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## LIVING EXPERIENCE OF COUPLES WITH INFERTILITY

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**Abstract:** The study intends to analyse living experiences of infertile couples and the people who had unsuccessful infertility treatment. The research design adopted was qualitative research design. The study used a semi-structured interview to collect data from twenty infertile participants which means ten couples. The samples of ten couples within the age group of 22 – 45 was collected from Karnataka and Kerala through snowball sampling. The study focus on couples living experience of infertility and as well as male infertility perspective. The infertility was categorized as primary and secondary infertility. The researcher used content analysis to interpret the common feelings of infertility. The results revealed positive and negative feelings towards infertility. The positive feelings identified are acceptance, coping strategies, hope, positivity, belief on spiritual / divine healing. And negative emotions were guilt, suffering, feeling of being lonely, negative emotions and lack of family support. According to the participants, having a positive attitude, helps them increase their will power and it gives them hope of surviving through their treatment process even if they have unsuccessful treatment. The study also helped to understand from different dimensions like social perception, family perception and interpersonal attitude towards infertility. Counseling, alternative psychotherapies and assisted reproductive technology (ART) has been regarded as most stressful infertility treatment methods. The study revealed yet other observations and findings that endeavor scope for further research in this topic.

**Index Terms - Infertility, Living Experience, Couple.**

### I. INTRODUCTION

Infertility is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.(WHO).It is often defined as not conceiving after 12 months of regular sexual intercourse without the use of birth control. In the United States, around 10 percent of women aged 15 to 44 years are estimated to have difficulty conceiving or staying pregnant. Worldwide, 8 to 12 percent of couples experience fertility problems. Fertility is a very important aspect of a woman’s life. In a country like India it signifies your womanhood and motherhood is proclaimed at a birth of a child. It depicts her fertility status, but at same time there are women who have not had the joy of experiencing this. (Supriya Pottal Ray, 2017) .The rate of infertility among women in urban areas is high. At first marriage this can be due to lifestyle or a later generation. Muslims have the lowest infertility rate, despite religion. Scheduled tribes have high rate of infertility. Infertility rates increase with increasing levels of educational attainment among women. This can be related to the fact that higher education expectations, marriage is delayed as a result of which in confirmation with aforementioned causation factors (higher age at marriage, urban living style etc.), infertility rate is high among this sub group of population. Due to high prevalence of infertility, increasing demand for infertility treatment, and provision of high quality of fertility care, it is necessary for healthcare professionals to explore infertile couples’ expectations and needs. Identification of these needs can be a prerequisite to plan the effective supportive interventions . Infertility carries much social stigma in many communities, leading to many social problems for infertile couples . (Fatemeh Jafarzadeh Kenarsari, 2015) .The etiology of infertility varies from region to region and from one population to another, and within the same population even from one area to another. Childlessness has significant economic, social and health consequences. Developed and developing societies tend to differ in prevailing assumptions about childlessness.

In developed societies voluntary childlessness is viewed as a more viable and legitimate option and women without children are often presumed to be voluntarily childfree. According to (Riessman, 2000), however, voluntary childlessness is rare in Kerala, India, since ‘bearing and rearing children are central to women’s power and well-being’. The problem of infertility has increased (Balen, 2006), but in parallel, medical methods for its treatment have also rapidly developed, for example, from the first ‘test tube baby’. It may be that one partner cannot contribute to conception, or that a woman is unable to carry a pregnancy to full term. It is often defined as not conceiving after 12 months of regular sexual intercourse without the use of birth control. In the United States, around 10 percent of women aged 15 to 44 years are estimated to have difficulty conceiving or staying pregnant. Worldwide, 8 to 12 percent of couples

experience fertility problems. Between 45 and 50 percent of cases are thought to stem from factors that affect the man. According to the World Health Organization (WHO), about 80 million people in the world live with infertility. Infertility has a negative influence on the lives of both genders and predisposes them to emotional and psychological burdens. Physical, mental and economic challenges may affect young couples during infertility treatment.

The purpose of this study was to examine the in-depth life experience of infertile couples. Current research on infertility focuses primarily on women alone and thereby excludes men from the equation of fertility. Research, however, has shown that while men also suffer infertility, there is a lack of male research. And very little is known from the male perspective about the experiences of infertility. According to an American study, almost half of the women but only 15% of the men consider infertility the most upsetting experience of their lives. It would be easy to assume that infertility is predominantly a female problem. However, this assumption is likely to be based on outdated gender stereotypes and inadequate methodology. The results of much of the formerly available research supporting women's greater overt distress in response to infertility may well reflect differences in the ways men and women have been socialized to cope with negative affect. More recent qualitative and quantitative research indicates that the emotional impact may be nearly balanced, suggesting that men do suffer as well and that they have to be addressed in infertility counseling too (Tewes Wischmann, 2013). One of the study revealed that infertility was caused by both social and biological factors. Socially couples could become infertile through supernatural causes such as bewitchment, and disobediences of social norms. Abortion, masturbation and use of contraceptives were also identified as causes of infertility (Philip Teg-Nefaah Tabong, 2013).

### Types of infertility

- Primary infertility: Pregnancy has never been achieved with either partner
- Secondary infertility: Previous pregnancy has been achieved (regardless of outcome) but has not occurred.

### Medical Causes in men

The following are common causes of infertility in men.

**Semen** and sperm Semen is the milky fluid that a man's penis releases during orgasm. Semen consists of fluid and sperm. The fluid comes from the prostate gland, the seminal vesicle, and other sex glands. The sperm is produced in the testicles. When a man ejaculates and releases semen through the penis, the seminal fluid, or semen, helps transport the sperm toward the egg.

The following problems are possible:

**Low sperm count:** The man ejaculates a low number of sperm. A sperm count of under 15 million is considered low. Around one third of couples have difficulty conceiving due to a low sperm count.

**Low sperm mobility (motility):** The sperm cannot "swim" as well as they should to reach the egg. **Abnormal sperm:** The sperm may have an unusual shape, making it harder to move and fertilize an egg. If the sperm do not have the right shape, or they cannot travel rapidly and accurately towards the egg, conception may be difficult. Up to 2 percent of men are thought to have suboptimal sperm. **Abnormal semen** may not be able to carry the sperm effectively. This can result from a medical condition, testicular infection, cancer, or surgery.

**Overheated testicles:** Causes include an undescended testicle, a varicocele, or varicose vein in the scrotum, the use of saunas or hot tubs, wearing tight clothes, and working in hot environments. **Ejaculation disorders:** If the ejaculatory ducts are blocked, semen may be ejaculated into the bladder

**Hormonal imbalance:** Hypogonadism, for example, can lead to a testosterone deficiency.

Other causes may include:

**Genetic factors:** A man should have an X and Y chromosome. If he has two X chromosomes and one Y chromosome, as in Klinefelter's syndrome, the testicles will develop abnormally and there will be low testosterone and a low sperm count or no sperm.

**Mumps:** If this occurs after puberty, inflammation of the testicles may affect sperm production.

**Hypospadias:** The urethral opening is under the penis, instead of its tip. This abnormality is usually surgically corrected in infancy. If the correction is not done, it may be harder for the sperm to get to the female's cervix. Hypospadias affects about 1 in every 500 newborn boys.

**Cystic fibrosis:** This is a chronic disease that results in the creation of a sticky mucus. This mucus mainly affects the lungs, but males may also have a missing or obstructed vas deferens. The vas deferens carries sperm from the epididymis to the ejaculatory duct and the urethra.

**Radiation therapy:** This can impair sperm production. The severity usually depends on how near to the testicles the radiation was aimed. Some diseases: Conditions that are sometimes linked to lower fertility in males are anemia, Cushing's syndrome, diabetes, and thyroid disease. Some medications increase the risk of fertility problems in men.

**Sulfasalazine:** This anti-inflammatory drug can significantly lower a man's sperm count. It is often prescribed for Crohn's disease or rheumatoid arthritis. Sperm count often returns to normal after stopping the medication.

**Anabolic steroids:** Popular with bodybuilders and athletes, long-term use can seriously reduce sperm count and mobility.

**Chemotherapy:** Some types may significantly reduce sperm count.

**Illegal drugs:** Consumption of marijuana and cocaine can lower the sperm count.

**Age:** Male fertility starts to fall after 40 years.

**Exposure to chemicals:** Pesticides, for example, may increase the risk.

**Excess alcohol consumption:** This may lower male fertility. Moderate alcohol consumption has not been shown to lower fertility in most men, but it may affect those who already have a low sperm count.

**Overweight or obesity:** This may reduce the chance of conceiving.

**Mental stress:** Stress can be a factor, especially if it leads to reduced sexual activity.

Laboratory studies have suggested that long-term acetaminophen use during pregnancy may affect fertility in males by lowering testosterone production. Women are advised not to use the drug for more than one day. Medical Causes in women Infertility in women can also have a range of causes.

### Risk factors

Risk factors that increase the risk include:

**Age:** The ability to conceive starts to fall around the age of 32 years.

**Smoking:** Smoking significantly increases the risk of infertility in both men and women, and it may undermine the effects of fertility treatment. Smoking during pregnancy increases the chance of pregnancy loss. Passive smoking has also been linked to lower fertility.

