COUNSELING PROGRAMME ON BIOPSYCHOSOCIAL PROBLEMS AND QUALITY OF LIFE (QOL) AMONG INFERTILE WOMEN

Ruba. A 1, and Dr.K.Kamala 2

1Dept of Obstetrics and Gynaecological Nursing, Vinayaka mission’s college of Nursing, Vinayaka Mission’s Research Foundation (DU) Karaikal.

Email: rupakuttyma@gmail.com

2Principal, Vinayaka Mission’s College of Nursing, Vinayaka Mission’s Research Foundation (DU) Karaikal

ABSTRACT

Background of the study
Infertility has become an important problem worldwide, which has impact on individual, family and societal wellbeing. The concept of motherhood has emerged as a significant attainment for women as well as for the family. Gender differences were evident in women’s responses to biopsychosocial problems of infertility. There are millions of women right now struggling with infertility. It can be hard struggle as couples see other people with their babies and wonder why it is not so easy for them. Counseling is now considered as an important outcome measures in many clinical settings to alleviate the biopsychosocial problems and to improve the quality of life among infertile women.

Objectives
To assess the biopsychosocial problems and quality of life (QOL) among infertile women in pretest and to evaluate the effectiveness of counseling program on biopsychosocial problems among infertile women

Research Design and Methods
In this study the researcher adopted a quantitative approach - Quasi experimental research design to find the Biopsychosocial problems and Quality of Life (QOL) among infertile women. Purposive sampling technique was used and 20 infertile women treating in selected Infertility Center, karaikal were selected. Structured interview method was used to collect the data from samples. DASS (Depression, Anxiety, and Stress Scale) Questionnaire was used to collect data from samples. The data collected were analyzed and interpreted based on descriptive and inferential statistics.

Results
Descriptive statistical methods like percentage, mean, standard deviation and inferential statistics like ANNOVA test were used to analyze the collected data. The results revealed that there is statistically significant difference in Biopsychosocial Problems and Quality of Life (QOL) between Control group and experimental group in pretest, post test 1 and post test 2 (p > 0.5) except in QOL in pretest (p < 0.05). However mean difference between Control group and experimental group was higher in post tests than the pre test which can be attributed to the effectiveness of counseling on reducing the Biopsychosocial problems among infertile women.

Conclusion
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Counseling markedly reduces the depression, anxiety and stress in infertile women. Moreover, counseling along with regular treatment for infertility, improved the treatment outcome. The number of women conceived in the experimental group was more when compared
to the control group. By offering immediate infertility counseling helped them to improve their quality of life among infertile women.

**Keywords** Biopsychosocial Problems, Quality of Life, Infertile women
INTRODUCTION

According to the World Health Organization (WHO), infertility is the inability to conceive after one year of natural, unprotected sexual intercourse. Infertility is considered one of the critical issues in infertile women live. About 60 to 168 million people in the world will experience some forms of infertility during their reproductive period. Infertility is a medical problem that affected nearly one out of every six couples. Although, many people are faced with this dilemma of cultural, social and health, but in many cases, the public awareness is limited even in developed countries. For instance, investigations in the United States revealed that 15% of infertilities resulted from sexually transmitted infections, but only 50% of the affected women were aware of this problem. (WHO-2016)

All over the world, infertility was experienced by individuals and couples as a stressful situation. All cultures and societies perceive infertility as a problem. Infertility signifies the most severe emotional crisis. The report given by clinicians and researchers states that infertility and its treatment are viewed by infertile women as extremely stressful situations. Based upon the Individual differences on psychological stress, this stress may lead to a chronic disease. In recent years, attention has been increased on the impact of infertility on the psychological wellbeing of couples. It should be accepted that for many couples, infertility and its treatment is a deeply distressing experience. Even though men are also responsible for infertility, the negative social and economic consequences due to infertility mainly affect the women. It is very essential to understand the magnitude.

Times of India, April 27, 2018. Only 45% of couples visit a doctor when they are trying to conceive; only 1% of infertile couples seek treatment and 55% of women and 75% of men are not even aware about ovulation tracking products like fertility monitors. Thus the literature clearly suggested that bio-psycho-social problems of infertility and the behavior of infertile women are important aspects to be studied especially when its magnitude is increasing due to advancing age at marriage. In India there is only limited research literature available pertaining to bio psycho-social problems of infertile women to understand their problems and to evaluate the counseling services on bio psychosocial problems and the quality of life. These factors prompted the researcher to select the present problem of study.

