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Effects of infertility on married couples and nurses' interventions

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Abstract
Infertility causes undue stress and strain on the family life of the couple and their social life as well. This paper is a literature review on the condition, its effect on the couple, and the nurses' role shown through research study to be adequate nursing interventions that will assist affected couples. The intention of this paper is to explore through a literature review, the issue of infertility from the clinical nurse specialist's perspective. The significance lies in the fact that the group affected; married couples tend to manifest behavioral conditions and mal adjustments to social pressures and individual frustrations at the failure to have children. The type of care that is emphasized is follow-up care, utilizing health promotion strategies and emotional wellbeing of couples battling with this problem. A review of empirical studies done on infertility was done showing factors that predispose a couple to the condition, the effects on their family and individual well-being, the personal and social adjustments that it causes, advanced practice nurses' role in assisting affected couples, and evidence-based practice that addresses the problems of affected couples. The application of the Leininger's Sunrise Model, a model that can guide the nurses' intervention was included in the review.

Keywords: *Fungal , Fertility clinics, Fertility nursing*

Introduction

Infertility is a medical problem that affects not only the couple, but also the extended family and the bigger social group the couple belongs to. This can cause undue stress and strain on the family life of the couple as well as their social life. This problem in the African society on which the setting of the problem is based is not looked upon lightly by the extended family and members of the social group that the couple belongs. This then puts a psychological strain on the couple.

There is need then for an intervention process that deals extensively with the couple's responses to the situation and the environment in which they find themselves. The aim of this paper is to do a literature review on this issue from the clinical nurse specialist's perspective. The focus group is married couples dealing with this issue; their problem obviously is behavioral and therefore will need coping and adjustment interventions. The type of care that is emphasized is follow-up care in which the nurse makes regular home visits to the affected couple, utilizing health promotion strategies in achieving the emotional wellbeing of couples battling with this problem.

Infertility

By way of definition, infertility is the inability of a couple to achieve a pregnancy after repeated intercourse without contraception for one year (Beers, Andrew, Jones, & Porter, 2003). It is becoming increasingly common because people are waiting longer to marry and to have a child. The cause of infertility may be due to problems in the man, the woman, or both. Problems with sperm, ovulation, or the fallopian tubes each account for almost one third of infertility cases. In small percentage of cases, infertility is caused by problems with mucus in the cervix or by unidentified factors. Thus, the diagnosis of infertility problems requires a thorough assessment of both partners (Beers et al., 2003).

More couples are choosing to start their families later in life but increasing age reduces fertility and the time available for childbearing. Couples over 35 years old should seek help if conception does not take place within six months. Infertility is said to be primary if

no conception has ever occurred and secondary if there had been a pregnancy, whatever the outcome (Bennett & Brown, 2000).

The goal of treatment is to reduce the time needed to conceive or to provide information on alternatives available for couples who might not otherwise conceive to do so. Before treatment is begun, counseling that provides information about the treatment process (including its duration) and the chances of success is beneficial (Bennett & Brown, 2000). Among the array of treatment regimen available are; artificial insemination by husband, artificial insemination by male donor, in vitro fertilization / embryo transfer, gamete intrafallopian transfer, zygote intrafallopian transfer, intracytoplasmic sperm injection, ovum donation, and surrogacy by another woman who is fertile (Bennett & Brown, 2000).

While couples are undergoing treatment for infertility, one or both of the partners may experience frustration, emotional stress, feelings of inadequacy, and guilt. They may alternate between hope and despair. Feeling isolated and unable to communicate, they may become angry at or resentful toward each other, family members, friends, or the doctor. The emotional stress can lead to fatigue, anxiety, sleep or eating disturbances, and an inability to concentrate. In addition, financial burden and time commitment involved in diagnosis and treatment can cause marital strife. These problems can be lessened if both partners are involved in and are given information about the treatment process, regardless of which one has been diagnosed with a problem. Knowing what the chances of success are, as well as realizing the treatment may not be successful and cannot continue indefinitely can help a couple cope with the stress (Beers et al., 2003).

Literature review on empirical studies on infertility

A study in Nigeria has found a relationship between the occurrence of reproductive tract infections, gonorrhea, and candidasis with possible infertility and sub fertility among couples (Okonofua, 2005). The study confirms the influence on the occurrence of reproductive tract infections in the past on the ability of an individual to have children in the future. Some of these infections leave the affected organ or tissues of the reproductive system with some dysfunctional abrasions. This can lead to the inability of the individual to conceive or carry a pregnancy to term, causing infertility.

