

The Lived Experience of Women Undergoing In-Vitro Fertilization at Saint Paul Hospital
Millennium Medical Colleges Center for Fertility and Reproductive Medicine, Addis Ababa

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This is to declare that the thesis conducted by Eyerusalem Teklu Araya titled The Lived Experience of Women Undergoing In-vitro Fertilization treatments at Saint Paul Hospital Millennium Medical Colleges Center for Fertility and Reproductive Medicine, Addis Ababa: and submitted in partial fulfillment of the Requirement for Degree of Masters of Social Work was Conducted Following the rules and Regulation Put in Place by the University and Has Not Been Presented Anywhere else.

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Acronyms and Abbreviations

ART- Assisted Reproductive Technologies

CDC - Center for Disease Control

FINRRAGE - Feminists International Network of Resistance to Reproductive and Genetic Engineering

LH- Leuteinizing Hormone

OHSS- Ovarian Hyper Stimulation Syndrome

WHO- World Health Organization

Abstract

The study aimed to explore the lived experience of women receiving In-vitro fertilization treatments, at Saint Paul hospital millennium medical colleges center for fertility and reproductive medicine, Addis Ababa. The researcher conducted a cross-sectional qualitative research with a phenomenological approach. purposive sampling method was used to select participants and data was collected through interactive interviews. 8 women who have undergone at least one cycle of in-vitro fertilization were interviewed. Semi-structured interview guide was prepared to conduct the interview. The collected data was analyzed through thematic analysis. The study found that women lived through different psychological states such as stress, depression and had feelings of hope while undergoing in-vitro fertilization. It is also the finding of the study that women faced challenges such as physical pain, uncertainty, time , heavy financial cost and inadequate psychological preparation while undergoing the treatment. Another finding of the study is that women had coping mechanisms that kept them going through the above mentioned challenges. The study stresses implications for research, practice and policy all derived from the finding of the study.

Key Words

In-vitro Fertilization, lived experience, women

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1. Chapter One: Introduction

1.1 Background

Infertility is defined by the WHO (2019) as the inability of couples who engage in unprotected sex, and are not using any method of contraception and this still fails to result in pregnancy within a year. Depending on the presence or absence of previous pregnancy, infertility has been classified in to two as primary and secondary infertility.

Primary infertility means never having achieved pregnancy, while secondary infertility is when women are unable to achieve pregnancy now, but in the past were able to achieve pregnancy and delivered an infant without utilizing fertility treatments. Resolved infertility, which is another concept of infertility, is a situation where natural pregnancy happens for the couple after a year of trying, without using medical help (CDC 2014).

The cause of infertility in couples could be male or female. According to Lewis (2007) male factor infertility constitutes 40% of cases; similarly female factor infertility is responsible for 40%. The remaining 20% is caused by unexplained infertility. Even though the causes and prevalence of infertility is different from one place to another, the WHO has defined it to be a global problem, and estimates that 10% of women are affected, and infertility was found to be present in one out of 4 couples living in the developing world(WHO,2019).

Treatment for infertility differs according to the cause. One of the treatments is In-vitro fertilization, a treatment modality that has been developing for the past forty years. A discovery made by Dr. Robert G. Edwards, In-vitro fertilization has been credited for taking infertility treatments to another level. And for that he has been awarded the Nobel Prize for Physiology in 2010(The Nobel Assembly at Karolinska institute, 2010).

These treatment modalities have made getting treatments easier, which wasn't the case in the past. Hoog, (2010) infertile couples were made to seek alternative methods of treatment because of lack of scientific methods.

As American Society for Reproductive Medicine specified "IVF is a method of assisted reproduction in which a man's sperm and a woman's eggs are combined outside of the body in a laboratory dish. One or more fertilized eggs (*embryos*) may be transferred into the woman's uterus, where they may implant in the uterine lining and develop" (American society of medicine, 2018, P.1).

In-vitro fertilization has helped plenty of couples around the world reproduce, yet the success of the treatments is dependent on many factors including the age of the woman, the previous reproductive history, such as whether or not they were able to deliver a live birth and the underlying cause of infertility (Ibrahim., et al, 2011). In the case of America the report of the Center of Disease Control shows that the chances of a successful treatment cycle that leads to delivery of a child is 20% for those younger than 35. The number gets lower and lower as the age of the women goes up (CDC, 2014).

Even though no researches were conducted on the matter of in-vitro fertilization in Ethiopia, studies conducted on infertility have shown the impact it has on couples and women. Ashenafi Hailemariam (1990) conducted a study that found out infertility was understood as payback for committed sins and was seen as a justified cause for divorce. Another study conducted in Ethiopia shows the impact a diagnosis of infertility has on women. Akalewold Mekonnen (2017) found out that women in infertile couples tend to feel uncomfortable around other women and their small children; their stress is exaggerated when they partake in occasions involving family members.

Another study conducted in Ethiopia by Demile Abate (2018) on the outcomes of fertility inducing drugs, found out that adherence was a major problem amongst those seeking infertility treatments. This was partly due to lack of patience when the treatments fail to achieve result in a short period of time.

The studies in Ethiopia on infertility and advanced treatment modalities only go this far. The success rates, outcomes and impacts of advanced treatment modalities haven't been the topic of study in our setting. This could be because advanced treatment modalities in Ethiopia have only recently become available.

The opening of the first government owned Center for Fertility and Reproductive Medicine, by Saint Paul Hospital Millennium Medical College (SPHMMC), has slightly increased the accessibility of ART services. This is the only government owned center where infertile couples are getting ART treatments (Mekonen Teshome, 2019). It has been up and running for almost a year and has on the 14th of January, 2020 celebrated the birth of the first child conceived at the center (SPHMMC, 2020).

The study was conducted at the Saint Paul Hospital Millennium Medical Colleges center for fertility and reproductive medicine (SPHMMC). This is the only government owned institution in the country that has been providing services since it opened in 2019. Studying the lived experience of women undergoing in-vitro fertilization will help understand the process the women go through, it helps identify gaps in service provision and helps to bridge the gap between service providers and clients. Women planning to start the treatment will also be better prepared for the journey. This study will help the institution better understand the psychosocial needs of the clients and it will show gaps in the service provision that need to be filled. The study

will also show a potential practice area for social workers to better explore and engage in fertility centers.

1.2 Statement of the problem

Different aspects of in-vitro fertilization have been the focus of many studies conducted in the developed world. Bolvin and Takefman (1996) conducted a study on the impact of in-vitro fertilization process on emotional, physical and rational variables; this study found out in-vitro fertilization caused stress and strained social relationship of women. Another study conducted in Taiwan on the Psychological health of women who have conceived using assisted reproductive technology, stated that Feelings of stress and anxiety might persist after, this should be understood by health care professionals dealing with mothers who were able to conceive through in-vitro fertilization (Huang et al, 2019). Another study conducted on psychological consequences of in-vitro fertilization by Malina and Pooley (2017) found out that Women also tend to be very protective of their children conceived through in-vitro fertilization.

Studies conducted on in-vitro fertilization from a feminist approach showed that the decision to seek treatments like in-vitro fertilization are socially coerced “Anti fertility and Pro fertility technologies are two sides of the same coin; they share a common purpose of attempting to control population quantity and quality through controlling women’s reproductive capacities”(FINRRAGE, 2016).

Klein (1990) conducted a study on in-vitro fertilization a question of feminist ethics and showed women tend to be blamed for the failure of in-vitro fertilization treatments, and are made to feel as a problem. Ha’lelyon (2010) conducted a study on the psychological needs of women undergoing in-vitro fertilization and discussed saying women tend to pay highest cost during IVF treatments. This study mentions three different aspect of infertility that requires different coping

skills. The first one is the body. Never mind the cause of infertility, the female body is the subject to many medical interventions. Women also tend to be reminded of what they are unable to do (reproduce without assistance) because women are recognized for their abilities to reproduce, failing to do so make them doubt their identity. And because of this women are said to experience stress and are often seen avoiding social occasions that involve small children. The need for emotional coping is another factor; women undergoing IVF have to deal with everything starting from the pain caused by the procedures, to the grief when the treatment fails.

Studies conducted in Ethiopia are focused on infertility and its impact and little is known about the advanced treatments of infertility. Ashenafi Hailemariam (1999, p.42) conducted a study on the impact of infertility and found out that, some infertile women felt as if their infertility was Gods way of punishing them for all the sins they have committed, while others felt as if it was associated with evil spirits. Demile Abate (2018) conducted a study on the outcomes of fertility inducing drugs, and found out that adherence was a major problem amongst those seeking infertility treatments. The researches in Ethiopia go as far as studying fertility inducing drugs and none have been conducted on advanced treatment modalities for infertility including in-vitro fertilization.

Even though the impact of infertility was studied abroad and it was shown to have heavy psychological impact on couples and women, the experience of women undergoing in-vitro fertilization and other ARTs haven't been researched in Ethiopia. I believe the studies conducted elsewhere only viewed specific aspects of the treatment process and don't give due attention to the general experience of women undergoing in-vitro fertilization. The scarcity of the treatment, and the undocumented social awareness and attitude towards infertility and Assisted reproductive technologies will affect the experience of the women. Thereby, disqualifying the

findings of the other researches from being expressive of the Ethiopian context, Ethiopian women haven't been able to share their story when it comes to what it takes to undergo in-vitro fertilization.

The lack of availability of the treatment could be mentioned as a possible cause why it wasn't the focus of researchers in the past, but now ARTs and in-vitro fertilization are available and unexplored territories where researches could be conducted on the experience of men going through in-vitro fertilization, the impact it has on couples and the success rates and long term effect of in-vitro fertilization.

