

Psychological Factors Determining Infertility of Married Women – A Case Study on Coimbatore District

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Abstract

This study estimates the Psychological factors determining infertility of married women - a case study on Coimbatore District. The most important objective of the study is focused on impact of anxiety and depression among infertility married women. The purpose of this study has focused on factors determining the anxiety and depression was used for collecting the data. Data for this study have collected from 300 infertile women from selected private fertility hospital and clinics by adopting purposive sampling technique. This outcome of the study has suggested to that infertility centres and clinics been appointed a psychologist and counsellor to give the solution and accomplish for the well-being of infertility married women.

Keywords:

Psychological Factors;
Anxiety and Depression;
Married women;
Infertility;
Well-being.

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1. Introduction

Infertility is explained as the not a success to conceive a pregnancy last one year or major of proper intercourse without contraceptives, or the failure to having a pregnancy to childbirth (Burns, 1999, Jones and Hunter, 1996). Infertility is a global issue with an approximate 8-12 per cent of couples carry complication conceive a child at a few indicate in their life, impact in elevated of 60-80 million human being (FHI, 2003, RHO, 2004, and Boivin, 2007). The World Health Organization explanation found on two years of difficult to get pregnancy is suggested as the define that is helpful in clinical preparation and examine between various practice (Larsen, 2005). Roughly 1 in 10 couples will struggle each primary or secondary infertile, with primary infertile define as the disappointment to carry out a pregnant behind one year of unsafe intercourse or secondary infertile define as the not a success to conceive consequently in the past experience a successfully pregnancy (Burns and Convington, 2006). It is an increasing issue and beyond practically all culture and society around all over the World and influence an approximated 10 per cent to 15 per cent of couples of reproductive age (Makar & Toth, 2002). Infertile is not a diseases, its treatment can concern all aspect of people live, which can causes of different psychological disorder or importance include disturbance, irritation, depression, anxiety, hopelessness, guilty, and belief of insignificance in living (Hart VA, 2002 & Cousineau

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TM, Domar AD, 2007). Anxiety is addition general response related with infertility (Crick 1997). Woman particularly feels anxiety and strain every month when tiresome to conceive. Each month ahead the start of a new menstrual cycles, a women is repeat of until now a further disappointment (Haynes & Miller, 2003). Depression is a general reaction to this problem. It is the reaction to the unwarranted loses and extended stress produced by the infertility proceeding, infertility couples may have belief of not a success, failure, frustration and betrayal. Infertile couple's unhappiness can convert into sorrowfulness or grief particularly for the failure of the child of their thoughts or the imaginary experience one could split with a children (Ardenti, Campari, Agazzi and La Sala, 1999). Mental stresses, mainly anxiety and depression, consequential from infertile may be due to different factor, include insecurity of the causes of infertility, undecided treatments period, economic stresses, and force from others who discern the couples. Yet, study has recognized no psychological pathologies related with the psychosomatic healthiness of infertility couples (Boivin, 2003, Griffiths et.al 2007, & Venetis, 2011). Thus, recovering mental health issue for such couples has no express manner on getting better their chances of achieve pregnancy (Greil, 1997). Hospitalization for mental health problem has not been observed in such couples however; a few studies analyze have report that when the emotional healthiness of infertility couples and pregnancy women is related, the ratio of anxiety and depression of the previous are essentially high (Sbaragli et.al, 2008). Women emerge to have a high ratio of infertile relate stress than man (Slade, 2007 et.al & Wichman, et.al 2011). Study has also established that better than not complete of the woman acceptance childlessness treatments feels that infertility is the "the majority stressful involvement of their lives". Different information is accessible on factor related with the depression and anxiety of infertile women. Anxiety and depression were attended added in housewives than external employers (Ramezanzadeh et.al, 2004). The studies also initiate that a present cause to the depression and anxiety of these woman was the "loss of sustain as of their husband" (Matsubayashi et.al, 2001). A World Health Organization analyzed of 5,800 infertility patients in 22 developed and developing country establish that man was everyone the alone causes or a denoted issue to infertile in more than partial of the couples. The same studies establish that in only 12.8 per cent of patients was childlessness due only to the women with no comprehensible causes in the man. (Throsby, et.al, 2004) assured that man can practice significant grief when faced with infertile and that this grief with consider to self-esteem, social scar, etc., is possible better in man with male factor infertility than man with unexplored or female factor infertility. The scar connected with infertility lead to the other emotional worries experience by infertility women. The condition is inferior for infantile couples as in much of India: there is vast stress for infantile couples, mostly women, to verify their fertile within the initial year of marriage ceremony. An inability to conceive within month of wedding instantly lead to concern and anxiety about infertility. High ratio of infertile are couples with small or no consideration to the problem in India's health sectors. The following research study was deliberate to Psychological factors determining infertility of married women.