**Alcohol:** Any amount of alcohol consumption can affect the chances of conceiving.

**Being obese or overweight:** This can increase the risk of infertility in women as well as men.

**Eating disorders:** If an eating disorder leads to serious weight loss, fertility problems may arise.

**Diet:** A lack of folic acid, iron, zinc, and vitamin B-12 can affect fertility. Women who are at risk, including those on a vegan diet, should ask the doctor about supplements.

**Exercise:** Both too much and too little exercise can lead to fertility problems

**Sexually transmitted infections (STIs):** Chlamydia can damage the fallopian tubes in a woman and cause inflammation in a man's scrotum. Some other STIs may also cause infertility.

**Exposure to some chemicals:** Some pesticides, herbicides, metals, such as lead, and solvents have been linked to fertility problems in both men and women. A mouse study has suggested that ingredients in some household detergents may reduce fertility.

**Mental stress:** This may affect female ovulation and male sperm production and can lead to reduced sexual activity.

Medical conditions Ovulation disorders appear to be the most common cause of infertility in women. Ovulation is the monthly release of an egg. The eggs may never be released or they may only be released in some cycles. Ovulation disorders can be due to: **Premature**

**ovarian failure:** The ovaries stop working before the age of 40 years.

**Polycystic ovary syndrome (PCOS):** The ovaries function abnormally and ovulation may not occur.

**Hyperprolactinemia:** If prolactin levels are high, and the woman is not pregnant or breastfeeding, it may affect ovulation and fertility.

**Poor egg quality:** Eggs that are damaged or develop genetic abnormalities cannot sustain a pregnancy. The older a woman is, the higher the risk.

**Thyroid problems:** An overactive or underactive thyroid gland can lead to a hormonal imbalance.

**Chronic conditions:** These include AIDS or cancer. Problems in the uterus or fallopian tubes can prevent the egg from traveling from the ovary to the uterus, or womb.

If the egg does not travel, it can be harder to conceive naturally. Causes include: **Surgery:** Pelvic surgery can sometimes cause scarring or damage to the fallopian tubes. Cervical surgery can sometimes cause scarring or shortening of the cervix. The cervix is the neck of the uterus.

**Submucosal fibroids:** Benign or non-cancerous tumors occur in the muscular wall of the uterus. They can interfere with implantation or block the fallopian tube, preventing sperm from fertilizing the egg. Large submucosal uterine fibroids may make the uterus' cavity bigger, increasing the distance the sperm has to travel.

**Endometriosis:** Cells that normally occur within the lining of the uterus start growing elsewhere in the body. Previous sterilization treatment: In women who have chosen to have their fallopian tubes blocked, the process can be reversed, but the chances of becoming fertile again are not high. Medications, treatments, and drugs Some drugs can affect fertility in a woman. **Non-steroidal anti-inflammatory drugs (NSAIDs):** Long-term use of aspirin or ibuprofen may make it harder to conceive. **Chemotherapy:** Some chemotherapy drugs can result in ovarian failure. In some cases, this may be permanent.

**Radiation therapy:** If this is aimed near the reproductive organs, it can increase the risk of fertility problems.

**Illegal drugs:** Some women who use marijuana or cocaine may have fertility problems. Many medicinal sociologists believe that wellbeing and disease are best understood, not as dispassionately quantifiable states, but as socially developed classifications that are consulted in a sociocultural setting by specialists, sufferers and others.

**In vitro fertilization (IVF):** Medical stimulation of the ovaries to provide multiple ova. Surgical retrieval of the ova to be fertilized by partner's sperm or donar sperm, and implantation of the embryo into the uterus. Choices on what constitutes a deviation from the standard, how to define the anomaly, and what steps, if any, should be taken to handle its conditions within a social setting. The two results of social definition processes are how sufferers are seen by others and how they come to see themselves.

Conrad and Schneider (1980) used the term 'medicalization' to mean the procedure through which certain behavior becomes understood as a matter of well-being and sickness, subject to the authority of therapeutic establishments. One wonder that has slowly been described as an ailment is barrenness, commonly characterized as the impotence to imagine after a year of ordinary unprotected intercourse in the biomedical environment (Schneider, 1980).

The medicalization of infertility began decisively with the introduction of fruitfulness sedates in the USA during the 1950s yet it has progressed much more quickly since the advent of such assisted conceptive advances (ART) as in vitro preparation (IVF) and intracytoplasmic sperm infusion. Thompson (2005) late portrayed the complex ontological movement including accurately coordinated activities (e.g., hormone infusions, sperm discharge, and gametes cryopreservation) in an interrelated arrangement of entertainers (e.g. doctors, medical caregivers, and patients) to deliver a child to the advanced ART center.

Discovering the existing beliefs in the field of sexual and reproductive health and also determining the misconceptions would define the educational needs for providing sexual health programs for infertile women. Women should be able to distinguish risky behaviors from healthy behaviors that falsely have been marked as infertility-related behaviors. (Mahshid Bokaie, 2016) Because of fruitlessness, the social development of well-being and disease is perhaps much more shocking than it is for different conditions. Right off the bat, regardless of how fruitlessness can be characterized by therapeutic specialists, couples do not describe themselves as barren or present



themselves for treatment unless they hold parenthood as an ideal social job. However, while the biomedical model treats ailments as a wonder that influences the person, barrenness is frequently observed, particularly in created nations, as a condition that influences a couple paying little attention to which complicity may have a useful weakness. In this way, characterizing yourself as fruitless requires not only interactions within the couple between individual and restorative experts but also structures within the couple and probably the wider interpersonal organizations.

Second, the proximity of barrenness is marked, not by the proximity of neurotic side effects, but by an ideal state's non-attendance. It's in the words of expressions. Fourth, due to fruitlessness, it is clearer than for other ailments that there are different potential outcomes rather than seeking a 'fix' (Koropatnick, 1993). Without therapy, potential options include self-definition as deliberately child-free, appropriating, promoting, or developing accomplices. Fruitlessness is best understood as a socially constructed mechanism by which people come to characterize their ability to have children as a problem, to characterize the concept of that issue, and to develop an effective game plan.

The study of barrenness has much to contribute to the humanism of well-being and disease by giving experts a perfect point of view from which to focus such highlights of medicalized social insurance as the tension between the voice of medicine and the voice of the world of life (Mishler 1984), the gendered conception of well-being and medical services, and the overlap between nature and function. Greil also noted that the writing of mental disorders was described by various defects, including non-delegate tests, the inability to examine individuals who did not seek treatment, the inability to think about monetarily denied and socially specific populations, the use of cross-sectional structures and the inability to come up with an agreeable answer to the question of 'controls.' In fact, despite this, Greil concluded that the writing of mental trouble showed no regard for the social development of barrenness, treating fruitlessness as a mental result disease. (Arthur L. Greil, the experience of infertility, 2010) Infertile couples are socially stigmatized and excluded from leadership roles in their communities. Couples without children are denied membership in the ancestral world thereby losing the opportunity to live again. Both males and females are engaged in sex with multiple partners to prove their fertility (Tabong Pt, 2013)

### Living Experience

Experience is defined as familiarity with a skill or field of knowledge acquired over months or years of actual practice, and which, presumably, has resulted in superior understanding or mastery. It is a very subjective term, that is, no two people can share the experience. It is something which can be felt by an individual alone based on their perceptions, their attitude, and other things. Lived experiences are very important for a day-to-day living. All experiences are not lived experiences. Lived experiences are those experiences of people diagnosed with infertility and the people who had unsuccessful medical treatment, how they reacted to the diagnosis, the support they received, the difficulty in doing daily tasks, managing the pain, undergoing treatment and getting adapted, and coping with the work culture perception. Studies of psychological well-being, using a range of standard instruments and designs, have provided quantitative data on levels of anxiety and depression, and the impact on couples' relationships. (M.Redshaw, infertility among women who successfully became pregnant, 2006.)

### Infertility as living experience

Infertility can cause painful emotional experiences throughout the life mainly known as quality of life impairment. To live with infertility and to face the society is very difficult for people. Most of the women find it difficult to live with infertility. But people who have secondary infertility lose hope than people who had primary infertility. The positivity in the midst of living experience of people with infertility is the support they get from the partner, social recognition and also family support. If those people did not get these recognitions they will feel isolated. Infertile women seeking treatment face several psychological-emotional problems with devastating effects on the mental health and well-being of the infertile individuals and couples (Seyede Batool HasanpoorAzghdy, 2014)

### Feelings and infertility

Dealing with the different side effects and life changes of infertility treatment, can be hard on an individual emotionally as well as physically. Just as Infertility can affect an individual physically, it can also bring up a wide range of feelings that an individual is not used to dealing with. It is capable of making the feelings, already felt, more intense. For example, an individual has undergone pain in his/her lifetime, but the pain undergone while experiencing. Infertility is completely unimaginable and unbearable. An individual undergoes a lot of mood swings, depression, breast tenderness, upset stomach during the intake of fertility drugs. The values that an individual grows up with, usually affects the way in which they think and deal with Infertility.

