



**ORIGINAL RESEARCH PAPER**

**Education**

**SEXUAL HEALTH PROBLEMS OF INFERTILITY: AN INTERVENTION THROUGH COUNSELLING**

**KEY WORDS:** Infertility, Counselling, Sexual Health, Stress, Pregnancy.

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**ABSTRACT**

The problem of infertility is as old as civilization itself. In our society religious, cultural and social values are always glorified fertility and a childless marriage has been considered as a great misfortune for centuries. Traditionally infertility has been regarded as a women's problem and woman alone was blamed for childlessness. Only in the last 20-30 years men have been included in the infertility testing and identified the male factor in the problem of infertility. The present paper is based on an empirical study carried out among the infertile couples to explore the experiences and determinants of sexual health problems in Dr. Andal's Lakshmi Fertility Research & Laparoscopic Surgical Centre in Nellore district of Andhra Pradesh. The study confirmed that various counselling techniques followed by the hospital on infertile couples has an impact to reduce their stress and psychological problems in-turn helped them to conceive after treatment and successfully complete their pregnancy (one third of the couples).

**INTRODUCTION**

Infertility or the failure of a couple to conceive a child is a condition - which affects millions of people all over the world each year. It has a profound impact on the person's self-esteem, personal relationships, sense of purpose -not to mention the health and pocket. It is a complex life crisis which evokes many feelings. Traditionally infertility has been regarded as a women's problem and woman alone was blamed for childlessness. Only in the last 20-30 years men have been included in the infertility testing and identified the male factor in the problem of infertility.

The stresses of the infertility experience can have a powerful impact on a couple's sexual relationship, and sexual difficulties reported by couples are much more likely to be the consequence, rather than the cause, of an infertility diagnosis. Women commonly report decreased sexual desire, sexual satisfaction and sexual desirability, while men commonly report decreased sexual desire, erectile dysfunction and feelings of marginalization when the sole purpose of sex is for conception. As with coping strategies, sexual stress in one partner can impact sexual stress in the other, supporting an emerging view that sexual dysfunction is a disorder of the couple as opposed to a disorder of the individual. Ironically for couples, increased sexual strain in the relationship can result in reduced frequency of sexual relations which lowers the chance of achieving a pregnancy. Department of health (2004) reported that the stress could theoretically interfere with pregnancy through direct hormonal effects, or indirectly by impairing a couple's capacity to have effective sexual intercourse or to follow the complex instructions and sexual prescriptions involved in medical treatment. However, the major focus of mental health care for infertility couples is to help them cope with the emotional impact of infertility treatment. The present paper is based on an empirical study carried out among the infertile couples in Andal Lakshmi Hospital in Nellore district of Andhrapradesh.

**MAJOR OBJECTIVE**

The major objective of the present paper is to explore the experiences and determinants of sexual health problems among the infertile couples.

**SPECIFIC OBJECTIVES**

- To investigate physical, social, economical, psychological, sexual problems of infertility
- To analyze the social stigma and gender based violence related to infertility.

**METHODOLOGY**

Research design guides the researcher in planning and implementing the study. Descriptive research design was adopted in the present context. The research approaches and research methods which includes qualitative and quantitative methods. In this research a multi method research was followed. The quantitative method was used for a base line survey for 300 respondents who visit the hospitals for consultation. A semi-structured interview schedule was used for collecting the profile of the respondents.

**RESEARCH SETTING**

The present study is aimed to investigate the experiences and coping strategies of infertile couples. The setting of the study is the city of Nellore in the state of Andhra Pradesh. This hospital's primary objective is to support poor patients in a Non-profit way.

**RESULTS AND DISCUSSION**

**1.1A Background Characteristics of Respondents and their Spouses**

In this sub-section, some of the major socio-demographic characteristics of the respondents are discussed at length based on the data provided in Table 1.

**1.1A Current Age:** A little over two-fifths of them (42%) stated that they belong to the age group of 25-29 years, whereas one-third (33.3%) and one-fourth of them, respectively belong to the age groups of 24 years & less and 30 years & above. The mean age of the respondents is 27.03 years.

**Table .1 Percentage Distribution of the Respondents and Spouses by their Current Age, Education and Occupation**

Characteristics of the Respondents	Percentage	Frequency
<b>1. Respondents' Current Age (in yrs.)</b>		
≤ 24	33.3	100
25 – 29	41.7	125
30 +	25.0	75
<b>2. Spouses' Current Age (in yrs.)</b>		
≤ 29	31.0	93
30 – 34	43.3	130
35 +	25.7	77
<b>3. Respondents' Education</b>		
Illiterates	9.3	28
Primary	29.3	88
Secondary School	17.3	52
High School / Higher Secondary	24.3	73
Degree Completed	19.7	59

