

Assess the Level of Stress and Coping Strategies among Infertile Females at Selected Infertility Centers of Tumkur with a View to Develop an Information Booklet

Saniya Susan Issac

MSc Nursing Mental Health Nursing, Shrisai Institute of Nursing Sciences, Bhopal, India

Abstract: *The present study has been conducted to assess the level of stress and coping strategies among infertile females at selected infertility center of Tumkur. In order to achieve the objectives survey design with quantitative approach was adopted. The selection of sample was done by convenient sampling. The sample size was 50. The method of data collection was using baseline characteristics questions and a modified stress and coping strategies scale. Results shows that there is significant association between the stress among infertile females and selected demographic variables such as age, education, year since marriage, type of family and frequency of intercourse and there is significant association between coping strategies of infertile females and selected demographic variables such as age, education, year since marriage, type of family and frequency of intercourse. There is a positive correlation(0.61)between stress and coping strategies among infertile females.*

1. Introduction

In any society as well as any culture, children is considered as the natural result of love and marriage. But unfortunately many couples are not experiencing the joy of parenthood. About 40% of the issues involved with infertility are due to the man, another 40% due to the female and 20% result from complications with both partners. Stress and infertility often have a circular relationship, and they can aggravate each other, setting up a vicious cycle. Having the support good coping skills can help the infertile couple get through this difficult challenge.

When a couple is faced with the experience of infertility, it is commonly interpreted as a stressor that needs to be managed. Couples experiencing infertility commonly face severe strains on their emotional, social and financial resources, and, thus, they are likely to use coping strategies at some point during the experience. The primary purpose of coping with infertility is to manage the emotional and behavioral reactions the couple experiences once a diagnosis of infertility is given. For example, couples will use coping strategies such as avoidance of the problem to deal with the unexpected news of infertility, their perceived loss of having a child, or the difficulty they may have in relating to friends with young children. Coping also may be used to reduce infertility stress for the purpose of repairing rifts to the marital relationship or avoiding feelings of depression associated with the multiple losses they perceive.

2. Need for the Study

According to the statistics reported by WHO, there is about 20 million infertile couples in India. About 30 – 40% of these cases involves infertility in male while 10 – 15% cases involves problems in both male and female.

The latest national estimates, indicated that nearly 4.3 million married females or their partners have impaired

fecundity, defined as difficulty in conceiving or carrying to give birth a child or infertility lasting 36 months or longer.

Domar, Seibel, Broome, Friedman and Zuttermeister found that 37% of females experiencing infertility reported depression scores in the clinically significant ranges and concluded that depression is a very common and significant problem in the infertile population.

A study done by Hardeepal Joshi, Rohtash Singh and Bindu identified that infertility in among females is associated with a large number of psychological problems. The females suffering from infertility underwent severe suffering psychological distress are various coping mechanisms to improve their overall quality of life.

According to the data from the National Comorbidity survey, having depressive symptoms was two times higher for women with no formal education compared to these with formal education.

Aghanwa, Dare and Ogunniyi reported in their research that 7.29% of infertile females suffer from depression and anxiety disorder.

Hence, I thought it is essential to assess the level of stress and coping strategies of infertile females on infertility to provide accurate information to assist in clearing up misconceptions, so that the infertile females will get improved coping strategies and reduced stress on infertility through structured information booklet regarding coping strategies from infertility.

Objectives of the Study

- To assess the level of stress and coping strategies in infertile females.
- To find out the association between the level of stress in infertile females and selected demographic variables

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- To find out the association between coping strategies in infertile females and selected demographic variables.
- To find out the correlation between stress and coping strategies among infertile females.
- To develop and administer an information booklet on stress and coping strategies regarding infertility among infertile females.

Hypothesis

- H₀₁ – There is no significant association between the level of stress in infertile females and selected demographic variables.
- H₁ – There is significant association between the level of stress in infertile females and selected demographic variables.
- H₀₂ – There is no significant association between coping strategies in infertile females and selected demographic variables.
- H₂ – There is no significant association between coping strategies in infertile females and selected demographic variables.
- H₀₃ – There is no correlation between stress and coping strategies among infertile females.
- H₃ – There is correlation between stress and coping strategies among infertile females.

