

# A study on motivating factors for affinity towards ayurveda treatment and treatment seeking behaviour in infertility

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## Abstract

Infertility is a global health issue, affecting approximately 8-10% couples. With increasing prevalence of condition management protocols are also developing and modifying day by day. In present scenario it had been noticed that most of the couples are searching for ayurveda management for their infertility problem. This study was designed to identify the causes behind infertility and to find out the motivating factors which turns patients towards ayurveda treatment. The survey was carried out with 100 females suffering from infertility. Data was collected by distributing a questioner after obtaining consent. 95% of patients present to the ayurveda clinic after following allopathic treatment and ovulation factor (42%) and the male factor (26%) were the most frequent causative factors. Disappointment with the previous treatment, the successful treatment of a friend at the ayurveda clinic and financial constraints were the motivation factors which caused affinity towards ayurveda treatment for infertility.

## Introduction

Fertility is a global health issue, affecting approximately 8-10% couples [1]. A global review of infertility from the word fertility survey and others estimated similar rates of infertility in other settings in South Asia such as 4% in Bangladesh, 6% in Nepal, 5% in Pakistan and 4% in Sri Lanka [2]. One estimate of overall primary and secondary infertility in South Asia, on the basis of women at the end of their reproductive lives in the age group 45-49 years, suggests an infertility rate of approximately 10% - 8% in India, 10% in Pakistan, 11% in Sri Lanka 12% in Nepal and 15% in Bangladesh [3].

With increasing prevalence of the condition, management protocols are also developing and modifying day by day. Assisted reproductive techniques have developed through vast areas include *in vitro* fertilization (IVF), Gamete Intra Fallopian Transfer (GIFT), Micro-Assisted Fertilization (MAF) etc [4]. In present scenario with all these developed techniques it had been noticed

that most of the couples are searching for ayurveda management for their infertility problem than previously. They are of different age limits, social backgrounds, educational levels and ethnicities. The treatment seeking behaviour of patients in ayurvedic clinics seems to be interesting and unique for the discipline. No studies have been conducted in Sri Lanka to describe the motivating factors for affinity towards ayurveda treatment for infertility or their treatment seeking behaviour. So this study designed to find out the motivating factors which turns patients towards ayurveda and to study the treatment seeking behaviour which would be beneficial for the ayurveda physicians and researchers who work on same discipline to develop effective and reliable treatment regimen for specific infertility problems.

## Materials and Methods

The survey was carried out on 100 females suffering from infertility who attended the Sthree roga (Gynecology) clinic at the Outpatient Department of Ayurveda Teaching Hospital, Colombo, in the duration of 6 months, February to June 2012. All patients who attended for infertility treatment were taken in to the study irrespective to their age, socio economic status and cause of infertility in order to ensure a study sample which broadly represents the diverse population served by the clinic.

Data was collected by presenting a descriptive close ended questioner. Questions were focused on the demographic data; data related to infertility, health seeking practices and motivating factors towards ayurveda treatment. Written consent was obtained from every person before participating in the study. All interviews were held at the Hospital, prior to the women consulting the physician, women were interviewed without their partners. The interviews were held in Sinhala and translated in to English. Collected data are converted to percentages and presented in the tables and discussed in the discussion.

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## Observation and results

**Table 1: Demographic characteristics**

Demographic data	Number of patients	%
Age – (31 to 40 years)	58	58%
Education – GCE (O/L) and above	75	75%
Religion – (Buddhist)	91	91%
Social background – (middle class)	93	93%

Study group was distributed between 24 to 49 years of age. Among them 58% were at the range of 31 to 40 years. Women educated up to GCE (O/L), GCE (A/L) or Graduate is collectively 75%. When considering the religion and social background maximum are Buddhists 91% and 93% are of middle class social background.

**Table 2: Data related to infertility**

Infertility data	Number of patients	%
Type of infertility (Primary)	95	95%
Duration (02 -04 years)	54	54%
Course of infertility		
Ovulation failure	42	42%
Male factor	26	26%
History of treatment (Allopathic)	95	95%

Out of 100 participants 95% are of primary infertility and 54% of women suffered from the problem of infertility for 02-04 years. Among the causes of infertility ovulation failure and male factor infertility were the commonest. It was revealed that 95% of the study population had a history of allopathic treatment.

**Table 3: Reasons for giving up allopathic treatment**

Reason	Number of patients	%
Poor response to treatment	32	32%
Fear of surgery	18	18%
Financial constrain	36	36%
Other	14	14%

As 95% of patients with the history of allopathic treatment, reasons for terminating treatment was studied. It was found that majority 36% stop the treatment due to financial constrain.

**Table 4: Expected duration of treatment**

Duration	Number of patients	%
≤ 01 month	04	04%
2-6 months	39	39%
6-12 months	50	50%
≥ 1 year	07	07%

It was noted that 50% of the study sample was enthusiastic to take treatment for the duration of 6 to 12 months. Only 07% of women expected to continue more than 01 year.

