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Study to assess the psychological well-being and life experiences of cohabitants receiving fertility treatment at infertility clinics situated in Ahmednagar District.

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Abstract

Introduction

Large numbers of people are affected by infertility in their lifetime, according to report published by WHO around 17.5% of the adult population – roughly 1 in 6 worldwide – experiences infertility, showing the urgent need to increase access to affordable, high-quality fertility care for those in need[1].

Methods: Mix method design was used with cross section survey design to conduct the research. 200 cohabitants had participated for in-depth interviews, Non-Probability simple random sampling technique used for the study to select samples. Structured closed ended questionnaire used to collect data regarding psychological wellbeing and open ended questions were asked to rule out life experiences of cohabitants receiving fertility treatment at infertility clinics.

Result: Research study revealed that majority (55%) of cohabitants participated in study were in the age group of 35 Years to 30 Years, 30% of the cohabitants had completed their primary school education, 24% had passed higher secondary school, 32% of couple were daily wagers, 62% of the cohabitants were living in joint family , 28% of cohabitants had monthly income of 20,000rupees to 30,000 rupees per month,36 % of the cohabitants had moderate stress, 40% of the cohabitants had moderate anxiety caused by ill treatment from society. 30% of the cohabitants had social isolation up to some extent due to infertility, 60% of the cohabitants had very poor self-esteem, 48% of the married couple had a fear of getting forbidden from family, 40% of the cohabitants had minimal Marital Discord and 35% had mild Marital Discord, 30% of the cohabitants had moderate social isolation, 20% had faced severe social isolation. 40% of the cohabitants had mild guilt and shame due infertile state, 40% of the couple had mild negative self-perception.

Conclusion: Infertility has profound medical & social consequences that affect both men & women in all parts of the world. It appears obvious that the social consequences of infertility are particularly harsh for women as compared to men.

Keywords: **Assess, Psychological Well-being, Life experience, Cohabitants, Fertility, Treatment, Clinic.**

Background:

Most experts define infertility as the inability to conceive after at least one year of unprotected intercourse. Women who are able to get pregnant but then have recurrent miscarriages are also said to be infertile. According to WHO, globally 48.5 million people of reproductive age are affected by infertility, however, due to population growth it is expected that these estimates have increased during the last three years. It is worth pointing out that these statistics only include couples seeking assisted reproduction technologies treatment. Nevertheless, there are couples that do not take advantage of medical technologies (e.g. due to their religious beliefs) and therefore cannot be included in these official statistics[1].

World Health Organization performed a large multinational study to determine gender distribution and infertility etiologies. Conception depends on the fertility potential of both male and female partner. For infertility, males contribute 30-40% of cases, females contribute 40-55% of cases and both contribute about 10 percent of cases. Remaining 10% of couple, have unexplained cause of infertility[2].

Infertility has an impact on women's overall wellbeing including their mental, emotional, sexual, and spiritual health, and anxiety and depression is prevalent in these women. Involuntary childlessness is a public health issue and is life-changing for those that experience it, and therefore services and support around reproduction is crucial. Some of those going through infertility are being helped through medical investigations, hormonal treatment, and more advanced support such as in vitro fertilization. However, for many individuals and couples, remaining childless is a cold fact, which has its roots in society and the health care system, lacking standardized tools and diagnostic protocols to diagnose and treat infertility, as well as not having the structure and proper financing to offer health care services[3].

Consequences and Causes of Infertility

It is not uncommon for women the world over to experience blame, shame, and guilt for failing to reproduce. Generally, this is manifest in terms of negative psychological consequences, social stigma, and community ostracism. In addition, in some instances the risk to women in low-resource settings extends far beyond these harms to include severe economic duress, physical harm, and increased risk of suicide. Willem Ombelet revealed six levels of risk: (1) fear, guilt, self-blame; (2) marital stress, depression, helplessness; (3) mild marital or social violence, social isolation; (4) severe economic deprivation, moderate to severe violence, total loss of social status; (5) violence-induced suicide; starvation/disease; and (6) lost dignity in death Infertility is not a woman's 'problem,' however, though it may be experienced as such in terms of self-blame and blame by others. Contrary to popular beliefs and practices, when a couple has trouble conceiving, 40% of the time this is due to male factor

infertility, 40% of the time this is due to female factor infertility, and 20% of the time this is due to combined infertility (infertility resulting from both male and female factors) or unexplained infertility[4].

Statement of research: Study to assess the psychological well-being and life experiences of cohabitants receiving fertility treatment at infertility clinics situated in Ahmednagar District.

Research objectives: 1.To assess the psychological well-being of cohabitants receiving fertility treatment & 2.To find out life experiences of cohabitants receiving fertility treatment at infertility clinics.

Materials & methods

Research Approach:

Approach use for the study is quantitative qualitative integrated approach.

Research design:

Mix method with cross section survey design to assess psychological well-being and life experiences of cohabitants receiving fertility treatment at infertility clinics.

Setting of the study: Present study was conducted in selected families residing in Ahmednagar district.

Population:

Two hundred cohabitant containing 100 male and 100 females residing in families residing in Ahmednagar district.

Sample & Sample size:

Sample of the study were 200 cohabitant diagnosed with infertility receiving fertility treatment the infertility clinic situated in Ahmednagar district.

Sampling technique:

Non-Probability simple random sampling technique used for the study to select samples.

