

A STUDY ON STRESS AND ATTITUDE TOWARDS SEEKING PROFESSIONAL HELP AMONG INFERTILE PATIENTS

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Abstract: 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 (and there is no other reason, such as breastfeeding or postpartum amenorrhoea). In order for them to conceive the suggested treatment is Assisted Reproductive Therapy (ART). During such period, the infertile couple experiences a number of emotional traumas and stress along with the treatment procedures. It is suggested that there is a strong need for counselling (Wischmann T, 2001) and counselling should be made mandatory for Infertility treatment. (Boivin, et. al, 2001; Jeker, 1988). The current study aims at understanding stress due to infertility, and the patient’s attitude towards counselling. The study follows survey research design using purposive sampling method. The sample includes 35 infertile patients (16 men and 19 women) undergoing Assisted Reproductive Therapy. Stress, Social Concern, Sexual Concern, Relationship Concern, Rejection of Childfree Lifestyle and Need For Parenthood will be measured using Fertility Problem Inventory (FPI), and Attitudes Toward Seeking Professional Help will be used to assess attitude towards counselling. The data was analysed using test for significance of difference and correlation to find the relationship between the variables. The results indicate that significant gender difference exists in Attitude Towards Seeking Professional Help.

Keywords: Counselling, Infertility, Stress, Pregnancy rate, Assisted Reproductive Therapy.

Infertility is a term used to explain the inability of a woman to conceive after two years of constant efforts. “It is believed that 10% of the general population suffers from some form of infertility . Given that India has a population of over 1.2 billion, the number of Indians suffering from infertility is huge,” says Dr Jaideep Malhotra, the president-elect of the Asia Pacific Initiative on Reproduction. Many factors including changes in lifestyle, stress and the recent trend of late marriages contribute to this occurrence. While poor sperm count (41 percent) played a major role in male infertility, female infertility was caused mainly by polycystic ovarian disorder or PCOD (40 percent), says Dr Hrishikesh Pai, from Indian Society for Assisted Reproduction (ISAR).

“Infertility is no longer an urban phenomenon, nor is it confined to women. In a growing and alarming trend, the problem of infertility in men is moving out of purely urban settings and is surfacing in tier II and tier III cities too,” said the doctors in the conference which began in 2012 at the Mahatma Gandhi Mission

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medical college, CIDCO, Aurangabad, Maharashtra. Nearly 15 of 100 couples need infertility treatment and the numbers are increasing. There has been a 20-30% rise in cases of infertility both in men and women in the last five years in India said doctors in the conference.

Being childless and going through various ART procedures causes a lot of stress on couples. Childlessness is often perceived as a life crisis where the emotional strain is equal to the emotional strain experienced in traumatic events.(Gameiro et. al., 2015; Hammen, 2005, Benyamini, Gozlan, & Kokia, 2005; Merari, Chetrit, & Modan, 2002; Klonoff-Cohen, Chu, Natarajan, & Sieber, 2001). Several studies indicate that coping with infertility is associated with periodically heightened levels of psychological symptoms of distress, depression and anxiety. (Eugster & Vingerhoets, 1999; Stanton & Dunkel-Schetter, 1991). Feelings of loss, grief, anger and sadness are not uncommon, and women often report bodily disparagement, lack of femininity, shame and self blame. (Oddens, 1999; Benyamini, Gozlan, & Kokia, 2009). There is some evidence to suggest that dysregulation in the uterus microenvironment may influence the ability to conceive, for example, oxidative stress and inflammation, which may be promoted by psychological distress. (Tracey, 2002; Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002). Such findings have led several studies to investigate possible links between mental state and pregnancy outcome. (Klonoff-Cohen, Chu, Natarajan, & Sieber, 2001; Csemiczky, Landgren, & Collins, 2000; Stoléru, Tégla, Spira, Magnin, & Fermanian, 1996; Demyttenaere, Nijs, Everskiebooms, & Koninckx, 1992; Sanders, 1999; Smeenk, 2004; Ebbesen et. al., 2009). Although the results have been mixed, Reviews of the literature have generally reached the conclusion that psychosocial factors such as depressive symptoms, anxiety, distress and certain coping strategies are linked to reduced chances of pregnancy.(Eugster & Vingerhoets, 1999; Klonoff-Cohen, 2004; Homan, Davies, & Norman, 2007)

