



**ORIGINAL RESEARCH PAPER**

**Arts**

**LIFE STYLE PRACTICES AND CHANGES OF INFERTILE COUPLES AS PART OF THEIR INFERTILITY TREATMENT:AN INTERVENTION THROUGH COUNSELLING**

**KEY WORDS:** Infertility, Counselling, Life style, 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 lifestyle practices in Dr. Andral'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.

**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.

There is good evidence that diet, lifestyle and nutritional supplementation can impact fertility. Infertility can be caused by a huge number of factors: hormone imbalance, uterian, ovarian ,tubal problems and many others. With increasing life expectancy and ageing of the population all over the world, the concomitant increase in the burden of chronic diseases and disability has resulted in growing emphasis being placed on primary preventive measures such as lifestyle modifications.

Infertility has a wide range of causes stemming from three general sources: physiological dysfunctions, preventable causes, and unexplained issues. Nearly five percent of infertile couples suffer from anatomical, genetic and immunological problems. Research suggests that at least 85% of fertility problems are physiologically caused. As with coping strategies, lifestyle factors have a vital role in infertility. Issues, included in life-style factor are age, obesity, weight gain and loss, eating disorders, malnutrition, excessive exercise, and use of nicotine, alcohol or caffeine. The present paper is based on an empirical study carried out among the infertile couples in Andral Lakshmi Hospital in Nellore district of Andhrapradesh.

**Major Objective**

The major objective of the present paper is to explore the experiences and life style changes and practices of infertility among the infertile couples.

**Specific Objectives**

- To investigate physical, social, economical, psychological and marital problems of infertility
- Life style changes and practices and it's influence to cope up the 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 200 respondents who visit the hospitals for consultation .A semi -structured interview schedule was used for collecting the profile of the respondents.

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.

**1.1 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 below.

**1.1A. Current Age:**

A little over (37%) of them stated that they belong to the age group of 25-29 years, whereas(27%) and respectively belong to the age groups of 24 years & less and 30 years & above. The mean age of the respondents is 27.03 years.

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

With regard to **current age of the spouses** , one can reveals that slightly more than belong to the age group of 30-34 years whereas slightly less than (32%) and a little more than 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:**

**Educational status of the respondents** reveals that about(32%) of the respondents have completed primary school education and about(27%) of them studied up to high school / higher secondary school level. On the other hand, while around (12%) of them have completed under graduate degree and above, about 21 per cent have studied secondary school education.

In case of **educational status of spouses** : It is noted that slightly less than (33%) of them have completed high school / higher secondary school education and little less than (26%) of them studied up to primary school level only.

**1.3 Occupation: occupational status of the respondents**

highlights that as high as 35 per cent of them are homemakers and a little over 12% of them are working as non-agricultural labourers

As far as **spouses' occupation** is concerned nearly (35%) of them engaged as lower grade employees (32%) and slightly less than (21%) of them are working as non-agricultural labourers.

**1.4:Religion:**

Among the sample respondents a greater percentage of them belong to Hindu religion (67%), whereas about 26 per cent of them are adhering to Christianity and the remaining 6 per cent of them following Islam .

**1.5 Caste:**

Nearly half of the respondents belong to Backward Caste (58%), whereas slightly more than from Upper Castes (OC) – higher in social and economic strata and about (21%) of them are belong to SC/ST.

**1.6 Place of Living:**

Data provided that reveals slightly less than half of the respondents are living in rural areas, whereas 26 per cent of them residing in urban areas.

**2.1 Number of Times had Pregnancy Earlier:**

It is observed that a large percentage of them (39%) had no pregnancies about 26 per cent had pregnant for one time and slightly less than (34%) had pregnant for two or more times.

**Respondents Practiced any Lifestyle Change as part of their Infertility Treatment:**

Data provided in Table 2. demonstrate that a huge percentage of respondents (77%) 'avoided junk foods / bakery items / spicy items' as part of infertility treatment and 59.0 per cent of them 'avoided refined snacks / pickles'. On the other hand, while a little more than half of them changed their lifestyles such as 'avoidance of non-vegetarian foods' (70%) closely followed by 'avoidance of coffee / tea / cool drinks / chocolates' (54%), the corresponding percentages of lifestyle changes in the case of the following are at modest extent: 'avoidance of sugar / plastics / detergents / chemicals' (44.%) and 'avoidance of driving long distance' (53%). However, the extent of changes in the following lifestyles is relatively less: 'avoidance of cell phones / computers / (42%) and 'avoidance of colour paints / pesticides' (23%). All these figures indicate that respondents mostly changed their lifestyles in one or the other way when they are undergoing infertility treatment.

**Table 1. Percentage Distribution of the Respondents by Whether they Practiced any Lifestyle Changes as part of their Infertility Treatment (N=200)**

Type of Lifestyle Changes Followed as part of Infertility Treatment	No		Yes	
	%	No.	%	No.
Avoid Hot Water Bath	47.0	95	52.0	105
Avoidance of Cell Phones / Computers /Laptops	58.0	117	42.0	83
Avoidance of Driving long distance	47.0	94	53.0	106
Avoidance of Coffee / Tea / Cool Drinks/ Chocolates	45.0	91	54.0	109
Avoidance of Junk Foods / Oil Foods / Bakery Items / Spicy Items	24.0	47	77.0	53
Avoidance of Refined Snacks / Pickles	42.0	83	59.0	117
Avoidance of Colour Paints / Pesticides	77.0	154	23.0	46
Avoidance of Sugar / Maida / Plastics / Detergents / Chemicals	57.0	113	44.0	87
Avoidance of Non-Vegetarian Foods	29.0	58	70.0	142

It is to be noted here is that the Doctor usually suggest the infertility couples to *avoid these*. Hence, these drinks asked to

be avoided. According to the researcher's experience, when Doctor advises the infertile couple to change these lifestyles and accordingly, the couples will follow. And finally, had pregnancy and delivered healthy babies.

**4.1. Respondents' Feelings and Perceived Improvement due to Changes in the Lifestyles:**

When the respondents have been asked *whether the lifestyle changes have helped them to conceiving and related aspects* (panel 1 of Table 2.) as high as 62 per cent of them (62%) felt changes in physical aspects, whereas few of them each have perceived changes in terms of physical and functional aspects (14.0%), functional and general aspects (12.0%) and functional aspects only (11.0%). Here, the physical aspects include changes in haemoglobin, body heat, body weight, body mass index, etc. whereas the functional aspects include changes in pre-menstrual syndrome, irregular menstrual symptoms, last menstrual period, etc.

**Table 2. Percentage Distribution of the Respondents' Feelings and Perceived Improvement due to Changes in Lifestyles**

Respondents' Feelings and Perceived Improvement due to Changes in Lifestyles	Percentage	Frequency
1. Think that Lifestyle Changes Helped to Conceive		
Changes in Physical Aspects	62.3	125
Changes in Functional Aspects	14.3	29
Changes in Physical and Functional Aspects	11.0	22
Changes in Functional and General Aspects	12.0	24
2. Improvement Due to Changes in Lifestyles		
No	7.0	14
Conceived baby	61.7	124
Talk to baby	31.3	62
Total	100.0	200

**Counselling Programmes-Meetings / Workshops on Infertility:**

In the hospital under study, infertility meetings / workshops One to one ,group and individual, family, sexual, antenatal counselling and diet ,yoga sessions are given special emphasis and are conducted. The doctor & counsellors are educates and makes them aware in all aspects through such meetings and counselling sessions..And also who were conceived couples will share their experience and are advised about their problem like physical, emotional, social, sexual, diet ,yoga, lifestyle practices, 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. Special attention is made to understand the role of counselling in infertility treatment ,besides other coping strategies /intervention programmes .In order to achieve these objectives ,200 couples -100 taking treatment and 100 conceived after treatment.

**SUMMARY**

\*.A large percentage of the respondents (61%) believed that such life style changes improved their chances in conceiving baby As part of infertility treatment .And also diet and life style changes, practices to appeared to be played an important role in infertility treatment, correcting physical problems and improvement in functional changes as well as noted as helpful in conceiving baby and talk to baby.

\*.Importing information and education about the infertility, its causes/treatment needed ,etc. So as eliminate the misbelieves and apprehensions related infertility and there by, support the infertile couples in a positive manner without hurting their sentiments.

\*.As there is some support for counselling services and diet ,yoga ,medication related to infertility ,it is suggested that counselling services need to be improved hospitals so as to get the benefits of such services by the infertile couple.

#### REFERENCES

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