During the treatment, if it is primary or secondary infertility people will feel depressed, upset, moody, anxious, high level of stress. Sometimes individual might feel guilty and have a sense of isolation from the community. Relaxation techniques really help individual to come out of that emotions, venting out emotions and even to cope up with reality. Meditation, guided imagery, and relaxation techniques are always very helpful in such phases. Deep-breathing is also a type of relaxation method which would help an individual to feel better and give them relief for a while. Interview The procedure for interview is different from that for the questionnaire, but both have the same aim, and it is to obtain data regarding the respondents with minimum bias and maximum efficiency. Interview is a face-to-face situation between the interviewer and the respondent, which intends to elicit some desired information from the latter. Thus an interview is a social process involving at least two persons, the interviewer and the respondent. The respondent's answer to the questions raised by the interviewer and his other behavior serve as important clues to the interviewer and are likely to affect the behavior of the latter. (A.K.Singh, 2010)

**Types of Interview:** There are two types of interviews, formal and informal. A formal interview may be defined as one in which already prepared questions is asked in a set order by the interviewer and the answers are recorded in a standardized form. The formal interview is also known as structured interview. An informal interview is one where there are no predetermined questions nor is there any pre-set order of the questions and it is left to the interviewer to ask questions in a way he/she likes regarding a number of key points around which the interview is to be built up. The informal interview is also known as semi-structured interview. An informal interview

is more commonly used and is a flexible method of collecting data. The primary advantage of an informal interview is that the interviewer can dig deeper and thus get a deeper understanding of the respondents' behavior. (A.K.Singh, 2010)

### Major Functions of Interview

Interview as a research tool should be selected basically because it serves two functions which mark it out with positive advantage from the rest of the methods of data collection. The two functions are: Description- In an interview, people spend most of the time with one another in some form of verbal interaction. The verbal interaction enables the interviewer in understanding how people view the subject under investigation. This understanding helps him know is social life which is otherwise abstract and merely a statistical phenomenon. Exploration- Another purpose of an interview is to provide insight into the unexplored dimensions of a topic or subject. A review of the work done in this area reveals that an interview clarity. Talking with interviewees and thereby gaining insight into their conduct from inquires about their behavioral dimensions provides adequate stimulation for development of various hypotheses for subsequent testing and research. Of the two functions, exploration is considered to more important than description. (A.K.Singh, 2010)

### Content Analysis

Content analysis is a method of systematic examination of communications or of current records or documents. Instead of questioning respondents according to some scale items or observing their behavior directly, the content-analyzer takes the communications or documents prepared by the respondents and systematically find out the frequency or proportion of their appearances. In content analysis, the primary sources of data are letters, autobiographies, diaries, compositions, records, reports, printed forms, themes or other academic work, books, periodicals, bulletins or catalogues, syllabus, court decisions, pictures, films, cartoons, etc. It is the obligation of the researchers to establish the trustworthiness of these data that have been drawn. Content analysis can also be used with responses of projective tests, with all kinds of verbal materials and with materials specially produced for research problems.

## II. RESEARCH METHODOLOGY

Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. In a research paper, the methodology section allows the reader to critically evaluate a study's over all validity and reliability.

Research methodology is the specific procedures or techniques used to identify, select, process, and analyze information about a topic. In the present study, the researcher focuses on the living experiences of infertile couples and the people who had unsuccessful treatment in infertility in Karnataka and Kerala.

### 2.1 Research Design:

Research design is important in research, because it designs the ways and steps to facilitate the gathering and analyzing of the required information. Research design also serves as a tool for the researcher to have better understanding on the relationship between variables and particularly in this study to find out living experiences of infertile couples and the people who had unsuccessful treatment. Generally, the researcher adopts Qualitative research design in order to achieve the objectives of this study. And study adopts Hermeneutic Phenomenology as a research design.

**2.2 Hermeneutic Phenomenology** Hermeneutic phenomenology is a qualitative research methodology. It is a type of Phenomenology Research. Hermeneutic phenomenology is focused on subjective experience of individuals and groups. It is an attempt to unveil the world as experienced by the subject through their life world stories. This school believes that interpretations are all we have and description itself is an interpretative process.

**2.3 Statement of the problem:** The problem of infertility has increased (Balen, 2006), but in parallel, medical methods for its treatment have also rapidly developed, for example, from the first 'testtube baby'. To understand the living experiences of infertile couples and the people who had unsuccessful infertility treatment.

**2.4 Research Problem:** To understand the living experiences of infertile couples and the people who had unsuccessful treatment. This study uses the Phenomenological research to understand the living experience of infertility and the people who had unsuccessful medical treatment. The study focuses on living experience and couples common meaning of infertility.

### 2.5 Objective

Based on the statement of the problem, researcher selected the objective to understand the living experience of infertility and the people who had unsuccessful medical treatment.

The research objectives as follows:

- To interpret infertile couples' common meanings of infertility.
- To explore the perception and emotions towards infertility.

### 2.6 Theoretical framework

Chief concepts and variables involved in the study were clearly explained and clarified before the actual process of research begins, which led the searcher to focus on the right path and to conduct the study in a smooth manner.

1. Infertility: involuntarily childless in reproductive ages
2. Primary infertility: Pregnancy has never been achieved with either partner due to both experiencing infertility.
3. Secondary Infertility: Couples who experience spontaneous abortion and after multiple trials are still not able to conceive.

4. Living Experience: Personal knowledge about the world gained through direct, first-hand involvement in everyday events. It can also be used for the experience which orients a person's self-conception and around which an individual life organizes itself.
5. Hermeneutic Phenomenology: A qualitative research focused on subjective experience of individuals and groups.

## 2.7 'Who' or 'What' of the study

Choosing 'who' or 'what' of the study is one of the most important decisions that researchers will make, since what they will investigate determines what the research questions will be, which data. The selection of 'who' or 'what' to study determines what a researcher will discover. In this research, the phenomenon chosen is couples who are living with primary and secondary level of infertility, their experience of been diagnosed as infertile until now. The researcher is interested in the individual perspectives and couple experience related to the medical condition. And also to analyses the male's infertility perspective. The researcher will gather data by conducting a one-on-one interview. The researchers present findings about individuals in aggregate; these results are not intended to portray the feelings of a group, but rather are a reporting of what the individuals have in common, such as their thoughts, feelings, emotions, and behavior

## 2.8 Population and Sample

Population constitutes all study subjects that falls under the study by applying inclusion and exclusion criteria. Sample Distribution In sample selection criteria, the researcher specified the characteristics of the study, by detailing the inclusion and exclusion criteria.

### Inclusion Criteria:

- People who are married and diagnosed as infertile are included in the study.
- Participants above the age of 22 to 45 are taken for the study.
- People who had unsuccessful treatment and remain infertile are included in the study.
- People who are legally married and are heterosexual are only taken for the study.
- Participants from Karnataka and Kerala are included in the study.

### Exclusion Criteria:

- People who voluntarily decide not to adopt parenthood.
- Participants who have psychiatric ailments, physical disabled are excluded.

Samples are the representatives of study subjects who are eligible for the selection and appropriate for the conduction of the research study. In the present study, samples are people who are married and diagnosed as infertile are included in the study, people who had unsuccessful treatment and remain infertile are included in the study. People who are legally married and are heterosexual are only taken for the study. One of the most important reasons for the research to determine a sample size is that the total number of the target population is too large and the researcher could not cover the entire population in a short period of time. A minimum of sample size was recommended out of the population for the study due to time constrains, limited resources and minimum levels of willingness from infertile patients. Sample size of this study is limited to 20, where consists of 10 couples who are diagnosed as infertile medically.

## 2.9 Data and Sources of Data

Data collection is a way of gathering of data from the study subjects and it is a systematic way to assemble data for specific objectives. The data is collected through primary data and secondary data.

### 2.9.1 Primary Data

Primary data is the first hand information which is collected by the researcher through survey, interview and observation. When the researcher tries to collect the data for a particular purpose from the sources available, for the very first time, it becomes primary data and it is referred as the 20 collected information directly from the chief study subjects. In the present study, the primary data was collected through semi structured interview. The questions were prepared and validated by the professionals

### 2.10 Statistical tools

Data was collected using the semi structured interview method. The researcher made a list of questions in order to ask the patients. The list of questions was formulated from a standardized questionnaire. The modified list of questions was made in order to get more information for the research from the participants in a simpler and clarified manner. The questions were validated by set of five qualified professionals.

### 2.11 Statistical Analysis

Qualitative analysis was done for the study in which content analysis was used to analyze the data to find the common meaning of infertility

#### 2.11.1 Procedure for data collection

Data collection is a way of gathering of data from the study subjects and it is a systematic way to assemble data for specific objectives. The data is collected through primary data and secondary data.

