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YOUR HEALTH

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World Leprosy Day 2026: Why Awareness, Early Diagnosis and Treatment Matter

Dr. Khwaja Alim Ahmed
Hony. Editor, Your Health

Leprosy disease continues to be one of the most misunderstood health conditions globally, not because it cannot be treated, but because of the stigma and lack of awareness surrounding it. This makes awareness initiatives like World Leprosy Day essential in today's healthcare landscape, where education and early medical intervention can significantly improve outcomes.

In this blog, we explore what World Leprosy Day is, why it is observed worldwide, the World Leprosy Day date and theme for 2026, and the broader significance of World Leprosy Day.

Understanding World Leprosy Day

World Leprosy Day is an international health awareness day aimed at creating awareness for leprosy, eliminating stigma and promoting early diagnosis and treatment. Observed globally, World Leprosy Day is aimed at making communities aware that leprosy is a curable condition when diagnosed early enough and managed properly.

Through education and compassion, the awareness programmes for World Leprosy Day are significant in debunking the myths that have existed over the years and helping the affected seek proper-treatment.

World Leprosy Day Date and Observance

World Leprosy Day is observed on the last Sunday of January every year in most countries. In India, the date of the Anti-Leprosy Day is January 29 every year. The next World Leprosy Day will be celebrated on January 30, 2027, contributing a renewed focus on education, early diagnosis, and access to treatment.

In India, Leprosy Day in India is observed through nationwide initiatives led by healthcare institutions, government bodies, and non-profit organisations. These initiatives aim to reach communities where awareness remains limited and access to dermatological care is often delayed.

World Leprosy Day Theme 2026

The theme of World Leprosy Day in 2026 is enhancing awareness, encouraging early diagnosis, and removing stigma surrounding leprosy. The theme of World Leprosy Day is carefully selected every year to reflect the current health priorities and to reinforce the message that leprosy can be cured through early medical treatment.

Healthcare institutions, awareness groups, and medical practitioners use the World Leprosy Day theme as a guiding principle for community outreach. Theme-oriented campaigns are focussed on education and early screening, as well as encouraging people to consult specialists at the first sign of symptoms.

Significance of World Leprosy Day

By emphasising the importance of World Leprosy Day, healthcare providers and awareness campaigns are focused on changing the public perception of leprosy

from fear to understanding. The observance is crucial in educating society that leprosy is not a curse or a life sentence when treated in its early stages.

The significance of this day may be explained well by its broader objectives, which are conveyed through the organised awareness programmes:

- Creating awareness about leprosy in the community.
- Promoting early diagnosis to avoid chronic complications.
- Encouraging equitable access to quality leprosy treatment.

World Leprosy Day awareness campaigns help normalise conversations around leprosy and ensure that the affected individuals receive timely medical assistance without social exclusion.

Exploring Leprosy and Its Effect on the Body

Leprosy disease is a chronic infectious condition caused by Mycobacterium leprae, a slow-growing bacterium that primarily affects the skin, peripheral nerves, eyes, and lining of the nose. The condition develops gradually, and symptoms may take years to appear after exposure. When left untreated, leprosy can lead to nerve damage, loss of sensation, muscle weakness, and visible deformities. However, these complications are largely preventable with early leprosy treatment.

It is important to clarify that leprosy disease does not spread through casual contact.

Increasing leprosy awareness around these facts helps reduce stigma and encourages individuals to seek medical care without fear or hesitation.

Symptoms and Early Detection of Leprosy

Some of the most common early symptoms include changes in skin sensation and appearance. These symptoms should never be ignored, especially when they persist over time.

Early signs of leprosy disease may include the following, explained below through key indicators:

- Light or dark patches on the skin with reduced sensation
- Numbness or tingling in the hands, feet, or face
- Muscle weakness, particularly in the hands or feet

Recognising these signs early and consulting a specialist ensures timely leprosy treatment, reducing the risk of nerve damage and long-term disability. Promoting leprosy awareness at the community level plays a vital role in encouraging individuals to seek help at the earliest stage.

