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Coping with infertility: An assessment of coping mechanism among women with infertility

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Abstract

Background and Objectives: Women with infertility problem living in traditional and developing countries face extensive stress which possibly affects their choices of coping strategies. The aim of the study was to assess the level of coping among the women with infertility.

Materials and Methods: A non-experimental, uni-variant descriptive survey design was used which included 200 infertile women in two infertility centres of Dehradun. The self-developed Likert coping scale was administered to all the participants.

Result: The descriptive and inferential statistics were used to analyse the data. In terms of levels of coping, majority of women (66.5%) were having inadequate coping followed by 33.5% were having moderate coping. Moreover, none of woman had good coping towards infertility. The findings showed that level of coping strategies was not significant with the selected of demographic variables as ($p>0.05$).

Conclusion: Our study revealed that approximately two third of the women had inadequate coping strategies which may leads to severe psychological condition. So there is a need of psychological counseling for all women with infertility along with all household work and hobbies.

Keywords: Infertile women, coping mechanism, infertility

Introduction

Infertility is a major reproductive health consequence with potentially profound impacts on an individual's wellbeing. According to WHO, one in every four couples suffer from infertility problems? Infertility is a highly stressful condition that can severely damage the interpersonal, marital and social relationships of both male and female. Both the couple bears the burden of infertility. In such situation coping strategies can play a key role in women's ability to protect and maintain her physical health (Mazaheri *et al.*, 2001) [1]. Coping has been defined as an individual's behavioural and cognitive efforts to manage stress to deal with stressful situation (Mazaheri *et al.*, 2001; Stangor and Walinga, 2019) [1]. Infertility is also a major stressor with potentially devastating effects on a person's life and health in physical, psychological, social and financial dimensions (Rooney and Domar, 2018; Hasanpoor, Simbar and Vedadhir, 2014). So both couple needs a way to cope with the infertility crisis (Beaurepaire *et al.*, 1994 and Korai *et al.*, 2018) [5]. Many of the studies carried out on coping strategies of infertility but of the studies have in descriptive and quantitative, and only few of them were qualitative, involved the qualitative examination of infertile people seeking treatment (Zandi *et al.*, 2017, Donkor and Sandall, 2009) [7, 8]. Effective coping is an important source of wellbeing and psychological adaptation in stressful situations like infertility and affects individual's physical and mental health (Dyrbye *et al.*, 2005) [9]. Lazarus defines coping as a response to psychological stressors like infertility. Such response as an individual attempt towards overcoming harmful, threatening and challenging conditions. Coping mechanism and coping strategies were direct and active inclinations or desire towards eliminating stressful situations like (Lazarus 1997; Domar *et al.*, 1992). All dimensions of health complexities of women with infertility and dearth of knowledge necessary to gain deep understanding of many aspects of this problem are very important. Moreover, the strategy of coping is associated with a person's perceived experience, background and characteristics. Therefore considering all these mentioned issues to explore the fertility coping strategies from the perspective of those who have experienced it who can offer valuable insight to this coping strategies. Thus, considering these issues the investigator wanted to assess the levels of coping among women with infertility.

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Material and Methods

A quantitative survey approach was used and was a non-experimental, uni-variant descriptive survey design was used. Two infertility centres were selected in Dehradun city in fulfilling the purpose of the study during one month duration. A total of 200 participants included in the study who attended the OPD of selected infertility clinics of Dehradun were recruited. A purposive sampling technique was used and selected among 200 women with infertility (15-45 years) attending OPD of infertility clinics. The inclusion criteria were as follows: Women who had failed to conceive after 12 months of unprotected regular intercourse, in the reproductive age groups, included both primary and secondary infertility, those who had not adopted any family planning methods, able to understand Hindi or English and living with their spouse. This study was approved by Research and Ethics committee of HNB Medical Education University, Dehradun. Oral and written informed consent was from all the participants before data collection.

Data Collection

After explaining, the informed consent form was obtained from each participant and they were requested to complete the questionnaires with strictest confidentiality of information and anonymity of the participants were maintained. It included information on personal data (age, education, occupation, income, and type of family, substance use and subjection to stress, time span of infertility). A total of 8 items were there in demographic variables. The major coping level was assessed by self-developed likert coping scale which consisted of 15 items. Each item had 5 options such as never, rarely, sometimes and often. The scoring for each item never-0, rarely-1, sometimes-2, often-3, almost- 4. For negative items scoring was reversed such as never-4, rarely-3, sometimes-2, often-1, and almost-0. Total score of coping was 0-60. Scores were interpreted as below: Score 0-19 inadequate, 20-40 moderate and 41-60 good coping.

