



EFFECT OF COPPING STRATEGIES ON INFERTILITY STRESS AMONG INFERTILE MEN AND WOMEN

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Abstract

The main objective of the study was to investigate the effect of coping strategies on infertility stress among infertile men and women. This study was conducted on 80 infertile couple aged between 20 to 45 years attending the infertility clinics in Hanamkonda and Warangal. Coping strategies inventory and fertility problem inventory were used to measure the effect of coping skills on infertility stress levels. The results were analyzed using MANOVA. Results showed that all dimensions of coping strategies had significant impact on infertility stress dimensions except sexual concern stress.

Keywords: Infertility, Stress, Coping Strategies.



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Introduction:

Infertility is defined as the inability of a couple to conceive after a specified period i.e. 12 - 24 months of regular unprotected sexual intercourse (1, 2). Infertility also known as infertility crisis, as it is accompanied by physical, economical, psychological and social stress which could affect all aspects of one's life (3,4,5). Stress due to infertility is different from other types. Infertile couple suffers from chronic stress each month if fertilization does not happen (6). The relationship between stress and infertility forms a vicious circle in which they intensify each other. Infertile couple who know they are the cause of infertility blame themselves. This guilty feeling might increase the stress and make the problem worse (7). Infertility has been found to yield psychological and social consequences and the female partner tends to be more adversely affected than her male counterpart (8). Coping strategies are collection of one's cognitive behavioral efforts which are used to interpret, analyze and reform a stressful condition, resulting in the reduction of its discomfort (9). There are many evidences (10-12), which show that personal coping methods, level of support, level of hope and resilience are important factors influencing the infertility stress. According to the theory of Dahlquist (1995), many researchers have argued that the effectiveness of coping strategy is related to the duration and nature of the stressful situation (13). Substantial evidences point

that problems resulting from infertility and inappropriate coping strategies might be a factor which helps exacerbate infertility (14). In a meta analysis done by Jordan and Revenson (1999), it has been shown that women use more emotion focused coping method in their case of infertility. Infertile couple use emotional coping strategies more due to lack of control on life events, low self esteem, low social support and high level of stress (15,16). In coping with infertility seeking social support is an important coping mechanism used by couple treated for infertility (17). Recent findings derived from neuroscience, developmental and evolutionary psychology lead to a revision of Maslow's hierarchy of needs theory considering that parenting is at the top of the hierarchy substituting self actualization (18).

Objective: To study the effect of coping strategies on stress among infertile men and women.

Methodology: The study was conducted on 80 infertile couples aged 20-45 years, who referred to various hospitals in Hanamkonda and Warangal, after getting approval from the institutions and from the sample. The study was carried out for a period of 20 weeks. Among the participants 60% are in age range of 31-40 years, 29% are between 20-30 years and 11% are above 40 years. Equal representations of male and female respondents are taken for the study. The socio economic status of 55% of the selected sample is MIG, while 27.5% is HIG and remaining 17.5% is LIG. Educational status of the respondents - 43.8% is graduates, 23.8% are educated to 10th class, 21.3% completed inter while 11.3% post graduates. The number of married years - 22.5% of sample is 2-4 years, 45% sample is 5-8years, while 32.5% is more than 8years. The infertility type - 70% of the sample had primary infertility and 30% had secondary infertility. After obtaining consent from each couple data was collected using Fertility problem inventory and Coping strategies inventory.

FPI is a 46 item inventory and each item will be measured on a 6- point Likert Scale ranging from strongly disagree to strongly agree. It has 5 sub scales and global stress. FPI was developed by C.R. Newton in 1999.(19)

The CSI is a 72-item self report questionnaire and the responses will be measured on a 5-point Likert format ranging from not at all to very much. It has 14 sub scales. CSI developed by David L Tobin in 1984. Revised in 2001. (20).

Data Analysis and Results:

Data was analyzed using MANOVA.

