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A Critique on Lived – In Experience of Women with Infertility in Korlagunta Community at Tirupati

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Abstract

Infertility has been relatively neglected as both a health problem and a subject social science research in south Asia, as in developing world more generally. Infertility affects a large numbers of couples globally between 50 and 80 million couples. To explore the lived in experience of infertile women in Korlagunta community, Tirupati, a qualitative phenomenological approach was used. 15 Samples were selected using convenient sampling technique. Samples were interviewed with Semi structured Interview guide and focus group discussions were also used to explore their lived in experiences. The data were transcribed, coded, arranged and analyzed for categories and themes such as physical, psychological, social, economical, spiritual involvement in women with infertility. Under each dimension sub-themes were formulated based on women's lived-in experiences. Results showed that infertile women were stigmatized in their living community, had personal abuse from their relatives including their husbands, and in-laws. They had a sense of shame and guilt feelings towards their lives. Most of them had economical constraints due to their treatment expenses. High spiritual belief was found to be their hopes for living. Study concludes that , infertile women suffer the social effects of being childless. Coping strategies need to be strengthened among them and with this view, a pamphlet on coping strategies of infertility was given to the women for their empowerment.

Keywords*:* Infertility; Women; Dimensions; Experiences; Themes.

Introduction

Marriage is considered as a primary relationship in our society and it also a social construct of community. Similarly family life and child bearing are viewed as the primary duties of an individual and parenthood is a necessary developmental mile stone .The inability to procreate is always perceived as a denial of basic rights, as justice and disappointment, being that crisis sometimes bordering on grief. Infertility has been defined as failure to conceive after one year of regular unprotected sexual intercourse in the absence of known reproductive pathology [1]. Worldwide, more than 70 million couples suffer from infertility, the majority being residents of developing countries [2]. Developing countries experience negative consequences of childlessness to a greater degree when compared with Western societies [3]. Partners

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often suffer in silence are tormented by the prospect of being replaced. The emotional burden that accompanies infertility can some time seen enormous. Feeling of grief, anger, disappointment and all the other difficult emotion associated with a severe loss place a heavy toll on those who are coping with emotional trauma associated with attempts to become pregnant only to increase this emotional burden. Regardless of the medical cause of infertility, women receive the major blame for the reproductive setback and they suffer personal grief and frustration, social stigma, ostracism and serious economic deprivation [4].

Susan K.A and I. Shah (2002) [5] reported that in India child bearing is highly valued, so childlessness can result in negative consequences in women that in men. Inability to have offspring causes major psychological and social problems for most couples and it's highly extensive in nature. They may undergo what is referred to as the "Characterized by anxiety, damaged self esteem, relationship difficulties and social isolation. Community based studies have carefully been more representative of the population, to measure infertility as a. childless after 10 years of marriage and Absence of pregnancy in sexually active couples.

In view of the importance attached to parenthood in Africa, it is not surprising that infertility is reported to be considered a major cause for divorce and marital instability [6,7]. Consequently, infertile women commonly fear abandonment, divorce and polygamy [8,9]. In Northern Ghana, it is customary for the families of both the bride and groom to expect the announcement of an expected baby within a year of marriage and any delay in the signs of pregnancy by the woman is unacceptable[10]. The ability of the woman to give birth is generally viewed as a gain to the family of the woman's in-laws for the bride wealth paid to the family of the woman.

Women regard childlessness as discreditable, negative, and as representing failure. In addition, most experienced anxiety, isolation, and conflict as they privately explore the possibility of personal infertility. To avoid feelings of personal inadequacy, many women exclude themselves from gatherings such as baby showers or avoid their pregnant friends prior to revealing their involuntary childless status [11].

Studies have also revealed that the inability to have a child is often devastating to both partners; however, there are differences in men and women's reactions to infertility. Prior research has tended to concentrate on the woman's experience while virtually ignoring the men [12-14]. Another study indicates that both sexes experience strong feelings of sorrow, isolation, urgency, guilt, and powerlessness[15]. Nevertheless, as a rule these feelings are generally expressed differently. In general, women are verbal and tend to seek out support during times of stress, while men use avoidance, minimization, and denial. Contrarily, infertility has some positive effects in marriage such as bringing partners closer in the search for a solution to their problem. In a longitudinal cohort study of 2, 250 people who started fertility treatment, 25.9% of women and 21.1% of men were reported to have benefited. 16. Another study found that Muslim participants disclosed that they were afraid their husband might take a second wife. This is allowed by their religion so long as the first wife gives her blessing. However, this blessing is not required from a woman who cannot conceive. In conclusion, women seem to submit to what they perceive as the consequence of infertility[17,18.]

Considering all the facts among the women with infertility and from the experience of the investigator in various settings, it was decided to conduct this study to explore the unique experiences of the women with infertility.

