

EXPERIENCES OF WOMEN WITH INFERTILITY ATTENDING GYNAE OPD OF TERTIARY HOSPITAL OF RUPANDEHI

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ABSTRACT

INTRODUCTION

One of the most important and underappreciated reproductive health problems in developing countries is the high rate of infertility and childlessness. The inability to have a child is frequently considered a personal tragedy affecting the entire family and even the local community.

MATERIAL AND METHODS

The descriptive phenomenological research design was used to explore experiences of women with infertility. Fifteen women with infertility were selected by purposive sampling technique. Data was collected through in-depth interview method using unstructured questionnaire and thematic analysis was done.

RESULTS

Among 15, 46.66% of the participants had gynecological problems and 53.33% had medical problems such as hypothyroidism and hyperthyroidism. Thirty-three percentage of participants' spouse had problem of low sperm count and absence of sperm. Most of the participants and their spouses were under treatment. Sixty percentage of the participants had experienced psychosocial problems and 26.66% had experienced physical and sexual problems because of infertility.

CONCLUSION

It is concluded that participants are suffered mainly from psychosocial problems beside that physical and sexual problems. Cent percent of the participants were under treatment and majority of participants said they will try for conception until fertility seized. One third of participants spouse had problem of sperm. It is recommended to concerned authority of hospital to provide couple counseling regarding infertility.

KEYWORDS Infertility, Women, Physical problems, Psychosocial problems

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INTRODUCTION

Infertility is a disease defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.¹ WHO (2010) estimates 48.5 million couples worldwide were unable to have a child. About 1.9 percent of women aged 20-44 who wanted a child were unable to have their first live birth.²

Infertility is associated with discrimination from family members and neighbors, negative mental health consequences, murder and suicide.³ In Nepal infertility is not only a problem of the couple but it is a problem of family and society.⁴ Although infertility poses a big problem, it still remains widely neglected.⁵

Many wives tend to blame themselves irrespective of who may responsible. In some cases women are threatened with another marriage/divorce and many fear of loss of social and economic security. They could be victim of violence, abuse and social exclusion. Some husbands are supportive and defend their wives against family pressure or criticism.⁶ The physical and psychological suffering and infertility is unclear.⁷ A study of Nepal reveals that informants experienced any one or all form of abuse.⁸

MATERIAL AND METHODS

The phenomenological research design was used to explore lived experiences of women with infertility. The population of the study consisted of 15 women with infertility attending gynae out patient department of Universal College of Medical Sciences (UCMS)-Teaching Hospital (TH), Bhairahawa, Rupandehi. Sample of was selected by non probability sampling technique. Data was collected through an in-depth interview method with use of unstructured questionnaire.

Before proceeding data collection administrative and ethical approval was obtained from UCMS-TH and IRC of UCMS. Written informed consent was taken from each participant by clarifying the objective of the study. Participants were assured for the confidentiality of the information given by them and only used for the study purpose. Verbal and non-verbal expression of the participants was noted while interviewing. The in-depth interview was done in period of May 22nd 2018 to 3rd June 2019.

After the interview all the field notes were labeled with code numbers. The verbatim information given by participants was transcribed and translated into English for the reporting. After collection of data, thematic analysis was done.

RESULTS

Regarding socio-demographic variables, 60% of participants

were between the age of 26-30 years. Ninety-three percentage of the participants were literate, 47% were from out of Rupandehi and 20% were from India. Sixty percentage of the participants lived in joint family. Fifty-three percentage participants' spouse was between the age of 31-40 years and 100% was literate.

Out of 15 respondents, 60% of the participants got married at the age of 15-19 years and 53.33% of the participants had 6-9 years of marriage duration. Fifty-three percentage of the participants were trying to conceive from 1-5 years and 46.66% had started from 6-10 years. Sixty-seven percentage of the participants had started treatment from 2 months-2 years and 33.33% of the participants had started from 3-4 years. Information regarding gynecological and medical problems and types of treatment is shown in Table 1.

