Ilkogretim Online - Elementary Education Online, 2021; Vol 20 (Issue 6): pp. 4015-4022
http://ilkogretim-online.org
doi: 10.17051/ilkonline.2021.06.381

ANALYZE THE SEXUAL HEALTH ON INFERTILITY WITH MENTAL HEALTH ISSUES: THROUGH CASE STUDY

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Abstract: There are many treatments are available for infertility. People who cannot get pregnant even after unprotected sex within a year can say that they having infertility. Here having mainly two types of infertility. One Primary infertility and the other one is secondary infertility, And reasons behind Fertility may be Gynecological issues like vaginal infections, and sexual disorders and dysfunctions, and sometimes very few cases may have in male factors like law sperm motility and count, and at the same time there is unknown reasons also for infertility, and problems related to mental health issues results or occurring by the diagnosis only after the consulting with mental health professional.

Objective and rationale: Analyzing the overall sexual health and on infertility-related mental health distress among infertile couples. Additionally, it looked at potential treatment variables such the length, structure, and therapeutic strategy of the intervention. Search methods: For papers published up until January 2022, an electronic search of 11 databases, including MEDLINE, EMBASE, PsycINFO, WebMd, and the Cochrane Central Register of Controlled Trials, was the databases which I collected secondary data. Depression, anxiety, infertility-related stress, wellness, sexual health on infertility and marital satisfaction were among the psychological outcomes of interest. Study quality was evaluated using the case study as a historical method through counselling session, and the overall quality of the

research evidence was evaluated using the Grading of Recommendations Assessment, Development, and Evaluation. conclusion: The researcher discovered the study in such a way that the appropriate Psychological couple treatment with diet instructions/nutrition counselling with Psychosexual health education is more effective.

Keywords : anxiety, Depression, Infertility, mental health, sexual health, stress

INTRODUCTION:

Here I used Psychological counseling intervention like Cognitive behaviour restructuring through couple counseling, psychosexual health education through documentaries and talk therapy and the other treatment module is using – relaxation therapy only for the needy. The most widely used therapy in primary health care is cognitive behavioral therapy due to its low cost and high effectiveness. The precise number of sessions of psychological counseling differs according to the psychological problem; for example, for anxiety the recommendation is at least 5 sessions, while depression is from 6 to 8. Cognitive behavioral theory has also demonstrated its effectiveness with couples through Positive psychological wellbeing through self talk of motivational words and new type of sexual actions as home take away activities.

In the most countries of the world, including developing countries, mental health disorders are not treated with the same importance as physical health. the most common mental health disorders on primary health care setting around the world are depression (vary between 5 and 20%), anxiety (4 to 15%), alcohol addiction (5 to 15%) and somatization disorders (0.5 to 11%). The utmost usual method of treatment to these mental health disorders is psychotropic medication. Possibly, this situation arises due to the reduced accessibility to psychological interventions. According to Hajar Pasha study concludes that Unwanted mental health disorders and their negative impact on sexual function, as well as other factors, highlight the need for psychologists to create more effective screening and supportive measures(Pasha et al., 2021).

There aren't many studies focused on how early intervention for child-youth sexually hazardous behaviours and healthy sexual development interact. Every person who is genuinely involved in his sexuality and expresses it healthily with another person must wait for an appropriate sociomoral development before doing so. The goals of development, some behavioural differences between the sexes, the significance of imparting sexual education to the child-youth population, its vectors, and preventive recommendations in domestic and/or school settings, directed at the health personnel, are all discussed. These recommendations include the avoidance of unintended pregnancy, the prevention of STDs, and other risky behaviours. The review of social services, programme oversight, familiar participantship, and increased financial literacy are all encouraged. The reevaluation of welfare services, programme supervision, familiar engagement, and more information education with

personal and societal responsibility are all encouraged. Such a consolidation necessitates that the medical staff adhere to the professional performance's educational-preventive guidelines in order to advance a responsible practise. (Souza y Machorro, 2004).

Why is it more importanty in relationships with infertility issues?

