



How Does Infertility Affect Mental Health in Women

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1. Introduction

Infertility is a disease that affects millions of Indians and people around the world, and the numbers are rising each year. For women under the age of 35 years, infertility is defined as the inability to conceive a child after 1 year of unprotected sexual intercourse. For women aged 35–40 years, it is defined as inability to conceive after 6 months of unprotected intercourse. For women over the age of 40 years, it is the inability to conceive after 3 months of unprotected intercourse. Infertility is also the inability to carry a pregnancy to term, such as in cases of recurrent pregnancy loss.

There are two kinds of infertility – 1. Primary and 2. Secondary:

Primary infertility means that the couple has never conceived. Secondary infertility means that the couple has experienced a pregnancy before and failed to conceive later. Globally, most infertile couples suffer from primary infertility.

The cause of infertility is shared equally by both sexes; 30% is male-factor infertility and 30% is female-factor infertility. The remaining 40% of cases are caused by a combination of male and female factors or are “unexplained” infertility, in which all tests fail to identify a cause. The diagnosis of infertility can be attributed to many factors: anatomical abnormalities, hormonal and metabolic problems, age, infections, and lifestyle (e.g., smoking), tubal disease, cancer treatments, anti phosphor lipid syndrome, genetics etc.

Sexually transmitted infections (STIs) are the leading preventable cause of infertility by causing 70% of pelvic inflammatory diseases responsible for tubal damage. Low fertility is becoming more common worldwide, particularly in many urban settings where women are planning their first babies at older ages.

Infertility affects up to 15% of reproductive-aged couples worldwide. According to World Health Organization estimate the overall prevalence of primary infertility in India is between 3.9 to 16.8%. In Indian states prevalence of infertility varies from state to state such as 3.7 per cent in Uttar Pradesh, Himachal Pradesh and Maharashtra, to 5 per cent in Andhra Pradesh, and 15 per cent in Kashmir and prevalence varies in same region across tribes and caste.

According to the Indian Society of Assisted Reproduction, infertility currently affects about 10 to 14 percent of the Indian population, with higher rates in urban areas where one out of six couples is impacted. Nearly 27.5 million couples actively trying to conceive suffer from infertility in India.

The inability to have children affects couples and causes emotional and psychological distress in both men and women. Despite the various social, psychological, economic and physical implications, infertility prevention and care often remain neglected public health issues, or at least they rank low on the priority list, especially for low-income countries that are already under population pressure. But in recent years there is increased awareness to integrate infertility prevention, care and treatment into the basic health care services.

2. Factors that affect the fertility of both sexes include the following:

- Environmental/occupational factors
- Toxic effects related to tobacco, marijuana, or other drugs
- Excessive exercise
- Inadequate diet associated with extreme weight loss or gain
- Advanced age

3. How Infertility affect Mental Health of Women?

Parenthood is one of the major transitions in adult life for both men and women. The stress of the non-fulfillment of a wish for a child has been associated with emotional squeal such as anger, depression, anxiety, marital problems, sexual dysfunction, and social isolation. Couples experience stigma, sense of loss, and diminished self-esteem in the setting of their infertility. In general, in infertile couples women show higher levels of distress than their male partners. However, men's response to infertility closely approximates the intensity of women's responses when infertility is attributed to a male factor. Both men and women experience a sense of loss of identity and have pronounced feelings of defectiveness and incompetence.

As stated above women shows higher levels of distress than that of male partner. Infertility has a profound impact on women's mental health and on the person as a whole. Physical, emotional, sexual, spiritual, and financial aspects of one's life are all affected by this disease of the reproductive system.

(a) Physical & Emotional demand and Mental affect

Stress, depression and anxiety are described as common consequences of infertility. A number of studies have found that the incidence of depression in infertile couples presenting for infertility treatment is significantly higher than in fertile controls, with prevalence estimates of major depression in the range of 15%-54%. Anxiety has also been shown to be significantly higher in infertile couples when compared to the general population, with 8%-28% of infertile couples reporting clinically significant anxiety.

The most common mental health concerns reported by fertility patients are symptoms of anxiety and depression. The more physically and emotionally demanding and intrusive patients' medical treatments become, the higher the reported symptoms of anxiety and depression. Each passing monthly cycle brings a roller coaster ride of emotions such as anger, betrayal, guilt, sadness, and even hope. With each friend who announces her pregnancy and with every pregnant woman she passes in the grocery store, the patient's anxiety and stress can become overwhelming. This mental anxiety and stress affects physically. Uneasiness, weakness, loneliness become part and parcel of life.

(b) Sexual Life and Mental Health

Infertility can also affect a person's sexual self-esteem, desire, and performance. Many couples have sex as a way to connect emotionally. When sex becomes associated with failure and frustration, couples may lose this emotional connection. The pressure to perform or to have (or abstain from) sex due to infertility treatments can isolate partners and divide couples. Fertility treatments also make sex less spontaneous, as it becomes focused on procreation rather than recreation. As fertility treatments continue, spontaneity and emotional connection can become greater challenges.

Thus, infertility affects Sexual Life and it ultimately affect mental health of women more than her partner.

(c) Social Taboo and Mental Health

Spirituality and religious beliefs are often explored by patients as they grapple with feelings of abandonment by God, and some may question their faith. However, the same spiritual or religious ideologies can be utilized as a supportive tool to reduce symptoms of stress and anxiety. Social Taboo to have child, more precisely male child (who uplift the entire family) and stress given by family member to have male child also affect mentally to women in India. In all over the world, there may be many taboo or religious belief for having a children, affects mental health of women.

(d) Financial stability and Mental Health

Finances are another area of immense anxiety as couples struggle to pay for medical treatments and still have money left to raise the children. In addition, frequent medical appointments can cause worry about maintaining employment. How to manage the things is a big question? In this also women has to suffer more. In modern society, where women are equal to men, they are also earning and also managing home, then an additional burden of medical treatment and managing fund affects mental health of women.

(e) Male dominated social System and Mental Health

Infertility may be due to deficiency in male or in women. In society where we live, especially in rural area, inability to conceive after reasonable time after marriage is curse to women and not to men. The fear of society, fear of what family will say gives mental stress to women and many women have sleepless night in this type of period.

(f) Micro and Macro family system and Mental Health

Micro family has couple only, mean no other family members with them. In big cities where these types of Micro families are there, they do not find any family warm and support in need of stress. Infertility itself is a stress and when a woman is not working and alone at home, she breaks down in absence of any family members.

Totally opposite to it is macro family, where there is a joint family and number of persons living together. This situation also gives stress to women in case she is suffering of infertility. So many eyes to see her, so many mouth to ask her and she is only one to reply. This also creates mental stress, even if the house is full of near and dear.

4. Conclusion

Even though there are number of treatments available to cure infertility, it is time consuming, require more time, patience and also success ratio to the infertile women affect her life more than that of men. This gives mental stress and ultimately it affects physical health too. What require is balance of mind, acceptance of reality, at most faith in God you believe and continuous treatment. This will not only overcome stress but also give positive results.

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