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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 primary 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%). The most commonly sought providers were physicians (74.7%), Traditional Birth Attendants (TBA, 39.5%), Spiritual healers (26%), *Hakeems* (23%) and Homeopaths (17.2%). Most 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). The non-physicians were more commonly consulted by women belonging to low socioeconomic group. The posttreatment complications were more common among women who consulted non-physicians.

**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.

**KEY WORDS:** Secondary infertility. Couples. Health seeking behavior. Determinants.

## 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.<sup>1</sup>

Reproduction is a natural biological urge and is the basic human need<sup>2</sup> 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<sup>3</sup> 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.<sup>4</sup>

Though closely linked to other aspects of reproductive, health such as sexually transmitted infections and abortions<sup>5</sup>,

infertility not only ranks low in the list of reproductive health programs 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<sup>6,7,8,9</sup> 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<sup>10</sup>, 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,

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Maternity Home, Aga Khan University, Jinnah Postgraduate Medical Centre, Sindh Government Liyari General Hospital and Qatar Hospital from March to June 2003. The sample size calculation was done on the basis of matched case control study to identify the risk factors for secondary infertility. However, the data for health-seeking behavior was collected from infertility cases only. Therefore, a sample of 400 women was analyzed for health-seeking behavior related study objectives.

The inclusion criteria for cases were 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. Women with corrective surgery on vagina or uterus and cases of primary infertility were excluded.

The data was collected on structured pre-tested questionnaire. The questionnaire was developed, based on the themes described in the objectives, further elaborated by information from earlier qualitative survey. The original questionnaire was developed in English, later translated into Urdu. Two rounds of pretests were conducted to develop a final questionnaire. The interviewers were recruited and given a formal training.

The consent for interviewing the women was taken from the Medical Superintendents of hospitals, doctors in-charge of infertility clinics and from the infertile women. The cases were interviewed at the clinic premises, either on the day they attended the clinic, after laparoscopic examination, at the time of discharge or on follow-up clinic visits.

The data was edited at field and at office by investigators using the data entry program of EpiInfo Version 6.04. The data sets were validated and consistency checks were run to identify any problems that were later corrected and analyzed using statistical package of scientific software (SPSS) version 10. Multiple logistic regression models were used to determine the association of various factors affecting the health seeking behavior. Statistical significance was set at  $p < 0.05$  for the covariates and the interaction terms between various factors.

## RESULTS

The mean age of women was 28.9 years ( $\pm$ 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 – 30 years. Almost half of the respondents were Urdu speaking. Nearly 48% of the women had received no schooling and majority of them (87.3%) were housewives.

Generally husbands of the infertile women were 6-7 years older than their wives and majority of them (71 %) had some form of schooling (Table I).

While 45% of women reported to have only one pregnancy followed by infertility, 21% had two, and remaining had multiple pregnancies. One woman reported a total of 10 pregnancies with no live births.

Out of 400 infertile women, 78% did not have any live children. Of those who had live births, majority (95%) had only one live birth followed by inability to conceive again. Remaining women, who had two, live births followed by infertility, were seeking treatment, either for not having a son

**Table I:** Socio-demographic characteristics of women with secondary infertility (n=400) in Karachi, Pakistan.

Variables	n	%
Mean age of respondent	28.9 $\pm$ 4.3 years	
Respondent's age (years)		
<20	34	8.5
20-24	96	24.0
25-29	138	34.5
30-34	59	14.7
35 & +	73	18.3
Mean age of husband	34.4 $\pm$ 4.8 years	
Husband's age (years)		
<25	40	10.0
25-29	112	28.0
30-34	194	48.5
35-39	38	9.5
40 & +	16	4.0
Respondent's age at marriage (years)		
< 20	26	6.5
21-25	189	47.3
26-30	142	35.5
> 30	43	10.7
Ethnicity		
Urdu	189	47.3
Balochi	51	12.8
Sindhi	18	4.3
Pushto	42	10.5
Punjabi	57	14.8
Education of respondent		
Illiterate	193	48.25
Literate	207	51.75
Education of husband		
Illiterate	116	29.0
Literate	284	71.0
Occupation of respondent		
Housewife	350	87.5
Employed	50	12.5
Duration of marriage (years)		
1-5	109	27.3
6-10	126	31.5
11-15	156	39.0
< 15	9	2.25

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 ( $\pm$  3.5m) for those who had a live birth and 10.6 months ( $\pm$  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%).

