



A STUDY OF PSYCHOSOCIAL ASPECTS IN INFERTILE PATIENTS IN KASHMIR VALLEY OF DISTRICT BARAMULLA.

Dr Shazia Yousuf	Senior Resident, Department of obstetrics and gynaecology, GMC Baramulla, Jammu And Kashmir.
Dr Rabia Ahmad	Senior Resident, Department Of Community Medicine GMC Baramulla, Jammu And Kashmir.
Dr Muzamil Nazir*	Asst. Professor, Department Of Community Medicine GMC Baramulla, Jammu And Kashmir. *Corresponding Author

ABSTRACT Infertility is the inability to conceive after one year of unprotected intercourse of reasonable frequency. It can be subdivided into primary infertility and secondary infertility. Primary infertility refers to the condition of a woman who has never conceived, and secondary infertility to one who has had a previous pregnancy. The stress of non-fulfilment of a wish for a child has been associated with emotional sequelae such as anger, depression, anxiety, marital problems and feelings of worthlessness among the parents. Various research studies support the theory that distress is associated with lower pregnancy rates among women pursuing infertility treatment. Since psychological factors play an important role in the pathogenesis of infertility, exploration of this is also an important task to manage this devastating problem, which has cultural and social impact.

KEYWORDS :

INTRODUCTION

Infertility is a common problem affecting 10 to 15% of reproductive aged couples¹. It is estimated that 60 to 80 million couples all over the world can be labelled as suffering from infertility². Estimates of infertility vary widely among Indian states from 3.7% in Uttar Pradesh, Himachal Pradesh and Maharashtra³, to 5 % in Andhra Pradesh³ and 15% in Kashmir⁴.

Infertility rates in Kashmir are very high as compared to other states of India⁷. Hence the numbers of patients with psychosocial effects are also high in Kashmir.

Infertility in many couples has multiple aetiologies; however, in approximately 15-17% of couples, no reason for infertility is found. However, most frequent causes of infertility include: Ovulatory disorder or anovulation (27-30 %), tubal factor (20-22 %), male factor (25-40 %), unexplained (15 %), endometriosis (5 %) and uterine or cervical factor (4-5%)¹¹.

The WHO estimates the overall prevalence of primary infertility in India to be between 3.9% and 16.8%⁵. The female factors contribute the most 40 to 55% in the aetiologies of infertility followed by male factors 30 to 40 %, both partners (10 %) and unexplained (10%)⁶. Infertility in many couples has multiple aetiologies; however, in approximately 15 to 17% of couples, no reason for infertility is found and the infertility is defined as unexplained⁷. It is a growing problem and in recent years the no of couples seeking treatment for infertility has dramatically increased due to factors such as postponement of childbearing in women, development of newer and more successful techniques for infertility treatment, and increasing awareness of available services. Consideration has been given to the association between psychiatric illness and infertility. Researchers have also looked into the psychological impact of infertility per se and of the prolonged exposure to intrusive infertility treatments on mood and well being⁸. Various treatments are available to help infertile couples ranging from medications that regulate ovulation to surgical procedures to assisted reproduction which can be intrauterine insemination or in-vitro fertilisation.

Psychological Effects Of Infertility

Although infertility is generally caused by alteration of normal physiology, possible psychological effect of infertility treatments can result in stress and depression.

Effects In Males: -

Less research exists into the psychological impact on men, although studies have shown that men tend to report fewer feelings of distress than women when the problem lies with the female, men do not report feeling. The same degree of distress as women do, but when they are themselves infertile, they report the same levels of depression and low

self-esteem as females do. Studies have shown the occurrence of erectile dysfunction and diminished sexual interest following a diagnosis of male factor infertility. Also studies found that psychological stress could reduce sperm density and progressive motility and increase the no of abnormal sperms. Even couples undertaking IVF face considerable stress. Emotional stress and marital difficulties are greater in couples where the infertility lies with the man. Therefore the psychological impact of infertility can be devastating to the infertile person and to their partner⁹.

