful to be grateful and to move on. Among almost all, there was a desire for improvements in this aspect of health care that address the needs of the individual, both in relation to the psychological impact of the problem and of the treatment process.

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