

PSYCHOSOCIAL WELLBEING AMONG PRIMARY INFERTILE WOMEN ATTENDING INFERTILITY CLINIC

Prof. Dr. Pravati Tripathy¹, Debjani Nayak², Pratibha Khosla²

1 Dean, 2 & 3 Associate Professor, Department of Obstetrics & Gynecological Nursing, SUM Nursing College, Siksha O Anusandhan (Deemed to be University), Bhubaneswar, pin-751003, Odisha, India.

Corresponding author: **Prof. Dr. Pravati Tripathy**; Email: pravatitripathy@soa.ac.in

Abstract

Background: Infertility is fundamentally the inability to conceive a baby and the condition is always associated with high level of stress and mental agony. **Aim:** The study primarily focused to explore the psychosocial well-being among primary infertile women with the help of a modified psychological evaluation test scale (PETS), for psychosocial wellbeing. **Material and Methods:** A total of 150 infertile women were selected purposively at an infertility clinic and data were collected through rating scale. **Results:** Among the women, 62% had good psychosocial wellbeing. There was significant difference in psychosocial wellbeing by age, occupation and education. **Conclusion:** The infertile women need to be supported and assisted with all kinds of help in order to overcome the mental agony and stress, related to childlessness.

Introduction

Infertility is a state of a woman who is married but not yet getting pregnancy due to causes that medical intervention can treat. ¹The man is responsible for 40 percent of the causes and another 40 percent is related to woman, and the rest 20 percent is due to the fault in both. ²About 1 in 5 couples' experiences infertility or they have inability to conceive even after a regular sexual life for one year. About 75% of diagnosed couples seek various medical treatment options for getting their baby. ³ Whereas 50%-60% of couple conceive only after the medical treatment. ⁴The psychological consequences of infertility have shown that emotional distress like anxiety, depression, decreased self-esteem are more prevalent in couples those experience state of infertility. ^{5,6,7,8}

Like other stress, the infertility related stress also have negative effect on fertility and these women experience certain physiological reaction due to enhanced level of cortisol that actually interferes with treatment and its' success. ⁹High level distress arise due to familial, social and financial dysfunction after a lady is diagnosed as infertile and during her continuation of treatment for infertility. ¹⁰⁻¹² The level of stress increases as duration of infertility enhances. Those experience infertilities for more years, they have higher level of anxiety and depression. ¹³

Always the infertility has negative impact on woman's self-esteem.¹⁴ Infertile couples experience loss of their sexual identity, childlessness and absence of motherhood experience. Even the close relationship with the spouse is hampered with loss of status and self-worth.¹⁵ Couples with infertility feel loss of identity that brings about changes in their interpersonal relationship and social interactions.^{3,16} Their sexual life is disturbed with problems of relationship in family and society.^{17,18,19} Multiple symptoms the women experience including distress, frustration, emotional liability, anger, feelings of rejection, social isolation and depression.²⁰ They feel guilty as they do not meet the expectation of their spouse, family and the society with the present symptoms of depression, social withdrawal, isolation, crying, insomnia, and others. Even they face social discrimination, abused by family members and feel pressurized to get divorced.^{21,22} Majority of women seek support and assurance from the spouse, medical personnel, family members, and friends to cope with their problems.^{23,24} To overcome stress the woman use various measures which include spiritual attention, crying, denial and passivity, changing the source of stress, discussing and solving the problem, which are called adoption by emotion-focused coping methods and problem-centered coping strategies.^{25,26}

Methods

The study was conducted at an infertility clinic of a medical college hospital. The daily out-patient primary infertility attendance in this hospital is about 8-10. During counseling session at OPD, the women usually reveal their problems of being infertile. This exploratory study therefore tried to find out the emotional and social wellbeing of women. The women who attend the clinic regularly and are under treatment are included in the study. Two scales were adopted to assess the psycho social problems of women. The psychological evaluation test scale (PETS) which examines the extent of problem the women face and evaluate the level of the emotional wellbeing and social adaptation by the women was used for construction of tool. The 50 items PET scale was modified to a 22 item scale. The score ranged from 22 to 88. This was divided into mild problems that scored < 35 (40%), moderate problem with score of 35–53 (41-60%) and severe problems with score of > 53 (>60%). The mild problems indicate good psychosocial wellbeing, moderate problems indicate average psychosocial wellbeing and severe problems show poor wellbeing. The women were explained to rate their psychosocial health in the scale as they feel to express.

Result

The mean age of the subjects was 31.26 ± 3.27 . About 44% of women were educated up to graduation and 82% were homemaker and 56% were from nuclear family. The mean duration of marriage was 6.07 ± 3.34 years with 80% of women having social support and 52% had received about 1-3 counselling sessions.