Leprosy Treatment and Medical Care

The standard approach to leprosy treatment involves multi-drug therapy, which combines antibiotics to eliminate the infection and prevent drug resistance. This treatment is safe, well-tolerated, and provided under medical supervision. Early initiation of leprosy treatment not only stops the progression of leprosy disease but also significantly reduces the risk of nerve damage and long-term disability.

Comprehensive care includes regular monitoring, nerve function assessment, and rehabilitation support when required. Increased leprosy awareness has resulted in more people seeking medical care at an early stage, which helps healthcare providers in managing the condition effectively and with compassion.

Conclusion

The observance of World Leprosy Day is a powerful reminder that leprosy disease is not a condition of the past but a health problem which still needs to be addressed with awareness and compassion.

From the Desk of Secretary

Someone Who Play Sports Have Fewer Health Issues

Youth sports participation significantly improves physical health, mental well-being, and social development. Engaging in regular activity builds strong muscles/bones, reduces chronic disease risk, and boosts self-esteem. Team sports foster mental health by lowering anxiety, increasing confidence, and building crucial life skills like teamwork and resilience.

Key health awareness benefits for youth through sports include:

- **Physical Health:** Regular activity strengthens the cardiovascular system, improves pulmonary function, and reduces the risk of obesity, hypertension, and diabetes.
- **Mental Well-being:** Sports reduce anxiety, depression, and stress while boosting self-esteem, confidence, and overall mental health.
- **Social & Personal Development:** Youth learn teamwork, leadership, discipline, fair play, and resilience, which are crucial for overcoming life's challenges.
- **Long-term Habits:** Early involvement in sports promotes a healthier, more active lifestyle into adulthood.

Prof. (Dr.) Sankar Sengupta
Hony. Secretary, Your Health

Strategies for Boosting Awareness:

- **Positive Environments:** Promoting safe, encouraging environments where coaches and parents emphasize effort over winning.
- **Comprehensive Programs:** Using sports-based initiatives for mental health awareness and social inclusion.
- **Holistic Growth:** Emphasizing that sports enhance not just physical prowess, but also cognitive skills and academic performance.

Guest Editorial

The Urgent Need for HPV Vaccination in India

Dr. Pallab Gangopadhyay
MBBS, DGO, MRCOG (UK)
Ex-Registrar, New Castle Deanery (UK)

As a practicing gynaecologist in India, I have had the difficult responsibility of diagnosing women with advanced cervical cancer—many of them young mothers in the prime. One case of cervical cancer damages the whole family. What makes these cases particularly heart-breaking is that cervical cancer is largely preventable. The key lies in timely vaccination against Human Papillomavirus (HPV), a common virus that silently infects millions and can lead to life-threatening cancers.

Understanding HPV:

HPV is a group of more than 100 related viruses, of which at least 14 are cancer-causing (high-risk types). In many cases HPV infection get cleared in many women. Infection with low grade HOV can cause genital warts in both male and female. Persistent infection with high-risk HPV types is the primary cause of cervical cancer. It is also associated with cancers of the anus, throat, penis, vulva, and vagina. It can cause penile or anal cancers in males.

In India, cervical cancer remains one of the leading causes of cancer-related deaths among women. According to global health estimates, India accounts for nearly one-fifth of the world's cervical cancer burden. Every year, thousands of women are diagnosed at advanced stages, often due to limited screening and lack of awareness.

Cervical Cancer: A Preventable Tragedy

Unlike many other cancers, cervical cancer develops slowly. It begins with precancerous changes in cervical cells caused by persistent HPV infection. These changes can take years to progress into invasive cancer. This long window provides an opportunity for prevention—either through regular screening by PAP smear or vaccination against high risk HPV.

Unfortunately, routine screening programs such as PAP smears are not universally accessible in India, particularly in rural and underserved areas. Social stigma, lack of awareness, and limited healthcare infrastructure further restrict early detection. This is where HPV vaccination becomes a powerful public health tool.

The HPV Vaccine: Safe and Effective

The HPV vaccine protects against the most common cancer-causing strains of the virus. Scientific evidence from across the world has shown that HPV vaccination significantly reduces the incidence of HPV infections, genital warts, and precancerous cervical lesions.

