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REVIEW ARTICLE

A STUDY TO ASSESS THE COPING PATTERN AMONG INFERTILE WOMEN IN SELECTED HOSPITALS LUDHIANA, PUNJAB

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ABSTRACT

Infertility is a serious problem in the world today. It is problem because of psychological and physical suffering that it causes, and it is also a problem because of economic consequences it has, both for these infertile couples who seek medical help and for society as a whole. Infertility is worldwide problem; however it should be possible to make great strides toward solving some aspects of this problem in the coming year (Sciarra 1994). "For most people, diagnosis and treatment is a traumatic process". Once labelled infertile, an individual who has until then considered herself healthy is abruptly stigmatized with 'Patient -status' (Houghton 1987). Investigations and treatment of infertility may trigger iatrogenic illness (Spallone 1990). Life revolves around treatment plans and attention focuses on what one has failed to accomplish. This leads to loss of self-esteem, health, close relationships and even hope. Some people loss sexual potency or interest in sexual intercourse (Mahlsted, 1985; Woollet 1985) emphasizes that coming to terms with childlessness can be a long and difficult process. She also emphasizes the reasserting control in life, developing a positive identity and reasserting life goals and priorities. Grieving is an important part of the healing process. Emphasis is given to infertile couples as being in a crisis situation that places tremendous stress on patient either individually or as a couple. They reviewed the pattern of emotional response to infertility as surprise, grief, anger, isolation, denial and acceptance. They felt that counselling might be helpful in any of these areas but particularly in acceptance which may take long time to obtain (Rosenfeld and Michell 1979). During the initial counselling, it is important to explain to both the partners, in a simple language, the process of reproduction with help of chart and models and explain that it is possible to find faulty functions in both partners, and often overlapping causes exist, hence the need to evaluate and treat both the partners, concurrently (Padubidri and Daftry Shirish 2004). Many people will achieve this with relative ease. It is estimated one in six couples experience fertility problems and seek medical help. This represents a large number of people experiencing major life crisis, yet it remains the highly stigmatized and isolating condition affecting the relationship between the couple with their families and friends and it is likely to alter radically the view they have of themselves in society (Houghton 1987). Therefore an exploratory study to assess the coping pattren among infertile women in selected hospitals of Ludhiana Punjab was undertaken with the objectives: To assess the coping pattern in infertile women and to find out the relationship of coping pattern with selected variables such as age, education of women, education of husband, occupation of women, occupation of husband, type of family, place of residence, religion, family income, duration of marriage. A non-experimental, exploratory study was conducted in infertility clinics of selected hospitals Ludhiana, Punjab. The study sample consisted of total 100 infertile women. Data was analyzed by inferential statistics and presented through tables and figures.

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INTRODUCTION

Infertility causes women to face personal and psychosocial problems. A systematic and continuous assessment of infertile women for psychosocio-behavioural aspects will enhance the nurses to implement specific interventions to meet their needs and help the infertile women to achieve their goal of becoming fertile. The specific intervention such as relaxation therapy,

Yoga and support group conferences, which may increase hope and self-concept in infertile women, can be conducted which may also reduce their stress levels. It has been observed that most of infertility clinics do not have counselling facilities and the counselling provided by health care provider often focus upon treatment options. Nursing personnel can play a vital role as they get more opportunities to provide emotional, support and assist them with effective coping strategies (Vankatesan and Latha 2005).

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However the role of psychosocial support has been publicly acknowledged as an important feature of infertility treatment services. In general, the majority of information and support available to infertile couples focuses on the medical and technical aspects of treatment and psychosocial services are not routinely offered until treatments of last resort are pursued. There is relatively little information available to help couples predict and cope with stress of infertility treatment, short seeking counselling, groups support and stress management skills training (Cousineau Tara *et al.*, 2003).

(Domar Alice, 2002) stated that women exercising infertility should seek social support, make life style changes, learn relaxation techniques and eliminate negative thoughts to cope with the situations. All of today's wonderland of technologically treatment for infertility, something important is missing. Despite the many medical achievements of the past decades, very little progress has been made in treating the emotional side effects of infertility. She found that the women who learn to use mind / body strategies to manage the stress of infertility dramatically reduce their levels of depressive symptoms, anxiety, anger, and frustration. When infertile women learn to use simple techniques that allow them to relax, transform negative thought patterns express their emotions and develop strong sources of social support, They begin to take control of their lives again. They feel significantly less isolated and desperate. They sleep better, their relationship with their husbands improve and they suffer from far fewer stress related ailments such as gastrointestinal problems or insomnia. Women experiencing infertility should seek social support, make life style changes, learn relaxation techniques and eliminate negative thoughts to cope with the situation. Few infertile women decide to take less travelled roads to parenthood and have chosen to adopt children. Mind body techniques are not magic wand that will make the women fertile but they are an excellent, effective way to help them take back control of their lives. They should cope infertility in a much more positive way and prepare themselves to make choices that will contribute to their happiness and good health for the rest of their.

There is no easy way to endure the inability to conceive. Anger and frustration, the pressure of time, feelings of loneliness, loss and grief, insidious nature of stress all contribute to lowered levels of happiness and contentment. The level of couple cooperation and the quality of their communication plays an important part in how well a couple will cope, Furthermore couples with coping strategies that involve active problem focused planning, networking and information seeking behaviour often seem to fair much better than couples that don't (Henshaw 2003; Vankatesan and Latha 2005) done a survey on 100 infertile women who were undergoing treatment for primary infertility and attended the OPD of Rao Hospital, Coimbatore. The findings indicate that by promoting family support, marital adjustment, self concept can be improved and thereby impression and anxiety, stress reacting can be significantly reduced.

