

SUMMARY, DISCUSSION, IMPLICATIONS RECOMMENDATIONS, CONCLUSIONS

The present study was undertaken to study psycho-social dimension of infertile women in Hyderabad, Andhra Pradesh. The objectives of the study were

The research approach selected for the study was in multi method research with qualitative research design like phenomenology, case study method and feminist research methodology. The setting of the study is the city of Hyderabad in the state of Andhra Pradesh.

The study was conducted in one Govt. Hospital and one Private Infertility Centre, namely Government Maternity Hospital, Nayapool and Dr.Rama's Institute for fertility, Ammerpet, Hyderabad.

Data collection was done with the help of Interview guide prepared by the Investigator with open-ended questions. Case study method was also used. Purposive sampling technique was used. Pilot study was conducted at Govt. maternity Hospital, Hyderabad on Ten women from 24 to 27th July 2006. The interview guide was found suitable to collect the data. Data was collected from 162 infertility women attending outpatient department and from admitted women from both the Hospitals. 100 women from Govt. maternity Hospital and 62 women from Dr.Rama's Institute for fertility participated in the study. Four in-depth case studies were also included in the study.

Data collection was done from 5th August 2006 to 27th January 2007. The researcher collected the data by conducting In-depth Interviews, observation and case study method was used to collect data.

Qualitative analysis was used to analyze the data. Frequencies and percentages were calculated for the socio demographic variables and for other psycho-social domains. Data reduction was utilized in analysis.

Data on psycho-social dimension was analyzed by organization of the meaning into a cluster of themes related to the topic like need for parenthood, perceptions regarding Infertility, its causes and treatment, reactions to Infertility, effect of Infertility on marital life. Family support of Infertile women, attitude of society towards women with infertility and coping mechanisms of women with Infertility.

FINDINGS OF THE STUDY

5.1 FINDINGS REGARDING SOCIO DEMOGRAPHIC VARIABLES

1. Most of the Infertile women from Govt. Maternity Hospital (62 percent) are in the age group of 26-30 years. Whereas from Dr.Ramas Institute for Fertility majority of the sample (60 percent) are in the age group of 31-35 years.
2. Most of the Infertile women (70-80 percent) from both the Hospitals were Hindus.
3. Regarding education most of the sample (90 percent) from Govt. Maternity Hospital studied only below 10th standard where as from Dr.Ramas Institute of Fertility majority of the sample (70 percent) were graduates.

4. Regarding occupation majority of the sample (60-70 percent) from both the Hospitals were house wives.
5. Regarding monthly family income, from Govt. Maternity hospital (60 percent) majority of the sample income was below Rs.2000 PM whereas from Dr.Ramas Institute for Fertility majority of the sample (80 percent) monthly income was above Rs.10000 PM.
6. Regarding type of family majority of the sample from both the hospitals are from nuclear families.
7. Majority of the sample (70 percent) from Govt. Maternity Hospital were married below 20 years and from Dr.Ramas Institute for Fertility majority of the sample were married between 26-30 years.
8. Duration of marital life ranged from 6-9 years for majority of the sample (60-65 percent) from both the hospitals.
9. Regarding menstrual cycle regularity most of the sample from Govt. Maternity Hospital (60 percent) had regular menstrual cycles and from Dr.Ramas Institute for Fertility most of the sample had (60 percent) had irregular menstrual cycles.
10. Place of living of the majority of the sample from both the Hospitals was urban.
11. The cause of Infertility in the sample from both the Hospitals was 50 percent due to female causes, 40 percent due to male causes. In the females the most common causes were ovarian and Ovulation problems followed by tubal problems.

12. Regarding treatment taken majority of the sample from both the Hospitals (60-80 percent) had Ovulation induction. From Dr.Rama's Institute for Fertility 20 percent of the sample were on Invitro fertilization treatment.

5.2 FINDINGS REGARDING PSYCHO-SOCIAL DIMENSION OF INFERTILITY

1. Perceptions of the sample regarding need for parenthood:

There were ten varied perceptions regarding the need for parenthood. Majority of the women (39 percent) stated that a child gives purpose to life, followed by continuation of family lineage (20.30 percent). Gender differences were evident by statements like "A child makes me 100 percent woman" and my husband states that even "if we have to spend lakhs of money a child is a must". The findings reveal the importance given to Motherhood and Parenthood in our culture and society.

2. Perceptions regarding meaning and causes of Infertility:

Majority of the sample from Govt. Maternity Hospital (53 percent) do not know any causes for Infertility. 30 percent of the sample from Dr.Ramas Institute for fertility has knowledge about structural and functional problems of reproductive system. 18.50 per cent of sample felt it is their fate and due to sins committed in last life regarding knowledge of treatment 38.10 per cent of the sample know the treatment given by medicines and operations.

