



THE PRESSURE TO PROCREATE: INVESTIGATING THE ASSOCIATION OF EARLY INFERTILITY CLINIC VISITS WITH SOCIODEMOGRAPHIC PARAMETERS

Yasmeen Gul¹, Noman Sadiq^{2*}, Mohammad Afzal³, Asifa Ghulam Rasool⁴, Ahmed Hussain Suhag⁵, Nasrin Mumtaz⁶

¹Assistant Professor, Gynecology and Obstetrics Meer Jam Ghulam Qader Teaching Hospital, Hub, Balochistan.

^{2*}Assistant Professor, Physiology Mekran Medical College, Turbat.

³Head Department of ENT Mekran Medical College, Turbat.

⁴Department of Gynecology and Obstetrics Mekran Medical College, Turbat.

⁵Assistant Professor, Physiology Mekran Medical College, Turbat.

⁶Senior Registrar, Gynecology and Obstetrics Meer Jam Ghulam Qader Teaching Hospital, Hub, Balochistan.

***Corresponding Author:** Noman Sadiq

*Assistant Professor, Physiology Mekran Medical College, Turbat

Email: noman_sadiq89@yahoo.com

ABSTRACT

Background: Infertility is a sensitive and stigmatized issue in Asian countries leading to the early presentation of married couples to infertility clinics. This manuscript explores the sociodemographic factors associated with the early visits of these infertile couples.

Methodology: A comparative cross-sectional study was conducted on a total of one hundred and seventy-eight females who visited Meer Jam Ghulam Qader Teaching Hospital, Department of Gynecology and Obstetrics, Hub, Balochistan from January 2021 to June 2021 with the primary concern of the inability to conceive. A convenient sampling technique was used to collect the data. After obtaining consent, the sociodemographic data of the participants was recorded. Data was compared among the participants who came for conception before 12 months of marriage and among those who came after 12 months of marriage. SPSS was used to analyze data and the chi-square test was applied.

Results: The mean age of the study participants was 24.65 years. The mean duration of marriage of all participants was 2.52 years. Out of 178 participants 39 (21.91%) participants visited before 12 months of marriage. A significant association of earlier presentation to the clinic for infertility concerns was found with residence in rural areas ($X^2 = 13.58$, p -value < 0.000). However, no association was found between the duration of the presentation with educational status and family type.

Conclusion: Sociodemographic factors influence early clinical visits for infertility concerns. Rural populations are more concerned and presented earlier as compared to urban populations.

Keywords: Conception, Gynecology and Obstetrics, Infertility, Reproductive age group.

INTRODUCTION

Infertility is defined by major health organizations as the inability to conceive after a specific period of trying to become pregnant. According to the World Health Organization (WHO), infertility is recognized when a couple fails to achieve pregnancy after 12 months of regular, unprotected intercourse [1]. Similarly, the American Society for Reproductive Medicine (ASRM) defines infertility as the inability to conceive after 12 months of regular, unprotected intercourse for primary infertility, or after the same duration for secondary infertility in those who have previously conceived [2]. The European Society of Human Reproduction and Embryology (ESHRE) aligns with the WHO's definition, emphasizing 12 months of trying to conceive for primary and secondary infertility. Both ASRM and ESHRE recommend that individuals over the age of 35 or those with known fertility risk factors consider seeking medical evaluation after 6 months of trying [3].

Infertility can be profoundly influenced by psychological factors, including extreme stress. Research has shown that chronic stress can affect reproductive health by disrupting hormonal balance, altering menstrual cycles, and negatively impacting sperm production. Stress triggers the release of cortisol and other stress hormones, which can interfere with the body's ability to regulate reproductive functions [4]. This physiological disruption can lead to issues such as anovulation in women (where the ovaries do not release eggs) and decreased sperm quality in men. Additionally, stress can affect sexual health and intimacy between partners, creating a vicious cycle where anxiety about infertility exacerbates the problem. The emotional burden of infertility, combined with the physiological effects of stress, can make conception even more challenging [5].

In many Asian cultures, including Pakistan, the experience of infertility is often accompanied by significant social and psychological stress. In Pakistan, cultural norms place a high value on family and procreation, making infertility a particularly sensitive and stigmatized issue. Couples facing infertility may encounter societal pressure and judgment, which can exacerbate their stress levels. The importance of having children is deeply ingrained in cultural and religious practices, often leading to intense emotional strain for those who are unable to conceive [6].