Table : Manova For Effect Of Coping Strategies On Infertility Stress

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Problem solving	Social Concern	4454.189	28	159.078	11.224	.000
	Sexual concern	563.955	28	20.141	.808	.725
	Relationship	1348.119	28	48.147	3.944	.000
	Rejection of child free life style	1097.446	28	39.195	2.418	.003
	Need for parenthood	1287.261	28	45.974	3.951	.000
Cognitive restructuring	Global stress	29786.148	28	1063.791	14.772	.000
	Social Concern	4347.932	19	228.839	16.561	.000
	Sexual concern	531.017	19	27.948	1.286	.227
	Relationship	1201.944	19	63.260	4.937	.000
	Rejection of child free life style	986.894	19	51.942	3.326	.000
Express emotions	Need for parenthood	980.117	19	51.585	3.437	.000
	Global stress	29315.415	19	1542.917	22.342	.000
	Social Concern	4420.204	23	192.183	14.221	.000
	Sexual concern	465.250	23	20.228	.827	.685
	Relationship	1309.200	23	56.922	4.818	.000
Social support	Rejection of child free life style	1159.742	23	50.424	3.695	.000
	Need for parenthood	1252.792	23	54.469	4.857	.000
	Global stress	30435.304	23	1323.274	24.508	.000
	Social Concern	4459.254	22	202.693	16.097	.000
	Sexual concern	546.960	22	24.862	1.100	.374
Problem avoidance	Relationship	1243.586	22	56.527	4.431	.000
	Rejection of child free life style	1070.752	22	48.671	3.251	.000
	Need for parenthood	1058.443	22	48.111	3.335	.000
	Global stress	29786.971	22	1353.953	21.018	.000
	Social Concern	4278.140	21	203.721	13.146	.000
Problem avoidance	Sexual concern	559.808	21	26.658	1.213	.276
	Relationship	1247.644	21	59.412	4.765	.000
	Rejection of child free life style	1081.417	21	51.496	3.545	.000

Wishful thinking	Need for parenthood	1108.786	21	52.799	3.967	.000
	Global stress	29234.724	21	1392.130	19.115	.000
	Social Concern	4450.573	22	202.299	15.874	.000
	Sexual concern	1332.886	22	60.586	6.880	.000
	Relationship	1292.393	22	58.745	4.936	.000
	Rejection of child free life style	1335.700	22	60.714	5.883	.000
Self criticism	Need for parenthood	1106.321	22	50.287	3.701	.000
	Global stress	29522.473	22	1341.931	19.431	.000
	Social Concern	4540.817	22	206.401	18.493	.000
	Sexual concern	505.243	22	22.966	.985	.496
	Relationship	1273.525	22	57.887	4.732	.000
	Rejection of child free life style	1360.411	22	61.837	6.254	.000
Social withdrawal	Need for parenthood	1132.711	22	51.487	3.923	.000
	Global stress	29787.726	22	1353.988	21.023	.000
	Social Concern	4404.177	23	191.486	13.876	.000
	Sexual concern	492.497	23	21.413	.893	.606
	Relationship	1273.318	23	55.362	4.445	.000
	Rejection of child free life style	1139.833	23	49.558	3.539	.000
Problem focused engagement	Need for parenthood	1126.697	23	48.987	3.638	.000
	Global stress	28816.759	23	1252.903	15.114	.000
	Social Concern	4468.888	30	148.963	10.308	.000
	Sexual concern	690.733	30	23.024	.986	.506
	Relationship	1438.483	30	47.949	4.414	.000
	Rejection of child free life style	1227.733	30	40.924	2.880	.000
Emotion focused engagement	Need for parenthood	1279.183	30	42.639	3.473	.000
	Global stress	30551.354	30	1018.378	17.163	.000
	Social Concern	4347.038	28	155.251	9.540	.000
	Sexual concern	655.483	28	23.410	1.012	.472
	Relationship	1447.750	28	51.705	5.042	.000
	Rejection of child free life style	1145.617	28	40.915	2.681	.001

