



“A STUDY TO ASSESS THE PSYCHOLOGICAL DISTRESS AMONG INFERTILE WOMEN UNDERGOING TREATMENT AT SELECTED INFERTILITY CLINICS OF VIJAYPUR”

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Abstract

Background

Giving birth to a child is the yearning of every woman and if this wish is not fulfilled, it is associated with lots of psychological problems such as anger, betrayal, guilt, sadness, jealousy, self-esteem, anxiety, depression, and poor quality of life. Society always expects that a couple will have a child just after their marriage, but it is actually very destructive and heart-breaking feeling that they want to have children but they cannot. Infertility can be a stressful experience. Some research Trusted Source suggests that stress may impact the likelihood of conceiving, although there is not enough evidence to confirm a causative link. Some medical issues affecting fertility, such as polycystic ovary syndrome (PCOS), may also increase the risk of depression. Research suggests that depression and anxiety may be three times higher in infertility women receiving treatment.

OBJECTIVES OF STUDY

- To assess the Psychological Distress among infertile women
- To find out association between the psychological distress among infertile women with selected socio demographic variables

Methodology

The study used a non-experimental methodology, a descriptive cross sectional research design and a non-randomized purposive sampling technique. 30 infertile women assessed by using DASS-21, along with inclusion and exclusion criteria, in order to gather data from respondents. The tool had 21 items that assessed Psychological Distress. Both descriptive and inferential statistics were used to describe the outcomes.

Results

Based on the study's findings, mild psychological distress among infertile women undergoing treatment at selected infertile clinics depression 28 (6.66%), anxiety 12 (40.00%). Psychological distress among infertile women and association with socio-demographic variables, educational status and monthly income shows significant and other socio-demographic variables found no significant at 0.05 (5%) level.

Interpretation and Conclusion

Infertility can cause psychologically distress, emotionally stress and financial difficulties for both partners. Typical reactions to infertility include shock, sadness, depression, anger and frustration, loss of self-esteem and self-confidence and a general loss of sense of control. The diagnosis of infertility can be an overwhelming burden for women. This diagnosis may lead to major psychiatric disorders such as depression, anxiety and low self-esteem. Therefore, women should be offered counseling and support as they undergo infertility treatment. It has been well documented that psychological interventions for women with infertility have the capacity to reduce symptoms of anxiety and depression and significantly increase pregnancy rates.

Key Words: Assess, Psychological Distress, infertile women and infertility clinics

I. INTRODUCTION

Infertility can be a stressful experience. Some research Trusted Source suggests that stress may impact the likelihood of conceiving, although there is not enough evidence to confirm a causative link. Medical conditions. Some medical issues affecting fertility, such as polycystic ovary syndrome (PCOS), may also increase the risk of depression. Research suggests that depression and anxiety may be three times higher Trusted Source in people with PCOS than those without the emotional and physical challenges of treatment. A small 2014 trial of women seeking infertility treatment or fertility-preserving services found that their anxiety and depression worsened as treatment progress and Treatment side effects. According to research Trusted Source, some fertility treatments contain hormones that can affect a person's mood, increasing the risk of depression.

II.OBJECTIVES

- To assess the Psychological Distress among infertile women
- To find out association between the psychological distress among infertile women with selected socio demographic variables

Assumptions

- The study assumes that Infertile women may have psychological distress
- The study variable psychological distress is measurable

Delimitations

The Study will be delimited to;

The study is delimited to infertile women undergoing treatment at selected infertility clinics

III.MATERIALS AND METHODS

Research Approach

Quantitative research approach was used for this study.

Research Design

Non experimental descriptive cross sectional research design was used for this study

Variable:

- **Research variables:** Psychological Distress
- **Demographic variable:** Age, religion, residence, education, age at marriage, Type of marriage, duration of marriage, type of infertility, family history of infertility, duration of infertility treatment, family monthly income, working status and Underlying disease.

