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Socio-emotional Problems, Relationship Satisfaction and Coping Strategies among Women with Infertility in Lahore

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Abstract

The role of socio emotional problems, relationship satisfaction and coping strategies was explored among women with infertility residing in Lahore. This cross sectional research was carried out from April to December 2020 at four public and private hospitals of Lahore, Pakistan. Sample of 150 women (70= women with primary infertility, 80= women with secondary infertility) aged 25-37 years (M= 30.93, SD= 3.84) was selected through purposive sampling strategy. Data was collected using the emotional and social distress scale, relationship satisfaction scale and coping strategy scale. Analysis was done by using SPSS 21.Of the 150 patients, 70 (47%) were women with primary infertility and 80 (53%) were women with secondary infertility. The overall mean age of the sample was 30.93+/-3.84 years. Active and passive avoidance coping was found to be a significant positive predictor of socio emotional problems, distress and feeling of insecurity in women with primary and secondary infertility ($p<0.05$). Women with secondary infertility utilized more passive avoidance coping strategy as compared to women with primary infertility ($p<0.05$). However, non significant differences were found on socio emotional problems and relationship satisfaction. Avoidant and passive ways of coping were found to be significant factors in causing social and emotional problems, distress and feeling of insecurity in women with infertility. This study implicates that active coping strategies may safeguard against the psychological problems faced by women with infertility.

Keywords: *Infertility, Socio Emotional Problems, Avoidant, Passive Coping, Psychological Problems.*

Introduction

Infertility is a life time crisis and may work as painful emotional experience that cause social, psychological, physical, financial and emotional problems among couples (Greil et., 2010; Slade et al., 2007). It affects 10-15% couples of reproductive age all over the world (Deka & Sarma, 2010; Nahrin et al., 2017). World Health Organization defined infertility as the problem of reproductive system in which pregnancy does not occur after one year of continued intercourse (Masearenhas et al., 2012). There are two types of infertility, primary infertility is defined as when a couple has never conceived while in secondary infertility, woman is unable to get pregnant again after 1year continued intercourse following previous pregnancy which can be resulted unsuccessful or successful in terms of giving live birth (Dhont et al., 2011; WHO, 1994). In Pakistan, the overall prevalence of infertility is 21.9%, primary infertility is 3.9% and secondary infertility is 18% (Hakim et al., 2001). Both kinds of infertility have different types of psychological and emotional challenges. But these challenges are more prevalent in women rather than their spouses (Inhor & Patrizio, 2015). As in our society women are blamed for not having a child or not giving birth to a male child. This is regardless of whom the cause of infertility lays (Sami & Ali, 2006).

Infertility whether primary or secondary, causes many psychological, emotional and social problems e.g., depression, anxiety, anger, stress, low self esteem, financial problems, feelings of worthlessness, social isolation, reduced quality of life, diminished interest in sexual activity and even marital dissatisfaction (Kamel, 2010; Nachtigall et al., 1992; Obi et al., 2009; vanBalen & Bos, 2009). Marital satisfaction is a vital factor that contributes to the family, health and life satisfaction (Salehi, 1999).

Women need to use appropriate coping strategies in order to deal these problems related to infertility. Literature reveals that women with infertility often use avoidance, escape avoidance coping and accepting responsibility for their infertility which ultimately causes distress in them (Stanton et al., 1992). The present research was designed to examine the predicting role of avoidance and passive coping in causing socio emotional problems and relationship satisfaction in women with infertility.

Objectives of the Study

The objectives of the study are as follows,

- To find out the role of avoidance and passive avoidance coping as predictor of social emotional problems, distress and feeling of insecurity among women with primary and secondary infertility.
- To find out the mean differences between women with primary and secondary infertility on socio emotional problems, relationship satisfaction and coping strategies.

Literature Review

Literature suggests that infertility negatively affects women`s perception about life. Women who are undergoing medical treatment suffer multiple emotional and psychological issues. They have reduced self esteem, financial burden, fear, anxiety, feeling of failure and worthlessness and depression. These psychological issues are often ignored and more focus is given on medical treatment (Nahrin et al., 2017).

