

## Impact of Infertility on Women Health Attending Gynecology Outpatient Department: Our Hospital Experience

Sabahat Fatima<sup>1</sup>, Hajira<sup>2</sup>, Rahila Imtiaz<sup>3</sup>, Asma Jabeen<sup>4</sup>, Rubina Amjad<sup>5</sup>, Humaira Qureshi<sup>6</sup>

1. Sabahat Fatima, Assistant Professor Gynaecology and Obstetrics, Ghulam Muhammad Mahar Medical College Sukkur Pakistan. email: [sabamusavi12@gmail.com](mailto:sabamusavi12@gmail.com)
2. Hajira, Resident Medical officer Gynaecology and Obstetrics, Sindh Government Qatar Hospital Karachi Pakistan. email: [drhajirakhalid13@gmail.com](mailto:drhajirakhalid13@gmail.com)
3. Rahila Imtiaz, Assistant Professor Gynaecology and Obstetrics, Karachi Medical and Dental College Pakistan. email: [rahilaimtiaz1973@gmail.com](mailto:rahilaimtiaz1973@gmail.com)
4. Asma Jabeen, Associate professor Gynaecology and Obstetrics, Muhammad Medical Collage Mirpurkhas Pakistan. email: [DrAsmajamshed66@gmail.com](mailto:DrAsmajamshed66@gmail.com)
5. Rubina Amjad, Assistant Professor Gynaecology and Obstetrics, Mekran Medical College Teaching Hospital Turbat Kech Pakistan. Email: [drubinabaloch@gmail.com](mailto:drubinabaloch@gmail.com)
6. Humaira Qureshi, Senior Medical officer Gynaecology and Obstetrics, Maternal and Child Care Center Hyderabad Pakistan. email: [fadyqureshi2@gmail.com](mailto:fadyqureshi2@gmail.com)

**Corresponding Author:** Sabahat Fatima, Assistant Professor Gynaecology and Obstetrics, Ghulam Muhammad Mahar Medical College Sukkur Pakistan. email: [sabamusavi12@gmail.com](mailto:sabamusavi12@gmail.com)

### Abstract

**Aim:** To assess the impact of infertility on women health attending gynecology outpatient department.

**Study design:** Cross-sectional study

**Place and duration:** This study was conducted at Ghulam Muhammad Mahar Medical College Sukkur Pakistan from March 2020 to March 2021.

**Methodology** The study of infertility experiences was conducted using a descriptive phenomenological research approach. Purposive sampling was used to select 16 women experiencing infertility. Interviews were conducted using an unstructured questionnaire and theme analysis was used to gather information.

**Results:** Among the 16 women, 46.66% had gynecological issues and 53.33% had medical issues such as hypothyroidism and hyperthyroidism. Thirdly, 33% of those polled said that their partner was having issues with oligospermia or azoospermia. The vast majority of participants and their spouses were receiving medical attention. A total of 60% of those polled reported mental health issues related to their infertility, while 26.66% reported physical and sexual health disorder.

**Conclusions:** In addition to physical and sexual issues, individuals experienced a wide range of mental issues. The majority of individuals claimed they would continue trying for a baby

until their fertility ceased. Male factor infertility involved in one-third of the participants.. Providing infertility therapy to couples is encouraged by the hospital's governing body.

**Keywords:** Infertility, Women, Physical problems, psychosocial problems

## **Introduction**

Infertility is defined as a woman is unable to get pregnant after having unprotected sex for more than a year [1].WHO says that 48.5 million couples around the world were unable to have a child [2].The number of women who wanted a child but couldn't have their first live birth was about 1.9% [3]. This resulting in discrimination from family members and neighbours, social isolation, depression, murder, or suicide are all linked to infertility [4, 5]. When a couple can't have child,it's a problem for the whole family . Even though infertile couple encounter emotional and social distress, they need support and help to survive with healthy mental and social well-being.