2. Statement of the Problem

Parenthood is one the widespread important living for both men and women. Infertility women were a higher level of Anxiety and Depression symptoms. The anxiety of the non-fulfilment of a desire for an infant has been connected with affecting cry such as anxiety and depression. Infertile women recommended a superior defencelessness to anxiety and depression as an issue that decline the capability to conceive. Conjugal conflicts frequently develop in infertility couple, particularly while they are under force to construct healing decision. Couples understanding disgrace, sense of loss, and diminish confidence in the situation of their infertility.

3. Objectives

1. To examine the Level of anxiety and depression of infertile women.
2. To analyze psychological factors of anxiety and depression infertile women.

3. Research Methods

The study was conducted in Women Fertility Center and Fertility Hospital in Coimbatore district of Tamil Nadu. The study was conducted from December 2018 to May 2019 where a total sample consisted of 300 infertile women. Primary data were collected with the help of interview schedule by adopting purposive sampling method. Those women, who were in the age groups of 18-45 years, women include infertility period of more than one year, diagnosed with primary infertility and confirmed of the infertility by a consultant were selected. A self-prepared Performa was applied for attain background information regarding assured variables including age, education, and occupation, family income, types of family, age at marriage, years of marriage, place of living and cause of infertility was collected. Data relating to psychological factor of infertility was obtained using the Depression and Anxiety. Both qualitative and quantitative types of data have analysed to achieve the objectives. Descriptive analysis used to describe the socio-economic and infertile women. With the help of SPSS package, the data has been tabulated, analysed and qualitative interpretation explained carefully.

4. Result and Discussion

(i) Reliability Analysis on Anxiety

Table 1 KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.954
Bartlett's Test of Sphericity	Approx. Chi-Square	3396.941
	df	66
	Sig.	.000

The anxiety factors have included the worried about sexual weakness, shy in front of others, pained to think of future, guilt without any cause etc. all these factors have rotated in KMO measure of sampling adequacy shows the value of test static. 954 (95.4 %) and (Chi-square = 3396.941, df = 66, p .000), which means the factor analysis for the selected variable is found to be appropriate or good to the data. The data are statistically significant with the value of test static and associated significant level it shows that there exists a high relationship among the variables.

Table 2 Rotated Compound Matrix

Factor Components	Factors		Descriptive Statistics		
	SA	SD	Mean	Std. Deviation	Analysis N
I am worried about my sexual weakness	.713		3.64	1.328	300
My family members don't like me because I don't have children		.856	3.99	1.336	300
Due to mental tension, I feel shy to go in front of others	.749		3.52	1.367	300
My family members don't value my feelings	.714		3.48	1.425	300
I often think that what will my future be?	.768		3.49	1.511	300
I often feel that I have not slept enough	.734		3.46	1.528	300
When I see other couples with children I feel very depressed	.793		3.33	1.537	300
I often worry that my husband may get married again	.819		3.21	1.554	300
I often experience a sense of guilt without any cause	.663		3.32	1.599	300
I often sorry with my husband, that I have impotency		.738	4.31	1.293	300
People seems to get into my way and frustrate me a lot		.782	4.13	1.317	300
I see many emotional dreams that distrub my thoughts, when I wake up		.856	3.99	1.336	300
I often think that my importance in the family is decreasing due to the infertility problem	.714		3.48	1.425	300
I get worried, when I think what will happen to my spouse after my death	.734		3.46	1.528	300
I get nervous when I wait too long to consult a doctor	.793		3.33	1.537	300
I am anxious about the future whether my treatment become successful or not	.809		3.20	1.564	300

Source: Computed from Primary Survey, 2018.

Table 2 rotated compound matrix have explained the anxiety problems in relation with infertility of married women in Coimbatore district. According to the researcher were used in likert scale technique to identify the anxiety factors like strongly agree, agree, neutral, disagree and strongly disagree. Result of the Factor Analysis is divided in two components from those variables such as strongly agree and strongly disagree. Out of the 16 variables, 12 variables have computed in strongly agree and only the 4 variables have computed in strongly disagree.