#### 2.11.2 Primary Data

Primary data is the first hand information which is collected by the researcher through survey, interview and observation. When the researcher tries to collect the data for a particular purpose from the sources available, for the very first time, it becomes primary data and it is referred as the 20 collected information directly from the chief study subjects. In the present study, the primary data was

collected through semi structured interview. The questions were prepared and validated by the professionals. Data collection process With the prior permission and consent, the researcher went to meet each infertile couple, five couples from Kerala and five couples from Karnataka. After debriefing the participant about the research, informed consent and demographic details were collected. After which, the researcher asked questions for which the responses were voice recorded.

The recorded content was typed verbatim by the researcher for further data analysis. The researcher conducted semi-structured interviews with the patients, one-by-one. The researcher got information from the patients as to what was their lived experience with infertility. The sample size was 10 couples. Initially, the researcher went about establishing rapport with the patients. The researcher established good rapport with the patients which led to a lot of trust and open-ness from both the sides, the researcher started to get the background details of the patients. There was a sense of trust from the patients' side by then. This helped the researcher get more details from them. The researcher went about recording the talks by the patient, and according to what the patient said, the researcher formed further questions in order to get more answers and to get more details about the patients experiences related to infertility, their treatment, and their experiences. Once the researcher got the important and necessary details and information, she helped the patient with a little psycho-education on how to cope and live better with infertility experience. The sessions were then terminated. The lived experiences of the participants were understood in three phases.

**Phase I. Establishing Rapport:** The first phase of establishing rapport is very important for the interview to move further. If the patient does not trust the researcher, he/she would not be open to the questions asked to them. They would either lie or chose not to answer the questions. Trust, from the patients' side is extremely important for the responses to be more realistic and pure. The researcher established rapport with the patients by having a conversation with them and also getting the demographic details of the patient.

**Phase II. Interview:** After the rapport was established and the demographic details were taken, the subject started interviewing the patient. The type used for interview method was semi-structured interview. The researcher had prepared a list of questions and based on the responses of the patient, the subject asked further questions. There were four questions formed by the researcher, and she asked them the questions one-by-one. This is how the interview took place. The researcher was able to get the needed responses from the patients.

**Phase III. Termination:**

When the researcher finished asking the questions to the patients and got the required responses, she decided to terminate the session by thanking the patient for co-operating and for being calm throughout the session. The researcher appreciated them for their welcoming approach towards the interview and open-ness to respond to any sort of a question asked. Also, the researcher tried educating the patient about infertility, coping strategies, and having a positive attitude would help them deal better with their treatment. Support from the family members – emotionally, mentally, and spiritually - is very effective in increasing an individual's will-power. It helps the person to vent out their emotions, their loving nature, and positive attitude makes the patient feel better and confident through their journey of infertility.

## 2.12 Content analysis

It is a method of systematic examination of communications or of current records or documents. The Researcher has taken the communications given by the respondents and systematically found out the frequency or proportion of their appearances based on the frequency. Using coding the researcher found several common themes related to living experience of couple with infertility.



## III. RESULTS AND DISCUSSION

With the help of content analysis through phenomenological approach researcher found few themes to analyze the research problem. They are

