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LIVED EXPERIENCE OF WOMEN WITH INFERTILITY: A QUALITATIVE STUDY

Nursing

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ABSTRACT

This qualitative phenomenological study was conducted among twenty women with infertility treatment for more than two years women were selected purposively from the outpatient department of YANA women and fertility center, Trivandrum. Data were collected through interviews, record reviews and in depth interview schedules. Data were analyzed through Colaizzi method. Interviews were categorized by examining the participant's interview transcripts and identifying statements and meanings. Themes and subthemes emerging from the statements were identified. Mainly four key themes followed by fourteen subthemes emerged from the data. The results showed that infertility affects the women in all the aspects such as physically, psychologically, socially and emotionally. To conclude infertility could deeply affect the infertile women throughout her entire life. More support from the health care professionals and family members is very essential to lead a good life.

KEYWORDS

lived experience: women: infertility

INTRODUCTION

Infertility has profound medical and social consequences that affect both men and women in all parts of the world. It appears obvious that the social consequences of infertility are particularly affecting the women as compared to men. In the society, children have a special value; infertility is often a social stigma. Infertility can lead to severe strain in a couple's relationship, their childlessness is a major theme of their lives, children are highly desired, and parenthood is culturally mandatory and childlessness socially unacceptable3. Infertility may be primary or secondary. Primary infertility refers to infertility of a woman who has never conceived and secondary infertility refers to inability to conceive a child or carry a pregnancy to full term after previously giving birth.

Infertility is a reproductive health disorder and a global public health problem that affects men, women and couples regardless of their national, ethnic, racial, religious, and social belongings9. About 48.5 million couples experience infertility worldwide. WHO (2020) explains primary and secondary infertility affects about 8-12% of couples (50-80 million) worldwide. Infertility is a global health issue affecting millions of people during reproductive age. About 60-80 million couples suffering from infertility every year worldwide.

Infertile couples describe their lives without children as being meaningless, fruitless, miserable, shameful and unhappy. There is little known for the long term outcomes of such couples but it seems likely that for some it will be devastating experience that will affect their life time mental health. There is understandable grief in response to their loss of the ability to have children. In addition to the above mentioned problems, family and social problems such as in marital relations and conflicts such as second marriage, separation and divorce were of important problems, which make the psychological counseling services are very important.

State health services are also expected to help childless couples to enjoy parenthood. Many of the causes for infertility are rectifiable leading to a fruitful family. But majority of infertile couples are unaware of the reasons for infertility and the remedies available to overcome the problem. There are no more research studies related to lived experience of women with infertility. So, the investigator got interest to identify the major problems and issues which is faced by the women due to infertility.

MATERIALS AND METHODS

Formal permission was obtained from Director of YANA women and fertility center, Trivandrum, to conduct the study on lived experience of women with infertility. Women with infertility were selected based on the diagnosis made by physician and on reviewing case record. The investigator gained entry into the field by directly contacting the women attending in OPDs of YANA women and fertility center, Trivandrum. By using purposive sampling technique, participants were selected and in depth interview were scheduled at a place convenient to the participants. On reaching the hospitals, a self-introduction and an introduction to the nature of the study was given to the participants. Researcher assured the confidentiality of the responses. Special permission was gained from the participants for tape recording the verbatim. A written consent was obtained from all participants. Participants also have the right to withdraw from the study at any time. There was no remuneration for participation in the study. Data saturation occurred after interview with twenty participants. Descriptive statistics was used to analyse socio personal and clinical variables, screening proforma regarding investigations of infertility and checklist to review the risk factors for infertility. Colaizzis method was used to analyse the in depth interview schedule.

RESULTS

1. Sociodemographic Data Of Study Participants

- Half of the participants (50%) belong to the age group of 33-36 years, 35% of participants belong to the age group of 29-32 years and 15% belongs to the age group of 37-40 years.
- Nearly half (45%) of the participants had intermediate/ diploma education, 30% of participants were graduates, 20% of participants had high school certificate and only 5% were professionals/honours. Majority (75%) of the participants was unemployed, 10% of participants were clerks and only 5% of participants were professionals, technicians and associate professionals.
- Near to the half (45%) of the participant's spouses had elementary occupation, 15% of participant's spouses were clerks and skilled workers, shop and market sales workers, 10% of participant's spouses were professionals and only 5% of participant's spouses were legislators, senior officials and managers. More than half (55%) of the participants were got married at the age between 23-27 years and 45% of the participants were got married at the age between 18-22 years.
- Near to the half (45%) of participants had duration of marriage between 5-9 years, 30% of participants had duration of marriage between 15-19 years and 25% of participants had duration of marriage between 10-14 years.
- Majority (70%) of participants had no family history of infertility and 30% of participants had family history of infertility. More than half (60%) of participants had infertility treatment for 3-6 years, 20% of participants had infertility treatment in both 7-10 years and 11-14 years.
- Below half (40%) of participants had source of information regarding infertility treatment from mass media, 30% of participants had source of information regarding infertility from friends and 15% of participants had source of information regarding infertility from health personnel and family members.

2. Lived Experience Of Women With Infertility

The first major theme evolved is physical which includes subthemes like: (i) painful experience and (ii) other health issues.

The second major theme evolved is psychological which includes

subthemes like: (i) emotional reactions, (ii) stress, (iii) attitude towards treatment and (iv) coping strategies.

The third major theme emerged is social which includes subthemes like: (i) good spousal relation, (ii) interrupted interfamilial reaction, (iii) stigma from family, (iv) stigmatized from community and (v) self-isolation.

The final theme derived is economical which includes subthemes like: (i) emotional upset with the cost of treatment (ii) support from spouse and (iii) economical support from family members.

Table 1: Lived Experience Of Women With Infertility

Formulated meanings	Sub themes	Emergent themes
Participant experience pain due to treatment	Painful experience due to treatment	Physical problem
Participant had pain	Painful experience	Physical problem
Participant had health issues	Other health issues	Physical problem
Participant attitude towards treatment	Attitude towards treatment	Psychological problem
Participant experience guilt	Emotional reactions	Psychological problem
Participant experience stress	Stress	Psychological problem
Participant coping method	Coping strategies	Psychological problem
Participant relation with others	Interfamilial relation	Social problem
Participant husband relation	Spousal relation	Social problem
Participant got blame from family	Stigma from family	Social problem
Participant got blame from community	Stigmatized from community	Social problem
Participant need isolation	Self-isolation	Social problem
Participant got support from husband	Economical support from husband	Economical problem
Participant got support from others	Economical support from others	Economical problem
Participant experience stress due to cost	Emotional reactions related to cost of treatment	Economical problem

DISCUSSION

Infertility is a reproductive health disorder and a global public health problem that affects men, women and couples regardless of their national, ethnic, racial, religious, and social belongings. About 48.5 million couples experience infertility worldwide1. WHO (2020) explains primary and secondary infertility affects about 8- 12% of couples (50-80 million) worldwide. Infertility is a global health issue affecting millions of people during reproductive age. About 60-80 million couples suffering from infertility every year worldwide.

The findings were consisted with the result of research study conducted in Nepal. Results showed that participants experience the abuses like physical, emotional, psychological, societal/ marital. The findings were consisted with the result of research study conducted in UK. Findings revealed that emergent themes related to treatment process, pain and distress, timing, emotional and financial costs. The findings were consisted with the result of research study conducted in Nigeria. Findings revealed that severe emotional, financial, psycho social, cultural and spiritual challenges while encountering infertility phenomenon.

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