The problem of infertility is a rising concern in India and it needs to be considered. In most of the studies infertility is stated as psychosocial problems whereas this study infertility is considered as a biopsychosocial problems. The number of study on men infertility problems was limited in this study but it was conducted on infertile women. Though it is stated in almost every study that infertility problem has some association with the environmental and lifestyle factor, focusing their lifestyle, stress and their infertility.

The focus of obstetrical and Gynecological Nursing research scholar study should not be limited to assess the needs and problems of the infertile women only, but it should also address the quality of life of infertile women and needs of the counseling programs to attain the successful pregnancy outcome within which that individual lives and victimized due to their infertility.
Kousalya K., Sanjeeva Reddy N2, Uma Maheswara Reddy C3, Jayashree conducted (2013) study on Depression, Anxiety And Stress Among Infertile Women And The Impact Of Counseling On These Levels. The main objective of the study was to measure depression, anxiety and stress (DAS) in infertile women and to assess the impact of counseling on these depression, anxiety and stress levels. 230 women of age ≥ 18 yrs attending the infertility clinic were selected for the study. DASS21 questionnaire was used for assessing DAS. Counseling was given to the study group (115 women) once in 15 days for a period of 3 months and the impact of counseling on DAS was assessed. There were significantly reduced mean (SD) scores for DASS - depression, anxiety and stress in the study group as compared to those in the control group. Again the control group was also counseled and the effect of counseling was assessed. Counseling markedly reduces the depression, anxiety and stress in infertile women. Moreover, counseling along with regular treatment for infertility, improved the treatment outcome. The number of women conceived in the counseled group was more when compared to the uncounseled group. Counseling should reduce depression, anxiety and stress should be given to all infertile women as a regular practice alongside their treatment for infertility.

Haniye Zarif Golbar (2020). Psychosocial Consequences of Female Infertility in Iran: A Meta-analysis study conducted to find out the Psychosocial Consequences of Female Infertility in Iran. Comprehensive Portal of Human Sciences, Magiran, Scientific Information Database, Noormags, MEDLIB, Science Direct, Google Scholar, Medline, and ProQuest were the databases searched from inception (1999) to 2018. The evaluation of the content was based on PRISMA guidelines, and Comprehensive Meta-Analysis software was used for data analysis. Based on the analysis of 124 quantitative papers, the psychosocial consequences of infertility in women in Iran can be classified into 14 categories: psychological well-being (effect size = 3.10), adaptation to infertility (effect size = 2.71), quality of life (effect size = 1.83), depression (effect size = 1.80), anxiety (effect size = 1.72), marital relationships (effect size = 1.37), personality disorders (effect size = 1.37), violence (effect size = 1.31), social support (effect size = 0.90), self-efficacy (effect size = 0.90), coping strategies (effect size = 0.84), irrational thoughts (effect size = 0.77), somatization disorders (effect size = 0.65), and sexual dysfunction (effect size = 0.55). Conclusion of the study says considering the wide-ranging psychosocial consequences of infertility in women, it is necessary for treatment to account for psychological factors.

J Fertil Steril. (2021) A qualitative conventional content analysis study was conducted in Isfahan Fertility and Infertility Center, Iran. D Infertility Stigma: A Qualitative Study on Feelings and Experiences of Infertile Women Data were collected through in-depth interviews with 17 women who had primary infertility. All the interviews were recorded, transcribed and analyzed according to the steps suggested by Graneheim and Lundman. The Standards for Reporting Qualitative Research (SRQR) checklist was followed for this research. Eight hundred thirty-six initial codes were extracted from the interviews and divided into 25 sub-categories, 10 categories, and four themes. The themes included “stigma profile, self-stigma, defensive mechanism and balancing”. Stigma profile was perceived in the form of verbal, social and same sex stigma. Self-stigma was experienced as negative feelings and devaluation. Defensive mechanism was formed from three categories of escaping from the stigma, acceptance and infertility behind the mask. Two categories; empowered women and pressure levers, created a balancing theme against the infertility stigma.
Results suggested that infertile women face social and self-stigma which threatens their psychosocial wellbeing and self-esteem. They use defensive response mechanisms and social support to mitigate these effects. Education focused on coping strategies might be helpful against infertility stigma. The present study was designed to assess the bio psychosocial problems and quality of life (QOL) among infertile women in pretest and to evaluate the effectiveness of counseling program on biopsychosocial problems among infertile women.