Fig.1 Common Theme no. 1: **feeling of loneliness**





Fig . 2 Common Theme no. 2: **Guilt/Rationality**



Common Theme no. 3: **Rationality**

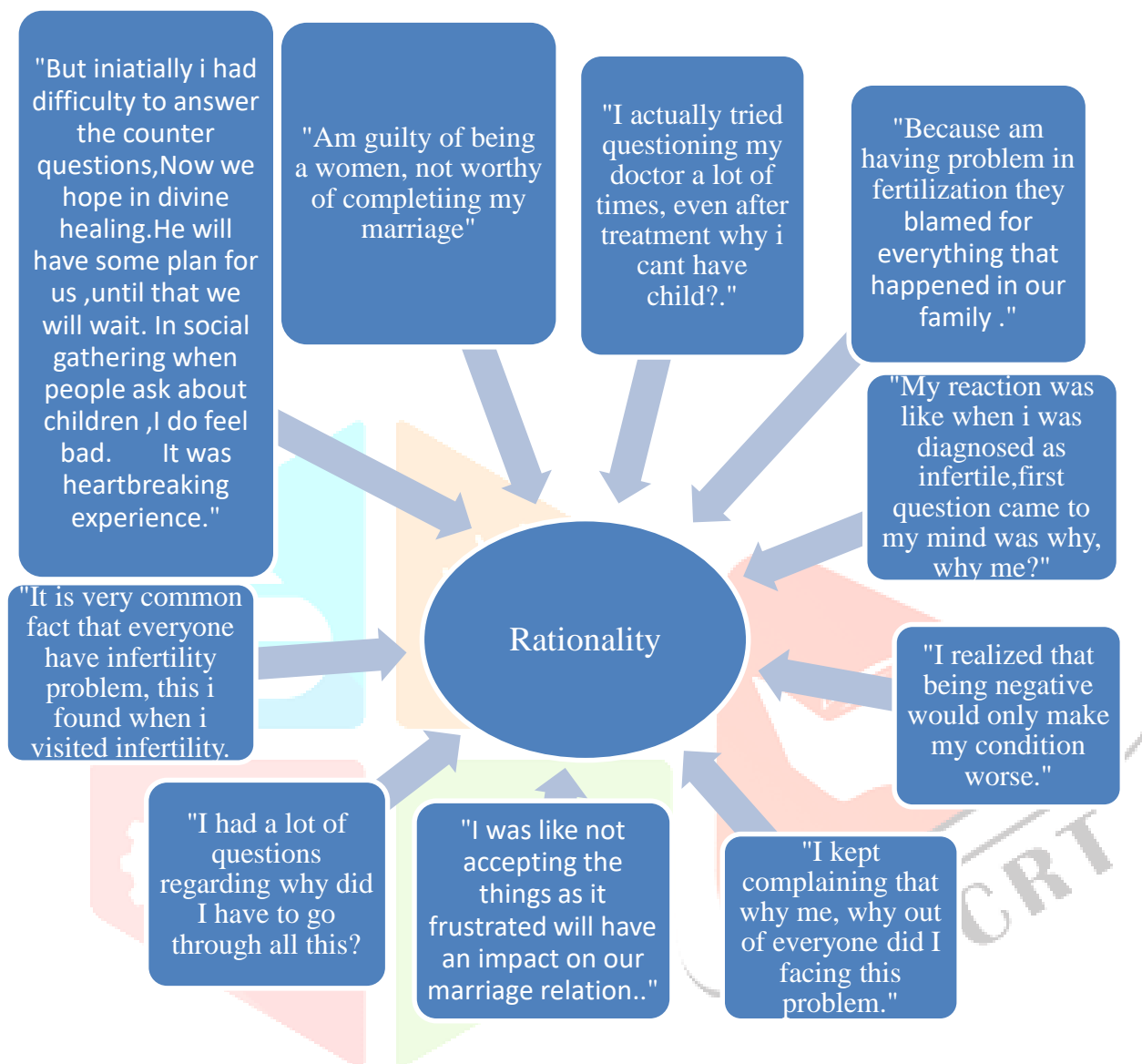


Fig.3. Common Theme no. 3: **Acceptance**

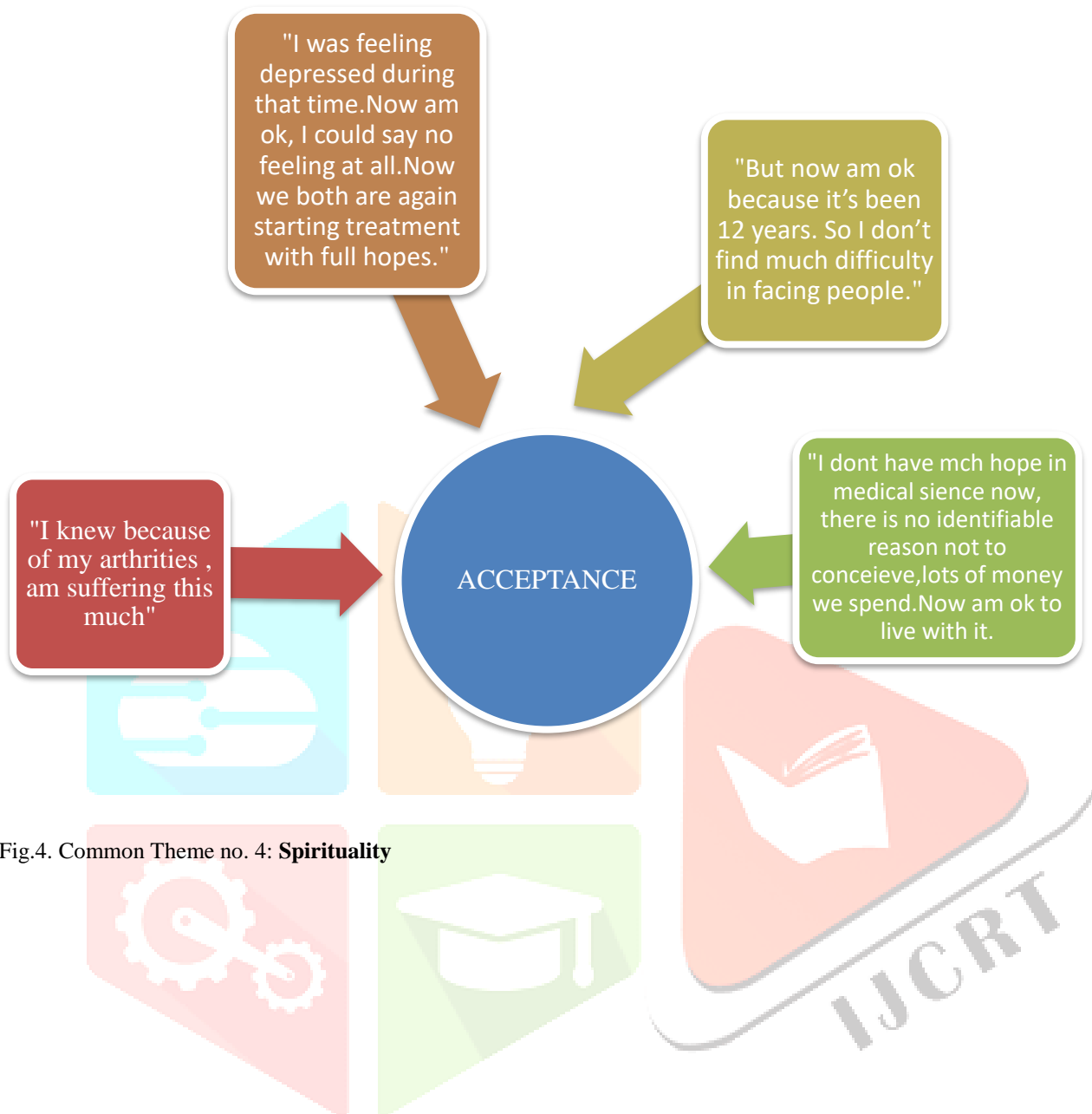


Fig.4. Common Theme no. 4: Spirituality

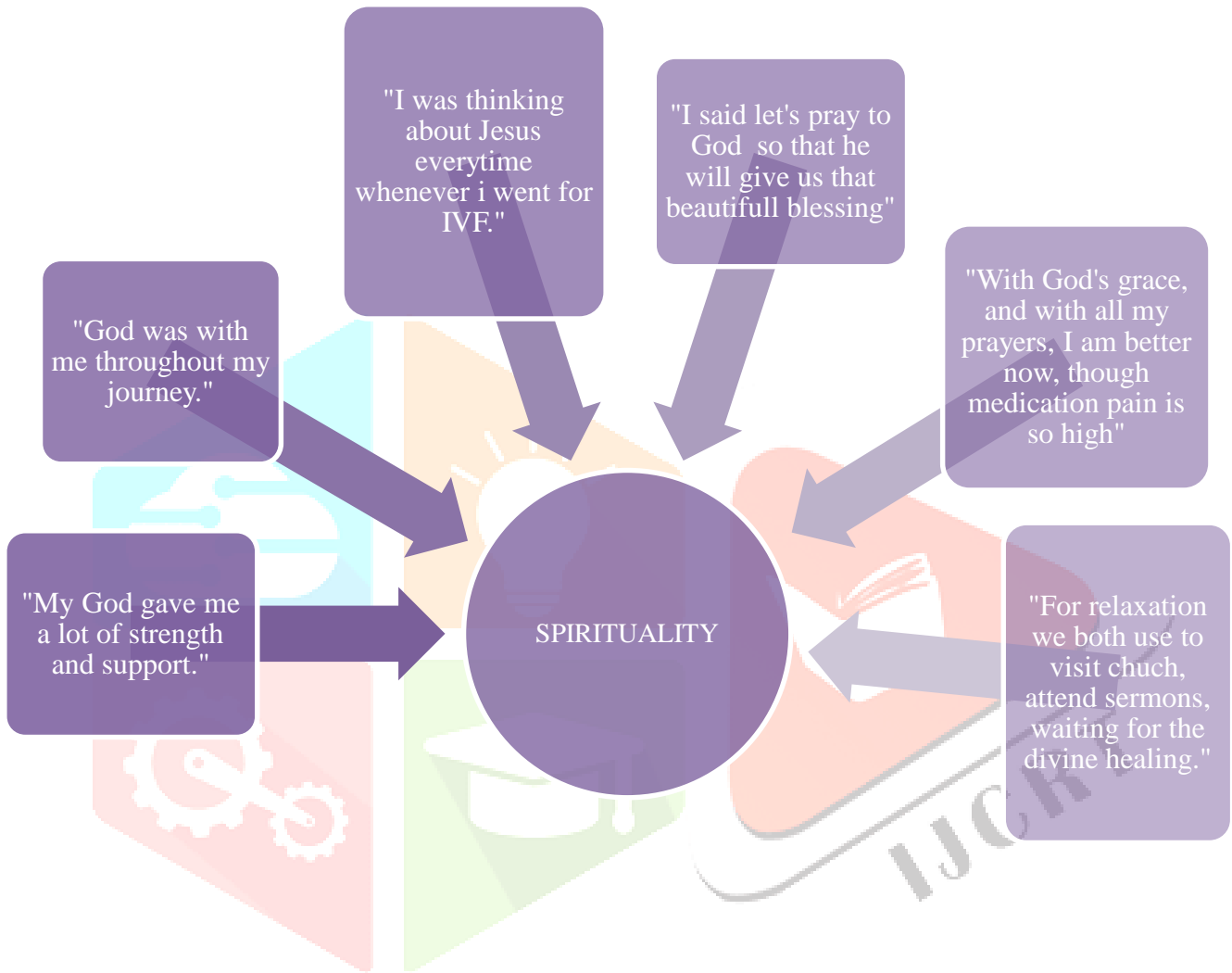


Fig. 5 . Common Theme no. 5: **Family Support**





Fig.6. Common Theme no. 6: **Positive Nature/HOPE**