	style						
	Need for parenthood	1224.717	28	43.740	3.400	.000	
	Global stress	30292.438	28	1081.873	17.425	.000	
	Social Concern	4332.718	29	149.404	8.848	.000	
	Sexual concern	881.538	29	30.398	1.594	.073	
Problem focused disengagement	Relationship	1363.736	29	47.025	3.873	.000	
	Rejection of child free life	1203.210	29	41.490	2.878	.001	
	style						
	Need for parenthood	1135.174	29	39.144	2.625	.001	
	Global stress	29878.652	29	1030.298	14.389	.000	
Emotion focused disengagement	Social Concern	4465.571	27	165.392	12.089	.000	
	Sexual concern	687.000	27	25.444	1.153	.323	
	Relationship	1265.950	27	46.887	3.459	.000	
	Rejection of child free life	1193.208	27	44.193	3.145	.000	
	style						
	Need for parenthood	1146.575	27	42.466	3.008	.000	
	Global stress	30142.154	27	1116.376	17.503	.000	
Engagement	Social Concern	4622.687	37	124.937	9.467	.000	
	Sexual concern	608.405	37	16.443	.563	.961	
	Relationship	1565.333	37	42.306	4.383	.000	
	Rejection of child free life	1326.652	37	35.855	2.521	.002	
	style						
	Need for parenthood	1298.652	37	35.099	2.532	.002	
	Global stress	30456.459	37	823.148	11.515	.000	
Disengagement	Social Concern	4735.987	43	110.139	8.991	.000	
	Sexual concern	911.383	43	21.195	.826	.727	
	Relationship	1523.417	43	35.428	2.851	.001	
	Rejection of child free life	1361.917	43	31.672	2.029	.016	
	style						
	Need for parenthood	1410.000	43	32.791	2.508	.003	
	Global stress	30453.804	43	708.228	8.484	.000	

** p<0.01 level of significance.

The above table depicts MANOVA test to know the effect of coping strategies on fertility stress. Problem solving coping strategies on infertility stress had significant effect on all dimensions of infertility stress except sexual concern stress. Cognitive restructuring coping strategies on infertility stress had significant effect on all dimensions of infertility stress except sexual concern stress. Express emotions and social support coping strategies had significant effect on all aspects of infertility stress except on sexual concern stress. Problem avoidance, wishful thinking, self criticism and social withdrawal had influence on infertility stress. Problem focused and emotion focused engagement had significant impact on infertility stress except the sexual concern stress. Problem focused and emotion focused disengagement had significant impact on infertility stress except sexual concern stress. The total engagement and disengagement also had significant effect on infertility stress except sexual concern stress.

Discussion:

The effect of coping strategies on fertility stress among infertile men and women were examined using the fertility problem inventory and coping strategies inventory. Results depicted that all the dimensions of coping strategies inventory had significant impact on all dimensions of fertility problem inventory except sexual concern dimension. Due to increased pressure to schedule sex, loss of enjoyment in sexual relation, negative emotions associated with sexual relationship and loss of self sexual esteem coping strategies had poor impact on sexual concern stress dimension.

Emotion focused coping strategies, including efforts to set emotional consequences of stressful incident and keep the emotional and sentimental balance by controlling resultant emotions from stressful conditions. Problem focused coping strategies including one's effective acts with respect to stressful conditions, and is trying to remove or change the source of stress (21).

Denial of stressful situations and inability to use potential abilities and initiative will cause the occurred problem left unsolved, which leads to dissatisfaction of the person (22). Many studies of coping with life stressors, including health problems, have found that women use more emotion-focused coping strategies than men and men report more problem-focused coping efforts. Research has found that emotion focused coping is both less effective and leads to poorer mental health outcomes than problem focused coping (23).

Conclusion:

This study highlights the effect of coping strategies on stress among couple with infertility. Infertility can have a devastating effect on couples especially women's mental health. In some cultures children are an important source of social desirability. In such cultures there is a relatively high pressure on women to have a child. With regard to the fact it is important to understand which forms of coping strategies are used more frequently by infertile couple (24). The clinical and psychological interventions need to promote awareness about the usefulness positive coping strategies for infertile men and women.

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