In the African communities, social pressures on young brides and their husbands to produce a child in the first year or two of marriage and, subsequently, to produce a second or third child or a child of the desired sex, can be intense. Indeed, failure to do so may spell disaster, especially for the woman who is typically blamed. Infertility is often seen as a sign of previous promiscuity, a supernatural dilemma and a stigma on affected couples (Okonofua et.al, 1997). Supernatural dilemma suggests that the condition might have been inflicted through supernatural conjuncture and therefore will require only a supernatural intervention. It also means that the condition may have been inflicted as a curse on the couple or either of the spouses. This then leads to stigmatization of the couple as cursed people or people who are less of being a ‘man’ or a ‘woman’.

Nurses have not done so much study on this subject of infertility, but the few that have been done make strong inferences and recommendations as it concerns the role and practice of nurses in this area. Imeson & McMurray (1996) recommended that if nurses are to work effectively with families in our contemporary society, their intervention practices must be appropriately informed. Also in their work it is inferred that, families exposed to new technologies, such as in vitro fertilization (IVF) require care that is sensitive to their particular experience. All couples undergoing infertility treatment experience life changes which include: lifestyle changes, various physical and emotional changes, and changes in their relationships.

There is a perceived loss of control over many aspects of their lives. Couples are also described as experiencing cyclic, alternating feelings of hope and disappointment. Most of the couples reported feelings of social isolation associated with being infertile, that were intensified by having to deal with the inappropriate responses of others (Imeson & McMurray, 1996).

A study among women who were hospitalized for ovarian hyperstimulation syndrome by Shiu-Neng and Pei-Fan (2006), explored infertile women's experiences from the couples’ perspectives and the results identify the overall stresses that the family faces. Five themes emerged from the study, namely, the stress of ‘carrying on the ancestral line’ which means that the family name will end with the couple who are infertile, the psychological reactions of the couple, a disordering of family life, reorganization of family life and external family support. The results demonstrate that the experience of family stress involves impacts that range across the domains of individual, marital, family and social interactions and there is a need to cope with these when the wife is hospitalized. Earlier on it was established that long hospitalization and lengthened treatments creates a

burden on the couple. This is in form of financial cost, time consumption, absence from their jobs for a while, and distorted family process. Allan (2005) inferred in her study that women seeking treatment for infertility would prefer female nurses to attend to them as this poses inconvenience in exposure of her body parts. Also the female nurse is expected to be able to relate to the problem with better understanding regarding the woman's feelings. Women tend to open up and talk about intimate issues to fellow women who understand what they are passing through. Women also may be in the best position to understand the woman's plight in the circumstance of not being able to conceive or carry a pregnancy successfully to term.

It has been suggested that women benefit from having a female nurse as chaperone because of their expectations of gender, nursing and caring. This means that women are naturally care givers and it is expected that a female nurse will use her feminine caring ability to nurse her clients with intuition and understanding. Women's expectations reinforce both notions of gendered caring and the gendered role of nursing. This means that female nurses would offer the best care to female clients and vice versa (Allan, 2005).

Allan (2005) provides data which offer a way of understanding the female embodied subject in the field of gendered caring, which is a combination of both mind and body and integrated through the role of the female chaperone. The idea of seeing the nurse as a chaperone is very interesting as this fits the role of guardian and advocate for the clients. More so with so much proximity to the client is not surprising that the nurse easily serves as a confidant to these women. In this case, as psychological as it is, a nurse who is well informed and seeks for emotional stability of the client will be the choice for such a moment.

Another study suggests that nurses need to include in their practice intimacy in nurse- patient relationships, continuity of care, and socio-cultural competence. This will ensure that nurses serving in the fertility unit of a health care facility would be offering advanced fertility nursing practice (Allan & Barber, 2004).

It has been observed that the use of contraceptives can pose a danger resulting in infertility. This however, has no proof as there is no literature on the different contraceptive methods, on the ease of reversing their actions very soon after terminating the use of contraceptives. Some women may wait for longer time than expected to get pregnant after stopping the use of contraceptives.