Table-I: Distribution of women as per baseline characteristics

Characteristics	%
Age (yrs)	

20-30	62
31-40	32
41-50	06
Range=22-42	
Duration Marriage (yrs)	
1-3	28
4-7	42
> 7	30
Range=2-15	
Duration of treatment(yrs)	
1-2	48
3-5	26
> 5	26
Range=1-10	
Exposure to no. of counseling	
1-2	
3-4	52
> 4	20
Range=1-5	28

Tabel-II:Degree of psychosocial problemsamong the women

Psychosocial Problems	%
Mild (<25)	34
Moderate (25-39)	62
Severe (>39)	4

The mean score for psychosocial problem was 31.66 ± 8.557 and 34% of women had mild problems which demonstrated good psychosocial wellbeing. Likewise 4% had very poor wellbeing. When asked, whether they feel depressed when they menstruate, 16% of women expressed affirmatively and 14% revealed they faced verbal abuse after this.

Table.III:Comparing psychosocial problems based on womencharacteristics

Characteristics	Psychosocial wellbeing (mean score)	't' value
Age <30yrs >30yrs	98.32 102.00	20.3978
Occupation Job holder House maker	91.53 62.43	9.8219*

Family Type		
Nuclear	82.5	15.3995*
Joint	110.0	
Years of marriage		
<5yrs	107.27	10.6641*
>5yrs	81.42	
Education		
Under graduate	42.60	19.6398*
Graduate	94.58	

By two tailed 't' test

* - Significant at p value < 0.001

The level of psychosocial well being was found significantly influenced due to occupation, education, family types and duration of marriage.

Discussion

Infertility has remained as a stigma in our society since ages. Though we know the fault does not always lie with the woman, still she is blamed everywhere. The cost of the investigation, the time devotion and long waiting for the result, induce mental and social strain upon her and the relationship with spouse is disturbed. The support system and assurance brings new hopes for her to cope effectively with the situation.

Most frequently the woman get disturbances related to infertility like anxiety, depression, low self-esteem, strong psychological tension, crisis within the marital relationship, separation and divorce. The present study reviewed and examined the current psychosocial state of women who were primarily infertile. The women in the age group of 20-30 years revealed highest percentage (34.38) of psychosocial wellbeing and coping (26.77). The housewives had more psychosocial problems (mean=32.21) than job holders (mean=28.22). Similarly S.J.Dyer et al (2005) reported involuntary childlessness is associated with high level of psychological distress. The level of well-being was influenced by education, family type and duration of marriage. But Newton et al. revealed that there was lower stress among couples who had high levels of educational qualification than those with education at high school level and the levels of stress was not significantly affected by their occupation.²⁷ Sherina MS observed the level of depressive symptoms were doubled in less educated women than found in formally educated women.⁸ Similarly infertility impose stress and crisis for the woman and impacts their emotional and psychological condition with influence on personal, marital, sexual, relational and social life stability.²⁸ Many studies demonstrated that stress related to infertility is associated with age of women, duration and cause of infertility, test for infertility, treatment failures, social support, stigma, psychiatric morbidity, and psychological interventions received.²⁹

Conclusion

Living with childlessness is like to living with nightmares. The woman after being infertile is everywhere rejected either physically or psychosocially. The support from spouse, the understanding of family members, cost of treatment and the society she lives, have greater impact on her coping pattern with childlessness. The present study found primary infertile women are psychosocially adjusted but they are depressed sometimes and lose interest in further investigation and treatment. They showed emotional outbursts, socially they are withdrawn from all the activities. They find difficulties in maintaining marital harmony, family and societal relations. We need to intensify the process of counseling & extend it to the spouse & family members for supporting & enabling the infertile woman to cope with the problems and live a healthy and happy life.