Countries that introduced nationwide HPV vaccination programs—such as Australia—have reported dramatic declines in HPV infections and cervical precancers. Australia is even on track to eliminate cervical cancer as a public health problem within the coming decades. India can achieve similar success if we act decisively.

The vaccine is most effective when administered before exposure to the virus, ideally between the ages of 9 and 14 years. However, benefit is evidenced upto age 40 in preventing the development to cancer.. It is safe, with side effects typically limited to mild pain at the injection site or low-grade fever. Extensive

research and global monitoring have confirmed its safety profile.

Why India Needs Widespread HPV Vaccination

India's demographic profile, with a large adolescent population, presents both a challenge and an opportunity. By vaccinating young girls—and increasingly boys—we can prevent future generations from suffering from HPV-related diseases.

Several barriers currently limit vaccine uptake in India:

Lack of awareness among parents and adolescents

Cultural taboos surrounding discussions of sexual health

Concerns about safety and cost

Limited access in rural areas

Encouragingly, the Government of India has begun incorporating HPV vaccination into public health initiatives, and indigenous vaccines have made it more affordable. However, widespread implementation and sustained awareness campaigns are essential.

Vaccinating Boys: An Important Step

While cervical cancer affects women, HPV infection is not limited by gender. Boys can transmit the virus and are themselves at risk of HPV-related cancers. Vaccinating boys not only protects them directly from genital warts and penile or anal cancers but also strengthens community immunity, reducing overall virus circulation.

A Call to Action

As healthcare providers, we must educate families about the importance of HPV vaccination. Schools, community leaders, and media platforms should help normalize conversations about preventive health. Policymakers must ensure equitable access across urban and rural India.

Cervical cancer should no longer be a silent killer in our country. We have the knowledge, the tools, and the opportunity to prevent it. The HPV vaccine is not merely an injection—it is a shield that can save thousands of lives every year.

As a gynaecologist, I firmly believe that the need of the hour in India is not just treatment for cancer, but prevention. However, doctors from all speciality and family general practitioners must be convinced about the effectiveness of HPV Vaccine. HPV vaccination represents one of the most powerful preventive strategies available to us. The time to act is now.

Socio Behavioural Changes during the Adolescent Period

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Adolescence is a transformative period where the brain undergoes significant structural and functional reorganization, leading to profound socio-behavioural changes. These changes are largely driven by a developmental "mismatch" or imbalance model between the early-maturing emotional (limbic) system and the late-maturing control (prefrontal) system.

Core Socio-Behavioural Changes

Heightened Social Salience & Peer Orientation: Adolescents shift their primary social focus from family to peers. Peer approval becomes a powerful motivator, often overriding rational decision-making, especially in "hot" (emotionally charged) contexts.

Increased Risk-Taking & Sensation-Seeking: A surge in dopamine activity in the reward system (nucleus accumbens) drives a desire for novel and intense experiences. This often peaks around age 15 before gradually declining.

Identity Exploration & Independence: Adolescents actively work to establish an independent identity, often experimenting with different clothing styles, music, and social groups.

Emotional Volatility: Hormonal surges and brain restructuring lead to frequent and intense mood swings.

Adolescents may transition through emotional states more rapidly than children or adults.

Development of Abstract Reasoning: Moving beyond "concrete" thinking, adolescents gain the ability to think about possibilities, test hypotheses, and develop their own moral compass and values.

Social Cognition & Perspective Taking: The ability to understand others' mental states (Theory of Mind) and take their emotional perspective continues to refine, though they may still misinterpret social cues like facial expressions.

Increased Self-Consciousness: Adolescents often feel like they are being watched by an "imaginary audience," leading to heightened self-consciousness and concern with their physical appearance.

Adolescence is often described as a "bridge" between childhood and adulthood. While the physical changes are obvious, the socio-behavioural shifts are driven by a massive "remodelling" of the brain—specifically the prefrontal cortex and the limbic system.

Here is a breakdown of the key changes during this period:

1. Shift from Family to Peer Importance

The most significant social change is the transition of the "emotional centre" from parents to friends.
Peer Influence: Adolescents seek validation and a sense of belonging within their social groups. This can lead to "peer pressure," but also provides vital emotional support.