This is why I saw a need to explore and narrow the existing literature gap by studying the lived experience of women undergoing in-vitro fertilization. Therefore this study is dedicated to exploring the lived experience of women receiving in-vitro fertilization treatments, it will show the impact the process has on Ethiopian women and highlight the challenges they faced while receiving treatment.

1.3 Research questions

1.3.1 General research question

1. What is the lived experience of women undergoing in-vitro fertilization at Saint Paul Millennium medical hospitals center for fertility and reproductive medicine.

1.3.2 Specific research questions

1. How do female clients describe the process of undergoing in-vitro fertilization at Saint Paul Hospital Millennium Medical Colleges Center for Fertility and Reproductive Medicine?

2. How do Female clients at Saint Paul Hospital Millennium Medical Colleges Center for Fertility and Reproductive Medicine describe the challenges of undergoing in-vitro fertilization if any ? and what are the coping mechanisms?

3. How do Female IVF clients describe the psychosocial services they received from Saint Paul Hospital Millennium Medical Colleges Center for Fertility and Reproductive Medicine?

1.4 Objective

1.4.1 General objectives

The general objective of this study is to explore and understand the lived experience of women undergoing in-vitro fertilization at Saint Paul Hospital Millennium Medical Colleges Center for Fertility and Reproductive Medicine in Addis Ababa.

1.4.2 Specific Objectives

- ❖ To understand the lived experience of women undergoing In-vitro fertilization
- ❖ To understand and explore the challenges and coping mechanisms while undergoing in-vitro fertilization
- ❖ To explore the kinds of psychosocial services provided to women receiving IVF treatments

1.5 Significance of the study

The research attempted to narrow the literature gap around in-vitro fertilization and how it impacts the women receiving such treatments in Ethiopia. The study aimed to understand the experience of women undergoing in-vitro fertilization and brought into focus the psychological

states women go through through-out the process. The study also described the challenges women face while undergoing in-vitro fertilization, hopefully the findings of this study can be used to assist women through the entire in-vitro fertilization process and minimize the negative experiences.

The studies also brought into focus the psychosocial services received by the women undergoing in-vitro fertilization. Hopefully, the findings of this study will be used as evidence to show for the need of better organized psychosocial service. The study found out there were gaps in the provision of psychosocial services, and the researcher hopes that these findings can point to the fact that an organized social work unit can fill these gaps. thereby benefiting the institution and the clients through the process of in-vitro fertilization.

In addition to this the findings of this research can be used by women who are looking to start in-vitro fertilization, they can use the findings of this study as a guide on what to expect when starting treatment.

1.6 Scope and Delimitations of the Study

The study is conducted at. Saint Paul Hospital Millennium Medical College's, Center for Fertility and Reproductive Medicine, Addis Ababa, Ethiopia. In order to conduct a feasible study and achieve the above mentioned objectives, the scope is limited to Saint Paul Hospital Millennium Medical Colleges Center for Fertility and Reproductive Medicine in Addis Ababa. Samples were selected from women currently undergoing in-vitro fertilization treatment at the center. The study is focused on exploring the experience of women and didn't give any consideration to the men who are going through the process of in-vitro fertilization.

Chapter Two: Literature review

This chapter will examine infertility along with its cause and treatment modalities. The psychosocial impacts of infertility will also be mentioned followed by a discussion on in-vitro fertilization and its psychosocial impact on women, and highlight the views and opinions of different groups on in-vitro fertilization.

2.1 Natural Reproduction

If we are going to understand infertility and the different treatment modalities, we must first have a clear understanding about how natural reproduction takes place. In order for unassisted reproduction to take place, a mature egg is released from the ovaries with the help of the hormones released by the pituitary gland. The hormone called luteinizing hormone (LH) is responsible for facilitating the release of the mature egg. The egg then goes into the fallopian tube where fertilization habitually happens. There must of course be sexual intercourse that leads to ejaculation of sperm into the vagina of an ovulating female; traveling through the different structures requires sperm motility. Once the egg is fertilized, it then goes down to the uterine lining to start growth and development there (American society for reproductive medicine, 2018).

2.2 Infertility

In many cultures, marriage and fertility are endorsed and expected. Most couples having unprotected sex will be able to conceive within 12 months, hence infertility is determined if and when couples who don't use contraception and are having unprotected sex fail to get pregnant within a year (Lewis, 2007).

Even though the causes and prevalence of infertility is different from one place to another, the WHO has defined it to be a global problem, and estimates that 10% of women are affected, and infertility was found to be present in one out of 4 couples living in the developing world (WHO, 2019).

2.2.1 Causes

Even though infertility is a problem of both sexes, often women get the short end of the stick. In discussing the causes of infertility, (Lewis 2007) gives both males and females an equal 40% and the remaining 20% accounts for unexplained infertility. While discussing the causes of male infertility, she states that endocrine factors can be one of the causes, leading to derangement of levels of necessary hormones. The cause of male infertility can also be testicular in nature; this encompasses a variety of abnormalities that can affect sperm count and morphology. Male factor infertility can also be caused by post testicular causes that are problems associated with ejaculation, but the most common cause of male infertility is said to be varicocele, which is an enlargement of the veins within the scrotum causing decreased production and quality of sperm.

Female causes of Infertility can be categorized as “ovulation disorders, uterine abnormalities, tubal obstruction, and peritoneal factors. Cervical factors are also thought to play a minor role” (Lindsey and Vitrikas, 2015, p.309).

2.2.2 Treatment Modalities

Treatment for infertility comes after physical evaluations and laboratory investigations, and depends on the specific cause of infertility. Male infertility treatments vary according to the cause of the infertility. Medication might be administered for infertility caused by hormonal

derangements. While surgical correction might be indicated if the cause is found to be varicocele or obstruction of the vas deferens. These have been shown to improve chances of sperm ejaculation. ART is also an option of treatment for male infertility of unknown etiology (Lewis, 2007).

Infertility treatment for women is also dependent on the underlying cause. Those who suffer from anovulatory conditions can benefit from lifestyle changes and administration of Per os (P.O.) medications. Ovulation induction is another treatment modality (Lindsay and Vitrikas, 2015). Women who are diagnosed with tubal factors might benefit from diagnostic and therapeutic surgical procedures like Hysterosalpingography (HSG) that examines the form of the uterus and the form and patency of the fallopian tubes, and Laparoscopy and dye insufflation. That will reveal the presence of infections and tubal blockage (Ibrahim et al., 2011).

2.3 Psychosocial impacts of infertility

We are all taught to marry and reproduce at a young age. Which is probably why infertile couples often view their status as a tragedy and this ends up causing psychological, social and economic problems (Sundby, 1997; Leonard, 2002; Tangwa, 2002; Tabong and Adongo, 2013 as cited by Demile Abate 2018 p.4). This is especially true for women. Women are understood and accepted for their reproductive abilities, and in instances where they are unable to reproduce, they pay psychological and social costs. This has been recognized and has been the focus of some studies conducted in Ethiopia and abroad. Ashenafi Hailemariam (1999) conducted a study that found out infertile women associated their inability to conceive with punishment from God.

Akalewold Mekonnen (2017) conducted a study in Addis Ababa, which found out that infertility in women was associated with evil spirits and witch craft. Older infertile women were understood as being able to trade children's lives so they can live longer. As a result, they are unable to make physical contact with children in the community, and faced physical assault if they attended public gatherings

As one of the most religious countries in the world Ethiopians have serious views on fertility. The studies I have mentioned above show that a diagnosis of infertility has serious impacts on women and couples in Ethiopia. Its public opinion that couples seek treatment in different religious and cultural healing sites for infertility. This includes going to churches to be healed through holy water and cultural healers. There are specific religious sites dedicated to helping infertile women with conception, unfortunately there is little research conducted on the matter and this area is also an under researched are and can end up generating interesting facts about infertility and religious and cultural treatment modalities.

Studies conducted in other African counties also bear the same result Afolabi(2017) stated that the psychological impacts of infertility are much higher on women. He mentioned that women experience self-stigmatization and social isolation, in addition to insecurity fear and other psychological issues.

A study conducted in Nigeria also showed similar results about the perception of infertility. The study found out that there was a large belief that some women were involved with witchcraft, and surprisingly even medical professionals that took part in the study shared the same beliefs. Because of this, the husband has the right to ask the women to leave, whenever the

couple was unable to have children (Okonofua et al., 1997). Proving that, women are automatically blamed for the inability of the couple to conceive.

This is again supported by the finding of another study conducted in Kenya. The female respondents of the study, who were diagnosed with unexplained infertility, were afraid that their husbands will leave them because of it (Odek et al., 2014).

Another study depicted the profound psychological effect of infertility on women as follows “For a woman, childlessness is associated with infertility (functionality disorder), loss of control (my body rebelling against my will), psychological void (unfulfilled maternal instinct), feeling outcast from female community, feeling worthless, loneliness (lack of emotional support of the child).....For a man, childlessness is associated with failure to impregnate a woman (weak functioning of manhood), psychological void (unfulfilled paternal instinct), loneliness (in old age)”(Hocaoglu, 2018, p.3).

2.4 Assisted Reproductive Technologies

This is an umbrella term that encompasses a variety of treatment modalities including in-vitro fertilization. All Assisted reproductive technologies are associated with the handling of oocytes outside of the female body. Meaning the egg from the female and the sperm from the male is collected and fertilization occurs in a laboratory. ART does not include medication taken by women to increase egg production and treatment modalities in which only the sperm is handled (CDC, 2014)

2.4.1 In-Vitro Fertilization (IVF)

In-vitro fertilization is a treatment modality that has been developing for the past forty years. A discovery made by Dr. Robert G. Edwards, In-vitro fertilization has been credited for

taking infertility treatments to another level. And for that he has been awarded the Nobel Prize for Physiology in 2010 (The Nobel Assembly at Karolinska institute, 2010).

