

Coping after infertility: Challenge for Primary Infertile Women

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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,³and they report elevated levels of anxiety and depression after they have diagnosed with infertility. ⁴Many researchers reported about after effect of infertility thatshattersthe life of an infertile woman with feelings of hopelessness, isolation, suicidal tendency, frustration, and feelings of worthlessness in life. ⁵⁻¹² Even it is depicted as a poorly-controlled condition which develops stress, anxiety with a negativeimpact onthe social and psychological health of womanfor a longer time. ¹³Again 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.¹⁴Various 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. ^{15,16}Sometimes the coping may be in the form of withdrawal or feeling of cry or isolating herself withdenial.She may like to discuss with others and ventilate her feelings or seeks their opinion to assure herself.¹⁷ Many times the coping is based on a problem that is problem-focused coping or when tryingto reduce the emotional disturbance, it is emotion-focused coping.¹⁸ Sometimes the woman adoptsa passive-avoidance coping where the woman expects a miracle for a positive change whereas in other copinglike active-confronting coping and active-avoidance coping, she avoids or confronts the stress. ¹⁹⁻²³

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 concerningFolkman 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 scaleconsisted 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 thescore clearly against their coping pattern.

Result:

The data wereanalyzed 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

Variable	Mean±SD	
Age of women in the completed year		
20-30		29.82±4.839
31-40		

41-50	
Marriage Duration in completed year 1-3 4-7 > 7	6.07±3.348
Duration of treatment completed year 1-2 3-5 > 5 Range=1-10	3.68±2.645
Exposure to numbers of counselling 1-2 3-4 > 4 Range=1-5	1.78±0.88

Table 2. Level of coping among the women

Coping Pattern	Percentage
Poor	30
Average	70
Good	00
Excellent	00

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

Variable	n	Mean ± SD	Mean diff	SEM	't' score & P-value
coping	Duration of Marriage	72.74± 10.58	10.530	1.427	5.340
	≤ 5 yrs	83.27± 9.41	(CI 6.632-		p <0.0001
	>5yrs		14.427)		

	Duration of Treatment ≤ 3 yrs > 3yrs	36				
		104 46	82.50±10.131 78.38±9.925	-4.120 (CI -7.643- -0.5968)	1.783	2.311 p=0.022
	Nos. of Counseling 1-3 times 4 and more times	93 57	75.64±8.913 83.62±10.361	7.980 (CI-4.826- 11.133)	1.596	5.000 p<0.0001

The coping pattern was higher when the duration of marriage was increased and this difference was significant ($p < 0.0001$). The similarly higher coping score was obtained with more numbers of counselling than with fewer numbers of counselling. But the above result shows the mean coping score of the higher duration of treatment was less than the coping in the lesser duration of treatment ($p = 0.022$).

Discussion:

Infertility among women is inevitable which brings lots of stress and makes the life of woman miserable. The woman tries to overcome this state and seeks various strategies to cope effectively. This study shows, most of the women had an average coping ability to manage psychological stress. No one expressed their coping as a better one. Folkman and Lazarus (1988) believed the patient's level of distress is mediated through her/his coping behaviour. In congruence with our result, AbdulAziz A in his study revealed that women frequently used passive avoidance coping like looking for a miracle and wish to have positive changes rather adopting active-avoidance coping or active-confronting coping.²⁴ Our study also tried to reveal other coping methods women adopted and we found most favourable areas they adopted for coping were, seeking help to take medicine for getting pregnant, seeking advice from Gynecologist and having faith in God. Inconsistent with our study result Rosanna F. explored that using traditional and biomedical medicines and believing on supreme power women tried to cope with infertility.⁵ Similarly Deepak Singh also reported about active coping styles adopted by women to evade the stress like engaging herself in household activities, crying and praying the God.²³ Related result with a higher mean score in seeking social support and coping through escape avoidance model among wives was found in one literature than their male partner.²⁵ Norbert Pasztor emphasized that while the woman is attending an infertility clinic, she must be counselled and taught with the right method of coping to reduce the level of stress.²⁶

The mean age of women suffered from infertility in the current study was 29.82. A similar study conducted by Seyedeh Zahra Masoumi reported that the majority of women who attended the infertile clinic were in the age group of 20-30 years.²⁷ 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. Seyedeh Z M similarly reported a longer interval of marriage and that of initiating treatment is 91.6 ± 63.8 months.²⁷ Ansha Patel expressed concern over higher duration for being infertile after marriage is a major cause of stress.²⁸ 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 TahminehDadkhahtehran reported 7.31 years for the duration of the marriage. Again the study shows a significant association between coping and duration of the marriage.²⁹ The study also found a better coping pattern among women, as the years advanced after marriage. AyselKarca 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.²⁰

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.^{23,30-32} 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.²⁷

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.^{33,34,35} The success of infertility treatment may be enhanced by proper counselling and addressing to emotional issues³⁶⁻⁴⁰ 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.^{25, 40}

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.

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