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Original Research Article

A CROSS SECTIONAL STUDY ON PSYCHOSOCIAL ASPECTS OF INFERTILE WOMEN WHO ARE ATTENDING IN THE OPD

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Abstract

Background: Infertility affects millions couples globally. It is defined clinically as failure to conceive after 12 months of regular and unprotected sexual intercourse. The contribution of various aetiological factors to infertility differs per population. Aim of the study is to examine the psycho social wellbeing of infertility women who are attending in OPD. **Materials and Methods:** The study was conducted among all those participants who attends the infertility clinic for both primary and secondary, and who fulfils the inclusion and the exclusion criteria were recruited for the study in the institute of obstetrics and Gynaecology, Government Kasturba Gandhi Hospital Triplicane, Chennai -05. It is a Cross-sectional study. The sample size will be around 300. The data was collected using a predesigned and pretested questionnaire. Detailed history like menstrual history, family history, type of infertility and Modified Fertility problem Inventory scale is used to assess the psychological consequences of the patients. The collected data will be entered in the excel sheet and analysed using SPSS 23.p value <0.05 is considered statistically significant. **Result:** The mean age of our study participants was found to be 28.89±4.11 years. The most common age group of the study participants was found to be 26 -30 years. The Social concern mean score was 20.84±6.78 followed by the need of parenthood 18.90±0.943. **Conclusion:** Our study concludes that among the infertility participants the mean score for the social concern was found to be more followed by the need for parenthood. The mean score was found to be more primary infertility study participants compared to secondary infertility. The scores were more in less than 3 years infertility. Thus infertility affects not only medically problem but also it affects social and psychosocial aspects.

INTRODUCTION

Infertility is a worldwide problem, WHO clinically defines infertility as a disease of reproductive system characteristic by failure to achieve pregnancy after 12 months or more regular unprotected sexual intercourse. Women who conceived but having a history of recurrent miscarriages is also be considered as infertility. The infertility rate has been rised by 10% compared to the previous 30 years. There are many factors which leads to infertility, they are age, Genetic, Anovulatory cycles, pathology of uterus etc.[1] Multiple studies have stated that 40% of infertility is caused by female causes,40% by male factors and 20% due to the unexplained causes.[2,3]

In infertility emotional factors will also play a significant role. In recent years, the influence of infertility on psychological wellbeing has received attention, Leading how to handle infertility in regards to oneself, one's spouse, and in other social domain is one of the most difficult task for infertile woman. Thus infertility will cause traumatic, unexpected and life altering experience. Infertility diagnosis and treatment have a significant impact on people's life and thoughts. Additional to that psychological care should be given along with the coping strategies which will in turn make them not to disturb in their intimacy of the couples.[4-8] The goal of this study was to determine the psycho social aspects of infertility women who are attending in OPD and to find the association between social aspects, stree and depression.

MATERIALS AND METHODS

Study Setting: The study was conducted in the Institute of obstetrics and Gynaecology, Government Kasturba Gandhi Hospital Triplicane, Chennai -05

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Study Design: Cross-sectional study design.
Study Period: October 2019 to September 2021
Study population: All those participants who attends the infertility clinic for both primary and secondary, who fulfills the inclusion and the exclusion criteria were recruited for the study.
Sample Size: The study samples were selected throughout the study period and the final sample size was found to be 300.
Inclusion criteria:

- Age >20 years
- Both primary and secondary type of infertility after two years of unprotected sex were selected
- Unable to conceive
- Cooperative
- Willing to participate

Exclusion Criteria

- Chronic illness
- Known psychiatric illness

Sampling Methods: Convenient sampling
Data Collection Methods: The data was collected using a predesigned and pretested questionnaire. Detailed history like menstrual history, family history, type of infertility. Modified Fertility problem Inventory scale is used to assess the psychological consequences of the patients. The scale assess five areas of impact like personal, sexual, relationship ,rejection of child free concern and need of parenthood. The scale is validated and it translated to the local language by the experts. Anthropometric and the biochemical data is also collected and noted.
Data entry and analysis: The collected data will be entered in the MS excel sheet Windows 10.The analysis was done using SPSS 23.Descriptive statistics was expressed in terms of mean values and percentages. Chi square test was done for comparison two categorical variables. Continuous variables was expressed in mean and standard deviation. Continuous variables were analyzed using unpaired t test and Anova test

