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RESEARCH ARTICLE

STRESS LEVEL IN WOMEN WITH INFERTILITY

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ABSTRACT

Introduction: Stress is one of the emotional disturbances experienced by the women with infertility. The present study was conducted to assess the level of stress among women with primary infertility. **Methodology:** A cross – sectional survey was conducted. Infertility related stress was assessed by using the fertility problem inventory. The interview method was used to collect the data.

Results: 40 % had average stress, 30.9 % had moderately high stress, 15.1% had low stress and 14 % had very high stress.

Conclusion: The above results insisted the health care professionals to spare their time in counseling the women with infertility.

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INTRODUCTION

Malhotra, (2004) quoted that Infertility has been a known fact since the biblical times and there have been references found in both the old and the new testaments on the problems of infertility and its treatments. In fact, even surrogacy has been mentioned.

'If a couple was bear a child, the woman was thought to be barren'.

It is remarkable that somethings, as basic as conception, could evoke such powerful personal feelings in those who experience it: intense pride in one's sexual competence, overwhelming joy at being able to attach to others who value this experience (especially family and friends), and unexpected excitement at accomplishing a significant goal of adult life. At a very personal level, being fertile means that one could be productive and grown up (Mahlstedt, 2000). Bhargava (2009) stated that Indian civilization is one of the most ancient. During the entire history of our sub-continent, the emphasis on the family has been paramount, and family means children. Thus, having a child has been considered as the greatest importance not only to the couple but also to their family. Socially, a stigma is attached to a couple (traditionally, to the woman partner), if the couple does not have a child. Economically, children have been the couple's best insurance during old-age, and this continues to be so even today, since there is no adequate social

*Corresponding author: Vetriselvi, College of Nursing, Jipmer, Puducherry. security system operative in the country. Children alone provide help in augmenting the family's income by sharing the family's work for those belonging to the lower strata of the society, including most farming families in our villages. Seshadiri (2011) defined infertility as the failure to conceive after one year of unprotected sexual intercourse. Lashen (2004) stated that infertility affects 9% to 14% of couples of whom 70% suffer from Primary infertility and 30% secondary infertility. Griffin and Clapp (2000) expressed that Infertility represents a life crisis to the couple experiencing it; suddenly they are forced to face a life goal that is blocked. Connell (1999) quoted that infertility is a psychological crisis. The infertile women often report that the experience of infertility is more devastating than any previous life experience, including divorce or the loss of a parent. Considering all the above facts. the investigator found that it is very essential to conduct this study to determine the level of stress among women with primary infertility.s

MATERIALS AND MOTHEDS

A cross-sectional survey was conducted in infertility clinic of a tertiary care center. The study consisted of 350 women with primary infertility. Inclusion criteria included, women with primary infertility attending infertility clinic, who live with their spouse, who were willing to participate, who know Tamil/English and with age up to 40 years. Exclusion criteria included women with secondary infertility and those with duration of infertility more than 20 years.

Sampling: Simple random sampling was used.

Instruments: subject data sheet had a set of questions that was oriented to the demographic data of subjects. Stress was assessed by using a standard stress scale.

Data collection procedure: Data collection was started after getting ethical committee permission & permission from hospital authority. Informed consent was taken from study participants. Subject data sheet information and level of stress information was collected by the investigator through structured interview schedule. The time duration to complete the questionnaire was 25-30 minutes.

Ethical considerations: Research proposal was approved by Institute Ethical Committee and permission from hospital authority was obtained. Informed consent was taken from study participants. Assurance was given to the subjects that anonymity and confidentiality will be maintained.

Data analysis: The distribution of background variables was expressed as frequencies and percentage. The stress levels were expressed as mean with standard deviation.

Table 1. Demographic Characteristics of the Women with Primary Infertility

(N = 350)Number Percentage Variables Sub-Variables (%) (n = 350)15-20 years 2.3 Age 21 - 30 years 267 76.3 31 - 40 years 75 21.4 Hindu 328 93.7 Religion Christian 15 4.3 Muslim 2.0 167 47.7 Residence Urban Rural 119 34.0 Semi - Urban 64 18.3 Family System Nuclear 178 50.85 48 85 Joint 171 Extended 0.3 Educational Non-Literate 50 14.3 Primary 143 40.9 Status 109 31.1 Secondary College 48 13.7 Occupation Home Maker 205 58.6 22.0 77 Labourer Self-employed 14 40 Government employee 0.3 1 Working in private company

Table 2. Stress Levels of the Women with Primary Infertility

			(N = 350)	
Level of Stress	Number	Percentage (%)	Mean	Standard Deviation
Low (46-103)	53	15.1	174.3	12.36
Average (104-160)	140	40		
Moderately high (161-217)	108	30.9		
Very high (218-276)	49	14		

(Maximum Score = 276) (Minimum Score = 46)

RESULTS

• Out of 350 women participated in the study, majority (76.3%) was in the age group of 21-30 years.

- As far as religion is concerned, most of them (93.7%) were Hindus. Data regarding residence showed that 47.7% of the subjects were from urban.
- With regard to family system, 50.85% were from nuclear family. Regarding education, 40.9% had primary education and 14.3% were non-literate.
- Regarding the occupational status of the women, the analysis showed that more than half of the women were home makers (58.6%).

Among 350 women, only 15.1% of them had low stress. Moderately high stress was experienced by 30.9%. Forty percent and fourteen percent of women experienced average stress and a very high stress respectively. The mean score was found to be 174.3 with SD of 12.36 and this indicated that the level of stress is high among women with primary infertility.

DISCUSSION

The study found that among 350 women with primary infertility only 15.1% had low stress and remaining 84.9% had different categories of stress like average stress (40%), moderately high stress (30.9%) and very high stress (14%). The mean score was found to be 174.3 with standard deviation12.36 and this indicated that the level of stress was high. The findings are consistent with study by Yazori (2012) who found that among 129 participants 93% had very high stress, 3.9% had moderately high stress, 0.3% had average stress and none had low stress. In a study by Sreshthaputra (2008), the global fertility problem inventory score of the women were M = 154.7, SD = 22.6. In a study by Boivin (2005) the overall stress score of infertility women were M=28.66, SD 8.5.

Conclusion

The study concluded that most of the women with primary infertility had Stress. A systematic and continuous assessment of women with infertility for stress will help to prepare and plan specific interventions to meet their needs and help the women with infertility to achieve their goal of becoming fertile.

REFERENCE

Boivin, J. and Schmidt, L.2005. Infertility – related stress in Men and Women Predicts treatment outcome 1 year later. *Fertility Sterility*, *83*, 1745-52.

Campagne, D.M. 2006. Should fertilization treatment start with reducing stress? *Human Reproduction*, 21,1651-8.

Farzadi, L, Hosseini, F.M., Fatemi, N.S. and Alikhah, H., (2007). Assessment of Stressors and Coping Strategies of infertile Women. J. Med. Sci., 7, 603-608.

Newton, Sherrad, and Galvac, 1999. The Fertility Problem Inventory; Measuring Perceived Infertility Related Stress. *Fertility & Sterility*, 72, 54-62.

Sreshtheputra, P.O., Sreshtheputre, R.A. and Vutyavanich, T. Gender differences in infertility – related stress and the relationship between stress and social support in Thai infertile couples. *J Med. Assoc. Thai*, 91,1769-73.