PSYCHOLOGICAL WELLBEING IN INFERTILITY

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The main aim of the study was to assess the psychological wellbeing of the infertile women. Quantitative research approach, non-experimental descriptive survey research design was used for the study. The main study was conducted with 60 samples using non-probability convenient sampling technique. Data collection was done for a period of 3 days. The study was conducted at Roshini Aruna Infertility Hospital, Cuddalore. Analysis of the study identified the psychological wellbeing of women with infertility, association of the psychological wellbeing of infertile women with their selected socio demographic variables. The study finding reveals that, none of women had good level of wellbeing, maximum (53.4%) of women had average level of psychological wellbeing and minimum (46.6%) of women had poor level of well-being. According to overall mean standard deviation wise distribution of women showed that the mean was (126.18) and the standard deviation was (28.47) and (p<0.05).

KEY WORDS: Assess, psychological, wellbeing, infertile women.

Introduction

"It's hard to wait around for something that you know might never happen
But it's even harder to give up when it's everything you want"

Marriage is considered as a primary relationship in our society and it’s also a social construct of community. Similarly family life and child bearing are viewed as primary duties of an individual and parenthood is the developmental milestone (Feld 1988). Fertility meant the actual bearing of child. A women’s reproductive age group starts from 15 years and ends in 45 years. According To WHO, Infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. It is classified into two types primary (pregnancy has never occurred), and secondary (one or both members of the couples have previously conceived, but are unable to conceive again after a full year of trying). The major causes of infertility may be classified as male factor (40%), female factor (40%), combined male and female factor (20%), unexplained. The infertility in women can be due to Problems associated with ovulating, Blocked or damaged tubes, Endometriosis, Unexplained infertility.

The emotional responses that couples experience, which include distress, loss of control, anxiety, depression, stress, stigmatization, denial of motherhood, feeling of loneliness and guilt, the loss of one’s anticipated and imagined life, feeling a loss of control over one’s life, doubting one’s woman hood, changed and sometimes lost friendships, the loss of one’s religious environment as a support system and a disruption in the developmental trajectory of adulthood than in the general population. Infertility is a global health issue, affecting approximately 8-10% of couples worldwide. In India one out six couples suffers from inability to procreate while infertility is estimated to have around 7% among Indian women in past 3 years according to Organo Fertility Survey.

OBJECTIVES:

• To assess the psychological wellbeing of the infertile women.
• To associate the selected socio demographic variables of psychological wellbeing among the infertile women.

METHODOLOGY AND MATERIALS:
Research approach used in this study was quantitative approach. The study was conducted at Roshini Aruna Infertility Hospital, Cuddalore. Sample size comprised of 60 women with infertility. Samples were selected using non probability convenient sampling technique. Informed consent was obtained from the samples related to the study purpose, type of data, nature of commitments and participation.

**DEVELOPMENT, DESCRIPTION AND INTERPRETATION OF THE TOOL**

Structured questionnaire (42 items) Ryff’s psychological wellbeing scale, *(2005)* was used as a tool for data collection. The psychological wellbeing scale is designed to measures the wellbeing, beliefs, and attitudes related to infertility. The structured questionnaire method was used to assess the level of psychological wellbeing among women with infertility attending infertility hospital at Roshini Aruna Infertility Hospital, Cuddalore.

**Section I:** It consists of demographic variables such as age, marital status, past pregnancy, menstrual history, occupation, type of marriage, age at marriage, years after being diagnosed as infertility, stay with husband, previous conception history, husband’s reaction regarding infertility.

**Section II:** It is a standardized instrument given by RYFF (42 items) for assessing the infertile women by using Ryff’s psychological wellbeing scale. It is a structured questionnaire consists of 42 In numbers.

**RESULTS AND DISCUSSION**

An interview with structured questionnaire, the Ryff’s psychological wellbeing scale (42 items) was used. The collected data were analyzed by descriptive and inferential statistics and presented in table.

| Table 1- Mean and standard deviation of psychological well-being |
|-------------------|---|---|---|---|---|
| Well being        | N  | Minimum | Maximum | Mean   | SD  |
|                   | 60 | 81       | 185     | 126.18 | 28.47 |

| Table 2- Distribution of infertile women on various level of psychological wellbeing. |
|---------------------------------------------|-----|-------|--------|
| Levels of well being                       | Range | Frequency | Percentage |
| Poor                                        | 42-126 | 28     | 46.6    |
| Average                                    | 127-189 | 32     | 53.4    |
| Good                                       | 190-252 | 0      | 0       |

**DISCUSSION**

Majority(43.3%) of infertile women were in age group of 30-39 years, (40%) of women are house wife, majority (48.3%) were married at age group 21-25 years, majority (43.3%) of them were in 2-3 years after being diagnosed as infertility, majority (86.7%) were staying with husband permanently after marriage, (70%) of the women had conceived ever, majority (51.7%) were become shocked when she was informed about her infertility, majority (50%) of the husband reaction after hearing the problem was anger, rebuke and critical.
Mean and standard deviation of psychological wellbeing of 60 infertile women. The minimum score is (81) and the maximum score is (185). The results found that mean is (126.18) and standard deviation is (28.47). The present study revealed that maximum (53.4%) of women had average level of well-being, minimum (46.6%) of women had poor level of well-being and none of the women are having good level of well-being. The chi-square value shows that there is no significance association between socio demographic variables and level of psychological wellbeing of Infertile women (p>0.05).

_Katerina lykeridou et al.(2009),_ conducted study to assess the impact of infertility diagnosis on psychological status of 404 infertile women by using self-administrated questionnaires. The results reported that infertility had higher levels of state anxiety (p=0.007) and social stress (p=0.007).

**CONCLUSION:**

All over the world, infertility was experienced by individuals and couples as a stressful situation. All cultures and societies perceive infertility as a problem. Infertility signifies the most severe emotional crisis. Attention has been increased on the impact of infertility on the psychological well-being of couples. A woman suffering from infertility faces complex issues of biological, Psychological, social and ethical domains. Based on finding the researches were understood the meaning of psychological wellbeing and classify the psychological well-being of infertile women using the statistical method to analyze the information, this will help the researcher put in practice when they are going to serve the clients with those problems. It helps the researcher for the referral when the patient are in psychological problems.

**IMPLICATION:**

_Nursing service:_
- Utilize the psychological distress while handling the client in health care setting.
- Use the psychological wellbeing assessment scale in critical care setting as well as with psychiatric client while providing the service.

_Nursing education:_
Impart the psychological distress in nursing curriculum this will help the student to have in the depth knowledge while handling the client in health care settings.

_Nursing research:_
The findings of the study help the researcher to identify the various aspects of psychological distress and how it will help the clients to overcome from critical situation.

**RECOMMENDATIONS:**
- On the basis of findings of the study, it is recommended that similar study can be conducted for a large sample to generalize the findings.
- A study can be done to evaluate the psychological wellbeing of infertile couple.
- A study can be done to evaluate the psychological distress of infertile women in the social settings like work areas.

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