Objective

- To explore the lived in experience of infertile women in Korlagunta community

Materials and Methods

Qualitative research approach and phenomenological research design was adopted for the study. The study population comprised of women with infertility of Korlagunta community, Tirupati. 15 women with infertility who fulfilled the inclusion criteria were selected by convenient sampling technique. In depth interviews and focus group discussions were the main data collection used for the study. Co–investigators had background in psychology and the area of the study, which placed them in a comfortable position to promptly reveal their experiences and render support for the distressed respondents and make appropriate referral for counseling. Prior to data collection permission was obtained from the concerned authorities. The procedure was explained to each study participant individually with comfort and privacy. An in- depth interview was done with each participant. Audio taping was done to record their shared experience during the interviews. In addition to it, the interviewer took notes on the shared

experiences. Interviews were terminated when any individual experienced emotional distress and were offered counseling and information they had provided was subsequently excluded from the analysis. After the completion of the interview each participant was thanked and opportunity was provided to the study participants to clarify their doubts with the investigator. Audio taped interviews were listened to and transcribed into verbatim as soon as possible.

Field notes were written immediately after each interview. The field notes covered the initial interviewee reactions to the interview, including the first analytical reflections from the interview content, and any useful observations that could not be captured by digital recording. Notes were taken on the demeanor of the respondent, his or her body language and mood, and any informal conversation that took place before or after the interview. Each interview lasted between 30–45 minutes. The collected data were analyzed using Collaizzi's seven step methodological interpretation approaches (analysis frame work). The view points of women with infertility were retained, in order to allow an understanding of the subject under scrutiny.

Selection of Participants

A snowball technique was used to recruit infertile couples into the study. The researchers first made informal contact with community health volunteers to interview them about their knowledge of couples experiencing infertility. The names and addresses of potential research participants were collected from the community health volunteers and such individuals were later contacted and interviewed. Infertile couples who were interviewed also gave the names of other couples with similar problems in the community. This approach was used until no new names of couples emerged.

Ethical Consideration

Each study participant was explained about the purpose of the study and informed that their responses will be kept strictly confidential and it will be used only for research purpose. The informed consent was obtained from the women with infertility to use audio tape to record their shared experience during the interviews that were conducted. An in- depth interview was done with each participant.

Data Analysis

The taped interviews were transcribed verbatim after repeatedly listening to the recordings and the resulting texts analyzed by using thematic analysis. Repeated listening to tapes of interviews with participants is an essential, yet often neglected, area of analysis. An attempt was first made to extract broad themes from the transcripts and then progress to identifying coded themes. In establishing themes, consideration was given to statements of meaning that were present in most of the relevant data. In an attempt to ensure the credibility of the findings, independent coders were used to verify or corroborate the themes extracted from the data. The data were analysed simultaneously with data collection. This allowed the researchers to progressively focus the interviews and observations, and to decide how to test the emerging conclusions. The transcripts were entered into QSR Nvivo 8© for analysis. The authors developed a codebook based on the major themes of the study. The major themes were transformed in tree nodes and free nodes. Based on the codebook the authors developed verified independently coded texts from the transcriptions. The emergent themes and sub-themes are discussed below, supported and illuminated by respondents' quotes.

Results and Findings

Frequency and percentage distribution of demographic variables of women with infertility revealed that, 100% of the women were between the age group of 29-37 years. With respect to the education 8(53.4%) women had primary level education and 7(46.6%) women had secondary level education. Considering the occupation 12(80%.) of the women were unemployed and only 3(20%) women were doing own business. With regard to the family income majority of them 8(53.4%) had a family income between Rs 5001-7000, and 3(20%) of them had a family income of more than Rs 7000 per month. Considering the locality 15(100%) women were lived in the urban area and 15(100%) of the women were belonged to the Hindu religion. With respect to the type of family 13(86.7%) of the women were lived in a Nuclear family and 2(13.3%) of them lived in a joint family. With regard to the suffering from infertility 9(60%) women were suffering from infertility since 4 years and 6 (40%) women was since >6 year. Considering the treatment 15(100%) women were undergoing treatment that 9(60%) of the women were undergoing treatment for past 3 years and 6 (40%) of the women were undergoing treatment for past 6 years. Considering the frequency of going to the hospital 4(26.7%) of the women were going to the Hospital weekly once and 8(53.3%)of the women were going to the Hospital Monthly, 2(13.3%) women