RESULTS

The mean age of our study participants was found to be 28.89±4.11 years. The minimum age in our study is 21 years and the maximum age is 40 years. The most common age group of the study participants was found to be 26 -30 years (followed by 31 -35 years. Majority of the study participants belongs to nuclear family 210(70%).In our study majority had Secondary education 141(47%).Most of the study participants belongs to Class III 122(40.7%).

Table 1: Baseline details of the study participants.

Baseline characteristcs	Number (N)	Percentages(%)
Age category		
21-25 years	60	20
26-30 years	132	44
31-35 years	93	31
>35 years	15	5
Type of Family		
Nuclear	210	70
Joint	90	30
Education		
Illiterate	9	3
Primary	138	46
Secondary	141	47
Higher secondary	12	4
Socioeconomic status		
I	35	11.7
II	55	18.3
III	122	40.7
IV	61	20.3
V	27	9

Table 2: Menstrual and infertility details

Variables	Number (N)	Percentages(%)
Age at menarche		
10-12 years	93	31
13-15 years	168	56
>16 years	39	13
Menstrual cycles		
Regular	120	40
Irregular	180	60
Type of infertility		
Primary infertility	222	74
Secondary infertility	78	26
Duration of infertility		
<3 yrs	30	10
3-5 yrs	201	67
6-8 yrs	39	13
>8 yrs	30	10

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Majority of the study participants 168(56%) have age at menarche at 13-15 years.Irregular menstrual cycle was most common in our study 180(60%).Primary infertility was most common in our study 222(74%).3-5 years of infertility was the most common in our study 201(67%).

Table 3: Mean score of the Modified Fertility problem inventory scale

Modified Fertility problem inventory scale	Mean±SD
Social concern	20.84±6.78
Sexual concern	17.084±1.39
Relationship concern	16.02±1.91
Rejection of child free	15.81±0.994
Need of parenthood	18.90±0.943
Overall score	93.88±6.53

The overall mean score of the study participants was 93.88±6.53.The Social concern mean score was 20.84±6.78 followed by the need of parenthood 18.90±0.943

Table 4: Association of baseline characteristics with mean score of the Modified Fertility problem inventory scale

	Social impact	Sexual impact	Relationship concern	Rejection of childfree	Need of parenthood	P value
Age						<0.001
21-25 yrs	27.18±3.32	17.38±1.29	16.35±1.75	16.08±1.20	19.73±0.613	
26-30 yrs	17.89±3.94	17.28±1.34	16.13±2.02	15.90±0.765	18.72±0.454	
31-35 yrs	14.93±2.82	16.75±1.32	15.62±1.94	15.40±0.507	18.29±1.02	
>35 yrs	10.84±1.19	15.38±0.765	14.07±0.844	15.18±0.390	17.47±0.516	
Education						
Illiterate	10.25±0.29	15±0.32	13.44±0.527	15.15±0.19	17.11±0.333	<0.001
Primary	15.12±2.89	17.12±1.41	16.17±1.91	15.63±0.745	18.19±0.745	
Secondary	26.16±3.15	17.18±1.36	16±1.944	15.95±1.17	19.53±1.17	
Higher secondary	26.73±3.48	17±0.739	16.42±0.515	16.83±0.389	20.83±0.389	
SES						
Class 1	26.72±3.57	17.20±1.42	15.77±1.87	15.93±1.25	19.46±0.500	<0.001
Class 2	18.68±6.08	17.11±1.41	16.38±1.61	16.18±0.764	18.66±0.998	
Class 3	16.84±7.25	16.20±1.23	15.71±1.79	15.89±0.832	18.74±1.59	
Class 4	15.88±2.71	17.25±1.51	15.93±2.04	15±0.374	18.45±0.503	
Class 5	14.33±2.92	17.33±0.480	16.96±2.26	16±0.345	18.02±0.284	
Family type						
Nuclear	18.31±6.28	17.05±1.44	15.99±2.00	15.83±0.852	18.38±0.560	<0.001
Joint	26.72±3.36	17.18±1.26	16.11±1.67	15.78±1.28	20.10±0.398	
Infertility type						
Primary	27.51±2.87	17.09±1.41	16.49±1.43	15.93±0.963	20.15±0.363	<0.001
Secondary	18.49±6.16	17.08±1.31	15.86±2.03	15.49±1.06	18.45±0.635	
Duration of infertility						
<3yrs	23.39±6.04	17.23±1.38	16.04±1.99	15.67±1.07	19.21±0.732	
3-5 yrs	17.49±7.66	15.90±1.06	15.20±1.34	16.03±0.809	18.87±1.69	<0.001
6-8 yrs	25.12±2.87	17.18±1.65	15.87±1.32	16.23±0.931	18.02±0.732	
>8 yrs	14.50±3.03	17.20±0.610	16.90±2.155	16.02±0.386	18.83±0.284	

