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Neelofar Sami

Tazeen S. Ali
Aga Khan University, tazeen.ali@aku.edu

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HEALTH SEEKING BEHAVIOR OF COUPLES WITH SECONDARY INFERTILITY

Neelofar Sami and Tazeen Saeed Ali*

ABSTRACT

Objective: To determine the factors affecting the health-seeking behavior of couples with secondary infertility in Karachi.

Design: A descriptive case series.

Place and Duration of Study: The data was collected from women attending infertility clinics in five tertiary care hospitals in Karachi from March to June 2003.

Patients and Methods: All currently married women, between the age of 15-35 years, with at least one previous conception, irrespective of outcome, attending an infertility clinic and consenting to participate in the study, were included. Women with corrective surgery on vagina and uterus, and cases of secondary infertility, were excluded. Multiple logistic regression models were used to determine the association of various factors, affecting the health-seeking behavior, with statistical significance set at p < 0.05 for the covariates and the interaction terms between various factors.

Results: The women consulted multiple health care providers for treatment of secondary infertility. The main reasons for seeking treatment were couple’s wish (54.2%), family pressure (22.6%) and want of a son by husbands or in-laws (20.4%).

Conclusion: Pressure from husbands and in-laws compels women for consulting multiple providers. Health seeking behavior for infertility is affected by the literacy and socioeconomic status of the women.


INTRODUCTION

Infertility is the inability of a couple in the reproductive age group to achieve pregnancy within 12 months of unprotected intercourse. It may be primary or secondary in nature: Primary infertility refers to couples who have never conceived whereas in secondary infertility couples are unable to conceive after previous pregnancy.

Reproduction is a natural biological urge and is the basic human need for a couple but in many parts of South Asia, including Pakistan, only woman is thought to be responsible for producing next generation. Procreation is presumed to be an integral part of a stable marital relationship with a strong desire for sons and the blame for the absence of desired number and gender of children is unquestioningly placed on woman only. Infertility is a major problem in the context of important domains of social life but secondary infertility becomes particularly stressful for a woman where previous pregnancies end up in no live births or the birth of daughters only.

Though closely linked to other aspects of reproductive health such as sexually transmitted infections and abortions, infertility not only ranks low in the list of reproductive health services but the issue has not been adequately addressed by researchers too. In Pakistan, though Pakistan Reproductive Health Services Package incorporates the treatment for infertile couples, no governmental programs exist to manage infertile couples. Moreover, the research studies are focused on prevalence and causes but neglected the treatment-seeking behavior of infertile couples and their associated factors.

Furthermore, although infertility is evidently an issue for couples and men are at least responsible for the problem in around fifty per cent of the cases, male infertility remains a relatively neglected issue, particularly in the context of their participation in fertility-seeking practices.

The aim of this study was to determine the factors affecting the treatment-seeking behavior of couples with secondary infertility in Karachi.

PATIENTS AND METHODS

This is a descriptive case series of 400 women with secondary infertility. For the study purposes, secondary infertility was operationally defined as a couple who has conceived at least once, and presently trying to conceive again for the last one year, irrespective of the outcome of previous pregnancy.

The data was collected from women attending infertility clinics in five tertiary care hospitals in Karachi i.e. Sobhraj,
RESULTS

The mean age of women was 28.9 years (±SD4.3) with nearly two thirds below the age of 30 years. More than 80% of the infertile women got married between the ages of 21-25 years. Almost half of the respondents were physicians (54.2%), followed by family physicians (23%), Hakims (26%) and homeopaths (17.2%).

Of the infertile women reported to consult various categories of service providers, the most commonly sought were physicians (74.7%), traditional birth attendants (9.5%), spiritual healers (26%), Hakims (23%) and homeopaths (17.2%). Most of the women did not wait completion of a treatment advised by one provider and had multiple types of treatment simultaneously. The number of HCPs consulted by infertile women was directly related to respondent's age and age at marriage, duration of marriage, and absence of a live child or a son.

Majority of the women, who consulted non-physicians were illiterate (69.4%) as compared to those who consulted a physician (37.8%, p-value = 0.00). Moreover, the women belonging to low socioeconomic class were more inclined towards non-physicians (61.6%) as compared to women who had completed high school.

At all, or because their only son was suffering from some form of physical or mental abnormality.

Seventythree percent of the women consulted a provider within one year. The mean time period a woman waited for was 18.4 months (± 3.5m) for those who had a live birth and 10.6 months (± 1.2m) for those who faced a poor outcome in the last pregnancy. The main reasons identified for seeking treatment were couple's wish (54.2%), followed by family pressure (22.6%) and want of a son by the husbands or in-laws (20.4%).

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Table II: Percentage distribution of physicians and non-physicians consulted by women with secondary infertility by socio-demographic characteristics and pregnancy outcome.