Independence (Autonomy): There is a natural push for autonomy. This often manifests as increased privacy and a desire to make personal choices regarding clothing, hobbies, and friendships.

Conflict with Authority: As teens develop their own values, they may challenge parental or school rules, which is a normal part of establishing a separate identity.

2. Identity Formation

According to psychologist Erik Erikson, this stage is defined by Identity vs. Role Confusion.

Self-Discovery: Teens experiment with different "versions" of themselves (styles, music, social groups) to see what fits.

Abstract Thinking: They begin to think about the future, morality, and their place in the world.
Self-Consciousness: Many experience the "imaginary audience" phenomenon—the feeling that everyone is watching and judging their every move.

3. Emotional Volatility and Risk-Taking

The brain's emotional centre (the limbic system) matures faster than the part responsible for impulse control (the prefrontal cortex). This creates a "gap" in judgment.

Reward-Seeking: The adolescent brain is highly sensitive to dopamine, making risky behaviours (like reckless driving or substance experimentation) feel more rewarding.

Mood Swings: Hormonal changes combined with social stressors can lead to intense emotional highs and lows.

Egocentrism: While they are becoming more empathetic, teens can still be intensely focused on their own experiences and feelings.

4. Development of Social Cognition

As the brain matures, so does the ability to understand complex social dynamics.

Empathy: The capacity for perspective-taking increases, allowing for deeper, more intimate friendships.

Moral Reasoning: Teens move from "What's in it for me?" to "What is right for society?" or "What aligns with my values?"

Digital Socialization: In the modern era, a significant portion of socio-behavioural development happens online, impacting how they manage reputation and social cues.

Socio-behavioural changes in adolescent boys and girls (typically ages 10–19; driven by biological, cognitive, and social development)

Common changes in both boys and girls

1. Emotional changes

1. Mood swings and heightened emotional sensitivity
2. Increased self-consciousness and concern about appearance
3. Stronger feelings of identity confusion and self-exploration

2. Social changes

1. Greater importance of peer groups and friendships
2. Desire for independence from parents and authority figures
3. Increased influence of peers on attitudes, dress, and behaviour

3. Cognitive and behavioural changes

1. Improved abstract thinking and moral reasoning
2. Questioning of rules, traditions, and values
3. Experimentation and risk-taking behaviour
4. Development of personal beliefs, goals, and future aspirations

4. Relationship changes

1. Growing interest in romantic relationships
2. Increased need for privacy
3. Sensitivity to acceptance, rejection, and social status
4. Differences often observed between boys and girls

(These are general trends; individual variation is common.)

Adolescent boys

1. May express emotions through anger or withdrawal rather than verbal sharing
2. Often encouraged toward independence, assertiveness, and risk-taking
3. Peer approval may be linked to strength, competence, or dominance

4. Slower development of emotional articulation compared to girls

Adolescent girls

1. Tend to express emotions verbally and seek social support
2. Greater concern with relationships, social harmony, and peer approval
3. Higher vulnerability to anxiety, low self-esteem, and body image concerns
4. Often mature earlier emotionally and socially.

These changes are normal, though they may lead to conflict with parents or teachers as teenagers navigate this transitional phase.

Adolescents desire more freedom in decision-making, such as how they spend time, dress, and whom they socialize with. This often includes challenging parental authority.

Peer Influence & Social Focus: Friendships become paramount, with peers providing emotional support and influencing decisions.

There is a high susceptibility to peer pressure, impacting both behavior and self-esteem.

Search for Identity: Adolescents experiment with new behaviors, interests, and roles to understand themselves, often leading to a need for privacy.
Emotional Intensity & Mood Swings: Hormonal changes cause rapid emotional shifts, from high energy to low mood. They may feel heightened sensitivity to how others view them.

Risk-Taking Behaviors: A desire for novelty, combined with developing brain functions, can lead to impulsive actions and risk-taking.

Digital Integration: Increased usage of social media and technology influences social connections and self-perception.

Cognitive Development: Shifting from concrete to abstract thinking allows for more complex, independent reflection on social issues and identity.

