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## A study on psycho-social consequences of infertility in rural area

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### Abstract

In India, childbearing is a yardstick to measure a women's worth. Infertility has devastating emotional and social consequences, especially in rural areas. This study aims to explore the psycho-social effects of infertility in rural India. A structured questionnaire was designed, and women attending the infertility clinic of hospital from November 2017 to May 2018 were recruited. The Conventional Qualitative Content Analysis (CQCA) method was used for analysis. The study revealed that the infertile women are subjected to verbal and physical abuse, threats of divorce as well as social exclusion. Infertile women suffer from anxiety, low self-esteem, depression, some even develop suicidal tendencies.

**Keywords:** Infertility, psychosocial effects, rural India

### Introduction

Approximately 8-12% of all couples are infertile worldwide and this number is still on rise, indicating one in ten couples experiences either primary or secondary infertility (1, 2). It's a major public health concern and the emotional consequences of an infertility diagnosis can be devastating. According to WHO, the national prevalence of primary and secondary infertility in India is 3% and 8% respectively (3, 4). Total fertility rate declined in India by 22.73% from 2.7 in 2005-06 (NFHS-3) to 2.2 in 2015-16 (NFHS-4). Total fertility rate in rural areas was 2.4 in 2015-16 (NFHS-4) and in urban areas, it was 1.8 in 2015-16 (NFHS-4). The present study aims to find the psycho-social consequences of infertility in rural India.

### Methods

The present study was performed at department of obstetrics & gynaecology of hospital, from November 2017 to May 2018. All women attending the infertility clinic of hospital with willingness to participate in the study were recruited. The sample consisted of 140 married women aged between 20 to 45 years. A structured questionnaire designed to meet the objective of study was administered to all participants. The Conventional Qualitative Content Analysis (CQCA) method, was used to analyze data gathered from the participants.

Demographic information included Age in years, Religion, Education of couple, Socio-economic status, Duration of Marriage, Type of infertility, Causes of infertility. The psychosocial domain measured by the questionnaire included psychological & domestic physical violence faced by infertile women, Attitude of husband, in-laws, parents and society towards infertile women, threats of second marriage or divorce. Psychological effects of infertility included anxiety, low self-esteem, depressive status & suicidal tendencies among infertile women.

### Results

The demographic characteristics of participants are shown in Table 1. 99(70.71%) couple were suffering from secondary infertility and 41(29.29%) were primarily infertile. Maximum number of infertile women were in age group of 25-29 years (39.29%) & none was above 40 years. The Mean age of infertile women was 28.6 years. Secondary infertility was high (51.0%) among 25-29 years age group while majority of primary infertile women (43.43%) were in the age group of 20-24 years. Maximum couples (56.42%) were married for between 6 to 10 years. Majority of primary infertile couples i.e. 41.46% reported within 2 years of marriage. 84.28% infertile women were Hindu. Maximum couple belonging to lower middle class (37.85%) & middle class (26.42%). 9.28% male and 15% female were illiterate, 50% male & 62.85% female were below matriculation while 9.29% male & 4.29% female acquired graduation degree.

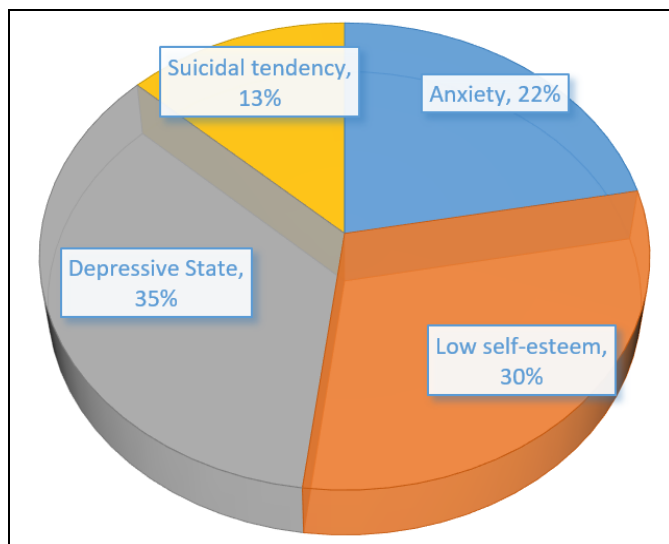
In 17.14% cases cause of infertility was male factor, in 37.14% female factor was diagnosed while 39.28% couples had unexplained infertility.