Statistical analysis

The data was analysed by using statistical descriptive and inferential statistics. Quantitative data were expressed by using frequency and percentage. Chi-square test (χ^2) or Fisher's exact test was used to detect association between variables. A p value < 0.05 was considered statistically significant.

Result

The summarized result was provided in the Table No.1 showed that 82% were in the age group of (25-34) years and 18% were in the age (35-44) years. With regard to their educational status highest 34.5% had secondary education. As per their occupation 72% were home maker, 23.5% were private employees and 4.5% were Government employee. As per their income the highest 51% had income above Rs.10, 000/ month, surprisingly nobody had the income \leq Rs.5, 000 / month. If we consider the type of family highest 61.5% belongs to nuclear where as 38.5% were joint family. With regard to substance use 98% were not using any substance. In contrast to the subjection of stress reduction therapy maximum 99% women were not subjecting any stress reduction therapy. About their span of infertility 48.5% had 2-5 years, 36.5% had 6-9 years and 15% had more than 10 years of infertility. In terms of levels of coping, Figure-1 highlighted that majority of women (66.5%) were having inadequate coping followed by 33.5% were having moderate coping. Moreover, none of woman had good coping towards infertility (Table-2). The mean \pm SD coping score was 42.04 ± 5.77 . Table-3 depicts the assessment of level of coping and their association between selected demographic variables. The result showed that the age group ($p= 0.714$), educational status ($p=0.390$), occupation ($p=0.673$), monthly income ($p=0.173$), type of family ($p=0.497$), substance ($p=0.303$), stress reduction technique ($p=0.111$) and span of infertility ($p=0.108$) were not significantly associated with levels of coping among the women towards infertility. Therefore, levels of coping have shown no significant association with demographic factors of the women.

Table 1: Frequency and percentage distribution of women with infertility on the basis of their selected demographic variables. (N=200)

Variables	Sub variables	Frequency (N)	Percentage (%)
Age in years	25-34	164	82.0
	35-44	36	18.0
Education	Informal	23	11.5
	Primary	16	8.0
	Secondary	69	34.5
	Diploma	39	19.5
	Degree and Above	53	26.5
Occupation	Home maker	144	72.0
	Private	47	23.5
	Government	09	4.5
Income/ month	$\leq 5,000$	0	0.0
	5001-7,500	31	15.5
	7,501-10,000	67	33.5
	$>10,000$	102	51
Type of family	Nuclear	123	61.5
	Joint	77	38.5
Substance use	Yes	4	2.0
	No	196	98.0
Subjection to stress reducing therapy	Yes	2	1.0
	No	198	99.0
Span of infertility (in years)	2-5	97	48.5
	6-9	73	36.5
	10-14	30	15

Table 2: Levels of Coping among women with infertility. (N=200)

S. No.	Levels of Coping	Frequency	Percentage	Mean ± SD of coping score
1.	Inadequate coping	133	66.5%	42.04± 5.77
2.	Moderate coping	67	33.5%	
3.	Good coping	00	00%	