1. Strongly Agree

The rotated compound matrix table have clearly explained the anxiety variables is I am worried about my sexual weakness (.713), Due to mental tension, I feel shy to go in front of others (.749), My family members don't value my feelings (.714), I often think that what will my future be (.768), I often feel that I have not slept enough (.734), When I see other couples with children I feel very depressed (.793), I often worry that my husband may get married again (.819), I often experience a sense of guilt without any cause (.663), I often think that my importance in the family is decreasing due to the

infertility problem (.714), I get worried, when I think what will happen to my spouse after my death (.734), I get nervous when I wait too long to consult a doctor (.793), I am anxious about the future whether my treatment become successful or not (.809). From these are the values is clearly explained about the anxiety problems of married women due to infertility have faced many problems and unable to openly expressed their feeling in the society as well as in their family also.

2. Strongly Disagree

My family members don't like me because I don't have children (.856), I often sorry with my husband, that I have impotency (.738), People seems to get into my way and frustrate me a lot (.782), I see many emotional dreams that disturb my thoughts, when I wake up (.856).

(ii) Reliability analysis on Depression

Table 3 KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.924
Bartlett's Test of Sphericity	Approx. Chi-Square	2804.043
	df	55
	Sig.	.000

The depression factors have included the menstrual cycle, fail to conceive, hurt myself, disappointed with my social life etc. all these factors have rotated in KMO measure of sampling adequacy shows the value of test static **.924 (92.4 %)** and (**Chi-square = 2804.043, df = 55, p .000**), which means the factor analysis for the selected variable is found to be appropriate or good to the data. The data are statistically significant with the value of test static and associated significant level it shows that there exists a high relationship among the variables.

Table 3 Rotated Compound Matrix

Factor Components	Factors		Descriptive Statistics		
	SA	SD	Mean	Std. Deviation	Analysis No
I think my life is a failure	.747		3.33	1.524	300
I don't have a sound sleep, when my menstrual cycle becomes near		.762	3.46	1.565	300
I hate myself, when I fail to conceive		.905	4.08	1.365	300
I lost interest in people, especially relative	.876		3.49	1.511	300
I blame myself for my infertility	.851		3.46	1.528	300
I love to hurt myself, when I find myself to be guilty	.776		3.33	1.537	300
I usually feel that this life has no use for me	.839		3.21	1.554	300
I have lost all hopes of conceiving	.837		3.32	1.599	300
I could not be free without children	.810		4.31	1.293	300
I felt that life is a burden	.846		4.29	1.219	300
I am disappointed with my social life	.747		3.99	1.336	300

Source: Computed from Primary Survey, 2018.

Table 2 rotated compound matrix have explained the depression problems in connection with infertility of married women in Coimbatore district. The researcher was used in likert scale techniques to determine the depression factors like strongly agree,

agree, neutral, disagree and strongly disagree. Factor Analysis results is computed in two components from those variables such as strongly agree and strongly disagree. Out of the 11 variables, 9 variables have in strongly agree and only the 2 variables are in strongly disagree.

3. Strongly Agree

I think my life is a failure (.747), I lost interest in people, especially relative (.876), I blame myself for my infertility (.851), I love to hurt myself, when I find myself to be guilty (.776), I usually feel that this life has no use for me (.839), I have lost all hopes of conceiving (.837), I could not be free without children(.810), I felt that life is a burden (.846), I often think that my importance in the family is decreasing due to the infertility problem (.714), I am disappointed with my social life (.747). Apart from each of these values are clearly explained about the depression problems of married women have faced many problems and unable to openly expressed their feeling in the society as well as in their family also.

4. Strongly Disagree

I don't have a sound sleep, when my menstrual cycle becomes near(.762), I hate myself, when I fail to conceive (.905), These are the variables have explained married infertility women said strongly disagree. Because of sleeping is different each and every case and fail to conceive also is vary between the married infertility women. Finally, we could understand some of the depression factors is not determinant in their day to day life.

5. Conclusion

The Social and Mental pressure associated with infertility can be responsible for various psychological disorders mostly anxiety and depression. In conclusion, it emerged from the present study that women facing fertility problems may experience turmoil of negative feelings, in particular at the time when they are attempting to conceive but realize they are not succeeding. The scores of one in four women indicated that they were having psychological problems at the time they sought medical help, notably depression. For professionals involved in the counselling of infertility patients this implies that they should not only focus on the feelings and experiences of the women concerned at the time of consultation but should also look back with the couple over what they have had to cope with in the recent past. The need for such an approach is clear, combined with awareness of the fact that psychological well-being may deteriorate subsequent to unsuccessful treatment cycles.

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