

Study of Infertility-Related Stress among Couples and its Correlation with Infertility Factors

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Abstract: ***Objectives:** The inability to have a child is stressful and affects all aspects of couples' lives. Infertility diagnosis, duration and reason of infertility, treatment failure, and frequent pregnancy tests are among the stress-inducing factors in couples. The current study aimed to compare infertility-related stress among couples and evaluate its relationships with infertility factors. **Persons and Methods:** This cross-sectional study was performed on 100 infertile couples (200 individuals) who visited the fertility center at Kamal Al-Samarraie hospital in Baghdad/Iraq. The data were collected using the Fertility Problem Inventory (FPI) and fertility and demographic characteristics form. The subjects were selected through convenience sampling method. The data were analyzed through inferential statistics, including paired samples t-test, independent samples t test, ANOVA, and linear regression. **Results:** According to the results, the mean stress score of women was significantly higher than that of the men ($P=0.001$). There was a significant difference between males and females regarding the mean scores of social concern and need for parenthood ($P = 0.002$). The mean score of infertility-related stress was also significantly higher in women with treatment failure than in men ($P = 0.019$). **Conclusions:** Based on the findings of the present study, infertile women experienced greater stress than males. Furthermore, infertility-related stress increased in women due to treatment failure. Therefore, it is recommended that women who have experienced treatment failure be subjected to precise psychological evaluations before undergoing the treatment process.*

Keywords: Couples, Infertility, Stress, Treatment failure

1. Introduction

In different cultures, the capability to be a parent is the basic condition for personal accomplishment, social acceptance, and fulfillment of sexual identity (1). Accordingly, it seems logical to suppose that the inability to have a child can cause tension and affect all aspects of couples' lives (2). Infertility refers to a condition in which couples cannot achieve pregnancy after 12 months of regular sexual intercourse without any prevention methods (3).

This phenomenon is an important public health issue and a vital event in marital life, which affects 10%-15% of couples throughout the world (4). Infertility as a stressful multidimensional phenomenon leads to emotional imbalance, anxiety, stress and depression (5-7). Luk et al indicated that approximately 36% of the infertile women had higher depression scores than their fertile counterparts (8). Patel et al also reported that the prevalence of stress among infertile women was 80% (9).

Infertility diagnosis and the treatment failures are sudden, unexpected, and frightening crisis that can affect the adaptation process of couples. In addition, mental pressure, loneliness, disappointment and loss of control are highly observed in people referring for assisted reproductive methods (9, 10). Studies have shown that such factors as age at the time of infertility diagnosis, infertility duration, marriage duration, cause of infertility, treatment failure, frequent pregnancy tests and more importantly social stigma leading to the creation of infertility-related stress in couples (5, 9, 11-13).

Although some studies examining the infertility stress have focused on couples, most of the studies were indicative of higher mean score of infertility related stress in women than

that in men (7, 9, 14, 15). Moreover, women who are seeking treatment are subjected to depression and anxiety more than men (7,16). Furthermore, infertility-related stress has been known as the most prevalent reason for discontinuation of the treatment by couples before reaching the goal of pregnancy (17). In addition, in couples who have higher levels of stress, pregnancy is accompanied by poor outcomes (18-20).

Infertility is not only a medical issue that can affect people and their marriages, but also a psychological crisis.

Although some studies have shown that women are more severely affected by psychological issues caused by infertility, the investigation of couples as a unit is also of great importance (15). Given the fact that infertility might lead to psychological issues in couples, we simultaneously investigated men and their wives. There are limited studies examining the infertility-related stress since the investigation of this issue bears some limitations. In addition, previous studies have reported inconsistent findings in this regard. With this background in mind, the present study aimed to compare infertility-related stress among the infertile couples and its relationship with infertility factors.

2. Materials and methods

This cross-sectional study was performed on 100 infertile couples (200 individuals) who visited the infertility center at Kamal Al-Samarraie hospital in Baghdad/Iraq from October 2016 to March 2017.

The subjects were selected through convenience sampling technique. The researchers were referred to the intended centers and selected the infertile couples according to the inclusion criteria. After explaining the objectives of the

study, written informed consent was obtained from all the participants. Subsequently, the volunteers were provided with the questionnaires to answer.

The criteria for inclusion were as follows: primary infertility, Iraq nationality, literacy, lack of known psychological disorders, consent to participate, and no experience of stressful events (e.g., death of close relatives or job loss within the past 6 months).

Data were collected through demographic and infertility characteristics form and Fertility Problem Inventory (FPI). The demographic and infertility characteristics form was prepared by one of the researchers and enquired some information about couples' age, education, job, economic status, residential status, age at marriage, duration of marriage, treatment failure history, duration of infertility and reason for infertility.

Additionally, FPI was used to measure the infertility related stress. This questionnaire was designed in 1999 by Newton et al at London Health Sciences Center. This inventory covers the experience of infertility-related stress in five dimensions, including social concern, sexual concern, relationship concern, need for parenthood, and childless lifestyle.

Statistical Analysis

The data were analyzed using both descriptive statistics (i.e., frequency, mean and standard deviation) and inferential

statistics (i.e., paired samples t test, independent t test, ANOVA and linear regression) by the SPSS software version 18.0. Finally, P values less than 0.05 were considered statistically significant.

3. Results

The mean score of social concern was significantly higher in women than in men (32.3±7.8) (Table 1). In addition, the mean score of social concern (32.5±7.8) and need for parenthood (42.4±7.4) was significantly higher in women than in men (Table 1).

