

## **AN EXPLORATORY STUDY ON PSYCHOSOCIAL IMPACT OF INFERTILITY AMONG PRIMARY INFERTILE WOMEN**

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### **Introduction & Background of the study**

The desire for parenthood is a basic biological drive. Fertility has been one of human's most desirable attributes since the origin of humanity. The inability to bear children creates a developmental crisis for a woman, disrupting her identity, her relationships; and her sense of meaning in life. Furthermore, she is being relegated to an inferior status and stigmatized with many labels which result in isolation, neglect, domestic violence and polygamy. Moreover, in the absence of social security systems, older people are economically completely dependent on their children and among lower strata of the society, including many farming families; children provide help in augmenting the family's income by sharing the family's work.

Infertility is a serious medical concern that affects quality of life and problem for 10 to 15% of reproductive age couples. Although accurate documentation of the prevalence of infertility is lacking, it is generally believed that more than 70 million couples suffer from infertility worldwide. It has become an emerging issue in developing countries, like India, which needs to be studied extensively as it also has a significant impact on personal and social relationship of women.

Being an important part of health team, a nurse must aim at giving comprehensive nursing care to the patient in which her physical, psychological, social and spiritual aspects are to be taken into consideration. Care is not complete if one of these aspects is ignored. Therefore, it is essential to assess the psychosocial problems faced by infertile women so that one can understand their psychosocial needs and then plan for appropriate nursing interventions for high standard care.

### **Objectives**

1. To assess the psychological impact of infertility among primary infertile women.
2. To assess the social impact of infertility among primary infertile women.
3. To determine association of psychosocial impact of infertility among primary infertile women with selected socio demographic variables.

### **Material &Methods**

An exploratory research design and triangulation approach was used to assess the psychosocial impact of infertility among primary infertile women seeking treatment at selected infertility clinics of district Ludhiana. 100

subjects were chosen by convenience sampling technique. Data was collected by structured interview schedule using five point Likert scale with five alternate responses for each question such as always, sometimes, uncertain, rarely and never. The tool had been divided into three parts:-

**Part -A**

This part contains patient's information and further divided into two parts.

- a) *Socio-demographic Data*
- b) *Infertility Profile of Women*

**Part-B**

*Psychological Impact of Infertility (PII)* It had two sections:

- Section I- Depression*
- Section II- Anxiety*

**Part- C**

*Social Impact of Infertility (SII)* it had four sections:

- Section I- Family*
- Section II- Marital relationship*
- Section III- Sexual relationship*
- Section IV- Social interaction*

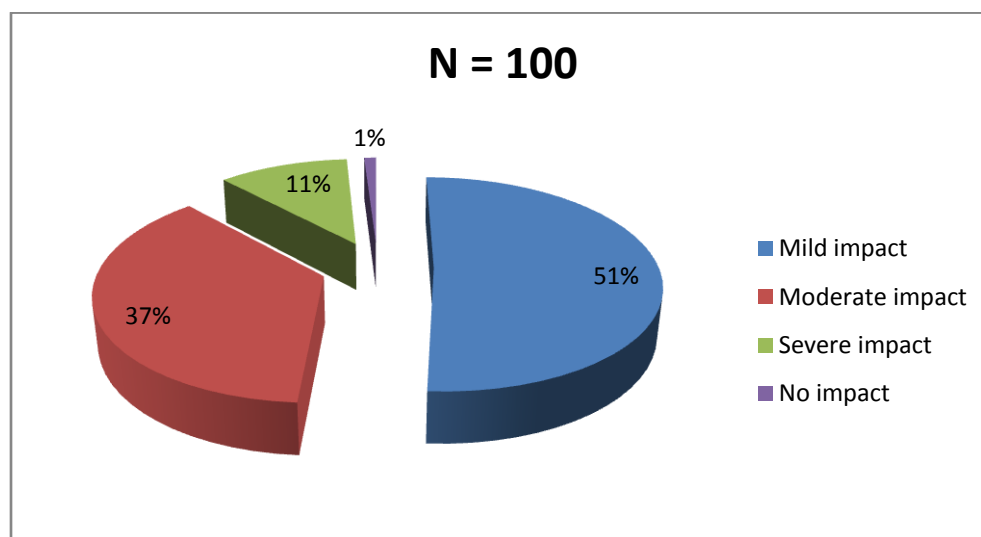
Last section of tool had one open ended question.

