



## A STUDY OF DEPRESSION IN CASES OF INFERTILITY

## Medical Science

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## ABSTRACT

**Introduction:-** Primary infertility is defined as the absence of a live birth for women who desire a child and have been in a union for at least 12 months, during which they have not used any contraceptives. Infertility may have psychological effects. Partners may become more anxious to conceive, increasing sexual dysfunction. Women trying to conceive often have depression.

**Aim:-** To study the association of depression in cases of infertility.

**Materials and methods:-** 50 patients who were a documented cases of infertility were recruited as cases to study for depression. Also 50 controls who were normal fertile females were taken controls. The study period was 3 months i.e. from 1st Oct 2017 to 31st Dec 2017. It as a cross sectional study. To evaluate the infertile cases for depression, self administered questionnaire including Beck Depression Inventory (BDI) was used.

**Results:-** By this study, it was found that the prevalence of depression was very high in the infertile females. It was 82% in the infertile females as compared to 26% in the fertile females.

**Conclusion:-** Depression is more common and severe in infertile women than fertile women. Pressure from family to get pregnant is a significant contributor to depression.

## KEYWORDS

## Introduction :-

Primary infertility is defined as the absence of a live birth for women who desire a child and have been in a union for at least 12 months, during which they have not used any contraceptives. The World Health Organisation also adds that women whose pregnancy spontaneously miscarries, or whose pregnancy results in a still born child, without ever having had a live birth would present with primarily infertility.

The consequences of infertility are manifold and can include societal repercussions and personal suffering. Advances in assisted reproductive technologies, such as IVF, can offer hope to many couples where treatment is available, although barriers exist in terms of medical coverage and affordability. The medicalization of infertility has unwittingly led to a disregard for the emotional responses that couples experience, which include distress, loss of control, stigmatization, and a disruption in the developmental trajectory of adulthood.<sup>1</sup>

Infertility may have psychological effects. Partners may become more anxious to conceive, increasing sexual dysfunction. Marital discord often develops, especially when they are under pressure to make medical decisions. Women trying to conceive often have depression rates similar to women who have heart disease or cancer. Emotional stress and marital difficulties are greater in couples where the infertility lies with the man.

Older people with adult children appear to live longer. Why this is the case is unclear and may dependent in part on those who have children adopting a healthier lifestyle, support from children, or the circumstances that led to not having children<sup>2</sup>

In recent years, special attention has been paid to the psychological health of infertile couples. Grief reactions are common among infertile couples, however, these normal grief reactions may prolong into pathological grief leading to major depression.

Depressed patients exhibit low mood, loss of interest or pleasure in daily activities, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Prevalence is 5 to 12% for men and 10 to 25% in women. Major depression is 2–3 times as common in women as in men.

Depression may affect infertility treatment, follow-up and hope for the future; it may also influence the intensity and longevity of relationship of the affected couple. Depression could also have role in the

pathogenesis of infertility.<sup>3</sup>

**AIM :-** To study the association of depression in cases of infertility.

## Materials and methods :-

This study was done in the Virk Hospital and Infertility Centre. Permission for the study was taken from the Hospital Incharge & Ethics Committee. 50 patients who were a documented cases of infertility were recruited as cases to study for depression. Also 50 controls who were normal fertile females were taken controls. The study period was 3 months i.e. from 1<sup>st</sup> Oct 2017 to 31<sup>st</sup> Dec 2017. It as a cross sectional study. To evaluate the infertile cases for depression, self administered questionnaire including Beck Depression Inventory (BDI) was used. Interpretation regarding depression was made based on the patient performance on the questionnaire.

## Inclusion Criteria :-

Infertile females with primary infertility and aged between 20-35 yrs of age were included in the study. Age matched controls who were normal fertile females were also taken for the study.

## Exclusion Criteria :-

Patient were excluded from the study if the age was >35, or if the patients were a diagnosed case of any other psychological disorders, or if they were a case of secondary infertility.

## RESULTS :-

**Table 1 :- Demographic profiles**

Age (yrs)	Infertility Cases	Fertile Controls
20-29	40 (80%)	39 (78%)
30-35	10(20%)	11(22%)

**Table 2 : Depression in cases and controls**

Group	Number Depressed	Percentage
Infertile Cases	41	82%
Fertile Controls	13	26%

It was found that most of the infertile females in the study were between the age of 20-29 yrs. This demographic profile was in match with the controls who were also in the same age range as the cases.

By this study, it was found that the prevalence of depression was very high in the infertile females. It was 82% in the infertile females as

compared to 26% in the fertile females.

#### Discussion :-

This study can be valuable because it used a self-reported inventory that differs in both cost and time from a psychiatric structured interview. Based on the findings, the prevalence of depressive symptomatology, as indicated by BDI among infertile group (41 individuals) was higher than the fertile group (13 individuals). Having a child stabilizes family and increases marital satisfaction. In our culture and society, negative attitudes to infertility are thriving. Absence of children may cause marital problems such as divorce or even second marriage. Intervention of relatives especially husband's family, negative attitude and behavior of surroundings (family, friends, neighbours, etc.) causes psychological problems for infertile women. This study shows significant difference in mean depression score between infertile women who got pressure from family for not getting pregnant than those who have no pressure. The study was done in a limited area and therefore may not necessarily reflect the characteristics of the general population. These findings indicate the necessary referral and intervention for psychological health for the infertile couples: Counseling methods, especially supportive psychotherapy, should be considered for infertile women. The media should educate people about infertility so that there is less pressure on infertile couples. The media should make family members of infertile women aware of the help and support they can give in order to decrease mental stress.<sup>4</sup>

#### Conclusion:-

Depression is more common and severe in infertile women than fertile women. Pressure from family to get pregnant is a significant contributor to depression, while IVF Clinic and infertility treatment centers pay less attention to such matters. Therefore, it may be desirable to establish psychological and psychiatric services in IVF clinics and infertility treatment centers, which undoubtedly would facilitate the treatment and follow-up procedures in order to reduce the psychological problems of infertile women and their families.

#### References:-

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