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RESEARCH ARTICLE

A STUDY TO ASSESS PSYCHOSOCIAL AND PHYSICAL PROBLEMS AMONG INFERTILE WOMEN IN SELECTED HOSPITAL LUDHIANA, PUNJAB

***Balqis Victor**

College of Nursing CMC & H Ludhiana, India

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ABSTRACT

Fertility is an existential necessity and assumes overwhelming importance to men and women in all times. Existence depends upon fertility of land and live stock as well upon human procreation. With time, Social habits and religion influenced human perception of fertility or infertility. Pregnancy, child birth and child rearing generally have greater physical reality for women than men, as does the monthly reminder of the absence of a pregnancy for an infertile woman. This is compounded by a cultural belief that infertility is a woman's problem. A study of married couples found that while wives experienced infertility as cataclysmic role failure, husbands tended to see infertility as a disconcerting event but not a tragedy. Both partners tended to see infertility as a problem for wives. Therefore an exploratory study to assess the psychosocial and physical problems among infertile women in selected hospital of Ludhiana Punjab was undertaken with the objectives: to assess the psychosocial and physical problems among infertile woman and to ascertain the relationship of psychosocial and physical problems with selected demographic variables. A non-experimental, exploratory study was conducted in infertility clinics of selected hospital Ludhiana, Punjab. The study sample consisted of total 100 infertile women. Data was analyzed by inferential statistics and presented through tables and figures.

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INTRODUCTION

A wife without children is consequently more insecure in her marriage than a wife who has both male and female children (Trevitt, 1973). The emphasis in today's society on controlling fertility through contraception, and on choosing whether to have children, has reinforced the assumption that once the decision has been made to have a child conception and pregnancy will soon follow. Infertility refers to the inability of a couple to achieve a pregnancy after a year of unprotected, unlimited intercourse or the inability of a woman to carry a pregnancy to birth. Infertility may be primary, where there has never been a pregnancy, or secondary, where a pregnancy has been achieved before whether or not it reached full term. Not all those experiencing fertility problems remain childless; some 66% of those seeking treatment go on to conceive. For those remaining, the diagnosis may be swift and final or treatment may last years. (Pearson 1992). 80% of the couple achieve conception if they so desire, within one year of having regular intercourse with adequate frequency (4-5 times a week). Another 10% will achieve the objective by the end of second year. As such 10% remain infertile by the end of second year. Conception depends on the fertility potential of both the male and female partner. The male is directly responsible in about 30-40%, the female in about 40-50% and both are responsible in about 10% cases. The remaining 10% is unexplained inspite of thorough investigations with modern technical knowledge (Dutta 2003).

Parenting is viewed by most of the couples as their central role in life, and the thought of not achieving it can be very upsetting. Women in particular have been raised traditionally to view motherhood as their primary role. In India childlessness has devastating consequences for women because the blame for infertility is squarely laid only on the women. It results as a threat to the women's identity and may influence their self-concept in terms of their inability to conceive**.** Self–concept is the individual's personal judgment of her own worth by analyzing the conformity with self-ideal. Self-concept is threatened during infertility when concepts of self are modified. Self concept may be altered during infertility and it depends upon factors like values, aspiration, success and support systems, An assessment of self-concept and prediction of its determinants may be helpful to design strategies to promote self-concept and thereby facilitate pregnancy (Venkatesan, Latha, 2005).

Although infertility is not a disease in the classic sense, it is an extremely important personal concern for many couples and a significant health problem for our profession. It is stated in (XXII Conference of The Council For International Organizations of Medical Science Bangkok In June 1988), that:

****Corresponding author: Balqis Victor,***
College of Nursing CMC & H Ludhiana, India.

Infertility is a health problem with very definite physiological, psychological and social implications. The stigma of infertility often leads to mental disharmony, divorce and ostracism. The suffering experienced by the infertile couple is very real (Sciarra 1994). The burden felt by women around the world who are involuntarily infertile is particularly heavy. In many societies, women who are unable to bear children are stigmatized, and this condition in itself, even if it has not been proven that the problem lies with the female partner, is sufficient cause for divorce. The stigma can affect a woman for the remainder of her life, preventing subsequent marriage and making her economically vulnerable The most frequent psychopathologic consequences are anxiety, depression, lack of self-reliance, great psychological stress crisis within the relationship, separation and divorce. Infertile couples have an unusual personality profile, which might be a cause as well as consequences of infertility. Tendency to reserve, introversion, distress, anxiety, guilt feeling, excessive attachment to one own idea poor availability and flexibility and excessive concern about formality were significantly more marked in infertile partners than in fertile controls (Rothman *et al.,* 2000).