Many women blame themselves, no matter who is to blame. The threat of another marriage or divorce can happen to women in some cases, and many fear that they will lose their social and economic safety. They could be a victim of violence, abuse, or social isolation, and these things could happen to them [6, 7]. Some husbands are supportive and help their wives to fight back against family pressure or criticism, even if they don't want to do that [8]. Physical abuse and mental torture are commonly found among infertile couple [9]. A study of Nepal found that people who told their story had been abused in any way [10].The Current study is planned to assess the impact of infertility on women's health.

## **Methodology**

The phenomenological research design was used to look into the lives of women who have infertility. People who took part in the study were 16 women who were infertile and went to the gynecology outpatient department at our hospital. Samples were chosen by a non-probability sampling method. Data was gathered through an in-depth interview method with the help of a questionnaire.

Each person who took part in the study had to sign a written consent form that explained the purpose of the study. Members of the study were told that the information they gave would be kept private and only used for the study. Verbal and nonverbal expressions of the people who were interviewed were looked at in a certain amount of time. It was after the interview that all of the field notes were marked with codes. Data was gathered and then analysis was done by using SPSS version 22.

## **Results**

According to socio-demographic factors, 60% of the women were between the ages of 26 and 40 years. A total of 30.93% of women were literate. Sixty percent of the people lived in a joint family. Fifty-three percent of the people said that their spouse was between the ages of 31 and 40. All of them were literate. Table1 provides information about gynecological and medical conditions and the various treatments available.

The sperm count was abnormal in 33% of the subjects, with 60% having low sperm count and 20% having a normal sperm count, although only 15% of the people had abnormal sperm, azoospermia, or low testosterone. Eighty percent of the participants' partners with a sperm issue were receiving therapy. Table 2 shows that out of the 16 responders, all of them had experienced difficulties due to infertility.

Among the participants, 47 percent stated that their mother-in-law or sister-in-law are the perpetrator of the violence, with 71.42 percent and 14.28 percent respectively. More than half of the participants reported using coping techniques, including sobbing, fasting and worshipping, not eating, praying, and sharing more burden of household work and looking after other's children and maintaining prolong fasting during the crisis. Of the 87 percent who spoke about their support system, 53.84 percent agreed that their husband is cooperative, and 7.69 percent said that their sister-in-law is supportive. Most respondents (67%) plan to pursue infertility therapy and conception attempts until they have the child, while 13.33 percent stated they are considering adopting the baby from a family member.

**Table 1: Patient's Gynecological and clinical problems and treatment types**

Case No	Gynecological problem	Medical problem	Treatment of problems
1	Tubal obstruction	Hyperthyroidism, Diabetes Mellitus	Undertreatment of Hyperthyroidism, diabetes mellitus, and treatment of infertility
2	Vaginal discharge and irregular menstruation	No	Treatment of Leucorrhea and 2 times IUI tried but did not occur ovulation
3	No	Hyperthyroidism	Under medication of Hyperthyroidism
4	Polycystic ovary syndrome	Hyperthyroidism	Under medication of Hyperthyroidism
5	No	Vertigo and fainting	Under medication of irregular menstruation
6	Menorrhagia and intramural fibroid	No	Under medication
7	No	Pain abdomen	Treatment of Pain abdomen
8	No	No	No
9	No	Hyperthyroidism	Under medication
10	No	No	No
11	Heavy menstrual bleeding	Hyperthyroidism	Under medication
12	Oligo amenorrhea and dysmenorrhea	Hyperthyroidism	Under medication
13	Ovarian cyst	No	
14	No	No	

