



## PSYCHO-SOCIAL ASPECTS OF INFERTILITY-A REVIEW OF CURRENT TRENDS.

Sidrah Nasim<sup>1</sup>, Sana Bilal<sup>2</sup>, Mehjabeen Qureshi<sup>3</sup>

1 MBBS, MCPS

Department of Community  
Medicine,  
Rawalpindi Medical University,  
Rawalpindi.

2. MBBS, FCPS

Assistant Professor  
Department of Community  
Medicine,  
Rawalpindi Medical University,  
Rawalpindi.

3. MBBS, MCPS

Senior Demonstrator  
Department of Community Medicine  
Rawalpindi Medical University,  
Rawalpindi.

**Correspondence Address:**

Dr. Sana Bilal  
Department of Community Medicine,  
Rawalpindi Medical University,  
Rawalpindi.  
sanamzhar@gmail.com

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**ABSTRACT...** To determine the social and psychological effects of infertility along with the effect of education and spouse support on bearing of social pressures and hopefulness about future. **Study Design:** Cross sectional descriptive study. **Setting:** Infertility clinics of Public sector and private sector hospitals. **Period:** Three months from January to March 2017. **Material & Methods:** A total of 90 couples were selected using consecutive sampling technique. Questionnaire included the education and occupation of husband and wife, monthly income, years of marriage, cause of infertility, expenditure on treatment, first response to infertility, reaction of spouse and in-laws, effect of infertility on social life, and associated psychological problems. Data was entered and analyzed using SPSS version 20. **Results:** In 13% of cases the problem was in husband, 41% in wife, and in rest of cases it was un-explained. In 57.8% couples, situation was stressful for both, in 35.5% couples it was more for wives. The response towards infertility was sadness 69%, guilt 12% followed by loneliness 10%. Majority (82%) of spouse were supportive. 32% couples experienced too much pressure. 60% couples were hopeful, 22% depressed and 18% neutral about future. Spouse support increases from 67% in illiterate to 95% in highly educated. Social pressures were less where there was strong spouse support. **Conclusion:** Infertility not only increases social pressures and affect the social life of couple but can pose danger to psychological health as well. These adverse effects are lessened in couples with better education and strong spouse support.

**Key words:** Depression, Infertility, Psychological Aspects, Reproductive Health, Socialization.

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### INTRODUCTION

Infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular “unprotected” sexual intercourse.<sup>1</sup> It is estimated that more than 186 million married women of reproductive age in developing countries were maintaining a child wish (one in every four couples).<sup>2</sup> In recent years increasing participation of couples for infertility treatment has raised awareness and investigations into the psychological ramifications of infertility.<sup>3</sup>

Despite over population, unwanted childlessness is an important social and economic burden that needs attention.<sup>4</sup> In developing countries children are highly valued for social, cultural and economic reasons.<sup>5</sup> Infertility may prevent

couples to achieve the desired social roles and lead to psychosocial problems.<sup>6</sup> It could be a life crises with a wide range of sociocultural, emotional, physical and financial problems.<sup>7,8</sup>

Although the causes of infertility are overwhelmingly physiological, the resulting condition may exert psychological effects. Typical reactions include depression, anger and frustration. Relationships may suffer – not only with the spouse, but also with friends and family members.<sup>9</sup> In general, in infertile couples, women show higher levels of distress than their male partners.<sup>10</sup>

Feeling of anger, guilt, denial and isolation are found in couples experiencing this problem. There is also some evidence that shows that for both gender unexplained infertility is harder

to cope with than when diagnosis is reached.<sup>11</sup> clinically significant depression and anxiety is seen in women with infertility.<sup>12</sup>

So in addition to deal with psychological trauma of having an incomplete family, an infertile couple is also stigmatized and victimized by the society, and is frequently in the need of moral support. The purpose of our study is to evaluate the psychological impact of infertility since distress plays an important role in pathogenesis of infertility; exploration of this is also an important task to manage this devastating problem which has social impact.

### MATERIAL AND METHODS

A cross sectional descriptive study was carried out to determine various psychological and social aspects of infertility in couples visiting Infertility clinics and OPDs of Public sector hospitals including District Health Quarter, Holy Family Hospital, Benazir Bhutto Hospital, private sector hospitals and infertility clinics during a study period of three months. A total of 90 couples were selected using consecutive sampling technique. Only those married couples who were living together for more than 1 year were included. Those women who attended clinic alone or with some relative other than husband or those who had ever conceived or have a live issue (secondary infertility) were not included. Data was collected by means of a semi structured questionnaire. Data was collected after taking verbal consent from respondents and confidentiality was ensured. Questionnaire included the education and occupation of husband and wife, income, years of marriage, cause of infertility, first response to infertility, reaction of spouse and in-laws, effect of infertility on social life, and associated problems with infertility like depression, experience of violence, expenditure for infertility treatment and feelings about future. For all qualitative data, frequencies and percentages were calculated. Data was entered and analyzed using SPSS version 20.

