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Abstract

*Infertility may be a disease of the reproductive and genital system which affects men and women both with almost equal frequency. Psychological well-being consists of positive relationships with others, personal mastery, autonomy, a sense of purpose and meaning in life, and private growth and development. It's attained by achieving a state of balance plagued by both challenging and rewarding life events. The objectives of the present study were to study the impact of infertility on the psychological well-being among women and to compare fertile and infertile women in terms of psychological impact. The sample was comprised of 50 subjects (N=50) ages ranging from 30 to 45. The sample was drawn from different locations in Bihar. Purposive cum incidental sampling methods were used for the selection of the sample. **Psychological well-being scale** developed by D.S. Sisodia and Pooja Choudhary was used to measure the Psychological well-being of women with and without infertility. The obtained result shows that mean score of fertile women age of 30-35 is 84.23 and the mean score of infertile women is 63.79. And the t-ratio of this study is 3.19. On the basis the t-ratio, it can be said that it is significant beyond on 0.001 level. The mean score of fertile women the age of 36-40 is 84.83 and the mean score of infertile women is 62.87. And the t-ratio of this study is 2.06. It can be said that it is significant beyond on 0.01 level. The age of 41-45 that mean score of fertile women is 85.22 and the mean score of infertile women is 66.81. And the t-ratio of this study is 3.87. On the basis the t-ratio, it can be said that it is significant beyond on 0.001 level. From the obtained data it was revealed that the psychological well-being of fertile women is better than their counterparts' infertile women.*

Keywords: Psychological well-being, Infertile, Women, Fertile, Family, Communities

INTRODUCTION

In fact, there are so many different creatures of God, but in nature, women are a different kind of charisma, and there is only one. Both natural spirits and societal ethics teach us the lesson, i.e., love and the creation of beauty, in which women are pioneers. However, truth underlies all organisms and particles. Women possess and practise the natural laws of the universe; they have immense knowledge of complex worlds and are quite conscious of their intellectual limitations and always try to consider intuition and conscience. Women are part of our history, culture, and tradition. They have made a masterly contribution to our poetry, literature, dance, music, art,

painting, sculpture, as well as all spheres of life, and so forth. A woman is a powerful provider of moral and spiritual guidance. In existence, a woman has the eternal nature of the truth and is sacred.

In society, women and men hold equivalent importance. They are the backbone of a progressing nation. Since women make up almost fifty percent of the population, they should be treated equally in society and accorded the same rights as men, and research is a prerequisite for this population.

The present study is an attempt to explore and describe the experience of infertility, infertility treatment and involuntary childlessness among women in Indian society. My main research question is how women cope with infertility and involuntary childlessness and the factors, which influence coping strategies. The experiences women get from infertility and its treatment influence their psychological well being. In recent years, the number of couples seeking treatment for infertility has dramatically increased due to factors such as postponement of childbearing in women, development of newer and advance techniques for infertility treatment and increasing awareness of available treatments. The increasing participation and awareness in fertility treatment inspires investigations and researches into psychological ramifications of infertility. This research work is an attempt look into psychological impact (psychological well-being,) of infertility and prolonged exposure to intrusive infertility treatments.

Study conducted by Christopher R. Newton 1999 found that Social, sexual, and relationship concerns related to infertility were more effective predictors of depression and marital dissatisfaction than expressed needs for parenthood or attitudes toward child-free living.

A study by Greil (1997) showed that involuntary childlessness is associated with emotional distress particularly depression, guilt, anxiety, social isolation and decreased self-esteem for both men and women. This emotional distress associated with involuntary childlessness become more intense when it has been medically confirmed through diagnosis.

A study conducted by Demsey Terwase Audu, Takim Asu Ojua, Carole Edem, Raymond Iornenge Aerny in 2013, shows that both men and women were in disbelief when they found that they were infertile. Similarly, men and women reacted differently to infertility, and this is connected with family and community treatment.

Guz, Ozkan, Sarisoy, Yanik, and Yanik (2003), found that anxiety and sorrow increased in women who are involuntary childless when their period and span of remaining childless increased.

According to study conducted by Uzma Eram in 2017 found that psychologically, infertile women significantly higher psychopathology in the form tension, hostility, anxiety, depression, self-blame and suicidal.

Study conducted by Yeter Durgun Ozan and Mesude Duman Depar in 2020 found that a statistically significant difference was found between the mean distress scores of the women for whom the reason for infertility was related to a female factor, and of the women for whom this reason was related to a male factor.

According to study conducted by Mariana Moura-Ramos, Sofia Gameiro, Isabel Soares, Teresa Almeida Santos & Maria Cristina Canavarro 2010 in their finding there is no significant differences were found in marital adjustment, although ART couples idealized their marital relationship to a higher degree. Results are discussed in terms of clinical implications and future research directions.