'Careful parenting' during adolescence—often described as sensitively attuned or authoritative parenting—requires balancing a teenager's intense drive for independence with a steady, non-judgmental parental presence.
Effective strategies focus on three core pillars: positive engagement, open communication, and flexible boundary setting.

Successful Pregnancy Outcome in Severe Thrombocytopenia due to Hematological Bicytopenia

Introduction :

Bicytopenia, the reduction of two blood cell lines for example, red blood cells (RBC), white blood cells (WBC) or Platelets, is primarily caused by Bone marrow failure (BMF), nutritional deficiencies, severe infections or Drug-induced suppression. Common causes include Megaloblastic anemia, aplastic anemia, leukemia, sepsis, and splenomegaly. It is a frequent indicator of underlying hematological disorders or systemic illness.

Idiopathic Thrombocytopenia (ITP) is an autoimmune, non-contagious blood disorder characterized by a low platelet count, leading to easy bruising and bleeding. It occurs when the immune system mistakenly destroys platelets, often triggered by viral infections, other diseases, or medications. Treatment, including steroids or IVIG, is used when platelet counts are low to prevent serious bleeding, with a good prognosis for most patients.

Case report :

In a remarkable example of medical teamwork and dedication, doctors at Medical College and Hospital, Kolkata successfully managed a rare and life-threatening pregnancy complication, ensuring the safety of both mother and child. A 30-year-old primigravida at 37 weeks of gestation was admitted to the Medical College and Hospital, Kolkata on 31st January 2026 with bicytopenia under evaluation diagnosed in the third trimester of pregnancy.

The patient had previously been admitted for the same condition and had received conservative treatment. On 29th January 2026, the Department of Haematology suspected bone marrow fibrosis and planned further evaluation after delivery.

After admission, the patient received platelet transfusions and was managed conservatively. A haematology consultation was taken, and she was started on injection methylprednisolone (1 mg/kg/day) along with regular platelet and PRBC transfusions with 60gms of IVIG.

Dr. Partha Sarathi Mitra
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Department of Obstetrics and Gynecology,
Calcutta Medical College, Kolkata
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During hospitalization, the patient developed Severe Preeclampsia and was treated according to standard protocols using MgSO4, Zuspan regimen. However, due to uncontrolled blood pressure, a decision was taken to terminate the pregnancy in the interest of maternal safety.

Dr. Partha Sarathi Mitra, along with his residents Dr. Riya, Dr. Drishti and Dr. Sreya took all the risk to operate a Lower Segment Caesarean Section (LSCS) despite having a platelet count of 11000/cumm. During her hospital stay, she received a total of 24 units of Random Donor Platelets (RDP) and 6 units of Packed Red Blood Cells (PRBC).

Post-delivery, she was on platelet support (3–4 units daily) and has been kept under close observation and she recoverd beautifully.

On day 7 post-delivery, patient underwent a Bone marrow biopsy along with Peripheral blood smear

evaluation at IHTM, MCK. Both of which confirmed the diagnosis more likely to be Idiopathic Thrombocytopenic Purpura than Bicytopenia, which was previously diagnosed. After 6 weeks puerperium she was doing well without need for platelet transfusion, under follow up care under both Department of Obs Gynae and IHTM. The baby also was growing well without any sign, symptoms of Thrombocytopenia.

Conclusion :

Through coordinated efforts of the Obstetrics, Anaesthesia and Haematology department, the high-risk pregnancy with severe Thrombocytopenia with cent percent risk of uncontrollable hemorrhage during or after caesarian and post-partum hemorrhage (PPH) was managed successfully, ensuring the safety of both mother and child.

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Obstetrics and Anaesthesia team,
Calcutta Medical College and Hospital, Kolkata

Role of Oral GnRH Antagonists in Gynaecological Practice

Dr. Pallab Gangopadhyay
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In the evolving world of gynaecology, you will quickly realize that reproductive endocrinology is a dynamic and rapidly advancing field. One of the most exciting developments in recent years has been the emergence of oral Gonadotropin-Releasing Hormone (GnRH) antagonists. These agents are reshaping how we manage several common yet debilitating gynaecological conditions.