3. **Psychological reactions of infertile women:** Majority of the sample (62 percent) have negative reactions and feelings like tension, anxiety, feeling sad and lonely, feeling bad, and incomplete, neglected. Only 32 percent of the samples were optimistic and hopeful about future.
4. **Effect of Infertility on Marital Life:** Majority of the sample (66.50 percent) had marital disharmony. Others stated loss of interest in sexual life, threatening for divorce. 22 percent of the sample stated no major problems. 2.40 per cent of the sample stated that they have become closer.
5. **Family support of infertile women:** Majority of the infertile women (75.30 percent) stated that their families are supportive during infertility treatment, only 19.70 percent of the sample stated that their families are not supportive.
6. **Supportive persons in the family:** Majority of the (45 percent) sample receives support from the parents, followed by husband (29 per cent).
7. **Attitude of society towards Infertile women :** Majority of the sample (88 percent) sated that the attitude of society towards Infertile women is negative blaming the women showing gender differences.
8. **Coping Mechanism of Infertile Women:** Majority of the sample (72.20 percent) has positive hope about the success of treatment. Infertile women cope by diverting their minds, performing poojas and rituals, providing help to orphans and planning for adoption.

9. Opinion regarding Adoption: Majority of the sample (49.30 percent) stated that the decision for adoption is taken by the in-laws in the family followed by husband. Majority of the sample (77 percent) preferred a male child for adoption. Only 4.30 percent of the sample stated that decision will be taken by them.

The four case studies described by the researcher revealed negative psychological and social Impact of Infertility on women's lives. The case studies showed the Influence of gender. Women are brought up traditionally to view motherhood as their primary adult role. The inability to conceive may cause women to experience psychosocial problems. In most of the cases the couples have to undergo extensive and invasive investigations and treatment procedures. They also spend many years in medical treatment to become pregnant. The couple who started living together for mutual love, support and pleasure find their relationship disgusting during the course of treatment. The failure of treatment creates emotional distress and depression. Encouragement by the family members in the form of informational, emotional and economical support can help them in reducing the stress.

5.3 DISCUSSION

Psycho Social Dimension of Infertility

Most of the infertile women (42 percent) are in the age group of 26-30 years, it is well documented that there is diminished fertility with increasing age (Mohsin 2001). A women reaches her maximum

fertility potential by the age of 24 years i.e. 86 percent chance to conceive within 12 months, by the age 30 years, fertility potential begins to decline to 63 percent and by age 35 years 52 percent decline in fertility occurs (Carcio, 1999). This is due to variety of factors, oocyte factors are mainly responsible. There is a decline in ovarian reserve accompanied by unresponsiveness of the follicles to gonadotropin stimulation. In the present study most of the Infertile women are between 26-30 yrs, there is 70-80 percent chances to conceive. Majority of the sample from Dr.Rama's Institute for Fertility had an irregular menstrual cycle which indicates ovulation dysfunction such as polycystic ovarian syndrome and hypothalamic amenorrhea. The findings are similar to the studies conducted by, Sule(2008) reported in his study that the common causes for Infertility were tubal factor, (39.5 percent), Uterine factor (30 percent) and ovarian factor (13 percent) respectively.

(i) Perceptions regarding need for Parenthood: The finding of the present study has shown varied perception of women regarding need for parenthood. Most of the women felt a child gives purpose to life followed by continuation of family lineage.

The present study has shown importance given to motherhood in our culture. The findings are similar in studies conducted by Gerrots.T (1997) where she reported having children is critical to social and economical survival. In a study conducted by Nahar Papreen (2000) it was revealed that childlessness resulted in

perceived role failure. Shagufa Kapadia (2000) reported that motherhood and fatherhood are perceived in relation to traditional and cultural values.

(ii) Perceptions regarding meaning and causes of Infertility: The findings of the study have shown that majority of the sample (53 percent) do not know any causes for Infertility. 18.50 per cent of the sample felt it is due to sins committed in last life.

Leading causes of Infertility were perceived to be evil spirits, psychological defects and psycho sexual problems. Herbalists and traditional healers were considered the leading treatment options for women while for men it was remarriage (Nahar Papreen (2000), and Gerrots 1997).

(iii) Psychological Reactions of Infertile women: The findings of the study have shown that majority of the sample (63.30 percent) have negative reactions to Infertility such as anger tension, helplessness depression feeling of incompleteness.

The findings of the study are similar to the studies conducted by many researchers. Sami N Ali (2006) in his study described experience of Infertility as traumatic and stressful. Imeson and Murray (1996) described psychological reactions to Infertility as perceived Loss of control over many aspects of life, as alternating cycle of hope and disappointment. Fredla Decine (2003) in her study reported Psychological reactions of Infertility as anger, frustration, feeling alone, grieving, hopelessness etc.