The immense psychological stress linked with infertility often leads to the earlier presentation of a couple to an infertility clinic. Very limited literature is available on the prevalence of the earlier presentation of a couple to an infertility clinic. Moreover the association of this earlier presentation with sociodemographic parameters is also not widely studied. The current study aimed to find the prevalence of earlier presentation of a couple to an infertility clinic and its association with sociodemographic parameters

METHODOLOGY

A comparative cross-sectional study was conducted on a total of one hundred and seventy-eight females who visited Meer Jam Ghulam Qader Teaching Hospital, Department of Gynecology and Obstetrics, Teaching Hospital, Hub, Balochistan from January 2021 to June 2021 with the primary concern of the inability to conceive. A convenient sampling technique was used to collect the data. After obtaining consent, the sociodemographic data of the participants was recorded after getting approval from the institutional ethical review committee. Participants who were not having regular intercourse for any reason were excluded from the study. Data was compared among the participants who came for conception before 12 months of marriage and among those who came after 12 months of marriage. Descriptive statistics were applied to calculate qualitative data. To calculate the association of timing of presentation with sociodemographic parameters the chi-square test was applied. SPSS version 21 was used for data analysis.

RESULTS

The mean age of the study participants was 24.65 years. The mean duration of marriage of all participants was 2.52 years. Out of 178 participants 39 (21.91%) participants visited before 12 months of marriage. Among 178 study participants, 68 (38.20%) participants were literate, 100 (56.17%) participants belonged to urban areas, and 34 (19.1%) participants were living in a nuclear family type.

A significant association of earlier presentation to the clinic for infertility concerns was found with residence in rural areas ($X^2 = 13.58$, p -value < 0.000). However, no association was found between the duration of the presentation with educational status and family type as shown in Table I.

Table I: Association of Early Infertility Clinic Visits with Sociodemographic Parameters.

Variable	Early Infertility Clinic Presentation (n=39)	Normal Infertility Clinic Presentation (n=139)	ODD Ratio	p - Value
			Chi-square X^2	
Educational Status				
Literate	14 (7.86%)	54 (30.33%)	1.13	0.737
Ill literate	25 (14.04%)	85 (47.75%)	.112	
Area of Residence				
Rural	32 (18%)	68 (38.20%)	4.77	0.000*
Urban	7 (3.93%)	71 (39.88%)	13.58	
Family Type				
Nuclear	7 (3.93%)	27 (15.16%)	.907	0.836
Combined	32 (18%)	112 (62.92%)	.043	

* $p < 0.05$

DISCUSSION

Infertility can be perceived as a personal failure or a reflection of one's worth, which adds another layer of stress. Women, in particular, may bear the brunt of this stigma, as there is often an expectation for them to bear children to fulfill their perceived role within the family. This societal pressure can lead to a sense of isolation and despair. The added stress of navigating societal expectations, coupled with the emotional strain of infertility itself, can significantly impact mental well-being and exacerbate the challenges of conception. The traditional and sometimes conservative attitudes towards infertility can also limit access to or openness about seeking medical help, further complicating the situation for many couples on the other hand any couples visit an infertility clinic within 12 months of getting married. The current study explored the earlier visits of couples to the infertility clinic and its associated sociodemographic parameters.

The prevalence of infertility in Pakistan is estimated to be 22% inclusive of 4% primary and 18% secondary infertility [7]. The reported prevalence of infertility is more than 72 million people worldwide [8]. Approximately 10-15% of couples suffer from infertility globally, although, the range of infertility varies from 5 to over 30% [9]. In developing countries, the rate of infertility is quite high [10]. In Pakistan, one in every five married couples is infertile [11]. Such a high prevalence of infertility can cause an unnecessary concern in newly married couples.

The findings of our current study showed that couples who belonged to rural areas came to infertility clinics earlier as compared to couples who belonged to urban areas. One of the main reasons will be the societal pressure. A review of the literature has shown that infertile couples suffered on account of others' curiosity and disrespect by asking questions that resulted in avoiding people in general; patients remained socially isolated and felt pressure from society to have a child. They felt embarrassed by the interference of others in their lives as others gave them a constant reminder to break the news of when plan to have a baby. They often compared themselves with other people who had children and they fabricated the truth before the people who asked very personal questions all these situations occur more commonly in rural areas life where people have more time to socialize as compared to urban areas life which is very fast [12]. Moreover, studies have also explored other reasons people start gossiping about infertile people, creating social pressure, and expressing pity for them. These all reasons can be observed in a rural area setting [13].

