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Stress and coping strategies among women undergoing fertility treatment in a tertiary care centre, Thiruvananthapuram

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Abstract

The present study was intended to identify the stress and coping strategies among women undergoing fertility treatment in the Department of Reproductive Health Medicine in a tertiary care hospital (SAT), Thiruvananthapuram. The descriptive cross-sectional study included 100 women who were receiving fertility treatment from a tertiary care centre, Thiruvananthapuram District. The participants were selected by consecutive sampling technique. The Theoretical framework of the study is based on Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping. Sociodemographic and clinical data were collected through semi structured questionnaire. Stress and coping strategies were assessed through interview technique. Level of stress among women undergoing fertility treatment was assessed using Copenhagen Multi-centre Psychosocial Infertility - Fertility Problem Stress Scale (COMPI FPSS) and their coping strategies were assessed using Copenhagen Multi-centre Psychosocial Infertility Coping Strategy Scale (COMPI CSS). Data were analyzed using descriptive statistics. The study findings revealed that 30% of women undergoing fertility treatment had severe stress 61% had moderate stress, and 9% had mild stress. Among the women studied 36% women were using Active confronting as coping strategy, 21% were Meaning-based coping 14% participants were using Active avoidance coping, 10% were Passive avoidance coping and remaining 19% were using mixed type of coping strategies.

Keywords: Women, infertility, stress, coping strategy

Introduction

Fertility is a worldwide human concern and anguish over infertility is its obvious upshot. The problem of infertility confronts millions of people worldwide [1]. In most cultures, 'being childless' is an undesired social role and infertility is an 'unexpected life transition' [2]. The definition, as well as the etiological causes associated with infertility, differs from region to region [3]. It depends on social and physical characteristics that vary by culture and situation, leading to the absence of the universal definition of infertility worldwide [4].

Clinicians define infertility as a disease of the reproductive system due to which women fail to achieve pregnancy after regular unprotected sex for twelve or more months (WHO, ICMART). In contrast, demographers define it as the inability of women in their reproductive age (15-49 years) to become pregnant after exposure to unprotected sex [5]. Slightly over half of all infertility cases are a result of female conditions, while sperm disorder or unknown factors are associated with the rest of the causes. The literature indicates that the problem of infertility can happen because of either of the spouse or both. However, most of the time, women are blamed for it, considering it as a particular problem among females, particularly in developing countries. Emotional stress and marital difficulties are greater in couples where the infertility lies with the man. Male and female partner respond differently to infertility problems. In general, women show higher depression levels than their male partners when dealing with infertility. A possible explanation may be that women feel more responsible and guilty than men during the process of trying to conceive. On the other hand, infertile men experience a psychosomatic distress [6].

Problem statement

A study to assess the level of stress and coping strategies among women undergoing fertility

treatment in Department of Reproductive Health Medicine of Tertiary Care Hospital, Thiruvananthapuram.

Objectives

- Identify the level of stress among women undergoing fertility treatment.
- Find out coping strategies using by women undergoing fertility treatment.

Operational definitions

Women: In this study women who is undergoing fertility treatment for primary infertility.

Fertility treatment: In this study fertility treatment is a treatment taking by women for conception & pregnancy such as medications and Assisted Reproductive Technology (ART) i.e., *In vitro* Fertilization- Embryo Transfer (IVF-ET) and Intra Uterine Insemination (IUI)

Stress: It is the level of mental or emotional strain experiencing by the women undergoing fertility treatment as measured by using COMPI FPSS.

Coping strategies: Coping strategies include any conscious or unconscious decision which causes relief or consolation in stressful situations for women undergoing fertility and its treatment as measured by COMPI CSS coping scale.

Assumptions

- Women undergoing treatment for fertility experiences varying level of stress.
- Women undergoing fertility treatment uses various coping strategies to overcome their stress.

Conceptual frame work

Conceptual frame work of the study is based on Lazarus and Folkman's (1984) Transactional Theory of Stress and Coping (TTSC). The TTSC has been used as a theoretical framework to describe Infertility Related Stress (IRS) and coping in the context of infertility. Lazarus and Folkman (1984) defined stress as a person- environment relationship that is taxing or exceeds resources and endangers the individual's well-being. And they explained coping as a phenomenon that involves both cognitive and behavioral responses that individuals use in an attempt to manage internal and/or external stressors perceived to exceed their personal resources.

Methodology

Research approach: The research approach used in the study was quantitative approach.

Research design: The investigator used descriptive research design for this study.

Variables: Variable is an attribute that varies, that is, takes on different values. Variables under present research study are stress, coping, sociodemographic data and clinical data of women undergoing fertility treatment.

Setting of the study

Department of Reproductive Health Medicine, Sree Avittom Thirunal Hospital, Thiruvananthapuram were selected as the setting for present study.

Population: In this study population refers to women who are undergoing fertility treatment.

Sample and sampling technique: Hundred women who are undergoing fertility treatment in Department of Reproductive Health Medicine of SAT Hospital, Thiruvananthapuram were selected for this study. Sample size was calculated using the formula $N = 4Pq / d^2$.