Lok IH (2002) & Katherine William 2007 reported impaired psychological wellbeing of infertile women with severe depression. Sara Cox (2006) reported low levels of self esteem among women with Infertility. Wischman T (2001) Indicated in his study Infertile women showed higher scores of depression. Remah M (2010) Liora (2005) fatemeh (2009) reported the feelings experienced by Infertile women as depression, grief, guilt, shame, inadequacy.

(iv) Effect of Infertility on marital life: The findings of the study have shown that majority of the sample (66.50 percent) has marital disharmony inability to enjoy sexual life and threat for divorce. The findings of the present study are similar to the studies conducted by Sami N Ali (2006) where he reported that inability to give live births or give birth to sons has resulted in marital dissonance. 22.20 percent of the sample stated that they were threatened for divorce, 38 percent of their husbands were remarried.

Neni UA (2005) in her study reported that when husband was sexually dysfunctional, their life's preferred to label their situation as Infertility to avoid stigma. In a study conducted by Imeson (1996) couples experienced major Physical and emotional changes in their relationships due to Infertility. Yael Benyamani (2005) reported lack of spontaneity in sexual relationship among Infertile couples, Liora Baor (2005) reported in her study that Infertile couples expressed loss of relationship with spouse, loss of sexuality etc. Naeimen (2009) reported high rate of sexual dysfunction after diagnosis of Infertility.

Petra Thorn (2009) reported in her study that among Infertile couples sexuality became a task oriented exercise. Uhnisa (1999) reported that Infertile women experienced violence from their husbands but a low risk a divorce.

(v) Family support of Infertile women: The findings of the study have shown that majority of the sample (75.30 percent) families are supporting persons were parents followed by husband. The findings are similar to the study conducted by Shagufa (2000) where she stated most of the Infertile women family is supportive, Sami (2006) reported Physical and verbal abuse by inlaws. Infertile women were returned to parents home by their husbands and inlaws.

(vi) Attitude of society towards infertile women: The findings of the study have shown that the attitude of the society towards infertile women is negative. 88 per cent sample stated that attitude of society is negative.

The findings are similar to the studies conducted by Petra Thorn (2009) Shireen (1998) Liora Boar (2005) reported loss of social network due to infertility in her study. Stauber (1993) reported negative social resonance due to Infertility Remah (2010) in her study reported social isolation of Infertile women. Gerrots (1997) reported in her study that Infertile women were excluded from cultural ceremonies Nahar (2000) reported social stigmatization due to Infertility. Luis Maria (2008) reported self blame & social isolation. Shagufa (2000) in her study revealed adoption as a way of coping with Infertility.

(vii) Coping Mechanism of Infertile women: The findings of the study have shown that majority of the sample (72.20 percent) cope with infertility by diverting their minds, having a hope about success of treatment. The findings of the study are similar to the studies conducted by Davis (1991) Stauber (1993) reported coping with renunciation.

(viii) Opinion regarding adoption: The findings of the study have shown that decision for adoption will be taken by elders in the family (49.30 percent). Majority of the sample (77.70 percent) preferred a male child for adoption. The findings of the study are similar to the studies conducted by Sami N Ali (2006) and Nahar Papreen (200) etc.

5.4 IMPLICATIONS

The findings of the research study on psycho-social dimension of infertility have many implications.

Prevention of Infertility : Preventive actions are of highest priority, the focus of primary health care should be on infertility prevention through strengthening of programmes for early diagnosis and treatment of reproductive tract infections and infertility.

IECC : Information, Educations, Communications and counseling on infertility to individuals, families, communities is very important aspect in infertility management.

Sensitization : It is very important to sensitize doctors and paramedical personnel regarding psycho-social aspects of infertility.

Public Private Partnership : It should be encouraged in the infertility service as they are very costly and government hospitals are unable to provide complete treatment for infertility patients. Non-Governmental organizations also can take the partnership.

Gender Sensitization : There is a need for advocacy on the issue of infertility being a problem shared by the couples male involvement has to be encouraged.