Psychosocial care is defined as care that enables couples, their families and their health care providers to optimize infertility care and manage the psychological and social implications of infertility and its treatment (Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs, 2008). Psychosocial care and specialised psychological intervention has also been made mandatory by The European Society of Human Reproduction and Embryology (2015). Studies have found that Psychosocial care and counselling reduces stress, anxiety, depression and other impact of infertility. The present study aims to measure Stress, Social Concern, Sexual Concern, Relationship Concern, Rejection of Childfree Lifestyle, Need For Parenthood and Attitudes Toward Seeking Professional Help.

Objectives of the Study

1. To measure stress, Social Concern, Sexual Concern, Relationship Concern, Rejection of Childfree Lifestyle and Need For Parenthood experienced by infertile patients.
2. To measure attitude towards counselling among infertile patients.
3. To test the relationship between stress and attitude towards counselling among infertile patients.

Hypotheses of the Study

1. There would be no significant relationship between stress and attitude towards counselling among infertile patients.
2. There is no gender difference in stress.
3. There is no gender difference in attitude towards counselling.

RESEARCH METHODOLOGY

The research design used in the study is survey research design. The sample of the study include 35 infertile patients (16 men and 19 women). The sampling method used in the study is purposive sampling.

Tools Used

1. To measure Stress, Social Concern, Sexual Concern, Relationship Concern, Rejection of Childfree Lifestyle and Need For Parenthood “Fertility Problem Inventory” (FPI) developed by Newton CR, Sherrard MA, and Glavac I in 1999 is used.
2. To measure attitude towards counselling “Attitudes Toward Seeking Professional Help” questionnaire developed by Allyn and Bacon, and Fischer, E., and Farina, A. (1995) is used.

Statistics Used

The statistical methods used to analyse and describe data include charts, tables, test for significance of difference and pearson product moment correlation.

RESULTS AND DISCUSSION

The correlation co-efficients from the above table indicates that there is significant positive relationship between Attitudes Toward Seeking Professional Help and Rejection of Childfree Lifestyle. Rejection of Childfree Lifestyle is the Negative view of childfree lifestyle or status quo, future satisfaction or happiness dependent on having a child (or another child). Attitudes Toward Seeking Professional Help is the belief of a person towards seeking for help when required. The results indicate

that the greater is the negative view about childfree life style the higher will be the patient's willingness to seek professional help.

TABLE 1: PEARSON CORRELATION MATRIX OF ATTITUDES TOWARD SEEKING PROFESSIONAL HELP, STRESS, SOCIAL CONCERN, SEXUAL CONCERN, RELATIONSHIP CONCERN, REJECTION OF CHILDFREE LIFESTYLE AND NEED FOR PARENTHOOD

<i>S.No.</i>	<i>Variable</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
1	Attitudes Toward Seeking Professional Help	1						
2	Stress	-.262	1					
3	Social Concern	-.200	.649**	1				
4	Sexual Concern	-.028	.520**	.236	1			
5	Relationship Concern	-.438**	.763**	.461**	.216	1		
6	Rejection of Childfree Lifestyle	.354*	-.226	-.475**	-.009	-.452**	1	
7	Need For Parenthood	-.149	.373*	.137	-.306	.244	-.366*	1

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

There is a negative relationship between Attitudes Toward Seeking Professional Help and Relationship Concern. Relationship concern indicates the difficulty in talking about infertility, understanding/accepting sex differences, concerns about impact of infertility on relationship. Seeking professional help involves talking about its impact on the patient's relationship with his or her spouse. The finding indicates that the more is their concern about his/her relationship with the spouse due to infertility the lesser will be the chances of his/her in seeking for professional help. This may be due to the fact that they feel uncomfortable in sharing their relationship problems with others.

