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Infertility: Does it really a curse on married life

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Abstract

Childbirth is the most joyous event in every couple's life. Parenthood is viewed in most cultures as an entry into adulthood, and also an important part of status. Infertility may be perceived as a tragedy in the lives of many couples. Infertility affects couples as a unit, it presents unique challenges for the couple relationship. It had a negative effect on the marital relationships. The aim of this study was to explore how infertility affecting marital relation of a couple. Marital relationships may suffer when couples are dealing with infertility and may thus avoid interactions with their friends particularly those who are pregnant as well as families who have children. For many couples, infertility carries with it a major sense of loss, which can have a devastating emotional impact on their personal relations. This can create feelings of isolation and loneliness. People with infertility watch their friends and peers have children and move toward a phase of life in which they do not yet belong. They may feel alone and out-of-sync with those around them, especially as more time goes on. Thus, couples cannot entirely avoid conflict in their marital relationships due to their infertile status. If the relationship between husband and wife is otherwise strong, infertility is unlikely to break them apart.

Keywords: Infertility, marital relation, infertility stress, marital adjustment, infertile couple

Introduction

Every human being has a right to the enjoyment of the highest attainable standard of physical and mental health. Childbearing and rearing are important events in the life of every human and are positively associated with the ultimate goals of completeness, happiness and family integration. Human existence reaches completeness through a child and fulfils an individual's need for reproduction. Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. (WHO, 2018) ^[1]

Infertility is classified as a disease, which is considered a condition that should be treated. Infertility can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one prior pregnancy has been achieved (Mascarenhas *et al.*, 2012) ^[2]. Infertility affects millions of people of reproductive age worldwide – and has an impact on their families and communities. Estimates suggest that between 48 million couples and 186 million individuals live with infertility globally ^[2]. Infertility is a global health issue affecting millions of people of reproductive age worldwide, with an estimation 15% of couples around the world are experiencing difficulty in conceiving a child ^[3]. Although the extent of infertility varies considerably among countries, infertility has been recognized as a public health issue worldwide and has the potential to threaten the stability of individuals, relationships and communities ^[4]. Individuals with infertility can experience a wide variety of strong emotions, including sadness, anger, grief and loss, guilt, and shame. Infertility is a life-changing experience and challenge for a person's sense of self and identity (Peng *et al.*, 2012) ^[6]. Ultimately, experiences of infertility are highly varied and there is no right or wrong way to feel. Many people are able to eventually adjust and cope with their infertility, although the emotional pain may persist long-term (Repokari *et al.*, 2007) ^[5].

Causes of infertility

There are many possible causes of infertility, and fertility problems can affect either partner. But in a quarter of cases it is not possible to identify the cause.

Common causes of infertility include:

- Lack of regular ovulation (the monthly release of an egg).
- Poor quality semen.
- Blocked or damaged fallopian tubes.

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- Endometriosis – where tissue that behaves like the lining of the womb (the endometrium) is found outside the womb.

Causes of infertility in Male

- Semen and sperm - A common cause of infertility in men is poor-quality semen, the fluid containing sperm that's ejaculated during sex.
- Testicles - The testicles produce and store sperm. If they're damaged, it can seriously affect the quality of semen.
- Sterilisation - Some men choose to have a vasectomy if they do not want children or any more child. It involves cutting and sealing off the tubes that carry sperm out of the testicles, so the semen will no longer contain any sperm. A vasectomy can be reversed, but reversals are not usually successful.
- Ejaculation disorders - Some males experience ejaculation problems that can make it difficult for them to release semen during sex.
- Hypogonadism - Hypogonadism is an abnormally low level of testosterone, the male sex hormone involved in making sperm. It could be caused by a tumour, taking illegal drugs, or Klinefelter syndrome (a rare syndrome involving an extra female chromosome).
- Medicines and drugs - Certain types of medicines can sometimes cause infertility problems like sulfasalazine – an anti-inflammatory medicine used to treat conditions such as Crohn's disease and rheumatoid arthritis; sulfasalazine can decrease the number of sperm, but its effects are temporary and the sperm count should return to normal when the person stop taking it, anabolic steroids – are often used illegally to build muscle and improve athletic performance; long-term abuse of anabolic steroids can reduce sperm count and sperm mobility. Illegal drugs, such as marijuana and cocaine, can also affect semen quality.
- Chemotherapy – medicines used in chemotherapy can sometimes severely reduce sperm production.
- Herbal remedies – some herbal remedies, such as root extracts of the Chinese herb *Tripterygium wilfordii*, can affect the production of sperm or reduce the size of testicles.

Causes of infertility in Female

Infertility is commonly caused by problems with ovulation (the monthly release of an egg from the ovaries). Some problems stop an egg being released at all, while others prevent an egg being released during some cycles but not others. Ovulation problems can be a result of:

- Polycystic ovary syndrome (PCOS)
- Thyroid problems – both an overactive thyroid gland and an underactive thyroid gland can prevent ovulation
- Premature ovarian failure – when the ovaries stop working before the age of 40.
- Scarring from surgery - Pelvic surgery can damage and scar the fallopian tubes, which link the ovaries to the womb. Cervical surgery can also sometimes cause scarring or shorten the neck of the womb (the cervix).
- Cervical mucus problems – During ovulation, mucus in the cervix becomes thinner so sperm can swim through it more easily. If there's a problem with the mucus, it can make it harder to conceive.
- Fibroids - Non-cancerous growths called fibroids in or

around the womb can affect fertility. In some cases, they may prevent a fertilised egg attaching itself in the womb, or they may block a fallopian tube.

