Problems Faced by Infertile Couples in their Social Adjustment

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ABSTRACT

The following study is an investigation made to find out causes of infertility and its socio-psychological effects upon infertile couples living in Faisalabad. Infertility is one of the reported causes of conflict, marital dispute and spousal violence among infertile couples in Pakistani society. The objectives of the study were, i) to study the socio-economic characteristics of the respondents; 2) to find out the psychological effects of infertility upon infertile couple; 3) to find out the problems of infertile couples in social adjustment; 4) to draw conclusions and suggest some valuable measures to cope with these problems. By adopting case study method, three infertile couples were interviewed. They were indentified through treatment centers located in Faisalabad. Respondents perceived drugs, obesity, psychological stress and social isolation as the causes of infertility. Further they believed that infertility is one of the major causes of anxiety, depression, lower self esteem, spousal and domestic violence and loneliness.

Keywords: Infertility, social adjustment, distress

Introduction

Being a parent is a normative assumption of adult life in any society (Burns, 1999). Infertility primarily refers to the biological inability of becoming parent and to the state of a woman who is unable to carry a pregnancy to full term (Makar & Toth, 2002). Most couples who experience infertility consider it as a major crisis. Due to infertility, they have to pass through a chain of emotional changes (Crick, Casas, & Mosher, 1997). Infertility can cause depression, anxiety, social isolation and sexual dysfunction (Leiblum, 1997).

WHO (2002) reported that the inability to conceive children is experienced by individuals and couples as a stressful and often heartbreaking situation. As a medical issue, impaired fertility affects approximately 80 million people from all parts of the world. Although the rates of infertility vary throughout the world (ranging from less than 5% to over 30%), it is estimated that approximately one in ten couples have either primary or secondary infertility. It is also one of the major reproductive health problems in Pakistan with a prevalence of nearly 22 percent (UNFA, 2003).

Men and women are affected by infertility in different ways (Domar and Seibel, 1997). Women in infertile couples often protect their husbands from their own pain and feelings of failure by taking much of the responsibility for the treatments upon themselves. When it is suggested that
men accompany their wives for appointments, couples get concerned about issues like income loss, use of time, etc. While these concerns are usually relevant and important, they also serve the purpose of protecting husbands from their own responsibility in the conception process and from their own feelings, which could easily be intensified by so much contact with the medical process. Men are traditionally seen as the financial providers of the relationship and are responsible for protecting the family from real or imagined dangers. Men usually feel more threatened expressing themselves since they have often been conditioned to repress their emotions (Peterson et al., 2006).

Throsby et al. (2004) stated that men can experience considerable distress when faced with infertility, and that this distress (with regard to self-image, social stigma, etc) is likely greater in men with male-factor infertility than men with unexplained or female-factor infertility.

Baram et al. (1988) stated that it is not surprising that infertile individuals may feel quite alone with their experiences. Yet many health providers and mental health clinicians underestimate the negative psychological impact of infertility. One of the most difficult aspects that infertile women describe is the difficulty in social settings, such as dealing with feelings of jealousy and envy when learning of other women's pregnancies or being in the presence with others who have infants. Some women may hide their distress from health providers because they are self-conscious, afraid of being criticized, or fear being thought of as crazy. It has been reported that as many as 13% of women experience passive suicidal ideation after an unsuccessful IVF attempt.

Braun (2006) discussed the emotional aspects of infertility. It was found that the most people simply take it for granted that they will be able to have children. In fact, one in six couples trying to have a baby will experience problems in doing so. Infertility was often described as a life crisis, creating upheavals similar to those associated with a death in the family or divorce. People were often shocked when they discovered that they were infertile and commonly go through a period of disbelief. Others rush into treatment without first coming to terms with the diagnosis. The overall impact of infertility on individuals differs greatly, and is influenced by factors such as cultural background and the importance a person places on having children in their life. The following research study was designed to see the perceived causes of infertility and its socio-psychological effects upon the lives of infertile couples living in Faisalabad.

