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## The stigma of childlessness is a bigger threat than COVID-19 in India: An observational study of couples seeking fertility treatment amidst the pandemic

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### Abstract

**Objective:** To understand the thought processes, motivations and pressures responsible for the footfall of couples in an ART (Assisted Reproduction Technology) center in urban India during the peak of the COVID-19 (Coronavirus disease) pandemic.

**Design:** Observational study.

**Setting:** ART center at a teaching hospital.

**Patient(s):** Fifty couples who visited the ART department at our hospital in urban India between July to August 2020 during the lockdown with the purpose of seeking treatment.

**Intervention(s):** None

**Main Outcome Measure(s):** Reason for seeking ART amidst the pandemic.

**Result(s):** The commonest reason for seeking ART for these couples amidst the pandemic was stress and / or anxiety (68%), followed by social pressure from family members and friends (46%). Only 12% reported to the center due to advanced female age or due to factor(s) that could worsen if not provided with immediate ART options.

**Conclusion(s):** ART cycles that are driven through social pressure in the face of an earth shaking pandemic is a wakeup call for India that requires radical reform.

**Keywords:** COVID-19, ART, social pressure

### Introduction

COVID-19 (Coronavirus disease), an alphanumeric that has spared nobody - from human lives to livelihoods. However, despite the global pandemic, the innate desire to procreate for humans has demonstrated itself in the form of couples in pursuit of ART (Assisted Reproduction Technology) at clinics all over the world. While the desperation for couples with limited ovarian reserve or scheduled chemotherapy is unambiguous, factors such as anxiety and social pressures are grey areas that are usually overlooked by treating physicians. This study was undertaken to understand the thought processes, motivations and pressures behind the footfall of couples in an ART center in urban India during the peak of the pandemic.

### Materials and Methods

This study includes 50 couples who visited the ART department at a teaching hospital in urban India between July to August 2020, during the lockdown, with the purpose of seeking treatment for infertility. In addition to their routine medical history, they were enquired about their awareness of the COVID-19 pandemic and the consequences of suffering from it. Once their awareness was confirmed, they were questioned about the reason behind seeking fertility treatment during the pandemic in the language comprehensible by them, and after obtaining voluntary consent (Table 1). They were allowed to select more than one option and to provide an answer that was not included in our questionnaire. Institutional review board approval was not required since no intervention or treatment was used for the patients.

### Results

All the couples included in the study were aware of the COVID-19 pandemic and its consequences (Table 1).

The commonest reason for seeking ART for these couples amidst the pandemic was stress and/or anxiety. Interestingly, the next reason to follow was social pressure from family members and friends, accounting for two-fifths of the couples. Amongst the 6 who reported due to factor(s) that could worsen if not provided with immediate ART options, 5 were due to advanced age and one was post hysteroscopic adhesiolysis. In contrast, we observed that of the 46 patients who had previous AMH levels, 10 (21.74%) were below 1.2ng/mL and in actuality required early intervention. Surprisingly, six of these ten patients were at the center due to social pressure and not diminished ovarian reserve.

In addition, twelve percent of the couples reported due to concern about the storage of their cryopreserved embryos. Despite counselling, these patients disclosed a preference of proceeding with thaw embryo transfers due to social pressure over safe keeping of the embryos through the pandemic.

### Discussion

On 24 March 2020, a lockdown was announced pan India permitting only 'essential' healthcare services. While there was no doubt that services for conditions such as myocardial infarctions, dialysis, trauma, etc. were included under 'essential', those covered under ART seemed frivolous at that time. After an initial few weeks of haziness regarding what was considered essential, the Ministry of Health and Family Welfare (MOHFW) issued guidelines for healthcare providers titled 'Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance notice' [1]. They categorised healthcare activities into the following:

1. COVID related activities, as the name suggests were for COVID positive patients and therefore essential
2. Essential non-COVID services were permitted and included reproductive, maternal, new-born and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies. Further subgroups under the 'Essential non-COVID services' included Antenatal, Intrapartum, Postpartum and newborn care, Family planning and Safe abortion services, Child health with clear descriptions of each subgroup and the services to be continued
3. Desirable services included health promotion activities, IEC campaigns, meetings of the Village Health Sanitation and Nutrition Committees/Mahila Arogya Samitis, community based screening for chronic conditions, other screening programmes, and etc. could be deferred and undertaken after lockdown/restrictions were lifted

Despite the exhaustive description of services under Reproductive health among the Essential non-COVID services, there was no mention of services under fertility or ART leading to confusion amongst physicians and patients, and heterogeneity in the availability of ART facilities in centers across the country. This is a clear indication of our unpreparedness for a black swan event and an opportunity for us to formulate guidelines in preparation for the next one.

It was not until two months later on 25 May 2020 that the Joint IFS-ISAR-ACE Recommendations on Resuming/Opening up ART Services during the COVID-19 Pandemic were released

that led to the re-opening of ART services in the country. By then we already had 144,950 COVID-19 positive cases and were on the ascent towards exponential increase [2, 3]. On 31 August 2020 India had a staggering 3,687,939 COVID-19 positive cases [3]. So by no means did it indicate that life had gone back to the pre-COVID normal and caution still needed to be utilised regarding the selection of patients for ART.

While ART for advanced age, diminished ovarian reserve and cryopreservation prior to gonadotoxic therapy are undeniably essential, donor oocyte programs are evidently postponable to more stable times. In between these two extremes lies an entire range of indications that have a psychological and social impact on the couple.

Infertility is already a stressful condition and Generalised Anxiety Disorder (GAD) is more prevalent in the infertile population (28.3%) as opposed to the general population (5.7%) [4]. In our study 60% of the couples reported to the ART center due to either anxiety or stress about their fertility status and treatment. This could indicate the large strain added by COVID-19 to an already stressed population. However, our study is limited in this aspect since we do not have the proportion of couples from our center that were anxious or stressed solely due to their fertility status before the COVID-19 lockdown.

A large part of the reported anxiety and stress may have been because of social issues, which was disclosed by 46% of our couples. Studies have revealed that the family acceptance of infertility is low in the Indian population, leading to stigma and concealment about treatment in men and distress in women [5]. This is further burdened with the lack of finances to undergo fertility treatment. Amongst the infertile couple, the woman is usually faced with more intense social consequences than the man [6]. Besides, infertility may weaken marital bonds which is the pathway towards marital security for a large proportion of Indian women, further contributing to anxiety as well as social pressure [6].

The lack of overlap between what seems clinically urgent and patient perception of urgency for ART in our study further supports the influence of social stigma on decision making regarding timing of ART for these couples. Since the sample of patients in our study mainly belong to the middle class income group that seek ART treatment in a teaching institute rather than private clinics due to financial constraints, it is therefore fairly representative of almost half of the Indian population today.

### Conclusion

A delay in ART can have an impact on the odds of achieving parenthood for a couple. Therefore, there is an uncontested requirement for established guidelines for future events. Nevertheless, ART cycles that are driven through social pressure in the face of an earth shaking pandemic is a worrisome thought for India. Adequate counselling by the treating physician about the lack of negative consequences of delay can allay the stress and anxiety faced by these couples. However, social pressures go down to the grass root level of education and socio-economic status, and require time to reform. The question is-Should we, as Indian physicians, succumb to social pressure induced ART cycles having crossed the four million mark on 8 September 2020, or should we be diverting these resources towards battling COVID-19?

**Table 1:** Questions and Results

	Are you aware of the current COVID-19 pandemic and consequences of getting suffering from it?	50
	Are you visiting us because of one or more of the following:	
.	You are keen on currently preparing yourself and want to start ART treatment after the pandemic	0
.	You think that your (female) age is advanced, or have factor(s) that will worsen if you are not provided with ART options now	6
.	You feel anxious and/or stressed about your fertility treatment	34
.	You are under pressure from family/friends to have a baby soon	23
.	Other causes (Concern about cryopreserved embryos)	6

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