## Coping Level in women with Infertility

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#### **Abstract**

Introduction: Infertility is a low-control, chronic stressor with severe long lasting negative social and psychological consequences. The present study was conducted to assess the level of Coping among women with primary infertility. Methodology: A cross - sectional survey was conducted. Coping level was assessed by using COMPI [Copenhagen Multicenter Psycosocial Intertility] coping scale. The interview method was used to collect the data. Results: 39.1% had low level of coping, 60.9% had medium level of coping, and none had high level of coping. Conclusion: The above results insisted the importance of boosting the coping level of women with infertility.

Keywords: Coping Level; Women with Primary Infertility.

#### Introduction

Infertility is a medical and social problem found everywhere on the globe. In India, where child bearing is highly valued, the childlessness can have devastating consequences. Infertility is more traumatic for women as it is considered essence of female role and identity. Thus, infertility can create feeling of physical and social inferiority that can overshadow all other personal and social values [3].

Every married woman is exposed to culturally determined pressures from her husband, relatives and friends with regard to childbearing. There is a stigma attached to the word sterile. The term itself denotes empty, worthless, superfluous, unserviceable, stale and a vain life [2].

It is easy to understand the potential impact of infertility on the individuals and couples when we note the innate desire of humans to reproduce. A large portion of our lives is centered around reproduction, parenthood, and the raising of a family. There are many biological, cultural, and religious determinants. When men and women aware that reproduction is delayed, an emotional crisis may

develop which we call the "crisis of infertility." This emotional state includes the feelings of frustration, anger, guilt and isolation. The presence of these adverse emotions in one or both partners may interfere negatively with many areas of their marriage and the quality of life of the individual in general, communication with spouse, sexual adjustment, attitude towards career and the possible failure of fertility. The very quality of life is markedly deteriorated for somebody [1].

Considering all the above facts, the investigator found that it is very essential to conduct this study to determine the level of coping women with primary infertility.

### Methodology

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. coping was assessed by using a standard coping scale. Permission obtained from the author to use the scale. The tool had 19 items under 4 headings namely active confronting coping, active avoidance coping, passive avoidance coping and meaning based coping.

#### 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 coping 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 coping levels were expressed as mean with standard deviation.

#### Results

- Out of 350 subjects participated in the study, majority (66.9%) of the women attained menarche between 13-15 years.
- With regard to age at marriage, 54% got married between 21-25 years. Regarding menstrual cycle, 66.3% of the women had regular menstrual cycle. With regard to duration of menstrual cycle, 58.3% had 26-30 days cycle.
- About the amount of menstrual flow, 60% had normal flow. Among 126 subjects, who had the history of dysmenorrhea, majority of the women (99.4%) used analgesics as their mode of treatment.
- Among 350 women with primary infertility, none
  of them had high level of coping. Low level of
  coping was experienced by 39.1% and 60.9% had
  medium level of coping. The mean score was
  found to be 32.54 with standard deviation of 5.46
  and this indicated the inadequate coping level.

<b>Table 1:</b> Gynaecological Variables of the Women with Primary Infertil
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(N = 350)

Variables	Sub-Variables	Number $(n = 350)$	Percentage (%)
Age at menarche	10 - 12 years	102	29
	13 – 15 years	234	66.9
	16 – 18 years	14	4.0
Age at marriage	15 – 20 years	120	34.3
	21 – 25 years	189	54.0
	26 - 30 years	37	10.6
	31 - 40 years	4	1.1
Menstrual cycle	Regular	232	66.3
•	Irregular	118	33.7
Duration of Menstrual cycle	1 <b>-</b> 21 days	8	2.3
	22 - 25 days	26	7.4
	26 - 30 days	204	58.3
	>31 days	112	32.0
Amount of menstrual flow	Normal	210	60.0
	Excess	77	22.0
	Scanty	63	18.0
History of Dysmenorrhea Yes		126	36.0

Table 2: Coping Levels of the Women with Primary Infertility

(N = 350)

Level of Coping	Number (n = 350)	Percentage (%)	Mean	Standard Deviation
Low (0 - 20) Medium (21 - 40)	137 213	39.1 60.9	32.54	5.46
High (41 - 60)	0	0		

#### Discussion

The present study found that among 350 women with primary infertility, none of them had high level of coping. 39.1% had Low level of coping and 60.9% had medium level of coping. The mean score was found to be 32.54 with SD = 5.46 and this indicated the inadequate coping level.

The findings are consistent with study by Schmidt (2005), where in active avoidance coping M=6.98, SD=2.27, in active confronting M=15.67, SD=4.09, in passive avoidance M=9.13, SD=1.97 and in meaning based M=11.20 SD = 2.99 ( 5 ). Similarly Peterson (2006) conducted a study and found that in active avoidance coping M=6.98, SD= 2.27, active confronting M=16.06, SD=63.67, Passive avoidance M=9.18, SD = 1.93 and in Meaning based M=11.35, SD = 2.90 ( 4 ).

#### Conclusion

The study concluded that none of the women with primary infertility had high coping level.

A systematic and continuous assessment of

women with infertility for their coping level 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

- Bayley, T.M., Slade, P., & Lashen, H. Relationship between attachment, appraisal, coping and adjustment in men and women experiencing infertility concerns. Human Reproduction. 2009; 24: 2827-37.
- Berghuis, J.P., &Stanton, A.L. Adjustment to a dyadic stressor: a longitudinal study of coping and depressive symptoms in infertile couples over an insemination attempt. J Consult Clin Psycho. 2002; 70: 433-8.
- 3. Makheeja, N. Infertility A Case Study approach. Nightingale Nursing Times. 2005; 36-40.
- Peterson, B.D. Gender differences in how men and women who are referred for IVF cope with infertility stress. Hum. Repro. 2006; 21: 2443-93.
- Schmidt, L., Christensen, U.,& Holstein, B.E. The social epidemiology of coping with infertility. Human Reproduction. 2005; 1044-1052.