In-vitro means in glass, which is where the sperm and the egg were combined initially. Through the work of Dr Robert the first child conceived through IVF was born in 1978 and millions of children have been born after. In vitro fertilization is when the sperm and the egg meet outside of the body, in a laboratory dish and after the eggs are fertilized they are again planted into the uterine lining where they can develop and grow (American Society for Reproductive Medicine 2018).

The in-vitro fertilization treatment is composed of different stages. The stages are controlled stimulation with drugs administered to the ovaries, transvaginal oocyte aspiration from the ovaries under ultrasound guidance, fertilization, and transfer of the embryo to the uterus where it develops to maturity (Urfalioğlu, 2016 p.841)

The stimulation with drugs is done by administration of fertility medications, which are injectable gonadotropins. The purpose of these drugs is to increase egg production, the greater the number of eggs the greater the chances of having developed eggs that could fertilize, increasing the chances of success. In order to follow the results, a transvaginal ultrasound and blood tests that show hormonal levels are conducted (American Pregnancy Association, 2019).

Then comes egg retrieval. Matthews (2010) mentions that egg retrieval are conducted by “inserting a long hollow needle into the ovary through the wall of the vagina under ultrasound guidance. An in-vitro fertilization doctor and a team of nurses perform this procedure, when the needle punctures a follicle, suction is applied and the fluid containing the egg is drained from the follicle and handed to the embryologist. The embryologist then identifies and isolates the eggs from the fluid during the egg collection, the male partner usually stays in the recovery area or

produces his sperm sample, after the retrieval, the woman should take it easy and not go to work or do anything strenuous.” (p.70).

After fertilization in the lab the embryo transfer is conducted. Usually day 2-4 after retrieval of the eggs, the embryos are packed into a catheter and planted in the uterus. The more embryos transferred the greater the chances of pregnancy. This also increases the chances of one of the complications of the treatment which is multiple pregnancies. Couples and women who have gone through these steps are expected to look for the symptoms of pregnancy (American Pregnancy Association, 2019).

2.4.2 Prognostic Factors

The success rate is dependent on multiple factors, maternal age being one. Older women tend to have less ovarian reserve, a determining factor on its own; this can decrease their chances of pregnancy. The reproductive history of the women is another determinant as mentioned earlier. Those who were able to achieve pregnancy and live births have a better chance of success with in-vitro fertilization than those who have never given birth. Smoking is also a factor that can decrease the success rates of IVF treatment. (Ibrahim et al., 2011).

2.4.3 Complications of In-vitro fertilization

The complications of IVF can be multiple gestation, ectopic pregnancy, ovarian hyper stimulation syndrome and congenital abnormalities.

2.4.3.1 Multiple Pregnancies

Like almost every diagnostic or therapeutic medical procedure, in-vitro fertilization also has complications of its own. The most common complication is multiple gestations (pregnancy).

Transfer of multiple embryos into the uterus increases the chances of getting pregnant, that also increases the chances of multiple pregnancies by default. The age of the mother also plays a role in development of multiple gestation, younger women are at an increased risk. Multiple gestations often lead to preterm delivery, congenital anomalies and twin-twin transfusion syndrome. It also puts the mother at risk of hypertensive disorders of pregnancy. Younger women are at an increased risk. In-vitro fertilization increases the chances of multiple pregnancies by 10 folds (Lewis, 2007, p.186).

2.4.3.2 Ovarian Hyper Stimulation Syndrome

This is another complication of the treatment caused by an exaggerated response of the ovaries to the gonadotropin spur. The syndrome can be mild, moderate or severe. Symptoms can range from mild discomfort to more severe cases needing hospitalization. The manifestations of the syndrome are associated with the cause. There is fluid shift from the intravascular space and this leads to accumulation of fluid in the abdominal cavity, which can interfere with breathing. It can also cause hypovolemia and an increased heart rate as a result. The enlargement of the ovaries leads to feeling of discomfort. In the most severe cases it can lead to renal failure (Gautam, 2010).

2.4.3.3 Ectopic Pregnancy

This is another complication of in-vitro fertilization. Women who have gotten IVF treatments are at an increased risk of ectopic pregnancy meaning pregnancy outside of the uterus. Internal bleeding, infections and vascular injuries are also complications of in-vitro fertilization.

2.4.3.4 Fetal Risks

In vitro fertilization does not only pose risks to the mother, studies show that the fetus might also be at risk of birth defects

“There are currently a number of studies suggesting an increased risk of birth defects in babies conceived after IVF. In cases where IVF and ICSI has been performed for a severe male factor, a several-fold increase was found in spontaneous anomalies of the sex and autosomal chromosomes and an increased risk of inherited chromosomal defects...What remains to be determined is whether it is the IVF procedure itself or whether the increased risk is due to the infertility population undergoing treatment. Certainly ongoing research is required to better investigate the true fetal risks associated with ART outcome. Appropriate counseling of couples regarding the potential for risk associated with ART is recommended.” (Lewis,2007,p.187). Meaning infants conceived through a successful IVF cycle might be at an increased risk for congenital anomalies and birth defects.

2.5 Controversial issues on IVF

The introduction of in-vitro fertilization was welcomed with opposing views. Some were all for it, while others were not impressed. Different religious groups have differing views on IVF and this has been the focus of studies of different scholars (Sallam and sallam 2016, Rev.Opoku and Rev. Addi-Menshah,2014).

2.5.1 Religions and IVF

Sallam and Sallam (2016) conducted a study that compares the acceptance of IVF across many religions. The study discusses saying that the Jewish religion accepts most of the components of IVF. The Jewish's profound belief in fertility overlooks some of the procedures, while some procedures are received differently within the religion. Sperm and oocyte donations are not agreed upon. Some Rabis permit donations as long as the sperm donor is not Jewish, some Rabis don't accept it. But, because a child born to a Jewish mother is considered to be Jewish, oocyte donation is not accepted by many. Still, there are some who accept these procedures. The ejaculation of sperm is another topic of argument in the Jewish religion, for it is not allowed to spill the seed. But then again, some of the religious leader permits this, as long as the end goal is reproduction. Overall IVF treatments are well accepted in the Jewish community.

Rev.Opoku and Rev, Addi-mensah,(2014) conducted a study which shows that the Catholic Church has strong opposing views on IVF. The church believes the course of IVF undermines the process of conception, and opens the door for doctors and others interested to meddle in the process of reproduction. The Catholic Church also highly opposes the reduction and freezing of embryos, the church recognizes embryos as humans with souls and disagrees with using of embryos for research and disposing of them. Another part of the IVF that is not welcomed by the Catholic Church is masturbation for sperm collection. The church encourages adoption as an option to infertility.

The religion of Islam is also receptive to some aspects of IVF treatments. The religion accepts the treatment of infertile couples, but does not accept involvement of donors and artificial insemination. When it comes to embryo reduction, the religion permits it and when the chances of carrying the embryos to term and delivering of the infants is low (Schenker, 2005,).

The Eastern Greek orthodox churches accept treatment modalities for infertility except IVF and other ARTs (Sallam and Sallam, 2016).

2.5.2 Feminists view on In-vitro Fertilization

In-vitro fertilization is not well received by some feminists; this has led to the formation of organizations such as FINRRAGE (Feminists International Network of Resistance to Reproductive and Genetic Engineering). These feminists view these reproductive technologies as reinstating the necessity of fulfilling the socially defined reproductive role of women, they argue the following way, “Anti fertility and Pro fertility technologies are two sides of the same coin; they share a common purpose of attempting to control population quantity and quality through controlling women’s reproductive capacities” (FINRRAGE, 2016).

Multiple researches were conducted on the treatment from a feminist perspective. Williams (1990) a feminist researcher, conducted a study that was able to find that couples decision to seek in-vitro fertilization treatments were also socially coerced, and in addition to wanting to reproduce, it had to do with the fulfilling of social roles. Showing that, the need for reproduction is also influenced by the social roles assigned to genders and couples.

St Peter (1989) another feminist researcher argued saying that women are terrorized by the probability of sterility and oversold on the success of in-vitro fertilization, and the societal conditioning of women to feel as if child rearing is the goal, pushes them to seek the often expensive and dangerous treatment modalities.

Scutt (1992) Argued saying that, feminists questioning of choice when it comes to ARTs does not intend to take away the women’s abilities but only arises from the recognition of power differentials in play. This shows that feminists believe that women are somewhat manipulated

into starting and sticking to treatment modalities like in-vitro fertilization. In addition to this another feminist researcher found out that, women tend to be blamed for the failure of in-vitro fertilization treatments, and are made to feel like it is their problem (Klein. 1990).

2.6 Psychosocial Impact of in-vitro fertilization

There is no question that a diagnosis of infertility is a cause for stress and other psychological problems, the addition to invasive and repetitive medical procedures can make that worse, especially for women. Studies conducted around the world have concluded saying that there is a high social and psychological impact experienced by those receiving treatment (Donarelli et al., 2016, Ha'lylon, 2010). A study conducted to assess the relationship between psychological stress and impact on ovarian response, and was not limited to women, shows that infertile couples experience moderate to high levels of stress during oocyte retrieval (Donarelli et al., 2016).

