

Name of the Scholar: Shoba Sara James

Name of the Supervisor: Dr Ashvini Kumar Singh

Name of Co-Supervisor: Dr Priya Treesa Thomas (NIMHANS,Bangalore)

PhD Thesis Title: Mitigating the Psycho-Social Effects of Involuntary Childlessness on Married Couples: An Intervention Study

ABSTRACT

1. Introduction

Involuntary childlessness is the impact of infertility. It is the inability to have a successful conception through natural means, and requires medical aid for conception. Infertility needs to be approached as a couples issue than as for an individual's alone. Counselling is highly recommended for both partners together, there are gender based differences between men and women and women are more likely to see a counsellor. It is highly recommended that both the partners attend at least the initial counselling together and provide information about the psycho-social aspects of infertility. Addressing the counselling and psycho-therapeutic needs of a couple requires an in-depth knowledge regarding the possible difficulties and areas that needs that cause distress to the couple.

2. Research Methodology

This research study was to understand the impact of involuntary childlessness on married couples with a marital duration of five years or more residing in the state of Kerala during the period the study. Psychological interventions in the form of therapies have been explored minimally in the Indian context. There have been no attempts for seeking a need-based psycho-social intervention within cultural boundaries. This study is an attempt to bridge the gap of identifying such an intervention within the Indian cultural context. This study followed single system case study design. This type of research design is followed when the researcher is seeking answers to behavioural responses in the same respondent over a period of time. Time series analysis was used as each case was assessed as longitudinal data. ABAA design of single system case study was used, where A was the baselines and B was the need-based psycho-social intervention. The researcher identified respondents through purposive sampling and studied eight married couples in-depth through qualitative interviews. Based on the thematic analysis a need-based psycho-social intervention was identified and administered to the respondents. FertiQol scale was used as scoring tool to assess effectiveness of intervention at baseline phases, 1 month and 6 months post intervention.

Data Analysis- Quantitative data obtained from the standardised scale, FertiQol was analysed on SPSS 16 and qualitative data obtained from in-depth interviews were assessed on Atlas Ti.

3. Findings of the study:

The findings of the research study have been presented in two sections, section one- the cases studies, psycho-social interventions used and thematic analysis. And part two- major findings of the study and scope for further researches within the scope of professional social work.

Section I - Case Study -Thematic Analysis and Psycho-Social Intervention

<i>Case Study</i>	<i>Psycho-Social Intervention</i>
Case 1: Female infertility	Brief Cognitive Behaviour Therapy, Relaxation Techniques , Psycho-education
Case 2 : Female Infertility	Psycho-education, Expressive Writing, Guided Imagery
Case 3 : Female Infertility	Psycho-education, Relaxation Techniques
Case 4 : Female Infertility	Individual strengths development, Identification of problem list
Case 5: Male Infertility	Psycho-Education, Brief Cognitive Behaviour Therapy, Relaxation techniques- Guided Imagery
Case 6:- Male Infertility	Thought-Emotion-Behaviour Cycle, Expressive Therapy- Role Play as Dramatic Activity
Case 7 : Female Infertility	Expressive Writing for Relaxation
Case 8: Male Infertility	Brief Cognitive Therapy and Relaxation Techniques-Developing a Coping Skills Toolbox

Thematic Analysis -Major Themes Identified

1. Coping With Emotions

Emotions is a term that is commonly used and inferred in all throughout studies on topics related to stress, quality of life and coping. The emotions felt by the individual throughout the stages of treatment and at the time of the diagnosis were felt as the most difficult. Responses from women in dealing with involuntary childlessness were more expressive. There is a difference in how men and women deal with the condition and the inability to have children.

2. Religion ; Spirituality And Cross-Cultural Differences

Religion and spirituality are fundamental to a person's belief system and functioning. It is also on the basis of these beliefs and perceptions that an individual assimilates and interprets their course with childlessness and infertility.

3. Grief And Bereavement

Grief and mourning the loss of an unborn child is one response that was seen to be common across all the respondents. The inability or difficulty to conceive was responsible for causing emotional turmoil as seen in the loss of a loved one.