METHODOLOGY

Research Design

A quasi experimental research design was utilized in this study to find the Biopsychosocial problems and quality of life among infertile women. The design is used to assess the bio psychosocial problems and Quality of Life (QOL) among infertile women in depth since the women were allowed to talk freely.

Study Settings and Participants

The study was conducted in Dr.Narmadha infertility clinics, Karaikal. Twenty women were purposively selected as participant for this study. They were in the age category 25-45 years and their willingness was also considered when selecting the participant. Infertile women were undergoing IVF treatment, Had undergone counseling previously, Sexual problems - Erectile dysfunction, Vaginismus, Premature ejaculation, Major known cases of cardio vascular disease, psychiatric illness and undergoing treatment for the same were excluded from the study.

Ethical Considerations

Ethical approval was obtained from Ethics Review Committee from our Institution and Director from infertility clinic, Karaikal District. Prior conducting the study all the participants were fully informed about the purpose of the study. Informed consent was obtained from each sample before collecting the data and voluntary participation was encouraged. Confidentiality and Anonymity were assured to the samples.

Data Collection

Structured interview method was used to collect the data from samples. Biological and social problems of the infertile were collected by using response scale and standardized DASS (Depression, Anxiety, and Stress Scale) Questionnaire was used to assess the psychological problems of infertile women. Fertiqol International Fertility Quality of Life Questionnaires was used to assess the Quality of life among infertile women.

During the Interviews, the infertile women were taken to an calm environment and separated from family members and medical personals to enhance free expression of their problems without bias. The participants were treated in a respectful manner during data collection. The skills such as listening well, encouraging them by demonstrating positive
affirmation of their view points, looking at the in an interested manner, nodding the head, etc., were used to collect the data. The researcher concentrated on their body language, non verbal clues such as facial expression, sighing which were used by the menopause women to express their experiences during interview process. The duration of every interview is about 30 to 40 minutes on average. Counseling was given to samples about 90-120 minutes who were participated in experimental group.

The post-test I (on 30th day) and post test II (90th day) were conducted in both experimental and control groups to assess the Biopsychosocial problems and quality of life among infertile women by using the same scales.

Data Analysis

The analysis is mostly carried out with frequency tables and some cross tabulations with Chi-square test. Percentages, averages and standard deviations are the major statistical tools and techniques applied for data analysis and interpretation. The data were analyzed, tabulated and interpreted using appropriate descriptive and inferential statistics in SPSS 20.

First, all the recordings were listened to carefully in order to obtain the clear sense of the whole content of the sample explanations and views. Then they were transcribed in to texts with several reviews. Then, important statements which were relevant to the phenomenon were extracted from them and recorded on separate sheets. The meaning of each phrase was described and defined. The formulated meanings were categorized in to sub themes and then themes and these categories were referred to initial protocols for confirming their validity. Then the fundamental structure of the phenomenon was described. The descriptions were reviewed to avoid ambiguity.

Results and Discussion

In Experimental group, Majority of the samples 80% belonged to the age groups of 25-30 years, 70% of the samples have completed graduate degree. Half of the samples are homemakers (50%), and 50% of their spouses are engaged in business. 60% of them belonged to Hindu religion, and 70% of the women are part of nuclear family set up. Majority of them (50%) have a family monthly income of between Rs.10000/ to Rs. 20,000.70% of the samples were vegetarian and 50% of the samples prefer home food and food prepared by outside respectively. Majority of the samples have no history of infertility.