Psychological Effects In Women: -

Almost 25 to 65 % of women undergoing an artificial reproductive technology have clinical symptoms of stress, anxiety and negative emotions such as low self-esteem or guilt. The medications used also can cause a range of psychological Side effects e.g clomiphene citrate being used for induction of ovulation can cause disrupted sleep, anxiety, irritability and mood swings. Marital discord often develops in infertile couples, especially when they are under pressure to make medical decisions. Comparisons between women undergoing repeated IVF cycles and first-time participants have also suggested that ongoing treatment may lead to an increase in depressive symptoms⁸. Couples experience stigma, sense of loss, and diminished self-esteem in the setting of their infertility¹⁰. Both men and women experience a sense of loss of identity and have pronounced feelings of defectiveness and incompetence. Women trying to conceive often have clinical depression rates similar to women who have heart disease or cancer.

Infertile couples are treated with contempt and dishonour by the society, which views their infertility as a punishment for some social transgressions.

The diagnostic tests and the treatment used in infertile patients leads to financial concerns which further leads to stress and anxiety. A no of studies have found that the incidence of depression in infertile couples presenting for infertility treatment is significantly higher than in fertile controls, with prevalence estimates of major depression in the range of 15 to 54%^{11,12,13}. Anxiety has also been shown to be significantly higher in infertile couples when compared to general population, with 8 to 28% of infertile couples reporting clinically significant anxiety^{14,15}. The causal role of psychological disturbances in the development of infertility is still a matter of debate.

Although infertility has an effect on a couple's mental health, different psychological factors have been shown to affect the reproductive ability of both partners.

Side Effects Of Treatment

While many couples presenting for infertility treatment have high levels of psychological distress associated with infertility, the process of assisted reproduction itself is also associated with increased levels

of anxiety, depression and stress¹⁶.

A no of studies have examined stress and mood state as predictors of outcome in assisted reproduction. The majority of these studies support the theory that distress is associated with lower pregnancy rates among women pursuing infertility treatment^{17,18,19}.

Methodology:-

A descriptive study design was employed using a quantitative approach in which structured questionnaire was administered to couples who visited the Govt medical college Baramulla hospital for the purpose of seeking treatment for infertility.

Demographic information that was collected included age in years, ethnicity, religion, occupation and years of marriage.

The psychological domains that were measured by the questionnaire included psychological effects of infertility, social effects of infertility and infertility influence on participation in social functions. Couples in this study were those who have married for more than at least a year and never had a child and selection was based on mutual consent to take part on behalf of the couple.

Verbal consent was taken for respondents because a good no of them could not read or write.

RESULTS:-

Demographic Profile:-

Among 15 patients 9 were from rural area(60%) and 6 were from urban area(40%).,8 were employed (54%)and 7 were non employed (46%),2 belong to age group <20years(13%) ,6 belong to age group 20-30 years (40%)and 7 belong to age group >30 years(47). Majority were Muslim.

Psychological effects among 15 patients 6 felt that life has been put on hold (40 %), 4 had feeling of low self-esteem (26 %) 3 had features of depression (20%) and 2 had no symptoms.

Social effects 8 patients were suffering with social exclusion (53.3%), 5 patients had a verbal & physical abuse at home (33.3%), and 2 had marriage breakdown (13.3%).

DISCUSSION

Infertile couples are treated with contempt and dishonour by society which views their infertility as a punishment for some social transgressions. This was supported by the findings of this study which revealed that living without a child has been terrible as some of them have been victims of verbal and physical abuse as well as on the verge of losing the spouse. The social exclusion aspects included not attending any social functions such as marriage Ceremonies because people don't invite them, even functions organized and hosted by their close relatives. This implies that in most instances, infertility leads to social exclusion. Most traditional cultures place high social values on fertility particularly as a demonstration of the consummation of marriage and as one expression of couple's social role.

CONCLUSION:-

Infertility had some level of psychological effects which were low self-esteem frustrations and despondency on infertile couples. The social consequences of infertility included social exclusion, verbal and physical abuse as well as divorce. Also infertile couples excluded themselves from social activities because people did not invite them.

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