Original Paper

A Socio-demographic Survey on Infertile Couples of Selected Villages in Dhaka

Ali M[1], Ahmad M[2], Haque MM[3], Airin J[4]

Abstract

Introduction: Infertility is a public health issue; it is defined as not having conceived after one year of unprotected sexual intercourse. In developing countries, there are severe social, psychological and economic consequences for infertile men and women.

Objectives: This study was designed to find out socio-demographic attributes and treatment seeking pattern about the infertile couple (either of the couple).

Materials and Methods: This survey was carried out in some selected villages of Ashulia, Saturia and Baliati of Dhamrai Upazilla in Dhaka. A total of 52 couples were included in the study. Purposive sampling technique was adopted. Couple who gave consent to participate in the study was interviewed. A structured questionnaire was used to collect the relevant information. Data were analyzed later on.

Results: Among husbands 18(34.6%) were between age 40-49 years, 16(30.8%) were in the age group 30-39 years, 14(26.9%) were in the age group 20-29 years. Regarding age of the wives, majority, 32(61.5%) were in the age group 20-29 years, 14(26.9%) had age 30-39 years and rest 6(11.6%) were in the age group 40-49 years. About education of the husbands it was seen that 20(38.5%) passed SSC, 14(26.9%) had education from class VI to class X and 6(11.5%) were illiterates. Among wives, 32(61.4%) had education on class VI to class X, 10(19.2%) had primary level of education, 4(7.7%) were illiterates. Thirty four (65.4%) couples lived in nuclear families, 16(30.8%) were joint families and the rest 2(3.8%) were extended families. Twenty eight (53.8%) of the couples had marital life >10 years, 20(38.5%) had 6-10 years and the rest 4(7.7%) had marital life of 1-5 years. About 16(31%) had monthly income 5001-10000 taka, 10(19.2%) had 15001-20000 taka, another 10(19.2% had >20000 taka, 16(30.8%) had 5001-10000 taka and 2(3.8%) had monthly income upto 5000 taka. Twenty (38%) husband were involved in business and 44(76%) wives are house wives. Thirty two (61.5%) couple used contraceptives. Forty two (80.8/%) couples sought for treatment.

Conclusion: In developing countries, Infertility has profound effects on individuals as the production of children is often highly socially valued and is vital for social security and for family income generation. National level active planning is needed to overcome this social problem.

Key-words: Infertile couples, contraceptive.

Introduction

Infertility is the inability to conceive or carry a pregnancy to term after 12 months of trying to conceive. When a woman is unable to ever bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth she would be classified as having primary infertility. Primary infertility is also defined as the absence of a live birth for a woman who desire a child and have been in a union with her husband for at least five years during which they have not used any contraceptives[1]. The World Health Organization also adds that 'women whose pregnancy spontaneously miscarries or whose pregnancy results in a still born child, without ever having had a live birth would present with primarily infertility[2]. There are many biological and other causes of infertility, including

1. **Brig Gen Mohammad Ali**, MBBS, DPH, MPhil(PSM), Professor and Head, Department of Community Medicine, AFMC, Dhaka; 2. **Lt Col Mushtaq Ahmad**, MBBS, DFM, MCPS, FRSPH, Associate Professor and Head, Dept of Forensic Medicine, AFMC, Dhaka 3. **Dr. Md Mahmudul Haque**, Associate Professor of Community Medicine, NIPSOM, Dhaka; 4. **Dr. Jinnatul Airin**, MBBS, MPH(RCH), Lecturer, Department of Community Medicine, AFMC, Dhaka.

some that medical intervention can treat[3]. Infertility rates have increased by 4% since the 1980s, mostly from problems with fecundity due to an increase in age[4]. About 40% of the issues involved with infertility are due to the man, another 40% due to the woman, and 20% result from complications with both partners and unknown causes[5,6].

Some estimates suggest that worldwide "between three and seven per cent of all couples or women have an unresolved problem of infertility. Many more couples, (estimates range from 12% to 28%) however, experience involuntary childlessness for at least one year[7]. The medicalization of infertility has unwittingly led to a disregard for the emotional responses that couples experience, which include distress, loss of control, stigmatization, and a disruption in the developmental trajectory of adulthood[8]. More than hundred million couples are estimated to be infertile worldwide. In our society, where people are affected by superstitious belief, wives are mostly blamed though husbands as responsible[9]. This study was designed to find out socio-demographic attributes about the infertile couple (either of the couple) and have some information regarding their treatment seeking pattern.