In a study conducted in Israel (Ha'lelyon, 2010) discussed how women tend to pay highest cost during IVF treatments. This study mentions three different aspect of infertility that requires different coping skills. The first one is the body. Never mind the cause of infertility, the female body is the subject to many medical interventions. Women also tend to be reminded of what they are unable to do (reproduce without assistance) because women are recognized for their abilities to reproduce, failing to do so make them doubt their identity. And because of this women are said to experience stress and are often seen avoiding social occasions that involve small children. The need for emotional coping is another factor; women undergoing IVF have to deal with everything starting from the pain caused by the procedures, to the grief when the treatment fails.

IVF treatments demand a lot from women. Klerk (2008) “A very private aspect of their lives, namely reproduction, becomes medicalised. As a result of this process, feelings of depersonalization can emerge. Women may feel they are not a person anymore, but feel as if they are being reduced to body parts instead. Even after successful treatment, women retrospectively describe infertility treatment as being physically and emotionally painful, while some women even reported feeling ‘hurt’ or ‘damaged’”(p.15). This shows that women undergoing IVF have an antagonistic psychological experience whilst undergoing the IVF treatments. Another study conducted in Canada showed that women undergoing IVF experience stress and their social relationships are also strained (Boivin and Takefman, 1996).

Huang et al.,(2019) In their conducted study, concluded that feelings of anxiety and stress are present even after a successful in-vitro fertilization cycle, and hence professionals need to be sensitive while handling mothers who have conceived through in-vitro fertilization.

Malina and Pooley (2017) mentioned mothers who conceive through in-vitro fertilization are to be more protective of their children. They experience fear about the survival of the child, this shows that the procedures influence the behaviors of parents, which will in turn have an effect on the development of the child. This can point to the fact that in-vitro fertilization treatments may have a long lasting psychological effect on the mother.

2.7 In-vitro fertilization and Psychosocial Services

The complicated arrays of problems that follow a diagnosis of infertility require support and understanding. The treatment centers are the best place for provision of psychosocial support. In discussing the importance of provision of counseling to those undergoing treatments

a researcher states “Fertility counseling offered by psychologists and mental health professionals working within and/or consulting with a fertility clinic may help to improve the infertility experience for couples undergoing treatment. In particular, mental health treatment can assist patients in addressing infertility-related distress, managing stressors, enhancing coping techniques, addressing social concerns, improving communication between partners, and exploring the personal impact infertility has upon reaching life goals” (Esselstrom, 2014, p.53). Showing that provision of psychosocial services can help clients address and prevent problems throughout the process.

The findings of another research also points to the fact that women need psychosocial support throughout the treatment process. Landbloom (2016) conducted a study on providers’ perspectives on the need for support for infertile women throughout the treatment process. And the findings show that, the study participants agreed on the need to provide support to women, and the participants highlighted the fact that women need to feel like they are not alone, and it’s important to address the negative feelings experienced by women throughout the treatment process.

Stark et al., (2011) discuss infertility and counseling in three different phases. The early phase, usually following the diagnosis. is often concerned with making assessments, counselors are expected to ask detailed questions about the couples sex life, reproductive values and more. This is also where the counselors educate the couple on reproductive health, sexual dysfunctions and the presence of ARTs. The middle phase, often accompanied by complex psychological and social problems due to the failed attempts at conception, is better handled with narrative

counseling. This is where each member of the couple narrates their feelings and thoughts in front of each other. This opens doors for the couple to understand each other's perspectives. In the late phase, addresses issues of the couple after the treatments are over. Often helping couples accept infertility or exploring feelings of post-partum depression.

Social workers are amongst the professionals that can provide women and couples the support they need. In discussing the social workers role in in-vitro fertilization, Needleman (1987) states that social worker partake in service provision, in fertility center in 5 ways. The first role of social workers is patient orientation. Amongst the other professionals, social workers should also participate in patient orientation and inform couples and women of the potential stress they will encounter through the treatment process. Needleman states that social workers are also able to perform psychosocial evaluations. The evaluations are said to identify potential strengths and weaknesses that might affect coping with stress. The third role discussed by the author is supportive counseling; this is done at every stage of the treatment process. The social worker is supposed to provide counseling after major procedures. The social worker is also supposed to provide grief counseling if and when an IVF cycle fails. Presenting option to couple with failed IVF cycles is the 4th role discussed by Needleman. Adoption, trying IVF again or leaving childless are potential option discussed by the social worker. The final role for the social worker in fertility centers is coordinating and leading support groups.

The National Association for Perinatal Social Workers (NAPSW, 1992) have identified standards for social work service in infertility treatment centers offering assisted reproductive technologies and the use of Donor gamets. The standards were revised in 2007, and state that social workers should have a written plan on how to provide services, and actively engage

throughout the treatment process. The association states that social workers should involve in crisis intervention, case work, referral and other services in the centers.

3. Chapter three: Research Methods

This research explored the lived experience of women undergoing In-vitro fertilization. The study area of the research, sampling technique, sample size, data collecting methods, data analysis, quality assurance, and ethical consideration are discussed in this chapter.

3.1 Research design

The research followed a cross sectional qualitative research design. It is a phenomenological study in its approach. The research studied the; lived experience of the research participants. “Understanding the lived experiences marks phenomenology as a philosophy as well as a method, and the procedure involves studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning (Moustakas, 1994 as cited by Creswell, 2009 p.30). The lived experience of women undergoing in-vitro fertilization is the focus of the study.

3.2 Study setting

The research was conducted at Saint Paul Hospital Millennium Medical Colleges Center for fertility and reproductive medicine, which is the only governmental fertility clinic in the country. The hospital was established by Emperor Haile Selassie in 1968. And through a declaration of the Council of Ministers in 2010, it was reestablished to become the institution it is now. The hospital provides health care services and trainings to professionals in different clinical departments (SPHMMC, 2019).

The hospital opened a center for fertility and reproductive medicine on April 2019, It has been up and running for 3 years and has celebrated the birth of the first child conceived at the center on 14th January, 2020 (SPHMMC, 2020).

Contact was made with two professionals that work at the center. The professionals were both Anesthetists and they would inform me on when I should go to the center to find participants, specific dates were selected. The data was collected from willing participants in an office at the center. Proper care was taken to maintain distance and both the participant and the researcher were wearing face mask throughout the interview.

3.3 Selection of Research Participants

For the purpose of conducting this research a non-probability sampling method was used. Study participants were selected through purposive sampling methods.

Inclusion criteria:-All women who are willing to participate and are able to speak Amharic and have undergone at least one treatment cycle of ovulation induction, egg retrieval and embryo transfer at the institution, with or without a positive outcome were eligible for the study.

3.4 Sample Size

Qualitative researches relies on the fewer number of research participants. More specifically, phenomenological study designs use very limited number of samples as the focus is to explore more data in depth for instance Morse (2000,p5) argues as follows “If, on the other hand one is doing a phenomenological study and interviewing one person many times, one has a large amount of data for each participant and therefore needs fewer participants in the study (perhaps only 6-10). This study was conducted by collecting data from 8 women who have undergone at least one cycle of In-vitro fertilization at the center, interactive interviews that lasted 40 minutes were conducted with all the participants and data collection was stopped after data saturation was reached.

3.4 Data collection Methods

3.4.1 Instruments and procedures for Data collection

Of the four data collection methods in qualitative study mentioned by Creswell (2009) an interactive interview was used to collect data. In order to do this an in-depth interview guide was prepared. (See annex I). The questions were prepared basing the research questions, and are targeted at exploring the lived experience of women who are undergoing in-vitro fertilization at Saint Paul Hospital Millennium Medical Colleges Center for Fertility and Reproductive medicine. The questions are also targeted at exposing the provided psychosocial services. The researcher wrote the interview questions believing that they will be successful in answering the research questions.

An In-depth Interview guide was used, the guide was tested on two clients at the center. The interviews to test the data collection tool were conducted at the center and the data showed that quality data can be gotten from the semi-structured interview questions. The data collection process was done using tested semi structured interview guide prepared by the researcher. The interview was carried out in an office inside the center, safe distance was kept and masks were worn by both parties at all times. The Amharic language was used during data collection, participants were asked to clear up things that were confusing. Tape recorder and note-taking were used to collect the data from the participants.

The researcher conducted all the interviews. The data was recorded using a voice recorder and kept safe for translation and transcription. In addition, notes were taken to guide the flow of the interview and record some observations. An interview lasted up to 40 minutes. The researcher was the one to start the interview expressing thanks for their willingness to participate

in the study; notes were taken of the participants and used as additional evidence to support the findings.

3.5 Data Analysis

The data analysis was done simultaneously with data collection. Following the recommendations by Creswell (2009) gave for qualitative data analysis, the recorded audio tapes were repeatedly listened to and notes were reviewed. After listening to the audio, the audio was transcribed by the researcher, the transcription included, events that happened during the interview including pauses, cries and silences. A professional with adequate skill and experience in linguistics was hired to double check whether or not the translations were correct. The researcher's notes were also included in the transcription.

Following this process similar ideas were grouped together. The ideas formed 7 themes that were again categorized into similar ideas and ended up giving birth to 3 major themes, the psychological state of women undergoing in-vitro fertilization, the challenges of undergoing in-vitro fertilization and the coping mechanisms of women during in-vitro fertilization. After making sure all themes were categorized a final report was written up. The participants were given pseudonyms for data presentation.

3.6 Quality assurance

The data collection instrument was tested before data collection was started. Participants with differing causes of infertility and different educational backgrounds and life styles were selected and interviewed, note taking and selection of participants from different age groups and backgrounds. Consent was asked before conducting each interview, the researcher made sure the participants didn't feel coerced or uncomfortable. Participants were informed that they could ask

for clarification on questions they didn't comprehend. The researcher asked the same question in different context and wording to make sure the data was accurate.

