A STUDY ON PROBLEM FACED BY SPERM DONOR INSEMINATION AMONG CHILDLESS WOMEN

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ABSTRACT

DONOR Insemination is when the female partner receives treatment using sperm donated by an anonymous donor To study about the socio demographic details of the respondents.To analyze the causes of infertility among the husbands.To analyze the awareness of donor insemination among the respondents. There is a significant association between the age and depression of the respondents.There is a significant association between education and awareness of genetic disease among the respondents. The researcher had used descriptive research design for the study. The main aim for having used this design was to analyze the problem more precisely as well as to increase the knowledge of the researcher about the magnitude of the problem. Hence descriptive research design was adopted for the present study.The universe constitutes the women who were undergoing Donor Insemination in Janani Infertility Hospital Trichy. As there were only thirty two women under going treatment at the time of study. The researcher included all the thirty two respondents for the present study. Thus censes method was adopted. The government can encourage Donor Insemination method among the public.The stigmatization and discrimination of Donor Insemination method should be removed through awareness by the government and Non – governmental organizations. Thus awareness should be created among the childless couple. Family support also lays an important factor in helping the couples to cope up with the situation. So appropriate counseling should be provided to the childless couples and to the family through professional social workers and counsellors.

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Many couples encounter difficulties getting pregnant due to fertility problems. However, few people are completely infertile, and most couples who need help to make a baby are described as sub fertile. This means that one part of their reproductive system may not be working correctly.

Artificial Insemination [AI] is a means of helping couples to have children if they are unable to conceive through sexual intercourse. Artificial insemination refers to a range of techniques in which the means sperm is put into the women's genital track artificially. Sperm may be placed in the neck of the womb (cervix) known as intrauterine insemination [IUI]. **(J Androl, July 1, 2008**)

Less common techniques of artificial insemination are intra fallopian insemination and intrapersonal insemination. These methods place the sperm near the mouth of the fallopian tubes and ovaries. Rarely, a technique called intra vaginal insemination is used, in which sperm are placed in the female partner's vagina.

If there is a problem with the male partner sperm, then sperm from a Donor may be used. Donor insemination may also be useful for single women and lesbian couples.

Artificial insemination with donor sperms [TDI] is one alternative for couples with male factor infertility. It is a very commonly performed procedure, with 12 to 20,000 children born annually as a result of TDI.

Donor Insemination [DI]

DONOR Insemination is when the female partner receives treatment using sperm donated by an anonymous donor.

Reason for considering donor Insemination

About 24% of couples attending the clinic will have a major degree of male infertility. For many DI becomes a realistic option for achieving a pregnancy. DI is also an option when the male partner is a carrier of a genetic condition that he may not wish to pass on to the child.

Infertility treatment

Surgical

Myomectomy,

Myomectomy is the removal of fibroids (noncancerous tumors) from the wall of the uterus. Myomectomy is the preferred treatment for symptomatic fibroids in women who want to keep their uterus. Larger fibroids must be removed with an abdominal incision, but small fibroids can be taken out using

Tubal Reanastomosis,

Tubal reversal is the popular term for the surgical procedure that reconstructs the fallopian tube to restore tubal anatomy and function - and therefore fertility - after tubal sterilization (commonly

called tubal ligation). Tubal reversal is sometimes abbreviated as TR on public forums such as the Laparoscopy

Laparoscopy

Laparoscopy comes from two Greek words. The first is lapara, which means "the soft parts of the body between the rib margins and hips," or, more simply, the "flank or loin." The other Greek root is skopein, which means "to see or view or examine." Skopein has become -scope in English.

Hysteroscopy

Hysteroscopy is a minimally invasive surgical procedure for viewing the inside of the uterus. Hysteroscopy is performed by inserting a visualizing scope through the vagina and into the cervical opening. Hysteroscopy allows visualization of the inside of the uterus, including the openings to the Fallopian tubes, as well as direct examination of the cervix, cervical canal, and vagina.