15	No	No	
16	No	No	Under medication

**Table 2: Experiences of women with infertility**

Case No	Physical Problem	Psycho-social problems	Financial problem	Problems in sexual and marital relationship
1	No	Back Biting	Borrowing money for treatment	Normal
2	Workload	Back Biting, Threaten for 2 <sup>nd</sup> marriage of husband	No	Husband insists to have sex even she is not ready
3	Workload	Back Biting	Parents give money	Husbands insist to have sex everyday with the hope of conception
4	The query	The query for not having a baby	No	Good but sometimes she avoids sexual contact for anxiety
5	No	No	No	Excess sexual intercourse but sometimes she does not want
6	No	No	No	Good
7	No	No	No	Good
8	No	No	No	Good
9	Workload	Back Biting	No	Normal
10	Workload	Back Biting, give pressure to have baby	No	Normal
11	No	give pressure to have baby	No	Normal
12	No	give pressure to have baby	No	Normal
13	No	No	No	Normal
14	No	Blaming for not having a baby	No	Good
15	No	No	No	Normal
16	No	No	No	Normal

## Discussion

In this study participants' families exhibited a significant level of male dominance, the family is usually headed by the husband and father-in-law. Women who struggled with infertility are

more likely to be affected by gender discrimination than males. Some female participants were blamed for being infertile even though their fertility workup was normal but their husbands were the cause of infertility with abnormal sperm count and morphology. Iranian research demonstrates that many societies define womanhood in terms of motherhood, and infertile women are often blamed for the inability of couples to procreate [11].

Infertility treatment success largely depends on the cause of infertility and age of the involved women [12]. As a result of their shorter reproductive periods, elderly women faces more distress and pressure to become pregnant [13]. Researchers discovered that seven of the nine women in the study, all of whom were between the ages of 36 and 40 years had a severe emotional difficulties due to infertility.

There was a heavy strain of domestic work responsibility for the the individuals who shared a common home. Five people in the joint family had had emotional stress because other family members taken them for granted and believed childless women had more time because they didn't have to be involved in their own childcare. The length of an infertile couple's marriage has been shown the predictor of impair mental and psychological health [14]. Emotional issues were reported by eight individuals who had been married for six to nine years. Participants who were older and had been married for a longer period appeared more anxious and desperate for child than those who were younger and had just wed [15].

It is essential in most of the south east asian society to have more children as compare to western world. There was a lot of strain on those individuals whose husbands were the sole sons of their families. The mother-in-law of one of the participants said she had threatened her for marrying a second time. Research demonstrates that children are strongly wanted, parenting is culturally required, and childlessness is socially distressful [16].

Infertility can be caused by a variety of factors, including those specific to men, [17]. Five of the participants' husbands experienced an issue with their sperm count in this research. Those in the family who are aware of the cause of infertility, don't put pressure on their son to have a kid or point the finger at their daughter-in-law. Moreover, half of the people who participated in the research had been trying to get pregnant for many year. Among the subjects, 40% reported having had therapy. One person had been receiving ayurvedic therapy for two years, while the other had previously sought help from a religious healer. In this investigation, it was discovered that the husbands of four participant with oligospermia, were receiving their Infertility treatment, it may be traditional or mystical in according to certain cultures [18]; in other societies, a child might be adopted, remarried, or even divorced to alleviate the infertility problem. When a couple approaches the hospital to find out the cause of infertility, they are investigated and accordingly given treatment depending on their economic standing [19]

An in-depth interview with 80% of participants revealed that they appeared melancholy, worried, and disturbed. Study participants said that the experience of infertility affects the lives of infertile women, causing them to feel alone, anxious, and depressed. In research conducted in Iran, it was shown that infertile couples' relatives had fewer interactions with

them than fertile ones [20]. As a result of social isolation from family members' and friends the infertile couples have psychological difficulties and mental health problem [21].