Sampling technique: In this study consecutive sampling technique is used.

Inclusion criteria

- Women undergoing fertility treatment for primary infertility.
- Who are willing to participate in study?

Exclusion criteria

- Women on secondary infertility.
- Who are diagnosed with any kind of mental disorder?

Tool and technique: In this study the data is collected using different types of tools.

Tool 1: Semi structured questionnaire to collect socio demographic and clinical data.

Tool 2: COMPI FPSS to assess the level of stress.

Tool 3: COMPI CSS to identify the use coping strategies.

Technique: The technique used in the current study is interview schedule.

Data collection process

The data collection was done over a period of six weeks from 01/06/2023 to 08/07/2023. Approval for data collection was obtained from Institutional Research Committee and Institutional Ethical Committee, Government College of Nursing, Thiruvananthapuram. Administrative sanction was obtained from Medical Superintendent of SAT Hospital and from Professor and HOD, Department of Reproductive Health Medicine, Thiruvananthapuram. Hundred women seeking treatment for fertility from Department of Reproductive Health Medicine was selected consecutively for the study. Participant information sheet was distributed and the study detail was explained by researcher to the each and every participant. Informed written consent was obtained from all the participants before collecting data. The participants were seated comfortably in a waiting area near to consultation room and socio demographic and clinical data were collected using semi structured questionnaire. The participants were interviewed with COMPI FPSS to assess the level of stress and COMPI CSS to find the use of coping strategies. On an average 20 to 25 minutes were taken for collecting data from one participant. Data collected from an average of 4-5 participants in a day for 6 weeks.

Data analysis: The collected data were coded and analyzed using Statistical Package for Social Sciences, in accordance with the study objectives. In the present study, the interpretation of data was done by using descriptive statistics. Frequencies and percentage are used in descriptive statistics.

Results

Section I: Socio demographic data - Among the 100 women studied, 24% of the participants were in the age group of 21-25 years, 30% were the age group of 26-30 years, 27% were in the age group of 31-35 years and 19% were above the age of 35 years. Among these participants, 74% were residing in urban area, 16% were rural and remaining 10% were semi urban area. And 71% of the study participants were Hindus, 10% were Muslims and 19% were Christians. Majority of the participants were belonged to nuclear family. 14% of participants were post graduates 17% of participants had degree, 23% had diploma, 31% had higher secondary and remaining 15% had secondary education. 72% participants unemployed, 7% were self-employed, 13% were private employees and 8% were govt. employees. 39% of participants were belonged to APL category and remaining 61% were BPL category.

Section II: Clinical data - Among the 100 participants, 6% of male partner were having ≤ 25 years of age at the time marriage, 53% were in between 26-30, 28% were in between 31-35 and remaining 13% were above the age of 35. Duration of marital life of 63% participants were in between 1-5 years, 33% were in between 6-10 years & remaining 4% were above 10 years. 90% participants were staying together with partner and remaining 10% were not staying together because of job related activities. 67% participants were undergoing treatment for one or more than one year duration, 15% were one month, 11% were six months & remaining 7% were 9 months of duration. 36%

the participants were undergoing IVF treatment, 33% were IUI and remaining 31% were undergoing other initial treatment for infertility during the study. 100% the participants were not getting any external financial support. Treatment expenses were affordable for 75% of participants and for 25% it was not affordable.

Section III: Level of stress among women undergoing fertility treatment - Among 100 population, 61% of participants had moderate stress, 30% had severe and only 9% had mild stress.

Table 1: Distribution of women according to their level of stress (n=100)

Stress percentage (%)	Frequency
Mild	
9	9
Moderate	
61	61
Severe	
30	30

Section IV: Coping strategies among women undergoing fertility treatment - Among 100 population, 14% participants were using Active avoidance coping, 36% were Active confronting, 10% were Passive avoidance coping, 21% were Meaning-based coping and remaining 19% were using mixed coping strategies.

Table 2: Distribution of the women according to the use of coping strategies (n=100)

Coping percentage (%)	Frequency
Active avoidance	
14	14
Active confronting	
36	36
Passive avoidance	
10	10
Meaning-based	
19	19

Discussion

Psychological stress is considered as part of the environmental factors adversely influencing fertility. So, infertility is a chronic experience of stress associated with a number of adverse health effects. Studies have shown that infertile couples experience significant anxiety and emotional distress. When a round of fertility treatments proves to be unsuccessful, for instance, women and couples can experience deep feelings of stress^[7].

Nowadays infertility issue has become a social concern and it is associated with numerous social and psychological problems. Infertility can influence interpersonal, marital and social relationships. Individuals who experience infertility, are often under stress because of mental and social challenges they go through. The stresses have a major effect on their mental and physical health. Coping strategies are therefore conscious efforts to reduce the stressful situations. They are actions usually used to deal with those stressors. The commonest coping strategy adopted by the respondents in this current study was active confronting^[8].