<b>4. Spouses' Education</b>		
Illiterates	7.7	23
Primary	24.0	72
Secondary School	11.7	35
High School / Higher Secondary	32.0	96
Degree Completed	24.7	74
<b>5. Respondents' Occupation</b>		
Homemakers		
Non-Agricultural Labourers	71.0	213
Skilled / Self-employed / Business	11.0	33
Lower Grade Employees	4.0	12
Higher Grade Employees	9.3	28
	4.7	14
<b>6. Spouses' Occupation</b>		
Non-Agricultural Labourers	24.0	72
Skilled Workers / Self-employed	8.2	25
Business	17.3	53
Lower Grade Employees	32.0	98
Higher Grade Employees	17.0	52
<b>Total</b>	<b>100.0</b>	<b>300</b>

With regard to **current age of the spouses** (panel 2 of Table 1.1), one can notice that slightly more than two-fifths of them are belong to the age group of 30-34 years whereas slightly less than one-third (31%) and a little more than one-fourth of them, respectively belong to the age groups of 29 years & less and 35 years & above. The mean age of the spouses is 31.84 years.

**1.2 Education:**Data on **educational status of the respondents** (panel 3 of Table 1.1) reveals that about three-tenths of the respondents (29%) have completed primary school education and about one-fourth of them (24%) studied up to high school / higher secondary school level. On the other hand, while around one-fifth (20%) of them have completed under graduate degree and above, about 17 per cent have studied secondary school education. A little less than one-tenth of them are reported as illiterates and/or have not attended school.

In case of **educational status of spouses** (panel 4 of Table 1.1), it is noted that slightly less than one-third of them (32%) have completed high school / higher secondary school education and little less than one-fourth of them (24%) studied up to primary school level only. Around one-fourth of them (25%) have completed under graduate degree & above.

**1.3 Occupation:** Highlights that as high as 71 per cent of them are homemakers and thus, not engaged in economic activities or jobs outside their homes. A little over one-tenth of them (11%) are working as non-agricultural labourers and a few of them engaged in skilled work / self-employed.

As far as **spouses' occupation** is concerned (panel 6 of Table 1.6), nearly one-third of them engaged as lower grade employees (32%) and slightly less than one-fourth of them (24%) are working as non-agricultural labourers. On the other hand, about 17 per cent each of them are stated to be occupied in Business and as higher grade employees, and the rest 8 per cent of them engaged in Skilled work / Self-employed.

**1.4 Religion:** Among the sample respondents (panel 1 of Table 4.2), a greater percentage of them belong to Hindu religion (82%), whereas about 11 per cent of them are adhering to Christianity (Christians) and the remaining 8 per cent of them following Islam (Muslims).

**1.5 Caste:**Nearly half of the respondents belong to Backward Castes (49%), whereas slightly more than one-fifth of them are from Upper Castes (OC) – higher in social and economic strata and about one-fifth of them are belong to Scheduled Castes / Tribes (24%).

**1.6 Place of Living:** Data provided in panel 3 of Table 1.2

reveals that slightly less than half of the respondents are living in rural areas, whereas 37 per cent of them residing in urban areas and remaining 17 per cent of the respondents inhabit in semi-urban areas .

**Earlier Pregnancies and out come of pregnancies**

**2.1 Number of Times had Pregnancy Earlier:**It is observed that a large percentage of them (60%)had no pregnancies about 17 per cent had pregnant for one time and slightly less than one-fourth of them (23%) had pregnant for two or more times.

**Table 2 Percentage Distribution of the Respondents by Details about Earlier Pregnancies and Related Aspects**

Details about Earlier Pregnancies and Related Aspects of the Respondents	Percentage	Frequency
<b>1. No. of times Had Pregnancy Earlier</b>		
Not Had Pregnancy	59.7	179
1 Time	17.0	51
2+ Times	23.3	70
<b>2. Outcome of the Pregnancies<sup>@</sup></b>		
Spontaneous Abortions	42.0	51
Still Birth & Spontaneous Abortions	30.7	37
Still Birth & Tubal Pregnancies	27.3	33
<b>Total</b>	<b>100.0</b>	<b>300</b>

Note: @ = Percentages are among those who had Pregnant earlier (121 Cases)

**Regarding the outcome of earlier pregnancies** a simple majority of them (42%) replied that the earlier pregnancies ended up with spontaneous abortions closely followed by still births and spontaneous abortions (31%) and in the case of remaining of them (27%), the outcomes of such pregnancies are either still birth or Tubal pregnancies. These figures indicate that among the infertile sample women abortions are little bit higher side. Such women used to be feared about past abortion history.

**SEXUAL HEALTH PROBLEMS**

**1. Periodicity of Sexual Intercourse**

Getting pregnant by women mostly depends upon the participation in sexual life with their partners. Hence, women are asked about the periodicity of their sexual intercourse and presented the same in panel 1 of Table 2. Nearly half of them (47%) reported that they use to have sexual intercourse almost daily closely followed by alternative days (40%). On the other hand, a small number of them stated that they used to have sexual intercourse occasionally (8%) and few of them (5%) mentioned 'timed intercourse'. The researcher had come across several doubts raised by women with regard to the frequency of sexual intercourse, no. of days to be participated, any particular time for intercourse.