Infertility is a serious problem in the world today. It is problem because of psychological and physical suffering that it causes, and it is also a problem because of economic consequences it has, both for these infertile couples who seek medical help and for society as a whole. Infertility is worldwide problem; however it should be possible to make great strides toward solving some aspects of this problem in the coming year (Sciarra 1994). "For most people, diagnosis and treatment is a traumatic process". Once labelled infertile, an individual who has until then considered herself healthy is abruptly stigmatized with 'Patient –status' (Houghton 1987). Investigations and treatment of infertility may trigger iatrogenic illness (Spallone 1990). Life revolves around treatment plans and attention focuses on what one has failed to accomplish. This leads to loss of self-esteem, health, close relationships and even hope. Some people loss sexual potency or interest in sexual intercourse (Mahlsted, 1985).

(Woollet 1985) emphasizes that coming to terms with childlessness can be a long and difficult process. She also emphasizes the reasserting control in life, developing a positive identity and reasserting life goals and priorities. Grieving is an important part of the healing process.

Emphasis is given to infertile couples as being in a crisis situation that places tremendous stress on patient either individually or as a couple. They reviewed the pattern of emotional response to infertility as surprise, grief, anger, isolation, denial and acceptance. They felt that counselling might be helpful in any of these areas but particularly in acceptance which may take long time to obtain (Rosenfeld & Michell 1979). During the initial counselling, it is important to explain to both the partners, in a simple language, the process of reproduction with help of chart and models and explain that it is possible to find faulty functions in both partners, and often overlapping causes exist, hence the need to evaluate and treat both the partners, concurrently (Padubidri *et al.,* 2004) .

Many people will achieve this with relative ease. It is estimated one in six couples experience fertility problems and seek medical help. This represents a large number of people experiencing major life crisis, yet it remains the highly stigmatized and isolating condition affecting the relationship between the couple with their families and friends and it is likely to alter radically the view they have of themselves in society (Houghton 1987).

MATERIALS AND METHODS

Research Approach

An exploratory research approach was used to assess the psychosocial and physical problems among infertile women.

Research Design

Non-experimental research design was utilized to achieve the objectives.

Independent and Dependent Variables

a) **Independent Variables:-** age, education of Women, education of husband, occupation of the women, occupation of husband, type of family, place of residence, religion, family income, duration of marriage
b) Dependent Variables: - psychosocial and physical problems among infertile women

Selection and Description of Field for the Study

The present study was conducted in infertility clinics of Christian medical college & hospital Ludhiana and iqbal nursing home Ludhiana.

Population

The target population of the study was infertile women visiting gynaecology OPDs of Christian Medical College and Hospital and Iqbal Nursing Home & Hospital, Ludhiana, Punjab.

Sample and Sampling technique

Total sample was 100 infertile women selected from infertility clinics. Selection was done on the basis of Purposive Sampling.

Development and Description of Tool

A self-structured questionnaire was constructed to assess the psychosocial and physical problems of infertile women. An intensive review of literature, experts' opinion, and suggestions of the members of the research panel and the researcher's professional experience and informal interviews with infertile women provided basis for the construction of the structured questionnaire.

The self structured questionnaire used in the present study has two parts

Part –1Demographic variables of subjects

Part –2 Questionnaire to assess psychosocial & physical problems

PART-I

Demographic Variables

This part consisted 10 items for obtaining information about demographic variables such as:-age, education of women, education of husband, occupation of women, occupation of husband, type of family, place of residence, religion, family income, duration of marriage etc.

PART-II Psychosocial and Physical Problems Questionnaire

This part consisted of 42 statements on psychosocial and physical problems in infertile women which were further categorized into three areas i.e., psychological, social and physical problems.

- Psychological problems = 18
- Social problems = 16
- Physical problems = 8

The three point rating scale was used; the options were Always, Sometimes and Never. Each item was scored 0– 2 i.e. Always-2, Sometimes-1 and Never-0. Total score was 84 and minimum score was 0.

