

Emotional Distress of Women Who Undergone Infertility Treatment A Comparative Study

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Abstracts

Procreation is a compelling goal for many women, but not for all. Motivations for pregnancy are varied and complex and only some of them are conscious. The desire for a pregnancy is not always the same as the wish for a child. Infertility is the inability to conceive is an enigma of mankind. Infertility is increasing at dramatic rate across all age groups. Infertility is a complex life crisis, psychologically threatening and emotionally stressful (Menning, 1980).being labeled as infertile is devastating to the couple. It can change every aspects of a person's life. One's self esteem, one's dream of the future, and one's relationship with others may all be affected. The sample of the present study consist of 60 subjects belonging to different age, religion, education, place of residence, income etc.The sample were selected from different hospitals and clinics in Trivandrum, Kollam districts, on the basis of purposive sampling. The aim of the study was to investigate the emotional distress of women who undergone infertility treatment. The Emotional Distress Inventory (EDI) was administered to obtain the scores of emotional distress of the present population. The results shows that there was significant difference between pregnant women and women those who undergoing treatment in the variable emotional distress.

Keywords: emotional distress, infertility.

Date of Submission: 24-01-2022

Date of Acceptance: 06-02-2022

I. Introduction

Infertility is the inability to conceive is an enigma of mankind. Infertility is increasing at dramatic rate across all age groups. Infertility is a complex life crisis, psychologically threatening and emotionally stressful (Menning, 1980).being labeled as infertile is devastating to the couple. It can change every aspects of a person's life. One's self esteem, one's dream of the future, and one's relationship with others may all be affected. Childlessness is generally a tragedy and can be a cause of marital upset as well as of personal unhappiness and ill health. The degree of stress and desperation felt by infertile couple is emphasized by the fact that suicide among childless couples is approximately twice as frequent as among couples with offspring.

Types of Infertility

There are many types of infertility which could be summed up in the following ways:

- **Primary Infertility:** - Primary infertility is a term used to describe a couple that has never been able to conceive a pregnancy after a minimum of one year of attempting to do so through unprotected intercourse.
- **Secondary Infertility:** - Secondary infertility is usually defined as the inability to conceive or carry a pregnancy to term after successfully and naturally conceiving one or more children.
- **Sub fertility:** - Infertility that is not "absolute", or "complete infertility" that is, there is a chance of pregnancy, but the chance of getting pregnant each month is reduced. A less than normal capacity for reproduction is called as sub fertility.
- **Male Infertility:** - Male infertility refers to infertility in male humans. Being infertile has nothing to do with male sexual prowess (virility), but rather with the absence of healthy sperm in the semen that are capable of traveling to meet the ovum.
- **Female Infertility:** - Female infertility refers to infertility in female humans. Infertility in a couple that relates to factors associated with the woman rather than the man. For a woman to be fertile, her reproductive organs must be healthy and functional.

- **Infertile couple face the following problems:**
- **Shock:** in most cases, infertility is not diagnosed until after one year of unsuccessfully trying to conceive. For many couples, infertility is very difficult to accept. Most couples initially respond with feeling of shock and disbelief.
- **Denial:** another process of the emotional process is often denial. Denial is often unhealthy if it lasts for a prolonged period and prevents from accepting the reality of infertility.
- **Fantatisng:** for somewomen, denial also leads to fantasising-and they dream of what life would be like with a child. They feel that all their problems would be solved if they got pregnant. They lose touch with reality and every time they start treatment, they think they are going to conceive. They find it difficult to cope when it fails.
- **Guilt:** Guilt is an unfortunate but common response to infertility. Some individuals may feel that they are being punished for past sexual activities or an elective abortion. Often infertile partners may feel th at they are depriving fertile partners of the opportunity to have children.
- **Bargaining:** This is the common response especially if they believe in god. Many infertile patients have visited an endless number of temples and “holy men”-and done yagnas and tapasya-in order to conceive, often at considerable expense.
- **Blame:** They may blame one another for their inability to conceive, especially when only one member is infertile.also,may respond differently to the emotional aspects of infertility.
- **Sadness and depression:** The number of losses associated with infertility makes depression a very common response. In addition to the loss of a baby, infertility represents the loss of fulfilling a dream and the loss of a relationship that they might have had with a child.
- **Hopelessness:** Hopelessness is related to depression and usually results from the up and down cycle of emotions produced by infertility and its treatment. But if the cycle is unsuccessful hopelessness can occur, and may feel that they will never become pregnant.
- **Anger:** Anger arises from having to confront a great deal of stress and many losses, including the loss of control. It is not unusual to represent pregnant women, and friends and family who do not seem to understand tension associated with infertility. Many infertile couples are angry with god as well, because they feel god is giving them a very raw deal, for no fault of theirs.
- **Isolation:** Feeling alone is a common experience among infertile couples and makes coping even more difficult. Most people cannot comprehend the complex feelings associated with infertility.
- **Need and significance**

