

Stress and Quality of Life for Taiwanese Women Who Underwent Infertility Treatment

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ABSTRACT

Objective: To describe the psychological stress and quality of life experienced by women who underwent fertility treatment in Taiwan.

Design: Cross-sectional, correlational study.

Setting: Recruitment was conducted and questionnaires administered at a reproductive medicine center in Chiayi City, Taiwan.

Participants: Informed consent to participate was obtained from 126 women who sought fertility treatment at the center.

Methods: The Chinese Fertility Problem Inventory and Fertility Quality of Life scale were used to measure participants' levels of fertility-related stress and fertility-related quality of life. Descriptive statistics, correlation, and regression analysis were used.

Results: Overall, participants reported low levels of fertility-related stress and fertility-related quality of life; however, they had relatively high levels of stress related to need for parenthood. Women who were older, had greater body mass indexes, and consumed coffee regularly had lower fertility-related quality of life. Social and relationship concerns and stress related to need for parenthood were significant predictors of low fertility-related quality of life.

Conclusion: In a culture in which childbearing is generally an expectation and an important part of family life, women who experience infertility are at risk to experience fertility-related stress. Social support and family consultation might be offered to improve women's fertility-related quality of life.

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Starting a family is a significant milestone for most individuals across cultures; however, many couples experience challenges with fertility. Infertility, the inability to conceive after 1 year of unprotected intercourse (Zegers-Hochschild et al., 2009), affects as many as 48.5 million people worldwide (Mascarenhas, Flaxman, Boerma, Vanderpoel, & Stevens, 2012). Since 2004, the annual birth rate in Taiwan has dropped to less than 1%, or less than 10 live births annually for every 1,000 people (Ministry of the Interior, 2017a), and infertility may be contributing factor. For comparison, the birth rate in the United States was 1.2% (12 live births for every 1,000 people) in 2015 (Centers for Disease Control and Prevention, 2018).

The effectiveness of assisted reproductive technology such as in vitro fertilization (IVF) to

treat fertility problems continues to increase globally (Stephen, Chandra, & King, 2016; Sunderam et al., 2017). In a Taiwanese national survey of attitudes about marriage and birth of citizens ages 20 to 49 years, results indicated that 39.7% of those who were diagnosed as infertile planned to use IVF (Ministry of Health and Welfare, Department of Statistics, 2016), which is slightly lower than the 50% rate of use for infertile couples in the United States (Centers for Disease Control and Prevention, 2015). In 2014, 22,684 IVF treatment cycles were completed in Taiwan, and most (71.8%) were for couples ages 30 to 39 years (Ministry of Health and Welfare, Department of Statistics, 2016).

Despite these current utilization rates, the cost of IVF is a burden and challenge for many infertile families. In Taiwan an IVF treatment

Taiwanese women may be at risk for increased stress because of the importance of bearing children in Taiwanese culture.

Q2 costs, in New Taiwan dollars, NT\$100,000 to NT\$200,000 (~\$3,333–\$6,666 in U.S. dollars; Liu, 2014), and when considering the potential number of cycles needed to achieve a live birth, couples with no insurance overall pay about U.S. \$27,000 (Sunderam et al., 2017). Although low-income and near-poor families can apply for financial assistance from the National Health Insurance provided by the government (Ministry of Health and Welfare, 2017), families may not qualify and must pay for the procedures out of pocket or seek reimbursement from private insurers.

Women who undergo infertility treatment experience emotional distress during treatment. Fertility-related quality of life is correlated with anxiety and depression, and fertility-related stress is a major contributor to emotional distress (Gana & Jakubowska, 2014; Greil, Slauson-Blevins, & McQuillan, 2010; Kahyaoglu Sut & Balkanli Kaplan, 2015). Many women reported negative self-image, sense of guilt, and personal blame with a female-factor infertility diagnosis (Lee, Sun, & Chao, 2001). Women with infertility who lived in rural settings and who had medium or low socioeconomic status also experienced high levels of fertility-related distress (Moura-Ramos, Gameiro, Canavarró, Soares, & Santos, 2012). Extant research findings suggested that depression and anxiety are two of the most frequent mental health issues experienced by women with infertility (Hung et al., 2014; Klemetti, Raitanen, Sihvo, Saarni, & Koponen, 2010; Moura-Ramos et al., 2012; Volgsten, Skoog Svanberg, Ekselius, Lundkvist, & Sundstrom Poromaa, 2010). Compared with their fertile counterparts, women with infertility had significantly greater rates of psychological distress (Hung et al., 2014). Sexual dysfunction is also experienced by women with infertility, which has an effect on quality of life (Lo & Kok, 2016). Pasch et al. (2012) found that the prevalence of clinical depression in women with infertility ranged from 26% to 44% during IVF treatment. Feelings related to the possibility of never becoming pregnant or having a child contributed to increased levels of anxiety and depression (Verhaak, Smeenk, Nahuis, Kremer, & Braat, 2007).

Infertility treatments can take months to years. There is a direct relationship between time spent on care and fertility-related stress (Wu, Elliott, Katz, & Smith, 2013). Emotional distress increased over time (Berg & Wilson, 1991), and anxiety increased after each cycle of IVF (Mahajan et al., 2010). Because of the negative effects of infertility on stress, anxiety, and depression, it is important to understand how stress is experienced during the infertility treatment process and its effect on quality of life (Anderson, Nisenblat, & Norman, 2010; Kahyaoglu Sut & Balkanli Kaplan, 2015; Rooney & Domar, 2016).

A Chinese maxim illustrates the significance of parenthood: *Not having offspring is the most unfilial conduct* (Zhao, 2016). This maxim is also true for Taiwanese people, because the most are descendants of early settlers from China (Lin et al., 2001). Although not having children is more acceptable in contemporary China and Taiwan, couples here are still influenced by tradition because families and adult children are integral to maintain social connections, provide emotional and physical support for elderly family members, and moderate negative stressors for parents. Unlike studies in the United States and Northern Europe, in which researchers found no association between childlessness and psychological well-being in later life (Hansen, 2012), in studies of older adults in Hong Kong and China researchers found greater rates of depression, more loneliness, and less life satisfaction in those who were childless than in those with children (Chou & Chi, 2004; Guo, 2014; Zhang & Liu, 2007).

Because of the potential effects of childlessness across the life span and differences in the experience of fertility-related quality of life for those of Chinese backgrounds (Sexty et al., 2016), it is essential to understand the psychosocial experience of infertility in Chinese/Taiwanese populations. Little, however, is known about these populations, especially Taiwanese women. Therefore, the purpose of our study was to describe the effects of fertility-related stress on fertility-related quality of life in a sample of Taiwanese women who sought fertility treatment. Our study aims were to describe levels of fertility-related stress and quality of life, examine relationships between fertility-related stress and quality of life, and identify factors that might be predictive of fertility-related quality of life in women with infertility.

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