A.G. Huppelschoten, A.J.C.M. van Dongen¹, C.M. Verhaak, J.M.J. Smeenk, J.A.M. Kremer, and W.L.D.M. Nelen in 2013 women scored significantly lower on the FertiQoL total scores and three of the FertiQoL subscales (Emotional, Mind –Body and Social) than their partners, indicating lower QoL. Scores on the SCREENIVF questionnaire were significantly higher for women, indicating that women are more at risk for developing emotional problems (and these factors differed from those of their partners) during and after fertility treatment than their partners.

A cross-sectional nationwide health survey in Finland by Klemetti et al., 2010 indicated that childless men who had experienced infertility had a significantly poorer subjective quality of life (but not in perceived health, psychological distress or depressively) compared with men without infertility.

Infertility is defined as not being able to get pregnant (conceive) after one year (or longer) of unprotected sex. Because fertility in women is known to decline steadily with age, some providers evaluate and treat women aged 35 years or older after 6 months of unprotected sex.

Infertility affects millions of people of reproductive age worldwide – and has an impact on their families and communities. Estimates suggest that between 48 million couples and 186 million individuals live with infertility globally.

uterine disorders which could be inflammatory in nature (such as such endometriosis), congenital in nature (such as septate uterus), or benign in nature (such as fibroids);

- disorders of the ovaries, such as polycystic ovarian syndrome and other follicular disorders;
- disorders of the endocrine system causing imbalances of reproductive hormones. The endocrine system includes hypothalamus and the pituitary glands. Examples of common disorders affecting this system include pituitary cancers and hypopituitarism.

Psychological well-being refers to inter- and intraindividual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth. Subjective well-being reflects dimensions of affect judgments of life satisfaction.

It is a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life.

According to Ryff psychological well-being consists of positive relationships with others, personal mastery, autonomy, a sense of purpose and meaning in life, and private growth and development (Ryff, 1989).

Azghdy, Simbar, Vedadhir and Rashid in 2014 showed that the infertility and its treatment process is the source of psychological suffering in Iranian infertile women with devastating effects on psychological well-being of infertile couples. From the results it was observed that the one amongst the main causes of psychological distress is that the social pressure by community members, while there is a smaller amount of attention is paid to the socio-cultural dimensions and consequences of infertility.

Johansson et al., in 2010 in their research study comparing women and men, 4–5.5 years after successful and after unsuccessful IVF with a control group showed that psychological well-being were similar to the women in the unsuccessful IVF group.

Infertile patients are subjected to greater stress and emotional tension than their fertile counterparts, and infertility is negatively associated with the relational, sexual, and psychosocial well-being of person. The few studies that have examined the issue have been unable to confirm a perception that psychological stress may prevent a woman from attaining and maintaining a pregnancy, several studies have observed that emotional distress or stressful life events are associated with poor clinical outcomes for assisted reproductive technology (ART) programs. Infertility is usually defined as the failure of a couple to conceive after trying to do so for at least one full year. Moreover, according to the definition introduced by the World Health Organization, quality of life is defined as “individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”. It is a broad- ranging concept affected in a complex way by the person's physical health, psychological statements, levels of independence, social constraints, personal beliefs and characteristics and also their relationship to salient features of their environment.

The experiences women get from infertility influence their psychological well-being. Infertility has potentially inappropriate effects on psychological well-being in infertile couples. Psychological well-being is a multidimensional concept. Psychological well-being is consisted of self-acceptance, positive relationship, autonomy, purposeful life, personal growth, and ability to manage the environment. The level of individual's psychological well-being could be assessed by measuring these factors. Educational programs for improving individual's empowerment in coping with stressful situations in life could improve their psychological well-being.

Infertile patients are subjected to greater stress and emotional tension than their fertile counterparts, and infertility is negatively associated with the relational, sexual, and psychosocial well-being of patients. Infertility would affect women's sense of well-being in both psychological and social domains. In some societies, infertility is considered as women's responsibility and infertile women would experience a feeling of guilt, negative imagination, and lowered self-esteem. Infertility and its treatment process is a mentally suffering source for infertile women that have destructive effects on their mental well-being. Infertile women have lower psychological well-being and higher psychological frustration compared to infertile men. Hence, using strategies for psychological empowerment of infertile women to cope with these consequences is necessary.

A cross-sectional nationwide health survey in Finland by Klemetti et al.,2010 indicated that childless men who had experienced infertility had a significantly poorer subjective quality of life (but not in perceived health, psychological distress or depressively) compared with men without infertility.

Psychological wellbeing has two important facets. The first of these refers to the extent to which people experience positive emotions and feelings of happiness. Sometimes this aspect of psychological wellbeing is referred to as subjective wellbeing (Diener, 2000). Its positive mental state such as happiness and satisfaction. Syede Batool HasanpoorAzghdy, Masoumeh simbar, AboualiVedadhir and Batool Hossein Rashid in 2014 research and findings of their study showed that the infertility and its treatment process for Iranian infertile women is a source of psychological suffering with devastating effects on psychological well-being of infertile couples. The results also showed that one of the major causes of psychological distress is the social pressure by community members, while is less attention is paid to the socio-cultural dimensions and consequences of infertility.