**Table 1:** Characteristics of study group (n=140)

	Frequency	Percentage
<b>Age (in years)</b>		
20-24	25	17.86
25-29	55	39.29
30-34	38	27.14
35-40	22	15.71
<b>Years of marriage</b>		
1-5	36	25.71
6-10	79	56.42
11-15	17	12.14
>15	8	5.71
<b>Religion</b>		
Hindu	118	84.28
Muslim	22	15.71
<b>Socio-economic Status</b>		
Upper	9	6.42
Upper middle	20	14.28
Middle	37	26.42
Lower middle	53	37.85
Lower	21	15.00
<b>Education status Husband</b>		
Illiterate	13	9.28
Below matriculation	70	50.00
Matriculation and above	57	40.71
<b>Wife</b>		
Illiterate	21	15.00
Below matriculation	88	62.85
Matriculation and above	31	22.14
<b>Type of infertility</b>		
Primary	41	29.29
Secondary	99	70.71
<b>Cause of Infertility</b>		
Male	24	17.14
Female	52	37.14
Mixed	9	6.42
Unexplained	55	39.28

**Socio-psychological effects of infertility on lives of participants**

In present study we found that approx. 66% infertile women are subjected to domestic violence (55.71% psychological violence while 10.71% has to face physical violence also) by their family. 37.14% infertile women are threatened for divorce & second marriage by their in-laws. In 65% cases husbands were supportive and had protective attitude towards their wife, while 35% were involved in psychological or physical violence, among them 17.1% were alcoholic and 8.57% were smokers. 58.57% in-laws were involved in violence & threatening to infertile women. In 13.5% cases even parents of infertile women were non-supportive to their daughter. Society was the main offender for 22.14% infertile women leading to social exclusion. Figure 2 shows the psychological impact of infertility. 22% infertile women had anxiety issues, 30% had low self-esteem, 35% were in depressive state, 13% even had suicidal tendencies.



**Fig 1:** Psychological Effects of Infertility

**Discussion**

In present study maximum infertile women belonged to 25-29 years age group (39.29%) and the mean age was found to be 28.6 years. A study of West Bengal shows the similar results with maximum number of infertile women i.e. 108 (56.54%) in the age group of 25-34 years [5]. Similarly in a study at Mysore, the maximum i.e. 55.8% primary infertile women were in the age group of 21-25 years [6]. Maximum women i.e. 56.42% were married for 6-10 years, but in a study by Sumita and Ranjit maximum couples i.e. 57.5% were infertile for 2 - 5 years [7]. Majority of primary infertile couples i.e. 41.46% reported within 2 years of marriage.

Cultural expectation in rural population is that a woman should conceive within the first year of marriage. In present study maximum couple were belonging to lower middle class (37.85%) & middle class (26.42%). According to NFHS, women with low standard of living had high infertility compared to women belonging to medium and high socio-economic class. It was 2.17, 1.71 and 1.63% respectively in NFHS-3 [8]. Gender-inequality is more prevalent in rural areas, as suggested by the findings that women suffer a disproportionate share of the burden of anxiety and blame in infertility. Male factor infertility is not accepted by rural families irrespective of their educative status showing that despite some levels of awareness, influence of superstitious beliefs remains strong. Even in cases of male factor infertility, women are blamed and threatened for divorce. Infertility is an underlying cause for violence (both psychological & physical), marital instability and breakdown as well as for social isolation. Results of various studies in Africa and Asia showed that infertile women by some means suffer from psychological and domestic physical violence by in-laws and relatives [9, 10]. Vayena and associates (2001-02) reported that infertile women in developing countries may suffer life threatening physical or psychological violence and having children can only improve her status in society or family [11]. Similarly, a study in South Vietnam by Wiersema *et al.* showed that women with unexplained infertility are being threatened for

divorce and remarriage <sup>[12]</sup>. In rural population, society negatively influences infertile women by its traditional culture where children are considered as assets and are required for sustainable income in future. Society has both direct impact as well as indirectly by guiding in-laws attitude towards infertile women.

### Conclusion

After marriage child birth is uppermost obligation of an Indian couple. In rural areas, due to cultural believes, more gender inequality, lower education status and standard of living infertile women are subjected to domestic violence, marital instability, & social isolation. Regardless of cause of infertility they are blamed, leading to psychological stress anxiety issues, low self-esteem, depression and suicidal tendencies in infertile women. A significant percentage of male partners didn't go for treatment & follow-up, a reflection of male dominated society trying to stigmatise female spouse. There is gross need of awareness and proper counselling of infertile couple.

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