- Endometriosis - Endometriosis is a condition where small pieces of the womb lining (the endometrium) start growing in other places, such as the ovaries. This can damage the ovaries or fallopian tubes and cause fertility problems.
- Pelvic inflammatory disease – This is an infection of the upper female genital tract, which includes the womb, fallopian tubes and ovaries. It's often caused by a sexually transmitted infection (STI). PID can damage and scar the fallopian tubes, making it virtually impossible for an egg to travel down into the womb.
- Sterilisation - Some women choose to be sterilised if they do not want to have any more children. Sterilisation involves blocking the fallopian tubes to make it impossible for an egg to travel to the womb.
- Medicines and drugs - The side effects of some types of medicines and drugs can affect fertility in females like non-steroidal anti-inflammatory drugs (NSAIDs) – the long-term use or a high dosage of NSAIDs, such as ibuprofen or aspirin, can make it more difficult to conceive. Neuroleptic medicines – antipsychotic medicines, often used to treat psychosis, can sometimes cause missed periods or infertility. Spironolactone – a type of medicine used to treat fluid retention (oedema); fertility should recover around 2 months after you stop taking spironolactone. Illegal drugs, such as marijuana and cocaine, can seriously affect fertility and make ovulation more difficult.
- Chemotherapy – medicines used for chemotherapy can sometimes cause ovarian failure, which means the ovaries will no longer be able to function properly.

Risk factors of Infertility

There are also several factors that can affect fertility.

- Age – fertility declines with age.
- Weight – being overweight or obese (having a BMI of 30 or over) reduces fertility; in women, being overweight or severely underweight can affect ovulation.
- Sexually transmitted infections (STIs) – several STIs can affect fertility.
- Smoking – can affect fertility; including passive smoking affects chance of conceiving and can reduce semen quality.
- Alcohol – the safest approach is not to drink alcohol at all to keep risks minimum. Drinking too much alcohol can also affect the quality of sperm.
- Environmental factors – exposure to certain pesticides, solvents and metals has been shown to affect fertility, particularly in men.
- Stress – can affect marital relationship with partner and cause a loss of sex drive; in severe cases, stress may also affect ovulation and sperm production.

Infertility and Marital Relations

The findings of different studies showed that the marital relationship is one of the primary sources of support in times of stress of infertility and its treatment. Moreover, many researches focusing on the consequences of infertility within marriage found that couples that had been through fertility treatment often describe strong marital adjustment. Furthermore, some studies that have investigated the impact

of infertility on marital adjustment have noted that couples who undergo infertility treatment report that they have become closer and that their relationship has strengthened following the diagnosis of infertility (Schmidt *et al.*, 2005)^[23]. Many researches' results also revealed that partner's support can have a protective effect on women's infertility stress, which is also consistent with previous evidence obtained with samples of women. Nevertheless, women are more open than men to communicating their feelings about the process of attempting to have a child. Additionally, women tend to have a higher emotional involvement with their families than men, and when confronted with infertility mobilize more mutual support than men. It is possible that in regards to male infertility stress, female partners are the only sources of support that can ease the challenging nature of this particular crisis. In fact, the woman's role seems to be very important that relief male infertility stress. This might be due to the fact that men have a greater tendency to suppress their emotions about infertility than women, and only seek social support together with their partners as a joint activity and hence do not benefit from it as much as women. The male partner may experience infertility indirectly through the impact that it has on their partners by focusing mainly on her wellbeing. For men, the stress associated with infertility can be eased not only through receiving support from their partners, but also through their partners' perception that they are being highly supported by them.

Discussion

The coping strategies studies showed significant social differences and active-avoidance coping was a significant predictor of high fertility problem stress. A positive effect of infertility on the marriage, marital benefit was common. Men using the secrecy communication strategy had increased risk of low marital benefit. Difficult partner communication was a significant predictor of high fertility problem stress and among men, of low marital benefit. The reviewed studies showed that it was possible for the couples to change their communication with partner and other people close to them and they achieved an increased awareness of what, how much and when to discuss with others. High fertility problem stress and high marital benefit were associated with high importance ratings of patient-centred care and intentions to use professional psychosocial services. Among women, high fertility problem stress was a predictor of lower satisfaction ratings with fertility treatment. High marital benefit was a predictor of high satisfaction ratings of both medical and patient-centred care.

Conclusion

In conclusion, infertility is a common experience among couples attempting to become parents. A large minority of people in fertility treatment experience high fertility problem stress and some use communication and coping strategies that predicts high stress. Developing and evaluating different psychosocial interventions are necessary to offer the psychosocial support needed for this minority of fertility patients. The literature on the infertile couples' sexuality and sexual satisfaction, presented infertility as a deleterious experience for both women and men even if the repercussion differ according to gender, with correlative dynamic effects within the couple. The contributions to the investigation of the couple relationship studies have produced equivocal or contradictory results concerning the satisfaction with the

relationship, the closeness between the two partners so that it is difficult to assume a trend in this field.

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