### RESULTS

The results of our study showed that only 6.7% of husbands were illiterate, 41.1% were graduate

and 22.2% were masters and above. Similarly among wives 14.4% were illiterate, 35.6% with graduation and 16.7% with masters and above. About 52.2% had monthly income of Rs.30, 000 and 28.9% above 50,000. Majority of couples (49%) were married for more than 5 years. Regarding cause of infertility, in 13% of cases the problem was in husband, 41% in wife, and in rest of case the cause was un-explained. 57.8% said that situation was stressful for both, while in 35.5% couples it was more for wives. When wives were asked for experiencing any violence due to infertility, most (72%) of wives experienced no violence, 24.4% experienced psychological violence, 1.1% experienced physical violence and 2.2% experienced both types. Higher the education level of the wife, greater was the hope for the future conception. Response of infertility is shown in Figure-1. About 82% of the spouse showed supportive reaction as far as infertility is concerned (Figure-2). Social pressure experienced by couples is depicted in Figure-3. Most of the couples (60%) were still hopeful in conceiving a baby. (Figure-4). Those spouse who were supportive were facing less social pressure (Figure-5) and hopeful for the future conception (Figure-6).

Education	Spouse Reaction	
	Supportive	Un-Supportive
Illiterate N=6	(66.7%) 4	(33.3%) 2
Primary N=27	(74%) 20	(26%) 7
Graduation N=37	(83.7%) 31	(16.3%) 6
Masters And Above N=20	(95%) 19	(5%) 1