**Research Methodology**

This research was conducted in Faisalabad, the third largest metropolis in Pakistan. The purpose of choosing this district is the reported number of cases of infertile couples in various hospitals of Punjab. The universe of this study consisted of the twenty-five treatment centers of Faisalabad. These centers were selected randomly for data collection. These were Shafi Medical Centre, Friends Baby Centre in Jinnah Colony, and Aziz Clinic in People’s Colony. The researcher used Case Study Method and interviewed three infertile couples.

Case Study Method is regarded as a kind of qualitative analysis. It is looked upon as a non-statistical technique. It is a way of organizing social data, so as to preserve the unitary character of the object being studied. Cases are presented below.
Case No. 1

Zulifqar was 48 years old and his wife Kalsoom was 42. They lived in Medina Town Faisalabad in an extended family system. Zulifqar’s education was F.A and his wife’s education matric. Zulifqar was a business man, with monthly income above Rs. 25000. They felt a lot of stress being an infertile couple. Their type of infertility was Non Idiopathic. Non Idiopathic infertility is a cause of infertility in which a male and female know about the reason of their infertility. Kalsom got pregnant once but due to some interior problem she had an abortion. Zulfiqar used herbal remedies and the couple said they believed that drugs were the cause of infertility in men and women. The couple was happy and the husband did not think of a second marriage to have children. Their family also supported them and they felt social burden only due to infertility. Infertility did not affect the social environment of their family. They added that “life is incomplete without a baby”. They faced a problem in their in-laws (“when will I become a grand-mother?”). They were not in favor of adopting a baby. In their case they said that female faced more problems in any type of adjustment than men. They agreed that due to infertility a person loses his self esteem, relationships and health. They strongly agreed that an infertile person faced many problems regarding their security in family and society.

Case No. 2

Anwar and Sugra were married and both were 45 years of age. They lived in Gulfishan colony in Faisalabad in extended family system with no child. Anwar’s education was B.A and his wife’s education was intermediate. Anwar was a government servant and his wife was a housewife. Their monthly income was Rs 25000. Both were living in a home and were first happy. But their family members created a lot of tension and for that both husband and wife faced a lot of problems. They had faced violence in their family and Sugra told that her husband wanted to get married again. There was no family support. The couple faced a lot of social burden due to infertility. Infertility affected social environment of their family. When asked a question they replied that they felt stress being an infertile couple and were depressed because of that. They thought that depression also was a cause of infertility. Their type of infertility was Idiopathic (non-explained). Sugra replied that she had not conceived even once. They agreed that obesity, alcohol and heroin was a cause of infertility, and disagreed that HIV, age and less weight was a cause of infertility. They had no opinion on cocaine and over exercising. They also adopted a baby. In their case they said that female was facing more problems in any type of social adjustment. They believed that an infertile couple loses their relation, status, and health. They also faced these problems in their social adjustment. In their case they had faced problems regarding their security.

Case No. 3

Mehmood was 40 years old and his wife Rehana 30 years. They lived in Nayyab Colony in Faisalabad. They were living in nuclear family system and had no child. His education was matric and his wife’s education was intermediate. Mehmood was doing a private job and his wife Rehana was a housewife. Both were living in their own home and their behavior with each other was good. The family members were also good to them. They told that they were very stressed out. They also answered that social isolation was also cause of infertility. Their type of infertility was Idiopathic (non-explained). Rehana never conceived even once. Both were having medical treatment. Mehmood was using prescription drugs and both said that the use of drugs was not the
cause of infertility in men and women. Their family was supportive of them. They did not want to adopt a baby. They said that female was facing more problems in any type of adjustment.

CONCLUSION

The above discussed cases show that infertility has various social consequences for infertile couples living in Faisalabad. To them, infertility is the main cause of social isolation, depression, anxiety, lower self esteem and domestic violence. The life quality of infertile couple is quite different from others as they have to face family and societal reactions who considered infertility as social stigma.

References


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