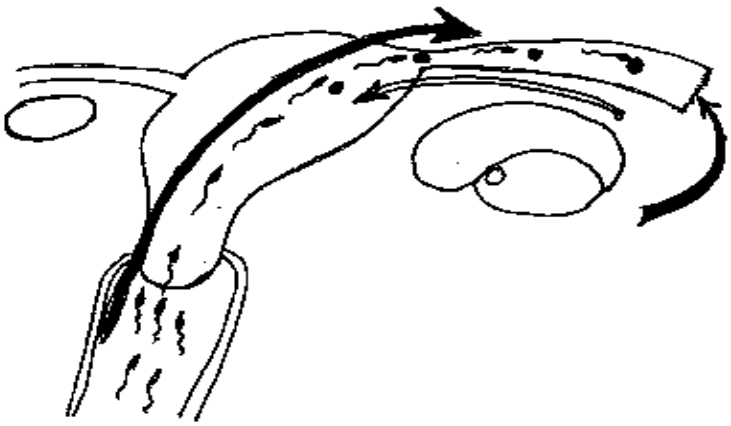
Medical

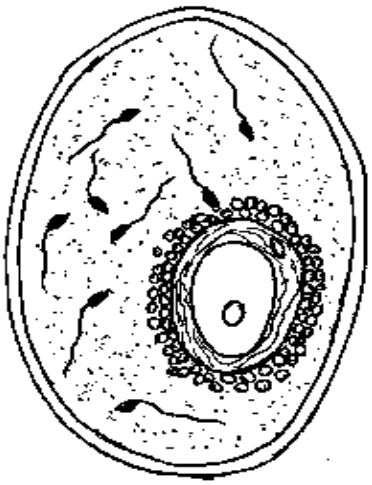
Clomiphene, Glucophage,Gonadotropins, Lupron,Parlodel, Progesterone,Letrozole.

INSEMINATION

Artificial Insemination,Husband Therapeutic,Donor Insemination.

Artificial insemination is a way of helping people to have children who may otherwise be unable to conceive. There are a number of factors that can affect fertility, and AI is better suited to certain problems rather than others. AI may be useful for couples facing the following fertility difficulties.





PROCESS AND CONCEPTION

Medical problems preventing pregnancy can stretch across the board from low sperm count, inadequate sperm mobility, and abnormally shaped sperm to congested veins in the testicles. Before you consider IVF and other complex, expensive processes, try these simpler, cheaper ideas Female problems often relate to ovulation (without which, eggs are not available for fertilization) and blocked fallopian tubes (so the egg can't travel through them).Don't despair. Your partner may still be able to fall pregnant through **in vitro fertilization (IVF)** – various procedures where eggs are fertilised outside the womb, or through other methods of assisted reproduction.

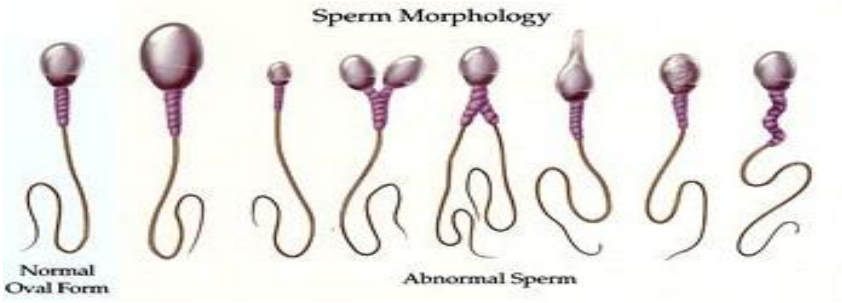
But often help is closer at hand, and a lot easier than you'd think. Here's some ideas..

