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INFERTILITY AND MENTAL HEALTH: CHALLENGES, MANAGEMENT AND FUTURE AHEAD

Obstetrics & Gynaecology

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ABSTRACT

Infertility is known to distress humanity since time is known. It does not merely affect the female or her spouse rather impacts significantly the family as a whole. Its suffering is very stressful and even leads to a morbid mental health issue of- depression, anxiety, aggression, phobia, sexual dysfunction, dissociation and sleep disturbances. The medical management of these issues further complicates the picture with drug-related sexual side effects. Also, there is a significant psychological and social dysfunction associated with infertility. Thus, Infertility is a multifactorial disease that needs comprehensive multidisciplinary management and care.

KEYWORDS

Infertility, stress, mental health.

INTRODUCTION:

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. (1) Worldwide population of the reproductive age group is affected by infertility. The current estimates show that between 48 million couples and 186 million individuals globally are affected (2, 3, 4). Speaking about the Indian population, primary infertility is about 3.9% in the age group of 25-49 years and 16.8% in the 15-49 years age group (5).

"What if infertility isn't a war but an awakening? What if it's not about death but about a renaissance*?"- Rekha Ramcharan, Manifesting Motherness: Healing from Infertility.*

Infertility is blamed on the female for the sins she has done and bestowed on the family. Though 30% of its cases are attributed to problems related to men, yet females are stigmatized being unable to bear children (6). The stigma associated affects the mental health of the female and partner which in turn affects fertility further worsening the vicious circle of infertility. The leads to emotional turmoil like disappointment, guilt, anger, shame, self-blame, disappointment in infertile couples (7). The impact of the psychological distress is noted to affect the coping skills among the couples and maladaptive coping methods which add to the anxiety and distress (8).

Etiological basis of Infertility and Mental Health issues:

Infertility is a multifactorial disease including biological, psychological, social and medical factors.

A) Biological factors and infertility:

There are a plethora of factors that affect the fertility pattern of a population- directly or indirectly that includes age at menarche, age at marriage, age at first conception; also, number of conceptions and live births (15,16).

B) Psychological factors and infertility:

Psychological factors like stress, anxiety, emotional crisis, depression and other psychotic disorders affect the sexual functioning of the person. It's also seen that women with anxiety are prone to have more abortions as noted in a European study (9,10).

C) Social factors and infertility:

Women experience a relatively greater degree of negative consequences of childlessness to a greater degree in developing countries than in developed societies (11). Stigma further lowers self-esteem and self-efficacy in infertile women (12). It is also associated with increased distress, low social support and low emotional support (13). Therefore, medical professionals need to identify, determine and manage the psychological aspects of infertility and long with medical aspects.

D) Medical factors and infertility:

The major female related factors for infertility include- Ovulatory disorders - 25%, Endometriosis - 15%, Pelvic adhesions - 12%, Tubal blockage - 11%, Other tubal/uterine abnormalities - 11%, Hyperprolactinemia - 7% (14).

