

SUBFERTILITY: THE TRAGEDY OF MILITARY LIFE STYLE

Oudsia Nawaz, Kanwal Bashir, Shamim Akhtar*, Qurrat-ul-Ain Mushtaq

Combined Military Hospital Lahore, *Combined Military Hospital Quetta

ABSTRACT

Objective: To determine the frequency of subfertility in military couples owing to military deployments and consequent physical separation of couples.

Study Design: Cross-sectional descriptive study.

Place and Duration of Study: This study was conducted in the department of Obstetrics and Gynecology at CMH Lahore from Jan 2012 to Jun 2012.

Patients and Methods: Total 232 couples being investigated for subfertility were interviewed for the period of living together at a stretch since their marriage. The couples with established male factor infertility, secondary subfertility, and abdomino-pelvic surgery in female partners were excluded to rule out known pathological conditions as an underlying cause. Data was analyzed using MS excel in the form of frequencies, percentages and presented in the form of tables and figures.

Results: In our study 232 couples had subfertility. Out of these 96% of the couples could not spend their first year of marital life together due to non-availability of married accommodation. Nearly 50% of the patients looked for other forms of help including household tips, medicines and spiritual help before seeking medical treatment. In 69% of the couples burden of blame was put on the female partner by the in-laws. The tragedy of subfertility was further compounded by the fact that psychological symptoms were admitted by more than 70% females, 44% confessed being a victim of domestic violence, and 54% husbands refused to have their semen analysis done on first request by clinicians, although after counselling only 13% of the husbands still could not make their semen analysis available either due to military deployments or personal reasons.

Conclusion: Incidence of subfertility in military couples is alarmingly high and can be largely attributed to military deployments and lifestyle.

Keywords: Infertility, Military deployments, Military life style, Military sociology, Subfertility.

INTRODUCTION

Subfertility is defined as reduced fertility potential of any type with a prolonged time of desire on part of couples to conceive¹. Infertility is defined as the failure of couple to conceive after 1-2 years of regular unprotected intercourse^{2,3} and has been equated by some as equivalent to sterility¹. Worldwide, greater than 70 million couples have this problem⁴. In western world, the prevalence is nearly 10-15%^{2,5}, while in Pakistan, it is reported to be as high as 21.9%^{6,7}.

Implications of infertility are huge, including psychological morbidity^{8,9}, social consequences including mental and physical abuse^{10,11} and financial issues^{12,13}. In developing and under

developed countries in particular, a woman's identity is defined in terms of motherhood and child bearing. The unhealed lesions of infertility cause persistent psychological and emotional trauma to the couple; the partner thought to be infertile often being given a lower status and disgraced and dishonored with various labels. Infertility might be thought of as chastisement for wrong doing, an act of God, use of family planning methods and a result of black magic or witchcraft. Population in developed countries, however, is more likely to think of infertility to be caused by biological and pathological factors²⁰.

Studies in the past failed to prove the role of military occupation in causing male infertility unless there is associated occupational exposure to toxins or heat¹³. But as per WHO definition infertility is failure of a couple to conceive³.

This study was conducted to specifically address the fertility problems that military

Correspondence: Major Oudsia Nawaz, CMH Malir Cantt, Karachi

Email: qudsia.nawaz@gmail.com

Received: 01 Oct 2012; Accepted: 18 Sep 2013

families are suffering because of frequent deployments and consequent physical separation of couples. This is because military lifestyle can lead to negative impact on family members particularly due to physical separation from family due to periodic deployments and consequently associated psychological stresses¹⁵. Geographic mobility of soldiers occurs almost every 2-3 years due to the very nature of their jobs and military requirements, leading to dislocation of the family members also¹⁶. Individual claims are made by spouses of those serving in military regarding the impact of deployment on compromising fertility^{17,18,19}, however not a single reference could be found in literature that specifically addressed this issue.

PATIENTS AND METHODS

This cross sectional descriptive study was conducted in the department of Obstetrics and Gynecology of CMH Lahore from Apr 2011-Sep 2011. Data was collected by purposive sampling. Total 232 couples being investigated for primary subfertility, who had never used any form of contraception, and had been aiming to have conception since their marriage were interviewed using a structured questionnaire. Couples with history of male infertility, abdomino-pelvic surgery in female partner for any reason in the past, those with history of primary amenorrhea, and history of chemotherapy for childhood cancers, those with secondary subfertility and known cases of tuberculosis were excluded from the study. Also excluded were the couples with subfertility in officer class as they are more likely to have availed married accommodation.

Couples were asked regarding duration of marriage, years of living separately from the spouses due to non-availability of married accommodation / military deployments, and the medical, social and family issues being faced due to subfertility etc.