In men

1. Premature ejaculation
2. Retrograde ejaculation
3. Low sperm count
4. Abnormalities of the penis such as severe hypostasis
5. Impotence that makes sexual intercourse impossible for men who wish to freeze the sperm for possible future use before vasectomy
6. Cancer treatment using chemotherapy or radiotherapy can also make men infertile.
7. Male factor infertility is one of the most common reasons why couples do not become pregnant. There are many different causes of male infertility. There may be a shortage of sperm, or a blockage preventing the sperm from being ejaculated, or the sperm may not swim properly, they may stick together, or there may be no sperm produced at all.
8. If your partner is to become pregnant, several things have to happen. The man must produce millions of healthy, active sperm which pass into the woman's vagina during intercourse. Then the sperm must swim through the womb and into the Fallopian tube to fertilize the egg. The resulting embryo travels on and embeds itself into the womb.

Abnormal Sperm

The male factor as a cause for sub fertility is suspected when the couple has tried beyond 1 year and the wife has been evaluated to have normal reproductive organs and regular cycles. In 50% of these infertile couples, investigations will reveal a pathology in the woman alone. In another 20%, the abnormality lies in both the man and woman. In the remaining 30%, the problem lies in the husband.



Conception requires fertilization of a healthy egg by a healthy sperm. This requires the timely release of the ovum and deposition of semen in the vagina. The chance of any spermatozoa reaching the ovum is a function of their quantity, quality and the ability to penetrate the egg. Evaluation of the infertile couple should therefore involve the couple from the outset until an abnormality is uncovered. An abnormal sperm count is usually the earliest indicator of a male factor.

The production of spermatozoa requires normal levels of sex hormones. Production of sex hormones is principally regulated by the pituitary gland of the brain. Conditions that affect the pituitary gland may result in infertility, sometimes with impotence too. Other causes of hormone imbalance include liver disease and steroid medications. Defective spermatozoa production can also occur without any apparent hormonal imbalance. Many of these cases are due to genetic disorders.

Psychological Problem

Women are more likely to become depressed than men. Because of this fact, Psychology Information Online provides information about women and depression, including diagnosis, possible causes and risk factors that might be responsible for the higher rate of depression in women.

There are many problems that can keep a woman from enjoying sex. They include Lack of sexual desire,Inability to become aroused ,Lack of orgasm, or sexual climax,Painful intercourse

These problems may have physical or psychological causes. Physical causes may include conditions like diabetes, heart disease, nerve disorders or hormone problems. Some drugs can also affect desire and function. Psychological causes may include work-related stress and anxiety. They may also include depression or concerns about marriage or relationship problems. For some women, the problem results from past sexual trauma.

Occasional problems with sexual function are common. If problems last more than a few months or cause distress for you or your partner, you should see your healthcare provider

Social Stigma

Infertility research has shown that infertility has become an increasing concern all over the world. It is indeed one of the most common issues that couples deal with in this fast paced world of

ours. Infertility problems have always existed. However, there were very few couples that would speak about the problem due to the social stigma associated with this medical condition. Also, people didn't have as much faith and belief in medical science as they have today.Due to the increased stress factors and anxiety in today's fast paced world, people are now experiencing different physical constraints and infertility is on the rise. There are many couples trying to have a baby, but they have failed for one reason or another. The reason could be related to female infertility, male infertility, or a combination of both. It is also possible that there is an unknown explanation. Although the problems are real there is usually some good news for most couples. A large majority of infertility cases are treatable, either naturally or medically

Stigma when they are childless and their everyday resistance practices. As stigma theory predicts, childless women deviate from the "ordinary and natural" life course and are deeply discredited, social class and age mediate stigma and resistance processes: Poor village women of childbearing age are devalued in ways affluent and professional women avoid; differently situated women challenge dominant definitions and ideologies of family in distinctive ways. Indian women are creating spaces for childless marriages within the gendered margins of families and culturally prevalent definitions of womanhood. So Childless women's are avoided in any other social functions. So the female partner receives treatment using sperm donated by an anonymous donor.

TYPES OF INSEMINATION

1. Intra-Cervical Insemination (ICI)
2. Intrauterine Insemination (IUI)

Intra-Cervical Insemination (ICI)

Intra-Cervical Insemination is used for couples who have a physical problem with sperm reaching the correct place.