The mean score was found to be higher in young age group, residing in joint family and who obtained higher secondary school and in class 1 socio economic status compared to others. Similarly the mean scores were more in less than five years of infertility and in primary infertility compared to others and was found to be statistically significant.

DISCUSSION

Infertility is inevitable in women and it develops stress and anxiety which makes their life miserable. The infertile women have to adapt coping strategies in order to overcome this stage. The stress was expressed in terms of crying, griefing and praying to god.

Majority of the study participants in our study belongs to 26-30 years of age 132(44%). Similar results were also seen in Vidya V et al study where 33(66%) of the study participants were in 26-30 years of age. seyedh Zahra et al study also found that majority of the infertile women lies in 20-30 years of age. In our study secondary education was found to be more 141(47%). In contrast to our results in Vidya et al study illiterate were more common 16(30%). This may be due to the various school programmes and education programmes which tends to increases the literacy status in the women of the concerned area. The another difference is our study done in urban area whereas the Vidya et al study done in rural area.

In our study the nuclear family found to be more 210 (70%).Similar results was also seen in Vidya et al study .In our study majority belongs to the Class

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III 122 (40.7%). In our study majority of the study participants have infertility for 3-5 years 201 (67%). Parvathy et al study has similar results stating that the mean duration of treatment was 3.68±2.64.Singh D et al, Reza et al, masoumi et al also stated that more than 50% of the women taking treatment for more than 5-10 years.

Our study found that social impact is more followed by sexual impact. Nearly 50% of the study participants have severe stress in our study 120(50%) followed by moderate stress 90 (30%). Many studies in this area insisted on the psychological counselling which improves the physical and mental health which improves the overall quality of life. Many studies stated that high rate of depression and psychological distress and stress noted in infertile women. Ramazanzadeh et al, Farzadi L et al and lemmens GMD et al, stated that adapting a better coping strategy will help to express the opinions which will decrease the stress. Gul et al also stated similar stated about coping strategies.

CONCLUSION

Our study concludes that among the infertility participants the mean score for the social concern was found to be more followed by the need for parenthood. The mean score was found to be more primary infertility study participants compared to secondary infertility. The scores were more in less than 3 years infertility. Thus infertility affects not only medically problem but also it affects social and psychosocial aspects. Counselling has to be done to all study participants ensuring them with the coping strategies and giving support to them. If any psychosocial problem is found as early, initiation of treatment should be done

Limitations: The first limitation is the study sample size is very low. Other than that as we have used scale to assess psychological parameters not all the components have been addressed. our study is a cross sectional study so prevalence alone is found but if we have done Case control study we can see the association of risk factors and the infertility.

Recommendations: The first recommendation is to do a multicentric study to know the burden of the country and find the various causes leading to infertility. Health education should be incorporated in infertility management. Coping strategies should be incorporated as a part of the reproductive health programme to overcome the stigma. Legal adoptions should also be made popular with simple procedures.

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