3. Material and Methods

Research approach

Quantitative research approach

Research design

The research design selected for the present study was non experimental descriptive survey design

Setting of the study

This study was conducted at a selected infertility centre in Tumkur.

Study duration:- 2 weeks

Population:- Infertile female attending infertility centre of Tumkur.

Sample size:- 50

Sampling technique:- Non-probability convenient sampling

Inclusion criteria

- Infertile females who attend the infertility centre during the period of data collection
- Infertile females who able to understand Kannada
- Infertile females who are willing to participate and available during the time of data collection

Exclusion criteria

- The infertile females who are not willing to participate
- The infertile female who are mentally disturbed.

Data collection procedure

The formal written permission was obtained from the medical officer of a infertile centers at Tumkur, a total of 50 infertile females were selected for the study as per the exclusion criteria of the study. The purpose of the study was explained to them and the data was collected with the help of modified stress and coping strategies scale in addition to the baseline characteristics. Each infertile female took about 40 minutes to fill the tool. The data was conducted from 01-03-2013 to 15-04-2013. by the investigator herself.

Statistical analysis

Analysis of data was done in accordance with the objectives. The data was analysed using frequencies and percentage for baseline characteristics. Mean, range, standard deviations was used to describe the level of stress and coping strategies among infertile females. Chi square used to find out the association between stress and selected baseline characteristics. Chi square used to find out the association between coping strategies and selected baseline characteristics. Karl Pearson correlation used to find out the correlation between stress and coping strategies among infertile females.

4. Results

Section I: Distribution of samples based on their demographic variables

- Majority of infertile females belongs to 15-20 years of age group
- Majority of infertile females were Christian and other religion
- Most of the infertile females are qualified primary education and high school.
- Most of the infertile females married since 1-10 years.
- Majority of infertile females belongs to joint family.
- Most of the infertile females attended the infertility centers 6-8 times.
- Most of the infertile females stated infertility treatment since 3-6 months
- Majority of infertile females intercourse daily, weekly once.

Section II

Table 1: Mean, median, standard deviation, range of level of stress among infertile females

| Total score | Maximum score | range | median | mean | Standard deviation |
|-------------|---------------|-------|--------|-------|--------------------|
| stress | 80 | 50 | 72 | 65.68 | 14.76 |

The mean of stress score is 65.68 with a standard deviation of 14.76 and median 72 and range score is 50.

Section III

Table 2: Mean, median, standard deviation, range of level of coping strategies among infertile females

| Total score | Maximum score | range | median | mean | Standard deviation |
|-------------------|---------------|-------|--------|-------|--------------------|
| Coping strategies | 80 | 50 | 14 | 19.32 | 13.17 |

The mean of coping strategies score is 19.32 with a standard deviation of 13.17 and median 14 and range score is 50.

Section IV:

The null hypothesis was formulated to find the association between infertile females stress and selected demographic variables.

H₀: There is no significant association between level of stress among infertile females with selected demographic variables.

H₁: There is significant association between level of stress among infertile females with selected demographic variables.

Table 3: Chi Square Test Showing the association between the level of stress among infertile females and selected demographic variables, N=50

| Demographic Variables | Categories | Total Stress Score | | Chi Square Value | Degree of Freedom | Table Value | Inferential |
|---------------------------------------|---------------------|----------------------|--------------|------------------|-------------------|-------------|-------------|
| | | < or equal to median | >than median | | | | |
| Age in year | 15-20 | 0 | 20 | 12.25 | 3 | 7.815 | S |
| | 21-25 | 4 | 4 | | | | |
| | 26-30 | 3 | 5 | | | | |
| | 31 and above | 8 | 6 | | | | |
| Religion | Hindu | 2 | 10 | 2.58 | 3 | 7.815 | NS |
| | Muslim | 2 | 10 | | | | |
| | Christian | 3 | 10 | | | | |
| | Others | 8 | 5 | | | | |
| Education status of infertile females | Illiterate | 0 | 12 | 17.22 | 3 | 7.815 | S |
| | Primary | 1 | 14 | | | | |
| | High school | 9 | 6 | | | | |
| | Higher secondary | 5 | 3 | | | | |
| Number of years since marriage | 1-5 years | 1 | 14 | 14.46 | 3 | 7.815 | S |
| | 6-10 years | 2 | 13 | | | | |
| | 11-15 years | 7 | 5 | | | | |
| | 16 years and above | 5 | 3 | | | | |
| Type of family | Nuclear | 1 | 19 | 9.91 | 1 | 3.841 | S |
| | joint | 14 | 16 | | | | |
| Number of hospital attendance | 2-5 times | 5 | 15 | 5.26 | 2 | 5.991 | NS |
| | 6-8 times | 5 | 17 | | | | |
| | 9 and above | 5 | 3 | | | | |
| Duration of therapy to infertility | Less than 3 month | 5 | 15 | 0.57 | 3 | 7.815 | NS |
| | 3-6 month | 7 | 17 | | | | |
| | 6-12 month | 3 | 3 | | | | |
| | Greater than 1 year | 0 | 0 | | | | |
| Frequency of intercourse | Daily | 1 | 12 | 12.93 | 4 | 9.4888 | S |
| | Alternative days | 1 | 7 | | | | |
| | Weekly once | 3 | 10 | | | | |
| | Monthly once | 8 | 4 | | | | |
| | Many months after | 2 | 2 | | | | |