Materials and Methods

This survey was carried out in some selected villages of Ashulia, Saturia and Baliati of Dhamrai Upazilla in Dhaka. A total of 52 couples were included in the study. This is cross sectional study and Purposive sampling technique was adopted. Couple who gave consent to participate in the study was interviewed. A structured questionnaire was used to collect the relevant information. Data were analyzed later on.

Results

Table-I reveals that of the husbands 18(34.6%) had age 40-49 years, 16(30.8%) were in the age group 30-39 years, 14(26.9%) were in the age group 20-29 years and the rest 4(7.7%) had age 50-59 years.

Table-I: Distribution of the couples by husbands' age.

Age of the husbands	Frequency	Percentage
20-29 years	14	26.9
30-39 years	16	30.8
40-49 years	18	34.6
50-59 years	4	7.7
Total	**52**	**100.0**

Regarding age of the wives it was seen that majority (61.5%) were in the age group 20-29 years, 14 (26.9%) had age 30-39 years and rest 6(11.6%) were in the age group 40-49 years (Table-II).

Table-II: Distribution of the couples by wives' age.

Age of the wives	Frequency	Percentage
20-29 years	32	61.5
30-39 years	14	26.9
40-49 years	6	11.6
Total	**52**	**100.0**

About education of the husbands it was seen that 20 (38.5%) passed SSC, 14(26.9%) had education from class VI to class X, 6(11.5%) had HSC, 4(7.7%) were graduates and 6(11.5%) were illiterates (Fig-1).

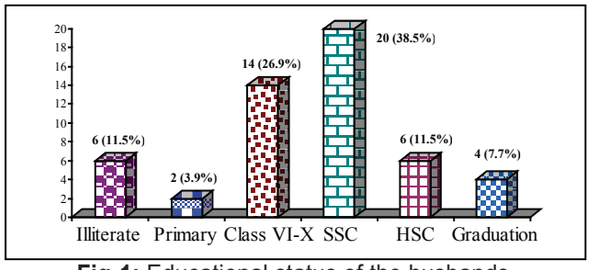

Fig-1: Educational status of the husbands.

Figure-2 shows education of the wives. Out of the total 52, 32(61.4%) had education on class VI to class X, 10(19.2%) had primary level of education, 4(7.7%) had SSC, 2(3.9%) were graduates and 4 (7.7%) were illiterates.

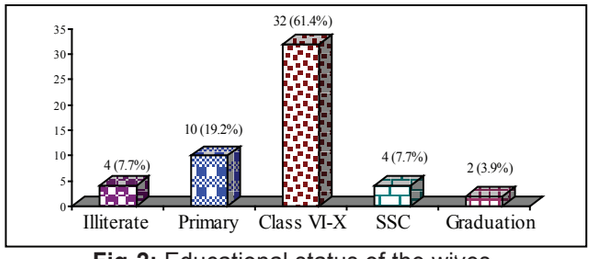

Fig-2: Educational status of the wives.

Out of the total 52 families, 34(65.4%) were nuclear families, 16(30.8%) were joint families and the rest 2 (3.8%) were extended families (Fig-3).

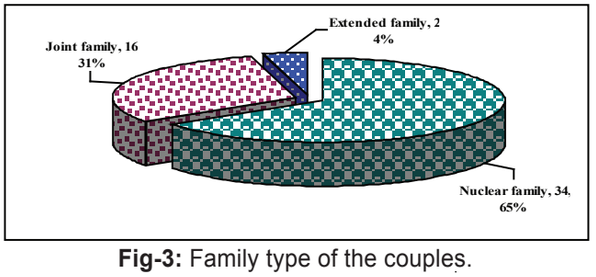

Fig-3: Family type of the couples.

Table-III opines that 28(53.8%) of the couples had marital life >10 years, 20(38.5%) had 6-10 years and the rest 4(7.7%) had marital life of 1-5 years.

Table-III: Distribution of the couples by duration of married life.

