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Recommended Citation

Sami, N., Ali, T. S. (2006). Psycho-social consequences of secondary infertility in Karachi.. *JPMA. The Journal of the Pakistan Medical Association*, 56(1), 19-22.

Available at: http://ecommons.aku.edu/pakistan_fhs_mc_chs_chs/276

Psycho-Social Consequences of Secondary Infertility in Karachi

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Abstract

Objective: To explore the experiences of social consequences among women suffering from secondary infertility.

Methods: Descriptive case series of 400 women with secondary infertility attending tertiary care hospitals in Karachi, Pakistan.

Results: More than two thirds (67.7%) of women stated that their inability to give live births or give birth to sons had resulted in marital dissonance. The respondents had been threatened for divorce (20%), husband's remarriage (38%) or to be returned to their parent's home (26%) by their in laws or husbands. Majority (68%) of the women threatened did not have any live births. However, those who had live births (32%) had a girl child only followed by difficulty in conceiving again. Secondary infertility was described as a cause of violence against infertile women. The women reported that they were being physically and verbally abused by husbands (10.5%) and in-laws (16.3%) for being infertile. Nearly 70% of women facing physical abuse and 60% of the women facing verbal abuse suffered severe mental stress.

Conclusion: The experience of infertility is a stressful condition itself. This becomes particularly traumatic with previous pregnancies ending up in abortions, stillbirths and neonatal/infant deaths or the live births being daughters only. However, it subjects the woman to contempt and exploitation resulting in severe psychological and physical trauma affecting her physical, mental and social health (JPMA 56:19;2006).

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. Primary infertility refers to couples who have never conceived whereas secondary infertility refers to couples who are unable to conceive after one year of unprotected intercourse following previous pregnancy and not using any contraceptives.¹

Globally approximately 10-15% of the couples are infertile and secondary infertility out numbers the primary.¹ The prevalence of infertility in Pakistan is 21.9%: primary infertility is 3.9% and secondary infertility is 18.0%.^{2,3}

Infertility is important not only in context of its physical entity but as a social milieu too. It can have serious implications on psychological, physical, economic and social well-being for both spouses, but more for women as motherhood is seen as a supreme achievement for a woman and demonstrates her physical and psychological adequacy.⁴ In many parts of the world including South Asia, only woman is thought to be responsible for producing next generation and the blame for absence of desired number and sex of children is unquestioningly placed on her. Also the patriarchal system in Asian countries produces a strong desire for sons to continue the family line. Moreover, sons are also regarded as sources of income and security for the parents in old age. Pakistan's culture is not different from those of

other Asian countries.

Infertility, whether primary or secondary, though effects couples, is an experience that strikes at the very core of a woman's life.⁵ Their inability to reproduce desired number and sex of children results in catastrophe that negatively impacts relationships⁶⁻⁹ not only with husband but also with other family members leading to destabilization of her social status. Interactions with husband, friends and family are altered and therefore lead to an altered experience of self.^{10,11} Studies have revealed that severe emotional harassment is experienced by a large number of such women in their marital homes in the form of ostracism from family celebrations, taunting and stigmatization, negative attitude as well as beating, withholding of food and health care.¹²

This paper describes the experiences of social consequences among women suffering from secondary infertility.

Subjects and Methods

A descriptive case series of 400 women with secondary infertility attending infertility clinics of five tertiary care hospitals in Karachi, Pakistan. The purpose of selection of these hospitals was that these hospitals have separate infertility clinics.

Currently married women of 15-35 years of age with at least one previous conception irrespective of the outcome, finding it difficult to conceive again, attending the infertility clinics of aforementioned hospitals and consenting to participate in the study, were included.

Women with primary infertility and those giving history of corrective surgery of vagina and uterus were excluded.

The data was collected from May 2003 to August 2003. The questionnaire was developed based on the information from earlier qualitative survey that comprised of focus group discussions and in-depth interviews with the women suffering from secondary infertility. The original questionnaire was developed into English and then translated into Urdu. Two rounds of pretests were conducted to develop a final questionnaire based on which, a detailed manual of instructions was developed to facilitate the administration of interviews. The interviewers were recruited and were given a formal training. The data entry and analysis was done using the data entry program of Epi Info Version 6.04 and frequencies were calculated.

Results

Of the 400 women, 15.5% were below 25 years of age; 65% were aged 25-34 years, and 19.5% were 35 years old. Nearly half (48%) of the women had received no schooling. Majority of the women (87.3%) were housewives. The remaining were employed as domestic workers or involved in either administrative or professional work.

Among the spouses of these women, 32.5% were

Table 1. Socio-demographic characteristics of women (n=400).

Variables	n	%
Respondent's age (years)	28.9 (±SD 4.3)	
Education respondent		
Illiterate	193	48.25
Literate	207	51.75
Education of Husband		
Illiterate	116	29.0
Literate	284	71.0
Occupation of Respondent		
House wife	350	87.5
Employed	50	12.5
Occupation of Husband		
Unemployed	20	5.0
Employed	380	95.0
Duration of current marriage (years)		
<5	42	10.5
5-9	169	42.2
10-14	112	28.0
15 and above	77	19.3

below 30 years, 58% were aged 31-40 years, and the remaining were above 41 years. Only 29% of the spouses were illiterate, and majority had some form of schooling (71%). Of these 36% had secondary education, 16% had college education and 4.8% had higher-level education. (Table 1).

Nearly half of the women (45.3%) reported to have only one pregnancy followed by infertility, 21% had two pregnancies and remaining had multiple pregnancies. One woman reported a total of 10 pregnancies.

