

The Multifaceted Aspects of Infertility

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Abstract: *Infertility even though a medical condition, is considered as a biopsychosocial crisis and been prevalent for many decades. The World Health Organization estimated that about 10-25% of couples have infertility problems. The multifaceted dimensions of infertility have been seen to engulf an individual's life completely right from emotional, physical, social and financial domains. The diagnosis can often take the couple by surprise which disrupts their future plans and goals leading to increased stress with themselves and their partner. A couple's start to the infertility journey starts from the time they try to conceive, however, it is to be noted that a successful conception may not happen in the first treatment cycle itself. This then leads to a loop of yet another journey of tremendous emotional rollercoaster for the couple. The journey of infertility treatment can bring about ample amount of distress within the individual, the partner and the society at large. The vicious cycle of hope and despair whilst taking the treatment can bring about elevated levels of stress and anxiety in the patient. An Infertility Counsellor can be a very cathartic experience for the patient undergoing infertility treatment and a more holistic approach to patient care is achieved.*

Keywords: infertility, counseling, assisted reproductive technology, stress

1. Introduction

Infertility has been defined by the World Health Organization (WHO) as the failure of a couple to achieve a clinical pregnancy after twelve months of regular intercourse without the use of contraception [1]. Infertility affects approximately 80 million people across the world¹ with rates of infertility varying throughout the world (ranging from less than 5% to over 30%) and it is estimated that approximately one in ten couples have either primary or secondary infertility [2]. Infertility can be of two types namely; Primary infertility a term used to refer to couples that have never conceived a pregnancy in at least one year of regular intercourse without contraception. Secondary infertility refers to couples who have previously conceived successfully but who have difficulty achieving a subsequent conception [3].

The number of couples seeking treatment for infertility in the recent years has dramatically increased due to factors such as postponement of having children, development of newer and more successful techniques such as Assisted Reproductive Technologies and also increasing awareness of such available services.

2. Diagnosis of Infertility

Cause of infertility can be because of numerous factors, and to point an exact cause is very difficult. When causes of infertility are discussed, four terms are used to describe etiology: female-factor infertility, which refers to infertility problems solely associated with the female; male-factor infertility, which refers to infertility problems solely associated with the male; mixed-factor infertility, which refers to infertility problems associated with both the male and female; and unknown, also called as unexplained or idiopathic infertility, which refers to a variety of unidentified causes for fertility problems. However, regardless of whether it is mainly the male factor, female factor, both male and

female factor or unexplained infertility, the kind of treatment that the couple has to undergo can affect all spheres/facets of the couple's life thereby hindering/disrupting their current and future goals of their life/quality of life.

Assisted Reproductive Technology (ART) is a term referred to methods used to achieve pregnancy by artificial or partially artificial means. ART includes methods such as in-vitro fertilization (IVF), intra-cytoplasmic sperm injection (ICSI), Embryo Transfer (ET), Gamete Intra Fallopian transfer (GIFT), Zygote intrafallopian transfer (ZIFT). These techniques also apply to third party reproduction such as oocyte donation and gestational carriers. ART is an expensive and invasive form of treatment and can be very stressful and demanding for the patient due to the daily ultrasound scans and injections. ART is recommended when treatments like Intra-uterine insemination have not been successful and when there is male factor infertility or in cases of tubal disorders. The uncertainty in ART treatment can put the patient through a lot of emotional turmoil, and studies have shown that infertile women are more likely to exhibit higher levels of distress than fertile women [4]. Domar [5] found that the stress that an infertile patient undergoes is as similar to patients with cancer or coronary heart diseases. The diagnosis of infertility or failed ART treatment is a significant life crisis [6]. Feelings of grief and loss are very common as couples come to terms with the fact that they are not able to conceive.

3. Multifaceted aspects of Infertility

Even though infertility is a clinical condition, the diagnosis however can have many effects on the psychological performance of couples. Infertility as a psychosocial crisis has a multifaceted impact on an infertile couple's life that can spread through all spheres of their life such as the physical, financial, emotional, sexual and social relationships. It has been seen that many individuals halt

their lives just so they can stick to the daily clinical visit and tedious treatment regimens [7].

Burns & Covington [8] pointed out that in all cultures involuntary childlessness is recognized as a crisis that has the potential to threaten the stability of individuals, relationships and communities.

3.1 Stress and Infertility

Stress and Infertility often have a circular relationship, and they can aggravate each other, setting up a vicious cycle. Infertile couples, who are under stress because of their infertility, start blaming themselves for their infertility. This increases their stress levels and further aggravates the problem in hand. The stress related to infertility can incorporate and affect many aspects of an individual's life which leads to the individual showing psychological responses such as depression, anxiety, guilt, social isolation, and decreased self-esteem. Studies have concluded that those who experience infertility experienced high psychological distress than normal counterparts [9].

3.2 Emotional aspects of Infertility

Coping can play an important role in managing heightened demands unexpectedly placed upon them for the individuals undergoing the infertility treatment journey. For most men and women, infertility is a life changing experience that often carries unexpected stressors and potential stigmatization [10]. The triggers for distress and depression include daily medical appointments that interfere with one's life, scheduled intercourse instead of spontaneous intimacy, baby showers or birthday parties for young children, and trying to maintain positive marital relationships while experiencing intensive treatment. Anger, tension, depression, anxiety, guilt, and frustration are emotions fuelled by the infertility experience [11], [12].

3.3 Gender difference in coping with Infertility

Newton et al, [13] found that women consistently report higher amounts of infertility stress than men. In a prospective longitudinal study by Anderson [11] the emotional distress of infertile couples was measured by the Scores on the Hospital Anxiety and Depression Scale. It was found that women had significantly greater infertility-related concerns, such as life satisfaction, sexuality, self-blame, lowered self-esteem, and avoidance of friends, compared to their male partners.

Tarlatzis et al [14] studied the psychosocial impacts of infertility on Greek couples. They found that there were gender differences in the way they were reacting to the distress of infertility. Females reported more feelings of nervous, guilty, depression, anxiety and anger as compared to males.

Pasch et al. [15] reported different depressive problems between infertile men and women. Matsubayashi H et al [16], Cousineau TM et al [7] also showed that women are more affected than men and suffer from anxiety, depression, anger, disappointment, and weakness.

4. Conclusion

The journey of infertility treatment can bring about ample amount of distress within the individual, the partner and the society at large. The vicious cycle of hope and despair whilst taking the treatment can bring about elevated levels of stress and anxiety in the patient and can affect their quality of life. Counselling and psychosocial support whilst undertaking the treatment especially for failed treatment can benefit the patient greatly. The role of counselling and psychosocial support through a well-trained Infertility Counsellor can be a very cathartic experience for the patient undergoing infertility treatment. Infertility Counselling can be given at every stage of the treatment and it can facilitate the decision-making process and in understanding the implications of their treatment choice, offering coping strategies, emotional support throughout the treatment through supportive counselling thereby a more holistic approach to patient care in an infertility setting.

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