Fig. 8. Common Theme no.8: **Suffering**

Fig.9. Common Theme no. 9: Coping strategies

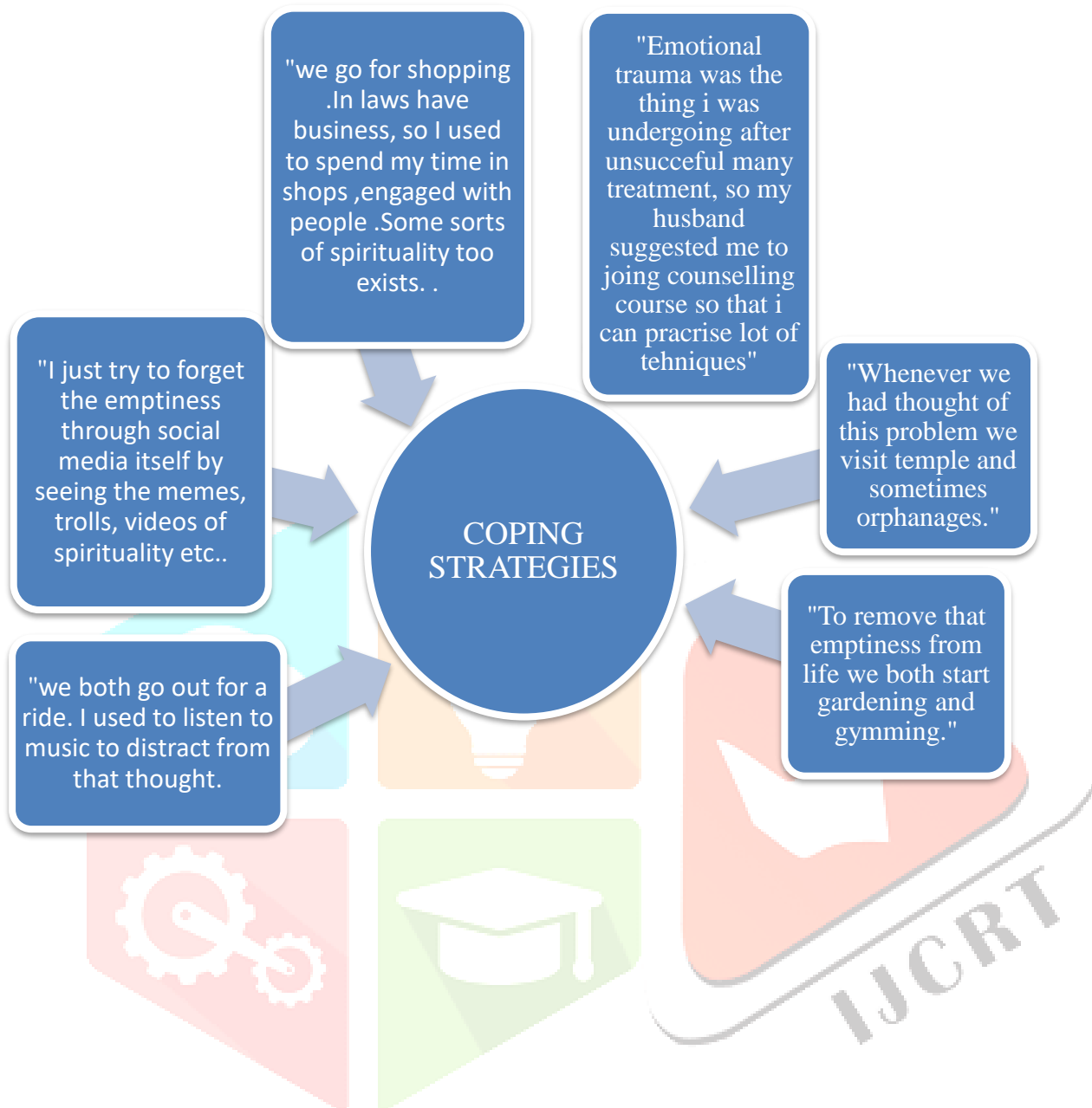
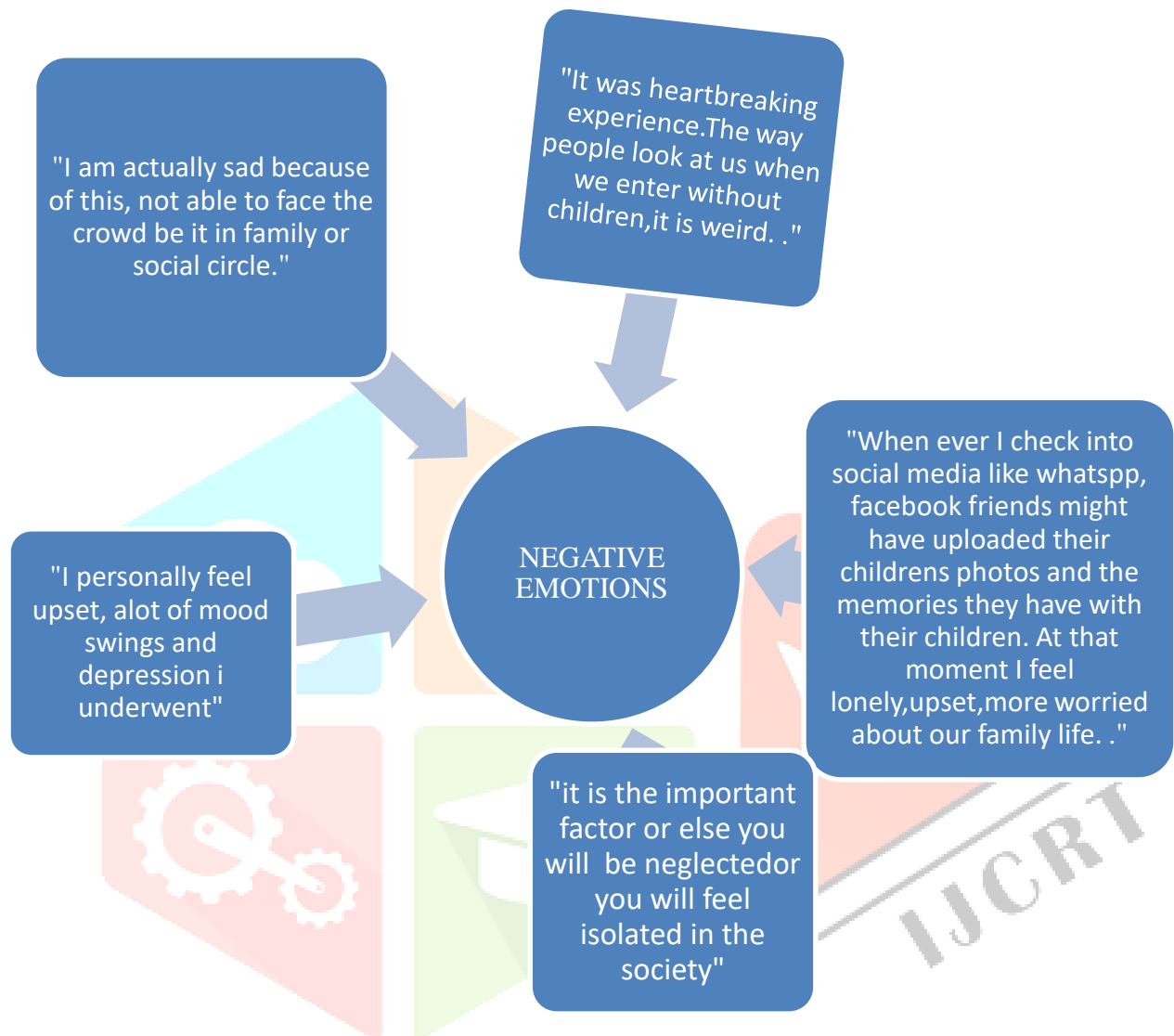


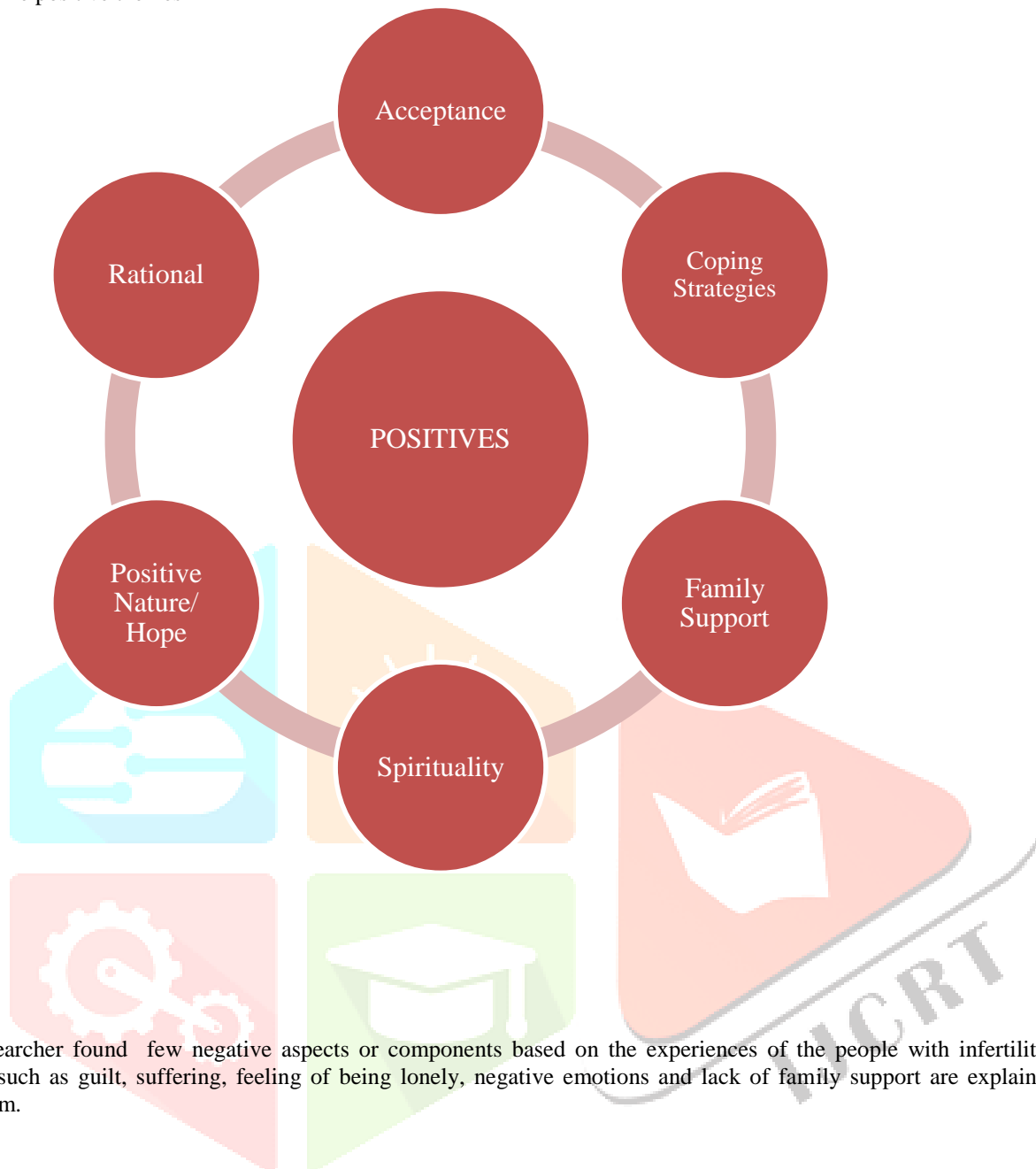
Fig.10. Common Theme no. 10: Negative Emotions



The ten common themes derived were further categorized based on the positive and negative feelings or component and, thus categorized themes are presented in a pictogram as one theme affects the other and all these work in integration.