For many couples, infertility is the main source of stress and cause of sexual disfunction in either partner[22]. The study found that four participants' husbands pushed on continuing an excessive sexual intercourse in the hopes of conceiving .Despite their husband's increased demand , two women among them were unable to engage in sexual activity and avoids their husband and wants to escape from sexual relationship particularly they felt it useless and fruitless[23], according to recent research. Fulfillment of marital pleasure and satisfaction can be achieved by having a kid but when it is not achieved then stressful and frustrated woman turns to a variety of coping techniques. Researchers discovered that infertility-related stress was handled in a variety of ways by individuals [24]. The coping techniques of thirteen individuals included fasting,engaging more themselves in house hold wok,taking care of others children etc, social support can help them to get through it and even thrive [25]. There were seven supportive husbands among the participants, five supportive wives of infertile males and and four supportive moms and inlaws among participants.

Participants' plans were sought out by researchers if they were unable to conceive. Two of the participants plan to adopt a kid from inside their own family (brother and brother-in-law). Infertility therapy and attempts to conceive will continue for ten of the individuals. Childless women in Pakistan want a kid, regardless of gender [26], according to a recent survey. It doesn't matter if the kid is male or female; he or she will be a source of dignity, respect, and recognition as an adult.

## **Conclusion**

Infertility is viewed and felt like a bad circumstance that is linked to family conflict, continual health-seeking, and treatment failures and their effects. Infertility is a negative experience. Unfortunately, even though infertility has a medical reason, infertile women in our culture continue to be persecuted in every aspect of their personal and social lives.

## **Funding source**

None

## **Conflict of interest**

None

## **Permission**

Permission was taken from the ethical review committee of the institute

## **References**

1. Practice Committee of the American Society for Reproductive Medicine. (2013). Definitions of infertility and recurrent pregnancy loss: a committee opinion. Fertility and sterility, 99(1), 63.



2. Agarwal, A., Mulgund, A., Hamada, A., &Chyatte, M. R. (2015). A unique view on male infertility around the globe. *Reproductive biology and endocrinology*, 13(1), 1-9.
3. World Health Organization (WHO) (2018). *International Classification of Diseases*, 11th Revision (ICD-11) Geneva: WHO 2018.
4. Rooney KL, Domar AD. The relationship between stress and infertility. *Dialogues Clin Neurosci.* 2018 Mar; 20(1):41-47. DOI: 10.31887/DCNS.2018.20.1/krooney. PMID: 29946210; PMCID: PMC6016043.
5. Evans-Hoeker EA, Eisenberg E, Diamond MP, Legro RS, Alvero R, Coutifaris C, Casson PR, Christman GM, Hansen KR, Zhang H, Santoro N, Steiner AZ; Reproductive Medicine Network. Major depression, antidepressant use, and male and female fertility. *FertilSteril.* 2018 May; 109(5):879-887. DOI: 10.1016/j.fertnstert.2018.01.029. PMID: 29778387; PMCID: PMC5973807.
6. Hajizade-Valokolaee, M., Khani, S., Fooladi, E., &Peivandi, S. (2017). Related factors of violence against women with infertility: A systematic review study based on an ecological approach. *Electronic physician*, 9(11), 5834–5843.
7. Rahebi, S. M., Rahnavardi, M., Rezaie-Chamani, S., Nazari, M., &Sabetghadam, S. (2019). Relationship between domestic violence and infertility. *Eastern Mediterranean health journal*, 25(8).
8. Nur Hayati, E., Eriksson, M., Hakimi, M., Högberg, U., & Emmelin, M. (2013). ‘Elastic band strategy’: women's lived experience of coping with domestic violence in rural Indonesia. *Global health action*, 6(1), 18894.
9. Simkin, P., Whalley, J., Keppler, A., Durham, J., & Bolding, A. (2016). *Preconception: Improve Your Health and Enhance Fertility: A free prequel to Pregnancy, Childbirth, & the Newborn.* Simon and Schuster.
10. Bista, B. (2015). Lived Experience of Infertility among Community-Dwelling Infertile Women. *Journal of Nobel Medical College*, 4(1), 46-56.
11. Hasanpoor-Azghdy, S. B., Simbar, M., &Vedadhir, A. (2015). The Social Consequences of Infertility among Iranian Women: A Qualitative Study. *International journal of fertility & sterility*, 8(4), 409–420.
12. Barbieri, R. L. (2019). Female infertility. In Yen and Jaffe's *Reproductive Endocrinology* (pp. 556-581). Elsevier.
13. Miller, E., Decker, M. R., McCauley, H. L., Tancredi, D. J., Levenson, R. R., Waldman, J., ... & Silverman, J. G. (2010). Pregnancy coercion, intimate partner violence, and unintended pregnancy. *Contraception*, 81(4), 316-322.
14. Nelson, C. J., Shindel, A. W., Naughton, C. K., Ohebshalom, M., & Mulhall, J. P. (2008). Prevalence and predictors of sexual problems, relationship stress, and depression in female partners of infertile couples. *The journal of sexual medicine*, 5(8), 1907-1914.
15. Tabong, P. T., & Adongo, P. B. (2013). Infertility and childlessness: a qualitative study of the experiences of infertile couples in Northern Ghana. *BMC pregnancy and childbirth*, 13, 72.
16. Talong, P. T., & Adongo, P. B. (2013). Understanding the social meaning of infertility and childbearing: a qualitative study of the perception of childbearing and childlessness in Northern Ghana. *PloS one*, 8(1), e54429.