Duration of married life	Frequency	Percentage
1-5 years	4	7.7
6-10 years	20	38.5
>10 years	28	53.8
Total	**52**	**100.0**

Monthly income of the respondent is shown in Table-IV. About 16(31%) had monthly income 5001-10000 taka, 10(19.2%) had 15001-20000 taka, another 10(19.2% had >20000 taka, 16(30.8%) had 5001-10000 taka and 2(3.8%) had monthly income upto 5000 taka.

Table-IV: Distribution of the couples by duration of monthly family income.

Monthly family income	Frequency	Percentage
Upto 5000 taka	2	3.8
5001-10000 taka	16	30.8
100001-15000 taka	14	26.9
15001-20000 taka	10	19.2
>20000 taka	10	19.2
Total	**52**	**100.0**

Regarding occupation of the husbands it was seen that 20(38%) were doing business, another 20(38%) were service holders, 4(8%) were engaged in agriculture and the rest 8(15%) were engaged in other occupations (Fig-4).

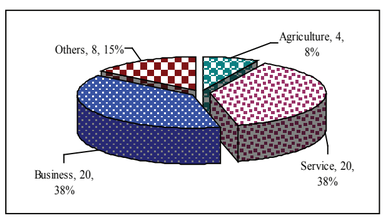

Fig-4: Distribution of the couples by husbands' occupation.

Majority [44(76%)] of the wives were housewives. About 10% were doing service and the rest 8(14%) were in some other occupation (Fig-5).

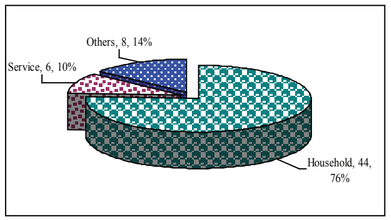

Fig-5: Distribution of the couples by wives' occupation.

Table-V reveals that 32(61.5%) couples used contraceptive ever. Among them majority (93.8%) used oral pills and regarding duration of use it was seen that 20(62.4%) used for 1-5 years, 6(18.8%) used contraceptives for 6-10 years and the rest of the users (18.8%) used contraceptives for less than one year.

Table-V: Distribution of the couples by contraceptive use.

Characteristics	Frequency	Percentage
Ever used contraceptives (n=52)		
Yes	32	61.5
No	20	38.5
Type of contraceptive used (n=32)		
Oral pill	30	93.8
Safe period	2	6.2
Duration of contraceptive use (n=32)		
<1 year	6	18.8
1-5 years	20	62.4
6-10 years	6	18.8

Table-VI shows that out of the 52 infertile couples, 42(80.8%) sought for treatment before. Among these 42 couples, 20(47.6%) went to Govt hospitals, 12(28.6%) went to NGO clinics and the rest 10(23.8%) went to traditional healers. Among them, 8 couples did not seek treatment for infertility for familial non-co-operation and 2 couples for familial constraint.

Table-VI: Distribution of the couples by treatment sought for infertility.

Characteristics	Frequency	Percentage
Sought treatment for infertility (n=52)		
Yes	42	80.8
No	10	19.2
Reasons behind not seeking treatment (n=10)		
Familial non-co-operation	8	80.0
Familial constraint	2	20.0
Place of seeking treatment (n=42)		
Govt. hospital	20	47.6
NGO	12	28.6
Traditional healer	10	23.8

Fig-6 reveals that all of the couples who sought treatment for infertility before (42) were asked to perform complete blood count (CBC), urine analysis and semen analysis. More than half (52.4%) were advised ultra-sonogram (USG) and 18(43%) were asked for blood biochemistry. Multiple responses exists (Fig-7).

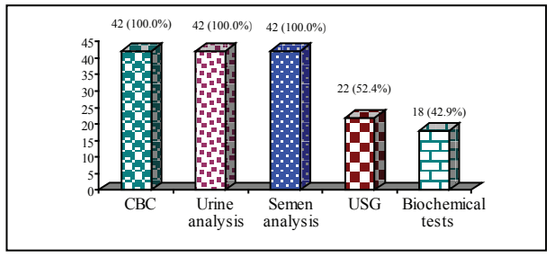

Fig-6: Distribution of the couples by investigation done for infertility (n=42).