Today, I'd like you to think of GnRH modulation not just as a pharmacologic concept, but as a clinical tool that can dramatically improve a woman's quality of life.

Understanding the Physiology First

To appreciate the role of oral GnRH antagonists, you must first revisit the hypothalamic–pituitary–ovarian (HPO) axis. GnRH is secreted in a pulsatile fashion from the hypothalamus, stimulating the anterior pituitary to release LH and FSH. These gonadotropins, in turn, regulate ovarian estrogen and progesterone production.

Traditional therapies such as GnRH agonists (e.g., Leuprolide) initially cause a flare effect before suppressing the axis through receptor downregulation. While effective, they often require injections and may induce profound hypoestrogenic side effects.

Oral GnRH antagonists, however, directly block GnRH receptors in the pituitary—leading to rapid, dose-dependent suppression of LH and FSH without an initial flare. This pharmacologic distinction is clinically significant.

Key Oral GnRH Antagonists in Practice

Two major oral GnRH antagonists we should know are:

Elagolix

Relugolix

These medications have transformed the outpatient management of estrogen-dependent gynaecological disorders.

1. Endometriosis: A Paradigm Shift

Endometriosis affects nearly 10% of reproductive-age women and is characterized by chronic pelvic pain, dysmenorrhea, and infertility.

Historically, management included NSAIDs, combined oral contraceptives, progestins, and injectable GnRH agonists. However, the arrival of oral antagonists—especially Elagolix—has changed our therapeutic algorithm.

Elagolix provides dose-dependent suppression of estradiol:

Lower doses partially suppress estrogen, reducing pain while minimizing bone loss.

Higher doses provide more complete suppression for severe disease.

The advantages are:

Oral administration

Rapid onset of action

No estrogen flare

Flexible dosing

However, hypoestrogenic effects (hot flashes, bone mineral density reduction) remain important considerations. This is why treatment duration is limited and monitoring is essential.

2. Uterine Fibroids: Targeted Hormonal Suppression

Uterine leiomyomas (fibroids) are another estrogen-

and progesterone-dependent condition causing heavy menstrual bleeding (HMB), anemia, and pelvic pressure.

Relugolix, often combined with add-back therapy (low-dose estrogen and progestin), has shown excellent efficacy in reducing heavy menstrual bleeding associated with fibroids.

The combination regimen allows:

Effective symptom control

Preservation of bone mineral density

Reduction in vasomotor symptoms

This represents a shift from purely surgical solutions (like myomectomy or hysterectomy) toward medical management—especially for women desiring fertility preservation or wishing to delay surgery.

3. Fertility and Assisted Reproductive Technology

While injectable GnRH antagonists have long been used in controlled ovarian stimulation protocols, oral formulations open future possibilities in assisted reproduction.

Although oral agents are not yet standard in IVF protocols, their pharmacodynamics suggest potential utility in more patient-friendly ovarian stimulation regimens. As future practitioners, you may witness protocol innovations incorporating these agents.

Advantages over Traditional GnRH Agonists

Let us compare them conceptually:

Feature	GnRH Agonists	Oral GnRH Antagonists
Route	Injectable	Oral
Initial Flare	Yes	No
Onset of Suppression	Delayed	Rapid
Dose Flexibility	Limited	Adjustable

The absence of flare is particularly valuable in conditions like endometriosis, where symptom exacerbation would be undesirable.

Safety Considerations

Despite their benefits, oral GnRH antagonists are not without risks:

Hypoestrogenic symptoms (hot flashes, mood changes)

Bone mineral density loss (dose- and duration-dependent)

Lipid profile changes in some patients

Thus, patient selection is crucial. These agents are best suited for:

Women with moderate-to-severe symptoms

Those seeking non-surgical options

Patients who cannot tolerate other hormonal therapies

Long-term safety data are still accumulating, and vigilance is necessary.

The Broader Clinical Perspective

What excites me most as a clinician is how these drugs empower individualized care. We are moving away from “one-size-fits-all” hormonal suppression to tailored, dose-responsive therapy.