17. Agarwal, A., Mulgund, A., Hamada, A., &Chyatte, M. R. (2015). A unique view on male infertility around the globe. *Reproductive biology and endocrinology*, 13(1), 1-9.
18. Read, S. C., Carrier, M. E., Whitley, R., Gold, I., Tulandi, T., & Zelkowitz, P. (2014). Complementary and alternative medicine use in infertility: cultural and religious influences in a multicultural Canadian setting. *The Journal of Alternative and Complementary Medicine*, 20(9), 686-692.
19. Simkhada, B., Teijlingen, E. R. V., Porter, M., &Simkhada, P. (2008). Factors affecting the utilization of antenatal care in developing countries: a systematic review of the literature. *Journal of advanced nursing*, 61(3), 244-260.
20. Khosrorad, T., Dolatian, M., Riazi, H., Mahmoodi, Z., Alavimajd, H., Shahsavari, S., & Bakhtiari, M. (2015). Comparison of lifestyle in fertile and infertile couples in Kermanshah during 2013. *Iranian Journal of reproductive medicine*, 13(9), 549–556.
21. Taebi M, Simbar M, Abdollahian S. Psychological empowerment strategies in infertile women: A systematic review. *J Educ Health Promot*. 2018 May 3; 7:68. DOI: 10.4103/jehp.jehp\_151\_15. PMID: 29922697; PMCID: PMC5963210.
22. Boivin, J., & Schmidt, L. (2005). Infertility-related stress in men and women predicts treatment outcome 1 year later. *Fertility and sterility*, 83(6), 1745-1752.
23. Mumtaz, Z., Salway, S., Bhatti, A., Shanner, L., Zaman, S., Laing, L., & Ellison, G. T. (2014). Improving maternal health in Pakistan: toward a deeper understanding of the social determinants of poor women's access to maternal health services. *American journal of public health*, 104 Suppl 1(Suppl 1), S17–S24.
24. Palomba, S., Daolio, J., Romeo, S., Battaglia, F. A., Marci, R., & La Sala, G. B. (2018). Lifestyle and fertility: the influence of stress and quality of life on female fertility. *Reproductive biology and endocrinology: RB&E*, 16(1), 113.
25. Martins MV, Peterson BD, Almeida VM, Costa ME. Direct and indirect effects of perceived social support on women's infertility-related stress. *Hum Reprod*. 2011 Aug; 26(8):2113-21. DOI: 10.1093/humrep/der157. Epub 2011 May 18. PMID: 21596709.
26. Qamar, A. H. (2018). The Social Value of the Child and Fear of Childlessness among Rural Punjabi Women in Pakistan. *Asian Journal of Social Science*, 46(6), 638–667.