Content validity of the tool was established through the expert's opinion. The reliability of the tool was 0.7 for psychological impact of infertility and 0.8 for social impact of infertility.

**Ethical Consideration:** Subjects were informed about the study objectives, type of information required from them and their right to withdraw themselves from the study at any time without any penalty. Written consent was also obtained from each study subject prior to data collection.

**Results:****Sample Characteristics**

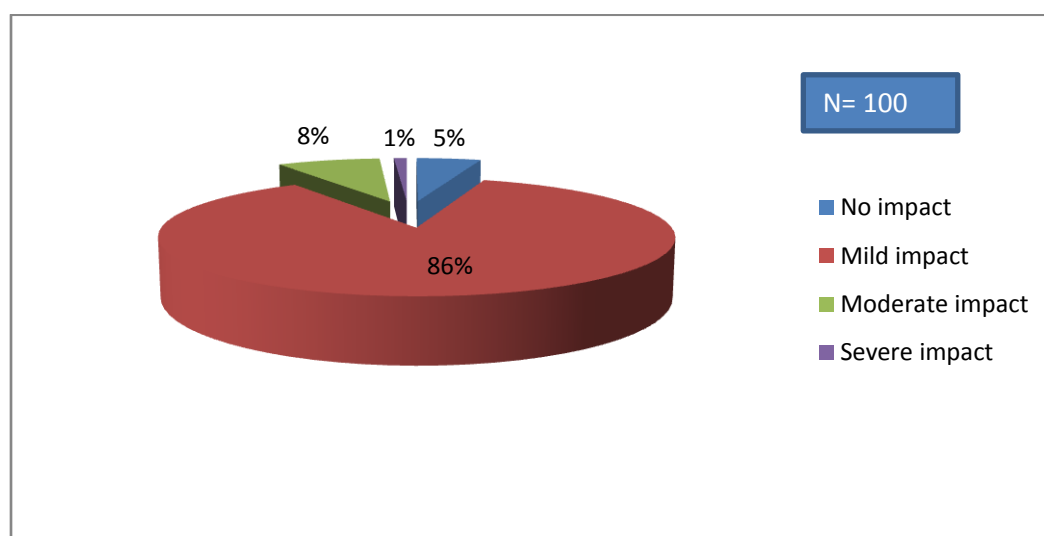
Out of 100 subjects, 46% of the subjects were in the age group of 26-30 years, 54% were graduate and above and nearly half (51%) of the subjects belonged to Hindu religion. Majority (74%) of the subjects were housewives, 64% were from joint family, slightly more than half (55%) of the subject's marriage duration were from 3-6 yrs followed by 66% of the subjects monthly family income were in the range of 26000-45000 and nearly same percentage (61%) of the subjects belonged to urban area. As far as the infertility profile of the subject was concerned, 38% of the women's weights were falling between 50-60 kgs, majority (89%) of the subject knew their cause of infertility, out of this 54% had female causative factor. More than one third (36%) of the subjects were taking treatment since 1-3 years and majority (72%) of the subjects spent money Rs. >90,000 on their treatment.



**Maximum score = 200; Minimum score = 01**

**Figure 1: Percentage Distribution of Subjects as per Psychological Impact of Infertility**

Figure 1 depicts the percentage distribution of subjects as per psychological impact of infertility among primary infertile women attending selected infertility clinics. About half of the subjects (51%) had mild psychological impact of infertility, 37% subjects had moderate psychological impact followed by 11% of the subjects with severe psychological impact of infertility and least of them (1%) had no psychological impact of infertility.



**Maximum score = 110; Minimum score = 01**

**Figure 2: Percentage Distribution of Subjects as per Social Impact of Infertility**

Figure 2 represents the percentage distribution of subjects as per social impact of infertility among primary infertile women attending selected infertility clinics. Majority of the subjects (86%) had mild social impact, 8% subjects had moderate social impact followed by 5 % subjects with no social impact and least number of subjects (1%) had severe social impact.

