Coping after infertility: Challenge for Primary Infertile Women

Pravati Tripathy¹, Pratibha Khosla ², Debjani Nayak ²

¹Dean, ²Associate Professor, Department of Obstetrics & Gynecological Nursing, SUM Nursing College, Siksha O Anusandhan (Deemed to be University), Bhubaneswar, pin-751003, Odisha, India.

Abstract:

Background: Infertility is a challenging crisis in a woman’s life which brings lots of psychological stress.

Aim: The purpose of the study was to identify the coping strategy adopted by the infertile women through coping inventory scale devised by Folkman and Lazarus.

Method: A survey was conducted at an infertility clinic among infertile women, those had primary infertility. About 150 women were selected conveniently. The study was conducted for two months. A modified 44 items coping rating scale with reference to Folkman and Lazarus coping inventory scale was developed to gather data from the participants. The analysis was done through SPSS software.

Results: Most of the women (62%) were in the age group of 20-30 years. The duration of marriage was more than 4 years in 72% of women. It was observed that 70% had average coping ability. The level of coping was influenced by duration of marriage and numbers of counseling services.

Conclusion: The coping style of infertile women needs to be identified and strategy to reduce stress should be implemented. Various counseling sessions should be organized for the women to assist them in recovering from stress with better coping.

Introduction:

Infertility is now not confined to a localized area, rather it is becoming a global concern.¹ It has been depicted as a devastating situation in a woman's’ life with lots of pain, agony and anxiety that leads to an undesirable crisis with depression and distress.² The woman suffers from
stress due to infertility may be of psychological or emotional origin, and they report elevated levels of anxiety and depression after they have diagnosed with infertility. Many researchers reported about after effect of infertility that shatter the life of an infertile woman with feelings of hopelessness, isolation, suicidal tendency, frustration, and feelings of worthlessness in life. Even it is depicted as a poorly-controlled condition which develops stress, anxiety with a negative impact on the social and psychological health of woman for a longer time. Again the quality of life worsens when a lady is stigmatized by relatives and society along with the problems of withdrawal, loneliness, depression and social deprivation. Various strategies are adopted by women to overcome stress and cope effectively to manage personal and family life. It may be in the form of advice, suggestion, help and support from family members, friends, doctors or anybody. Sometimes the coping may be in the form of withdrawal or feeling of cry or isolating herself with denial. She may like to discuss with others and ventilate her feelings or seeks their opinion to assure herself. Many times the coping is based on a problem that is problem-focused coping or when trying to reduce the emotional disturbance, it is emotion-focused coping. Sometimes the woman adopts a passive-avoidance coping where the woman expects a miracle for a positive change whereas in other coping like active-confronting coping and active-avoidance coping, she avoids or confronts the stress.

Methodology:
This cross-sectional study was conducted at SUM Hospital which is a medical college hospital. The infertility clinic is under the department of the centre for human reproduction. The daily attendance of the clinic is about 75 including old and new cases. The women with primary infertility were recruited for the study upon their willingness. The intention of the study was explained to them. During their waiting time, they were approached for providing information regarding coping strategies they have adopted to overcome this problem. The coping interview schedule was prepared concerning Folkman and Lazarus, coping inventory scale (1983) for assessing coping on three domains: emotion-focused coping, problem-focused coping and the seeking of social support. The scale consisted of 60 items and as per the requirement of the study, the scale was modified and 44 items were selected. The score ranged from 44 to 176. It was classified as poor coping with score < 70 (< 40%), average coping, 70- to 105 (41-60%), good coping, 106 to 140 (61-80%) and excellent coping, >140 (> 80%). The respondents were explained to assign the score clearly against their coping pattern.

Result:
The data were analyzed through SPSS software version 19. Most of the women were aged between 20-30 years with a mean age of 29.82 years. Many (30%) had more than 7 years of gap after marriage with prolonged infertility treatment.

Table 1: Background data of women

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean±SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of women in the completed year</td>
<td>29.82±4.839</td>
</tr>
<tr>
<td>20-30</td>
<td></td>
</tr>
<tr>
<td>31-40</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Level of coping among the women

<table>
<thead>
<tr>
<th>Coping Pattern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>30</td>
</tr>
<tr>
<td>Average</td>
<td>70</td>
</tr>
<tr>
<td>Good</td>
<td>00</td>
</tr>
<tr>
<td>Excellent</td>
<td>00</td>
</tr>
</tbody>
</table>

The mean coping score was 79.24±10.908. About 30% of women had poor coping and no one reported better coping ability. The most of the women demonstrated poor coping in, thinking other options of getting pregnant, finding another life goal, distracted by other goals or activities, practising yoga/meditation, accepting reality, learning to live with this and being with the company of pregnant women.

Table 3: Difference in coping in relation to the duration of marriage, treatment & counselling session

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>Mean ± SD</th>
<th>Mean diff</th>
<th>SEM</th>
<th>‘t’ score &amp; P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>coping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of Marriage</td>
<td>114</td>
<td>72.74±10.58</td>
<td>10.530 (CI 6.632-14.427)</td>
<td>1.427</td>
<td>5.340 p &lt;0.0001</td>
</tr>
</tbody>
</table>
The mean age of women suffered from infertility in the current study was 29.82. A similar study conducted by Seyede Zahra Masoumi reported that the majority of women who attended the infertile clinic were in the age group of 20-30 years. We found the mean duration of the marriage as 6.07±3.348 years which shows a long gap between marriage and opting infertility treatment. Seyede Z M similarly reported a longer interval of marriage and that of initiating treatment is 91.6±63.8 months. Ansha Patel expressed concern over higher duration for being infertile after marriage is a major cause of stress. In congruence with this result, the study of
Rosanna F. Hess also highlighted the mean years of marriage of 10.12 years among infertile women while Tahmineh Dadkhah Tehran reported 7.31 years for the duration of the marriage. 
Again the study shows a significant association between coping and duration of the marriage. 

The study also found a better coping pattern among women, as the years advanced after marriage. Aysel Karca reported good mental adjustment of women with husband and other members when they crossed 10 years of marriage and after which they started looking for hopes and restructuring their life ahead.

The mean duration of treatment for the women in this study was 3.68±2.645 yrs. Many kinds of literature reported about treatment duration of 5-10 years among more than 50% of women. This study also found a significant association of coping with a duration of treatment. Inconsistent with this study result Seyedeh Z M also revealed in his study that the coping status of women had a positive correlation with the duration of ART.

The women also received mean 1.78±0.88 numbers of counselling on physical, emotional, sexual and social health. The study also projected that the numbers of counselling are associated with the level of coping among women. Many researchers explored the need for strong psychological counselling services to women with infertility. The success of infertility treatment may be enhanced by proper counselling and addressing to emotional issues as there is the influence of counselling services and social support on physical and mental health and overall quality of life. Hence we must take care to include more intervention and support services to enhance the coping abilities of women.

Conclusion:
The women were unable to cope very effectively with the stress due to infertility and its related problems. The belief in medicine and God was the only hope for them to lead their life further. The coping pattern was enhanced as time passed and with repeated counselling. It is hence recommended for series of counselling to enable the women to cope and adjust well during this crisis.

Reference: