

The link between fertility, undergoing treatment and mental health



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Abstract

This paper explores different articles that discuss the connection between fertility and mental health issues. Previous research already conducted is included in this paper. This research is going to support the idea that all women and men who suffer from fertility issues and undergo treatment suffer from mental health issues. The main research supported in this paper is the psychological impact of infertility and its treatment, common fertility problems in women and men, fertility and mental health, mental health effects and self-blame of infertility. Included will be interviews with two women who suffer from infertility.

Keywords: Infertility, mental health, depression, anxiety, self-esteem, fertility

According to the article from Harvard health “ Studies show that about 5% of couples living experience primary infertility or secondary infertility”. Primary infertility is when a person is unable to have children and secondary infertility is when a person is unable to conceive or carry a pregnancy to term after the birth of one or more children. The article states that research indicates the most cases of infertility are due to a physiological problem in the man or woman. The physiological problem is equally in the man or women and some of the time it is in both partners. In a small percentage, the cause of infertility is not determined.

The human sexuality book discusses all the major fertility problems in women. The most common issues include “ irregular ovulation, failure to ovulate, obstructions or malfunctions of the reproductive tract, endometriosis, declining hormone levels or estrogen and progesterone that

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occur with aging and may prevent the ovum from becoming fertilized or remaining implanted in the uterus". The text also discusses the major fertility problems in men such as " low sperm count, deformed sperm, low sperm motility, chronic diseases, injury to the testes, a pituitary imbalance, or an autoimmune response.

Research done on women and men have found that they believed infertility to be a significant time in their lives. There hasn't been much research conducted on men's reactions to infertility, but they have reported less distress than women. The article points out one study that found that men's reactions depended on whether they or their partner was the one experiencing the infertility. When men learn they are the infertile one, they report feeling the same range of emotions that women feel.

Individuals who become aware of their infertility usually experience a mixture of emotions similar to those who are grieving, except their emotions derive from the inability to conceive. There are many initial reactions such as grief, depression, and frustration, low confidence and no control over their life. Relationships with spouse, partner, friends and family begin to struggle because of the fertility issues. Couples tend to refrain from social interactions with friends especially those who have families and children.

There are many different options to treat infertility but these treatments are usually not free or 100% covered by insurance. The most natural approach to try and conceive would be to get advice about timing of intercourse which could lead a couple to believe one of them is infertile. Money issues, uncertainty of outcome, and medication side effects all cause infertility

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related stress although there are treatments. Money concerns are the major causes for the mental health issues that derive from infertility. Many people do not have the insurance coverage and cannot afford to pay for it on their own. Even the couples who have insurance may still be looking at out of pocket costs and expensive copays. According to the article in Harvard Medical publishing, "The average cost for an IVF cycle using fresh embryos, for example, is \$8,158, with an additional \$3,000 to \$5,000 per cycle for fertility drugs".

The success rate for these treatments are not guaranteed and there is a risk for failure. Treatment failure can trigger more stress and grievance. Also, there are women can get pregnant but cannot carry the pregnancy to full term before miscarrying. The treatment period can strain relationships because one person may want to give up before the other. When one person in the relationship wants to give up on treatment it can create a lot of stressors and depression in the person who wants to continue trying.

Infertility has a big emotional impact on the women, man, or couple as a whole. Infertility in couples can cause a lot of shame and questioning of faith. This is because there is that uncertainty if that couple will ever be able to conceive at all. It is important to note that some women cannot produce their own embryo or need donor eggs. Men may need to use sperm from a sperm bank or a donor. This can cause low-self esteem and the sadness of someone else's DNA helping that couple conceive. Then there is the couple that finally conceives and is later shocked by miscarriage. This couple may have used fertility treatment to conceive and begin to feel like they wasted

their money. These scenarios are so emotionally draining that it takes a toll on the couple trying to conceive.

The uncertain results of treatment can be overwhelming for the couple involved. For example, a couple who undergoes IVF treatment poses the risk of carrying multiple fetuses. This carries a risk to the mother and babies and may not have been desired. Multiple fetuses may increase the chance that not all will be able to survive. With IVF, it is not guaranteed that the first attempt will be successful or that it will have a positive end result. If infertility is not the only health issue the women/man is facing, it can lead to self-blame that they will not be able to conceive. For women/men who are told that they will never be able to biologically have children of their own can really affect ones-self-esteem.

When the couple does not have proper knowledge on treatment, options, or support it can lead to a great deal of anxiety and depression on both parts. According to Harvard health publishing, women with a past history of mental health issues are more likely to experience these issues during treatment. Infertility seems to be a risk factor in experiencing depressive or anxious symptoms. During the infertility treatment, couples may begin to feel that their infertility is unfair. They may develop envious feelings towards those who get pregnant with little or no effort. Also, they may become angry when they see women who do not want to continue with their pregnancy.

The man or women that is unable to accept their infertility are at a great risk for mental health issues than those who still have treatment options for their infertility. This is due to the hopeless feelings with only being left with the

option of having a child that is not biologically theirs. Women's mental health suffered less if the man in their life was the source of the infertility. These women also suffered less if they started treatment when they were older because they believed their age to be the reason that they are infertile, or if they were more educated on infertility.

In interviews with subject one, this interview will demonstrate that previous studies of infertility resulting in mental health issues may be true. Subject one naturally conceived on her own in July of 2018. This was a planned pregnancy that she was desperately trying for with her husband. At the 6th week of pregnancy, subject one was rushed to the emergency room for heavy bleeding. She learned then that she had suffered a miscarriage. She reported feelings on loneliness, isolation and depression during this time. She expresses that physical pain and emotional pain has resulted in the loss of this pregnancy.

Since then, subject one has continuously attempted to get pregnant every month. Two months in a row, she has been getting her period late every month in hopes that she was pregnant. Only to be let down with the disappointment of a negative pregnancy test. Subject one has recently went to her doctor with her infertility concerns and was told that she may be suffering from polycystic ovary syndrome. She has done fertility testing and has received normal results. This has caused even more anxious feelings for her and feelings that she will never conceive. Subject two has not had her husband tested for fertility issues and automatically blames herself. Subject one expresses that she feels depressed and anxious every month trying new

things to conceive. With her previous miscarriage, these feelings are increased. Subject one previously did not suffer from mental health issues before struggling with infertility.

Subject two suffers from anxiety, depression and recurrent miscarriages. Subject two does not know what is causing her infertility; except, for her polycystic ovary syndrome which does not have always result in infertility. Her husband has not been tested for infertility, so she assumes her infertility is due to her polycystic ovary syndrome. She suffered two miscarriages in a row and currently has no living children. She has expressed that she feels that the doctors do not care enough to help her or give her options. Subject two has expressed to me that her not conceiving or carrying a fetus to term is affecting her tremendously. She links her infertility to her depression, anxiety and low self-esteem. Subject two supports the research by suggesting that all men or women who suffer from infertility issues suffer from mental health issues.

In summary, those who struggle with infertility whether it be man or woman typically are struggling with mental health issues as a result. Supportive research and interviews have proven that all known people who suffer from infertility or treatment suffer from mental health issues. These findings are supported by peer reviewed articles or reliable articles that suggest a link between the two. The main reasons are the financial strain and the uncertainty of the outcome. In a couple, the person who isn't infertile usually does not feel as responsible or as depressed, anxious or stressed. Studies show that the person who cannot accept that they will never have their own biological child are at a higher risk for mental health issues.

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