



Review

Gender differences in experiences with and adjustments to infertility: A literature review



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ABSTRACT

Background: It has been widely recognized that infertility and its treatment affects a couple as a dyad. Given biomedical differences and differences in socialization processes and gender-role expectations, it is reasonable to suspect that females and males may experience and respond to infertility in different ways.

Objective: To explore gender differences among infertile couples with regard to experiences with and adjustments to infertility.

Design: A literature review.

Data sources: A literature search was performed using the following databases: PubMed, CINAHL, PsycInfo, Web of Science, Scopus, and the China Academic Journal Full-text Database.

Review methods: The studies that were included were those published in English or Chinese from the years 2000 to 2014. The references of all of the studies selected for this review were also searched. An author search was also performed to retrieve relevant articles. Experiences with and adjustments to infertility were explored from the perspective of gender.

Results: A total of 33 studies were included in this review. The experiences with infertility can be grouped under the five domains of the biopsychosocial theory, namely: existential stressors, physical stressors, emotional stressors, interpersonal stressors, and the moderators of stress. In general, females had more negative experiences with infertility than men in most of the domains, including lower levels of identity, self-esteem, and physical health; and higher levels of depression, stress, anxiety, stigma, and shame. Infertile couples experienced stress in their married life, although there were no gender differences in the areas of marital adjustment, marital satisfaction, and sexual satisfaction. Females were likely to perceive themselves as being less confident than their partners in coping with infertility. For both men and women, partner support was found to be negatively related to stress due to infertility.

Conclusions: This review revealed that while there were gender differences in the experience with infertility in many realms, both men and women were subject to a stressful married life. Partner support was an important element of coping with infertility. Therefore, a supportive intervention, focusing on enhancing a sense of partnership among infertile couples is a way of helping them to cope.

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What is already known about the topic?

- The state of infertility is psychologically taxing for married couples. Among infertile couples, women usually endure the majority of fertility testing and other treatments, which causes discomfort. Studies have also indicated that the emotional response of males to infertility is similar to that of women.
- There is no comprehensive picture of the experiences of infertile women and men from the perspective of gender differences.

What this paper adds

- Compared with men, women had more negative experiences in the domains of existential stressors, physical stressors, and emotional stressors.
- Both infertile women and men experience a stressful married life. Partner support is an important element of coping with infertility.
- Future research may focus on the development of an intervention focusing on enhancing a sense of partnership among infertile couples to help them to cope with infertility.

1. Introduction

Infertility is a condition defined as “the failure to achieve a successful pregnancy after 12 months or more of appropriate, timed unprotected intercourse or therapeutic donor insemination” (*American Society of Reproductive Medicine*, 2013, p. 63). It is estimated that, worldwide, the primary infertility (inability to bear any live child) and secondary infertility (inability to carry an additional live birth) rate of women aged 20–44 years is 1.9% and 10.5%, respectively (*Mascarenhas et al.*, 2012). The prevalence of infertility varies in different countries. In China, the primary infertility rate is 1.3% among women of reproductive age, while no estimation has been made of the secondary infertility rate, owing to the influence of government regulations on childbearing (*Mascarenhas et al.*, 2012).

Despite the fact that both males and females can be infertile, women endure the majority of fertility testing and other treatments, which causes discomfort. Studies have reported that the state of infertility is psychologically taxing for women, causing such feelings as depression (*Herbert et al.*, 2010; *Nelson et al.*, 2008; *Qi et al.*, 2008), distress (*Fido*, 2004; *Lansakara et al.*, 2011; *Omoaregba et al.*, 2011), anxiety (*Albayrak and Gunay*, 2007), sadness (*Umezulike and Efetie*, 2004), anger, regret, social isolation, and loss of self-esteem (*Behboodi-Moghadam et al.*, 2013). The prevalence of psychiatric disorders and alexithymia has been found to be higher among women experiencing infertility than among fertile women (*Lamas et al.*, 2006; *Noorbala et al.*, 2008). Some infertile women may have suicidal thoughts because of infertility (*Umezulike and Efetie*, 2004), with the risk of suicide among women who failed to conceive after an initial fertility evaluation being twice that of those who successfully conceived (*Kjaer et al.*, 2011).

Although there have been fewer studies focusing on the experiences of infertile males than of infertile females, studies have shown that the emotional response of the genders to infertility is similar. Studies have indicated that infertile men have a higher incidence of anxiety, depression (*Ahmadi et al.*, 2011; *Folkvord et al.*, 2005; *Gao et al.*, 2013), stress (*Peronace et al.*, 2007), premature ejection and erectile dysfunction (*Gao et al.*, 2013), sexual dissatisfaction (*Schmidt*, 2006), and a poorer quality of life (*Klemetti et al.*, 2010) than fertile men. The inferior sperm quality of infertile men to some extent affects their perception of their masculinity (*Mikkelsen et al.*, 2013).

However, given biomedical differences, and differences in socialization processes and gender-role expectations (*Petok*, 2006), it is reasonable to suspect that females and males may respond differently to infertility. There have been on-going debates concerning gender differences in the ways in which couples respond to infertility (*Greil*, 1997). While women have a strong desire to have a child, men tend to be more concerned about fulfilling the social role of being a parent (*Hjelmstedt et al.*, 1999). Men respond to infertility in the same way as they do to other problems, but women regard infertility as a very different problem in life (*Andrews et al.*, 1992), and some even considered it comparable to cancer or congenital heart disease (*Domar et al.*, 1993). It has been argued that women's experience with infertility is more “direct,” whereas the effect of infertility on men is “indirect,” through their relationship with their wives (*Greil*, 1997).

An increasing number of studies are focusing on gender differences with respect to experiences relating to infertility. Studies have examined the differences between the genders in the areas of psychological health (anxiety, depression, stress, distress, stigma, and shame), physical health, quality of life, and marital satisfaction. The experiences of infertile couples have previously been explored in reviews or books, with a higher level of stress being reported in women than in men (*Abbey*, 2000; *Eugster and Vingerhoets*, 1999; *Greil*, 1997; *Henning and Strauss*, 2002). Two reviews were conducted focusing on psychological distress in connection with the experience of infertility from the socio-psychological perspective (*Greil*, 1997; *Greil et al.*, 2010). The key findings related to the importance of sociocultural context, cross-cultural variations, and the sociocultural environment of treatment. These reviews were valuable in that they shed light on the cultural perspectives of infertility and its related experience. Another review examined the coping strategies of infertile couples. It reported that women tended to adopt strategies of escape and avoidance, and to seek social support and positive reappraisals to a greater extent than their partners (*Jordan and Revenson*, 1999). In the review, only eight studies were included in the meta-analysis of the results of a scale on coping.

Thus far, there has been no review of the experiences of infertile couples in terms of gender differences and adjustments to the condition. The intention in this review is to tackle this task from the health care perspective. The findings of this review may give health care professionals and researchers who work with infertile couples a better

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