



A Study About the Treatment Seeking Behaviour of Infertile Couples

Poornima P S

Research Scholar, Department of Social work, Pondicherry University

Dr. C Satheesh Kumar

Assistant Professor, Department of Social Work, Pondicherry University

ABSTRACT

India the world's second most populous country, which has struggled to control its population so as to meet growth and development targets, now has to battle infertility, as the down-payment for economic uplift. The objectives of the present study were to know the treatment seeking behaviour of the infertile couples. This study was done among 340 couples selected by systematic sampling. Statistically significant association of infertility with age, education, socio economic status, family type, menstrual abnormalities, regarding treatment seeking behaviour it was found that most of the study population preferred private sector for treatment of infertility.

KEYWORDS : Infertility, treatment seeking behaviour

INTRODUCTION

Infertility, defined as the inability to conceive after one year of regular intercourse, is said to affect 8-14 % of couple (Emslie et al., 1993, Bhatti et al., 1999). Infertility is one of the reproductive health problems around the world and it is estimated that between eight to twelve percent of couples worldwide are infertile or unable to conceive. (RHO). According to World Health Organization infertility is defined as the inability of a couple to achieve pregnancy over an average period of one year or 6 months despite adequate, regular (3-4 times per week), unprotected sexual intercourse. Infertility may also be referred to as the inability to carry a pregnancy to the delivery of a live baby. Infertility can happen because of the problem of the woman, the man, or both. In primary infertility, the couples have never been able to conceive; while in secondary infertility there is difficulty in conceiving after having conceived (either carried the pregnancy to term or had a miscarriage).

In India, primary and secondary infertility figures are 3% and 8%, respectively (World Health Organization, 1980). Evidence from a village level study in the state of Maharashtra states this level at 6-7% (Bang et al., 1989). The recent National Family Health survey in India states nearly 4% of women aged 40-44 have not had any children and 3.5% of currently married women are declared as infertile (International Institute for Population Sciences and ORC Macro, 2000). Sexually transmitted diseases, maternal health factors, poor health, nutrition, lifestyle, availability and accessibility of reproductive health services are found to be correlated with infertility (Jejeebhoy, 1998).

The investigations and treatments for infertility are also highly stressful. The initial medical interview focuses on the couples sexual performance and history taking, including frequency of sexual intercourse, premarital relationships, previous pregnancies, including abortions and miscarriages, attitudes about sex and usual sexual practices. The patient may see such questions as threatening, embarrassing, intrusive, demeaning and even inappropriate. Side effects from medication, recovery from surgery, time loss at work because of frequent physicians appointments and the high financial costs of infertility treatments have all been described as stressfully by the infertile couples. In this paper the researcher is trying to find the health seeking behaviour of infertile couples.

MATERIALS AND METHODS

Descriptive research design will be used for the study. It will help to obtain information concerning the current status of the phenomena to describe what exist with respect to the variables and situations. The objectives of the study are to study the demographic variables of the respondents and to understand the treatment seeking behaviour of the respondents. The population of the study is 340 infertile couples. The study area is Kerala State. The data were collected from different hospitals in the study area through interview schedule. Informed consent was obtained from the respondents.

RESULTS

Demographic Information

The analysis shows that most of the respondents (44%) from the age category of 26-30 followed by the age group of 31-35 (39.7%) and 36-40 (8.2%). Whereas 7.1 percent of the respondents falls in the category of 20-25 and only 1 percent of the respondents falls in the category of 41- 45 years. Majority of the respondents (74.1%) belongs to the Hindu religion whereas 16 percent of the respondents belong to the Christian religion and very few (9.9%) respondents belong to the Muslim religion. 52.6 percent of the respondents completed up to degree 23.2 percent of the respondents have the educational qualification up to Predegree. 20.1 percent of the respondents has the educational qualification up to post graduation and 3.1 percent of the respondents completed educational qualification up to SSLC. Only very few of the respondents (.1% & .7%) of the respondents have the educational qualification up to upper primary and high school.

Most of the respondents (36.2%) of the respondents have various kind of government jobs. 27.2 percent of the respondents having job in IT field. 11.3 percent of the respondents were working in various gulf countries. 14 percent of the respondents were housewife's. 8 percent of the respondents were working in various streams of private jobs. 3.1 percent of the respondents were working as self-employed. Very few percent (.73) of the respondents were working in agriculture and related jobs. Most of the respondents (63.1%) living in urban area. 31.3 percent of the respondents from rural area. Only (5.6%) of the respondents were living in semi urban area.

The study shows that 50 percent of the infertile couples had been infertile more than 5 years but below ten years while the remaining respondents 17.2 percent, 62.9 percent, 3.3 percent, and 1.9 percent had been infertile for less than 1 year, between 1 – 5 years, 11 – infertility was 8 years.