The achievement of parenthood is evidence of virility and potency for a man and of femininity and a distinctive womanhood for a woman. Giving birth to a baby is one of the most normal and natural physiological functions which a women performs. In humans, pregnancy is as psychological as it is physiological. Pregnancy is regarded as a joyful and exciting time in a women’s life. “A woman becomes a woman when she becomes able to bear children and continued childbearing is irrefutable evidence of continued femininity”. But not all women have the capacity to giving birth to child. This condition is called infertility. Infertility is not only a physical ailment, but also a psychological and social problem. Most of the attention is focused on the physical aspects of infertility. The emotional aspects often go ignored and untreated. Because infertility is such a personal and private issue, many couples do not share their experience openly with friends and family.Men and women are affected by infertility in different ways. Women are typically seen, by others as well as themselves, as the emotional caretakers or providers of the relationship. Women typically feel responsible not only for everyone’s bad feelings, but also for anything bad that happens. When women try to repress feelings, their emotions can become more ominous until they finally feel out of control. Their emotions can become a monster about to swallow them whole. Infertile Women had markedly higher anxiety and depression scores than other women.Men are traditionally seen as the financial providers of the relationship and are responsible for protecting the family from real or imagined dangers. Men usually feel more threatened expressing themselves since they have often been conditioned to repress their emotions. They are trained to be more instructional to take charge, to make decisions and to think without being sidetracked by emotions.The infertility leads to people are emotionally distress and affect their quality of life. So those people may highly spiritualize. By knowing the psycho-social factors associated with infertility, it is more relevant and helpful to the investigators and health care professionals, to know more about the subjective state of the couples and may also facilitate the process of investigation and treatment.

Objectives

The objective of the study is to find out the emotional distress of women who undergoes infertility treatment.

Method

A brief description of the methodology adopted in the study is as follows;

Sample

The sample of the present study consist of 60 subjects belonging to different age, religion, education, place of residence, income etc.The sample were selected from different hospitals and clinics in Trivandrum, Kollam districts, on the basis of purposive sampling.

Variable

The following variable is selected for the present investigation;

- 1. Emotional distress

Tools

- a. Emotional Distress Inventory (EDI)
- b. Personal Data schedule

Statistical Techniques

The data was analysed using Statistical Package for Social sciences(Version 21). t-test was computed to find the results.

II. RESULTS AND DISCUSSION

The aim of the study was to investigate the emotional distress of women who undergoes infertility treatment.The sample consists of 60 subjects belonging to different age, religion, education, place of residence, income etc

Table I: Data and Results of t-test for the variables.

Variables	Treatment/pregnant	N	mean	Std.deviation	t-value	Sig.
EMOTIONAL DISTRESS	treatment	30	70.0000	2.08443	6.891	.000
	pregnant	30	65.0667	3.32113		

The table shows that there is significant difference between pregnant women and women those who undergoing treatment in the variable emotional distress. Because whenever under treatment are anxious about the effectiveness of the ongoing treatment and how far they would give birth to a healthy child. They have fear regarding the side effects of the treatment and also doubt whether the treatment have any impact on their baby. So it is clear that they experienced emotional distress than the pregnant women. The t value of emotional distress, is found to be 6.891.

The mean score of emotional distress of women undergoing treatment is found to be 70.000.The mean score of emotional distress, of women undergoing treatment is found to be 65.0667.. The t obtained was 6.891, which was statistically significant at 0.05level.

Callen and colleague (1988) conducted a study and found that patients who continued with treatment perceived the psychological burden of treatment no differently from those who discontinued because they were more optimistic about the chances of success with further attempts.

III. CONCLUSION

Stress is a consequence of and perhaps a contributor to female-factor infertility is a well-established finding .Furthermore, it appears that infertile women experience greater levels of distress than do infertile men. When infertile partners are evaluated, women experience more psychological distress than men with respect to anxiety, cognitive disturbance, depression, and hostility(Wright J,1991).While anxiety and depression scores for infertile women are lower than women with other medical conditions, they are statistically similar to those obtained by women with serious medical conditions(Domar D,1993).

Stress for women can be associated with not only the diagnosis but also the treatment procedures, many of which are either physically or pharmacologically invasive. Intrusive thoughts and avoidant ideation along with anxiety and depression are characteristics of the normal response to traumatic stressors.

Limitation of the study

The size of the sample is inadequate to reach stable generalizations of the results.

Limited time

The study should have been more exhaustive with respect to the number of variables included.

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Dr.Anithakumari T.T, et. al. "Emotional Distress of Women Who Undergone Infertility Treatment A Comparative Study". *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 27(02), 2022, pp. 54-57.