

Concept and Coping Patterns among Infertile Women

Thesis

*Submitted for Partial Fulfillment of Master Degree
in Psychiatric Mental Health Nursing*

By

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LIST OF ABBREVIATIONS

<i>Abb.</i>	<i>Meaning</i>
ANA	American Nursing Association
APA	American Psychiatric Association
ART	Assistant Reproductive Technology
CDC	Center for Disease Control & Prevention
GNRH	Gonadotrophin Releasing Hormone
HCG	Human Chorionic Gonadotrophin
HP	Hyper Prolactinemia
IVF	In Vetro Fertilization
Ob/GYN	Obstetric & Gynecological
PID	Pelvic Inflammatory Disease
POF	Premature Ovarian Failure
QOL	Quality of Life
STD	Sexually Transmitted Diseases
TSCS	Tennessee Self Concept Scale
WHO	World Health Organization
WOCS	Ways of Coping Scale

ABSTRACT

The aim of the current study was to assess self- concept and coping pattern among infertile women. **Subject and Methods:** This study was exploratory descriptive. A convenient sample was selected and this study was performed on one hundred infertile women who were recruited from the Obstetrics and Gynecology clinic at Beni-suef university hospital and Beni-suef general hospital. **Tools:** Interviewing Questionnaire, 2) Tennessee Self Concept Scale (TSCS) and 3) Ways of Coping Scale (WCS). **Result:** relevant that, thirty six percent of the studied sample were defined as satisfactory by the self- concept questionnaire while sixty four percent of the study sample had unsatisfactory self -concept. Also the finding of the study shows that half of the studied sample had satisfactory coping pattern while the other half un satisfactory coping pattern. **Conclusion:** Women with infertility suffer from impairments of self-concept and coping pattern. Also there is relationship between socio-demographic characteristics of the study sample and self- concept / coping pattern. **Recommendations:** initiate group therapies and support groups for infertile women to improve self concept and coping ability among those women. Also gynecologists should be aware about the prevalence of psychiatric and personality disorders among infertile women and the necessity of referring patients to psychologists or psychiatrists.

Keywords: Infertility, Self concept, coping pattern

Introduction

Infertility is one of great problems of society because the children are very important for human being. Infertility is a female problem as well as a male problem. Childlessness can be a cause marital upset, personal unhappiness and can cause couples withdraw and feel a disconnection from their community (**Gardi & Abdulqader, 2013**). Infertility in Egypt affects 12 percent of Egyptian women. Of these women, 4.3 percent suffer from primary infertility (have never been pregnant) and 7.7 percent suffer from secondary infertility (have been pregnant before (**Sallam, 2013**).

Infertility is defined as the inability of a couple to conceive naturally after 12 months of regular and unprotected intercourse. Infertilities are divided into two groups primary and secondary. Primary infertility is defined as the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. Also secondary infertility is determined as the inability to conceive following a previous pregnancy (**Moghadam et al., 2014**).

For many couples, infertility is a major life crisis. Infertile women suffer from psychological distress, depression, low self-esteem, impaired self-concept and decrease level of coping also, infertile individuals experience a strong psychological stress. This stress could affect the relationship between men and women (**Mascarenhas et al., 2012**).

Self concept is a collection of beliefs about one's own nature, unique qualities, and typical behavior. Self-concept is our perception or image of our abilities and our uniqueness. At first one's self-concept is very general and changeable as we grow older these self-perceptions become much more organized, detailed, and specific. For research purposes it is better to divide self -concept into a set of self-evaluations specific to different domains of behavior, including the person's own view of him- or herself and his view in different situations and contexts as social situations and family interactions (**Weiten et al., 2012**).

Coping is any conscious or unconscious effort to prevent and overcome the sources of stress or to enable oneself to create tolerance to bear the unwanted happenings in life. Coping could be learnt with or without planning and its purpose was to avoid or minimize any possible harm of

a painful experience of life coping responses are partly controlled by personality (**Grandeur et al., 2013**).

There is much evidence which shows that coping is an important factor influencing the infertility stress. Women's psychological adoption was related to their perceptions of infertility concerns, but the infertile women have problems in coping with emotional ability in infertility, therefore a psychologist provide counseling on how to cope better with infertility problems (**Nelson & Gellar, 2011**).

Coping pattern is expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. The effectiveness of the coping efforts depends on the type of stress and/or conflict, the particular individual, and the circumstances. Psychological coping mechanisms are commonly termed coping strategies or coping skills. Subconscious or non-conscious strategies (e.g. defense mechanisms) are generally excluded. The term coping generally refers to adaptive or constructive coping strategies (**Carver et al., 2010**).

The nurse should help the couple to identify ways to communicate with each other and to discuss available option that empower them with control and help them to improve sense of control. Their positive coping skills are reinforced and more constructive alternatives to poor coping are explored they may benefit from relaxation technique, support group and other stress management methods .Support group can reduce their sense of isolation, the couple should be helped to explore their option at each decision point, only the person involved can make the decision but the nurse can help them to explore their feelings (**Leifer, 2011**).

Significance of Study

Infertility can have a serious impact on both the psychological well-being and the social status of women in the developing world. Infertility is not only a gynecological illness, but also a bio-psycho-social health problem, including psychiatric problems, marital conflicts, sexual dissatisfaction, stigmatization, loss of potency, role failure, and reduced self-esteem are the negative results of infertility. Also feelings of depression, anxiety, hostility, and guilt is a most important problem for infertile women, as a result of their infertile status, they suffer physical and mental abuse, neglect, as well as exclusion from certain social activities (**Pasha, 2011; Jumayev et al., 2012 & Onat& Beji, 2012**).

The nurse develops plan in collaboration and support the infertile women according to state of health, level of anxiety, recourse, coping mechanism, socio culture and religious affiliation. The nurse set the plan to enhance the self -concept and coping ability of infertile women through helping those women to identify and use personal strengths, helping to maintain a sense of self -worth, modifying negative self-concept, enhancing self-esteem and provide psychological support (**Bulechek et al., 2008**).