CHAPTER: 7

Conclusion & Suggestions

Reproduction and raring of children is treated as a most desirable goal in a life of a married couple since the beginning of mankind. Motherhood is considered as the most vital role playing for every woman in different social and personal areas of their lives. Any disruption within the role playing of motherhood, bring devastating experience in her life. Irrespective of socio-economic-cultural differences, the impact of the infertile mother remains same. The consequence of infertility among women is painful in developing countries than developed countries.

The medical and psychological perspective of infertility is already a highlighted research area but research on social context of infertility is comparatively under-valued research area. Moreover, in-spite of having vital role in the field of infertility, the social work perspective of infertility is much neglected field of research till date. On the other part, though the impact of infertility does depend on the socio-economic background, specific study on infertility among working women is almost very limited.

The present study is designed to focus light on the underdiagnosed area of infertility among working women. The most relevant objectives of the study are to explore the causes and consequences of infertility among working women and the availability and accessibility of infertility treatment. Another vital objective of this thesis is to assess the requirement of social work intervention in the field of women infertility.

The reviews of relevant literatures related to this thesis done from various books, previous thesis, published paper. While reviewing previous literatures, it has been found that the literatures are very over lapping and limited. The reviewed literatures have been presented into three parts. In the first part, the prevalence of infertility, in causes and available

treatments has been discussed. In the second part, medical, social and feminist attitude towards infertility has been discussed and in the third part psycho-social consequence of infertility, role of social work in infertility has been summerised.

The present study is an exploratory research. Both the qualitative and quantitative approach of research is applied in the present study. Purposive sampling method has been used to collect primary data.

The study areas of this research are Surgy Centre, Genome Infertility Clinic and AMRI Clinic. The universe of the study is the entire women population of reproductive age group who are married, educated, working, performing intercourse without contraception and visiting the above mentioned clinics. 70 infertile women who are satisfying the sample inclusion criterion among the above mentioned three clinics have been selected by purposive sampling process for this study. The criterions for sample recruitment were the women of reproductive age group, i.e., 25-45 years who are married who live together with her husband and performing sexual intercourse without contraception for at least one year. The women are working, having a minimum educational qualification of graduation. The women, qualifying all the above characteristics are willing to take part in the study.

The data collection period was over four months i.e. June, 2014 to September, 2014. Though the number of sample is very limited, due to the sensitivity of the problem and sample inclusion criterion, the data collection period was relatively prolong.

Data collection has done by using interview and case-study techniques along with observation method.

Though the present research has no hypothesis, to assess psycho-social consequences, cause of infertility, treatment availability & accessibility and need of social work intervention,

relationship between various dependent and independent variables have been established by applying different statistical calculations.

After completion of field work, data are to be organized by ordering, sorting and grouping data according to research objectives and analysed by using statistical calculation. The analysed data have been presented and discussed into eight sections.

The first section of the discussion was about the demographic profile of the respondents of the study. The sample population of this study belongs to urban population is more than the rural population. This study found that respondents belong to urban area is eighty percentage whereas the respondents of rural area is only twenty percentage. Highest numbers of infertile working women belong to the age group of 30-35 years. Number of respondent, below the age of 30 years and above the age of 40 years is very limited. In this research, maximum number of infertile women is in teaching profession, but there is no such difference in number of respondents of other profession. The problem, infertility among working women is not always directly associated with the nature of work. Sometimes it has been assumed that due to occupational hazards and stress, the problem of infertility arises among working women. But the present research shows that the occurrence of infertility among working women is not always directly related to their occupational life style, its stress or duty schedule. Maximum percentages, i.e. forty four percentages of respondents of this study have monthly income of above fifty thousand, but the number of respondents having a monthly income between rupees twenty thousand to rupees fifty thousand is quite good.