Intrauterine Insemination [IUI]

It may also be used in cases of unexplained infertility and to overcome some male infertility problems. It is uncommon for pregnancy rates to improve unless fertility drugs are used before IUI.

SEX SELECTION

The individual sperm which fertilize an individual egg is the sole determinant of the sex of the child. If that sperm carries an "X" chromosome, it will result in a female. If it carries a "Y" chromosome, a male will result.

TYPES OF PROBLEM FACED BY THE CHILDLESS WOMEN

Physical Problems: Traditionally, in many world cultures, childlessness was frowned upon as a curse. Quite simply, women were expected to produce offspring. However, in modern times, this has become a matter of personal choice for many women. A growing number of women simply opt out of parenthood altogether.Clearly, pregnancy changes a woman's body in many ways and affects her health from then on. Actually, childlessness can greatly impact her physical and emotional health as well.

Economical Problem: Women not only have more problems procuring paid employment and generally receive lower wages and fewer benefits than men, they also suffer from higher levels of irregular payments. Frequently, what they earn, they cannot keep but need to hand to their husbands or other

family members. These are the findings of the People's Security Surveys (PSS) conducted in 15 countries around the world featured in the new ILO report on economic insecurity.

REVIEW OF LITERATURE

Mandakini Parihar, S. Ubahangi Gangal (2003) most pregnancies with IUI occur in the first three to four attempts. The chances for success drop off considerably after about four to six unsuccessful attempts. Therefore this therapy is not usually recommended for more than six cycles.

Williams in 1934 divided the spermatozoa into four segments – head, neck, mid piece and tail. Thus the morphology of the total spermatozoa and the practical value of classifying them to the degree of abnormality continue to develop with new staining methods used by different workers.

Psychological Preparation Indira Hinduja (2004), most couples entering the in vitro fertilization programme have been through a long series of investigations. They often are depressed about their inability to conceive and not in frequently they feel inadequate. In our country social pressure on an infertile couple are tremendous. If couples understand the natural grief reaction, which their loss of fertility produces, that is denial, depression, anxiety, anger and resentment, and then it will be easier to cope with these emotional states. Psychological preparation is further avoided in couples going in IVF as this treatment does not guarantee success in every cycle. So the couple should be prepared mentally in the event of failure of treatment cycle.

OBJECTIVES

To study about the socio demographic details of the respondents.To analyze the causes of infertility among the husbands.To analyze the awareness of donor insemination among the respondents.To analyze the health status of the respondents.To study the respondents attitude towards treatment procedure

HYPOTHESIS

- There is a significant association between the age and depression of the respondents.
- There is a significant association between education and awareness of genetic disease among the respondents.
- There is a significant association between the age and physical problem of the respondents.

RESEARCH DESIGN

The researcher had used descriptive research design for the study. The main aim for having used this design was to analyze the problem more precisely as well as to increase the knowledge of the researcher about the magnitude of the problem. Hence descriptive research design was adopted for the present study.

UNIVERSE AND SAMPLING

The universe constitutes the women who were undergoing Donor Insemination in Janani Infertility Hospital Trichy. As there were only thirty two women under going treatment at the time of study. The researcher included all the thirty two respondents for the present study. Thus censes method was adopted

TOOLS OF DATA COLLECTION

The researcher collected the data through self prepared interview scheduled which was framed to elicit the necessary data. The interview schedule elaborately covered various aspects like socio demographic details and awareness about Donor Insemination, economic status, awareness of donor insemination, psychological problem, physical condition, health status of spouse, attitude of in-laws and relations.

LIMITATION

The researcher carried out the study only in Janani Infertility Hospital, Thillai Nagar and this constitutes the limitation of the study. The spouse and family members of the respondents were not included in the study.

ANALYSYS AND INTERPRETATION

Respondent's opinion about their Husband's reaction

S.No	Particulars Respondent's opinion about their Husband's reaction	No.of Respondents	Percentage
1	Worried	11	34
2	Depressed	20	63
3	No reaction	1	3
	Total	**32**	**100**

The above table (No.19) shows that the majority (63 per cent) of the respondents husbands were depressed(34 per cent) of them were worried and (3 per cent) did not show any reaction.