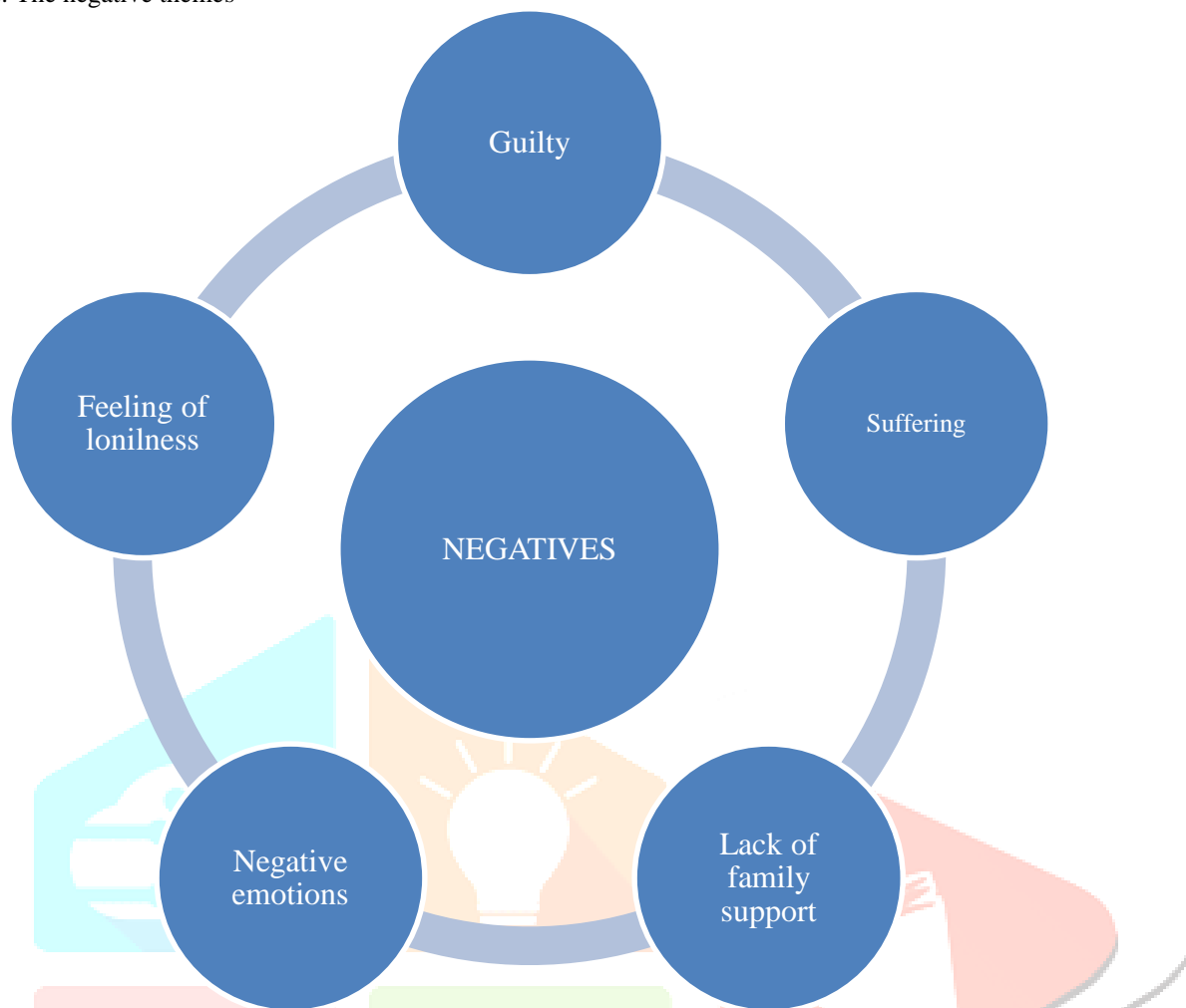


Fig 11. The positive themes



The researcher found few negative aspects or components based on the experiences of the people with infertility. The negative aspects such as guilt, suffering, feeling of being lonely, negative emotions and lack of family support are explained below in the pictogram.

Fig.12. The negative themes



The study was to know more about the common feelings of infertile couples. Researcher also found certain family perception, social perception and interpersonal perception of infertile couple. Thus categorized experiences are presented in a pictogram.

The present research uses content analysis. Content analysis is a method of systematic examination of communications or of current records or documents. Instead of questioning respondents according to some scale items or observing their behavior directly, the content-analyzer takes the communications or documents prepared by the respondents and systematically find out the frequency or proportion of their appearances.

In this case participants experience a lot of wear and tear at the social and emotional level as well. There has to be a significant component of social and emotional aspect in the overall treatment of infertility. Infertility couples report that they face social stigma and also society did not consider their psychosocial needs.

Failing to recognize their psychosocial needs leads to symptoms like stress and depression in infertile participants. The emotional stress of living with a diagnosis of Infertility and its treatment, fear of abortion, not conceiving, and the distress imposed by living with the day-to-day physical problems creates new or worsens the pre-existing psychological distress. Infertility can be classified as two that is primary and secondary level infertility.

Physical and psychological impairments could also lead to substantial social problems, such as the inability to work because of social accusation, blames from society and workplace. Although the majority of the infertility participants and their family members undergo normal psychological functioning, distressed psychological states are common. Participants experience more worries, fear of living, loneliness, feeling of guilt, lack of family support and suffering due to medication not able to make plans for the future, as most of them felt incomplete in marriage life. There are other changes that occur in their daily routine such as lack of sexual interest, not able to face the public, and also changes in one's role within the family and also other relationships. The various reasons for psychological distress were found to be negligence in the society, blames and accusations from family members, and also due to the stigma existed in the society towards infertile couples. There are several positive and negative themes found out in common to describe the feelings of infertile couples. The positive themes were acceptance, coping strategies, hope, positivity, belief on spiritual / divine healing. The negative themes were negative emotions, loneliness, guilty, suffering lack of family support.

From fig 5, common theme found to be acceptance, which means that they are ready to accept the reality of not able to conceive anymore in the future because they had several unsuccessful treatment. Treatment failure increase the renewed cycle of grieving and distress. After many unsuccessful treatments will make the individual believe that no more attaining fertilization.

From fig :10, the common theme found to be Coping strategies, which is the another positive factor which is common among infertile couples. The coping strategies are family support, spouse support, visiting holy places, spending time in orphanages, going for ride, influence, gardening, gymming, attending different vocational training to escape from the lonely feelings. Women and men with

fertility problems often feel isolated. The Internet offers anonymity, emotional support, normalization and reassurance. It also offers the prospect of niche support from others going through treatments at the same time and in similar circumstances. Online infertility networks can play a valuable role in helping people deal with the emotional stresses and isolation they feel during and after treatment, but has the potential to reinforce isolation. (Lisa Hintona, 2010)

From Fig:8 the common theme found to be Hope and positivity, means some of the people have positivity within themselves to fight against low mood and emotions. Some have hope that in future with successive treatment and having faith in God can help them out to conceive.

From fig: 6 common theme found to be spirituality and divine healing, which was another positive factor among infertile couples. They have faith in medical science and as well as on almighty. This helped them to cope up in the difficult times.

There were some negative themes which was found out through content analysis. Negative emotions means the low mood they experienced, embarrassment, shame etc. It was observed that infertile people face low self-esteem and self-confidence. Every infertile couple had negative emotions. After the diagnosis of infertility is done or after spontaneous abortion immediately they had experience of low mood, then facing the society made them upset, embarrassed. Some of them were in depressive mood after successive unsuccessful treatment. The main cause of negative emotions is lack of emotional support, blames put forwarded by society and family and also loss of control on everything.

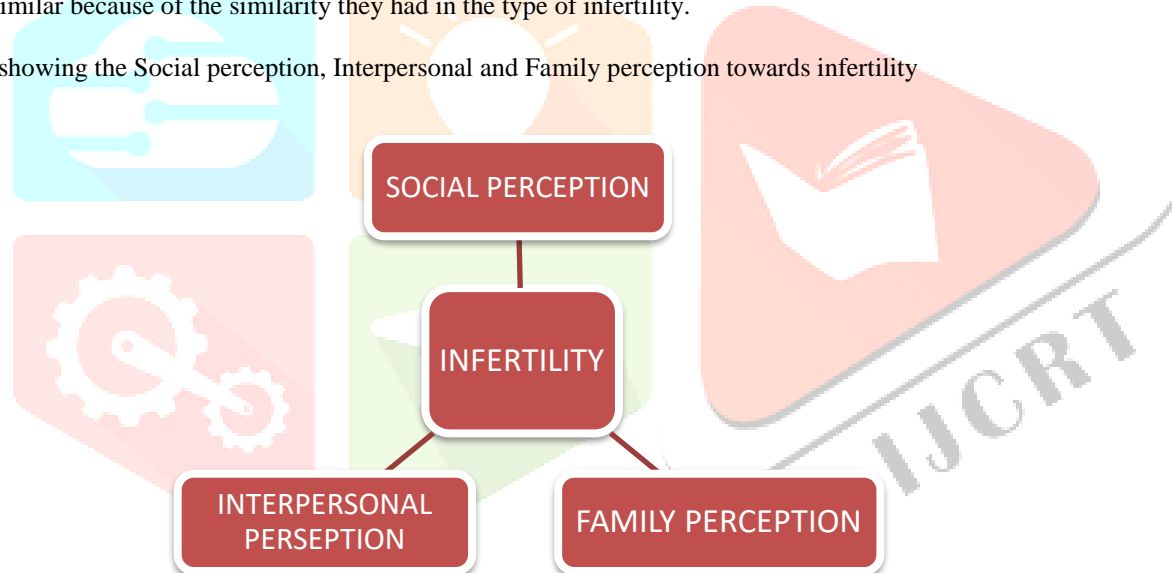
The feeling of loneliness arises due to social discrimination and isolation. The stigma existed in the society towards infertility made couples feel lonely.