**Table 1: Association of Age, duration of marriage & monthly family income with psychosocial impact of infertility (N=100)**

Variables	Mean± SD	F value
<b>Age (in years)</b>		
21-25	116.33± 35.91	<b>0.102</b> <b>p = 0.982<sup>NS</sup></b>
26-30	116.80 ± 33.44	
31-35	118.43 ± 32.65	
36-40	115.94 ± 37.89	
41-45	129.00 ± 53.11	
<b>Duration of marriage (in years)</b>		
3-6	110.49± 30.88	<b>2.125</b> <b>p = 0.102<sup>NS</sup></b>
7-10	128.04 ± 31.29	
11-14	129.46 ± 47.26	
>14	114.00 ± 32.76	
<b>Monthly Family Income (in Rupees)</b>		
<5000	158.00± 45.26	<b>3.096</b> <b>p = 0.01<sup>**</sup></b>
5000-25000	116.39 ± 33.29	
25001-45000	120.55 ± 33.79	
45001-65000	114.50 ± 29.08	
>65000	101.62 ± 22.48	

\*\* highly Significant (p>0.01)

NS= non significant (p>.05)

SD= Standard deviation

As in table 1, the highest mean score (129.00 ± 53.11) was found in the age group of 41-45 yrs followed by the age group of 21-25 yrs with the mean score of 116.33 ± 35.91 and lowest mean score 115.94 ± 37.89 was found in 36-40 yrs. Hence, as age advances, infertile women had more psychosocial impact of infertility.. The mean score was maximum(129.46 ± 47.26) in the marriage duration of 11-14 years followed by mean score of 128.04 ± 31.29

with marriage duration of 7-10 years, whereas least mean score ( $110.49 \pm 30.88$ ) was found in subjects with 3-6 year marriage duration. However, the association of age and duration of marriage was not statistically significant with psychosocial impact of infertility at the  $p > 0.05$ . The highest mean score ( $158.00 \pm 45.26$ ) was found in the subjects with monthly family income Rs.  $<5000/-$ , mean score of  $120.55 \pm 33.79$  with monthly family income of Rs.  $25001-45000/-$  followed by least score ( $101.62 \pm 22.48$ ) was found with the monthly family income Rs.  $>65,000/-$ . The association of monthly family income with psychosocial impact of infertility was found to be highly significant at  $p > 0.001$ .

The Narrative data findings of present study highlighted the feeling of subjects like stress, negative self perception and exaggerated wish for child and increased social pressure due to their infertility problem

## Discussion

The present study revealed that half of the subjects (51%) had mild psychological impact, 37% with moderate psychological impact followed by 11 % experienced severe psychological impact and only 1% with no psychological impact. Likewise, the narrative data findings of present study highlighted that the subjects felt stress, negative self perception, exaggerated wish for child. The finding of the present study was supported by Oddens Bjorn J. et al. (1999) who reported that the prevalence of the negative feeling (shock, embarrassment, anger, feeling hurt and feeling depressed) were higher among the women with fertility problems than women without fertility problems.

In same way, another study conducted by Donkar ES, Sandall J. in 2007 supported the findings and showed that majority of women (64%) felt stigmatized due to increased infertility related stress among infertile women who were seeking infertility treatment. As far as social impact of infertility was concerned, present study findings illustrated that majority of the subjects (86%) had mild social impact, 8% had moderate social impact followed by very few subjects (5%) had no social impact and only 1% had severe social impact of infertility. Moreover, primary infertile women also reported the increased social pressure due to their infertility problem. Similarly, a qualitative study was carried out by Nieuwenhuis Sonja L. et al. (2009) supported the finding which illustrated that infertile women were under social pressure and taunted by her in-laws, neighbours and relatives and did not get any support from society. Likewise, another study done by Wiersema et al., in 2006 reported in their survey that infertile woman experienced the secrecy and social pressure.

## Conclusion

From the research findings, it concluded that majority (86%) of the subjects had mild social impact of infertility, whereas half of the study subjects (51%) had mild psychological impact of infertility. Likewise, from narrative analysis study results also concluded that infertility had affected their personal, psychological and social aspects of life. Personally, it affected their marital relationship and could cause financial inadequacy and had feeling of

self discontentment. Psychologically, it provoked stress, negative self perception, and aggravated wish for motherhood. A social effect of infertility was expressed by study subjects as feeling of increased social pressure. Primary infertile women used coping mechanism to deal with it in positive way by accepting their infertility and had a hope on God, and negative way by avoiding the group interaction and ignoring the society comments.

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