Global Stress is found to have significant positive relationship with Social Concern, Sexual Concern, Relationship Concern and Need For Parenthood. This indicates that as Social Concern, Sexual Concern, Relationship Concern and Need for Parenthood increases level of stress the patient experiences will also increase. According to Newton et. al., (1991) fertility problem inventory, has theorised that factors such as Social Concern, Sexual Concern, Relationship Concern, Rejection of Childfree Lifestyle and Need For Parenthood contribute to the global stress. The finding has reconfirmed the theory proposed by the Newton et. al., (1991).

Social concern has significant positive relationship with Global Stress and relationship concern; and significant negative relationship with Rejection of Childfree Lifestyle. Social concern includes sensitivity to comments, reminders of infertility, feelings of social isolation, alienation from family or peers. And Relationship

concern indicates the difficulty in talking about infertility, understanding/accepting sex differences, concerns about impact of infertility on relationship. Since the aspect of social includes relationship as well, they are found to correlated positively.

Sexual Concern has significant positive relationship with global stress. Sexual concern involves diminished sexual enjoyment or sexual self-esteem, scheduled sexual relations difficulty. It is known that the more childlessness prolongs the more frustration sets in for couples who keep trying for pregnancy. When there is a diminished sexual enjoyment or sexual self-esteem or difficulty in having sex on the scheduled dates for sake of treatment stress level may tend to increase.

Rejection of Childfree Lifestyle has significant positive relationship with Attitudes Toward Seeking Professional Help. Rejection of Childfree Lifestyle involves negative view of childfree lifestyle or status quo, future satisfaction or happiness dependent on having a child (or another child). The positive relationship between Rejection of Childfree Lifestyle and Attitudes Toward Seeking Professional Help may be due to the fact that the couple may look for opportunities to find a solution to childlessness and hence are willing to seek for professional help.

Rejection of Childfree Lifestyle has a significant negative relationship with Social concern and Relationship Concern. This finding indicates that the more is the social and relationship concern tends to be the lesser would be the rejection of childfree life style. In other words, the more are the worries and concerns in social and relationship concern the more will the patient/couple want to accept childfree lifestyle. This may be due to the reason that they simply may want to get out of the pressure from social and relationships.

Need For Parenthood has a significant negative relationship with Rejection of Childfree Lifestyle. It is known that while the high is the need for parenthood higher will be the rejection of childless life.

Hence, the hypothesis "There would be no significant relationship between stress and attitude towards counselling among infertile patients." is partially accepted and partially rejected.

TABLE 2: GENDER DIFFERENCE IN STRESS AND ATTITUDES TOWARDS SEEKING PROFESSIONAL HELP

<i>Variable</i>	<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>Std. Error</i>	<i>t-value</i>
Stress	Men	19	165.42	11.68	2.68	.874
	Women	16	162.18	9.88	2.47	
Attitudes Toward Seeking Professional Help	Men	19	12.68	4.02	.92	-2.385*
	Women	16	16.00	4.17	1.04	

* *t* value is significant at the 0.05 level (2-tailed).

The independent sample 't' test indicates that there is significant gender difference in Attitudes Toward Seeking Professional Help with women scoring higher than men. This shows that women tend to seek professional help relatively more than men. Hence, the hypothesis "There is no gender difference in attitude towards counselling" is rejected. This may be due to the fact that women tend share their problems and difficulties with others more than men. They are also the ones who go through a lot of blame and stigma.

The table also indicates that there is no significant gender difference with regard to global stress. This implies that men and women tend to experience stress equally. Hence, the hypothesis "There is no gender difference in stress" is accepted.

CONCLUSION

It is found that infertile patients experience stress equally between men and women. There exists gender difference in their attitude towards seeking professional help and women tend to look for professional help in dealing with challenges more than men.

It is also found that there is no significant relationship between attitude towards seeking professional help and the stress the infertile patients' experience.

Factors such as education, exposure to helping professionals, social stigma can help identify attitude changes among infertile patients.

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