References

1. Makar RS, Toth TL. The evaluation of infertility. *Am J Clin Pathol.* 2002;117(Suppl):S05-103.
2. WHO, Infertility? *Who.int.* 2013-03-19.
3. Sadler AG, Syrop CH. The stress of infertility: Recommendations for assessment and intervention. *Family Stress*, 1998; 1-17.
4. Andrews FM, Abbey A., Halman J, Stress from infertility, marriage factors, and subjective well-being of wives and husbands, *J Health Soc Behav.* 1991;32(3):238-53.
5. Greil AL. A secret stigma: the analogy between infertility and chronic illness and disability. *Advances in Medical Sociology.* 1991; 2:17-38.
6. Ulrich M, Weatherall A. Motherhood and infertility: viewing motherhood through the lens of infertility. *Feminism & Psychol.* 2000;10(3):323-6.
7. Wischmann T, Stammer H, Scherg H, Gerhard I, Verres R, *Hum Reprod.* 2001; 16(8):1753-61.
8. Sherina MS, Rampal L, Aini M, Norhidayati H. The prevalence of depression among elderly in an urban area of Selangor, Malaysia. *The International Medical Journal* 2005; 4: 57-3
9. Chung TKH, Lau TK, Yip ASK, Chiu HFK, Lee DTS. Antepartum depressive symptomatology is associated with adverse obstetric and neonatal outcomes. *Psychosom Med* 2001; 63:830-834.
10. Kee BS, Jung BJ, Lee SH. A study on psychological strain in IVF patients. *J Assist Reprod Genet* 2000; 17:445-8.
11. McQuillan J, Greil AL, White LK, Jacob MC, Frustrated Fertility: Infertility and Psychological Distress Among Women, Bureau of Sociological Research, 2003. <http://www.digitalcommons.unl.edu/bosrfacpub/13> .
12. Joshi HL, Singh R, Bindu R. Psychological distress, coping and subjective wellbeing among infertile women. *J Indian Acad Appl Psychol.* 2009; 35:329-36.
13. Domar AD, Broome A, Zuttermeister PC, Seibel M, Friedman R. The prevalence and predictability of depression in infertile women. *Fertil Steril.* 1992; 58:1158-1163
14. Hasanpoor-Azghdy SB, Simbar M, Vedadhir V. The emotional-psychological consequences of infertility among infertile women seeking treatment: Results of a qualitative study, *Iran J Reprod Med.* 2014; 12(2): 131-138.

15. Hart, VA. Infertility and the role of psychotherapy. *Issues Ment Health Nurs.* 2002; 23(1). 31-41
16. Beutel M., Kupfer J, Kirchmeyer P, et al. Treatment-related stresses and depression in couples undergoing assisted reproductive treatment by IVF or ICSI. *Andrologia* 1999; 31. 27-35
17. Greil AL, Shreffler KM, Schmidt L, McQuillan J. Variation in distress among women with infertility: evidence from a population-based sample, *Hum Reprod.* 2011; 26(8): 2101–2112.
18. Winkelman WD, Katz PP, Smith JF, Rowen TS, The Sexual Impact of Infertility Among Women Seeking Fertility Care, *Sexual Med* 2016; 4(3):190-197
19. Benazon N, Wright J, Sabourin S. Stress, Sexual Satisfaction, and Marital Adjustment in Infertile Couples, *J Sex Marital Therapy* 2008; 18 (4).273-284.
20. Ghavi F, Mosalanejad L, Golestan M, Etebariy S. The Investigation Holistic Stress in Infertile Women and Relation to Demographic Characteristics in Women Who Referred to Yazd Infertility Center. *Biomed Pharmacol J* 2015; 8(2): 432-437.
21. Karaca A, Gul U. Psychosocial Problems and Coping Strategies among Turkish Women with Infertility, *Asian Nursing Res* 2015; 9(3): 243-250
22. Pedro A, Coping with Infertility: An Explorative Study of South African Women's Experiences. *Open Journal of Obstetrics and Gynecology*, 2015; 5, 49-59.
23. Gourounti K, Anagnostopoulos F, Potamianos G, Lykeridou K, Schmidt L, Vaslamatzis G. *Reprod Biomed Online.* 2012 ; 24(6):670-9.
24. Joshi HL, Singh R. Psychological Distress, Coping and Subjective Wellbeing among Infertile Women. *J Indian Acad Appl Psychol* 2009; 35(2): 329-336.
25. Jahromi MK, Ramezanli S. Coping with infertility: An Examination of Coping Mechanisms in Iranian Women with Infertility. *J Psychiatry*, 2015; 18:188.
26. Aflakseir A, Zarei M, Association between Coping Strategies and Infertility Stress among a Group of Women with Fertility Problem in Shiraz, Iran *J Reprod Infertil* 2013; 14(4): 202–206.
27. C.R. Newton, W. Sherrard, I. Glavac, The Fertility Problem Inventory: measuring perceived infertility-related stress, *Fertil Steril.*, 1999; 72 (1): 108-112.
28. Jafarzadeh-Kenarsari F, Ghahiri A, Zargham-Boroujeni A, Habibi M, Exploration of the counseling needs of infertile couples: A qualitative study, *Iran J Nurs Midwifery Res.* 2015; 20(5): 552–559.
29. Patel A, Sharma PSVN, Narayan PK, et al. Prevalence and predictors of infertility-specific stress in women diagnosed with primary infertility: A clinic-based study, *J Hum Reprod Sci.* 2016; 9(1): 28–34.