The second section of the discussion focused the reproductive health status of the respondents. This study found that approximately fifty nine percentages of respondents have deficiency in their reproductive system and most surprisingly forty percentages of them though suffering from the pain of infertility, have no reproductive system defects either

among them or among their spouse. It is obvious from these findings that infertility is not always dependent on the formation and function of reproductive system. The practice of using family planning method is present among a good number of respondents. In-spite of having no menstrual problem, forty eight respondents have infertility problem. Approximately seventy three percentages of respondents have no history of abortion. The causes of infertility among the respondents varies but most significant finding is that approximately twenty nine percentage of sample population has no valid and established medical cause for their infertility. This indicates the necessity of more research in this field. It is also important to examine more minutely the relation of infertility with the life style, sexual life, social life and psychological well-being of an infertile.

The third section of the interpretation described the sexual life status of the respondents. Though this research found that forty percentages of respondents have a history of satisfactory sexual life, approximately thirty six percentages of respondents on the other side have an experience of stressful sexual life. Forty four of the total respondents do not have the adequate coital exposure. These two findings has vital link with the unexplained infertility. It could be a future research area to find out how far the incident of infertility is related with coital exposure and experience.

The fourth section of the discussion highlighted the causes of infertility among sample population and other relevant associated factors related to their infertility. The findings of the study show that the problem of infertility among the respondents is not significantly related to their nature of occupation, age and addiction habit. This habit of addiction does not mean regular consumption of alcohol or cigarette, it is only occasional consumption. This addiction habit is not prevailing among all the respondents; rather it is present among few of them. It has already been discussed that the unexplained infertility has a connection with the number of coital exposure and its experience. This finding is further furnished by observing that

experience of sexual life is dependent on the daily life schedule. As it has been discussed earlier that in this study it is not found whether infertility among working women has any direct connection with their occupation or occupational schedule, this part of the findings show that daily life schedule has an impact on infertility, but this study does not establish whether these impact is directly linked with a particular profession. It is clear from this study that adequacy of coital exposure depends on the duty timing and the experience of coital exposure is dependent on its frequency of exposure.

The fifth section of interpretation gave an overview about the decision making process of the respondents related to their life style and other aspects of life. It is evident that the decision regarding treatment option is significantly related with the educational qualification of the respondents. Though the number of respondent obtaining allopathy treatment is comparatively high, respondents comparatively having lower educational qualification have a tendency to opt for other mode of treatments, especially ayurvedic treatment is also present in little number. Educational background has another significant role in choosing family planning method. But the positive finding is that irrespective of educational status the decision making process is mutual for maximum number of respondents.

The sixth section of interpretation described the psycho-social impact of infertility among working women. The psychological consequence of infertility among the working women remains same irrespective of their educational status. It varies one individual to another, but these variations have no relation with their education, rather it depends on their family support and social support. It has been observed that the psychological vulnerability is less among those who have strong support system to overcome their crisis. The study shows that the percentage of infertile working women received family support and percentage working infertile women do not receive family support is equal, but the interesting thing is that the family pressure is mostly indirect in nature. The incident of direct violence, atrocities due to

infertility is fortunately not found. The duration of infertility treatment is psychological stress generating factor. The psychological well-being has been hampered along with the duration of treatment and its continuous failure. The psychological condition of the respondents is not always varying according to their age. The non-cooperation of the surroundings, the prolonged treatment, and its failure mainly generate stress among the respondents.

The seventh section of the discussion focused the infertility treatment availability and accessibility and its pros and cons. It has already been stated that the affordability of infertility treatment and its pressure is significantly dependent on family earnings of the couple. It is very evident that the cost of the treatment is a vital stress generating factor for all, but along with cost, the duration of the treatment and distance of the clinic from the residence of the respondents also act as catalysts in disturbing the psychological well-being of sample population. These three stress generation factors- cost, duration and distance do not work similarly among all the respondents, but these three elements individually or collectively promote the psychological sufferings of the respondents one way or another. Moreover, the satisfaction of the treatment is many how related to these factors. The attitude of the treatment providers is another key factor to yield treatment related psychological sufferings. The friendly attitude of the treatment providers helps to cope the suffering whereas the unprofessional attitude is itself a stress producing factor. The choice among various modalities of infertility treatment depends on the family income. It is prominent that In Vitro Fertilization (IVF) is more common among comparatively higher income respondents. Only Intra Uterine Insemination (IUI) is opted mainly by those respondents whose monthly income is between rupees twenty thousand to rupees thirty thousand. Moreover, satisfaction towards the treatment of the respondents has prominent association with the medical intervention, taken place to treat their infertility.

The last section of the interpretation emphasised the importance of social work intervention in addressing the problem of infertility among working women. It has been found that the psychological sufferings of the respondents is not the result of any single phenomenon of their life, rather it is a cumulative outcome of their family and social pressure, own emotional turmoil and overall treatment process. It is also prominent from this study that there is an urgent need to address these psychological sufferings to help them to cope with their crisis and to live a meaningful life. Hence, the intervention of social work is highly solicited to bring smile on the faces of infertile couple.

Overall, this thesis stated the medical and psycho-social perspective of infertility. It has been observed that the problem of infertility should be understood from a broader theoretical base than just through a medical model. The existing supremacy of medical attitude of infertility restricts to recognize the biopsychosocial nature of infertility. The biopsychosocial perspective of infertility among working women advocated in this research has significant implications for the profession of social work. Social work needs to take action in the field of infertility, mainly in research, and practice in future.

To a large extent, the psychosocial effects of infertility can be alleviated through effective social work intervention. Through increased policy advocacy and future research, social work can expand current understanding of infertility. Social work professionals can change the scenario of infertility by active counseling the victims, direct or indirect. In addition, social work can develop mass sensitisation about infertility. Moreover, social work profession can do advocacy for enhancing the capacity of public health sector to provide better infertility management. Private-Public-Partnership programme to provide high-tech advanced infertility treatment in a cost-effective manner can be encouraged more and more.

The need for the expertise of social work in dealing with the social problem of infertility is evident and there are numerous ways where social work can actively participate in addressing the problem of infertility.

SUGGESTIONS:

This chapter is based on the analysis, findings of the previous chapters. These suggestions, come out from the present research will pave the path for future research in this field. On the basis of the findings of the research the following suggestions are put forward to achieve further betterment in the field of women infertility:

1. To provide Information Education and Communication (IEC) support and organize confidence building programme to bring them within the accessible domain of public health care system is essential to handle the stress and low self-esteem of the infertile women. The next phase is to improve the facilities for diagnose, evaluation and treatment and prepare the system more user friendly for long term follow up of complicated cases to manage the treatment related hurdle and tension of the infertile couples.
2. As infertility is a bio-psycho-social problem, the various aspect of infertility like etiology, risk factors, available healthcare facility, proper knowledge, health seeking behaviour etc should be investigated in an integrated manner, involving epidemiologists, social scientist, psychologist, medical scientist. Incorporation of counselling services in all the medical care setting should be compulsory mechanism for overall well-being of the infertile women.
3. General awareness generation &provision of relevant information regarding the availability of infertility treatment facility specially in public sector is highly needed among infertile couples because lack of knowledge pushes them towards

unaffordable, costly private sector and endless stress generation. In private sector adherence of prolonged follow-up is either not possible or difficult to continue due to high cost.

4. In health care setting proper information related to the causes and consequences of infertility must be communicated properly. The treatment related pros and cons, its cost and the possibility of success in the treatment should clearly be discussed. Even the information of alternative motherhood like surrogacy, adoption should be shared.
5. Targeted intervention programme for behaviour change and life style modification like for addiction, weight reduction etc should be initiated involving health worker, NGO, community based organisation etc.
6. Targeted intervention programme for changing the age old social beliefs, like motherhood is the central identity of the women, should be organised at different level. Programmes and events should be conducted incorporating the family members and surroundings to invalidate the concept of motherhood being the sole identity for a woman.
7. Infertility is an emerging global problem. However, the burden of infertility in the society is increasing and the complexity of the problem due to medical intervention continues to escalate, intervention by social work professionals should be more vigorous in addressing the problem of infertility.
8. Counselling and Family therapy should be initiated extensively focusing the consequences of infertility. Dealing with the myths related to fertility, it is important to directly work with the infertile person and their close surroundings to help them to overcome the situation and to lead a better life.