Inclusion Criteria:

The study includes the infertile women undergoing treatment:

- Infertile women who are not being able to pregnant with frequent unprotected sex at least one year and diagnosed as infertile women.
- Infertile women aged between 21 to 45 years.
- Infertile women primary and secondary infertility.
- Infertile women who are aware of their infertility.
- Infertile women with no communication and hearing disorder.

Exclusion criteria

The study excludes the infertile women undergoing treatment:

- Infertile women with mental and emotional disorder or cognitive impairments.
- Infertile women who are not willing to give informed constant.
- Infertile women who are already on psychiatric treatment.
- Infertile women unable to provide data and practice intervention

Setting of the study

Selected infertility clinics of Vijayapur city.

Study Population

Infertile women undergoing treatment at various infertility clinics of Vijayapura.

Sampling Technique

The non randomized purposive sampling technique used for this study

Sample size

30 infertile women undergoing treatment

DESCRIPTION OF THE INSTRUMENTS

The data collection instrument is divided in to 2 parts:

Part I: Structured questionnaire for socio-demographic al variables

Part II: Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

DATA ANALYSIS

Data will be analyzed by using descriptive and inferential statistics.

1. The data obtained was planned to be analyzed on the basis of the objectives and assumptions of the study by using descriptive and inferential statistics.
2. Frequency and percentage distribution were used to study the demographic variables.
3. Mean & standard deviation were used to assess the quality of life among private and government school teachers.
4. Chi- square test was used to find the association between quality of life among private and government school teachers with their selected sociodemographic variables.

IV.RESULTS AND DISCUSSION

1- Description of respondents according to social-demographic variable of infertile women

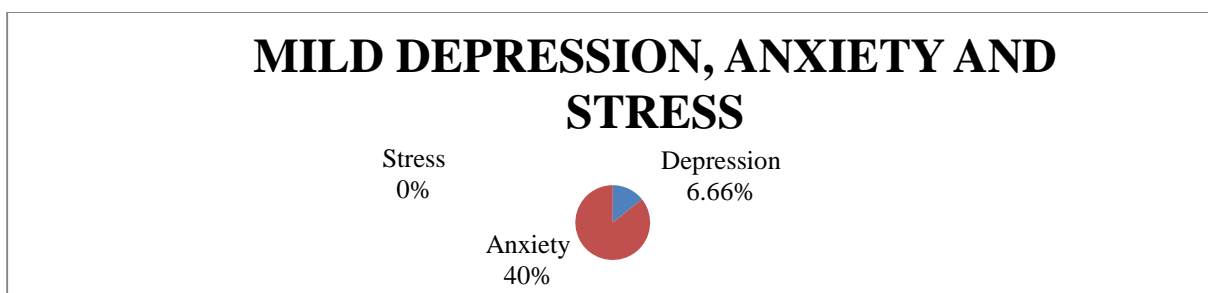
N= 30

Sr. No	Demographic Variable	Frequency	Percentage (%)
1	Age (In Years)		
	A. Below 26	01	03
	B. 27- 28	10	33
	C. 29 And Above	19	64
2	Religion		
	A. Hindu	28	93
	B. Muslim	02	07
	C. Chritians	00	00
	D. Others	00	00
3	Residence		
	A. Rural	30	100
	B. Urbaan	00	00
4	Education		
	A. Primary	04	13
	B. Secondary	10	33
	C. Under Graduate	06	20
	D. Post Graduate	10	33
5	Age At Marraige		
	A. 18-25	30	100
	B. 26-30	00	00
	C. 31-35	00	00
	D. Above 35 Years		
6.	Type Of Marriage		
	A. Consanunieous	05	17
	B. Non Consanguineous	25	83
7.	Period Of Marriage		
	A. Less Than 10 Years	08	27
	B. More Than 10 Years	22	73
8.	Type Of Infertility		
	A. Primary	04	14
	B. Secondary	26	86
9	Family History Of Infertility		
	A. Yes	00	00
	B. No	30	100