Table 1: Comparison of total and subscale scores of infertility-related stress in infertile couples

Variable	Male (n=100)	Female (n=100)	P value
Mean ±SD			
Total score of infertility-related Subscales	41.1±8.4	45.2±9.0	0.001
Social concern	29.1±7.1	32.3±7.8	0.002
Sexual concern	20.1±8.1	21.2±7.7	0.326
Communication concern	30.5±7.1	31.0±8.2	0.645
Childless lifestyle	28.0±6.7	28.3±7.3	0.999
Need for parenthood	39.8±7.5	42.4±7.4	0.014

Moreover, the results of the independent samples t-test indicated that the mean stress score of the women was significantly higher than that of the men in the group that had treatment failure (P = 0.019) (Table 2).

Table 2: Comparison of mean scores of infertility-related stress between males and females with and without a history of treatment failure

Variable	History of treatment failure		P Value
	Yes	No	
	Mean ±SD		
Total score of infertility related stress in men	44.2±12.4	41.5±10.1	0.235
Total score of infertility related stress in women	49.1±12.2	43.1±13.1	0.019

The one-way ANOVA test was used to compare the mean of total stress scores between men and women in terms of

different causes of infertility, and the results were indicative of non-significant difference in this regard (Table 3).

Table 3: Comparison of mean scores of infertility-related stress based on the cause of infertility between males and females

Variable	Cause of infertility				
	Males	Females	Mixed	Unknown	P value
	Mean ±SD				
Total score of infertility-related stress in men	43.7±10.2	45.1±13.9	43.8±14.2	42.9±11.2	0.74
Total score of infertility-related stress in women	43.5±11.1	46.1±12.8	47.8±12.6	42.2±11.1	0.05

Additionally, the results of the linear regression test revealed no significant relationship between infertility-related stress and infertility duration. Although this relationship was not statistically significant, the findings indicated that for each one-year increase in infertility duration, the mean score of stress increased by 0.002 in women and decreased by 0.041 in men (Table 4).

Table 4: Association Between the Infertility-related Stress and the Duration of Infertility in Couples

Variable	B	Beta	95.0% Confidence interval	P-value
Infertility duration				
Males	-0.168	-0.041	-0.778-0.451	0.571
Females	0.019	0.002	-0.581-0.622	0.910

4. Discussion

Reproduction is one of the natural and vital goals of human beings for the survival of any society, which can lead to a psychological crisis when faced with problems (21). The purpose of the present study was to compare the infertility-related stress between males and females and assess its relationship with various infertility factors. The findings indicated that women had a higher mean score of infertility-related stress than men, which is in line with the results reported by El Kissi et al (22) and Gourounti et al (23).

These studies emphasized that women reacted to infertility with anxiety, stress, depression, and sorrow. One of the most

important causes of stress in infertile women is the fear of divorce. These women are more vulnerable to domestic violence because of infertility (24). The most important reasons behind the women's stress regarding the infertility are the thought of losing their capability to become a mother as well as concern for the continuity of their generation (15). Furthermore, being a mother has been known as the most important role of the women; therefore, the inability to attain this important goal causes higher stress in women.

In addition, even when infertility is due to male factors, most of the infertility tests and treatments are carried out on women. As a result, they are subjected to side effects of the medications and are also under much more psychological pressures compared to men (25, 26). The infertile women who participated in this study belonged to a society in which having a child was of great importance for a family in order to look complete. Consequently, it seems logical that these women experience higher levels of stress.

The findings of the present study also demonstrated that women had higher mean stress scores in terms of social concern and need for parenthood than men. These results are consistent with those obtained by Karaca et al, concluding that a child is considered to be the offspring of a marriage, and it has always been stated as a social expectation (15).

The attitude of family members, social interactions with others and community expectations are the most important factors that can affect perceived stress in infertile couples (27).

It seems that in the current study, these expectations were more highlighted due to the couples' inability to get pregnant. Moreover, considering the fact that the role of motherhood is particularly for women, they are exposed to more social expectations compared to men in this regard. Therefore, the fear of social stigma would lead to greater social concern in women.

According to the results of the present study, women who had experienced treatment failure had higher stress scores, which could be attributed to the disappointment, economic issues, and side effects of the drug. This is in line with the findings reported by Boivin et al (11), Lee et al (16), Coughlan et al (28), Hajiyan et al (29) and Maroufizadeh et al (34). In these studies, it has been pointed out that when the couples, especially the women, experience frequent treatment failures, the level of stress would increase in response to the examination methods and the ensuing treatments. The failure to achieve the desired goal is one of the causes of anxiety and stress. Achieving pregnancy is a valuable goal. Accordingly, infertile women with a history of failure are disappointed with this goal and therefore become more stressed.

In the present study, despite the lack of a significant relationship between stress and infertility duration, the level of stress increased among the women as the duration of infertility got longer. This finding supports the results of the studies by Ogawa et al (13), Lykeridou et al (31), Maroufizadeh et al (30) and Dadfar et al (32). Nonetheless, it is inconsistent with the findings of a study conducted by

Hashemieh et al in 2013 (5). This can be due to the women's disappointment of getting pregnant and concern for getting older, which might lead to a decreased possibility of getting pregnant.

5. Conclusions

The strengths of the current study were the simultaneous investigation of the couples, utilization of the standard instrument to measure the infertility-related stress, assessment of infertility factors, and presence of couples with primary infertility. The questionnaire used in this study to assess the stress is a multidimensional reliable and valid tool that can measure infertility-specific stress.

Due to such features, the use of this tool in this research is one of its strengths. Moreover, the evaluation of couples is another strength of this study because in most studies only infertile women have been studied (33). On the other hand, the limitations of this study included the cross-sectional design of the study, limited number of centers for sample selection, and possibility of dishonest responses to the questionnaire by the participants.

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