Table 1. Participants' gynecological and medical problems and types of treatment

Case No.	Gynecological problem	Medical problem	Treatment of problems	Treatment done in previous (place)	Traditional Practice
01.	Fallopian tube blocked (one side) Polycystic ovary syndrome	Hypothyroidism (from 10 years), Diabetes Mellitus (6 month back)	Under treatment of hypothyroidism, diabetes mellitus and treatment for infertility	India, Other Medical College, Private clinic Bhairahawa	Do not believe on traditional healing
02.	Leucorrhoea, irregular menstruation	No	Treatment of leucorrhoea and 2 times IUI tried but did not occur ovulation and planning to go Delhi for IVF	Butwal, India and Kathmandu	Believes on god, going temple and keeping fasting
03.	No	Hypothyroidism (from 2 years)	Under medication of hypothyroidism	UCMS-TH	Ayurvedic treatment done for 2 years and went Mosk Ajmer, India for religious activity
04.	Polycystic ovary syndrome	Hypothyroidism	Under treatment of hypothyroidism	UCMS-TH	Religious activities
05.	No	Vertigo and fainting	Under treatment of irregular menstruation	Local private clinic	Believes on god, worshipping
06.	Leucorrhoea and intramural uterine fibroid	No	Under treatment	Bharatpur hospital and UCMS-TH	Did not believe
07.	No	Pain abdomen	Treatment of pain abdomen	Local clinic, UCMS-TH	Went faith healer; witch craft has tied her womb
08.	No	No	No	2 nd visit in UCMS TH	Do not believe
09.	No	Hypothyroidism	Under medication (from 2 years)	Other Medical College UCMS-TH	Worshipping and praying the god
10.	No	No	No	UCMS-TH	Worshipping and praying the god
11.	Irregular menstruation since 3 year	Hypothyroidism from 6 years	Under medication	India	Worshipping and praying the god
12.	Irregular and dysmenorrhea	Hyperthyroidism	Under medication	UCMS-TH	Do not believe
13.	Ovarian cyst	No	-	-	Believes in Faith healer
14.	No	No	-	Butwal Nursing Home	Believes in Faith healer
15.	No	No	-	-	Do not believe

Thirty three percentage of the participants spouse had sperm

problem, among them, 60% had low sperm count and 20% had normal sperm count but only 15% sperm abnormal and azoospermia and low testosterone respectively. Eighty percentage of the participants' spouse with sperm problem were under treatment.

Out of 15 respondents all of them have encountered problems because of infertility which is shown in Table 2.

Table 2. Experiences of women with infertility

Case No.	Physical problems	Psycho-social problems	Financial problems	Problems in sexual and marital relationship	Facial expression
01.	No	Back biting	Couple is borrowing money for Treatment	Normal	Sad
02.	Work load	Back biting, threaten for second marriage of son	No	Husband insist to have sex even she is not ready	Stressed and upset
03.	Work load	Back biting	Mother gives money and insists for treatment of infertility	Husband insist to have sex everyday with the hope of conception	she seemed normal
04.	No	Query for not having baby	No	Good but sometimes she avoids sexual contact because of anxiety	Sad (crying in interview time)
05.	No	No	No	Excess sexual relation but sometimes she does not want	Sad /depressed (both husband and wife crying)
06.	No	No	No	Good	Seemed normal
07.	No	No	No	Good	Seemed normal
08.	No	No	No	Good	Sad
09.	Work load	Back biting	No	Normal	Sad
10.	Work load	Back biting, give pressure to have baby	No	Normal	Stressed
11.	No	Give pressure to have baby	No	Normal	Sad
12.	No	Give pressure to have baby	No	Normal	Sad
13.	No	No	No	Normal	Sad
14.	No	Blaming for not having baby	No	Good	Sad and stressed
15.	No	No	No	Normal	Sad and stressed

Forty-seven percentage of the participants expressed about the perpetrator of their violence among them, 71.42% said mother-in-law and 14.28% said sister in-law. Sixty seven percentage of the participants said they used coping mechanisms, among them 60% said crying and 10% said keeping fasting and worshipping, not eating food, praying and caring of brother in-law' children respectively. Eighty seven percentage expressed about their support system, among them, 53.84% and 7.69% said that their husband and sister-in-law were supportive. Sixty-seven percentage said they will continue treatment of infertility and try for conception until fertility seized, and 13.33% said that they are thinking of adoption of son of own family member.