Stress, psychological obligations, and physically demanding procedures are frequently part of infertility treatments. A person's sexual performance, desire, and self-image may be impacted by these. Making love is a common technique for couples to emotionally bond. They may lose this capacity to express their feelings when their sexual experiences are linked to disappointment, resentment, rage, and failure. Due to the demands of infertility treatment regimens, couples may become even more estranged from one another. Treatments for infertility may reduce the spontaneity and pleasure of sex(Sexual Dysfunction and Infertility, n.d.). Couples frequently quit making love for sexual pleasure as sex is increasingly focused on creating children.As fertility treatments progress, these problems can get worse. It makes no difference if a couple had experienced sexual dysfunction or if the issues just started. As fertility treatments progress, these problems can get worse.

(Sexual Dysfunction and Infertility, n.d.)It makes no difference if a couple had experienced sexual dysfunction issues or if the issues began as a result of infertility treatments. Emotional health might suffer greatly from sexual dysfunction. Additionally, it may worsen the anguish of receiving medical care and the despair of not having children. The pressure to have scheduled sex, the pressure to perform on demand, the rigorous and painful tests, and anxiety all have an impact on sexual performance for many couples. Other problems can arise from giving a health care professional control over such a private element of life. Due to the emotional connection between sexuality and fertility, feelings of sexual inadequacy and sadness may develop as infertility progresses. Many couples undergoing infertility treatment admit to avoiding intimate relationships when they are not fertile. Both sexes have the potential to become less pleasurable during non-baby-making sexual activity, leading them to avoid having sex or lose interest altogether. Couples may experience stress or a detachment as a result, which can result in a general lack of attachment.Anyone can experience sexual dysfunction at any moment, but infertile couples experience it more frequently than other couples. It's critical for couples receiving infertility therapy to be informed that various forms of sexual dysfunction are widespread. Couples can maintain their intimacy in their relationship at this trying period by being ready to receive aid when it is required.

(A et al., 2019) in a study (infertility and sexual dysfunctions: a systematic literature review) the reasearcher determines whether infertility and its treatment had an impact on couple sexuality. A thorough literature evaluation was done with a focus on male and female

infertility-related sexual dysfunctions. The approach was descriptive, based on a meta-synthesis of academic studies that were written in English and released between 2012 and 2017. With the following search terms: infertility, sexual dysfunctions, couple, the research databases Medline, CINAHL, PubMed, and ScienceDirect were used to find relevant studies. Conclusion: Infertility has a negative impact on a couple's sexuality. This is further demonstrated by the high prevalence of sexual dysfunctions (43%–90% in women and 48%–58% in males) Couples express reduced sexual satisfaction. Couples may benefit from sexual therapy and assistance during the infertility treatment process because decreased satisfaction and dysfunctions are intimately related to infertility and its treatment. The examination of various psychological interventions that would address sexuality in couples when infertility is discovered and treated should be the main focus of future study.

The psychological and sexological well-being of a relationship is significantly impacted by the diagnosis of infertility. This is because some emotions and mental states have been linked to issues with reproduction. The two psychopathologies most frequently linked to infertility are depression and anxiety, while sexuality also plays a significant role in infertility issues. The purpose of this study is to create a tool to examine and evaluate the emotional, sexual, and social connections of a couple seeking infertility treatment. Materials and procedures 162 heterosexual couples (324 subjects) seeking assistance for reproductive issues were given a self-reported questionnaire, which we shall refer to as SEIq (Sexuality and Emotions in Infertility Questionnaire), Therefore, in order to evaluate and validate this, we carried out a special statistical analysis (Cocchiaro et al., 2020).

Techniques to use among couples :

- Concentrate on your relationship as a couple (not just parents-to-be).
- Discuss sex.
- As partners, face your sexual difficulties.
- Still go ahead! Sex promotes closeness.
- Steer clear of mechanical, ritualised, and procreative approaches to sex.
- Set aside time to make love rather than children.
- Create fun, intriguing, or playful sexual acts, especially when it's not fertile.
- Make time for the two of you to be alone.
- Play with others, whichever you define it.
- Invest time on hobbies and interests that you both find enjoyable.
- Resist the need to focus solely on or discuss infertility.
- Recognize that you are not defined by your fertility.
- Recognize that sexual difficulties at this time are common.
- Ask for assistance and remember you are not alone.