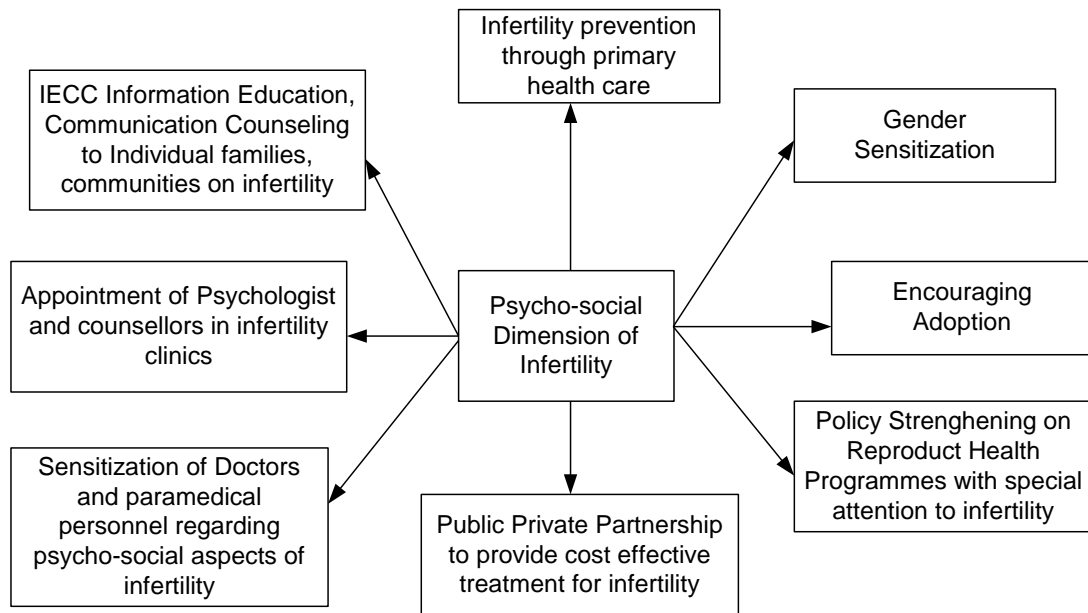
Adoption : Adoption of the child should be encouraged through counseling and referral.

Infertility Clinics : The clinics should appoint a psychologist and counsellor to understand Psycho social aspects of infertility.

Policy : The findings of the study suggested strengthening reproductive health programmes with a special emphasis on infertility. Government should pay attention to the infertility problem in terms of budget allocation in Government Hospitals. To provide services to infertile couples. Financial support in the form of loans for infertility treatment can be taken up by the Banks. The problem of infertility should be incorporated into the National Health policies and National Population policy.

Figure No.5.1

**Action strategies to reduce psycho-social
problems of infertile women**



5.5 RECOMMENDATIONS

The following recommendations are made for future research in view of the findings of the present study on psycho-social dimension of Infertility.

1. Research studies need to be conducted on incidence and prevalence of Infertility as the state and national level statistics on Infertility are found be deficient.
2. A similar study can be conducted on psycho-social dimension of male infertility.
3. A comparative study can be conducted to know the differences in Psycho-social aspects of male and female Infertility.

4. Similar studies can be conducted on a larger sample in a different social and cultural background.
5. A multimethod research study can be conducted to strengthen the findings of the study.

5.6 CONCLUSION

The research study on Psycho-social dimension of Infertility revealed that women's experiences with Infertility are closely related to psycho-social and cultural context.

The concept of motherhood has emerged as a significant attainment for women as well as for the family. Gender differences were evident in women's responses to Psycho-social aspects of Infertility. Majority of the sample do not have knowledge regarding causes, Investigations and treatment of Infertility.

The Psychological reactions of the sample towards Infertility were negative with feelings of tension, anxiety, sadness, depressions, feeling of incompleteness and neglect and loneliness. Majority of the sample had marital disharmony with loss of interest in sexual life and threatening for divorce. Family is supportive for most Infertile women, and most helping and supporting persons were mother and father followed by husband.

Societal attitude is negative towards infertile women blaming only the women indicating gender differences. Most of the sample had ovarian and tubal problems. Majority of the sample has positive

hope about success of treatment and have expressed different coping mechanism like diverting their mind, performing rituals prayers, providing help to orphans and planning for adoption. Regarding decision of adoption it is not taken by the women but by the elders specially in-laws in the family and majority of the sample proffered a male child for adoption. The case studies also described the negative Impact of Infertility on a women's life and gender differences.

The micro impact analysis of case studies on psycho social dimension of infertility revealed that influence of patriarchy, gender in equality, gender violence, gender role in day to day lives of infertile women. There is a need for gender sensitization, social change empowerment of women to reduce the psycho-social problems of women with infertility.

The study highlighted the need for information, education, communication, and counseling to individuals, families, communities on infertility causes, treatment, psycho-social problems and prevention of infertility. There is a need for gender sensitization, multidisciplinary team approach, sensitization of doctors and paramedical personnel regarding psycho-social aspects of infertility. Public, Private Partnership to be encouraged to provide cost effective treatment for infertility and policy strengthening on reproductive health with special emphasis towards services for infertile women.