Data was analyzed using MS excel in the form of frequencies, percentages and presented in the form of tables and figures.

RESULTS

A total of 232 couples, seeking treatment for subfertility were included.

Among the couples with subfertility about 70.7% patients admitted to suffering from

Table-1: Percentage of subfertile couples seeking treatment in relation to years since marriage.

Duration of subfertility (yrs since marriage)	No. of patients seeking treatment in each duration group
1.	11 (4.74%)
2.	14 (6.03%)
3.	16 (6.90%)
4.	46 (19.83%)
5.	39 (16.81%)
6.	29 (12.5%)
7.	37 (15.95%)
8.	27 (11.64%)
9.	10 (4.31%)
10.	3 (1.29%)

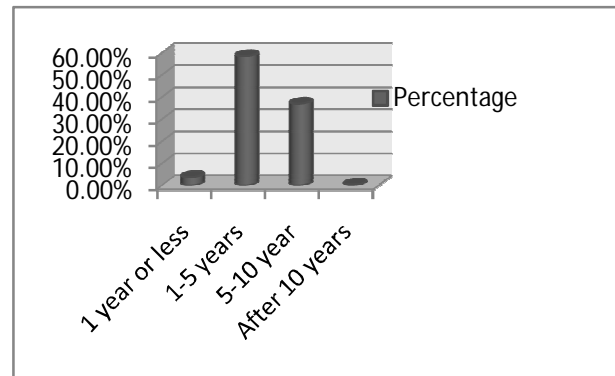


Figure-1: Percentage of subfertile couples availing married accommodation with regards to years since marriage.

psychological trauma / anxiety / depression where the subfertility was less than 3 years duration and this percentage rose to around 98.7% where the duration of subfertility was more than 7 years.

On an average about 44% of the females admitted to being a victim of domestic violence in all the duration subgroups.

Around 54% husbands refused or opted for delaying tactics to have their semen analysis done on first request by clinicians, although after counselling 13% of the husbands still could not make their semen analysis available either due to military deployments or personal reasons.

The study also revealed that around 51.22% of the females developed menstrual irregularities in the first three years of marriage and this percentage rose to 66.23% among females facing the problem for more than 7 years.

The study also revealed that only in 31% of the cases the in-laws understood the importance of the couple staying together for conception, while in the rest of the cases (69%) the burden of blame for subfertility was placed on the female partner. Of those who finally managed to get a married accommodation, 49% got it on their own effort while 51% availed it on medical recommendation (figure & table).

DISCUSSION

The percentage of couples conceiving by the end of first year of regular unprotected intercourse was 84%, which increased to 92% after 2 years of regular unprotected intercourse. So we can conclude that provided a couple stays together, the number of couples who fail to conceive by the end of 2 years of married life would be 8%². In our study, nearly 96% of the couples in the study group were unable to stay together at a stretch during the 1st year of marriage, which reduced to 50% at 5 years and less than 1% by 10 years, and hence not staying together led to a lack of regular unprotected intercourse, naturally resulting in subfertility. Periodic separation from spouse and family, and risk of death or injury in pursuit of service goals are common in military service as described by Segal¹⁵. The period of separation can vary in duration from few days to several months. These twists and turns of military lifestyle are long known to cause psychological impact on entire family¹⁴. However, the negative impact of military lifestyle on fertility for which no particular references were found as explained in

introduction, could result if the couple fails to be together during fertile days of the female menstrual cycle. Moreover, commencement of sexual activity exposes the woman to the risk of pelvic inflammatory disease^{9,10}. The situation gets worsened by the fact that women suffering from subfertility approach dais, quacks etc before reporting to hospitals, which increases the risk of PID because of use of unsterilized instruments, non-sterile techniques of vaginal examination, intra uterine contraceptive devices (IUCDs) and vaginal use of other totkas²¹. Also, the psychological stress, with prolonged duration of subfertility, could potentially lead to a vicious cycle of chronic anovulation, failed conception and consequently increased stress²². Our study identified that more than 50% of the couples resorted to spiritual help, the percentage increasing to 100%, with the increasing duration of subfertility. These results are comparable to those of Sudha and colleagues, who reported the percentage to be on average 82%²⁰. In-laws placed the burden of blame on female partners in about 69% of the couples in our study, while Sudha and colleagues found this percentage to be around 71%²⁰. On the average about 42% of the females suffered from domestic violence as compared to only 10% found by Sudha and colleagues²⁰. Subfertility combined with lack of education and lower social status of females in the community of developing countries can play havoc with the married life of affected women.

CONCLUSION

The military lifestyle leads to increased likelihood of subfertility, which might be further compounded by coexisting medical conditions.