Understanding the mechanism is only the beginning. The art lies in selecting the right patient, counselling about expectations, monitoring side effects, and balancing efficacy with safety.

Oral GnRH antagonists represent a significant step forward in gynaecological therapeutics. They offer rapid, reversible, and flexible suppression of the HPO axis—reshaping the management of endometriosis and fibroids.

As medicine evolves, so must we. Keep questioning, keep learning—and always remember: behind every prescription is a woman whose life can be meaningfully improved by your thoughtful clinical decision-making.

Psychological challenges in infertility management

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INTERNATIONAL DISTINGUISHED FELLOW,
AMERICAN PSYCHIATRIC ASSOCIATION)

Infertility is not only a medical condition but also a **deep psychological and social stressor**, especially in societies like India where parenthood is strongly valued. The emotional impact can be profound and long-lasting.

Infertility, defined by the inability to conceive after a year of regular, unprotected intercourse, presents significant physiological and psychological challenges, particularly for older couples where advanced maternal and paternal age inherently increases reproductive risks.[1]

The profound desire for biological offspring, often instinctive and deeply ingrained, can transform involuntary childlessness into a significant psychosocial burden.[2] This challenge is often compounded by societal pressures, cultural expectations surrounding procreation, and the inherent emotional distress associated with diagnosis and subsequent treatment.[3] The psychological sequelae of infertility include heightened stress, anxiety, and depression, with some studies indicating a bidirectional relationship where psychological distress can exacerbate infertility.[4] Specifically, women facing challenges in conceiving often experience emotional and psychological difficulties, including increased rates of depression and anxiety, which significantly impact their quality of life.[5] The crisis situation engendered by infertility can profoundly impact mental health at both individual and couple levels, necessitating tailored psychological intervention strategies.[6] Despite this recognized impact, studies tracking couples longitudinally from the inception of their infertility journey are scarce, limiting a comprehensive understanding of evolving psychological outcomes over time.[7] This lacuna in the literature underscores the necessity for research examining the multifaceted psychological dimensions of infertility in elderly couples, including the persistent stigma, the emotional toll of failed treatments, and the unique challenges associated with managing this condition later in life. This paper aims to synthesize current understanding of the psychological impact of infertility on elderly couples, focusing on the unique stressors, the pervasive stigma, and effective treatment and management strategies.[8] This review will delve into the complex interplay between advanced age and infertility, exploring how delayed parenting onset past optimal reproductive years contributes to the increasing prevalence of infertility globally.

Below is a structured overview of the **psychological challenges of infertility**:

1. Emotional Distress

Common emotional reactions:

- **Grief and loss** (loss of expected parenthood)
- **Depression**
- **Anxiety**
- **Irritability and anger**
- **Feelings of helplessness**
- **Emotional exhaustion from repeated treatment cycles**

Infertility is often described as a **chronic grief process** — each menstrual cycle or failed IVF attempt can re-trigger disappointment.

2. Identity and Self-Esteem Issues

- Feeling "incomplete" as a woman or man
- Reduced self-worth
- Guilt and self-blame
- Shame (especially in cultures where fertility is linked to status)

For men, infertility may threaten perceptions of masculinity.

For women, societal pressure may intensify feelings of inadequacy.

3. Marital and Relationship Strain

- Communication breakdown
- Sexual dysfunction (sex becomes "goal-oriented")
- Financial stress due to treatments
- Blame or resentment between partners
- Differences in coping styles (one hopeful, one withdrawn)

However, some couples report **increased bonding** when coping effectively together.

4. Social and Cultural Pressure

- Intrusive questions ("When are you planning?")
- Social withdrawal
- Avoiding baby showers or family gatherings
- Stigma and isolation
- Pressure from extended family

In Indian settings, especially, women may face disproportionate blame even when male factor infertility exists.

5. Psychological Impact of Fertility Treatments

- Anxiety before test results
- Fear of treatment failure
- Hormonal mood changes
- Physical discomfort'! emotional irritability
- Decision fatigue (IVF cycles, donor gametes, adoption)

Repeated unsuccessful cycles may lead to **treatment burnout**.