$X^2=3.841,5.99,7.815,9.4888,P<0.05$ S= significant
NS=not significant

The data in Table 3 shows that there is significant association between the stress among infertile females and selected demographic variables at 0.05 level of significance such as age, education, year since marriage, type of family and frequency of intercourse.

There is no significant association between stress among infertile females and demographic variable at 0.05 level of significance such as religion, number of hospital attendance, Duration of therapy.

Hence hypotheses H₁ was partially accepted.

Section V:

H₀: There will be no significant association between level of coping strategies among infertile females with selected demographic variables.

H₂: There will be significant association between level of coping strategies among infertile females with selected demographic variables.

Table 4: Chi Square Test Showing the Association Between The level of coping strategies among infertile females and selected demographic variables, N=50

| Demographic Variables | Categories | Total Coping Strategies Score | | Chi Square Value | Degree Of Freedom | Table Value | Inferential |
|-----------------------|------------|-------------------------------|--------------|------------------|-------------------|-------------|-------------|
| | | < or equal to median | >than median | | | | |
| Age in year | 15-20 | 19 | 1 | 11.3 | 3 | 7.815 | S |
| | 21-25 | 4 | 4 | | | | |

| | | | | | | | |
|------------------------------------|--------------------|----|----|-------|---|--------|----|
| | 26-30 | 5 | 3 | | | | |
| | 31 and above | 7 | 7 | | | | |
| Religion | Hindu | 10 | 2 | 2.58 | 3 | 7.815 | NS |
| | Muslim | 10 | 2 | | | | |
| | Christian | 10 | 3 | | | | |
| | others | 5 | 8 | | | | |
| Education status of mother | Illiterate | 11 | 1 | 18.9 | 3 | 7.815 | S |
| | Primary | 15 | 0 | | | | |
| | High school | 6 | 9 | | | | |
| | Higher secondary | 3 | 5 | | | | |
| Number of year since marriage | 1-5 years | 14 | 1 | 17.32 | 3 | 7.815 | S |
| | 6-10 years | 14 | 1 | | | | |
| | 11-15 years | 4 | 8 | | | | |
| | 16 years and above | 3 | 5 | | | | |
| Type of family | Nuclear | 18 | 2 | 6.35 | 1 | 3.841 | S |
| | Joint | 17 | 13 | | | | |
| Number of hospital attendance | 2-5 times | 15 | 5 | 4.83 | 2 | 5.991 | NS |
| | 6-8 times | 17 | 5 | | | | |
| | 9 and above | 3 | 5 | | | | |
| Duration of therapy to infertility | < 3 month | 14 | 6 | 0.55 | 3 | 7.815 | NS |
| | 3-6 month | 18 | 6 | | | | |
| | 6-12 month | 3 | 3 | | | | |
| | >1 year | 0 | 0 | | | | |
| Frequency of intercourse | Daily | 11 | 2 | 13.45 | 4 | 9.4888 | S |
| | Alternative days | 8 | 0 | | | | |
| | Weekly once | 10 | 3 | | | | |
| | Monthly once | 4 | 8 | | | | |
| | Many months after | 2 | 2 | | | | |

$\chi^2 = 3.841, 5.99, 7.815, 9.4888, P < 0.05$

S= SIGNIFICANT

NS= NOT SIGNIFICANT

The data in Table 4 shows that there is significant association between coping strategies of infertile females and selected demographic variables at 0.05 level of significance such as age, education, year since marriage, type of family and frequency of intercourse.