REFERENCES

1. Gnath C, Godehardt E, Herrmann PF, Friol K, Tigges J, Freundl G. "Definition and prevalence of subfertility and infertility" *Hum Reprod* 2005; 20(5): 1144-1147.
2. Bhattacharya S. Infertility In: Edmonds DK Ed. Dewhursts Textbook of Obstetrics and Gynecology. 7th ed. USA: Blackwell publishing 2007;
3. Genomic Resource Center: Gender and Genetics "Assisted Reproductive Technologies" cited at: <http://www.who.int/genomics/gender/en/index6.html> on 21 August, 2012.
4. Godinjak Z, Idrizbegovic E. Should diagnostic hysteroscopy be a routine procedure during diagnostic laparoscopy in infertile women? *Bosn J Basic Med Sci* 2008; (8):44-7.

5. Burney RO, Schust DJ, Yao MWM. Infertility In: Berek and Jonathan S Eds. Berek and Novak's Gynecology, 14th Edition. California: Lippincott Williams and Wilkins: 2007;
6. Ombelet W, Cooke I, Dyer S, Sevrour G, Devroey P, Infertility and provision of infertility medical services in developing countries. Hum Reprod Update 2008; 14:605-21.
7. Parveen S, Khanam M. Role of combined diagnostic laparoscopy and simultaneous diagnostic hysteroscopy for evaluation of female subfertility factors. J Surg Pak 2010; 15(1):44-7.
8. Anita H. Clayton, MD Mental Health Concerns with Infertility seen at <http://www.primarypsychiatry.com/asp/articledetail.aspx?articleid=670> on 13 August 2012.
9. Volgsten H, SkoogSvanberg AS, Ekselius L, Lundkvist O, Poromaa IS. Prevalence of psychiatric disorders in infertile women and men undergoing in vitro fertilization treatment " Human Reprod 2008; 23(9): 2056-2063.
10. Okonofua FE, Harris D, Odebiyi A, Kane T, Snow RC "The social meaning of infertility in Southwest Nigeria" Health transition Review 7, 1997, 205-220 cited online at: <http://www.jstor.org/discover/10.2307/40652279?uid=3738832&uid=2&uid=4&sid=47699115322717>
11. Dyer SJ, Abrahams N, Hoffman M, Van der Spuy ZM: "Men leave me as I cannot have children: women's experiences with involuntary childlessness" Hum. Reprod 2002; 17 (6):1663-1668.
12. Lunenfeld B, Steirteghem AV, "Infertility in the third millennium: implications for the individual, family and society: Condensed Meeting Report from the Bertarelli Foundation's Second Global Conference" Human Reprod Update 2004; 10(4): 317-326.
13. Kerr J, Brown C, Balen AH The experiences of couples who have had infertility treatment in the United Kingdom: results of a survey performed in 1997, Hum. Reprod, 1999; 14 (4): 934-938.doi: 10.1093/humrep/14.4.934.
14. Aziz N, Agarwal A, Nallella KP. Reproductive Bio Medicine Online; www.rbmonline.com/Article/2086 on web 14 December 2005. Anthony J Thomas Jr RBM Online 2006; 12(2): 209-214.
15. M. W. Segal. "The Military and the Family as Greedy Institutions," Armed Forces and Society 1986; 13: 9-38.
16. Vernez G, Gail L, Zellman GL. "Families and Mission: A Review of the Effects of Family Factors on Army Attrition, Retention, and Readiness" United States Army Report No. N-2624-A, Washington, DC, 1987.
17. Hatfield J. Jenna Forums Community Web Blog: <http://forums.fertilitycommunity.com/infertility-support-forum/266320-honoring-military-families-among-us.html> (accessed on 03 Jul, 2012)
18. FL Kim, Military wife/Support group opportunity, Fertile thoughts: Web Forum: <http://www.fertilethoughts.com/forums/military-issues/273844-military-wife-support-group-opportunity-jacksonville-fl.html> (accessed on 03 Jul, 2012)
19. Scott Petrie: A veteran's infertility story, Web Blog: <http://www.bluestarfam.org/blog/view/infertility-military-family> (accessed on 03 Jul, 2012)
20. Sudha G, Reddy KSN, Reddy KN, Reddy BKC. "Emotional distress in infertile couples: a cross cultural study" Asia-Pacific Journal of Social Sci: III(1), 2011,90-101. Visit: <http://www.socialsciences-ejournal.org>
21. Pelvic Inflammatory Disease (PID) CDC fact sheet, cited at: <http://www.cdc.gov/std/pid/stdfact-pid.htm> on 21 August 2012.
22. Daniel M Campagne. "Should fertilization treatment start with reducing stress?" in: Hum. Reprod, 2006; 21 (7):1651-1658.