**Table 5: Motivating factors towards ayurveda treatment (n=100)**

Motivating factors	Number of patients	%
Success of friends after treatment	54	54%
Belief in Ayurveda	17	17%
Popularity through media	21	21%
Just to try	08	08%

## Discussion

Infertility is a widely expanding specialty with much research being carried out in different settings. Most studies carried out in Sri Lanka on infertility have focused on modern treatment facilities and there outcomes. This study was aimed at evaluating the reasons for affinity towards ayurveda treatment and treatment seeking behaviour of patients in ayurvedic clinics. The study population consists of 100 women who presented to gynecology clinic of Ayurveda Teaching Hospital, Borella for infertility treatment. In order to ensure a study cover diverse population served by the clinic, information were selected from first 100 patients without randomization.

**Demographic data** – Age of the study population was distributed from 21 years to 49 years, and 58% was between 31 to 40 years (Table 1). Most probable explanation for this could be that women get married in their late 20s or 30s [5] and turns to ayurveda clinic after spending some time on allopathic remedies (Table 2). From the 100 women, 47% are with tertiary level education and 34% with secondary education (as per the data), collectively around 75% of patients are educated at least up to G.C.E. (A/L). Maximum number of patients (93%) are of middle socio economic background and 42% are employed. These data give an idea to the physician to find out their ability to understand the given instructions and affordability of them. The 91% of them are Buddhist and it is somewhat higher than the normal prevalence of the society [6]. Relationship

between Ayurveda and Buddhism might be one of the reasons for this.

**Data related to infertility** – The 95% of women present to the clinic with primary infertility (Table 2). None of the informants of the secondary infertility group had more than one child. As per the normal prevalence percentage of primary infertility is around 40% and secondary 60% in developing countries [7]. High prevalence in this study proves high expectation in primary infertility group. This study shows that ovulatory dysfunction and male factor infertility is evident in over half of the patient population (Table 2). As per the studies it has been established that ovarian factor and the male factor of the infertility contribute 35-40% and 20-25% respectively [8]. A possible explanation for this higher rate in our study could be most of the patients come to ayurvedic treatment after failure from the allopathic treatment.

All the causes behind the infertility includes male factor, ovarian factor, tubal factor, cervical factor, fibroids, PID and Endometriosis [9] were demonstrated from the study population. It gives the clue that ayurveda researchers and physicians should take serious attention on every aspect of infertility and develop reliable mode of treatment for the particular field.

**Treatment seeking behaviour** – According to data 95% of patients present to the ayurveda clinic after following allopathic treatment (Table 2). It shows that their first choice on this issue is not the ayurveda. When tracing the reasons for giving up previous treatments (Table 3) it had revealed that poor response of the treatment was with 32% of patients, and ovulation dysfunction and the male factor were the course of infertility. Some women who had previously received specialist infertility care in the private health sector turns to the Clinic due to financial constrains (36%). The 18% of women discontinued treatment due to fear for the surgical interventions including laparoscopy, cystectomy, myomectomy, tube reconstructions, etc (Table 3). Other than the data shown it was observed in most of the couple's, women appeared to have taken the initiative to access health care almost in all instances, although several husbands accompany them to the clinic. Most women had sought medical help from an environment they were familiar with: government hospitals, private practitioners or specialists of the field. Only very few women had tried to obtain information on physicians or clinics with special expertise and had then arranged to be referred accordingly. Women's expectations regarding the duration of infertility treatment were considered and as per the data most of the women (94%) expected to be pregnant within 01 year. Very few (7%) were prepared to continue treatment for more than one year (Table 4).

**Motivating factors which turn patients towards ayurveda treatment** – These findings highlight several important factors that are likely to influence women towards ayurveda infertility treatment. The reason why these

women attended the Ayurvedic Clinic at Borella Hospital includes disappointment with the previous treatment, the successful treatment of a friend at the Clinic, popularity through media and belief in ayurveda. Many were motivated by the success of their relatives or friends who attended the clinic (54%) (Table 5). Information provided by the media (21%) seems to play major role in motivating society towards ayurveda. It shows the importance of quantitative and quality of information available in the media. Other infertility services also need to take cognizance of alternative treatment facilities like ayurveda.

## Conclusion

Demographic data proves women between 31-40 years, Buddhist, educated at least up to G.C.E. (O/L), with middle socio economic background and employed were the most motivated towards ayurveda infertility treatment. At the study on motivating factors and treatment seeking behaviours of infertility, it had been identified that majority of women turn to ayurveda after following allopathic treatment. Out of them ovulation failure and male factor were the most common causes which could not be overcome by the previous treatment. Attention should be taken to reduce the treatment duration as majority of women expect to follow treatment for less than one year. Among several motivating factors news of success of the infertility treatment at the clinic was influenced by the previous patients.

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