There is no significant association between coping strategies of infertile females and demographic variable at 0.05 level of significance such as religion, number of hospital attendance, Duration of therapy.

Hence hypotheses 2 is partially accepted.

Section VI:

Table 5: Karl Pearson correlation showing the correlation between the level of stress and coping strategies among infertile females

| variables | Mean deviation | Standard deviation | correlation | |
|---|----------------|--------------------|-------------|----------------------|
| Stress among infertile females | 11.65 | 14.76 | 0.61 | Positive correlation |
| Coping strategies among infertile females | 10.17 | 13.17 | | |

The above mentioned table shown that there was a positive correlation between stress and coping strategies, hence null hypotheses 3 was rejected and research hypotheses accepted.

5. Discussion

Majority of infertile females belongs to 15-20 years of age group, Majority of infertile females were Christian and other

religion, Most of the infertile females are qualified primary education and high school, Most of the infertile females married since 1-10 years, Majority of infertile females belongs to joint family, Most of the infertile females attended the infertility centers 6-8 times, Most of the infertile females stated infertility treatment since 3-6 months, Majority of infertile females intercourse daily, weekly once. The mean of stress score is 65.68 with a standard deviation of 14.76. The mean of coping strategies score is 19.32 with a standard deviation of 13.17. Hypotheses H₁ was partially accepted. Hypotheses 2 is partially accepted. There was a positive correlation between stress and coping strategies, hence null hypotheses 3 was rejected and research hypotheses accepted.

6. Conclusion

There is a positive correlation between stress and coping strategies among infertile females.

Implications of the Study

The findings of the study have implications to nursing education, administration, service and research.

Nursing education

In-service education is to be provided to the nursing personnel at various levels to make them aware on infertility related stress to infertile females, which will enable them to provide health education to the infertile females and society on infertility and it's coping strategies. There is a need for nurses to develop health- teaching material for teaching the

client. Health education should be a part of the job description of various categories of nursing personnel. Nursing curriculum should include more projects on infertility and its coping strategies. Workshops, seminars and symposium can be organized were infertile females, families, husbands of infertile females staff nurses on identifying the factors leading to infertility and its coping strategies.

Nursing administration

In community nurses ratio should be increased, so that they can provide knowledge about infertility and its coping strategies. Implementing more nursing staffs and provision of knowledge will reduce occurrence of stress related to infertility. Community health nurses should visit the home to find out the infertile females and their homely environment. The administrator should facilitate the implementation of various programs in community and also document the activities for better implementation.

Nursing practice

Infertile females less coping strategies indicates the need for organizing health education session to them regarding infertility and its coping strategies by the nurses both in hospital and community level. So that, this will help in creating awareness among infertile females about infertility and its coping strategies which in turn can promote the healthy society. The mental health nurses working in the community should be able to rule out the infertility related stress and maintain coping using awareness programmes for infertile females, their husbands, family members of infertile females.

Nursing research

Instructional materials can be developed in order to increase the coping strategies of infertile females on infertility. The materials can be tested for its effectiveness in facilitating proper coping strategies in infertile females as well as to develop teaching skill among nurses regarding coping strategies on infertility among infertile females in their working area. Researcher should be motivated to conduct surveys in order to rule out the stress related to infertility from society. They should concentrate on identifying the hidden factors that leads to stress related to infertility.

7. Limitations

The limitations of the study were,

- 1) The main limitation was researcher only assessed the stress and coping strategies among infertile females.
- 2) The duration of the study is limited for two weeks only. This limits the generalization of the study findings.
- 3) Sample size is limited to 50 only.
- 4) Sample conducted only in 3 infertile centers.
- 5) Study material prepared in Kannada.

8. Recommendation

On the basis of the findings of the study, the following recommendations were made.

- 1) The study can be done at different infertile centers to assess the stress and coping strategies of infertile females.

- 2) Prepare a well constructed program and provide it to them so that they can cope with their infertility.
- 3) A similar study can be done to assess the attitude and practice of infertility females regarding the coping strategies.

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