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Psychosocial wellbeing and coping strategies of infertile women seeking infertility treatment

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Abstract

Infertility refers to the inability of a couple to produce a child even after a year of repeated unprotected intercourse**.** It has great impact on people's lives and their psyche. The objectives of this study were to assess the psychosocial wellbeing and coping strategies, to examine its relationship and to find the association with selected demographic variables. A cross sectional survey (n=180) design was used to assess the psychosocial wellbeing and coping strategies of infertile women (aged 20-40 years) seeking infertility treatment in selected infertility clinics of Udupi District Karnataka. Study results showed that majority of the study population (146, 81.1%) had moderate level of psychosocial wellbeing and coped with seeking social support (65.7%). There was a difference in mean scores and standard deviation in sub areas of psychological wellbeing (42.5±5.95), social wellbeing (45.37±5.7). Women with good psychosocial wellbeing used less coping strategies($r = -0.2$, $p<0.01$). There was a significant association between psychosocial wellbeing and educational status of infertile women ($p=0.001$) and coping strategies with type of the family ($p=0.01$). Study findings concluded that infertile women do have disturbed psychosocial wellbeing. So counseling sessions is needed to improve their psychosocial wellbeing and to get focus on their treatment.

Keywords: Infertile women, Infertility, Infertility treatment, Psychosocial wellbeing, Coping strategies

1. Introduction

Infertility is the inability of a couple to achieve pregnancy within 12 months of unprotected intercourse [1]. Childlessness is worldwide problem affecting people of all communities. The WHO estimates the overall prevalence of primary infertility in India to be between 3.9 and 16.8 percent. Estimates of infertility vary widely among Indian states from 3.7% in Uttar Pradesh, Himachal Pradesh and Maharashtra, to 5% in Andrapradesh, and 15% in Kashmir. Moreover the prevalence of primary infertility has also been shown to vary across tribes and castes within the same region in India [2].

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Parenthood achievement is one of the major life goals for most men and women. In planning a life together, most of the couples have a vision about how their life should be, and most of them wish to have children of their own for the future life. When fertility fails, the couples become depressed psychologically and can experience a wide range of emotions. Couples may blame themselves even though it is not a personal failure or punishment [3]. Childless women will undergo varied psychological distress and in order to overcome psychological distress and maintain their quality of life they need to use appropriate coping strategies [4]. In a qualitative study conducted in the United States, it was found that women used coping strategies such as avoidance of reminders of infertility, being the best, regaining control, sharing the burden and giving into feelings in

dealing with the problems of infertility [5]. Another study also conducted in the United States by Stanton et al found that women who coped through escape avoidance and through accepting responsibility for their infertility showed more distress, whereas women who sought more social support were less distressed [6]. Seeking social support was an important coping mechanism used by couple during the process of taking treatment for infertility [7].

This study aims to identify the psychosocial wellbeing and coping strategies of women seeking treatment for infertility. The findings have the potential of enabling the healthcare personnel in designing and implementing supportive psychological programs for women faced with fertility problems.

2. Materials and methods

Descriptive cross-sectional survey design was adopted for the study in which 180 infertile women were selected by using non-probability purposive sampling. The study included infertile women who were seeking infertility treatment from selected infertility clinic and hospitals of Udupi district of Karnataka. Data was collected from January 6 to February 8, 2014. These centers have adequate infrastructural facilities for all kinds of clinical investigations of infertility for both males and females.

The women were administered by a validated questionnaire on psychosocial wellbeing. This instrument has been developed by the researcher and validated by experts and modified based on their suggestions. To determine the coping strategies a revised ways of coping developed by Folkman and Lazarus, 1985 (15) was administered. We also used demographic questionnaires including biologic characteristics to determine the age, education, occupation, causes, duration of infertility, investigation and treatment for infertility.

The enrollment of the subjects was done after giving a clear explanation of the purpose of the study. Informed written consent was obtained and anonymity was ensured. They were assured that they could withdraw from the study at any point of time. They were also assured that the researcher would assume responsibility for the safe-keeping of the data. The exclusion criteria included infertile women who were not willing to participate in the study and suffering from any neurological or psychiatric illness.

3. Results

3.1. Psychosocial wellbeing of infertile women

The present study showed that out of 180 study population majority of the infertile women i.e, 146 (81.1%) had moderate psychosocial wellbeing, 33 (18.3%) had good psychosocial wellbeing and 1(0.6%) had poor psychosocial wellbeing (Fig 1). Table 1 shows that majority of infertile women had good social wellbeing (45.37±5.7) than that of the psychological wellbeing (42.5±5.95).

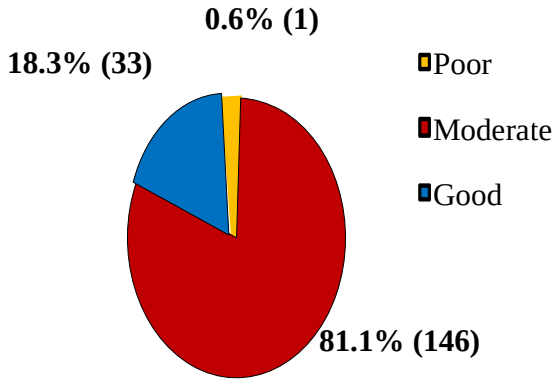

Figure 1. Pie diagram showing the percentage of psychosocial wellbeing of infertile women

Table 1. Domain wise Mean and Standard Deviation (SD) of Psychosocial Wellbeing of Infertile Women (n=180)

Domains	Number of items	Maximum possible scores	Mean	SD
Psychological wellbeing	16	64	42.5	5.95
Social wellbeing	16	64	45.37	5.7

3.2. Coping strategies of infertile women

The mean percentage scores of ways of coping (Table 2) was highest in the areas of seeking social support (65.7%), positive reappraisal (62.8%), self – controlling (59.6%), distancing (59.5%), Planful problem solving (48.9%), Confrontive (43.3%), escape-avoidance (41.1%), accepting responsibility (36.9%).