Criterion Measures of Psychosocial and Physical Problems

Score Percentage

Mild ≤ 28 35%
Moderate (29-56)36-69%
Severe (57-84)70- 100%

Content Validity of the tool

To ensure the content validity of the self structured psychosocial and physical problems among infertile women, tool was submitted to 12 experts in the field of the obstetric and gynaecology, psychiatry, medical surgical, paediatric and community Health nursing. The experts were requested to give their valuable opinions and expert suggestions for the purpose to develop a relevant tool to pursue the study. As per their suggestions changes have been made and items were modified. The statistically content validity of the tool was calculated and it was Psychosocial and physical problems validity $\sqrt{r} = 0.86$

Ethical Consideration

Formal permission was taken from the Head of the department of Obstetrics and Gynaecology Christian Medical College & Hospital, Ludhiana and Iqbal Nursing Home and Hospital, Ludhiana Punjab to conduct the research studying on infertile women who are attending the OPDs. A verbal consent was taken from the infertile women that their information would be kept confidential.

Reliability of the Tool

Reliability was computed by split half method i.e. by calculating coefficient of correlation first and then by applying Spearman's Brown Prophecy formula. The reliability of the Questionnaire was r´ was 0.86. Hence the tool was reliable.

Plan of Analysis

Analysis of the data was done in accordance with the objectives. It was done by using the descriptive and inferential statistics such as calculating the percentage, mean, mean percentage, standard deviation and ANOVA and't'-test with selected variables. Bar diagrams were used to depict the findings. The level of significance chosen was $p<0.05$.

RESULTS

To assess the psychosocial and physical problems among infertile women

Table 1. Comparative Mean, Mean Percentage and Rank Order of Psychological, Social and Physical (PSP) Problems Score in Infertile Women According to Areas

N=100

Areas of problems	Max Score	PSP Problems Score		
		Mean	Mean %	Rank
Psychological	36	20.70	57.5	1
Social	32	14.20	44.3	2
Physical	16	6.36	39.7	3

Maximum Score = 84
Minimum Score = 0

Table 1 Indicates that mean percentage of psychological problems (57.5, & rank 1st) was highest as compared to mean percentage of social and physical problems (44.3, rank 2nd & 39.7, rank 3rd respectively) among infertile women. Hence it can be concluded that infertile women had psychosocial and physical problems but psychological problems were more among infertile women.

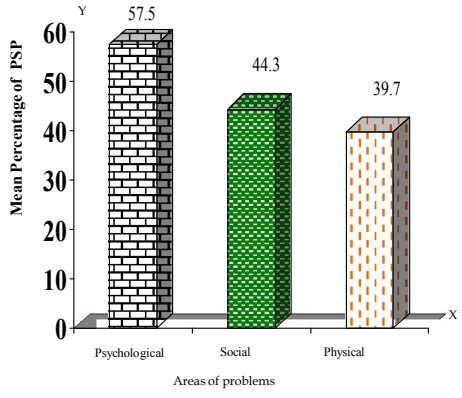

Fig.1- Comparative Mean , Mean Percentage of Psychological, Social and Physical (PSP) Problems Score In Infertile Women According to Areas

Table 2. Mean, Mean Percentage and Rank Order of Psychological Problems Score in Infertile Women

Table 2. Mean, Mean Percentage and Rank Order of Psychological Problems Score in Infertile Women

N=100

Psychological Problems	Psychological Problems Score		
	Mean	Mean %	Rank
Loss of self-esteem	1.41	70.5	3
Loss of self –identity	1.29	64.5	5
Tendency to be reserved	0.77	38.5	18
Introverted	0.82	41.0	17
Guilty without any cause	1.04	52.0	12
Distrust in every one	0.89	44.5	16
Trapped and frustrated	1.33	66.5	4
Bad luck in my life	1.06	53.0	11
Insecure	1.00	50.0	13
Angry	1.23	61.5	7
Life is meaningless	1.07	53.5	10
Something lost in my life	1.26	63.0	6
I have feeling of non expressive emptiness	1.42	71.0.	2
Difficulty in concentration	0.92	46.0	15
Insomnia	1.08	54.0	9
Disturbed sleep	0.98	49.0	14
Extreme Anxiety to conceive	1.83	91.5	1

Maximum score =36
Minimum score=0

Table-2 shows that mean percentage of psychological problems in the area of extreme anxiety to conceive in infertile women (91.5% & 1st rank) followed by feeling of non expressive emptiness and loss of self esteem (71.% and 2nd rank, 70.5% & 3rd rank respectively) and the least mean percentage score was obtained in the area of introverted followed by tendency to be reserved (41% & 17th rank, 38.5% & 18th rank respectively). Hence it can be concluded that the infertile women expressed various psychological problems but extreme anxiety to conceive was the commonest among all mentioned in the above table.