Sampling criteria:

a.Inclusion criteria: Cohabitants who were:

- Cohabitants who were attending the infertility clinic.
- Cohabitants who were willing to participate in the study.
- Cohabitants who were available during data collection period.

b.Exclusion criteria: Cohabitants who were:

- Cohabitants who were unaware of Marathi
- Cohabitants who were residing in other district than Ahmednagar

Method of data collection:

Planned interview was conducted to collect the date from samples. Close ended structured questionnaire was developed to assess status of psychological well-being and open ended questionnaire was formulated to rule out life experiences faced by cohabitant.

Development of tool

Researcher developed research tool contained three sections. Section A: Socio demographic data. Section B: Closed ended structured questionnaire to assess psychological Well-being and Section C: open ended questionnaire to assess life experiences.

Data Collection Process

Self-administered questionnaires were delivered in a paper-and-pen format to eligible participants. Participation in the survey was voluntary. A short paragraph was included at the beginning of the questionnaires to inform participants of the study's objectives and their responses' confidentiality. All participants gave informed consent. Data were collected anonymously, and participants had the right to access their answers and withdraw from the research whenever they wished to.

Reliability:

Reliability of the tool was tested by implementing the tool on 10 residents of selected rural area. Split half method was used to test the reliability of questionnaire and the tool was found reliable (r = 0.9).

Result

Research study revealed that 55% of cohabitants participated in study were in the age group of 35years to 30years, 25% were in the age of 31years to 35 years and only 10% of couple belonged to 36 years to 40 years. 30% of the cohabitants had completed their primary school education, 24% had passed higher secondary school, 14% were graduates only 5% had had completed their post-graduation.28% of cohabitants were farmer, 22% couple were entrepreneur, 18% were working in private sector, 10% were government employee and 32% of couple were daily wagers.62% of the cohabitants were living in joint family and 38% cohabitants were dwelling in nuclear family.28% of cohabitants had monthly income of 20,000rupees to 30,000 rupees per month, 20% couple earn 30,001 rupees to 40,000 rupees per month, 12% were earning 40,001 rupees to 50,000 rupees per month, 10% couple had 50001 rupees to 60,000 rupees per month and 30% had no income as they were house wife.

Psychosocial problems

36% of the cohabitants had moderate stress, 24% had mild stress, 22% had severe stress and 18% very severe stress caused by infertility. 40% of the cohabitants had moderate anxiety, 35% had mild anxiety, 15% had severe anxiety and other 10% had minimal anxiety due infertile biological status. 30% of the cohabitants had social isolation up to some extent, 25% revealed they were been treated differently as they had no child and 15% were been given inferior treatment in social rituals. 60% of the cohabitants had very poor self-esteem, 25% had poor self-esteem, 10% couple had somewhat good self-esteem and 5% had good self-esteem. 48% of the married couple had a fear of getting forbidden from family, 25% had fear of losing loved one, 10% couple had fear of getting separated from spouse and 5% had no fear of rejection.

Social problems

40% of the cohabitants had minimal Marital Discord, 35% had mild Marital Discord, 20% had moderate Marital Discord and only 5% had severe Marital Discord. 30% of the cohabitants had moderate social isolation, 25% had minimal to mild social isolation and 20% had severe social isolation. 40% of the cohabitants had mild guilt and shame due infertile state, 35% had moderate guilt and shame, 20% had minimal guilt and shame and other 5% had severe guilt and shame. 40% of the couple had mild negative self-perception, 30% had moderate negative self-perception, 15% had severe negative self-perception and other 15% had minimal negative self-perception

Living Experience of cohabitant pertinent to infertility

Couple have said that their partner didn't pay attention to their needs and didn't understand struggle going in life. Spouse felt distance from the other one.

Samples have verbalized stressful sexual life. Participants have admitted that stress in the sexual relationship is even more common trying to intercourse for their most fertile time. Stress in intimate life lead to tension in overall relationship. Spouse expressed doubts of How and when to get help from doctor, identifying symptoms and risk factors for infertility, resuming healthy sex life.

It was noted that infertile spouse avoided to share cause of infertility in their life. Affected partner shared feeling of shame and guilt due to infertility. Spouse accepted the feeling of fear to face society and community due to realities pertinent to infertility.

Couple admitted that it was a challenging task to talk to others about the infertility, they felt isolated and lacking social support. This lead to more trouble coping with infertility itself, feelings of resentment towards the partner who insists on keeping things secret, and increased relationship tension.

All partners have said that "I'm afraid my partner will leave me because I'm the infertile one. I'm afraid spouse will leave me for someone who can give them a child." Couple said they had very common fear of losing their partner.

Male have confessed that male partner blamed himself and perceived negativity towards self. Male partner said that it's my fault, I am responsible for consequences my wife is going through.

Cohabitant have said that they adapted various ways to cope up with experiences of infertility. Couple also admitted that adaptation lead to misunderstandings among them and with the family members.

Married couple have said that one partner accused the other one of not caring enough. On the flip side, one partner accused the other one of "overreacting. It was also found that women were more likely to experience marital stress than men, regardless of the cause of infertility.

Couple have openly accepted that they feel uncomfortable attending children's birthday celebrations, naming ceremonies of newborn babies, baby shower rituals other special events centered on kids.

Conclusion

This study points at the necessity of specific psychological interventions, presently absent from our public Well-being care routine, for couple struggling with infertility, to help them manage potential psychological health problems and meet their reproductive goals. Fertility-related stress can negatively impact infertile couples' quality of life. Most previous studies have concentrated on the effects of stress and infertility on individual persons, especially women, though infertility affects the life experiences of both spouses.

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