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Infertility treatment - Women's viewpoint: A qualitative study

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Abstract

Introduction: Fertility is a very important aspect of a woman's life. In a country like India it signifies your womanhood and motherhood is proclaimed at a birth of a child. It depicts her fertility status, but at same time there are women who have not had the joy of experiencing this.

A qualitative study was undertaken with the objective of explore the experiences of these women who were undergoing treatment for primary infertility from selected infertility centres at Sangli.

Methods: Qualitative study was adopted for the studies with primary infertile woman seeking treatment for primary infertility were selected for the study. In-depth interviews of 15 primary infertile women were the samples for the study. A phenomenological approach was undertaken. Emergent themes were generated based on the analysis of the in-depth interview of the samples.

Results: A total of 15 participants were interviewed and analysis was done to come up with emergent themes and sub-themes. The themes identified were impact on self, impact on relationships, sense of weakness, frustration, religious belief and coping skills.

Conclusion: It was concluded that women undergoing treatment for primary infertility were confronted with issues which impacted their personal life, their relationship with the family members; it also led to a sense of weakness, frustration. They followed religious customs and beliefs to overcome their problems and also adopted coping skills. Nurses are an integral part of health care delivery system; they are probably the first to come into contact with the patients and therefore have a greater responsibility towards accessibility of care to them. They can guide, counsel, motivate and encourage them to ventilate their concerns, and help them adhere to the treatment schedules. Thus as the clients share their experiences nurses can develop nursing care models to provide need based appropriate care.

Keywords: Infertility, impact, sense of weakness, frustration, coping skills.

1. Introduction

Infertility is no more considered as an urban phenomenon, it can affect any man or woman irrespective of the gender, occupation, genetic disorder so on. It is complex process and involves a lot of studies and investigations. Rough estimates suggest that nearly 30 million couples in India suffer from infertility, making the incidence rate of infertile couple at 10%. The statistics of Sangli revealed that about 40% of the women were suffering from primary infertility.

WHO has estimated that 8–12% of couples around the world experience difficulty in conceiving a child. One in five (20%) couples will experience infertility – or the inability of a couple to conceive or carry to live birth a pregnancy after one year of regular sexual relations without the use of contraceptives.

The present study was undertaken to understand the experiences of primary infertile woman so that nursing care can be identified to develop a model based on the specific care required for these women.

Materials and Methods

Qualitative research approach with the method of inquiry being Hermeneutic Phenomenology was used.

15 women who were seeking treatment for primary infertility were interviewed with a semi structured interview guide, the responses to which were tape recorded.

The data were transcribed, coded, arranged and analyzed for categories and themes.

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Inclusion criteria: women diagnosed with primary infertility and are seeking treatment since one year.

Exclusion criteria: women who have adopted child/children

Description of tool: It consisted of two sections, Section I – demographic data, which included age, duration of marriage, duration of seeking treatment, education status, occupation and history of Consigamous marriage. Section II: A semi structured tool with questions regarding their experience during the treatment phase

Data Analysis

The terms used by the participants to describe the various experiences faced by them during their course of treatment were analysed through qualitative analysis.

The researcher identified every item /word expressed by the participants to formulate themes which could further explain the experiences under various titles, which have been represented diagrammatically.

Themes were generated to explain the experience of infertile woman

The themes identified are as follows

Impact on self, Impact on relationships, Sense of weakness, Frustration, Religious beliefs, and Coping skills.

Impact on Self

There were many issues when the participants said that it impacted on self. They viewed the impact as physical as majority of them started putting on weight during the course of treatment. It was attributed to hormonal effect, they had to undergo emotional changes as well. Due all this they were undergoing stress.

Impact on Relationships

The treatment also affected their relationship between the couple, family members and with the health care team members. Though majority of the participants husband's were supporting, encouraging, used to accompany them for treatment procedures which shows that because of the treatment process their relationship grew stronger. There were another few who had very carrying and encouraging in-laws who never treatment the participants in an annoying manner, but few of them would constantly pressurize them for conception, blame them for whatever they were suffering.

Majority of the participants said healthcare team members were very supportive, all the information was given well before the procedure; they also said that nurses were supportive and they have individual counselling sessions before and after each procedure. Few of them had a negative experience with healthcare team members; they wanted to be treated with respect and politeness.

Sense of Weakness

It was identified as self blame, no self worth, mixed opinion, and loosing trust.

Majority of the participants felt a sense of weakness as they expressed the feelings of guilt, they felt only they were responsible for the condition; they felt that they had imperfections in themselves. They were burdened by expectations from everyone, comparisons were made with fellow women who were married and had conceived this

affected them mentally. They experienced a sense of worthlessness and it influenced their self image.

Frustration

Emotional outburst, disappointment, expectations, anxiety, and comparison were termed as “frustration”, as these were feelings verbalized by the participants. These reactions were a result of bottled up emotions due to long periods of treatment, some were because of unfavourable results, negative results, anxiety due to the outcome of treatment and constant comparison with others.

Religious Beliefs

Spirituality, relationship with God, fasting prayer, and cultural beliefs gave a sense of relief and positivity in the situation they were in, it was their trust in the almighty that made they carry the treatment forward.

Coping Skills

Self time, meditation, expressing thoughts and denial were few of the coping strategies used by the participants to help them overcome the situation, it helped them to confront the situation, to face it and rise above the insecurities they were facing during the course of treatment.

Conclusion

The findings of the study brought about the fact that during the period of treatment of infertility women have a lot of associated factors which affect the treatment outcome. It calls for more understanding on the doctors and nurses or the health care team members, to pay attention to the factors which may not be directly related to the treatment but surely will help for better and successful outcome of the procedures.

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