Infertility as a psychological stressor can threaten health of infertile people; but the extent of its effects is depended to cognitive and defense skills of people. It can be implied that

any good or bad changes in life requires a type of further compatibility. Strategies to encounter these changes in life and the resultant tension vary in different individuals regarding different situations. Psychological health experts believe that the reaction of people in the stressful situations and also the level of stress that each event causes are influenced by different social and personal factors. Yazdani *et al.* in their study in Iran, identified the less use of active avoidance strategy as a coping strategy among the respondents as compared to findings of the current study^[9, 10].

The current study was conducted to assess the level of stress and use coping strategies among women undergoing infertility treatment. The findings of the study revealed that 61% of participants had moderate stress, 30% had severe and only 9% had mild stress and the use of coping strategies of them were different ways such as 14% participants were using Active avoidance coping, 36% were Active confronting, 10% were Passive avoidance coping, 21% were Meaning-based coping and remaining 19% were using mixed these four coping strategies to cope up with the stressful situation.

A hospital based cross sectional study done in 150 women

attending infertility OPD at a tertiary care hospital in Tamil Nadu for a period of 12 months from January 2014 to December 2014 to assess psychological impact and coping strategies among women with infertility by Rathna Ramamurthi, G. Kavitha, Devaki Pounraj, S. Rajarajeswari. Majority of the study subjects belonged to 21 to 25 years of age group 35.7% and 45.5% of the women had recent onset infertility. 58.9% of the women reported with high levels of stress. Whereas 48.2% women reported feeling guilt and 35.7% women reported feeling of pessimism and suicidal tendency. Coping strategy adopted by majority of the women was engaging in household activities and hobbies - used active confronting coping strategy ^[11].

Summary

The present study sought to assess the level of stress and use of various forms of coping strategies. The results suggest that 61% of participants had moderate stress, 30% had severe and only 9% had mild stress, and also it showed that 14% participants were using Active avoidance coping, 36% were Active confronting, 10% were Passive avoidance coping, 21% were Meaning-based coping and remaining 19% were using mixed four different types of coping strategies. In passive avoidance coping, the participants looked for a miracle and wished for positive changes. This finding differs from a number of studies indicating frequent use of active-avoidance coping among infertile women elsewhere. A possible explanation for frequent use of active confronting and meaning based coping may be that participants of this study perceived more control over their infertility stress.

Conclusion

The inability to have children is felt by individuals and couples as a stressful experience. Because the individuals with fertility problems experience psychosocial problems. And infertility has been found to yield psychological and social consequences, and the female partner tends to be more adversely affected than her male counterpart. Stress among women undergoing infertility treatment had various level of stress due to new environment, diagnostic procedures, unsuccessful of treatment, lack of family and financial support etc. The use of various coping strategies seems to have different impacts on women with infertility stress. The aim of this study was to assess the level of stress and examine the use of coping strategies such as active-avoidance, passive-avoidance, active confronting and meaning based coping.

References

1. Fidler AT, Bernstein J. Infertility: From a personal to a public health problem. *Publ. Health Rep.* 1999 Nov;114(6):494.
2. Patel A, Sharma PS, Kumar P, Binu VS. Sociocultural determinants of infertility stress in patients undergoing fertility treatments. *J Hum Reprod. Sci.* 2018 Apr;11(2):172.
3. Adamson PC, Krupp K, Freeman AH, Klausner JD, Reingold AL, Madhivanan P, *et al.* Prevalence & correlates of primary infertility among young women in Mysore, India. *Indian J Med Res.* 2011 Oct;134(4):440.
4. Ganguly S, Unisa S. Trends of infertility and childlessness in India: findings from NFHS data. *Facts Views Vis Obgyn.* 2010;2(2):131.

5. Gurunath S, Pandian Z, Anderson RA, Bhattacharya S. Defining infertility - A systematic review of prevalence studies. *Hum Reprod Update.* 2011 Sep 1;17(5):575-588.
6. Pearce TO. She will not be listened to in public: perceptions among the Yoruba of infertility and childlessness in women. *Reprod Health Matters.* 1999 Jan 1;7(13):69-79.
7. Inhorn MC, Patrizio P. Infertility around the globe: New thinking on gender, reproductive technologies, and global movements in the 21st Century. *Hum Reprod Update.* 2015;21(4):411-426.
8. Yazdani F, Kazemi A, Ureizi-Samani HR. Studying the relationship between the attitudes to infertility and coping strategies in couples undergoing assisted reproductive treatments. *J Reprod. Infertil.* 2016 Jan-Mar;17(1):56-60.
9. Lazarus RS, Folkman S. Coping and adaptation. In: *Handbook of Behavioral Medicine*; c1984. p. 282-325.
10. Donarelli Z, Lo Coco G, Gullo S, Marino A, Volpes A, Salerno L, *et al.* Infertility-related stress, anxiety and ovarian stimulation. *Reprod Biomed Soc Online.* 2016 Nov 5. DOI: 10.1016/j.rbms.2016.10.001. PMID: PMC5952838.
11. Kyei JM, Manu A, Kotoh AM, Adjei CA, Ankomah A. Beliefs about children and the psychosocial implications of infertility on individuals seeking assisted fertilization in Ghana. *Reprod Biomed Soc Online.* 2021;12:88-95.

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