

non-English speaking background (NESB) compared with Australian-born mothers.

Methods: Prospective pregnancy cohort study conducted in Victoria, Australia. Analyses are based on questionnaires completed in pregnancy and at three months postpartum.

Results: 1507 nulliparous women enrolled in the study (mean gestation = 15.3 weeks); 95% completed follow-up at three months postpartum. Immigrant mothers of NESB (n= 243) were more likely to have a low income, and higher educational qualifications than Australian born mothers (n =1,115). Women in both groups had similar obstetric characteristics and postpartum physical health outcomes. Immigrant women were more likely to say they had been depressed for two weeks or longer since the birth (OR =1.89, 95% CI 1.3-2.7); to report relationship problems (OR= 1.26, 95% CI 0.9-1.8) and to report lower emotional satisfaction with their relationship with the partner (OR=1.58, 95% CI 1.1-2.3). Immigrant mothers were less likely to be asked about feeling low or depressed by general practitioners (OR=0.69, 95% CI 0.5-0.9) and about relationship problems by maternal and child health nurses (OR=0.67, 95% CI 0.5-0.9).

Conclusions: Immigrant women of NESB reported greater psychological distress, less emotional satisfaction with their partner and more relationship problems in the first three months postpartum than Australian born women. Immigrant mothers had an equivalent level of contact with primary care practitioners in the first three months postpartum, but were less likely to be asked about their emotional well-being or about relationship problems.

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Coping with Infertility Marital and Social Life Experiences of Sri Lankan Women with Primary infertility

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Introduction: Infertility threatens the marital relationship which transforms an individualized health problem into social suffering. These consequences are likely to be greater in developing nations, where motherhood enhance their status within the family and community. This study described the impact of infertility on marital and social relationships of infertile women and the coping mechanisms adopted by them in the Sri Lankan setting.

Method: In depth interviews with 30 randomly selected (of the women identified in the community prevalence survey) primary infertile women were carried out using a systematically developed pre-tested interviewer guide where all the selected informants responded.

Result: Infertility had resulted in a strained marital relationship when their initial relationship was not very stable. Their closeness to each other, intimate communication was affected while some had been abused, physically and verbally by their partners. For couples who talked to each other openly, this had been another problem in life keeping the relationship alive. The sexual relationships were affected in some. The relationship with own parents/ siblings was not usually affected but that with in-laws especially had they lived in the same household. Some were forced to divorce and excluded from family inheritance. The coping strategies adopted by them were continuing with the busy life schedule, continuing with treatment, adoption, avoiding relatives, friends and neighbours and accepting a childless life.

Conclusions: The marital and social lives of some primary infertile women were disrupted while they were trying to cope up with infertility adopting different measures.

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Health Care Seeking of Women for Delay in Child-Bearing in Sri Lanka

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Introduction: Despite the great advancements, availability of infertility services range from non-existent to virtual oversupply while utilization of available infertility services too varies due to cultural and socioeconomic differences between countries and regions. This described the health care seeking behavior of infertile women in Sri Lanka.

Method: Primary (n= 177) and secondary infertile (n= 329) women identified through community prevalence study were administered pre tested questionnaires by the interviewers.

Results: Health care seeking for infertility was 52.6 % while significantly (p<0.001) high proportion of primary infertile been ever investigated/treated (78.5%). Primary infertile couples had commenced treatment with a shorter waiting time (mean=22.91, SD = 24.90 months) and continued for a longer period (mean=31.17, SD=27.84 months), trying more methods (mean=2.56, SD=1.21) compared to secondary infertiles (61.4%, mean=26.61 SD=19.15 months, mean=18.91 SD= 20.69 months, mean=1.64 SD=0.79 respectively). Of who sought care (n=266), the majority (n=143) had opted for both medical and non-medical modalities. The most preferred sequence was from private allopathic to private allopathic to religious methods. The main reasons for discontinuing treatment were fed up with treatment and husband's unwillingness/fear of investigations. The main reason for not seeking treatment were 'too early to go for treatment' (n=21) and 'wait and see since there were

previous conceptions' (n=144) among primary and secondary infertile couples respectively.

Conclusions: Approximately half of the infertile couples were not seeking treatment. Main reason for treatment discontinuation was male partner related while not seeking help was time related.

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Psychological Well-Being and the Associated Factors of Primary Infertile Women in Sri Lanka

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Introduction: Primary infertility has a considerable impact on the psychological well-being of the female partner of a couple and studying of which would assist in providing better care for them. This study compared the psychological well being of primary infertile women with a group of fertile women and identified some demographic, treatment as well as infertility related marital and social factors associated with it.

Method: Psychological well-being of 177 primary infertile women identified in a community prevalence survey in the Colombo district, Western Province, Sri Lanka and 177 controls matched for age and duration of marriage was evaluated using the GHQ-30. A pre-tested questionnaire was used to obtain other related information. Odds ratios and logistic regression analysis was used to identify relationships among infertile women.

Results: A significantly higher proportion of primary infertile women (66.1 %; 95%CI 59.14-73.06) had psychological distress as compared to fertile women (15%; 95%CI 9.75-20.25) ($p<0.001$). After controlling for other variables, primary infertile women with a lower educational status (OR=55.34; 95%CI 15.23-201.06), poor marital communication (OR=3.45; 95%CI 1.22-9.75), higher priority for having children (OR=4.18; 95%CI 1.25-13.82), previously investigated/treated for infertility (OR=39.11; 95%CI 8.25-185.41) or currently investigated/treated for infertility (OR=10.99; 95%CI 2.98-40.61) had a higher risk for being psychologically distressed.