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Quality of Life of Women with Infertility

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Abstract

Background: Procreation and the wish to start a family is one of the natural needs of human beings and one of the important pillars of their quality of life. It is subject to emotional and marital impacts which may contribute to pregnancy failure.

Objectives: To identify determinants that influence the quality of life; to determine whether socio demographic variables impact the quality of life of women with infertility; to verify the influence of contextual variables of infertility on the quality of life of women. Methods: A quantitative study with 106 women with a diagnosis of infertility. Data collection was carried out through a questionnaire consisting of a socio-demographic component, obstetric history and a scale WHOQOL - Brief (Abbreviated Instrument for Assessment of the Quality of Life of the World Health Organization). Results: The average age was 33 years; 62.3 % have never been pregnant and 51.9% have been trying to get pregnant for more than 3 years. There is a relationship ($p < 0.05$) between age, schooling, number of previous pregnancies, type of treatment used in case of missed abortion, duration of menstruation, infertility and quality of life. Conclusion: Updating knowledge has become increasingly important for health professionals, aiming for the improvement of the quality of life of women confronted with a diagnosis of infertility. These results are consistent with those obtained by other studies that validate the change in quality of life, according to several socio-demographic characteristics, obstetric history and infertility diagnosis.

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1. Introduction

Pregnancy, being a privileged moment for personal and social transformation, inevitably changes the life of a woman, to the point of questioning her own identity and self-concept within the process of adaptation to a new condition and role. The way the pregnant woman experiences all changes and significant events requires in terms of development, an added effort, both physical and psychological, which is not always easy to manage, in order to prevent imbalances and emotional disturbances (Silveira, & Ferreira, 2011). Pregnancy and Maternity are terms which are often mixed up and even used interchangeably, although they are two distinct realities, and consequently also with different and not always coincident psychological experiences (Sereno, Leal, & Maroco, 2009).

Contrary to the biological perspective, the mother is not the one who begets a son, but the one who wants a child, who identifies herself with the role of mother and hence loves the child (Souza & Ferreira, 2005). Induced abortion has been suggested by some authors as being a result of the women's lack knowledge of the methods to prevent pregnancy, a deficit in sex education, "irresponsible" parenting or a deficiency of the effectiveness of primary care in promoting family planning. Thus, the woman is forced to face a pregnancy that she does not want or is not in condition to be able to continue (Gesteira, Barbosa, & Endo, 2006).

Abortion is not a risk-free practice. The resulting complications are of the most diverse type, the woman is prone to: haemorrhage, infection, uterine perforation, cervical laceration, sterility, feelings of guilt, depression and even maternal death (Gesteira, Barbosa, & Endo, 2006). It is estimated that each year there are 22 million unsafe abortions worldwide, causing the death of about 47000 women and consequences in 5 million (World Health Organization [WHO], 2013). According to the WHO, about 13% of known maternal deaths are due to complications resulting from abortions in unsafe conditions (OMS, 2012). In 2012, in Portugal, 18924 terminations of pregnancy were held under Article 142 of the Criminal Code; the interruption of pregnancy by the woman's choice, up to 10 weeks, comprise 97.3% of total interruptions performed (Portugal, Directorate General for Health [DGS], 2013).

One of the Development Goals for the United Nations Millennium, for 2015 is to reduce the rate of maternal mortality, thereby reflecting the importance given to the promotion of reproductive health, encompassing the essential components of development, poverty and inequality reduction worldwide (Portugal, [DGS], 2007).

The Voluntary Interruption of Pregnancy (VIP) has been a controversial topic in economically developed societies, covering multiple perspectives and mobilizing subjective aspects such as: human, ethical, social, psychological and political values; and objective: technical, economic and social aspects. This subject has been discussed and investigated in various fields of knowledge, such as medicine, sociology, biology or psychology (Sereno, Leal, & Maroco, 2009). From the psychological point of view the VIP may be understood as an experience with important meanings and emotional implications, closely related to the individual personality traits and prior experiences of women, their interpersonal relationships, their religious beliefs, their contingencies of life and their surrounding social, cultural and constitutional environment (Sereno, Leal, & Maroco, 2009). To Lowdermilk & Perry (2008), a woman who decides whether or not to have an abortion is mostly ambivalent. She needs the information and the opportunity to discuss her feelings about pregnancy, abortion and the impact of her choice on her future. She needs to make a decision without feeling coerced to choose. Faced with this reality, nurses and other health professionals often struggle with the same values and moral and ethical convictions that the pregnant woman. Conflicts and doubts of the nursing professional can easily be transposed to woman, already who is potentially anxious and existentially sensitive. Regardless of personal views on abortion, the professional caregiver nursing women wishing to abort, assumes the responsibility to inform, clarify and advise on the available options (Lowdermilk & Perry, 2008). If one does not have any intention to accede to the request of the woman to terminate the pregnancy due to ethical, moral or religious reasons, one must inform her of her right to get a second opinion by another professional and this should be arranged with the shortest delay possible (Canário, 2009).

Nevertheless, it is noteworthy that the Voluntary Interruption of Pregnancy, a controversial topic in economically developed societies, involves multiple perspectives and recruits various subjective aspects (social, political and human values, ethical, and psychological) and objective (technical, economic and social aspects). This complex subject and the related constraints have been the subject of scientific research and discussion in various fields of knowledge. Considering that VIP covers multiple and complex dimensions and given that attitude is the

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