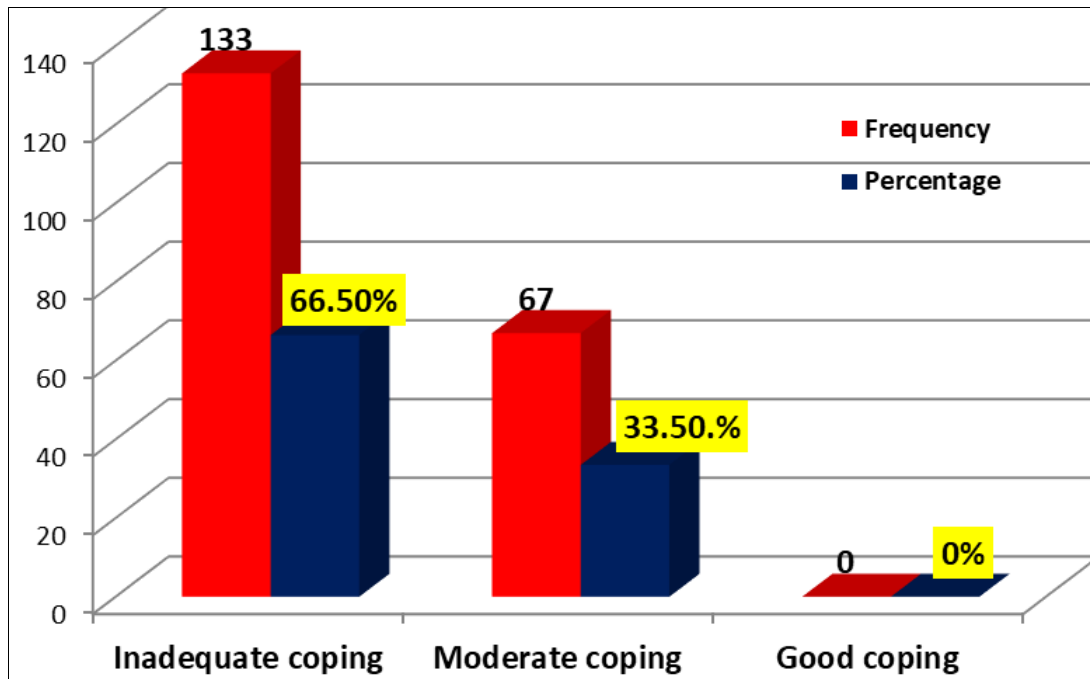


Fig 1: Levels of coping among the women with infertility

Table 3: Association between levels of Coping among women with infertility on the basis of their selected demographic variables. (N=200)

Variables	Sub-variables	Moderate coping	Inadequate coping	Chi-square/Fisher's	df	p-value
Age (Years)	25-34	54	110	0.134	1	0.714
	35-44	13	23			
Education	Informal	9	14	4.119	4	0.390
	Primary	5	11			
Secondary	17	52				
Occupation	Diploma	15	24	0.791	2	0.673
	Degree and Above	21	32			
	Home maker	46	98			
Income	Private	17	30	3.504	2	0.173
	Government	4	5			
	≤5,000	0	0			
	5001-7,500	10	21			
Type of family	7,501-10,000	17	50	0.461	1	0.497
	>10,000	40	62			
Substance Use	Nuclear	39	49	2.056	1	0.303
	Joint	28	84			
Subjection to stress reduction technique	Yes	0	4	4.010	1	0.111
	No	67	129			
Span of infertility	Yes	2	0	4.448	2	0.108
	No	65	133			
	2-5	31	66			
Span of infertility	6-9	30	43	4.448	2	0.108
	10-14	6	24			

Discussion

The result of this study revealed that most of the women with infertility had inadequate coping and their age 25-34 years, secondary education, homemaker, highest income group, nuclear family and 2-5 years of infertility though these were non significance ($p>0.05$). 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 was contradictory with a descriptive evaluative conducted by Farzadi *et al.*, 2007^[11]. The women with infertility usually respond towards life in this form of deep sorrow and grief, crying and praying the God. In some study attempt is made to reveal against the stress and coping techniques by women with infertility in South Indian population.(Farzadi *et al.*, 2007; Ramazanzadeh *et al.*,2009; Lemmens GMD *et*

al., 2004) ^[11, 13, 14] in their studies have already established, women who adopted better coping strategies are more socially dynamic and be likely to express their opinions. A women suffer from a variety of psychosocial problems because of infertility and they adopt emotion – focused coping methods by (Aysel Karaca, Gul Ansal, 2015) ^[15]. In agreement of other studies (Al- Homaidan, 2011; Pinar and Zeyneloglu, 2012; Ozkan and Baysal, 2006 and Noorbala *et al.*, 2007). The experience of social support against the conditional demands is not similar to probable factor (Benight and Bandura, 2004) ^[16]. But increase in support via increase in coincident capabilities and abilities at the time of facing challenges and overcoming the problems. Playing the role of mother is the most important convincing role of women. Receiving support from others cannot have a great effect on solving infertile person's problem.

Conclusion

Infertility manifests as a life crisis that requires adaptation and coping, especially for women. The investigator found that infertile women confront stress due to inability to have children. Social pressure and stigmas were frequent problems that these women encountered. The investigator also felt that excessive responsibility towards society and their spouses, and deemed being unable to have a child as a burden. Having children was vital for these women, and being unable to do so negatively affected their view of life and caused great harm to them. The relationship between stress and infertility forms a vicious circle which they intensify each other. It is necessary to define women's changing emotional needs, empower them for effective coping which reduce stress. Only the coping strategies help individuals adapt to unpredictable condition in a systematic way. Coping responses are conscious efforts made to control or reduce stress or learn to endure threat.

Conflict of interest

The authors declare no conflict of interest.

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