Following are the supporting case studies which used as a historical method:

CASE 1:

A 32-year-old man appeared in front of the counsellor with an awkward appearance, but he was very cooperative, even though after a small introduction he started to talk about his problem after he assured about his privacy that he is more anxiously enquired that, does he have any problem and he used to masturbate frequently and doubtful that the reason behind their infertility is his masturbation and addiction to pornography, Another thing is that he is completely satisfied while masturbating and watching porn videos, but he is not getting proper erection and satisfaction with his wife, and the most important thing is that he is not even interested in sex itself. He is currently receiving infertility treatment from a local hospital in his city area, and he is having below normal sperm count diagnosed by infertility specialists, his wife's oocyte is developing normally, She is obtaining proper ovulation, her eggs are maturing, she is overweight, and she is meeting her perion even if it takes 28-35 days. In this case, the husband is not interested in sex with his wife at all, and even if they tried, he couldn't make it properly, and it is all because of his thinking pattern with anxiety. Here, the consultant advised to reduce the use of watching porn videos with cognitive behaviour therapy in a clinical room setup, because the reason behind the infertility is not his lower level of sexual intercourse Due to the unwanted anxiety related thoughts of his continuous masturbation and porn video addiction, even-though low level of sperm quality is one of the causal factors which leads to infertility, so for boosting the fertility gave some food suggestions and 8 sessions of counselling through proper psychosexual education included counselling with proper diet management patient improved their mental health and physical health through regulating and managing menstruation.

CASE 2:

The Subject Ni is a 25-year-old girl who has been married for 6 years and has had two abortions. The first pregnancy occurred two years after marriage with drugs and lasted for three months, then she became pregnant again after 5 months without any treatment, and they tried IVF again, but it all failed. After one year of marriage, she resigned from her job as a promoter in a cosmetic clinic; she is now a dance teacher and the only child in her family; her past history of mental health is that immediately after marriage, she experienced the following symptoms: excessive irritability, excessive anger, sometimes destructive behaviour, and she was once admitted to a hospital for attempting suicide by taking pills because she had an affair with another person and her family pushed her into this marriage, and the husband also had a history of love affair and sexual contact, and in that relationship they became pregnant, and based on all of this history, they fought almost every week. Currently, I have decreased sexual interest, excessive use of mobile phone (spouse), alcohol abuse at functions, excessive sleep, and a high rice consumption.

Here, the clients had a low degree of marital adjustment and poor mental health, so they were recommended for certain life pattern modifications and were given two sessions of

counselling that included diet counselling, supportive counselling, psychosexual education, and relaxation techniques.

CASE 3:

The Subject RM is a 33-year-old female who is the second of three siblings and has completed M. Com had been settled in Saudi Arabia for 12 years and married for 14 years when they returned to India due to the COVID-19 pandemic and discovered that they couldn't get pregnant even after trying so hard without any safety precautions, the reason behind the infertility is unknown, the medical history says that couples have no abnormalities, and after 2 years of marriage approached for infertility consultation done 2 IVF, once she conceived without any treatment, but couldn't hold the baby in womb untill delivery, took Ayurveda treatment and years later husband had some medical issues MOG and he suffered it for 1 year including eye sight issues and couldn't walk too, now everything is fine, nowadays subject is having complaints of reduced sleep, anxious about future life, and more tensed while facing others and scared of people's words and queries regarding fertility, nightmare of fall, since 2 months subject feels burning sensation and for this taking an Ayurveda treatment (it was related to his urinary bladder too). Counselor offered follow-up, provided counselling, and after two months, the couple improved their self-esteem and reduced their level of anxiety, and stress with depressive thoughts.