In addition to the counseling of infertile couples, there is a need to counsel newly wedded couples, especially in countries like Pakistan as the review of literature has shown that social pressure from society and extended family is more intense in Pakistan as compared with the infertile people in Britain [14]. At present facilities for counselling and psychological support for couples visiting for conception are minimal. Policies should be made to enhance the support system for such couples. The current study is a single-center study with a limited sample size that occurred over six months. Studies with a larger sample size can occur in the future to further enlighten this area of research.

CONCLUSION

The thought of being infertile can be stressful which may lead to early clinical visits for infertility concerns. Sociodemographic factors influence early clinical visits for infertility concerns. Rural populations are more concerned and presented earlier as compared to urban populations. Public health policies should be developed for the psychological support and counseling of couples visiting infertility clinics.

REFERENCES

1. Patel AS, Leong JY, Ramasamy R. Prediction of male infertility by the World Health Organization laboratory manual for assessment of semen analysis: a systematic review. *Arab journal of urology*. 2018;16(1):96-102.
2. Ventimiglia E, Capogrosso P, Boeri L, Ippolito S, Scano R, Moschini M, Et al. Validation of the American Society for Reproductive Medicine guidelines/recommendations in white European men presenting for couple's infertility. *Fertility and sterility*. 2016;106(5):1076-82.
3. De Geyter C, Calhaz-Jorge C, Kupka MS, Wyns C, Mocanu E, Motrenko T, et al. ART in Europe, 2014: results generated from European registries by ESHRE: The European IVF-monitoring Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE). *Human reproduction*. 2018;33(9):1586-601.
4. Ho TT, Le MT, Truong QV, Nguyen VQ, Cao NT. Psychological burden in couples with infertility and its association with sexual dysfunction. *Sexuality and Disability*. 2020;38(1):123-33.
5. Galhardo A, Cunha M, Pinto-Gouveia J. Psychological aspects in couples with infertility. *Sexologies*. 2011 Oct 1;20(4):224-8.
6. Naz B, Batool SS. Infertility related issues and challenges: perspectives of patients, spouses, and infertility experts. *Pakistan Journal of Social and Clinical Psychology*. 2017;15(2):3-11.
7. Zhaira D, Nafisa A, Ikram N, Saeed S, Kausar S, Kiani B, Zhaira FH et al. A mosaic of risk factors for female infertility in Pakistan. *Journal of Rawalpindi Medical College*. 2019;23(2):20-25.
8. Ombelet W. Is global access to infertility care realistic? The Walking Egg Project. *Reproductive Biomedicine Online*.2014; 28(3): 267-272.
9. Noorbala AA, Ramazanzadeh F, Malekafzali H, Abedinia N, Forooshani AR, Shariat et al. Effects of a psychological intervention on depression in infertile couples. *International Journal of Gynecology & Obstetrics*.2008; 101(3): 248-252.
10. Cousineau TM, Domar AD. The psychological impact of infertility. *Best Practice & Research Clinical Obstetrics & Gynaecology*.2007; 21(2): 293-308.
11. Ali S, Sophie R, Imam AM, Khan FI, Ali SF, ShaikhA, et al. Knowledge, perceptions, and myths regarding infertility among selected adult population in Pakistan: A cross-sectional study. *Bio-Medical Central Public Health*.2011; 11(1): 760-6.
12. Batool SS, De Visser RO. Psychosocial and contextual determinants of health among infertile women: A cross-cultural study. *Psychology, Health & Medicine*.2014; 19(6): 673-679.
13. Dolan A, Lomas T, Ghobara T, Hartshorne G. It's like taking a bit of masculinity away from you: Towards a theoretical understanding of men's experiences of infertility. *Sociology of Health & Illness*.2017; 39(6): 878-892.

14. Wischmann T, & Kentenich H. A couple who cannot conceive: Coping with infertility. Spain: Springer International Publishing; 2017. In Bio-Psychosocial Obstetrics and Gynecology; pp. 249-261.