<table>
<thead>
<tr>
<th>Sociodemographic Characteristic</th>
<th>Physicians</th>
<th>Non-Physicians*</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>69.6</td>
<td>30.4</td>
<td>0.00</td>
</tr>
<tr>
<td>Unmarried</td>
<td>31.4</td>
<td>69.6</td>
<td>0.00</td>
</tr>
<tr>
<td>Educational status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>29.2</td>
<td>70.8</td>
<td>0.00</td>
</tr>
<tr>
<td>Medium</td>
<td>55.0</td>
<td>45.0</td>
<td>0.00</td>
</tr>
<tr>
<td>High</td>
<td>25.8</td>
<td>74.2</td>
<td>0.12</td>
</tr>
<tr>
<td>Parity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No live birth</td>
<td>48.2</td>
<td>51.8</td>
<td>0.00</td>
</tr>
<tr>
<td>Had a live birth</td>
<td>51.8</td>
<td>48.2</td>
<td>0.00</td>
</tr>
<tr>
<td>Had live child</td>
<td>47.7</td>
<td>52.3</td>
<td>0.23</td>
</tr>
<tr>
<td>Did not have a son</td>
<td>52.3</td>
<td>47.7</td>
<td>0.14</td>
</tr>
</tbody>
</table>

These women mentioned that treatment provided by the sacred people was free of cost. Though not demanded, nearly three-quarter of them gave money and other items like sweets, fruits, chicken etc. as donations in the hope of making the sacred persons and God happy. The infertile women were of the opinion that these sacred people were expert in breaking the black magic that results in a live birth, especially of a son. Nearly one-quarter (26%) of women reported using one or more home remedies. These included eating clarified butter, herbal powders, dried petals of roses, alum seed or KMnO4 or inserting various herbs or their extracts intra-vaginally.

These remedies were advised by mothers (33.6%), mothers-in-law (25.9%) or friends (36.5%) of infertile women.

Infertile women reported to face complications following various types of treatments opted. The commonly reported complications included lower abdominal pain, vaginal discharge, dysmenorrhea, dyspareunia, backache and palpitation. There were statistically significant differentials for complications following treatment advised by non-physicians and physicians. The complications were more prevalent among women who followed the treatment from non-physicians such as lower abdominal pain (physicians 4.8%, non-physicians 16.8%; p-value = 0.00), vaginal discharge (physicians 8.6%, non-physicians 21.4%; p-value = 0.00), dysmenorrhea (physicians 2.6%, non-physicians 19.0%; p-value = 0.01), dyspareunia (physicians 3.0%, non-physicians 14.8%; p-value = 0.03) and backache (physicians 4.8%, non-physicians 20.6%; p-value = 0.00).

The mean cost of treatment was Rs. 13061.76±348.87. The expenditure of treatment was positively related to the duration of infertility and the number of providers consulted.

**DISCUSSION**

This study is quite comprehensive for providing information on treatment-seeking behavior of women with secondary infertility.

The pressure from husbands and in-laws compels the infertile women to seek care. This reflects a traditional Asian society where womanhood is defined by a woman’s capacity to “mother” as men and their families need children to have heirs. Moreover, patriarchal descent, property inheritance, lineage and caste are also responsible for the extreme importance given to fertility. Due to social pressures exerted, women go through all kinds of treatments to have a child, particularly a son. The importance of bearing a son has been revealed by a study conducted in India that when a couple’s previous offspring was female, social pressure was the same as in cases of primary infertility.

The study has highlighted that majority of HCPs omitted the husband’s investigations and treatment. Similar trends exist in India too, as revealed by a study where only one-quarter of the husbands were advised for semen analysis. Such practices could result in misdiagnosis and mismanagement. This also leads to rapid switching, opting for multiple providers and prolonged and multiple treatments by women.
The study showed that in comparison to the physicians, men were not only inclined to indigenous providers but followed their advice too. Studies conducted in India have shown that infertile women opt for traditional treatment including Ayurvedic, Unani and homeopathy. However, none has addressed the treatment-seeking preferences of men for their reproductive health problems and the associated factors. The issue needs to be addressed by the researchers.

The study has shown that though majority of the women opted for an allopathic treatment, it was not the first choice for one-quarter of infertile women who preferred traditional treatments over an allopathic one. This is quite strange, particularly in a major urban city like Karachi, having hi-tech facilities for infertile couple in public and private sectors. Traditional treatment has been shown to be quite popular for infertility in Pakistan and India. Various factors, such as literacy and socioeconomic status, could be contributing as revealed by various studies that traditional and spiritual treatments were more often opted by illiterate people and those belonging to a lower socioeconomic class.

Beliefs about the evil spirits and black magic existed strongly among infertile women as a cause of infertility, and particularly for not having a son and affected their treatment-seeking behavior. These women were highly inclined towards spiritual treatment that could have resulted in delay for opting seeking behavior. These women were highly inclined towards spiritual treatment that could have resulted in delay for opting

There were certain limitations related to the study. Being a hospital-based study, we cannot comment what proportions of infertile women did not seek treatment and the reasons associated with those. A community-based study would be a better approach to address the issue. Also, the study was conducted in the urban setup of Karachi with the infertile women presenting to infertility clinics, the trend for opting an allopathic treatment could be overreported. A similar study in a rural setup would be more reliable to explore the health-seeking behavior of infertile women and their preferences.

CONCLUSION

There is a dire need for training of service providers for appropriate couple counseling and to follow standard infertility management protocols. Community education and counseling of family members of infertile couples is required to drive out the myths, associated with the causes of infertility in general, and secondary infertility in particular. This would result in changing for the fertility-seeking attitude of infertile couples.

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REFERENCES