Family support can be positive and negative, because only few couples got family recognition, support to sustain in the family with this problem. Some family consider infertility as curse from God. But some family gave moral and emotional support to the infertile couple to reduce their stress and to cope up with the situations.

Suffering means the difficulties these people underwent during medication, abortion, emotional distress and financial problems. The cost for an IVF cycle using fresh embryos is too high that people who do not have insurance coverage or the means to pay for treatment not being able to obtain treatment may contribute to feeling of helpless and hopeless.

The study had found some social perception, family perception and interpersonal perception towards infertile people. And it was very evidently seen that there are many components which are similar. The experience twenty people had in these dimensions were almost similar because of the similarity they had in the type of infertility.

**Fig: 13** showing the Social perception, Interpersonal and Family perception towards infertility



### Social Perception

The experience of infertile couples had from the society was terrible stigmatization.

“When we go for any function or for any get together, the way people ask questions, the way they look at us. Sometime those people talk among themselves and pass comments on us. That time I feel low and guilt of my identity” (Participant 2)

They feel neglected from the main stream as not being invited for any public meetings, celebrations etc. According to couple’s experience, it was noted that to survive in the society the basic requirement is to have children. People face a lot of discrimination from the society. The society includes the working community, neighbors and the people surround them. Stigmatization was the important factor. Couples dealing with infertility may avoid social interactions with friends who are pregnant and families who have children. “Depressed, disappointed, upset, more worried. And even I feel if I had one. I could also play with them” (Participant 5)

### Family Perception

Some of the infertile couples had family support with which they cope up with the situation

“My in laws were literally forced me to take treatment” (Participant 3)

“Full on commenting that it might be curse given by god as I was the younger son. I shifted to different place so it was not family will so the attribute that to us. Even blame her because it was a love marriage” (Participant 6)

These statements reveal that there were couples who had faced family pressures, discrimination within the family for just being infertile. But some of them faced criticism, discrimination from the family which made their journey of infertility difficult. Some families supported the infertile couples throughout the treatment process.

### Interpersonal Perception

In this study, samples are selected in such a way that some people experience primary infertility and some experience secondary infertility. 65% of the samples taken for the research were having primary infertility. It was found that people who experienced primary infertility face a lot of interpersonal problems, like conflict between partners, arguments based on not being conceived, more frustrations are seen. One of the client revealed that due to infertility they had fights after unsuccessful treatment “Yeah initially we had fights and arguments when we had unsuccessful treatment. On that day we used to talk little, sometimes she cry a lot” (Participant 4)

From the study it was found that male who experienced infertility had more emotional distress. They feel depressed and upset when they were diagnosed with infertile problem. men experience infertility as a mentally, physically and socially demanding condition. (Dibb, 26 Aug 2016)

“I was heartbroken when I heard that I had problem, at the initial stages I did have problems in accepting the fact that it will hard for us to have children” (Participant 6)

“Only myself undergoing treatment. Actually it is painful to go through the treatment, and when you don’t have any support from your closed ones even my wife had problem with me, but now I think it is normal” (Participant 8)

The medical cause for infertility in participants were

The medical cause for infertility in participants were tuberculosis, arthritis, stress, age factor, thyroid, abortion, genetically inherited, side effect of certain medicine etc. Seeing the positive and negative aspect of the experiences by people, we can try to develop modules which would help them for their future betterment. We need to develop a model which would deal with the suffering, pain, stigmatization, guilt, negative emotions and enquiring of the people suffering with infertility. To deal with the suffering aspect, we can use the alternative hypnosis method.

Hypnosis produces an altered state of consciousness, awareness, or perception. The hypnotic state is a highly relaxed state in which the patient’s mind (conscious and subconscious) is focused and receptive to therapeutic suggestion. It involves learning to use one’s mind and thoughts to manage emotional distress such as anxiety or stress; unpleasant physical symptoms such as pain or nausea; or to help change certain habits or behaviors. Infertile couples experience suffering, pain, lack hope, financial problem. (Khodakarami, 2010), (Martins MV, 2008)

Ideally, counseling should begin before patients start infertility treatment as some studies proved that addressing psychological factors such as depression, frustration, anxiety increase the chance of giving birth to child (Nahid Khodakarami, 2010). Relaxation techniques like mindfulness meditation, yoga promote stress management and to reduce frustration. Assisted reproductive technology (ART) has been regarded as one of the most stressful infertility treatment method. (Fatemeh Jafarzadeh Kenarsari, 2015).

After conducting research, researcher realized that there are positive aspects, as well as negative aspects. When the researcher talks about the positive aspects, she doesn’t mean that Infertility is a very positive disease for someone to go through.

The first aspect is about being Rational; when the patient is rationalizing about having been diagnosed with infertility, it means that the patient is aware that he/she has to deal with the upcoming journey and would find ways to cope with the treatment in a better way. The next aspect is about Acceptance; when the patient learns that he/she have been diagnosed with any type of infertility be it primary or secondary level, shocked is a natural response. But when the patient accepts the fact that he/she is being infertile and now there is no looking back and changing it, it helps them motivate themselves to cope with the treatment process more positively and with their willingness of surviving through it.

The next aspect is one of the most important aspects, that is, Family Support. When the patient is having infertility problems, they get immense support from the family members, half of their pain is vanished. They feel as if someone is there for them and they are not alone. But there were some family who had problems with these couples, they were treated differently in the family, some considered it as curse from the God. Family support plays a major and an important role in bringing in positivity and strength among the patients. The next aspect is Spirituality; it begins with the patients blaming, cursing, shouting, or hating God for not giving them children. Gradually, they realize that it was wrong on their part to shout at God. They start praying to God and are confident that he will help them find a way out to survive through the journey of treatment. They have strong faith in their prayers and also ask God for making their marriage life complete.

The another positive aspect was the Positive Nature of the patient. It was seen that the patients having a positive nature towards their infertile problem, had been able to recover faster emotionally and psychologically .Though there were patients who had secondary infertility but still had strong positivity and faith in God to fight against their emotional distress.



The last positive aspect is Coping Strategies which was found among infertile couples such as gardening, visiting temples, orphanages, counseling. These coping strategies help them to survive with more will power and also to escape from loneliness.

There are a few negative aspects that the researcher explored while conducting the research. The first aspect is Enquiring and Guilt; this is again the most common response of an Infertile patient. The minute they learn that they have been diagnosed with infertility, they start questioning 'why me?', or 'why out of everyone did I get diagnosed with Infertility?' I paid a lot of money why am I not able to conceive? They are unable to accept the fact they have certain infertile problems and they need to undergo expensive and painful treatment like IVF. To face the society they feel guilty.

The next aspect is the most commonly found, but the worst aspect, that is, Suffering. The suffering aspect includes the pain they undergone throughout the treatment, painful injections, bed rest, being isolated from the family. Due to the negligence from family and society these couples undergo certain psychological disturbance like depression, stress, anxious, mood swings. Every participant was working, so they faced emotional problems from the workplace. Most important was the financial problems for the each unsuccessful treatment.

The next aspect is feeling of loneliness; arise due to social discrimination and isolation. The stigma existed in the society towards infertility made couples feel lonely.

For the betterment of their suffering and pain and the other negative factors, alternative psychotherapies such as alternative hypnosis could be used. Alternative hypnosis can be used for the management of the pain and sufferings undergone by the patients. It has been proved in a few researches that hypnosis or hypnotherapy helps in the management of pain. Assisted reproductive technology (ART) has been regarded as one of the most stressful infertility treatment method. (Fateme Jafarzadeh Kenarsari, 2015)

### Implications

The implications for the present study would be to enhance the quality of life of the patients living with infertility. This study would help them know the positive as well as the negative aspects of having infertile problems. And also to interpret the common feelings of infertility. This study will help in developing models of counseling and support that stimulate self-reflection and strengthen personal resources and empowerment for individuals and couples experiencing involuntary childlessness. This study talks about using alternative psychotherapeutics such as alternative hypnosis which has proven to be beneficial for pain management in the previous researches as well. It will help to design supportive programs to eradicate the stigma existing in the society towards infertility.

### Limitations of the Study:

The researcher, being a student, could have worked on the interviewing questions using a systematic method. There could have been a structured rapport building session, sample size was limited, time constraints and language barriers especially to undertake study in Karnataka.

### Suggestion for the study

This study used an explorative function of interview. The living experiences of people with infertility could be explored more. There could be a few more questions which could be added to the prepared list of questions. This would probably help the researcher get deeper understanding of their experiences. Different forms of alternative psychotherapeutics could be used such as alternative psychotherapy, music therapy, aromatherapy, acupuncture, yoga, massage, exercises, and other relaxation techniques

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Bincy Biju  
(Signature)

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