CASE 4:

A couple came to the counsellor with infertility-related mental health difficulties. wife PJ is 28 years old and this is her second marriage; her previous marriage lasted only one month since he was a soldier, and they divorced after five years. PJ studied her Computer TTC course and then worked Ayurveda sales in a pharmacy, just like in her first marriage, they were mostly living separately because husband is working in a Gulf country for his work purpose, during Covid period they came together and started to live together and after long try for pregnancy it's all failed, so decided to get treatment and in 2019 they started to take pills for fertility improvement. They attempted IUI treatment in 2021 from an infertility centre but it was also failed, fertility specialists couldn't find out any medical abnormalities, as an overall assessment she is having mental stress during her periods but it was not as usual because patient complies that she is having a feeling of burning sensation on her heart while the end of menstrual period and not much interested in sex, even though having sex at the same time ovulation starts because they got some experts opinion about it and they follow by their own words but actually she is having PMS premenstrual syndrome and was taking pain medications for 3 months then started to take vitamine medications and had urinary incontinence and UTI urinary tract infection too, these all are history but currently she shows excessive anxieties and reduced libido or lack of interest in sex, extra adamant nature, egoistic, and sleep disturbances, having physical symptoms of sweating, as a couple they had communication gap and excessive mobile usage in husband, husband having stress

related to infertility, couples facing family and societal queries related to infertility while attending any public events, now a days husband is showing more irritability, lack of interest in pleasurable activities previously had, sleep disturbances. The counsellor gave a supportive counselling, with diet suggestions, relaxation techniques, all given through 8 sessions with psycho sexual education, while giving counselling and psycho education itself started to improve mental health through improving prognosis.

CASE 5:

30 year old female with 37 year old spouse for Psychological treatment to the Psychologist, she arrived at my clinic for her first session looking fatigued and pale following her most recent miscarriage. As she walked in, tears welled up in her eyes. I greeted her at the door with an embrace. "This stinks, " she grumbled as she sat on the treatment table, clearly exhausted. "It does", she is educated with a PG in Psychology, married for 7 years, had 3 miscarriages in 2016, 2021, Jan/21/2022, having Poly cystic Ovarian syndrome, and menstrual period interval is 35 days, and height and weight are normal like weight is 53 kg, BMI 31, currently on medicine for high Prolactin, and her AMH is also high, APLA test is normal, but not obese, and body structure is endomorphic, food style and life style is Satvik style of Indian culture, and vegetarian, consuming no fast food, no bread, no packed food, and wheat or chapatti, fruits, milk, dry fruits, and sexually less active, having sexual intercourse only once a month; so here the client is lacking sexual knowledge which is more appropriate for holding a baby in her womb, or even getting conceive, the DASS-21 scale given for awareness and given the result of overall mental health status because she is sufficiently educated to understand it, and began to provide proper psychological couple counselling, with diet instruction, and Psychosexual health education for 2 months as a part of intervention period completion, then follow-up also done, while completing 2 months of counselling itself including diet instructions and psychosexual health education client's menstrual periods became normal, and began to ovulate or understands, depression, anxiety, and stress levels of overall mental health began to improve in a positive manner, for which used positive reinforcement and cognitive restructuring method through counselling session giving suggestions and started to give importance to the relationship and love in-between husband and wife then enjoying and doing new ideas of sexual activities as a part of improving sexual activity, after these all, clients are improved their mental health in a high range.

Discussion and conclusion :-

The researcher discovered scientifically with prior working experience in an infertility centre as a Fertility Psychologist that there are many psychological and physiological reasons that may cause infertility; however, after being diagnosed with infertility, it may affect their mental health; previous researches show that due to the inability to deliver a

baby, familial, societal, and other related stress will lead to an abnormality or worse mental health. And, after determining the cause of the mental health concerns, the researcher should conduct the study in such a way that the right Psychological couple therapy with diet instructions/nutrition counselling with Psychosexual health education is provided. The mental health assessment in this case was limited to a low level of depression, anxiety, and tension, not as an illness or disease, and instead employed a more regularly used self-assessment scale of symptoms of Depression, anxiety, and stress as mental health domains, and thus scale cannot diagnose Depression, anxiety, or stress disorders.

Conflict of interest : Nil

Funding: Nil

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