The collected data was repeatedly listened to before and during transcription, the researcher made sure that no important points were missed. The data was kept in a safe place. The researcher made sure that the findings of the research were a direct reflection of the collected, transcribed and coded data.

3.7 Ethical consideration

Ethical clearance was obtained from the School of Social Work and from the IRB of Saint Paul Hospital Millennium Medical Colleges Center for Fertility and Reproductive Medicine. Each participant was asked for an informed consent before participating in the study. (See the consent form attached on annex II). They were briefed about the importance of the study and they were informed that all confidentiality measures will be maintained including removing personal identifiers throughout the study. The participants were informed that choosing to participate in the study or choosing not to do so had no impact on the treatment they were getting at the institution.

The participants of the study were informed that they could withdraw from the research whenever they felt like it. They were informed that the findings will be reported under pseudonyms and that the voice recording will be kept safe during analysis; and it will be destroyed whenever the study was completed. None of the participants were offered any sort of payment during data collection. The participants were informed about the possibility of the data being published. The researcher took precautionary measures to avoid causing psychological stress to clients during data collection, breaks were provided whenever participants asked for it.

3.8 Dissemination of the Study

The results of this study will be submitted to Addis Ababa University, School of Social Work. The findings will also be disseminated through publishing on local and international journals and presentations on scientific journals.

3.9 Challenges in the research process

Unfortunately for the researcher and the world, the pandemic hit right around the time the data collection process was about to start. Since the data is collected at a health facility and hospitals were stopping regular services in preparation for Covid 19 patients, the center was closed for about 3 months after the pandemic hit Addis Ababa. At this point I had to wait until the center was reopened and back to providing regular services before I could commence with data collection.

I was also informed from the leadership of the institution that my proposal would need to be re-evaluated by the IRB of the hospital and an ethical clearance given before I could commence with data collection, that was also time consuming. Once the data collection was started it was difficult to find willing participants and many kept changing their minds after initially agreeing to participate. This added to other personal challenges that I had to face during the past year were the challenge of the study.

4. Chapter Four: Data Presentation

In this chapter the findings of the data will be discussed. Three main themes were identified from the collected data. 1} The psychological states during in-vitro fertilization 2} The challenges of in-vitro fertilization 3} coping with in-vitro fertilization. The participants of the study were given pseudonyms in this data presentation.

Demography of research participants

pseudonyms	Age	Religion	Work	Married for	Cause for infertility M/F	Number of alive kids
Arsema	29	orthodox	Engineer	3 years	Female	0
kebebush	40	protestant	Housewife	10 years	Female	0
Neima	28	Muslim	Nurse	3 years	Male	0
Azeb	39	Orthodox	Civil servant	12 years	Female	0
Zeinb	38	Muslim	Housewife	8 years	Female	1
Kidist	35	protestant	Employeed	6 years	Female	0
Hiwot	45	Orthodox	Business owner	6 years	Female	0
Lemlem	35	Orthodox	Nurse	5 years	Female	0

The table shows the cause of infertility in the participants. It is mostly a female factor except one of the participants who is seeking treatment for male factor infertility; one of the participants has a secondary infertility meaning she has one alive child. The age of the participants ranges from 29-45 years of age. Participants were followers of orthodox, protestant and Islam religions, background and income levels of the participants were also different.

4.1 The psychological experience of women during In-vitro fertilization

The participants in the interview all expressed that they had experienced a variety of thoughts and emotions whilst undergoing in-vitro fertilization. Participants mentioned that the process of in-vitro fertilization alone was a cause for feelings of stress, depression and hopefulness to be experienced.

4.1.1 Stress

Stress was found to be a common experience amongst the participants in this study. All the participants in this study mentioned that they experienced stress at some point during their in-vitro fertilization treatment process, and they presented different reasons for the experienced and expressed stress. One participant shared her experience as follows

“You know the chances of pregnancy can be low; you are here spending money that you don’t have all because you can’t conceive naturally. I am always stressed. Coming here alone makes me feel depressed.”(Arsema, age 29)

The cause of the infertility whether it be male or female factor doesn’t seem to decrease the stress felt by the women undergoing in-vitro fertilization. A participant in this study who was unable to conceive because of male factor infertility, also expressed that she experienced intense

feelings of stress even though she was not the direct cause of the couples inability to reproduce.

She proves this point by stating

“I am always asking why Allah wants me to go through this (IVF) to have children. I usually can’t handle the stress I feel, I pray whenever I leave after a checkup or whenever I have to wait for results, it’s difficult. It should be easier for me because I’m a health care professional myself, but it’s very hard to think straight (Neima age 28)

The study also found that, when clients at the center meet other clients and share stories it increases the stress they experience instead of making them feel understood. Even though they share a common experience and are in almost the same position, the feelings of stress they experience is intensified when they compare results with other women.

“its hard While I was waiting for my laboratory results, I saw women who had a negative result after an embryo transfer and when I asked some told me that they were doing this for the second time. I can’t afford to do this again and again, and I don’t want to, I can’t go through the stress for the second time. If God doesn’t give me a child now, I will live without a child” (Azeb age 39)

The stress experienced by the women during in-vitro fertilization has an impact on their day to day lives. Arsema one of the participants in this study who is also working on her MSC at the time of the interviewed mentioned how the stress was affecting her ability to continue with school.

“I only have one egg, most of the other women with me have more than one egg, so if this fails, they can try again. This is one of the things that stress me out. I’m stressed, I too am doing my

masters in mechanical engineering but I can't even focus enough to collect the data for my research (Arsema, 29)

This study also found that the presence of one or more children doesn't seem to decrease the stress felt while undergoing in-vitro fertilization. The women in this study who were able to have children in the past but were unable to conceive again also shared that they experience high levels of stress during the treatment process. One of the participants in this study expressed this point as follows.

"Even though this happened after I had one child, it still makes me feel stressed why can't I have another one. I stress about how I will continue to live with my husband, I ask myself if he will re-marry? I ask if my child will ever have siblings." (Zeinab,38)

The causes of stress on women during in-vitro fertilization are plenty, the different kinds of medical procedures that women have to go through also play a major part in the stress experienced by the participants in this study. This is proved by the statement made by Hiwot

"The medications themselves cause you stress, you have to follow strict rules, you have to take injections. The medications are painful, but you can't complain. You read of what you shouldn't eat or how you should sleep just to be able to get pregnant..... there is no normal, everything is stressful" (Hiwot, 35)

4.1.2 Depression

The study also found that depression was a commonly experienced feeling in women who are undergoing in-vitro fertilization. The research participants in this study all mentioned that they have felt depression at one point or another during their in-vitro fertilization treatment.

One of the reasons participants in this study felt depressed is the process of conception in an artificial way. Even though they want children, the fact that this might be the only way of getting pregnant and having a family causes feelings of depression to be felt.

“I wish I could have children and I wish I could have the family that I want, but I can’t. I have to come here to get medications and try to conceive in an unnatural way. I experience depression when I think of this” (Kidist, 40)

This was also echoed by another research participant who described the process of in-vitro fertilization as an unusual way of conception. The participant discusses how this is a cause for depression.

“You see pregnant women and how their husbands are treating them, they are being spoiled, I get jealous. I have to pay to get help from doctors so I can try to get pregnant, It causes me to feel sad, depressed and like there is something wrong with me” (kebebush, 45).

while participants described the fact that in-vitro fertilization feels unnatural, the process itself is also mentioned by the participants as a cause for depression Azeb expresses how the long amount of time she had to wait almost made her give up *“I had to wait for a whole month before they contacted me, I tried not to miss any calls, but it was a month before they called me to come here to start the treatment process, I was depressed the whole time, and I almost gave up”*

Another part of the treatment process that has been mentioned as a cause for depression is waiting for the results. Even though most of the participants knew about the percentage of positive results after one in-vitro fertilization cycle, uncertain and negative results still caused

them to be depressed. Arsema who seemed pessimistic in order to stay prepared for bad news proved this when she said

“You get your results yourself; all the women you saw downstairs were waiting for their results, you see it in their eyes, I myself am sure that my result is probably negative. The doctor said it’s uncertain and that I need to get the investigation done again but I already feel depressed”

4.1.3 Hope

The study also found that women who were undergoing in-vitro fertilization experienced feelings of hope while undergoing treatment. The availability of the treatment itself has caused them to be a bit hopeful about the possibility of having children and creating the family that they want. The study found that feeling of hopefulness is something that they experienced at some point during the in-vitro fertilization cycle.

“I feel hope, I feel like God will help the doctors help me. They told me my eggs are good for my age, and I will follow every rule to do my part|” (Lemlem age 35)

Participants in the study mentioned that the treatment has been a source of hope. As women who have lived without a child for years. The starting of the treatment in the country and the process they went through made them feel hopeful.

“I have been married for 10 years and I haven’t been blessed by the presence of a child in my life. When I heard that this institution was opening I was more than happy, I waited for months till I got the turn to be evaluated and try my luck, and with God it will be successful this time”(kebebush.).

Even though in-vitro fertilization wasn't a familiar concept in Ethiopia, participants in this study were more than ready to start this unfamiliar treatment regimen and mentioned that it was a glimmer of hope in their lives.

"I have been getting treatment for over three months now, I failed to get pregnant the first time around and I came back again, I won't give up I will keep trying. As long as the doctors think I have a chance I won't give up hope" (Hiwot)

4.2 Challenges faced by women undergoing in-vitro fertilization

This study has found that undergoing in-vitro fertilization has challenges of its own. Women in this study mentioned different challenges they faced while undergoing in-vitro fertilization. Pain felt during the different medical procedures, the uncertainty of pregnancy after the procedures, the cost of procedures themselves and time are some of the mentioned challenges.

