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Research Article

Psychosocial Problems and Coping Strategies among Turkish Women with Infertility

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SUMMARY

Purpose: The aim of our study was to determine the factors affecting the psychosocial problems of infertile Turkish women and to identify their coping strategies.
Methods: This study employed a descriptive qualitative approach. We conducted in-depth interviews to examine the psychosocial problems faced by infertile Turkish women. The participants were selected in two stages. In the first stage, 118 women diagnosed with primary infertility completed a personal information form and the Fertility Problem Inventory (FPI). In the second stage, in-depth interviews (lasting 45–90 minutes) were conducted with 24 (age 20 to 41 years) infertile women randomly selected from the groups formed according to their FPI global stress levels determined in Stage 1. Content analysis was used to examine the qualitative data.
Results: The results comprised nine main themes regarding the psychosocial problems encountered by women and the methods used to overcome these problems. These included the meaning attributed to being childless, negative self-concept, perceived social pressure, perceived social support, psychological symptoms, social withdrawal and isolation, spiritual coping, cherishing hope/restructuring life, and adopting traditional methods. Social pressure and stigma were common. Infertility was found to negatively affect the participants' self-perception and view of life. The women used spiritual methods for overcoming stress and avoiding society, as well as traditional fertility remedies.
Conclusions: Infertile women suffer from various psychosocial problems because of infertility and they adopt emotion-focused coping methods.

Introduction

Infertility is defined as the inability to become pregnant or maintain a pregnancy despite having intercourse three to four times per week for at least a year [1–4]. Rather than a medical issue, due to the problems it can cause for individuals and marriages, infertility is seen as a developmental crisis [1,5–7].

Although both sexes are emotionally affected by infertility, women appear to experience greater stress and pressure as well as higher rates of anxiety and depression [4,8–16]. Several studies have found that up to 50% of infertile women specified that infertility was the most challenging issue in their lives. Other studies have found that the psychosocial pain was similar to that reported by patients with life-threatening diseases, such as cancer and coronary failure [2,10].

In women, the most important underlying causes of the high levels of stress and anxiety upon learning about their infertility have been the loss of motherhood and reproductive abilities, greater negative self-concept, and loss of genetic continuity [1,11,18]. High stress may also result from the socially determined status of children within certain traditional societies, which can lead to social stigma because of infertility [13,14].

Women generally respond to infertility with deep sorrow and mourning, which can lead to the adoption of emotion-focused coping strategies such as crying, praying, and a belief in God [3,6,15–18]. Other studies have found that women who adopt better coping strategies are more socially active and tend to share their feelings and opinions. These women are also able to set realistic goals for the future. On the other hand, women who do not successfully cope often develop unhealthy beliefs and behaviors, such as believing that a miracle is their only hope, feeling unable to

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share feelings or opinions, and avoiding children [15,18,20]. In regions where traditional Turkish practices prevail, infertile women can be excluded and subjected to violence by their husbands or in-laws [20,21]. As people in these regions may be biased against infertility treatments, women avoid sharing their experiences with others, and the use of traditional fertility methods is quite high [2]. Most studies by Turkish researchers have focused on the psychiatric problems that occur during infertility treatment. However, there has been no in-depth qualitative investigation of the psychosocial problems and coping strategies of infertile women. Moreover, in Turkey, nurses with expertise in clinical psychiatry do not work in infertility clinics; thus, the psychosocial problems and cultural coping strategies of infertile women have not been studied. Our study was to determine the factors affecting the psychosocial problems of infertile Turkish women and to identify their coping strategies.

Methods

Study design

Participants in this study were selected through criterion sampling, which is a purposive sampling method [22]. Sampling was conducted in two stages, to enable selection of women with different levels of stress. The first stage of the study began with the calculation of the sample size. To calculate the sample size, we considered the number of women with primary infertility ($N = 297$) who applied to the gynecology polyclinic of the university hospital at which the study was being conducted over a period of one year. We planned to keep the size of the sample above 100. During the study, the sample size reached 118. The power of this study was found to be 100% ($\alpha = .001$).