A comparative study was conducted on relationship satisfaction between fertile and infertile couples.Sample of 1528 women (511 women with infertility and 1017 healthy women) was selected for the study. Results of the study showed that fertile couples had more satisfied marital relationship as compared to infertile couples. It was also found that fertile women are happier than infertile women (Amiri et al, 2016).

Infertility causes severe stress among women. Total 115 women with infertility were selected from gynaecology departments. It was revealed that maladaptive coping patterns have negative impact on the wellbeing of women. Results reveal that problem focused and emotional focused coping was prevalent among women with infertility. Self distraction was also found among women which is considered as a type of maladaptive coping (Singh, 2019).

Hypotheses

The hypotheses of the present research are as follows,

- It was hypothesized that avoidance and passive coping strategies would be significant predictors of social emotional problems among women with infertility.
- It was hypothesized that women with primary infertility would have more socio emotional problems, low relationship satisfaction action and poor coping strategies as compared to women with secondary infertility.

Method

Research Design

This cross sectional research was conducted from April to December 2020 at four public and private hospitals of Lahore, Pakistan. Purposive sampling strategy was used to select the participants.

Participants

Sample of 150 women (70= primary infertility, 80= secondary infertility) aged 25-37 years (*M*= 30.93, *SD*= 3.84) was selected on the basis of the rule of thumb (Green, 1991) from the outpatient departments of Jinnah, Services, Masood and Hameed Latif Hospital of Lahore, Pakistan. Women with minimum two years of marriage with one year of fertility treatment and without other medical conditions were selected.

Measures

Emotional and Social Distress Scale ESDS (Naz & Batool, 2017)

This scale was used to identify infertility related emotional and social distress. It comprises of 34 items 5point rating scale and spread over four subscales, distress, identity and well-being, feelings of insecurity and sexual/marital issues. Cronbach alpha reliability of the scale was .93. Cronbach alpha on current sample is .88. Higher scores on ESDS indicate higher social and emotional problems.

The Relationship Satisfaction Scale RSS (Røysamb et al., 2014)

It is comprised of 10 items with 6 point rating scale. One item was excluded with the consent of authors as it was not relevant to the scope of current study. Urdu translation scale of the scale was conducted in the present study by using Lexicon equivalence method. Cronbach's alpha was .92 whereas in the present study, it was .70. Higher the scores on RSS, the higher will be marital satisfaction.

COMPI Coping Strategy (Schmidt et al., 2005)

It has 23 items (4 point rating scale) with four subscales assessing different coping strategies, active avoidance coping, active confronting coping, passive avoidance coping, meaning based coping. Urdu translation scale of the scale was conducted in the present study by using Lexicon equivalence method. Cronbach alpha of subscales ranged from .59-.68. In the present, the value of cronbach alpha ranged from .66-.77. Higher the score on each subscale, higher the use of that particular coping strategy.

Procedure

Approval of the study was sought from the ethics review committee and Board of Studies of the Department of Applied Psychology, Lahore College for Women University, Lahore and afterwards, consent for data collection was sought from medical superintendents of concerned hospitals. Written informed consent was taken from the participants. Confidentiality was assured and research protocol was administered on them. Afterwards, they were thanked by the researcher. Data was analyzed using SPSS21. Linear regression analysis was used to see the predicting role of avoidance and passive coping on socio emotional problems. Independent sample t test was carried out to see the differences between women with primary and secondary infertility on socio emotional problems, relationship satisfaction and coping strategies.

Results

Of the 150 patients, 70 (47%) were women with primary infertility and 80 (53%) were women with secondary infertility. The overall mean age of the sample was 30.93+/-3.84 years. 90 (72%) were educated and duration of infertility treatment was reported 2 years in majority of the sample (65%).

