

Sexual Experiences of Infertile Women: A Qualitative Study

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ABSTRACT

Background: It is suggested that stress related to infertility causes marriage conflicts and decreases in the frequency of sexual intercourse. **Aim:** This study aimed to explore the experiences of the sexuality of infertile women. **Patients and Methods:** A phenomenological design was used in this study. We conducted face-to-face, semistructured, in-depth interviews with 11 infertile women. The interviews were audio-recorded, and a thematic approach was used to assess the data. **Results:** The average age of the women was 33.05 ± 3.40 years, and their age of first sexual intercourse was 23.0 ± 2.8 years and all of them are legally married. The durations of experiencing the problem of infertility were as follows; 3-5 years in 33%, 6-10 years in 27%, and 11 years and above in 38%. According to interpretative phenomenological analysis, two main themes emerge. Two main themes were determined: Perception of Sexuality and Sexual Problems. The results show that infertile women have a higher risk for sexual dysfunction than fertile women. **Conclusion:** These findings suggest that the diagnosis of infertility is an important factor in assessing the differences in the sexual satisfaction of women. In infertility counseling, health professionals must explain the gender differences. Also, infertile couples must encourage to share each other’s feelings and this may help couples to cope with the communication problems they may experience.

KEYWORDS: *Experience, infertility, sexuality, women*

INTRODUCTION

The basic biological function of sexuality is to provide reproduction and thus allow the human race to continue. Psychological sexuality aims at satisfying the basic needs of the individual such as enjoyment from sexual intercourse, love and to be loved; it contains various individual behaviors and human relations in relation to them.^[1]

Sexual health is one of the most important quality indicators of human life. The deterioration of sexual health due to various physiological or psychological risk factors decreases one’s quality of life. One of these risk factors, infertility negatively affects the physical, mental, and sexual health of couples at reproductive ages.^[2] Infertility causes a decrease in sexual desire, saturation, and relationship frequency and also causes marital life to be more stressful.^[3]

Sexuality and sexual activity play an important role in the expression of feelings of closeness and intimacy

between two people.^[4] Sexual cohesion is also important for marital cohesion.^[5] It is stated that infertility as an important component of marriage has many effects on sexuality. In this effect, there is a difference between men and women. The frequency of sexual intercourse seems to be more affected areas in men while the sexual sense of self-confidence, self-esteem, and sexual satisfaction seems to be more affected areas.^[6]

There are a limited number of studies that have investigated the relationship between infertility and sexual functions in Turkey. According to this, the aim of the study was to expose the sexual health of infertile women and how these experiences affect their lives.

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MATERIALS AND METHODS

Sample

This study used the phenomenological method. This study used a qualitative research method. Because it was essential since this method emphasizes the importance of describing the subjective perceptions of participants. The universe of the study was consisted of married women treated at the Private Test Tube Baby Center. This study used a purposive sampling method. The study sample consisted of 11 women who were registered at this Center, were between the ages of 15 and 49, were married, were diagnosed with primary infertility, had no previous psychiatric diagnosis and volunteered to participate in the study. One woman did not take part in the study for various emotional reasons, such as having difficulty talking.

The average age of the women in the study was 33.05 ± 3.40 years. All of them were legally married. 42% of the women had completed their primary school education, all of them were housewives and all of them had social security. On the other hand, the durations of experiencing the problem of infertility was as follows; 3-5 years in 33%, 6-10 years in 27%, and 11 years and above in 38%. In five cases, the fertility problem was attributed to female factors, whereas in three cases to male factors. In three cases, the reasons for infertility were unexplained.

Instruments

The data collection tools consisted of a "Women's Information Form" and a semi-structured "Interview Form". The Women's Information Form consisted of 16 questions identifying the socio-demographic characteristics and problems of infertility in women. The semi-structured Interview Form consisted of 12 questions formulated by the researcher according to the literature. The Interview Form was evaluated by three specialists in the field. Before collecting data, a pilot study was conducted with three women that ensure the validity and reliability of the form. At the end of these interviews, some relevant changes were made.