Out of 400 women, 205 (51.25%) did not have any live children. Out of 195 women who had live births, 179 had only one live birth and 16 had two or more live births followed by infertility. Out of 195 women who had live births, 124 women did not have any son (Figure).

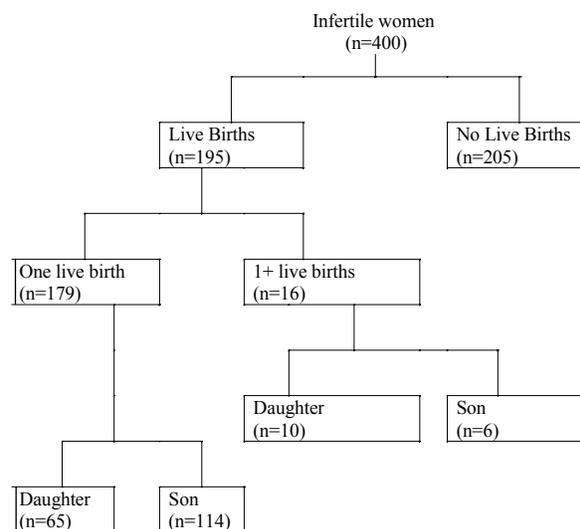


Figure. Pregnancy outcomes of infertile women attending the infertility clinics in Karachi - Pakistan.

More than two thirds (67.7%) of women reported that secondary infertility had affected the inter-spousal relationship negatively. Approximately 40% of women held secondary infertility responsible for argument among the couple. One third (32%) of women mentioned that they were blamed to be unlucky not only for their husbands but for the whole family too.

Sixty-nine percent of the women were blamed for infertility by the family members, also. Most of the time, it was the in-laws (51%), husbands (38.2%) or other relative and friends (11.4%) blaming women for the problem.

Of the women interviewed, 21% reported to be threatened for divorce, 38% were threatened for husband's

Table 2. Percentage distribution of pregnancy outcome and gender of live births by threats of divorce for women with secondary infertility.

Characteristics	Threatened for divorce	
	n	%
Women threatened (n=86)		
By In laws	55	63.9
By Husbands	26	30.2
By Both	5	5.8
Pregnancy outcome (n=86)		
No live birth	46	53.5
Live birth	40	46.5
Gender of live births (n=40)		
Don't have a son	25	62.5
Have son	15	37.5

remarrying and 26% were threatened to be sent back to their parent's home. In majority of the cases, women's in-laws (65%) threatened her while husbands also threatened their wives in (30.2%) cases.

Majority of these women either did not have any live births or had daughters only (Table 2).

Since only currently married women were interviewed, therefore divorce due to secondary infertility cannot be quoted. However, 11 women reported that their husbands had remarried at least once. Of these, 7 women (63.3%) had all their pregnancies ending in abortions or stillbirths. Remaining 4 reported to have live births but did not have a son.

Physical violence was reported (23%) to be one of the consequences of secondary infertility. These women blamed both the husbands (9%) and in-laws (14%) for the act.

Majority of these women (72%) felt severely pressurized and stressed due to the conflicts.

Discussion

The study has shown that the consequences of inability to reproduce and specially to give birth to a male child are grave. The women with secondary infertility are socially stigmatized and have to bear the brunt of being infertile, irrespective of who is responsible for infertility. This has been shown by a similar study conducted in India.¹³ In traditional South Asian countries a woman gains prestige and security in her husband's home only after she succeeds in proving her fertility.¹⁴ While the glory of childbirth is a time for celebration for the entire family, the absence of desired

number and sex of children becomes the responsibility of the woman alone leading to a threat for her status in the society.

The results of this study highlighted that secondary infertility negatively affected the marital relationship and subjected the women to contempt and exploitation. Since only those women living with their spouse were interviewed, we cannot comment on infertility as a cause of divorce but husbands' remarrying and sending women back to parent's home was not an uncommon experience. Moreover, due to the problem of infertility, the women become the victims of verbal and physical abuse both by the husbands and in-laws. Though not much explored in Pakistan but studies conducted in India and Bangladesh have shown that infertile women face various consequences such as husband's remarrying, divorce, emotional harassment, deprivation from inheritance or being returned to parent's family.¹⁴⁻¹⁶

Infertility is a chronic stressor with no clear solution and often results in strong feelings of doubt and ambiguity about the future. Moreover, while receiving treatment there is continued hope by the couple that the woman will become pregnant, this, if not successful, is followed by feelings of helplessness and powerlessness. The situation becomes intense in cases of secondary infertility that even with the successful conception, there is a feeling of doubt and ambiguity about the outcome of pregnancy and sex of the newborn. This puts women under enormous pressure and the resulting anxiety and depression could be devastating and affects the physical and psychological well being. Studies conducted in India and Thailand have shown similar results where psychological trauma resulting from infertility ended up in low self-esteem, security and self-confidence in such women.^{13, 17, 18}

In our society, only woman is being considered responsible for child bearing and bears the brunt of being infertile. This is irrespective of with whom the cause of infertility lies. Her inability to reproduce and to give birth to a son, subjects her not only to contempt and exploitation, but also results in severe psychological and physical trauma affecting her physical, mental and social health.

People in general and infertile couples in particular, should be provided with appropriate information regarding the causes of infertility that either of the partners could be responsible and it is important to investigate both. Also the husbands and their families should be counseled for the fact that it is the man's chromosome, and not woman's that determines the sex of child so a woman is not responsible for inability to give birth to son.

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