Nurse-patient intimate discussion or rapport play a key role in practitioner-client relationships that nurses caring for the sexual health of their clients need to become more aware of how they discuss clinical issues about contraception with women. It is important that nurses caring for the sexual health of their patients use data from research work to help women make truly informed decisions (Hayter, 2007).

Some of the studies reviewed, show that the nurses role in the treatment of infertility of couples, should consider the couple together regardless of who has the problem, they should be mindful of the cultural factors that makes the situation bad by using personal and interpersonal relationships and intimate discussion with the client, that would meet the emotional needs of the affected couple.

Other studies suggest that, each line of treatment for infertility should be completed so that the efficacy of any treatment would not be exaggerated and result in erroneous inferences and clinical decisions. In other words any couple undergoing a type of treatment for infertility should complete it or stop using it, before commencing with another type that is if it is the desire of their physician that they should start another type of treatment. This is because one kind of treatment may over react with the outcome of previously used treatments which then sends off undesired outcomes and impedes correct clinical decisions concerning the affected client (Khan, Daya, Collins, & Walter, 1996). This study is significant as there may be some desperate couples who may want to pressurize the care giver to use more than one treatment method or use another treatment method before the completion of a previous treatment method. This suggests that health care givers should adhere to one treatment method, complete it and then move to another only when the previous one fails.

Another study reports on how the nurse can impact on a couple faced with the problem of infertility, by acting as a mediator for both the couple affected and the health care system. To accomplish this, the nurse needs to understand the socio-cultural and economic factors that operate in her environment. This will guide the interventions to be carried out that will not be frustrated by the couple or the health care system dynamics (Allen, 2004). For example, an African man is perceived to be a weakling if he cannot make his wife pregnant and has to be assisted by insemination, using his sperm or worst still from a donor. This requires the nurse to counsel the couple on changing their perception on insemination with or without the husband's sperm, and redirect their mental and emotional energies towards achieving conception and bearing children. The health care system also provides these services at a cost that can even discourage the couple. This then requires that

the nurse advocates for the couple by collaborating with other professionals to secure financial assistance from philanthropic organizations.

Leininger's Sunrise Model

The Leininger's Sunrise Model can be applied in the care of an infertile couple. This is because the advanced practice nurse's intervention is guided by theoretical and conceptual frameworks/models. This model would be of great benefit to the nurse when a plan of intervention is done. Madeline Leininger propounded this model in 1955. It guides the nurse to assess different factors that influence the client's care and health. This assessment takes place by considering the following factors: cultural values and beliefs, religious or philosophical, economic factors, educational beliefs, technological views, family and social ties, political and legal factors. The Sunrise Model is used when engaged in trans-cultural care (Leininger, 2002). When using the Sunrise Model the nurse can begin anywhere depending on the focus of the assessment. In the case of infertility, it may be important to start from assessing the family and social ties, or cultural values and beliefs, depending on the stability of the couple's relationship. Ultimately, the nurse would need to assess all factors in the model to get a comprehensive and accurate assessment and this may happen over a period of time (Leininger, 2002). Through this model the nurse is equipped with a culturally, socially, religiously, politically, and legally sensitive assessment technique. This will produce data that will guide the nurse to take appropriate action that will help the couple to cope with the treatment regimen and type of outcome whether positive or negative. The care given by the nurse will then be planned and implemented in a way that will attend to the cultural, social, familial, religious, political, and legal concerns of the couple concerning their infertile condition.

Conclusion

In Africa infertility is associated with a feeling of inadequacy of the couple to bear children, with stigmatization born by them from the society which sees these couples as inferior men or women, and as such, places the couple in an uncomfortable status in their society.

The nurse who works with families, especially those in the childbearing stage of development, is therefore saddled with the responsibility of assessing the couple in areas of their relationship, family, culture, religious, educational, socioeconomic status, to develop an appropriate intervention plan and execute the plan by involving them, amidst advocating for them with the health care delivery system to receive services at an affordable cost. The Leininger's Sunrise model is a good resource for nursing actions, and will guide in assessing adequately the couple's needs, and to provide adequate care to meet their peculiar needs. It is also appropriate to psychologically prepare the couple to cope with the outcome of treatments and possibly cope with financial and time factors that will be a burden on them. It is also an important role of the clinical nurse specialist to utilize health promotional strategies to impact on couples that report for care and to women and young girls, which can be done during clinic days or as community nursing outreach.

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