Table 1: Frequency and percentage distribution of the physical dimension

S. No	Themes	Sub Themes	Respondents	Percentage
1.	Sleep disturbance	a.Preoccupied thinking	14	93.4%
		b.Husband behavior	1	6.6%
2.	Dietary pattern	a. Irregular		
		i.Lack of interest in food	5	33.3%
		ii.Disruptive environment	6	40%
		b.Regular	4	26.7%
3.	Physical abuse	a. For no reason	7	46.7%
		b.initiative by mother in-law	8	53.3%
4.	Verbal abuse	a. For no reason	9	60%
		b.Mother in-law initiative	6	40%
5.	Altered health maintenance	a. Head ache	5	33.4%
		b.Restless and tired	7	46.6%
		C.Anemia	3	20.0%

Table 2: Frequency and percentage distribution of psychological dimension (N=15)

S. No	Themes	Sub Themes	Respondents	Percentage
1.	Feelings of worries/sadness	a.Depressive thoughts	4	26.7%
		b.Husbands behavior	7	46.6%
		c.Sister in-laws behavior	4	26.7%
2.	Fear	a. Threatening from husband	8	53.4%
		b.Mother in-law behavior	7	46.6%
3.	Anger	a. Mother in-law behavior	8	53.3%
		b.unmannered social behavior	3	20.0%
		c.Husband behavior	4	26.7%
4.	Shame	a. Husband illegal relationship	1	6.6%
		b.Lack of respect from others	14	93.4%
5.	Suspicion	a. Verbal abuse	12	80.0%
		b.Distrust of husband attitude	3	20.0%

Table 3: Frequency and percentage distribution of social dimension N=15

S. No	Themes	Sub Themes	Respondents	Percentage
1.	Societal relationship	a. Normal	12	80%
		b.Poor	3	20%
2.	Support from relatives	a. Parents	7	46.6%
		b.No support	3	20%
		c.In law's	5	33.4%

Table 4: Frequency and percentage distribution of economical dimension n=15

S. No	Themes	Sub Themes	Respondents	Percentage
1	Financial difficulty	a. Lack of income	13	86.7%
		b.excessive expenditure on other women	2	13.3%
2.	Monetary loss	a. Loss of earnings	14	93.3%
		b.Husband relationship with other women	1	6.7%
3.	Monetary spending	a. For treatment	9	66.0%
		b.Exhaustion by husband	6	40.0%

Table 5: Frequency and percentage distribution of spiritual dimension (N=15)

S. No	Themes	Sub Themes	Respondents	Percentage
1.	Trust in God	a. Yes	15	100%
		b.No	-	-
2.	Prayers	a. Conducted	11	73.3%
		b.Not conducted	4	26.7%
3	Special offerings	a.Monetory offerings	5	33.3%
		b.Going to holy places	10	66.7%

were going weekly thrice and one (6.7%) women was going monthly twice.

Discussion

The investigator explored the lived in experiences of women with infertility by conducting audio taped interviews. The investigator identified various dimensions such as physical, psychological, social, economical and spiritual. Under each dimension sub-themes were formulated based on their lived-in experiences. Under physical dimension, The identified themes were sleep disturbance, irregular dietary pattern, physical abuse, verbal abuse, altered health maintenance. 8(53.3%) of them had suffered physical abuse due to the respondents husband's initiated by their mother in-law. Similar study was conducted by Harris, Darcy Lee, about the nature and of violence against women with infertility using ten participants. The results indicated that that a sense of shared loss with their partners, illiteracy among women, and low status of women are the major factors behind violence against women [19].

Under social dimension, the identified themes were adequate societal relationship and support from relatives. 6(40%) women expressed lack of support. The present study findings was consistent with the study done by Greil [20], on the lived experience of infertile women who terminated treatment after in vitro fertilization failure, found that the women with infertility which revealed a sense of social awkwardness because of their experiences, fear of reinvesting in the treatment process or a subsequent pregnancy. Under economical dimension, the identified themes were financial difficulty, monetary loss, monetary spending. 13(86.7%) of them expressed lack of income. In relation to this theme, Darcy L, Harris, Judith C [19], conducted a study on the experience of spontaneous pregnancy loss for infertile women who have conceived through assisted reproduction technology. The results indicate that the respondents have fear of re-investing in the treatment process or a subsequent pregnancy.

Conclusion

The present study was done to explore the lived-in experiences of women with infertility. The audio taped interview schedule explored the lived-in experiences of women under various dimensions in which the various themes were identified.The common problems under the physical dimension reported by the study sample were sleep disturbance, irregular dietary pattern, physical and verbal abuse, altered health maintenance were identified as some of the factors. Related to psychological dimension feelings of worries, fear, anger, shame, suspicion were faced by the women's. With regard to social dimension normal societal relationship, support from relatives was identified. Related to economical dimension financial difficulty, monetary loss and monetary spending for treatment were identified. Related to spiritual dimension women's had trust on god, conducting prayers, made some special offerings to god were identified. At the end of the study a pamphlet on coping strategies of women with infertility was given to the women to cope with the problems of infertility.

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