Infertile women when they had fertility problems were devastated. They have learned several things i.e. education, networking, talk with spouse, and redirecting frustrations and

do prayers which are helpful for them & they will cope with the fact of life (Lisa Brock 2002). The emotional effects of infertility have been documented. Most clinical studies on the effects infertility treatment conclude that early intervention is need that addresses, predicts, and normalizes the stress and emotional sequelae of infertility (Domar 1997). Infertile couples could be afraid to express their psychological need for fear of being labeled as "crazy, demanding" or too needy (Mahlstedt 1985).

(Leader and Tylor 1984) reported on series of 111 couples who has adopted children. Questionnaires were sent to parents and to physician, with a response rate of 85%. In order to establish a cause and effect relationship between adoption and subsequent conception, only those couples who conceive within two years period after adoption were included - total of 4 %.

MATERIALS AND METHODS

Research Approach

An exploratory research approach was used to assess the coping pattern among infertile women.

Research Design

Non-experimental research design was utilized to achieve the objectives.

Independent and Dependent Variables

1. Independent Variables:- age, education of women, education of husband, occupation of women, occupation of husband, type of family, place of residence, religion, family income, duration of marriage.
- a) Dependent Variables: - coping pattern among infertile women

Selection and Description of Field for the Study

The present study was conducted in infertility clinics of Christian medical college & hospital Ludhiana and iqbal nursing home Ludhiana.

Population

The target population of the study was infertile women visiting gynaecology OPDs of Christian Medical College and Hospital and Iqbal Nursing Home & Hospital, Ludhiana, Punjab.

Sample and Sampling technique

Total sample was 100 infertile women selected from infertility clinics. Selection was done on the basis of Purposive Sampling.

Development and Description of Tool

Coping Checklist coping checklist was developed to assess the adaptive and maladaptive coping pattern among infertile women. A total of 14 items were taken from standardized

coping checklist of Kiran Rao and Prabhu (1989) and rest of the items was modified as per the study. The responses were collected on Yes/No options with 0-1 score. For 'Yes' response score =1 and for 'No' =0. The maximum score was 40 and minimum score was =0.

Criterion measure

Coping patterns

Maladaptive 0-20

Adaptive 21-40

Content Validity of the tool

The statistically content validity of the tool was calculated and it was $\sqrt{r} = 0.75$.

Ethical Consideration

Formal permission was taken from the Head of the department of Obstetrics and Gynaecology Christian Medical College & Hospital, Ludhiana and Iqbal Nursing Home and Hospital, Ludhiana Punjab to conduct the research studying on infertile women who are attending the OPDs. A verbal consent was taken from the infertile women that their information would be kept confidential.

Reliability of the Tool

Reliability was computed by split half method i.e. by calculating coefficient of correlation first and then by applying Spearman's Brown Prophecy formula. for the coping patterns tool reliability was $r = 0.75$. So the tool was reliable.

Plan of Analysis

Analysis of the data was done in accordance with the objectives. It was done by using the descriptive and inferential statistics such as calculating the percentage, mean, mean percentage, standard deviation and ANOVA and 't'-test with selected variables. Bar diagrams were used to depict the findings. The level of significance chosen was $p < 0.05$.

RESULTS

To assess the coping pattern among infertile women

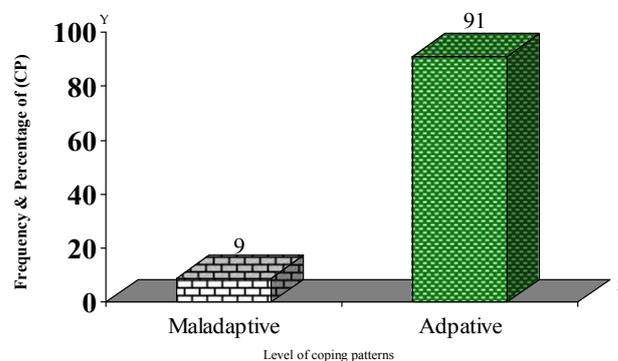
Table 1. Frequency and Percentage Distribution of Level of Coping Patterns (CP) among Infertile Women

Level of coping pattern	Frequency and Percentage of CP among infertile women	
	n	%
Maladaptive (0- 20)	9	9
Adaptive (21- 40)	91	91

N=100
 Maximum Score = 40
 Minimum Score = 0

Table 1 show that majority (91%) of infertile women had adaptive coping patterns, whereas only (9%) had maladaptive

coping pattern to overcome psychosocial and physical problems. Hence it can be indicated that infertile women had adopted adaptive coping patterns to overcome psychosocial and physical problems.



Frequency and Percentage of Distribution of Level of Coping Patterns (CP) in Infertile Women

DISCUSSION

Findings assured that majority of the women (91%) had adaptive coping patterns where as (9%) infertile women had maladaptive coping patterns. (Oddens Bjorn 1999) reported that negative feelings were higher among the infertile women range (37-96%).

Analysis of the third objective of the research study i.e. to identify the correlation between psychosocial and physical problems and coping patterns among infertile women. The findings of the study reveals that there was weak association between psychosocial and physical problems and coping patterns i.e. ($r=0.091$). Thus it is statistically evident that the more psychosocial and physical problems have low maladaptive behaviour. The above findings are not similar to those findings reported by (Jeker Lorenza, 1988) coping is less among infertile women when psychosocial problems are more.

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