6. Risk of Psychiatric Disorders

Infertility is associated with:

- Major depressive disorder
- Generalized anxiety disorder
- Adjustment disorder
- Sexual dysfunction
- Occasionally suicidal ideation (especially in severe social stigma contexts)

Studies show rates of depression in infertility patients can be comparable to those with chronic medical illnesses.

Psychological Phases Many Couples Experience (Elisabeth Kubler Ross)

1. Shock
2. Denial
3. Anger
4. Bargaining
5. Depression
6. Acceptance (not always reached)

(Not strictly linear — patients may cycle through phases repeatedly.)

Protective Factors

- Supportive spouse
- Counseling and infertility support groups
- Realistic expectations from clinicians
- Spiritual coping (for some individuals)
- Financial preparedness
- Social support

Role of Mental Health Support

Psychological care should ideally include:

- Pre-treatment counseling
- Stress management techniques
- Couple therapy
- Cognitive Behavioral Therapy (CBT)
- Support groups
- Psychiatric referral when needed

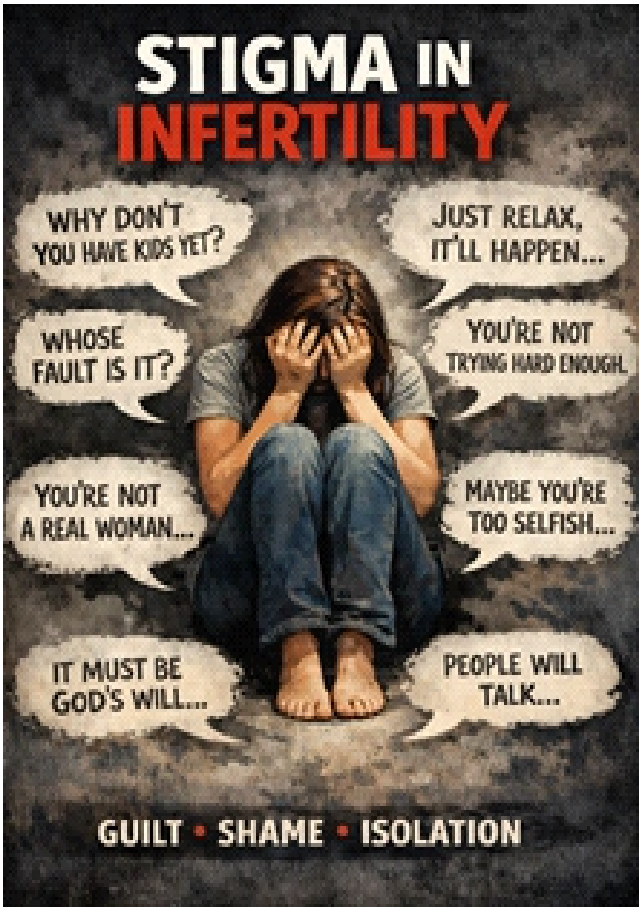

Fig 1: Stigma in infertility (source AI generated image from https://chatgpt.com/c/69a6bf2f-3ba0-8324-9256-63bd6c1246d4)

Take-Home Message: Stigma in Infertility

- **Infertility is a medical condition, not a personal failure.** Blame and shame—especially toward women—are socially constructed and medically unfounded.
- **Stigma deepens psychological distress.** It increases anxiety, depression, marital conflict, social isolation, and delays help-seeking.
- **Both partners are affected.** Infertility is a couple's issue; male factor infertility accounts for nearly half of cases, yet stigma disproportionately targets women.
- **Silence sustains stigma.** Cultural taboos, myths, and misinformation prevent open discussion and reinforce discrimination.
- **Healthcare providers play a critical role.** Empathetic communication, confidentiality, and psychosocial screening should be routine in infertility care.
- **Community awareness reduces harm.** Education, counseling support, and inclusive narratives (including adoption and assisted reproduction) help normalize infertility.
- **Compassion is essential.** Replacing judgment with understanding improves mental health outcomes and strengthens relationships.

Infertility requires medical care and emotional support—not blame, secrecy, or social exclusion. Integrated fertility clinics increasingly include **reproductive mental health specialists**.

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