4.2.1 Pain

All the respondents in this study suggested that physical pain was a common part of the in-vitro fertilization cycle, and it made the process of in-vitro fertilization less enjoyable and more stressful. Because pain is a subjective experience, different parts of the treatment process including injections, egg retrieval and embryo transfer were parts of the treatment mentioned by the participants as being a cause for physical pain.

"The injections are hard to take, its repeated; plus its painful. Some women say that it hurts when they collect the eggs but I didn't really feel anything. The injections though were very painful and I suffered complications because of that" (Arsema)

This study also found that, participants in this study also experienced high levels of pain during the process of collecting the eggs from the female. A participant in this study mentioned that intense feelings of pain were experienced after egg retrieval. *“when they collect the eggs you are under anesthesia so there is no pain, but after you wake up, your stomach hurts a lot. It feels like a cramp (Hiwot).*

A participant in this study mentioned another part of the treatment process that was associated with discomfort and pain. During embryo transfer women are expected to drink lots of water and they are not allowed to urinate, a participant in this study expressed the discomfort she felt as follows.

“ I asked repeatedly if I could go to the bathroom to just urinate a little bit but they said no, I felt like I was going to burst, I couldn't sit or stand, I was afraid I would let it go when I got into the operation room, I didn't thank God but I remember the pain though” (Azeb)

4.2.2 Money

Even though this institution is a government owned institution and the prices are relatively lower than the prices at private institutions, all the participants of the study mentioned that the cost of the treatment were challenging.

“ its a lot of money, you have to make adjustments, you can't buy clothes or live a spoiled lifestyle, you have to save and cut costs to be able to afford to undergo the treatments” (Lemlem).

The cost of the IVF treatment seems to be more challenging to women who do not have their own income. The study found that such women needed to convince and ask their husbands for permission to undergo the treatment. This is further explained by the following quote.

“The first time I heard the cost of the treatment I was shocked. I am a housewife, I want to try my luck but I couldn’t say yes or no. I had to call my husband and ask him if we can afford to undergo the treatment, I was asked to prepare around 100,000 birr, thankfully he said yes, so I started the treatment (Kebebush).

The study also found that the cost of the treatment process was as challenging to working women as well. Participants in this study mentioned that affording the treatment was difficult and have depleted their savings. Kidist expressed this by stating *“I have spent everything I have, all my savings are gone and I have borrowed more money, but I will pay it back”*

Another working woman, who participated in the study explained how the cost of the treatment has affected aspects of her life, the usual activities she engaged in had to be minimized or cut in order for her to be able to afford the treatment.

“I am a civil servant you can guess how much money I could make, but you do what you have to, you don’t eat out with friends, you don’t go out, you save everything you can to afford it, if it’s successful it would be worth it, it’s a child”(Azeb)

4.2.3 Time

The participants in this study also mentioned that time was a big challenge during the process of in-vitro fertilization. From waiting for months to start the treatment, to needing frequent visits at the center women mentioned that time as a big challenge a participant in this study who has a job mentioned that her work was being affected by the time required to complete the treatment.

“ I myself am a healthcare professional, when I come here for follow ups and treatment I have to ask my boss for a leave, its okay once or twice but when its a lot of time, people don't understand”(Neima)

Time is also an important factor if one wants to see the Doctor of his/her choice; participants in this study stated that they usually have to get there extra early in order to be able to be seen by the doctor of their choice. *“If you get here a few minutes late and you miss your doctor, that's a whole day wasted, you have to wait until the next day”(kidist)*

After the embryo is transferred the women have to wait for up to two weeks before they could learn if they are pregnant or not. The treatment prohibits women from partaking in serious physical activities during this period.

“...the days stop moving, I have to stay still and think about how I may or may not be pregnant for days, I try to do everything I was told still time is your worst enemy when you are waiting for something that could change your life and you can't do anything to make the days go faster (Kidist)

4.2.4 Uncertainty

Women who undergo in-vitro fertilization and who were participants in this study mentioned that feelings of uncertainty made the process of in-vitro fertilization difficult to undergo. The participants mentioned that, the amount of money, time and effort put in during the treatment process, is for a pregnancy that may and may not happen.

“You read online, you ask women you meet here, and you ask yourself what are the chances that I will actually be successful? I am spending money I don’t have and going through all these procedures for something that might not happen”(Arsema)

There is very little assuring about the treatment process. The study found that women undergo different procedures relying on the maybes and probablys they hear from the medical professionals and they can never be prepared for what they hear.

“.....How can you know? You cant. They told me my chances are good the first time I did this and it failed, how can I believe that I will get pregnant this time around? I’m not sure, no one is sure . if you can trust anyone through the process its GOD “ (Hiwot)

The study also found that the uncertainty felt by women who are undergoing the treatment affected their abilities to discuss the treatment process with their friends and loved ones

“I don’t tell my friends what I am doing, I cant tell them I’m trying to conceive through treatment, and then what if it doesn’t happen? they will feel sad for me, I don’t want to talk to anyone about something that may not happen”(lemlem)

4.2.5 Inadequate psychological preparation and support

The women in the study mentioned that they weren’t adequately prepared for the treatment process. when they were asked about the kind of counseling services they receive, the answer was not enough. The participants mentioned experiencing complications because of the medications and that they were completely unaware of this.

“My whole body was swollen, I had ascites and I had no idea what it was. No one told me about it until I developed it..... I cant say I wasn't well prepared for this but it's because I spend a lot of time reading on the internet, not from what I was told here” (Arsema)

The study found that the counseling services they got at the center were brief and made them feel hopeful about their chances of getting pregnant. The study found that women had brief counseling sessions at the beginning of the treatment and they were made to cope through the rest of the process themselves.

“They told me my eggs were good for my age and that I had a good chance when I started the treatment, I was also told how much money I would need to prepare when I was about to start the treatment, other than that I ask women what they are doing when we meet at the waiting area and try to learn”(kebebush)

The participants in this study also mentioned that they do a lot of searches online in order to understand the things about the treatment they don't understand. Participants in this study mentioned they sometimes would follow rules they heard as rumors being circulated because they don't have a clear guidance on what to do and when.

“I had no idea some foods were restricted. I overheard another women ask the nurse if fish was allowed after an embryo transfer I couldn't hear what he responded but I haven't had fish after because I didn't want to risk it “(kidist)

The women also mentioned that there was no one who asked about their psychological states during visits and procedures. Whenever they felt feelings of fear and sadness they resorted to their own coping mechanisms instead of getting services at the center.

“ ofcourse I am afraid but I pray to God and try to keep going, I understand they don't have the time to explain everything and make me feel good. I have to let them do their job, I don't ask questions and I don't try to be problematic by expressing fear or stress “(kebekush)

4.3 Coping mechanisms of women undergoing in-vitro fertilization

The respondents in the study all had ways of coping with the process of trying to conceive a child through in vitro fertilization. This study found out that faith, leaning on loved ones, and exploring other options were all used as a way of coping with in-vitro fertilization and its results. Faith was the most commonly mentioned way of coping with the process and the results of the process. Women in this study turn to their faith and prayers whenever things get harder.

4.3.1 Faith

Regardless of differences in religion, women involved in this study were all dependent on their faith to get them through the difficult process of trying to conceive through in-vitro fertilization. The participants in this study all mentioned that their faith in God was one of the ways they deal with the challenges that they faced.

“I pray to Allah, I cry when I am making dua, I ask Allah to help me succeed and to give me a child. I feel better almost right away and I come here to continue the process” (Niema)

The study also found that women were ready to accept the results of their treatment. As it is the will of God. Participants in this study stated that they will accept the results of their treatment, because whatever happens is “written”.

"Its God's will. If this cycle doesn't produce positive results, I have decided to adopt or live childless. God gives children and if I haven't gotten one it's because it wasn't meant for me."(Azeb)

The study found that prayer and partaking in religious activities were ways the participants dealt with feelings of stress and emptiness that is associated with undergoing in-vitro fertilization and living without a child.

" I pray to the almighty to bless my marriage with another child. we both want children, we are here trying our best to get pregnant but our faith isn't in the technologies, it is in Allah" (zeinab)

4.3.2 Social support

Another finding of the study as a coping mechanism is relying on the support of loved ones. Participants in this study mentioned that when things get tough and the results aren't always as positive as they expect them to be, they lean on the support of loved ones to get them through the day. Even though the individuals and their relationships to the women were different still leaning on loved ones helps the women. *" I don't tell my friends about my issues with getting pregnant, but I talk to my mother, I ask her for advice on what I should do and how I should continue. She is always helpful and she prays for me "(lemlem)*

Another participant proves this point by discussing how she relies on her siblings to be there whenever she feels a certain way about the treatment process or her infertility. *"I tell my sister everything; she is always there, whenever I am done praying I go to her for advice"(Neima)*

Participants in this study also mentioned that their spouses serve as a main source of support during the journey. The study found all the participants in this study had their relationships with their partners strengthened throughout the treatment process.

” He hates it when I worry, we have been living without a child for so long that he doesn’t really care anymore, he never pressured me or threatened to leave, he is very caring and I go to him whenever I hear bad news here” (Kebedecch)

4.3.3 Exploring other options

The study found that the women were also preparing to find different ways to lead a life without a biological child. If their current cycle was to fail, and they couldn’t get pregnant, women in this study were ready to cope with the results by exploring other options. These were living without a child and adoption.

4.3.3.1 Living without a child

The study found out that a few of the participants in the study were preparing to live a life without a child if their chances of pregnancy were low with the current cycle of treatment.” *if this fails I won’t try again; me and my husband have already talked about it, we will live, just the two of us.(kebedech)*

Another participant in the study confirms this fact by discussing how long her marriage had gone without a child and if this fails she is prepared to accept the results and move on.