Procedures

The study was approved by the Private Test Tube Baby Center. Eligible women who had primary infertility were approached and invited to participate in the study. In order for the interview to be carried out in an appropriate setting, a private room was used. Informed consent was obtained and participants were taken by the researcher to a private room for the interview. Semi-structured interviews were conducted face-to-face using the in-depth interview technique. Data were collected over a period of three months in four-hour sessions held on alternate

days. Interviews were recorded with an audio recording device. After transferring the interviews to a computer, the interviews were transcribed into a written document. Depending on the answers given by the women, the interviews ranged in length from 20 to 55 minutes.

Data evaluation

The data were evaluated with qualitative data analysis. The data was analyzed using a thematic approach by researchers. The data was read several times. After themes were searched from collating codes by the researchers final names of the themes and sub-themes were developed. Written documents of interviews were examined by two specialists on the subject. Each researcher analyzed the data individually before collectively discussing their themes to ensure consistency of interpretation. Any differences between the researchers were discussed and agreed. Then, all data interpreted according to the theme, have been drawn up to report.

RESULTS

The interviews were analyzed using IPA. Two main themes emerged [Table 1]. The main themes and the results obtained have been discussed below. The numbers at the end of each statement refer to the numbers given to each of the women to identify them.

Perception of sexuality

The main theme of the Perception of Sexuality consists of two subthemes such as "Psychological Perception" and "Social Perception".

Psychological perception

When women were asked about what sexuality meant for them before being diagnosed with infertility, the majority of women stated that it was a pleasure. After the diagnosis of infertility, they stated that it was not a pleasure, not anymore.

"At first, it was already a matter of pleasure, but when it was for the child, it was not pleasure, not anymore." (P-7)

"I don't know exactly, but it was a five minutes pleasure. When i was young, it was different. But it was not a required thing now." (P-4)

Table 1: Main and Sub Themes of the Research

Main Theme	Subtheme	Subtheme
Perception of Sexuality	Psychological Perception	Pleasure
		An ordinary need
	Social Perception	Children-oriented Duty
Sexual Problems	Having Problem	Physical problems Psychological problems
	Having No Problem	

Only two women did not associate sexuality with infertility and stated that it was an ordinary need.

"I thought that sexuality was a daily need. I mean, it was a thing you could do when you wanted. It was an ordinary thing for me. Of course, now that I became involved in it, my opinions changer after i understood it. I believed so at that time." (P-5)

Social perception

It was determined that the diagnosis of infertility did not affect the social perceptions of women towards sexuality, but the majority of women expressed sexuality as a thing towards having a child because of their social customs. In addition, women who express sexuality as children-oriented attributed positive meanings to sexuality such as joy, happiness, peace, goodness, indispensable, beautiful, and love.

"Sexuality is for having a child in our minds, it is not for our own pleasure because everyone has an expectation of having a child." (P-9)

"Married persons certainly have sexual relationship. We waited for five years to have a child, those around us said something." (P-1)

"It was nice. We don't have a problem with sexuality. We're happy, but you know i think that our marriage will be more enjoyable when we will have a child." (P-11)

It was determined that the diagnosis of infertility affected some women's social perceptions about sexuality; they perceived sexuality as a duty after being diagnosed with infertility.

"After getting this diagnosis, after learning the reasons for the relationship, everything is different. How can I explain? Of course, it seemed like a female mission at first." (P-2)

Sexual problems

The main theme of Sexual Problems consists of two sub-themes such as "Having Problem" and "Having No Problem".

Having problem

It was determined that the diagnosis of infertility increased the sexual problems of women; women also experienced physical and psychological problems. Those who experienced physical problems stated that they experienced pain while those having psychological problems experienced reluctance, coldness, and stress.

"I like sex more in the past. Now I dont like it as much as in the past and i don't feel the lack of sex and my reluctance also increased more." (P-3)

"I don't want the man at all, so I'm having a lot of trouble when the inner site of my sexual organ is in pain. We don't have any other problem." (P-10)

Having no problem

Only four women stated that they had no sexual problems after being diagnosed with infertility.