4. Identity And Roles

The need and desire to have a child is one of the most basic and fundamental desires of a married couple. When a couple have conceived they assume the natural transition from being two individuals to the more pronounced role of father and mother; i:e parenthood. It is a natural progression from being a husband-wife to fatherhood-motherhood for a couple who have achieved conception, but it's a different pathway for those who are unable to have a child on their own. This was one of the themes that were discussed by the respondents at large.

Section - II, Major Findings and Suggestions

1. *Individual Differences and Acceptance* : An individual is considered to be a successful male or female based on their ability to have a child which is seen as the completion of their individuality as India is a largely pro-natal society
2. *Gender Differences:* from the analysis of the data of the study it was identified that there are differences in perception of the condition, coping and response to the psycho-social intervention based on a respondent's gender. Men and women have different mechanisms of dealing with the same condition; involuntary childlessness.
3. *Response to Need-Based Psychological Intervention:* the intervention was developed after many sessions of in-depth interviews with respondents, both as couples and also individually. The psycho-social intervention was also administered as per the need, either as a couple or individually. It was seen that respondents were comfortable in discussing topics very intimate to them in the absence of their partners Involvement of a multi-disciplinary team approach was adopted for psycho-education.
4. *Seeking Care (Pathways Of Help-Seeking):* it was seen that many couples with involuntary childlessness resorted to seeking medical assistance after the first few years of inability in conception. Socio-cultural and religious mechanisms of coping and help-seeking had been the first resort. All the couples equally shared that they used to visit religious shrines, offer special prayers, take pilgrimages or seek help from healers. Medical aid had been provided to them based on the medical professional's assessment of their condition. Many of them had high expectations and had been highly hopeful during the first stages of treatment about being able to conceive a child. But, artificial reproductive techniques may not always have the desired results.
5. *Childlessness as a Choice:* there were also couples who had opted for voluntary childlessness, the decision to not have children as a conscious choice. A few couples had been bought in by family members with minimal interest from the couples. It was identified that they were childless by choice and were capacitous to make such a decision.

4. *Suggestions:*

1. Bridging the gap of social research in sexual and reproductive health by undertaking researches specific to the domain. Social research studies of such a nature are used to create more person-centric programs focusing on the couple, the man and the woman, individually also if the need be.
2. Disability adjusted life years (DALY): Infertility leads to involuntary childlessness, which is considered to be impairment. A physical limitation that leads to participation restriction. Social withdrawal and seeking various treatment options have been identified among such couples. Further social researches should study the role of public health enterprises and access to health care with ease and affordability. DALY's may be reduced if such forms of easily accessible care can be made available easily and can be affordable for the common public.
3. Reproductive health and Rights - (SDG-3): The inability to conceive and give birth is still not considered a basic right of a woman. With the SDG-3 being in practice, access to such health care services and definitions of sexual and reproductive health has to be made more specific. This needs to be extensively studied further by public health social workers, (PHSW's). Pathways to care, equal access to specialized care and how it may be assured that the right to give birth in a clean, safe hospital environment can be made accessible to all.
4. Macro Level of Care and assistance: Service delivery needs to be done at both rural and urban domiciles. Setting up centres specific to address sexual, infertility and reproductive health concerns, (ICISR) Integrated Centres for Infertility, sexual and reproductive health, at both rural and urban localities.
5. Role and profile of a social worker in public health settings: Public health social work (PHSW) is based on the principles of epidemiology and use of social work strategies for assessment, facilitation of social work intervention for those problems affecting health status and social functioning of vulnerable populations within both, micro-system and macro-system of the affected individual and cultural affiliation. Promotion of health, using principles of health to identify stress from health conditions and hazardous health conditions, program evaluation and service delivery, addressing research gaps, conducting specific outreach programs and inter-agency collaboration, public health policy planning and evaluation of current health policy are the main roles of a public health social worker

To conclude, this research has been an attempt to identify and study various causal-effect relationships in human behaviour under certain specific circumstances. Resilience of individuals and their want to overcome distressing situations and the ability to cope were found to be of remarkable strength. The desire to have a biological child is a primary instinct than desire, based on cultural values and traditions. Such practices however could be on the decline in future owing to the rapid state of transition in the Indian society.