**2. Sexual Health Problem and Type of Sexual Health Problems**

Generally, some problems are associated / related to sexual participation and/or intercourse, that too, either from men or women related. Of course, some of the women may not come out openly to report such problems and/or lack of knowledge about sexual health problems. When the respondents have been asked whether they had any sexual problems (panel 2 of Table 2), around half of them (51%) stated that they had one or more sexual health problem(s) and the other half didn't experience such problem(s).

As far as the **type of sexual problems experienced** (panel 3 of Table 2), among those who had sexual health problems, a simple majority of them (43%) stated the problem of 'semen discharge' closely followed by 'bleeding & vaginal lubricants'

(30%), whereas some of them mentioned the problems like 'semen discharge & sexual dissatisfaction' (16%) and 'difficulty with erection & ejaculation' (10.5%). Though higher number of women reported semen discharge as the problem, in reality, semen discharge is a natural phenomenon during sexual intercourse. Only the quality of semen needs to be tested through clinical diagnosis. But women mostly express doubts in this regard and hence, once this apprehension is removed from them they feel happy and largely conceived.

**Table 3 Percentage Distribution of the Respondents by Periodicity of Sexual Intercourse, Whether They or their Spouses Had Any Sexual Problems and Related Aspects**

Periodicity of Sexual Intercourse, Had Any Sexual Problems and Related Aspects	Percentage	Frequency
<b>1. Periodicity of Sexual Intercourse</b>		
Daily	47.3	142
Alternative Days	39.7	119
Occasional	8.3	25
Timed Intercourse	4.7	14
<b>2. Respondent or Husband Had Any Sexual Problems</b>		
No	49.3	148
Yes	50.7	152
<b>3. Type of Sexual Problems Either of them Had<sup>@</sup></b>		
Semen Discharge	43.4	66
Bleeding & Vaginal Lubricants	30.3	46
Semen Discharge & Sexual Dissatisfaction	15.8	24
Difficulty with Erection & Ejaculation	10.5	16
<b>4. Any Other Sexual Related Problems</b>		
No	59.7	179
Vaginismus	2.3	7
Lack of Arousal	11.7	35
Misbelieves	26.3	79
<b>Total</b>	<b>100.0</b>	<b>300</b>

Note: @ = Percentages are among either Respondents or their Spouses had any sexual problems (152 Cases).

**3. Any Other Sexual Related Problems**

In addition to the above problems, all the respondents of the present study have been further asked to state whether they know some of the following specific sexual related problems viz., 'Vaginismus', 'Lack of arousal' and 'Misbelieves' (panel 4 of Table 3). A large percentage of the respondents mentioned that they did not suffer / had the said sexual related problems. On the other hand, slightly more than one-fourth of them reported 'misbelieves related to sexual intercourse' followed by 'lack of arousal' (12%) and few of them affirmed 'Vaginismus' (2.3%). The researcher had observed that once all this misbelieves related to sexual intercourse and sexual problems are cleared by doctors / through counselling, women have conceived.

**Details of Different Counselling Programmes**

**Meetings / Workshops on Infertility:** In the hospital under study, infertility meetings / workshops, Matching counselling, Group counselling, Individual counselling, Family counselling, Sexual counselling, Antenatal counsellings are given special emphasis and are conducted. All patients along with their family members are encouraged to attend the interactive sessions. And also couples counselling regularly in every visit. The doctor and counsellors are educated and makes them aware in all aspects through such meetings and counselling sessions. The infertile couples who are taking treatment are free to ask questions. Opportunity is given to all to express their opinions. For each meeting. And also who were conceived couples will share their experience and are

advised about their problem like physical, emotional, social, sexual, investigations and treatment with respondents. Also explain them how to improve interpersonal relationships, changes if any needed in sexual and life styles, diet & exercises to be followed, how they helped for conception, etc. And also self confidence level improved them with these sessions. Questions on the problem are discussed in depth.

Special attention is made to understand the role of counseling in infertility treatment, besides other coping strategies / intervention programmes. In order to achieve these objectives, 300 couples – 200 taking treatment and 100 conceived after treatment.

**SUMMARY**

- A great percentage of the respondents affirmed that they use to have sexual intercourse either daily or alternative days, but about half of them reported as having sexual problems to either of the partners, which might be one of the major reasons for infertility.
- Imparting information and education about the infertility, its causes / treatment needed, etc. to the persons living in the community and society as well as to the family members of those suffering from infertility is very much essential so as to eliminate the misbelieves and apprehensions related to infertility and thereby, support the infertile couples in a positive manner without hurting their sentiments.
- As there is some support for counselling services and yoga & medication are reported to be reduced the stress and misbelieves related to infertility, it is suggested that counselling services need to be improved in most of the fertility centres / Government hospitals so as to get the benefits of such services by the infertile couple.

**REFERENCES**

1. Infertility counseling –A Comprehensive Handbook for Clinicians. Second edition
2. [https://www.theseus.fi/bitstream/handle/10024/71186/pienimaki-maiina-tukkala-anita.\(www.google.com\)](https://www.theseus.fi/bitstream/handle/10024/71186/pienimaki-maiina-tukkala-anita.(www.google.com))
3. Shodhganga.inflibnet.com