

National Consortium for Ph.D in Nursing

Name of the Student: DR. PORKODI RABINDRAN

Mb No. : 9585635544

Guide Name: DR. VATHSALA SADAN

Mb No. : 9486212932

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Specialty: Community Health Nursing

Title:

“A STUDY TO ASSESS THE QUALITY OF LIFE, LIFESTYLE AND SUPPORT SYSTEM OF WOMEN UNDERGOING INFERTILITY TREATMENT, WITH A VIEW TO DEVELOP A “PSYCHOSOCIAL INTERVENTION PROGRAMME”.

Introduction

Childbearing and raising children are extremely important events in human life and are strongly associated with the ultimate goals of completeness, happiness, and family integration. The inability to have children damages both cultural and adult identity and the attribution of responsibility leads to societal repercussions and personal suffering. Infertility, as an externally invisible ‘defect,’ increases feelings of inferiority, differentness, and spoiled identity. The questionable gender identity of women with infertility creates doubt in their sense of being a woman, causing extreme emotional and psychological stress. Failure in procreation makes women vulnerable to neglect, desertion, and violence, whereas men face pressures to marry other women or engage in risky behaviours such as having multiple sex partners in the quest for fatherhood. Supportive measures like stress reduction, relaxation techniques, weight reduction, diet modification, support systems, and

alternative treatments like acupuncture and yoga may help in the efficacy of infertility treatment.

Objectives

The aim of the study was to understand the quality of life, lifestyle and support system of women undergoing infertility treatment, to help in develop a psychosocial interventional programme that can be used to enhance the chances of conception and childbirth among infertile women.

Methods

The Explanatory Sequential Mixed Method research design was undertaken for this study using cross-sectional method for the quantitative and phenomenology for the qualitative approach. The 175 participants for the quantitative phase were selected by systematic random sampling. The quality of life, lifestyle, and support system of the women was assessed using Fertiqol scale, Lifestyle Inventory, and Multi-dimensional Scale of perceived Social Support respectively. 9 women along with their husbands who consented to in-depth interviews were selected for the qualitative phase of the study. A total of 10 health personnel from different disciplines of health care were selected purposively as key informants. Specific Semi-structured interview guides were used for all the various health personnel according to their nature of work and also the women with infertility. The quantitative data were analysed using SPSS 21.0 version and the interviews were transcribed and manual content analysis was carried out.

Results

Most of the women 90(51.4%) were in the 25 -29 years age group and the mean age was 28. About one-third of them were educated to the level of graduation but the occupation per se of most the women 96 (54.9%) was a homemaker. About 72.6% of the husbands of the women had skilled and semi-skilled occupation with 68.6% of them having some infertility-influencing factor at work. The majority of the couple belonged to Hindu religion and had non-consanguineous marriage with no family history of infertility. The period of infertility was 1 - 5 years in most of them 97 (55.4%). Majority of the had primary infertility with female factor being the reason of infertility among 98 (56.0%). Ovulation dysfunction and unexplained reasons were the commonest causes of infertility among one

third of the women in each reason. The commonest treatment modality seen in the women was ovulation induction.

The quality of life of most of the women (68%) was within normal levels with a mean score of 74.18(\pm 14.7). The normal level was seen in the emotional and relational domain of the core quality of life. A moderate acuity level of perceived social support was seen in most 76(43.4%) of the women and family or significant others being the source of support. The wellness scores for all the components of the lifestyle were below average in most (40% - 63%) of the women. A significant association was seen only in the emotional quality of life with the occupation of the women and family history of infertility.

The family dimension of social support and overall lifestyle had a highly significant or significant correlation with relational, social, mind/body, treatment environment, and treatment tolerability dimensions of quality of life.

The key informant's interview brought out five categories – social factors, psychological factors, family factors, treatment outcomes, and counseling aspects. The interviews with women brought out lifestyle, social, and treatment factors, emotions, marital life, and coping mechanism.

Conclusion

Humans are referred to as social being interdependent with each other. The sense of belongingness is a very basic and vital need. This is reiterated by this study's finding of family support is an important factor in the quality of life of women. There is a need to include psychological and socio-cultural considerations with any medical interventions for infertility. If women with infertility receive enough support in making necessary modifications and taking important decisions in their treatment, especially from their family members then their experience of infertility would be much more bearable. Along with support, better communication will go a long way for the women to achieve a better quality of life in spite of fertility issues.