Respondents fear about donor insemination

S.No	Particulars Respondents fear about donor insemination	No.of Respondents	Percentage
1	Yes	29	91
2	No	3	9
	Total	**32**	**100**

From the above table (No. 24), it was observed that vast majority (91 per cent) of the respondents had fearful attitude about donor insemination and (9 per cent) of the respondents did not show any treatment.

Chi – Square test based on age and depression

S.No	Age	Depression		Total	Statistics Analysis
		Yes (n=30)	No (n=2)		
1	20-30	24	2	26	$X^2 = 0.492$
2	31-40	6	-	6	df = 1
					P> 0.05
	Total	**30**	**2**	**32**	**Not Significant**

The result of chi-square test shows that there is no significant association between respondents present age and depression. Thus the research hypothesis is rejected.

Chi – Square test based on education and awareness of genetic disease

S.No	Education	Awareness of genetic disease		Total	Statistics Analysis
		Yes	No		
1	Primary	1	2	3	$X^2 = 4.989$
2	Secondary	2	1	3	df = 5
3	Diploma	3	-	3	P<0.05
4	U.G	6	1	7	
5	P.G	7	2	9	
6	Illiterate	4	3	7	
	Total	**23**	**9**	**32**	**Significant**

The result of chi-square test shows that there is significant association between education and aware of genetic disease. Thus research hypothesis is accepted

FINDINGS

- 81 per cent of the respondents were above the age of group of 20 to 30 years
- 81 per cent of the respondents were above the age of group of 20 to 25 years at the time of marriage.
- 29 per cent of the respondents were post graduates.
- Majority (66 per cent) of the respondents were home makers.
- Vast majority (91 per cent) of the respondents were Hindus.
- More than half (56 per cent) of the respondents were from urban background.
- More than half (56 per cent) of the respondents were under the age group of 20 to 30years.
- 44 per cent of the respondents were from 20 to 25 and 25 to 30 age at the time of marriage.
- Majority (88 per cent) of the respondent's marriage were arranged marriage.
- 38 per cent of the respondents married for 1 to 3 years.
- Majority (75 per cent) of the respondent's marriage were consanguineous.
- Half of the respondents belong to nuclear family.
- Majority (75 per cent) of the respondent's were working in private concern.
- 44 per cent of the respondent's spouses were post graduates.
- 38 per cent of the respondent's husband's monthly income were Rs.10, 000 to 20,000.
- (72 per cent) of the respondents had spent below Rs.5,000, for the treatment.
- Majority (75 per cent) of the respondents did not have the habit of alcoholism and smoking.
- More than half (59 per cent) of the spouse did not have any health problem.
- All the respondents wished to conceive immediately once after marriage.
- Majority (72 per cent) of the respondents preferred male child.
- All the respondents accepted that they were frustrated for not conceiving immediately.
- Majority (63 per cent) of the respondents agreed that their husband were depressed.
- All the respondents (100 per cent) agreed that their spouse accepted immediately for the treatment.
- 43 per cent of the respondents spouses preference were donor insemination method.
- More than half (53 per cent) of the respondents were shocked when they came to know that their husband's were infertile.
- All the respondents (cen per cent) were worried about their future.
- Vast majority (91 per cent) of the respondents had fear about the treatment.
- Vast majority (94 per cent) of the respondents were depressed.
- More than half (53 per cent) of the respondents were criticized by their in-laws.
- More than half (53 per cent) of the respondents relatives did not show any reaction towards the respondents condition.
- Vast majority (94 per cent) of the respondents came to know about donor insemination through their doctors.
- Majority (87 per cent) of the respondents in-laws were not aware of the treatment.
- All the respondents agreed that they discuss future aspects with their husband.
- Majority (69 per cent) of the respondents had spent Rs. 5,000 to 10,000 for one attempt of donor insemination.
- Majority (81 per cent) of the respondents agreed that their husbands accepted to pay for the treatment.
- Majority (85 per cent) of the respondents feel that donor insemination was a good method.
- More than half (53 per cent) of the respondents faced social problems.
- Vast majority (72 per cent) of the respondents were aware about genetic diseases.