**Table-I. Relationship of education of husband with spouse reaction**

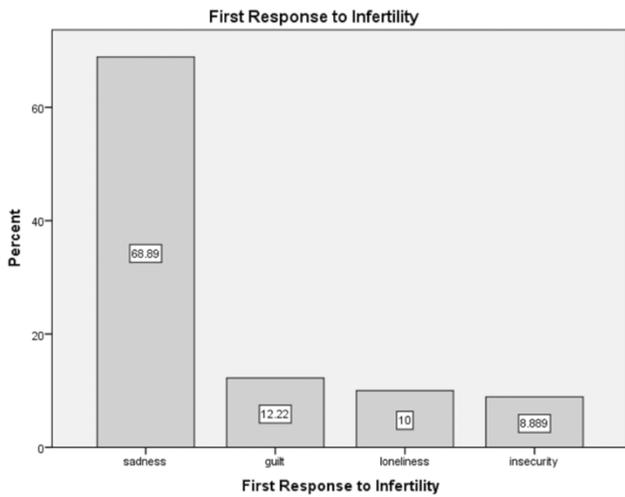


Figure-1. Response of the couple towards infertility

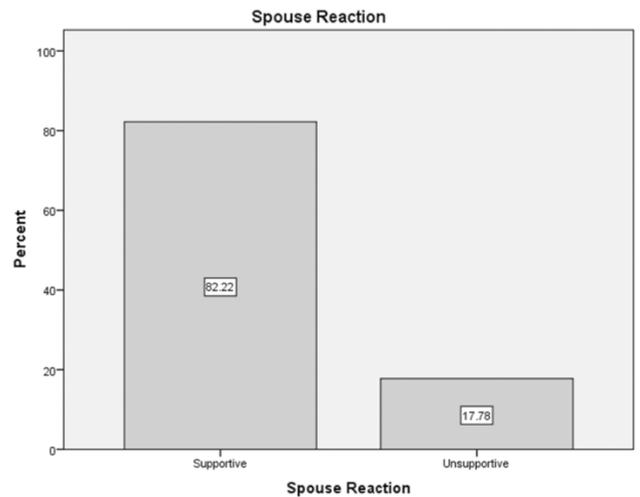


Figure-2. Reaction of spouse towards infertility

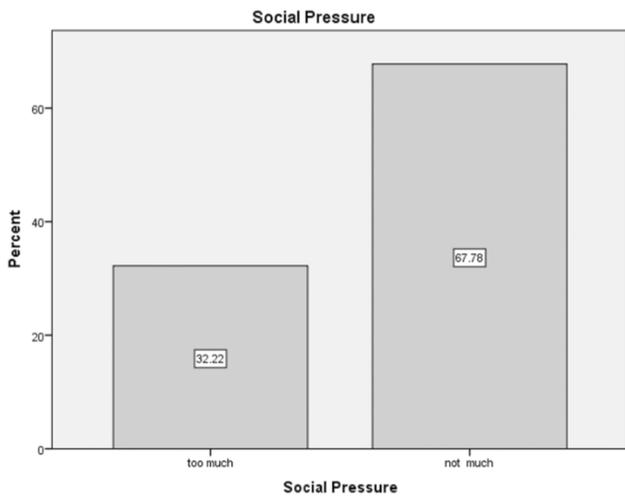


Figure-3. Social pressure experienced by couple

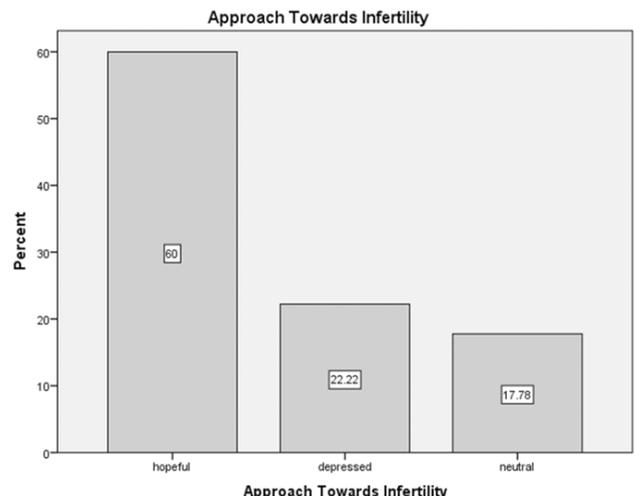


Figure-4. Couples approach towards infertility

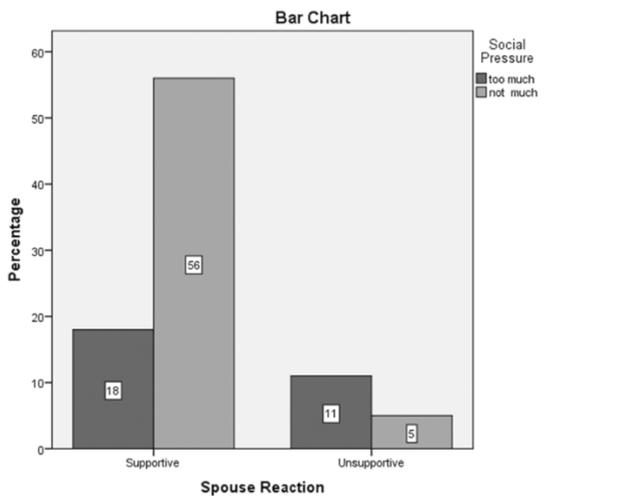


Figure-5. Relation between spouse reaction and social pressure

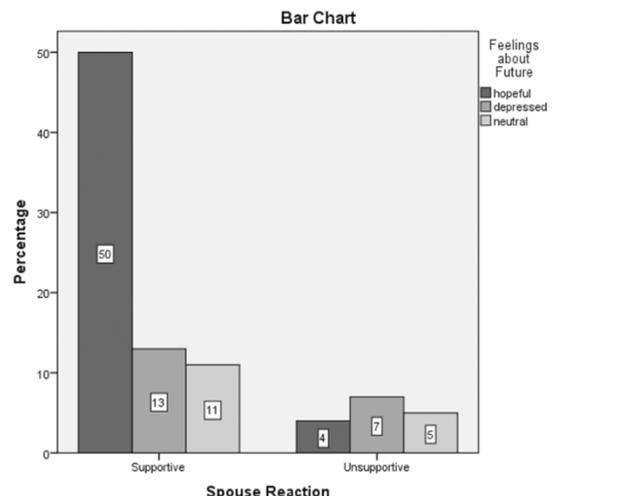


Figure-6. Relationship of spouse reaction with feeling about future

## DISCUSSION

In our study when respondents were inquired about their first response to infertility, 68.82% said that they felt sad on receiving the news, 12.2% had feeling of guilt, 10% felt loneliness, and rest had feeling of insecurity, similarly another study showed that initial response to this problem was sadness followed by loneliness and insecurity.<sup>13</sup> Alike results were seen in another national study.<sup>14</sup> This likeness could be because people living in the same country having same lifestyle share common way of thinking and sociocultural factors.

Our study shows that infertile couples don't experience much social pressure which is contrary to the results of a report saying that devastating experience of infertility causes enormous emotional pain, affecting self-esteem and relationships with others.<sup>15</sup> This contradiction could be because unlike the West, we have a stronger concept of family in which couples share the problem and have to deal with it together, so they share.

It was observed that situation was more stressful for wives as compared to husbands. Related results were seen, where female reported greater infertility associated concerns regarding life satisfaction, self-esteem and social pressures.<sup>16</sup> This could be because of male dominated society where women are stigmatized and blamed regardless of the diagnosis.

Our study indicates that there is no change in the relationship with in laws after receiving the news of infertility. But another study showed that childlessness is often highly stigmatized leading to profound changes in relationship with in laws.<sup>17</sup> This could be because of different social and cultural background.

Study shows that as the level of education increases the hopefulness regarding future increases and depression decreases. Similar study findings showed that lower educational level was a significant predictor of the poorer health-related quality of life, both physical and mental health.<sup>18</sup> This could be due to the fact that less educated

infertile women are more stigmatized because of certain socio-demographic characteristics.

In our study, it is observed that as the support of spouse increases the hopefulness regarding future increases and feeling of depression decreases. Similar study showed that the amount of social support that a patient receives can have significant effect on stress level.<sup>19</sup> Another study shows greater social support can lead to less stress, with some levels mediated by different coping strategies.<sup>20</sup>

## CONCLUSION

Infertility not only increases social pressures and affect the social life of couple but can pose danger to psychological health as well. These adverse affects like social pressure, avoidance of social gathering, depression are lessened in couples with better education and strong spouse support.  
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### AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Sidrah Nasim	Main concept and design, drafting article.	
2	Sana Bilal	Analysis and acquisition of data.	
3	Mehjabeen Qureshi	Interpretation of data, critical review.	