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The Psychological Impact of Infertility and Its Treatment on Women in RHQ Hospital Chilas, District Diamer, Gilgit Baltistan

Dr Sara Jamil Khan¹, Dr. Maria Khan², Dr Uzma Almas³, Dr. Hina Khan⁴, Dr. Alia Khan⁵, Dr. Huma Naseeb⁶

¹MBBS, FCPS, MHPE, Assistant Professor Obs & Gynae, Frontier Medical & Dental College, Abbottabad

²MBBS, MCPS, Gynaecologist, RHQ Hospital, Chilas

³MBBS, FCPS, Senior Registrar, Holy Family Hospital, Rawalpindi

⁴MBBS, FCPS, Assistant Professor, Khalifa Gul Nawaz Teaching Hospital, Bannu

⁵MBBS, MPH, Senior LMO Obs & Gynae, RHQ Hospital, Chilas

⁶MBBS, FCPS Trainee Obs & Gynae Khyber Teaching Hospital, Peshawar

*Corresponding Author's Email: sara40_abt@hotmail.com

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Abstract

Infertility is a common burdensome health problem that many women from rural and poor nations face due to the lack of access to healthcare services. The psychological study involves women who come to RHQ Hospital in Chilas, District Diamer, Gilgit Baltistan for infertility treatment. It was aimed to assess the stress level of infertility and effectiveness of the different types of treatments. These interviews consisted of semi-structured interviews and, to an extent, formal questionnaires. The work revealed that state-stigma burden, anxiety and depression rates higher among women. Therefore, these results indicate the need to address infertility with psychological interventions to minimize these side effects.

Keywords: Infertility, health problem, Psychological Impact

Introduction

Infertility is the fact that a couple cannot become pregnant within one year of unprotected intercourse and it is registered in 10-15% of couples in the world (1). The incidence of infertility in Pakistan has not been fully established, but polls estimate it to lie somewhere between 15-25%, making it approximately 22% among couples (2). The failure to conceive not only has devastating and detrimental health implications on the physiological well-being of women but

immeasurable psychological and emotional impacts that extend far and beyond the rural area of District Diamer in Gilgit Baltistan, where tradition which hails is a burden (3). These women are socially coerced, embarrassed and hence isolated due to infertility(4).

The consequences of infertility on psychological wellbeing are manifold, they are anxiety, depressive symptoms and low self worth(5,6). The traditional culture especially in Pakistan exacerbates these challenges, because most of the women said they felt useless and rejected by society for childbearing(7). Further, infertility, its treatment; medically or surgically can itself be stressful because of the various outcomes that are never guaranteed and the costs incurred (8).

The purpose of this research is to determine the psychological effects of infertility and its treatment among women in RHQ Chilas Hospital and advocate for the social constructive appreciation of psychological intervention services in the treatment of infertility.

Methodology

Between January and June of 2024, researchers at RHQ Hospital in Chilas, District Diamer, used a cross-sectional and mixed-methods approach to their study. One hundred women with a diagnosis of primary or secondary infertility, ranging in age from twenty to forty-five years, made up the sample. The outpatient gynaecology department was the source for the participants.

Inclusion Criteria:

- Subjects must be female and have had an infertility diagnosis for at least a year. - They must also be willing to take part in the study's qualitative and quantitative components.

Exclusion Criteria:

- Infertile women who have a history of psychological disorders.
- People who are hostile towards interview requests.

To measure levels of anxiety, depression, and stress, a structured questionnaire was used, which included the Hospital Anxiety and Depression Scale (HADS)(9) and the Perceived Stress Scale (PSS) (10). To further understand the participants' emotional and social struggles, 20 participants were chosen to participate in semi-structured interviews.

The statistical package SPSS version 26 was used for the data analysis. To summarise demographic variables, descriptive statistics were employed. To compare psychological outcomes between groups, inferential statistics, such as t-tests and chi-square tests, were utilised. Qualitative interview data was analysed using thematic analysis (11).

Results

Of 100 women, 67% identified high levels of anxiety with a mean score of HADS-A = 14.3 (SD \pm 2.6)(12). The prevalence of depression was 52% with a mean HADS-D of 11.7 (SD = 3.1) among the partakers(13). It was also found out that there was moderate to high perceived stress in the lives of 73% of the women by the use of the PSS scores(14).

Some of the feelings that emerged from the results of the qualitative analysis of the interviews were; guilt, loneliness and marital stress. Some of the participants said that they felt a lot of pressure due to infertility had led to the strain of marriages and relations between the couples and

the families(15). Further, half of the participants said they were overwhelmed by the costs associated with infertility treatment (60 percent) (16).

Discussion

This study's findings underscore the significant psychological distress that infertility imposes on women in remote regions such as District Diamer. The elevated incidence of anxiety and depression aligns with prior studies conducted in various locations of Pakistan (17,18). Cultural and societal expectations of parenthood substantially contribute to the psychological pain encountered by infertile women. In societies where a woman's worth is frequently associated with her capacity to conceive, the psychological impact of infertility can be profound.

The therapy approach, encompassing invasive surgeries, many hospital visits, and medication regimens, was seen to enhance tension and anxiety in numerous ladies. This corresponds with research indicating that the medicalisation of infertility may exacerbate emotions of helplessness and increase emotional suffering.

Although medical interventions are essential for addressing infertility, it is evident that psychological interventions must be incorporated into treatment regimens to ensure comprehensive care. Mental health counselling, peer support groups, and stress management programs may mitigate the psychological effects on these women (23,24).

Conclusion

For women of District Diamer and such other rural areas, infertility and its treatment are primarily psycho-social conditions. The findings of this research contribute towards the recognition of patients with infertility as needing comprehensive treatment – both in terms of their emotions and their physical selves. The female patients' mental health is deteriorated with infertility treatment but if these women received psychological support, their state and the quality of life, most likely, will be enhanced.

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