

A Study to Assess the Prevalence of Levels of Stress Among Infertile Women Attending Infertility Clinic of Selected Hospitals of Bagalkot

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ABSTRACT

Background of the study: The role that stress plays in infertility remains controversial, largely because despite medical advances a large percentage of infertility remains unexplained.

The relationship between stress and infertility has been debated for years. Women with infertility report elevated levels of anxiety and depression, so it is clear that infertility causes stress. What is less clear, however, is whether or not stress causes infertility. Infertility is defined as the inability to procreate, or carry or deliver a baby naturally. The majority of specialists describe infertility as being unable to get pregnant after having tried for at least one year.

The relationship between infertility and psychological stress is complex. On the one hand, infertile couples are subject to greater stress and have a greater risk of developing psychological disorders compared with normal, healthy couples. On the other hand, high levels of psychological distress have been indicated to increase infertility.

Material and methods: The research approach adopted for this study was quantitative research approach and the design used was descriptive research design. The convenience sampling technique was used to select 100 subjects. The tool used for data collection was Cohen's perceived stress scale. Paper pencil technique was used for data collection and data obtained were analyzed using both descriptive and inferential statistics.

Results: result indicates that majority 68% of respondent had high level of stress, 27% of respondent had moderate level of stress and 5% of respondent had low level of stress. The overall mean level of stress score was found to be 27.05% with SD as 4.75%. Chi-square test was calculated to assess the association between socio demographic variables and levels of stress among infertile women. There is no significant association found between levels of stress among infertile women with their socio demographic variables such as Age, Types of family, Religion, Duration of marriage in year, Educational Qualification, Occupation, Monthly income of family, Family support, Source of information regarding health.

Conclusion: The finding of the study concluded that most of the infertile women having high level of stress and moderate level of stress.

Key Words: Infertile women, Stress levels, Cohen's perceived stress scale, Socio demographic variables.

INTRODUCTION

Infertility is often a silent struggle. Patients who are struggling to conceive report feelings of depression, anxiety, isolation, and loss of control. Depression levels in patients with infertility have been compared with patients who have been diagnosed with cancer. It is estimated that 1 in 8 couples (or 12% of married women) have trouble getting pregnant or sustaining a pregnancy¹.

Despite the prevalence of infertility, the majority of infertile women do not share their story with family or friends, thus increasing their psychological vulnerability. The inability to reproduce naturally can cause feelings of shame, guilt, and low self-esteem. These negative feelings may lead to varying degrees of depression, anxiety, distress, and a poor quality of life².

Several recent studies have found links between the women's levels of day-to-day stress and lowered chances of pregnancy. For example, women whose saliva had high levels of alpha-amylase, an enzyme that marks stress, took 29% longer to get pregnant compared to those who had less. The study of stress and infertility is important and controversial. Any time a new study on stress and fertility comes out, you'll see headlines that tell you stress is the reason you can't get pregnant, even if the study didn't truly indicate that stress causes infertility³.

Many couples that experience fertility challenges are worried about stress. Infertility itself causes distress and emotional turmoil. Could the stress of infertility make your situation even worse? Fertility experts are also curious about the stress-fertility connection. Could stress be the missing clue when a cause for infertility is unexplained or when treatments fail for unknown reasons?⁴

The role that stress plays in infertility remains controversial, largely because despite medical advances a large percentage of infertility remains unexplained. The relationship between stress and infertility has been debated for years. Women with infertility report elevated levels of anxiety and depression, so it is clear that infertility causes stress. What is less clear, however, is whether or not stress causes infertility. Infertility is defined as the inability to procreate, or carry or deliver a baby naturally. The majority of specialists describe infertility as being unable to get pregnant after having tried for at least one year. The relationship between infertility and psychological stress is complex⁵.

On the one hand, infertile couples are subject to greater stress and have a greater risk of developing psychological disorders compared with normal, healthy couples. On the other hand, high levels of psychological distress have been indicated to increase infertility⁶.

