

Psychosocial Wellbeing Among Primary Infertile Women Attending Infertility Clinic In Bengaluru

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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.

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I. Introduction

Infertility is a condition in which a married woman experiences infertility for reasons that can be resolved through medical intervention (Maker et al., 2002). According to the World Health Organisation (WHO), men are accountable for 40% of the causes, women are liable for another 40%, and the other 20% are the fault of both (WHO, 2019). Even after engaging in regular sexual activity for a year, about 1 in 5 couples develop infertility or are unable to conceive. According to Sadler AG (1998), over 75% of diagnosed couples look into other medical treatment alternatives before starting a family. In contrast, 50% to 60% of couples don't become pregnant until after receiving medical care (Andrews et al 1991)

According to research on the psychological effects of infertility, infertile couples are more likely to feel emotional discomfort, such as anxiety, depression, and low self-esteem. (Greil, Ulrich, Wischmann, Sherina MS.)After a woman is found to be infertile and while she is undergoing treatment for infertility, high levels of suffering are brought on by familial, social, and economical dysfunction (Kee BS, McQuillan, Greil AL). The stress level rises as the length of infertility lengthens. Anxiety and depression are more prevalent in those who have been infertile for a longer period of time.

The self-esteem of women is always negatively impacted by infertility (Hasanpoor, 2014). Couples who are unable to conceive face sexual identity loss, childlessness, and the absence of motherhood. Loss of status and self-worth interferes even with tight relationships with spouses (Hart, 2002). Infertile couples have a loss of identity that alters their interpersonal interactions and social interactions (Beutel M). Due to issues with familial and societal relationships, their sexual life is disturbed (Greil AL, Winkelman, Benazon N). Distress, frustration, emotional vulnerability, rage, feelings of rejection, social isolation, and sadness are just a few of the symptoms that women encounter (Ghavi F, 2015).

With their current symptoms of sadness, social withdrawal, isolation, sobbing, insomnia, and other issues, they feel guilty since they don't live up to the expectations of their spouse, family, and society. Even so, they experience family abuse, social prejudice, and pressure to be divorced (Karaca A, Pedro A 2015). The majority of women turn to their spouses, doctors, family members, and friends for support and reassurance in order to deal with their challenges (Gourounti K, Joshi HL, 2012). According to Jahromi MK and Aflakseir (2015), the woman uses a variety of coping mechanisms to deal with stress, including crying, acting passively

and in denial, changing the source of the stress, talking about and solving the issue, and adopting emotion-focused coping techniques.

II. Methods

The investigation was carried out at a hospital affiliated with a medical college's infertility clinic. This hospital sees roughly 8 to 10 outpatient primary infertility patients each day. In OPD counselling sessions, the ladies frequently discuss their infertility-related issues. In order to learn more about women's emotional and social wellbeing, this exploratory study set out to do so. The study includes all of the women who routinely visit the clinic and are receiving therapy. To evaluate the psychosocial issues faced by women, two scales were used. The instrument was created using the psychological assessment test scale (PETS), which assesses the severity of the issues women experience as well as their level of emotional wellbeing and social adaptation.

The PET scale was changed from 40 items to 22 items. The score was between 26 and 86. This was classified into three categories: minor issues with scores under 35 (40%); moderate issues with scores between 35 and 53 (41-60%); and severe issues with scores over 53 (>60%). Mild issues reflect good psychosocial wellbeing, moderate issues show medium wellbeing, and severe issues reveal low wellbeing. The women were instructed to score their psychosocial wellbeing on the scale in accordance with how they felt.

III. Results

The subjects' average ages were 31.26 3.27. Nearly 44% of women had completed their education through the 12th grade, 82% were housewives, and 56% were from nuclear families. The average marriage lasted 6.07 3.34 years, and 80% of women had social assistance. 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)	
21-30	62
31-40	32
41-50	06
Duration Marriage (yrs)	
1-4	28
5-8	42
More than 8	30
Duration of treatment(yrs)	
1-3	48
4-6	26
More than 6	26
Exposure to no. of counseling	
1-3	52
4-6	20
More than 6	28

Tabel-II: Degree of psychosocial problems among the women

Psychosocial Problems	
Mild (<25)	32
Moderate (25-39)	62
Severe (>39)	6

The mean score for psychosocial problem was 31.66± 8.557 and 32% of women had mild problems which demonstrated good psychosocial wellbeing. Likewise, 6% 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 women characteristics.

By two tailed 't' test

* - Significantat p value < 0.001

Characteristics	Psychosocial wellbeing (mean score)	't' value
Age		
Less than 30 yrs	98.32	20.3978
More than 30yrs	102.00	
Occupation		
Employee	91.53	9.8219*
House maker	62.43	

Family Type		
Nuclear	82.5	15.3995*
Joint	110.0	
Years of marriage		
Less than 5yrs	107.27	10.6641*
More than than 5yrs	81.42	
Education		
Undergraduate	42.60	19.6398*
Post Graduate	94.58	

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

IV. Discussion

Our society has long held infertility in high regard. Despite the fact that we are aware that women are not always to blame, this guilt persists. Her relationship with her spouse is strained due to the expense of the inquiry, the time commitment required, and the protracted wait for the results. The assurance and support network give her new optimism that she can handle the circumstance well. The woman experiences infertility-related problems such anxiety, depression, low self-esteem, high psychological stress, marital crisis, separation, and divorce most commonly. In the current study, women who were mostly infertile were reviewed and their current psychological conditions were looked at. The highest percentage (34.38) of psychological wellbeing and coping (26.77) was found among women in the 20–30 age group. Housewives experienced greater psychological issues than workers (mean=32.21 vs. mean=28.22). In a similar vein, S.J. Dyer et al. (2005) found a strong correlation between involuntary childlessness and high levels of psychological suffering.

Education, the type of family, and the length of marriage all had an impact on the degree of well-being. However, Newton et al. found that couples with higher levels of education experienced less stress than couples with only a high school degree, and that the stress levels were not significantly influenced by the couples' occupations (C.R. Newton et al. 2012). Sherina MS found that less educated women had twice as many depression symptoms as women with formal education. Likewise, infertility. Similar to stress and crisis, infertility affects the woman's emotional and psychological state and has an impact on the stability of her personal, marital, sexual, relational, and social lives (Jafarzadeh-Kenarsari F etal, 2015). Numerous studies have shown that factors such as the age of the woman, the length and reason of the infertility, the test for infertility, treatment failures, social support, stigma, psychiatric morbidity, and psychological therapies obtained are all related to stress related to infertility (Patel A etal, 2016).

V. Conclusion

Living without children is like having nightmares all the time. Following her infertility, the lady is universally rejected on a physical or mental level. Her approach to coping with her infertility is more influenced by her spouse's support, her family's tolerance of her situation, the cost of treatment, and the society she lives in. The current study discovered that although primary infertile women are psychosocially well-adjusted, they occasionally experience depression and lose desire in receiving further testing and treatment. They displayed emotional outbursts and were socially reclusive in all activities. They have trouble sustaining good relationships with their spouses, families, and society. In order to support and enable the infertile lady to cope with the issues and live a healthy and happy life, we need to step up the counselling process and include the spouse and family members.

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