"No, nothing happened, neither my husband sadden me nor i sadden him." (P-8)

"I and my husband have no problem about sexual pleasure. I don't have pain. Our sexual relationship has not been changed after the diagnosis"(P-6)

DISCUSSION

Sexuality is an important element in the development of communication between partners. The desire and interest of partners towards each other enable them to have a healthy sexual life. However, having a diagnosis of infertility leads to a decrease in sexual desire and interest, and even sexual intercourse also turns into an automatic task.^[7] Infertile couples must constantly monitor ovulation and menstrual cycles, and view sexuality as a means to an end of reproduction. This may cause women to consider sexual intercourse meaningless during infertile periods.^[8] In the study of Bayram (2009), it was found that the individuals described their sexual relationships with words such as requirement, duty, and meaningless while they perceived sexual intercourse as a requirement or duty.^[9] In our study, although two women stated that sex was an ordinary need and not to associated with infertility; it was found that some participating women saw sexuality as a duty after being diagnosed with infertility.

The sexual life of the couple which is satisfactory before the diagnosis is adversely affected by the treatment, psychological pressure caused by infertility, and anxiety. The sexual life of the couples is deteriorated by the drugs; this condition also causes the couples to consider themselves as a breeding machine. These couples sometimes cannot achieve orgasm and vaginismus can also develop and make the problems more complicated.^[10] In our study, sexuality was perceived as pleasure for most women before the diagnosis of infertility, but it was not perceived as pleasure after the diagnosis.

It was determined that the diagnosis of infertility did not affect the social perceptions of women towards sexuality, but most women expressed sexuality as a child-oriented subject because of their social customs. Infertility is not a simple gynecological disorder but a health problem with biological, social, and cultural psychological dimensions. It affects the future plans of spouses, their images, self-respect, relationships, and sexual lives.^[11]

Therefore, women are expected to express sexuality as child-oriented.

The most common sexual dysfunction disorders in infertile women are sexual arousal disorders, orgasmic disorders, vaginismus, and dyspareunia.^[12] Finding related to the effects of infertility on sexual satisfaction are inconsistent. In the study conducted by Müller *et al.*^[13] (1999), it was determined that study women had less sexual satisfaction than men, however Monga *et al.*^[14] (2004) did not observe a significant difference between men and women in terms of sexual satisfaction. Droszol and Skrzypulec, it was found that the rate of sexual dysfunction was 17.5% in infertile women while it was 12.1% in fertile women.^[15] In the study of Gulec *et al.*^[16] (2011), it was reported that there were fewer sexual complaints in the women in the infertility group compared to the women in the control group. In another study that included 100 infertile Iranian women, 93% of the women reported sexual dysfunction and the most common disorder was sexual arousal disorder.^[17] In our study, it was determined that the diagnosis of infertility increased the sexual problems in the majority of women (seven women) and women also experienced physical and psychological problems while four women did not have any problems with sexuality. It is considered cultural differences may play a role in the differences in findings about the relationship between infertility and sexual dysfunction. In addition, it can be suggested that infertility increases sexual problems in most women.^[11,14-23]

CONCLUSION

This study provides important evidence regarding sexual experiences of infertile women. In conclusion, it was found that the diagnosis of infertility was adversely affecting sexuality and the women experienced more sexual problems after being diagnosed with infertility.

These findings suggest that the diagnosis of infertility is an important factor in assessing the differences in the sexual satisfaction of women. In infertility counseling, health professionals must explain the gender differences. Also, infertile couples must encourage to share each other's feelings and this may help couples to cope with the communication problems they may experience. It is recommended that this study be repeated in other parts of Turkey. In addition, this study may be beneficial as a guide to further studies that could be conducted with larger communities.

Limitations

This is a significant study examining the effects of sexual experiences by infertile women on female sexual dysfunction in Turkey. In addition, it is thought that it

will make an important contribution to the literature in terms of determining sexual experiences, which have been studied very little in infertile women. Our study has several limitations. This study has whilst small sample sizes. The small sample sizes are appropriate for qualitative research. But it is possible the sample here does not reflect the experiences of all women infertile. Also, during the study, data were collected via personal statements. Our findings of the study only belong to the region where it is executed and cannot be generalized to Turkey.

Ethical approval

The Private Test Tube Baby Center gave permission to carry out the research. Before the meetings were held, the researchers informed the participants about the purpose, duration, and practical benefits of the study, and the written consent of each participant were obtained. We kept the information of women confidential and gave them the opportunity to withdraw from the study whenever they wished.

Consent to participate

All participants provided written consent for participation.

Consent for publication

All participants provided oral consent to publication.

Availability of data and material

The data used in this study are not publicly available.

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Conflicts of interest

There are no conflicts of interest.

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