“I won’t try again. I almost gave up waiting for them to call me and if this cycle fails that’s it. I will live with my husband. we have already been married for 12 years, if it hasn’t been a problem until now it won’t be problem after this “(Azeb)

4.3.3.2 Adoption

Another one of the options mentioned by respondents in this study as a way to cope with the results is adoption. The study found that women undergoing the treatment cycle were prepared to adopt children and raise them as their own. The following quote can be seen as evidence to the above claim.

“this is it for me, if this cycle doesn’t work, I have decided to adopt as long as you raise it from the early days its almost your own child”(hiwot)

Another participant in this study also attested to this fact by saying “ just because I was not meant to give birth doesn’t mean I wasn’t meant to be a mother, there are a lot of children who need care , ill raise one of them”(Kidist)

4.4 Psychosocial services provided to clients

The study found that women receiving treatment at this center were getting counseling services at the beginning of their treatment process. The counseling session was led by either a general practioner or a nurse. Women mentioned that the session usually lasted about 10 minutes and women are told on how much money they need to prepare for the procedure, the chances of pregnancy for the specific woman and a mention on how the treatment process will go. The rest of the time receiving treatment women were offered no counseling services.

When I started the treatment process I was told a few things about the treatment process but It hasn’t helped much, I had to keep researching everything.(Arsema).

5. Chapter five: Discussion

This study explored the lived experience of women undergoing in-vitro fertilization, using a qualitative research method that had a phenomenological approach, themes were identified and findings discussed in the previous chapter. The following chapter aims to compare the findings of this research with the findings of other researchers conducted on the topic. Studies conducted in different parts of the world will be used.

5.1 The psychological experience of women undergoing IVF

This study found that stress was a very common experience in such women. Studies conducted in other parts of the world also found that stress is a common experience amongst women undergoing in-vitro fertilization. The findings of this research go together with the findings of a research conducted by (Donarell et al, 2016) that found out, that a diagnosis of infertility is a cause for stress and other psychological problems, the addition to invasive and repetitive medical procedures can make that worse.

Stress has been mentioned as part of in-vitro fertilization by the participants in this study. Waiting for laboratory results and taking injections during the first phases of in-vitro fertilization cycle were mentioned as procedures that cause stress. Similarly, Klerk (2008, p.15) mentions that women tend to feel like they are part of a medical intervention and unlike themselves when she discusses the psychological effects of in-vitro fertilization on women.

Even though the participants in this study were all women who have recently underwent a cycle of in-vitro fertilization and the results of that cycle was unknown, studies conducted show that positive results didn't alleviate the stress that accompanies in-vitro fertilization, this requires

special care to be taken while working with women who have conceived through (Huang et al 2019).

The current study found that the inability to conceive naturally causes feelings of sadness and depression this finding goes together with the finding of Ha'lelyon (2010) who conducted a study in Israel that had the same findings. The researcher found that depression was also a common experience amongst women who were undergoing in-vitro fertilization a study conducted by (Aimagambetova et al,2020) had findings that goes in accordance with the findings of the current research and mentioned that depression was present and 80 % of the participants were said to be on the verge of developing clinical depression.

This study found that women had feelings of hope of having a child while undergoing In vitro fertilization. A study conducted by Mosalanejad et al, 2014) has attested to the fact that feelings of hope were expressed by women undergoing in vitro fertilization when doing a research that focused on the decreasing and increasing factors of hope in women receiving treatment.

The study found that women were subject to pain during the different medical procedures one has to go through while undergoing In-vitro fertilization. Women felt pain during hormonal injections, oocyte retrieval and embryo transfer. This matches the findings of a study conducted by Ha'lelyon(2010) that found that women experienced different levels of pain during different procedures associated with In-vitro fertilization.

5.2 Challenges of undergoing IVF

The findings of the study state that finances or the cost of the procedures were a challenge to the women who were undergoing in vitro fertilization. Especially women who didn't have their own income needed to rely on the decision of the husband to start the treatment. This goes together with the study conducted by Farley & Natalie (2007) that also found that the cost of the treatment influences the decision of the women to seek the treatment.

5.3 Coping mechanisms during IVF

The study found that women who were undergoing in vitro fertilization had coping mechanisms, and faith was one of them. The study found that women relied on their religion and trusted God/Allah when it comes to the results of their treatment. This study found that even though the women are seeking assistance from manmade technologies to have children, they still believed God was the provider of children. Using religious coping strategies or faith as a coping mechanism was also a finding of a research conducted by (Roudsari, Allen, 2011).

Depending on social support was also a finding of this research. Women who participated in this study sought social support and used it as a coping mechanism during in-vitro fertilization. Other researches also attest to this fact. For instance, Rockliff et al. (2014) discussed how social support was found to decrease stress in women undergoing treatment

5.4 Psychosocial services provided for women undergoing IVF

The findings of the research showed that the women received very little counseling at the start of their treatment process. The findings of other researches show that a well-organized

psychosocial services need to be provided to women receiving in-vitro fertilization treatments. Esselstrom (2014, p.53) says “Fertility counseling offered by psychologists and mental health professionals working within and/or consulting with a fertility clinic may help to improve the infertility experience for couples undergoing treatment. In particular, mental health treatment can assist patients in addressing infertility-related distress, managing stressors, enhancing coping techniques, addressing social concerns, improving communication between partners, and exploring the personal impact infertility has upon reaching life goals”.

The study found that women had little psychosocial support from professionals at the center. This doesn't go in accordance with the findings of a research conducted by Landbloom (2016) that found out the fact that women need to feel like they are not alone, and it's important to address the negative feelings experienced by women throughout the treatment process. Proving that, women and couples should receive support throughout the treatment process.

The participants in this study were only counseled at the beginning of the study. The counseling was focused on the need to prepare financially and the chances of pregnancy or quality of eggs. This is negated by a finding of a research conducted by Stark, Keathely, Nelson (2011) discuss infertility and counseling in three different phases. The early phase, usually following the diagnosis. Is often concerned with making assessments, counselors are expected to ask detailed questions about the couples's sex life, reproductive values and more. This is also where the Counselors educate the couple on reproductive health, sexual dysfunctions and the presence of Assisted Reproductive Technologies (ARTs). The middle phase, often accompanied by complex psychological and social problems due to the failed attempts at conception, is better handled with narrative counseling. This is where each member of the couple narrates their feelings and thoughts in front of each other. This opens doors for the couple to understand each

other's perspectives. In the late phase, addresses issues of the couple after the treatments are over. Often helping couples accept infertility or exploring feelings of post-partum.

The need for a well-organized psychosocial support has been the finding and recommendation of many researches mentioned above, the provision of these services by social workers has also been well recognized and accepted, the current research found out that the little counseling was either given by nurses or doctors but Social workers are amongst the professionals that can provide women and couples the support they need. In discussing the social workers role in in-vitro fertilization, Needleman (1987) states that social worker partake in service provision, in fertility center in 5 ways. The first role of social workers is patient orientation. Amongst the other professionals, social workers should also participate in patient orientation and inform couples and women of the potential stress they will encounter through the treatment process.

Needleman (1987) states that social workers are also able to perform psychosocial evaluations. The evaluations are said to identify potential strengths and weaknesses that might affect coping with stress. The third role discussed by the author is supportive counseling; this is done at every stage of the treatment process. The social worker is supposed to provide counseling after major procedures. The social worker is also supposed to provide grief counseling if and when an IVF cycle fails. Presenting option to couple with failed IVF cycles is the 4th role discussed by Needleman. Adoption, trying IVF again or leaving childless are potential option discussed by the social worker. The final role for the social worker in fertility centers is coordinating and leading support groups. Contrary to this the findings of this research show that counseling services are provided by either doctors or nurses.

The National Association for Perinatal Social Workers (NAPSW, 1992) have identified standards for social work service in infertility treatment centers offering assisted reproductive technologies and the use of Donor gamets. The standards were revised in 2007, and state that social workers should have a written plan on how to provide services, and actively engage throughout the treatment process. The association states that social workers should involve in crisis intervention, case work, referral and other services in the centers. These guidelines can be used to provide services at the treatment center.

6 Chapter six: Conclusion and Social Work Implications

This chapter divided into two and aims to deal with giving a conclusive summery and also points to the implications of the research.

6.1 Conclusion

This phenomenological study tried to explain in detail the lived experience of women who are undergoing in-vitro fertilization. The study was conducted at Saint Paul Millinium Medical College's Center For Fertility and Reproductive Medicine and consisted of 8 participants in total.

The findings of this research indicate that the In vitro fertilization treatment process is a stress inducing process. Participants mentioned being unable to sleep and continuously wondering why they fail to conceive in a natural way. The cost of the treatment process is another stress inducing part of the treatment. Participants in the study who were employed mentioned that they had depleted their savings and had to cut costs to be able to afford the treatment. Women who were unemployed had to depend on their husbands to pay for the treatment.

Depression was also a finding of this research. Participants mentioned the treatment process can be depressing. Some mentioned that even going to the treatment center can be a cause for depression, other participants mentioned that waiting for laboratory results and comparing results with other women in the center caused feelings of depression to be experienced.

In between the feelings of stress and depression the study also found that women experienced feelings of hope. They were hopeful that this cycle would yield positive results and they will finally be able to experience pregnancy, child birth and finally have the family they were praying for. The in-vitro fertilization process can be painful. The study also found that women who were undergoing treatment had faced multiple challenges while in treatment. The study found that women experienced physical pain. The procedures associated with pain were different but they all mentioned that pain is a common experience.