10	Duration Of Infertility Treatment		
	C. Less Than 2 Years	08	27
	D. More Than 2years	22	73
11	Monthly Income		
	A. < 5000	01	04
	B. 5001-10000	01	04
	C. 10001-15001	22	73
	D. >15001	06	20
11	Working Status		
	A. Working	01	00
	B. Not Working	29	96.
12	Underling Disease		
	A. Yes	01	96
	B. No	29	04

II. Assessment of Psychological distress among infertile women.

	Normal		Mild		Moderate		Severe		Extremely severe	
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
Depression	28	93.33	02	6.66	00	00	00	00	00	00
Anxiety	18	60.00	12	40.00	00	00	00	00	00	00
Stress	30	100	00	00	00	00	00	00	00	00



The data in above table and graph is shows that mild psychological distress among infertile women undergoing treatment at selected infertile clinic i.e depression 28 (6.66%), anxiety 12 (40.00%) and No Stress \

III. Association between the Psychological distresses among infertile women with social-demographics variables.

Sr. No	Demographic Variable	Frequency	Percentage	Df	Table Value	Chi-Square Value	Level Of Significance
1	AGE (In Years)						
	A. Below 26	01	03	02	5.99	1.224	Non Significant
	B. 27- 28	10	33				
	C. 29 And Above	19	64				
2	RELIGION						
	A. HINDU	28	93	02	5.99	3.867	Non Significant
	B. MUSLIM	02	07				
	C. CHRITIANS	00	00				
	D. OTHERS	00	00				
3	RESIDENCE						
	A. RURAL	30	100	1	3.84	0.9736	Non-Significant
	B. URBAAN	00	00				
4	EDUCATIONAL STATUS						
	A. PRIMARY	04	13	2	5.99	6.19	Significant
	B. SECONDARY	10	33				
	C. UNDER GRADUATE	06	20				
	D. POST GRADUATE	10	33				
5	AGE AT MARRAIGE						
	A. 18-25	30	100	2	5.99	4.997	Non-Significant
	B. 26-30	00	00				
	C. 31-35	00	00				
	D. ABOVE 35 YEARS						
6.	TYPE OF MARRIAGE						
	A. CONSANUNIEOUS	05	17	1	3.84	1.173	Non-Significant
	B. NON CONSANGUINEOUS	25	83				
7.	PERIOD OF MARRIAGE						
	A. LESS THAN 10 YEARS	08	27	1	3.84	1.173	Non-Significant
	B. MORE THAN 10 YEARS	22	73				
8.	A. TYPE OF INFERTILITY						
	B. PRIMARY	04	14	1	3.84	2.001	Non-Significant
	C. SECONDARY	26	86				
9	FAMILY HISTORY OF INFERTILITY						
	A. YES	00	00	1	3.84	2.024	Non-Significant
	B. NO	30	100				
10	DURATION OF INFERTILITY TREATMENT						

	A. LESS THAN 2 YEARS	08	27	1	3.84	0.214	Non-Significant
	B. MORE THAN 2 YEARS	22	73				
11	MONTHLY INCOME						
	A. < 5000	01	04	2	5.99	7.100	Significant
	B. 5001-10000	01	04				
	C. 10001-15001	22	73				
	D. >15001	06	20				
11	WORKING STATUS						
	A. WORKING	01	00				
	B. NOT WORKING	29	96.	1	3.84	01.010	Non-Significant
12	UNDERLING DISEASE						
	A. Yes	01	96.	1	3.84	0.260	Non-Significant
	B. No	29	04				

The data present in above table shows that psychological distress among infertile women is association with Educational status and monthly income and other socio-demographic variables found Non significant.

IV.CONCLUSION

Women diagnosed as infertile can be an emotional experience and cause various psychological problems like anxiety, depression, low self-confidence, etc. Other issues include social isolation, decreased communication between partners and difficulties in marriage altogether. Interventions like counseling and psychotherapy for infertile couples have the power to decrease psychological problems such as anxiety and depressive disorders and considerably enhance the conception rates.

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CONFLICT OF INTEREST- None declared

ETHICALCLEARANCE- Ethical Clearance Certificate was obtained by Institutional Ethical Committee.

VI. REFERENCES

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