Sampling was done among the women visited the gynecology polyclinic of the university hospital. Global stress score (GSS) was measured by using 46-item FPI during February to September 2010. Women were four grouped randomly by the GSS scores (low, medium, slightly high and very high). The first stage of the study (collection and analysis of data) was conducted from February to September 2010. At the second stage of recruitment, the women were separated into four groups according to their stress scores (low, medium, slightly high, and very high), to assess experiences and coping strategies according to stress levels. The participants to be interviewed are determined using the method of casting lots among the participants listed according to the four different stress scores. Finally, 24 women (6 in each stress level group) were randomly selected and contacted by phone. The second stage of the study (selecting the participants, conducting in-depth interviews, and analysis of data) was conducted from September 2010 to April 2011.

Setting and sample

The participants were aged 20–41 years ($M = 30$ years), had been married for 2–19 years, and their infertility problems had been present for 2–19 years ($M = 6.7$ years). Ten women had graduated from primary school, 9 from secondary school/high school, and 5 from a university. Eight women had full-time jobs (factory worker, nurse, bank clerk, or teacher) and 16 women were housewives. The causes of infertility included female reproductive system problems ($n = 8$), male reproductive problems ($n = 7$), male and female reproductive system problems ($n = 2$), and unknown causes ($n = 7$). Fifteen of the 24 women had previously attempted treatments for infertility, while this was the first attempt at fertility treatment for the remaining nine women.

Ethical consideration

The Non-invasive Clinic Studies Ethical Committee of Duzce University approved this study, and permission was obtained from the university hospital where the study was conducted. The participants gave both oral and written informed consent. Dr. Nurdan Eren, who adapted the FPI scale for the Turkish population, permitted its use.

Measurements

Quantitative measures

Personal information form. The researchers developed this form for the present study, which included sociodemographic information of the participants and their spouses, such as age, occupation, insurance, and education, as well as the infertility diagnosis and treatment procedures. The participants completed this form after their appointment at the fertility clinic.

Fertility Problem Inventory (FPI). The FPI is a scale developed to measure an individual's global stress level regarding infertility and consists of 46 items rated on a 6-point Likert scale (1 = *I totally agree* to 6 = *I don't agree at all*) [8]. It was designed for use with couples with primary and secondary infertility. The scale consists of five subscales: social problems, sexual problems, relationship problems, the need to be a parent, and lifestyle without a child. The GSS is the sum of the scores on all items. A previous study determined that the Cronbach α coefficient for the Turkish adaptation of the FPI was .860 [2]. All the women completed the FPI after their appointment at the fertility clinic.

Qualitative measures

Unstructured in-depth interviews were conducted, in a location of the participant's choice, to ensure a feeling of safety and comfort. Nineteen women chose places outside their homes and neighborhoods (such as their mother's or friend's home, cafés, or hospitals). Women selected places other than their own homes for a number of reasons, which included, “I wouldn't be able to say any of these things if I were between those walls,” “It would not be nice if my mother-in-law heard this,” “I do not want any of my neighbors to hear about it,” and “Not many people know about it, so they might ask.” Great care was taken to find places quiet enough to ensure that our interviews were not interrupted. We attempted to create a natural atmosphere for the interviews and only addressed the situations and feelings experienced by the participants regarding their infertility.

Data collection

All interviews were tape-recorded. Brief notes were taken during the interview, particularly regarding the responses, tone of voice, and behaviors of the participants. At the end of each interview, we checked the audio clarity of the tapes. When the interviews of the day were completed, we reviewed all the tapes and noted down our impressions and assessments of the interview. The length of the interviews varied from 45 to 90 minutes. One of us conducted all the interviews.

Data analysis

Quantitative data

The quantitative data was analyzed using the SPSS for Windows 16.0 software (SPSS Inc., Chicago, IL, USA). Cronbach α was calculated to assess reliability. The data from the personal information form and FPI were presented as numbers and percentages.