- Vast majority (91 per cent) of the respondents were curious to know about the details of the donor.
- Vast majority (91 per cent) of the respondents did not face any discomfort after insemination.
- All the respondents (cent per cent) were supportive.
- Majority (82 per cent) of the respondents were not diabetic.
- Vast majority (91 per cent) of the respondents did not have blood pressure.
- Vast majority (91 per cent) of the respondents had knowledge about donor insemination procedures.
- All the respondents (cent per cent) had discussed about donor insemination with their doctors.
- (69 per cent) of the respondents were not aware about medical details of the donor.
- (69 per cent) of the respondents reported that it was not their first attempt.
- More than half (53 per cent) of the respondents spouses sperm count were low.
- (75 per cent) of the respondents expected male baby.
- (75 per cent) of the respondents wish to have a second child through donor insemination.
- (82 per cent) of the respondents future plan was to have a healthy baby.

SUGGESTIONS

- The government can encourage Donor Insemination method among the public.
- The stigmatization and discrimination of Donor Insemination method should be removed through awareness by the government and Non – governmental organizations.
- The spouse and family members should be educated about the treatment procedures so that they can provide support and care to the respondents.
- The hospital should provide all the necessary information about Donor Insemination to the couple.
- The individual counselling should be provide to the couples for better understanding and adjustment during the treatment.
- The government can provide Donor Insemination method at free of cost to the poor couples especially to the rural community.

CONCLUSION

Major shifts in psyche occur when an individual graduates from struggling with infertility to becoming pregnant. These shifts include changes in identity , emotions, and how one relates to others. Whenever a shift in identity occurs, there is a period of uncertainty or insecurity. In the very early stages of pregnancy, the couple may continue to function as if they were still involved in the struggle of infertility.

When the pregnancy test is positive, the first response is often one of disbelief, especially if attempts have been on for many years. Some patients get emotional – it's over! But the patient soon realizes that its not all over. What is wanted s not a pregnancy but a baby! The pregnant woman may feel uncomfortable amidst those who are still struggling to conceive. In addition to changes in identity there are numerous emotional changes that take place. During the active struggle with infertility, there are intense emotions, i.e. hope despair, grief and worry. With pregnancy (and parenting after infertility), the worry changes course, but the intensity continues. Each stage of the pregnancy is filled with a mixture of excitement and fear. The dark could of infertility taints events that might be thrilling for the average parents.

The infertile woman who becomes pregnant expects perfection in every aspect of motherhood, because that's the stuff dreams are made of. Since child is extra special and t is natural for the parents to dote on him or her – but herein lies the emotional traps of being over productive and unintentionally spoiling the child.

Thus awareness should be created among the childless couple. Family support also lays an important factor in helping the couples to cope up with the situation. So appropriate counseling should be provided to the childless couples and to the family through professional social workers and counsellors.

REFERENCE

⇒ Cohen, J.1985, Treatment for Male Infertility, Caroline Gallup Published by Jessica Kingsley.
⇒ Kanthi Bansal MD., DGO. 2004, "Practical Approach to Infertility Management" **Publisher:** Jaypee Brothers Medical Publishers (p) Ltd.,
⇒ R.Rajan, M.D., 2004 Ultrasound and color Doppler in obstetrics Gynecology and infertility Jaypee Brothers Medical Publishers (P) Ltd..,
⇒ Sulochana Gunasheela 2005 "Encyclopedia on Male and Female Infertility" **Publisher:** Jaypee Brothers Medical Publishers (p) Ltd.,

WEBSITE

www.bridge - Male fertility.com.

www.medical – dictionary.com

http://www.psychologyinfo.com/depression/women.htm#know-about

http://www.al lbusiness.com/government/gover nment-bodies-offices-us-federa l-government/5504948-1.html