Infertility means not being able to get pregnant after at least one year of trying (or 6 months if the woman is over age 35). If a woman keeps having miscarriages, it is also called infertility. Female infertility can result from age, physical problems, hormone problems, and lifestyle or environmental factors. 570 women of reproductive age group, 51 (8.9%) had primary infertility. Hence, the prevalence of primary infertility is 8.9% in women of reproductive age group (15–49 years) in urban population of Central India⁷.

Objectives

1. To assess the level of stress among infertile women.
2. To find out association of level of stress among infertile women with their socio demographic variable.

METHODOLOGY

Research approach: quantitative approach.

Research design: descriptive research design.

Setting of study: The present study was conducted at infertility clinics of selected hospital of Bagalkot.

Target population: The target population for the study is infertile women who are attending infertility clinics.

Accessible population: The accessible population for the study is the infertile women attending selected infertility clinics at Bagalkot.

Sampling technique: The convenient sampling technique was used.

Sample size: Total sample size 100.

Development of tool: The final tool consists of following two parts:

Part-1: Socio demographic variables: This part consists of 9 items for obtaining

personal information like; Age, Types of family, Religion, Duration of marriage in year, Educational Qualification, Occupation, Monthly income of family, Family support, Source of information regarding health.

Part -2: Cohen's perceived stress scale to assess the level of stress among infertile women. The scale consists of 10 items.

- Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.
- Scores ranging from 0-13 would be considered low stress.

- Scores ranging from 14-26 would be considered moderate stress.
- Scores ranging from 27-40 would be considered high perceived stress.

Reliability of tool: Reliability was computed by splint half methods.

Plan for data analysis: The analysis of data was done in accordance with the objectives of the study. The data was analyzed by using descriptive statistics (frequency and percentage distribution SD graphs) and inferential statistics (chi-square). The p value 0.05 for significance was selected for the study.

RESULTS

1. Percentage wise distribution of infertile women's attending infertility clinics according to levels of stress. (Table: 1)

Level of stress	No. of respondents	Percentage (%)
Low stress levels (0-13)	05	5%
Moderate stress levels (14-26)	27	27%
High perceived stress levels (27-40)	68	68%
Total	100	100%

2. Association between stress levels of infertile women with their socio- demographic variables.

Sl.No	Socio-demographic variables	DF	Chi-square value	Table value	P-value	Association
1	Age in years.	1	3.68	1.98	0.05	Not Significant
2	Types of family.	1	0.04	1.98	0.83	Not Significant
3	Religion.	1	2.92	1.98	0.87	Not Significant
4	Duration of marriage in years.	1	1.10	1.98	0.29	Not Significant
5	Educational qualification.	1	0.04	1.98	0.83	Not Significant
6	Occupation.	1	3.50	1.98	0.61	Not Significant
7	Is your family supporting you?	1	0.70	1.98	0.40	Not Significant
8	Monthly income of the family.	1	2.17	1.98	0.14	Not Significant
9	Source of information regarding health.	1	4.89	1.98	0.02	Not Significant

DISCUSSION

The findings of present study have been discussed accordance with the objectives of the study and previous review of literature journal, book.

The present study was conducted to assess the prevalence of levels of stress among infertile women attending infertility clinics selected hospital at Bagalkot. The sample was selected by convenient sampling technique.

The sample comprised 100 infertile women attending infertility clinics of selected hospital at Bagalkot and the data were collected through Cohen's perceived stress scale. Result indicates that majority 68% of respondent had high level of stress, 27% of respondent had moderate level of stress and 5% of respondent had low level of stress.

The overall mean level of stress score was found to be 27.05% with SD as 4.75%. Chi-square test was calculated to assess the association between socio demographic variables and levels of stress among infertile women. There is no significant association found between levels of stress among infertile women with their socio demographic variables such as Age, Types of family, Religion, Duration of marriage in year, Educational Qualification, Occupation, Monthly income of family, Family support, Source of information regarding health.

CONCLUSION

The findings of present study indicate that infertile women experienced higher levels of stress. Hence, there is an urgent need to take measures Medication, Yogasana,

Exercises and Meditation such as creation of comfortable environment to reduce levels of stress among infertile women.

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