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Understanding Psychological Health of Infertile Women Undergoing Assisted Reproductive Therapy: In-Depth Interviews with Infertile Women

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Abstract: Fertility is highly valued in most cultures and the wish for a child is one of the most basic of all human motivations. For women, pregnancy and motherhood are developmental milestones that are highly emphasized by our culture. When attempts to have a child fail, it can be an emotionally devastating experience. Such experience tends to create psychological imbalance in the individual in emotional, cognitive, behavioural and social factors. The imbalance, henceforth, affects the family health. The current study aims to understand the psychological health of infertile patients who are in treatment (assisted reproductive therapy). The research design used in the study is exploratory research design and purposive sampling method. The sample includes 20 infertile patients undergoing ART. Data was collected using in depth interview method and analysed using grounded theory method. The study was conducted in the assumption that childless infertile Indian women face many emotional and social problems pertaining to self, family and society. The study explored emotional, cognitive, social, relational and behavioural aspects of infertility. In the study, 60% of the participants were women and 40% couples (both husband and wife). Almost 80% of the women were emotionally broken during the interview which was also a limitation for collecting the required data. Results indicate that childless women tend to compare themselves with other pregnant women and kids and end up with feelings of low self worth, self hatred and lack of interest in life. Wanting to kill loneliness, enjoy parenthood and to bring a companion for the first child are the motivation factors for considering assisted reproductive therapy. The 90% couples consider treatment after the second year of their marriage. Considering counselling and psychological support as part of assisted reproductive therapy may enable them to gain emotional stability in dealing with social challenges of infertility.

Key words: Infertility, psychosocial care, assisted reproductive therapy, psychological health, social, gain

INTRODUCTION

Fertility is highly valued in most cultures and the wish for a child is one of the most basic of all human motivations. For women, pregnancy and motherhood are developmental milestones that are highly emphasized by our culture. When attempts to have a child fail, it can be an emotionally devastating experience. Such experience tends to create psychological imbalance in the individual in emotional, cognitive, behavioural and social factors. The imbalance henceforth affects the family health. Psychosocial studies convincingly demonstrate a increasing incidence of negative reactions to infertility and its treatment (Verhaak *et al*., 2006) that impact on life satisfaction and wellbeing (Greil, 1997) success of treatment (Boivin and Schmidt, 2005) willingness to continue with treatment (Smeenk *et al*., 2004). The current study aims to understand the psychological health of infertile patients who are in treatment (assisted reproductive therapy). The study is about the experience of infertile women who are delayed in pregnancy due to various physical or biological reasons.

MATERIALS AND METHODS

Participants: Infertile couples who visit infertility clinic for consultation or assisted reproductive therapy is requested and sent to meet the researcher by the consultant. The researcher explained the process and established confidentiality. The criteria for the sample were that men and women married for more than 2 years and are childless. As the sample was met by the researcher in the clinic and referred by the consultant based on the criteria of research all participants were considered for the study.

The sample consisted of 20 patients out of which 18 were with female infertility and 2 were with male infertility. 10 women took the interview individually and 8 women

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took the interview in the presence of their husbands. Since, infertility is a sensitive aspect of life the hospital was not willing to risk a focused group discussion. Hence, in-depth interview was chosen as a method of data collection.

Procedure: The participants of the study were referred by the consultant in a fertility clinic in Chennai. A private room was chosen to conduct the interview. The researcher explained the research objective, procured consent from the participants and established confidentiality. All participants were advised that they could withdraw from the study at any time. They were also pass or choose not to respond to certain questions of their dislike. The response rate of all the patients who were referred to participate and met the criteria was 100%. No one refused to participate and none of the participants withdrew their participation from this study.

A semi-structured interview schedule was designed and used to obtain information about patients experiences and knowledge. In the interviews, questions were asked about the patient's experience of childlessness and factors influencing their psychological health. Patients were probed on the impact of infertility on their emotional, cognitive, behavioural, social and relational aspects of their life. The major questions probed were: What is the emotional experience of childlessness during treatment? What are the thought patterns of couples during treatment for fertility? What do infertile patients do to help themselves? What was the impact of his/her infertility on their immediate surrounding? How do infertile patients cope with infertility? What is his/her financial experience? and What could be the barriers in continuing treatment for fertility?

Interview questions were designed to promote open-ended responses. Interviews with the participants were between 30 min and an hour long. Interviews were taped (with the consent of participant) and transcribed. Transcripts were analyzed for main themes and then coded to arrive at themes.

RESULTS AND DISCUSSION

The analysis of interviews revealed significant information about what the infertile patients experience emotionally, cognitively, behaviouraly and socially. It also revealed the factors that are an obstacle in getting treated.

Experience of delay in pregnancy: Infertile participants describe their experience of delay in pregnancy as painful and bad. Most men perceive parenthood as a stage/level in life rather than a virtue and status in society.

> "As it gets delayed it is like I am being stagnated. No upgrade", "as the baby gets delayed, I am losing my dignity in society" "feels like I am still being a bachelor"

Infertile women on the other hand, experience delay in pregnancy in relation to their family and husband. They experience let down of husband and family by not getting them a child. Women believe that it is their duty as women to get a child for their in-law family. They also experience a lot of insecurity about their future.

> "It becomes a questionable state and embarrassment", "I am feeling bad that i led them to suffer so much"

Emotional experience: Most women cried during the interview due to their painful experience. The most emotionally painful days are their menstrual days. Women "the day I get my periods, I am much moody, it is disappointing, crying out a lot alone helps me why is it not happening???" The other theme that was found is that delay in pregnancy results in increasing fear of abandonment, fear of loss leading to social isolation and anger towards others. "I am scared if I will be secluded or avoided", "husband: she is scared that I will be married for a second wife by my parents". In-laws sometimes say "you are not getting pregnant, better go back to your mother's place'.