Knowledge of cause of Infertility

Table No 1

Sl No	Causes of Infertility	Frequency	Percentage
a)	Male factor	214	31.5
b)	Female Factor	276	40.6
c)	Unknown Factor	190	27.9
Female causes			
a)	Ovulation and Ovarian problems	200	29.41
b)	Tubal problems	180	26.47
c)	Uterine Problems	160	23.52
d)	Unknown	140	20.58
Male Causes			
a)	Semen quality	240	35.29
b)	Ejaculatory problems	210	30.88
c)	Sperm duct defects	150	22.05
d)	Unknown	80	11.76

The table shows that 31.5 percent of the respondents were suffering infertility due to male factor, 40.6 percent of the respondents were having female factor for the infertility whereas 27.9 percent of the respondents were suffering due to unknown factor for infertility. The table also explains the different female factors of infertility. 29.41 percent of the respondents replied that they were having ovulation and ovarian problems. 26.47 percent of the respondents suffering due to tubal problems of females, 23.52 percent of the respondents were suffering due to uterine problems of females. 20.58 percent of the respondents were replied that they were suffering due to unknown reason of female infertility.

35.29 percent of the respondents were suffering due to semen quality, 30.88 percent of the respondents replied that they were having ejaculatory problems. 22.05 percent of the respondents were suffering due to sperm duct defects of the male factor. 11.76 percent of the male are suffering due to unknown reason for infertility.

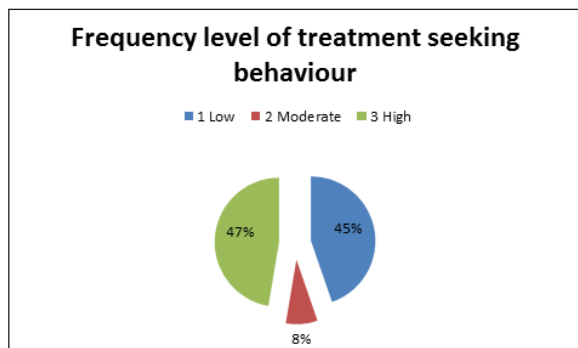
Treatment taken by Infertile Couples

Table No 2

Treatment taken	Frequency	Percentage
a) Ovulation Induction	200	29.41
b) Tubal and uterine Surgery	180	26.47
c) IVF	80	11.76
d) Artificial Insemination	100	14.70
e) Any other	120	17.64

The table explains the treatment seeking behaviour of the respondents. 29.41 percent of the respondents were gone for ovulation and induction treatments, 26.47 percent of the respondents were went for tubal and uterine treatments. 11.76 percent of the respondents were gone for in vitro fertilization (IVF). 14.76 percent of the respondents gone for artificial insemination treatments. 17.64 percent of the respondents gone for some other type of infertility treatments.

Frequency of treatment seeking behaviour



The above Pi diagram shows the treatment seeking behaviour of the respondents. Out of the total respondents, 47 percent of the respondents have high levels of treatment seeking behaviour, 45 percent of the respondents were showing low level of treatment seeking behaviour and 8 percent of the respondents show that they were getting moderate level of treatment seeking behaviour in their life. Therefore the above diagram shows that the 53 percent of the respondents fall under the category of moderate and low level of treatment seeking behaviour whereas 49 percent of the respondents have high level of treatment seeking behaviour in their life.

Discussion

The main findings of this review were that prevalence and demand for infertility medical services was lower than typically cited (Greenhall and Vessey, 1990) and remarkably similar between more and less developed countries. On the basis of current world population, 72.4 million people are currently infertile and of this 40.5 million are currently seeking infertility medical care. Our results indicate a need for more research on the prevalence of infertility and treatment seeking behaviour worldwide and on the factors that impact on these estimates, including accessibility of medical care.

The potential need for infertility medical services, as indicated by the prevalence of current infertility in more and less well developed countries, was 9%. This estimate is valid insofar as it was based on all population surveys of current infertility published since 1990, which together sampled 170 000 women. The surveys were population-based and almost all (88%) sampled at least 1000 women. The analysis showed modest variation between reports with a sensible range between 5% and 15% for both more and less developed countries, which is within the commonly reported range. Although current prevalence from less developed countries was based on only three reports, these sampled 13 000 women.

Our findings therefore show that a proportion of infertile people are not willing to enter the medical process, and fewer still proceeding to actual fertility treatment. Many factors may be contributing to this discrepancy between expected and observed population values for those seeking advice and treatment. Here, we explore possible methodological and population issues. The study shows that women are showing more interest to go for medical treatment compared to men. Same time most women had a poor understanding about the cause of infertility. There is a need for the education about the basic reproduction for the society.

Women were lacking information about modern infertility management. This lack of information is contributing anxiety to the women, which itself can create a barrier to treatment. A recent review (Bambra 1999) on the current status of reproductive behaviour in Africa emphasized the lack of adequate knowledge about sexuality and reproductive health, particularly among women.

The need for further research on the experience of infertility, the delivery of infertility services and the role of the health care provider is recognized (Greil, 1997). Nowhere is this need greater than in developing world, where a woman's status is often determined by her reproductive success.

CONCLUSION

Infertility is a medical as well social problem, the couple and the families suffer at the same time-silently. The matter is not discussed openly also there is no proper knowledge and awareness about it. Some people think it is due to result of some past vices and some of them practice various unscientific methods and rituals to overcome the problem. In our present study, we found that knowledge about infertility is flimsy across communities as well as among health service provider. Only a few couple reached up-to tertiary level of health care. Evaluation procedures & treatment for infertility should be needed. There is need of awareness generation among couples through grass root level health worker who themselves need training and sensitization.

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