DISCUSSION

Gender inequality

The study revealed that male domination is high in

participants' family. Husband and father in-law were head of family. Gender inequality is the major factor of experiencing problems in women with infertility. One participant's husband had problem of normal sperm count with 15% active; he had not disclosed it to his family but participant was blamed for infertility. A study of Iran shows; in many cultures, womanhood is defined as through motherhood, and infertile women usually carry the blame for the couples' inability to conceive.⁹

Age of women

The age of women is a factor of creating problems in infertility cases. More pressure is given to high aged woman to have a child because of short fertility period. Researchers found nine participants were between the ages of 26-30 years among them seven participants had experienced emotional problems because of infertility.

Family structure

Three participants who were living in joint family, they had work load of household chores. Other family member used to think childless woman has a time because they do not need to involve in caring of children and five participants living in joint family had experienced emotional problems.

Duration of marriage

Duration of marriage is one of the important factors in experience of problems with infertility. Eight participants had 6-9 years of duration of marriage had experienced emotional problems. Aged participants with high duration of marriage seemed more worried and stressed than participants of young age and with less duration of marriage.

Only one son in family

In Nepalese society offspring of family is necessary and very important. Two participants' whose husband were only one son of family, then they were in a pressure to have a child. One of the participant said her mother in-law threatened her for second marriage of her husband. The study shows children are highly desired, parenthood is culturally mandatory and childlessness is socially unacceptable.³

Infertility problem in spouse and male member in family

Different literatures show that infertility can also be caused by problems related to male. In this study, five participants' husband had problem in sperm count. Those family members who knew that the problem is in their son are not giving pressure to have child or blaming to daughter-in-law.

Treatment of Infertility

The study found 60% of the participants were trying to conceive from 1-5 years. Forty percentage of participants had done treatment in India, Kathmandu and Chitwan. Now they were taking treatment in UCMS-TH. One participant had done ayurvedic treatment for two years and one had treated with faith healer before coming UCMS-TH. This study found that four participants' husband had problem of sperm count and they were under treatment. In some cultures, traditional or magical treatment is employed for treatment of infertility, but in other cultures, the problem of infertility is solved through adopting a child, remarriage, or even divorce.¹⁰ A study shows nowadays, usually couple visits to hospital and find out who has fertility problems and they get treatment according to available health services based on their economic status.⁸

Psychological status

During in-depth interview, 80% of participants were seemed sad, stressed upset and depressed. During the study, it has been reported that infertile women are deeply worried and feel alone because their situations and securities are affected by the experience of infertility.⁶ In an Iran study, it was found that couples' relatives limited relations with the infertile couples. Intervention of relatives, especially of the husband's family, negative attitudes towards them and the behaviours of those around them (e.g. family, friends, and neighbours) cause psychological problems for infertile couples.¹¹

Sexual and marital relationship

Infertility can lead to stress in any type of relationship and it's a common cause of problems in relationship. The study found that four participants' husband insisted to have continued and excess sexual contact by hoping conception would occur. Two of them did not feel ready for sexual contact all the time, when their husband insists. The study of Iran shows, family status, especially child bearing, is very important and valuable. Having a child stabilizes the family and increases marital satisfaction.¹²

Coping mechanism

People use different coping mechanisms when they are in stress. Researchers found that participants used various mechanisms to cope the stress of infertility. Thirteen participants were using coping mechanisms such as coping mechanism.

Support system

The social support builds people up during times of stress and often gives them the strength to carry on and even thrive. Seven participants' husbands were supportive, five

participants' in-laws family members were supportive, four participants' mother and siblings were supportive.

Future plan

Researchers tried to find future plan of participants in case of not able to become pregnant. Two participants said they will adopt child of own family member (brother and brother in-law). Ten participants said they will continue treatment of infertility and trying for conception until fertility seized. The study of Pakistan shows; childless women wish to have a child and it does not matter if it is a male or a female one. For them, a child, regardless of his sex, will bring them honor, respect and recognition as fully adults.³

CONCLUSION

Infertility is perceived and experienced as a negative situation that is related to tension within the family, constant health seeking and disappointments regarding treatment and their outcomes. In our society, infertile women are still victimized from all spare of their personal and social life although infertility is a biomedical cause.

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