The financial cost of the procedures are challenging to women undergoing in-vitro fertilization. Women mentioned having to cut costs, get loans from friends, deplete their savings in order to be able to afford one treatment cycle. The uncertainty that accompanies the process is something that many women have to look past in order to keep going with the treatment cycle.

In vitro fertilization can also be time consuming. The study found that the amount of time required by the treatment process posed a big challenge to working women. Weekly injections and checkups, and the need to rest for day after some procedures made it necessary for them to seek time off work.

Women who undergo in-vitro fertilization have different mechanisms of coping with the stress and challenges associated with it. Faith is mentioned as a way the women keep going through the difficult process of in-vitro fertilization. The study found out that women believed that the will of God will be done and they believe God will help the medical professionals and help them achieve their life long goal of becoming mothers.

Women also seek the support of their loved ones while undergoing in-vitro fertilization. Social support is found to be a coping mechanism by women who are undergoing in-vitro

fertilization. The study also found that exploring other options such as adoption and living without a child were mechanisms mentioned as coping strategies with their results.

The psychosocial services provided in the center are less than required. It is the finding of the study that women were counseled on how much money they would need to prepare and about the status of their fertility at the beginning of their treatment cycle. There were no counseling services received by the women through the following steps of the treatment process.

6.2 Implications

The findings of this research show that the in-vitro fertilization is a complex treatment process that has psychological, physical, financial impact on women. The women who are undergoing such treatments at the center are ill prepared for the process and received counseling but not enough for the experience they went through.

6.2.1 Implications to research

Since the technologies are new to our country, the area is barely explored. This research could serve as a guide for researches that can be conducted on the lived experience of men receiving treatment, the impact the treatment has on couples, the success rates of in-vitro fertilization in Ethiopia, children born through in-vitro fertilization and the experience of parents and children. The topic of in-vitro fertilization is an area barely understood and plenty of researches can be conducted before we can completely understand the process

6.2.2 Implications for Practice

Treatment centers for infertility can be a practice area for social workers, as discussed in the previous chapter in other countries social workers are actively involved in the ART centers and they provide counseling and referral services to women and couples getting treatment for infertility. There are guidelines for practice for social workers who work on infertility centers. That's not the case here the findings of this research have pointed to the fact that women received very little counseling at the beginning of treatment only, by either doctors or nurses when counseling should be provided in every step of the treatment process by a trained body.

Participants were ill prepared for the complications of the medication, had little knowledge on the treatment process and did whatever they heard from other women they meet at the center. This can be solved by establishing a Social Work unit that can provided counseling on every step and answer questions the women might have.

Since the women experience stress when they discuss results with others at the center, social workers can lead support groups and help women feel supported by the institution and each other throughout the process. support groups could be organized by the institution to help women through the process of in vitro fertilization, in the presence of a trained professional to mediate this group, women undergoing treatment at the center could feel more understood and like they are in the presence of people who understand.

Social workers can also work to allocate resources for women who cant afford to get the treatment for financial reasons. Social workers can also work with referring clients to adoption centers. It was the finding of the research that women intended to adopt if the current treatment

cycle failed social workers can work together with adoption centers and refers such clients. There is a wide practice area for social workers at the center.

6.2.3 Implication to policy/programs

It's important to recognize the need for psychosocial support during any kind of medical treatment, and the positive outcomes it will have. The same applies to centers for fertility treatments; the need for a social work unit should be recognized and put as a requirement at treatment centers. The standards put in place by the The National Association for Perinatal Social Workers (NAPSW, 1992) that dictates the standards for social work service in infertility treatment centers offering assisted reproductive technologies and the use of Donor gamets. The standards were revised in 2007 There is no reason these standards can't apply here. Social workers can provide counseling to couples who are planning to start the treatment and evaluate the mental status of clients in every step. Social workers can help clients at the center prepare for the unavoidable psychological and physical burden of in-vitro fertilization. Social workers can also provide counseling and referral services to those who are seeking to cope with negative results of their cycle.

6.2.4 Implication to Social Work Education

The findings of this can be used as an indicator for potential practice area for social work students in the health concentration; this would require both theoretical knowledge and practice. Infertility centers can be used to place students of the health concentration to practice social work, there by familiarizing them with the different departments within health care institutions that social work can be practiced in.

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Annex

Interview Guide for In-depth interview with IVF clients at Saint Paul's Hospital Millennium

Back ground information

1. How old are you?
2. Where do you live?
3. Are you married? How long?
4. What religion do you practice?
5. What is your employment status and income?
6. How long have you been receiving treatments for infertility?
7. Do you know what the cause of your inability to conceive is? (Female Factor , Male factor) If yes please tell me?

Experience receiving in-vitro fertilization treatment

1. How would you describe your experience getting in-vitro fertilization services at the center
2. How was it to go through the different medical procedures? Please describe it in detail?
3. What did you need to be able to go through the process of in-vitro fertilization at the center
4. How are your feelings about the in-vitro fertilization process now?
5. How prepared were you to start the process
6. What kinds of psychosocial services have you received at the center

የቃለ መጠይቅ ቅፅ

ይህ የቃለ መጠይቅ ቅፅ የተዘጋጀው በIn-vitro የህክምና ማእከል ውስጥ ያሉ ሴት ተገልጋዮችን ስለ የህክምናው ሁኔታ እና እነርሱ ህክምና በሚያገኙበት ጊዜ የነበራቸውን ልምድ እንዲያካፍሉ የተዘጋጀ ነው

1. እድሜሽ ስንት ነው?

2. የት ነው ምትኖሪው?

3. ባለትዳር ነሽ? ስንት ጊዜሽ ነው በትዳር?

4. የምን ሀይማኖት ተከታይ ነሽ?

5. በምንድነው የምትተዳደሪው?

1. በዚህ ቦታ ህክምና ከጀመርሽ ስንት ጊዜሽ ነው?

2. የመፀነስ አለመቻልሽ ምክንያት ምን እደሆነ ታውቁዎለሽ?

3. በዚህ ቦታ ህክምና ስታገኝ የነበረበትን ጊዜ እንዴት ታይዋለሽ?

4. የህክምና ሂደቱን እንዴት እንደነበር አስታውሻኝ?

5. በዚህ ህክምና ቦታ ግልጋሎት ባገኘሽበት ጊዜ ምን ምን አስፈላጊነሽ ነበር?

6. ስለ ህክምና ሂደቱ ምን አይነት ስሜት አለሽ?

7. በዚህ ቦታ ህክምና ስታገኝ ምን አይነት የምክር አገልግሎሽ አግኝተሽ ነበር? ማነው የሰጠሽ?

8. አሁን ስታስቢ ህክምናውን ለመጀመር ምን ያህል ዝግጁ ነበርሽ?

Annex II

ፈቃደኝነት/ስምምነት መግለጫ አዲስ አበባ ዩኒቨርሲቲ የማህበራዊ ሳይንስ ትምህርት ክፍል

እኔ በአዲስ አበባ ዩኒቨርሲቲ በማህበራዊ አገልግሎት ትምህርት ክፍል፣ የመመረቂያ ጥናት እያደረኩ የምገኝ ሲሆን በዚህ ተቋም ህክምና የማግኘት ያለዎት ልምድ አስመልክቶ ጥያቄ ለመጠየቅ እፈልጋለሁ።

ቃለመጠይቁ ከ30-50 ደቂቃ ሊወስድ የሚችል ሲሆን የዚህ ጥናት ዋና አላማ የህክናው አሰጣጡ በሴቶች ላይ ያለውን ማህበራዊ፣አእምሮአዊ እንዲሁም ኢኮኖሚያዊ ጉዳቶችን ማወቅ ነው። ይህንን ማወቅ እውቀትን ከማስፋት ጀምሮ እስከ ግልጋሎት አሰጣጥ ማሻሻል ድረስ ይጠቅማል። የዚህ ዓይነት ውጤቶች በተለያዩ ቦታዎች ሊታይ ይችላል። የእርስዎ ማንነት ግን በፍጹም አይታወቅም። በዚህ ጥናት ላይ መሳተፍ በእርስዎ ፍላጎት ላይ የተመሠረተና ከጀመሩም በኋላ በማንኛውም ዓይነት ማቋረጥ እንደሚችሉ እንዲያውቁት እፈልጋለሁ። በዚህ ቦታ የሚያገኙትን ግልጋሎት በምንም መልኩ አያዘባውም ። ሁሉም የሚሰጧቸው ምላሾች ምስጢራዊነት የተጠበቁና የእርስዎን ማንነት አይገለጽም።

ፈቃደኛ ከሆኑ ፈቃድዎ በፊርማ ያረጋግጡልኝ።

እኔ ከዚህ በታች ስምምነቴን በፊርማዬ እያረጋገጥሁ፣የዚህ ጥናት አላማ በመረዳት በጥናቱ ላይ ለመሳተፍ የወሰንኩ መሆኔን አረጋግጣለሁ።

ፊርማ _____

Consent form

Addis Ababa University School of Social Work

I am working on my thesis at the School of Social Work; I would like to ask you a few questions about your experience with IVF treatments. The interview will take 30-50 Minutes of your time. The purpose of this study is to explore the psychosocial impact of IVF on women. This will broaden our understanding on the impact of the treatment on women and improve the service delivery. It will also introduce us to your unmet needs. Your participation is voluntary, you can refuse to answer questions and /or withdraw from the study at any time, and this will have no effect on the services you will get at the hospital. All your responses will be kept secret, and will not be linked to your identity. If you agree please sign below.

I the undersigned understand the purpose of the research and I make the informed decision to participate in the study

Sign _____