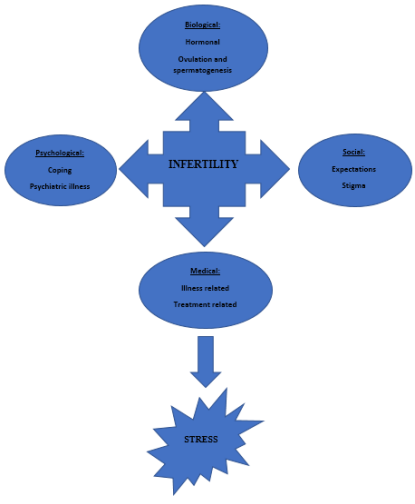

Figure 1: Etiological basis of Infertility and Mental Health issues

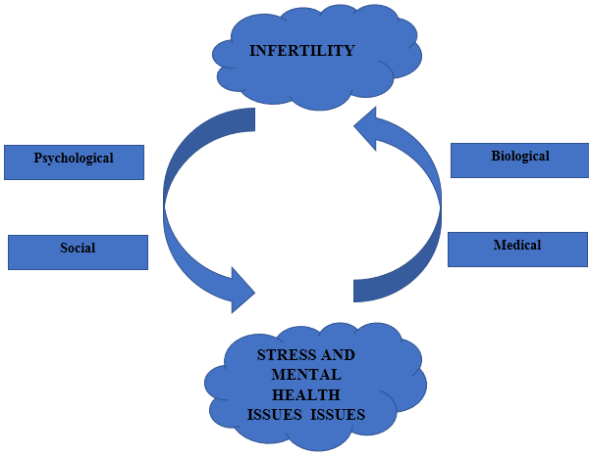

Figure 2: Vicious cycle of Infertility- stress and Mental health issues

Discussion: Management and future ahead

Since time, infertility was known to be a medical challenge and managed therapeutically for the biological management; ignoring the submerged part of the iceberg i.e., mental health and the psychosocial status of the infertile couple. The management of the biological problem needs extensive evaluation and treatment by a gynaecologist. The mental health issues need evaluation in liaison with the psychiatrist and for managing a collaborative approach where clinical psychologists and psychosocial workers work along with the patient and family members to manage the patient pragmatically.

Psychosocial interventions like psychotherapy (infertility counselling), may help decrease infertility-related distress in individuals and may be helpful to reduce stress among couples throughout assisted reproductive treatments. These interventions support individuals and couples and studies have demonstrated improved marital relationships, pregnancy rates, individual psychological status outcome and sexual functioning of the couple (17-20). A study by Read et al in 2014 has shown an improvement of 10-34% among the patients utilizing this intervention (21).

Another aspect that needs attention is coping in the person with infertility. Education and skills training about positive coping has been shown to have a positive impact on the mood and skills of the person. Boivin et al, 2003, have also demonstrated that specific interventions like coping training, sex therapy and relaxation training; have benefitted both men and women (22).

A compared study by Faramarzi et al. shows comparable results for cognitive behavioural therapy (CBT) to fluoxetine pharmacotherapy in decreasing anxiety and depressive symptoms related to infertility (23).

A piece of limited scientific evidence is available for Complementary and Alternative Medicine (CAM) and acupuncture that has been explored as a non-pharmacological intervention to treat mood symptoms during infertility. (Domar et al. 2009) (24). In a study by Balk et al (2010), women receiving acupuncture on the day of embryo transfer had lower perceived stress and higher rates of pregnancy than the ones who received placebo at a rate of 64.7% vs 42.5% without acupuncture (25).

In addition, studies also demonstrate the role of a healthy balanced diet and exercise to be an integral part of the management of infertility. In one study (Clark et al. 2013), weight loss of 5-10% in obese women with PCOS by improvements in diet and exercise lead to decreased levels of anxiety and depression (26).

REFERENCES:

1. World Health Organization (WHO). International Classification of Diseases, 11th Revision (ICD-11) Geneva: WHO 2018.
2. Mascarenhas MN, Flaxman SR, Boerma T, et al. National, regional, and global trends in infertility prevalence since 1990: a systematic analysis of 277 health surveys. PLoS Med 2012;9(12):e1001356. doi: 10.1371/journal.pmed.1001356 [published Online First: 2012/12/29]
3. Boivin J, Bunting L, Collins JA, et al. International estimates of infertility prevalence and treatment-seeking: potential need and demand for infertility medical care. Human reproduction (Oxford, England) 2007;22(6):1506-12. doi: 10.1093/humrep/dem046 [published Online First: 2007/03/23]
4. Rutstein SO, Shah IH. Infecundity infertility and childlessness in developing countries. Geneva: World Health Organization 2004.
5. Infecundity, infertility, and childlessness in developing countries. DHS Comparative Reports No 9.Calverton, Maryland, USA: ORC Macro and the World Health Organization. 2004.
6. Dhaliwal LK, Gupta KR, Gopalan S, Kulhara P. Psychological aspects of infertility due to various causes—prospective study. Int J Fertil Women's Med. 2004;49(1):44-48
7. Katiraei S, Haghighat M, Bazmi N, Ramezanzadeh F, Bahrami H. The study of irrational beliefs, defense mechanisms and marital satisfaction in fertile and infertile women. J Fam Reprod Health. 2010;4(3):129-133.
8. Levin JB, Sher TG, Theodos V. The effect of intracouple coping concordance on psychological and marital distress in infertility patients. J Clin Psychol Med Settings. 1997;4(4): 361-372
9. The Impact of Miscarriage and Parity on Patterns of Maternal Distress in Pregnancy Cheryl L. WoodsGiscombé, Marci Lobel, and Jamie L. Crandell. Correspondence to Cheryl L. Woods-Giscombé, School of Nursing, The University of North Carolina at Chapel Hill, Chapel Hill, NC. 1998:27599-7460.
10. Bergner A, Beyer R, Klapp BF, Rauchfuss M. Pregnancy after early pregnancy loss: A prospective study of anxiety, depressive symptomatology and coping. Journal of psychosomatic obstetrics and gynaecology. 2008;29,2:105-13.
11. Sundby J, Mboge R, Sonko S. Infertility in the Gambia: frequency and health care seeking. Soc Sci Med. 1998;46(7):891–9.
12. Remenick L. Childless in the land of imperative motherhood: stigma and coping among infertile Israeli women. Sex Roles. 2000;43:821–41.
13. Fu B, Qin N, Cheng L, Tang G, Cao Y, Yan C, Huang X, Yan P, Zhu S, Lei J. Development and validation of an Infertility Stigma Scale for Chinese women. J Psychosom Res. 2015;79(1):69–75.
14. Recent advances in medically assisted conception. Report of a WHO Scientific Group. World Health Organization technical report series. 1992
15. R. Mutharayappa, M. K. Choe, F. Arnold, and T. K. Roy, *Son Preference and its Effect on Fertility in India*, National Family Health Survey Subject 3, IIPS, Mumbai, India, 1997.
16. R. Bairagi and R. L. Langsten, "Sex preference for children and its implications for fertility in rural Bangladesh," *Studies in Family Planning*, vol. 17, no. 6, pp. 302–307, 1986.
17. Chow, K.-M., Cheung, M.-C. & Cheung, I.K., 2016. Psychosocial interventions for infertile couples: a critical review. Journal of clinical nursing, 25(15-16), pp.2101–2113.
18. Maleki-Saghooni, N. et al., 2017. Effectiveness of infertility counseling on pregnancy rate in infertile patients undergoing assisted reproductive technologies: A systematic review and meta-analysis. International journal of reproductive biomedicine (Yazd, Iran), 15(7), pp.391–402.
19. Schmidt, L., Christensen, U. & Holstein, B.E., 2005. The social epidemiology of coping with infertility. Human reproduction , 20(4), pp.1044–1052.
20. Winkelman, W.D. et al., 2016. The Sexual Impact of Infertility Among Women Seeking Fertility Care. Sexual medicine today, 4(3), pp.e190–7.
21. Read, S.C. et al., 2014. Psychosocial services for couples in infertility treatment: what do couples really want? Patient education and counseling, 94(3), pp.390–395.
22. Boivin, J., 2003. A review of psychosocial interventions in infertility. Social science & medicine, 57(12), pp.2325–2341.
23. Faramarzi, M. et al., 2008. Is psychotherapy a reliable alternative to pharmacotherapy to promote the mental health of infertile women? A randomized clinical trial. European journal of obstetrics, gynecology, and reproductive biology, 141(1), pp.49–53.
24. Domar, A.D. et al., 2009. The impact of acupuncture on in vitro fertilization outcome. Fertility and sterility, 91(3), pp.723–726.
25. Balk, J. et al., 2010. The relationship between perceived stress, acupuncture, and pregnancy rates among IVF patients: a pilot study. Complementary therapies in clinical practice, 16(3), pp.154–157.
26. Clark, N.A. et al., 2013. A systematic review of the evidence for complementary and alternative medicine in infertility. International Journal of Gynecology & Obstetrics, 122(3), pp.202–206.