Of the infertile women reported to consult various categories of service providers, the most commonly sought providers were physicians (74.7%), traditional birth attendants (39.5%), 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

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

Socio-demographic characteristics	Physicians	Non-physicians*	P-value
<b>Literacy status (wife)</b>			
Literate	68.6	30.4	0.00
Illiterate	31.4	69.6	0.00
<b>Income status</b>			
Low	29.2	52.6	0.00
Medium	55.0	26.2	0.00
High	25.8	21.2	0.12
<b>Family type</b>			
Nuclear	69.4	43.2	0.00
Extended	30.6	56.8	0.00
<b>Live birth</b>			
No live births	48.2	59.8	0.00
Had a live birth	51.8	40.2	0.20
<b>Sex of live child</b>			
Had a son	47.7	49.4	0.23
Did not have a son	52.3	51.6	0.14

TBAs, Hakeems, homeopaths, spiritual healers.

approached physicians (28.4%, p-value = 0.00). The gender of the live birth did not have a significant impact on health-seeking behavior of secondarily infertile women but majority of the women who did not have a live birth were more inclined for a spiritual treatment (67%, Table II).

Physicians were the first choice of providers for majority of the women (75%). The physicians consulted advised investigations for 93% of the women and 45% of the husbands. Though most of the women (94%) actually had the investigations, only 11% of the men followed the advice. Majority of the husbands (71.6%), who had the investigations advised to them, were literate.

Nearly 40% of the infertile women reported to consult a TBA for their problem of infertility. The main reasons for consulting them was that the TBAs were thought to be experienced in the field, were strongly recommended by the mother-in-laws of women and their treatment was presumed to be free of side effects. The mean duration of time period, for which women were treated by the TBAs, was 7.4±1.8 months. Fourteen women were treated by TBAs for about 5 years. Majority (88%) of these women reported that they used an intra-vaginal medicine made by the TBAs.

Hakims and homeopaths were consulted by 23% and 17% of infertile women respectively. Nearly half of the women (46%) who visited *Hakims*, were accompanied by their husbands. Moreover, 68% of the husbands followed the treatment advised by *Hakims*. Similarly, 46% of the husbands followed the treatment advised by homeopaths.

A little less than half (44%) of the infertile women used some form of spiritual treatment. Majority of such women blamed the infertility due to *bandish* or black magic and believed that it could best be handled by spiritual treatment only. For this purpose, a *Pir* (an elderly sacred person) was consulted in a mosque, tomb or a special room called *Hujra*. Majority of the women were advised multiple remedies in the form of drinking sacred water (43.0%), wearing a sacred locket (18.2%), reading some versions certain times a day called *Chilla* (21.8%), visiting the tombs on thursday nights (21.4%)

and sacrificing black goats, sheep or chickens (20.6%). Most of the women were advised to consult these sacred people and places by their mother-in-laws (36.2%), friends (24.1%) or mothers (23%).

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  $KMnO_4$  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 16.8.0%; 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"<sup>11,12</sup> as men and their families need children to have heirs.<sup>13</sup> Moreover, patriarchal descent, property inheritance, lineage and caste are also responsible for the extreme importance given to fertility.<sup>14</sup> 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.<sup>11</sup>

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.<sup>15</sup> 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 advices too. Studies conducted in India have shown that infertile women opt for traditional treatment including *Aurvedic*, *Unani* and homeopathy.<sup>16</sup> 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.<sup>11,17</sup> 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.<sup>18-21</sup>

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 an effective scientific treatment. Studies have shown that such beliefs, combined with traditional practices, affect the extent of utilization of services even if they are available.<sup>22-24</sup> All of these studies have shown that such treatment options were highly recommended by female relatives and friends.

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 set up 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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