While fear is found in almost all participants, a common thread of hope is also found in all of them. They all believe that they will get pregnant in the future. They also seem to believe that their yet to be conceived and born child will take away all their sorrow. "God will do good for me", "my future will be happy", "my insecurity will go away once i get a child", "getting pregnant will be a turning point in my life".

Cognitive experience: Cognitive experience in the interview includes the thought patterns and knowledge of the participants about infertility. Women tend to believe that they unlucky, problems due to delay in pregnancy is believed to be their fault. "It is all because of me. I am the one who is treated and I am the one who goes to the hospital". Women believe that child is an important part of life and without a child they are nothing. Many seem to have a lot of hope that they will get a child in the future while their here and now thinking tends to around "when will I get pregnant what will happen if I don't get pregnant".

Women who have polycystic ovaries syndrome tend to develop thoughts of delay or difficulties in getting pregnant, since, the day of diagnosis. Few women were

nutritionally taken care of by the elders to face such challenges. They also tend to begin treatment within one or two years after marriage. Most of the women learn about the procedure of treatment using media and technology. They do know what happens in each method of treatment. While they are aware of treatment procedure patients tend to resort to internet to answer their questions rather than their own consultants. This could be due to lack of time and also inhibition in clarifying the doubts.

Behavioural experience: Women tend to do a lot of activities to help them get pregnant. Majority of them resort to their religious practices such as visiting temples, doing pariharas for their past life sins, doing rituals, making donations, serving food for the poor, taking up fasting. One woman said "I gave up my job because I need to eat healthy and stay healthy to get pregnant. When I go for work I tend to eat late and not rest well".

Couples in the early years of treatment have regular sex. Few women reported that their husbands insist on sex everyday believing that she will get pregnant. After doctor's advice they follow sex during ovulation period. Beyond a certain point sex becomes monotonous. Sex is not enjoyed much. "We are unable to have sex peacefully. It becomes a huge pressure thinking whether this month it will work out or not. We have began to have sex only for the sake of getting a child".

Social and relational experience: Social and relational experience is grouped under husband/wife, parents and in-laws and others. Most women reported that their husbands were supportive and encouraging. When women felt insecure and scared of being abandoned husbands tend to reassure them saying "don't cry when time is right everything will be fine". A husband during a couple interview said "I try to console her, lets face it, don't feel bad, it's ok if no child also, I am here for you". While husbands are supportive in-laws particularly mother-in-law tends to question women in the absence of husbands. This questioning is felt to be painful and embarrassing by few participants. "My mother in-law will ask me only. After my husband leaves for work she will talk about my pregnancy. She keeps track of my period dates and exactly on the date she will ask me. Has it been postponed? I will not be able to reply at all, …, (cried)" Few women also reports that their in-laws does not bother her about pregnancy. One woman said "my dowry and jewelry given during marriage was less. That problem was already there. Now, when baby is getting delayed the problems are bigger. I am scared what is going to happen. Only my child can save me from all this. It is enough if I get a child".

With regard to the neighborhood and society, women tend to isolate themselves by avoiding ceremonies, family rituals and celebrations. Most women fear being questioned about child and pregnancy. Women feel like they are reminded of their inadequacy of not being able to get pregnant. Husbands are supportive in these situations. "my husband does not take me to function as I will be questioned. He says that he will attend the function. I need not go. They will unnecessarily hurt you". A woman also said that she was not allowed to hold a new born baby, not allowed to go to the new born child's house. Few irrational believes of this kind still prevails in our society.

Prior research shows that a patient with infertility needs intervention before, during and after treatment. And their needs can be emotional, behavioural, cognitive or social (Gameiro *et al*., 2015). The current study focused on analysis of such needs. The study reveals the specific challenges and problems faced by infertile women. Though there are a number of quantitative tools available to measure fertility related aspects such as fertility quality of life, fertility status awareness scale, the tools aren't comprehensive in measuring all the aspects of infertility. The results of the study can be utilized to develop a comprehensive tool to measure the impact of infertility on the mental health of the patients.

Fear of losing husband, abandonment, loneliness, anger towards others, feeling of incompleteness was found to be the major emotional experience of women. These could be due to lack of emotional support leading to loneliness. Self pity, suicidal, low self worth, role of a wife is to get a child for the husbands are the major cognitive experiences found. This helps us understand that women are reared in our society with few irrational beliefs about being a wife and mother.

Isolation, discrimination, embarrassment, lack of dignity is found to be the societal impact of delay in pregnancy. These could be removed once the woman gets pregnant. The longer pregnancy gets delayed the greater could be its impact on the mental health of such women. Husband and parents supportive while in-laws are not with regard to delay in pregnancy. Women appear to be weak and vulnerable when in-laws or others enquire about delay in pregnancy. This could be due to the belief they hold for themselves. In the cognitive factors it is found that women belief strongly that it is their duty to give a child for her husband and his family.

CONCLUSION

Having sex only for to conceive a baby, performing religious rituals, discovering horoscope predictions and performing pariharas, being cautious in physical activities, lack of balanced diet due to work pressure is the behavioural experiences that are reported more. While few report to practice yoga, meditation and exercise their emotional weakness tend to disrupt the same. Financial difficulties and lack of trust in doctor cause couples shifting hospitals and changing doctors often.

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