Table 1: Linear regression on active avoidance and passive avoidance coping as predictor of socio emotional problems, distress, identity/well being issues and feelings of insecurity in women with secondary infertility

Variable	Socio emotional problems			Distress			Feelings of insecurity		
	B	*SEB*	β	B	*SEB*	β	B	*SEB*	β
AACP	3.95	1.05	.42	1.59	.53	.34	.95	.24	.49
PACP	6.44	1.32	.55	3.58	.67	.61	.93	.30	.38
R^2	.52			.51			.41		
F	20.15			19.68			12.92		

$p<0.05$

B: unstandardized beta; SEB: standard error for the unstandardized beta; β: standardized beta; F: ratio of mean regression; R: coefficient of determination.

Table 2: Linear regression on active avoidance and passive avoidance coping as predictor of socio emotional problems, distress and feelings of insecurity in women with primary infertility

Variable	Socio emotional problems			Distress			Feelings of insecurity		
	B	*SEB*	β	B	*SEB*	β	B	*SEB*	β
AACP	2.57	.94	.30	1.05	.46	.26	.61	.27	.23
PACP	2.81	.98	.32	1.40	.48	.33	.65	.28	.27
R^2	.25			.22			.18		
F	10.67			9.39			7.04		

$p<0.05$

B: unstandardized beta; SEB: standard error for the unstandardized beta; β: standardized beta; F: ratio of mean regression; R: coefficient of determination.

Results of table 1 and 2 reveal that active avoidance and passive avoidance coping were found to be significant positive predictors of socio emotional problems, distress and feeling of insecurity between women with primary and secondary infertility ($p<0.05$).

Table 3: Comparison of mean values of women with primary and secondary infertility on socio emotional problems, relationship satisfaction and coping strategies

	Primary Infertility [a]		Secondary Infertility [b]				95% CI		Cohen's *d*
Measures	*M*	*SD*	*M*	*SD*	*t(118)*	*p*	*LL*	*UL*	
SE. Probs	78.90	16.56	84.88	27.08	-1.32	.18	-14.98	2.95	-0.26
R. Satis	27.11	3.32	26.03	4.10	1.45	.14	-.38	2.53	0.28
AAC	8.68	2.11	8.92	2.20	-.58	.56	-1.05	.57	-0.11
PAC	8.36	2.17	9.21	2.14	-2.07	.04	-2.43	-.05	-0.39
MBC	14.93	2.02	14.53	2.91	-2.07	.43	-1.65	-.03	0.15

SE. Probs: Socio emotional problems; R. Satis: Relationship satisfaction; AACS: Active confronting coping; PAC: Passive avoidance coping; MBC: Meaning based coping

Women having secondary infertility utilize more passive avoidance coping as compared to women with primary infertility ($p<0.05$), while there were non-significant differences on socio emotional problems, relationship satisfaction, active avoidance coping and meaning based coping..

Discussion

This research explores the role of coping strategies in causing social, emotional problems, relationship satisfaction in women with infertility. Active avoidance and passive avoidance coping was found significant positive predictors of social, emotional problems, distress and feeling of insecurity in women with primary and secondary infertility. These findings are consistent with literature. The reason of this finding is negative and passive ways of coping have negative impact on individuals thinking, emotions and behavior which ultimately leads towards different emotional and psychological problems. Furthermore, results reveal that women with secondary infertility used more passive avoidance coping as compared to women with primary infertility. The reason of this finding might be that repeated mishaps in terms of miscarriages, still births make them more prone towards psychological problems and to cope with this stress, they use more avoidance, denial and withdraw themselves from social activities. This is the unique finding that emerged in this study. Literature reveals that women with infertility use more avoidant and denial coping as defense mechanism(Stanton et al., 1992).

Limitations

The present study has few limitations. The sample size was small because the data was collected in a six month time period and due to COVID 19 pandemic, there were lockdowns and restrictions. An intervention study may be conducted for the management of psychological/emotional problems of women with infertility.

Conclusion

Avoidant and passive ways of coping were found to be a significant factors in causing social, emotional problems, distress and feeling of insecurity in women with infertility. Active and religious coping may be helpful to reduce the psychological, social and emotional problems among women with infertility.

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