3.3. Relationship between psychosocial wellbeing and coping strategies

Lower the psychosocial wellbeing higher the coping strategies such as Confrontive, distancing, self- controlling, seeking social support, accepting responsibility, escape- avoidance, Planful problem solving and positive reappraisal they would use (Table 2). Both of the total scales of psychosocial wellbeing and WOC Questionnaire were negatively correlated ($r = -0.42$, $p < 0.01$).

3.4. Association between psychosocial wellbeing, coping strategies and selected demographic variable

The data revealed that there is a significant association between psychosocial wellbeing and educational status of infertile women ($p=0.001$) and coping strategies with type of the family ($p=0.01$) (Table3).

Table 2. Area wise Mean, Standard Deviation and Mean Percentage Scores of Coping Strategies Used by Infertile Women. (n=180)

Coping Strategies	Minimum	Maximum	Mean	Standard deviation	Mean percentage
Confrontive	0	18	7.81	2.40	43.3
Distancing	0	18	10.71	2.69	59.5
Self-controlling	0	21	12.52	3.06	59.6
Seeking social support	0	18	11.83	2.84	65.7
Accepting responsibility	0	12	4.43	1.92	36.9
Escape avoidance	0	24	9.87	3.25	41.1
Planful problem solving	0	18	8.81	2.20	48.9
Positive reappraisal	0	18	11.31	2.47	62.8

Table 3. Correlation between psychosocial wellbeing and coping strategies. (n=180)

	Psychosocial wellbeing total scale
Variable	**Correlation coefficient (r)**
Confrontive	-0.43 **
Distancing	-0.18 *
Self-control	-0.25 **
Seeking social support	-0.24 **
Accepting responsibility	-0.34 **
Escape avoidance	-0.52 **
Planful problem solving	-0.21 **
Positive reappraisal	-0.21 **
Total	-0.420**

P* < 0.05, P ** < 0.01.

4. Discussion

In this study majority of infertile women had moderate level of psychosocial wellbeing. This study findings was supported by an explorative study conducted by Maria K (2005) on infertile people's psychosocial problems in Greece where the results highlighted that severe psychosocial problems usually had an impact on the everyday life of women (74%) of an infertile couple which was associated with feelings of stress (35%), anger (20%) and guilt as a reason for infertility [8]. Omoaregba JO et.al (April-June2008) described in his comparative survey that psychological distress was highly prevalent in infertile women and they require psychologic support [9]. Our study also attributed that majority of the

infertile women coped with seeking social support (65.7%). These results are similar to that observed by (Ried K and Alfred A) suggested that total of the infertile women population was actively seeking social support to improve their quality of life.

The wellbeing and quality of life were mainly influenced by the emotional and instrumental support [10]. However these findings are contradictory to a study byErnestina D and Jane S discovered that majority of the females considered keeping the issue of infertility with themselves (self-controlling) and the basis could be the stigma associated with their infertility. Moreover, rest of the majority tried to cope with Christian faith. The others used coping mechanisms received from their spouses, occupation or in the way to grab economic independence and some avoided remembering their problem of infertility [11].

The present study also revealed that the total psychosocial wellbeing scale is negatively correlated with total domains of ways of coping (r= -0.42, p<0.01). Infertile women who had poor psychosocial wellbeing used many of the coping strategies. To support these study findings a comparative study conducted by Joshi HI, Singh R, Bindu revealed that infertile women do use various coping mechanism to improve their quality of life and to eliminate their psychological distress [12]. In the present study, it has been observed that there is a significant association between psychosocial wellbeing and educational status of the infertile women ($\chi^2_{(2)}$ =14.2, P=0.001). No significant association was found between the variables such as age, occupation, type of family, religion, family income per month, duration of infertility in years. The study findings were contradictory with a descriptive evaluatory study conducted by Farzadi L et.al. The study revealed that there is significant association between psychosocial factors and age of 25-32 years of old with moderate intensity of psychosocial stressors (χ2(4)=0.97) and duration of infertility with moderate psychosocial stressors (χ2(4) =1.3, p=0.8). Study also reported the significant association between age of 25-32 years of age with severe and very severe psychosocial stressors (χ2 (4) =11.56, p=0.02) and duration of infertility of 1-6 years with severe and very severe intensity of psychosocial stressors (χ2 (4) =13.63, p=0.009) [13]. A comparative study by Omoaregba JO et.al reported that there were significant differences between the psychological distress of infertile women in terms of their mean age (p<0.01), employment status (p<0.02), educational status (p<0.01), and duration of marriage (p<0.001) (9).

It also suggested that there is a significant difference in coping strategies used by the infertile women with type of family [F (2, 177) = 4.331, p=0.01]. No significant difference was found with other variables such as age, education, occupation, religion, family income and duration of infertility in years. The study findings were supported by a cross-sectional survey conducted by Lykeridou K(2011) reported that women of low/very low social class used higher levels of active-confronting coping than women of medium or high social class (F = 7.997, p < 0.001). It also revealed that women of low/very low social class used passive avoidance coping than women of medium or high social class. However, this difference was marginally statistically significant (p = 0.051). There was no significance association between age, educational level, medical characteristics and child existence [14].

Conclusion

Results of the study concluded that infertile women will do experience disturbed psychosocial wellbeing and they seek social support in order to cope with the infertility stress. They use varities of coping mechanism to adjust with the infertility. Therefore it is the responsibility of healthcare professionals to identify those infertile women who need support and counseling so that they can improve their psychosocial wellbeing.

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