Statement of Problem: Psychological impact of infertility among women and its effect on Psychological well-being.

Objectives:

1. To study the impact of infertility on the Psychological well-being of women.
2. To compare fertile and infertile women in terms of Psychological well-being.

Hypotheses:

1. Non-infertile women would have better psychological well-being than infertile women.

Methods:

The sample was be comprised of 50 subjects (N=50) age ranging from 30 to 45. There were be three age groups. One is 30 to 35 years; the second is 36 to 40 years and third is 41 to 45 years. Purposive cum incidental sampling method was used for the selection of the sample.

Tools: Social Demographic Data Sheet: This would be developed to investigate the socio-demographic variables for this study purpose only the following socio-demographic variables would be investigated: age, gender, religion, residential area, education, family annual income, and family type.

Psychological well-being scale (PWBS-AA): This scale was developed by D. S. Sisodia and Pooja Choudhary. This scale consists of 50 items in five dimensions are ,satisfaction, efficiency ,sociability, mental health and interpersonal relationship. It can be administered on 16 to 60 years age.

Procedure: Procedure: Sample will be collected through an Incidental- cum- Purposive Sampling technique with the help of a structured questionnaire. Their responses will be kept confidential. The ethical guidelines of APA would be strictly followed while working with the human participants of the study. The data were collected in 2 phases; In the 1st phase, infertile

women were identified from different hospitals in Patna. The respective data was collected from them. In the 2nd phase, a comparative sample of fertile women was selected and data was also collected from them to SPSS was used for data handling and statistical analysis.

Results and interpretation

Result Table 1 &2: Showing descriptive (mean & SD) and inferential (t-ratio) for Psychological well-being among fertile and infertile women

Result table 1

Psychological well-being	Descriptive and inferential statistics				
	Sample type	N (50)	Mean	SD	T-test
Satisfaction	Fertile women	30	17.3	1.986	2.370*
	Infertile women	20	12.03	1.85	
Efficiency	Fertile women	30	29.03	1.147	1.478
	Infertile women	20	25.13	1.71	
Sociability	Fertile women	30	33.62	3.23	3.477**
	Infertile women	20	23.18	1.79	
Mental health	Fertile women	30	24.7	2.789	2.501*
	Infertile women	20	14.5	2.31	
Interpersonal relationship	Fertile women	30	39.07	3.43	1.153
	Infertile women	20	22.13	1.70	
Total PWB	Fertile women	30	83.5	5.7	3.16**
	Infertile women	20	67.3	3.76	

Result table 2

Age group (years)	Psychological well-being				
	Sample type	N	mean	SD	t-test
30-35	Fertile women	12	84.23	5.16	3.19**
	Infertile women	08	63.79	4.72	
36-40	Fertile women	11	84.83	5.21	2.06*
	Infertile women	07	62.87	3.05	
41-45	Fertile women	07	85.22	5.72	3.87**
	Infertile women	05	66.81	4.96	

The sample of this study explains the observation of the mean score of fertile women is 83.5 and the SD score 5.7. The mean score of infertile women is 67.3 and SD score 3.76. And the t-ratio of this study is 3.16. On the basis of t-ratio, it can be said that it is significant beyond on 0.01 level. From the obtained data it was revealed that the psychological well-being fertile women are better than their counterparts' infertile women. Psychological well-being women was statistically higher than infertile women. The mean score of fertile women was significantly higher than infertile women. Thus, the psychological well-being of fertile women is better than the quality of life of infertile women. On the basis of the result, it can be concluded that because of infertile women may suffer from low psychological well-being

Discussion: As being in the world, also in India, child is a significant component of marriage. In many marriages, families and social circles put pressure on childless couples. The female diagnosed with infertility feel much more pressure than the other female because the infertility treatment has some psychological, social, and economic effects. We observed that infertile women have lower psychological well-being than fertile women. It is stated that infertility which is perceived as a stressful experience negatively affects individual life in India and also all over the world. In traditional countries like India, infertility is not perceived as a health issue but as a deficiency or defect. Especially the women are charged with this. Keskin and Babacan Gumus suggested in the study (2014) that the women stated that infertility causes such effects as sadness, unhappiness, desperation,shamefacedness from their husbands and family, and being afraid of getting divorced. In our study, we found that there was a statistically significant difference between fertile and infertile women in psychological well- being scores.

Conclusion: Infertility is a life crisis for any woman, with many visible and invisible losses. According to the current study, for many individuals, infertility and its management was a stressful and depressing condition. It affects the psychological well-being of women.

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Swarnika and Sheo Sagar Prasad (March 2023). Effect of infertility on Psychological well-being of women

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