Table-VII opines that majority of the couples [34 (65.4)] spent >15000 taka for treatment for infertility, 10(19.2%) spent upto10000 taka and 8(15.4%) spent 10001-15000 taka.

Table-VII: Distribution of the couples by money spent for infertility.

Amount spent	Frequency	Percentage
upto 10000 taka	10	19.2
10001-15000 taka	8	15.4
>15000 taka	34	65.4
Total	**52**	**100.0**

Fig-7 shows that 40(76.9%) of the couple got support from their families and the rest 12(23.1%) did not get support from their families.

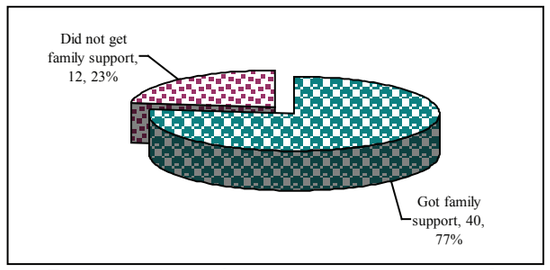

Fig-7: Distribution of the couples by getting family support for treatment of infertility.

Discussion

Infertility and sterility is a socio-medical problem. About three million couples in Bangladesh are infertile and number is increasing very first due to rapid changing in socio economic norm. The cross sectional study was conducted among 52 infertile couples to find some socio-demographic attributes about the infertile couple and have some information regarding their treatment seeking pattern. Of the husbands 18(34.6%) were between age 40-49 years, 16(30.8%) were in the age group 30-39 years and of the wives 32(61.5%) were in the age group 20-29 years and 14(26.9%) had age 30-39 years.

Among the husbands 88.5% were literate and among wives 92.3% were literates. In Bangladesh the literacy rate is 78.56%. Finding of this study are consistent with the national figure. Studies have shown that the relationship between female education and fertility is found to be negative in less developed countries[10]. In another study Wright et al[11] (1988) reported that education has no net effect on fertility rate. However birth rate could be brought down by enhancing female empowerment through increasing levels of female education and birth control procedure, which is not applicable for infertile couples[12].

Out of the total 52 families, 34(65.4%) were nuclear families, 16(30.8%) were joint families and the rest 2 (3.8%) were extended families. More than half (53.8%) of the couples had marital life >10 years, 20 (38.5%) had 6-10 years and the rest 4(7.7%) had marital life of 1-5 years. About 31% had monthly income 5001-10000 taka. Regarding occupation of the husbands it was seen that 20(38%) were doing business, another 20(38%) were service holders. Majority (76%) of the wives were housewives.

Majority (61.5%) used contraceptive at any time. Among them majority (93.8%) used oral pills. In another study performed by Akhter (2008) among 173 women showed 87.8% used different method of contraception; 79.76% women used modern method and 20.2% women used natural method. Thirty three percent couple practiced barrier method, 22.5% percent use oral pill[13].

Out of the 52 infertile couple 42(80.8%) sought for treatment before. Among these 42, 20(47.6%) went to Govt. hospitals, 12(28.6%) went to NGO clinics and the rest 10(23.8%) went to traditional healers. All of the couples who sought treatment for infertility before (42) were asked to perform complete blood

count (CBC), urine analysis and semen analysis. More than half (52.4%) were advised ultra-sonogram (USG) and 18(43%) were asked for blood biochemistry. Among the 52 couples 40(76.9%) got support from their families and the rest 12(23.1%) did not get support from their families. Other researchers found that couples experience stigma, sense of loss, and diminished self-esteem in the setting of their infertility. It is seen in general, in infertile couples women show higher levels of distress than their male partners[14]. A number of studies have found that the incidence of depression in infertile couples presenting for infertility treatment is significantly higher than infertile couples. Anxiety has also been shown to be significantly higher in infertile couples when compared to the general population[15]. Infertile women have more mental health problems than fertile women[16-19].

Conclusion

Infertility has profound effects on individuals in developing countries, as the production of children is often socially highly valued and vital for social security and health networks as well as for family income generation. Infertility in these societies often leads to social stigmatization and abandonment by spouses. Advances in assisted reproductive technologies, such as In Vitro Fertilization (IVF) can offer hope to many couples where treatment is available, although barriers exist in terms of medical coverage and affordability. National level active planning is needed to overcome this social problem.

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