Table 3. Mean, Mean Percentage and Rank Order of Social Problems Score in Infertile Women

N=100

Social problems	Social problems Score		
	Mean	Mean%	Rank
Hesitation to mix with others	1.00	50.0	7.5
Marital life is disturbed	0.87	43.5	10
Excessive formality	1.67	83.5	1
Avoiding social gathering	1.01	50.5	6
Excessive attachment to one's own ideas	0.95	41.5	11
Loss of family support	0.98	49.0	9
Disruption in social activities	1.06	53.0	4
I am not important person in my family	1.00	50.0	7.5
Isolation	1.21	60.5	3
Jealousy from other's success	0.38	19.0	15
Inadequacy and shame	1.31	65.5	2
Dark future	1.02	51.0	5
Taunting and abusing by my family member	0.54	27.0	12
Not getting sympathy from husband	0.41	20.5	14
Rejection by my husband	0.31	15.5	16
Rejection by my in- laws	0.48	24.0	13

Maximum score =32
Minimum score =0

Table-3 signify that the mean percentage of social problems in the area of excessive formality in infertile women was highest (83.5% & 1st rank) followed by inadequacy and shame then isolation (65.5% & 2nd rank 60.5% & 3rd rank respectively), the least mean percentage score was obtained in the area of rejection by husband followed by not getting sympathy from husband and rejection by in laws (15.5% & 20.5% respectively). Hence it can be narrated that infertile women undergo various social problems, with highest in excessive formality.

Table 4. Mean, Mean Percentage and Rank Order of Physical Problems Score in Infertile Women

N=100

Physical problems	Physical problems score		
	Mean	Mean %	Rank
Backache	0.86	43.0	5
Headache	1.14	57.0	1
Palpitation	1.56	28.0	6
Extreme fatigue	0.98	49.0	3
Abdominal pain	0.51	25.5	7
Chest pain	0.34	17.0	8
Loss of inner strength	0.96	48.0	4
Having Gain in weight than usual	1.01	50.5	2

Maximum score =16
Minimum score =0

Table-3c reveals that the mean percentage of physical problems in the area of headache in infertile women was highest (57% & 1st rank) followed by having gain in weight than usual and then extreme fatigue (55.5% & 2nd rank, 49% & 3rd rank respectively), and the least mean percentage score was obtained in the area of abdominal pain followed by chest pain (25.5% & 17th rank). Hence it can be narrated that infertile women undergo various physical problems, but headache had been the highest.

Table 5. Frequency and Percentage Distribution of Level of Psychosocial and Physical Problems (PSP) Score in Infertile Women

According to Problems LevelN=100

Levels of problems	Frequency and Percentage of PSP Problems Score in infertile women	
	N	%
Mild (≤ 28) (35%)	30	30
Moderate (29- 56) (36-69%)	46	46
Severe (57 - 84) (70-100%)	24	24

Maximum Score = 84
Minimum Score = 0

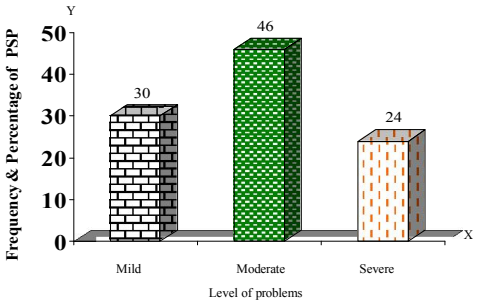

Fig.5- Frequency and Percentage Distribution of Level of Psychosocial and Physical Problems (PSP) Score in Infertile Women According to Level of Problems

Table 5 depict that (46%) of infertile women were having moderate Psychosocial and Physical problems (29-56) followed by (30%) with Psychosocial and Physical problems (≤ 28) and least (24%) were having severe psychosocial and physical problems. Therefore it can be inferred that maximum infertile women had psychosocial and physical problems.

DISCUSSION

Based on the findings from the analysis of the data and review of literature discussion is done according to the objectives written below:

To assess the psychosocial and physical problems among infertile women. Findings of the present study revealed that

- Mean percentage of psychological problems (57.5, & rank 1st) was highest as compared to mean percentage of social and physical problems (44.3, rank 2nd & 39.7, rank 3rd respectively) among infertile women.
- Maximum (46%) of infertile women were having moderate Psychosocial and Physical problems (29-56) followed by (30%) with Psychosocial and Physical problems (≤ 28) and least (24%) were having severe psychosocial and physical problems.
- There was weak (r=0.091) relationship between psychosocial, physical problems and coping patterns in infertile women.

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