50% of the samples attained menarche at the age of 13 years. About two fifth of the infertile women (60%) reported that their menstrual cycles are irregular and a large proportion of them (60%) stated that they use to experience ‘cramps with menses In control group, Majority of the samples belonged to the age groups of 25-30 years, 60% of the samples have completed higher secondary school education and completed under graduate degree & above, respectively. Half of the samples are homemakers (50%), whereas nearly one-third of their spouses are engaged in business. 90% of them belonged to Hindu religion, and 70% of the women are part of nuclear family set up. Majority of them (50%) have a family monthly income of between Rs.10000/ to Rs. 20,000.70% of the samples were vegetarian and 50% of the samples prefer home food and food prepared by outside respectively. Majority of the samples have no history of infertility.

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proportion of them (60%) stated that they use to experience ‘cramps with menses’. A
greater proportion of the samples got married between 26-30 years of age, 30% married a
close blood relatives and 100% of the samples have a marital duration of 2-5 years. About
one fifths of the samples (20%) used condoms as a method of contraceptives within one
year of marriage
90 % of the samples had dysmenorrhea , 50% & 60% of the samples had heavy bleeding
and presence of pelvic pain respectively .Majority of the samples had abnormal vaginal
bleeding (60%) and in infection in the reproductive organs . As high as 60 per cent of the
samples ever been diagnosed with PCOS and had treatment, whereas 30 % of the samples
were reported to be obese and overweight respectively whose BMI is 30.0 & above. No
samples were reported as diabetes mellitus, miscarriage, exposure to prolonged
medications, treatment for psychiatric problems and radiation exposure, where as 20%
samples reported as thyroid diseases and allergies. 30% used to have sexual intercourse
either daily or alternative days and about half of them (50%) reported as having sexual
problems to either of the partners such as semen discharge and bleeding & use of vaginal
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whereas nearly one-third of their spouses are engaged in business. 90 % of them belonged
to Hindu religion, and 70% of the women are part of nuclear family set up. Majority of
them (50%) have a family monthly income of below Rs.10000/. 90% of the samples were
Non vegetarian and 80% of the samples prefer home food. 20% have female with
infertility problems.
60% of the samples attained menarche at the age of 12 years, 80% were reported that their
menstrual cycles are irregular and 40% of the samples gets periods 3 to 4 months once and
30 % used to change 4-5 pads respectively . A greater proportion of the samples got
married between 26-30 years of age, 30% married a close blood relatives and 100% of the
samples have a marital duration of 2-5 years. About one fifths of the samples (20%) used
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bleeding 40%) and infection in the reproductive organs. As high as 70 per cent of the samples ever been diagnosed with PCOS and had treatment, whereas 50% of the samples were reported to be obese whose BMI is 30.0 & above. No samples were reported as diabetes mellitus, miscarriage, exposure to prolonged medications, treatment for psychiatric problems and radiation exposure, where as 20% samples reported as thyroid diseases and allergies. 30% used to have sexual intercourse either daily or alternative days and about 40% of the samples reported as having sexual problems to either of the partners such as semen discharge and bleeding & use of vaginal lubrication.

There is no statistically significant difference in biological problems between Control group and experimental group in pretest (p >0.5). However, there is statistically significant difference in biological problems between Control group and experimental group in posttest 2 (p <0.5). It can be attributed to the effectiveness of intervention(counseling) on reducing the biological problems among infertile women.

There is statistically significant difference in Psychosocial Problems and Quality of Life (QOL) between Control group and experimental group in pretest, post test 1 and post test 2 (p >0.5) except in QOL in pretest (p < 0.05). However mean difference between Control group and experimental group was higher in post tests than the pre test which can be attributed to the effectiveness of intervention (counseling) on reducing the psychosocial problems among infertile women.

There is statistically significant difference in Psychosocial Problems and Quality of Life (QOL) between Control group and experimental group in pretest, post test 1 and post test 2 (p >0.5) except in QOL in pretest (p < 0.05). However mean difference between Control group and experimental group was higher in post tests than the pre test which can be attributed to the effectiveness of intervention (counseling) on reducing the psychosocial problems among infertile women.

There is no statistically significant difference in Psychosocial Problems between assessments among infertile women in control group (p > 0.05). There is statistically significant difference in Quality of Life (QOL) between assessments among infertile women in control group (p < 0.001).

There is statistically significant difference in Psychosocial Problems and Quality of Life (QOL) between assessments ie- Pretest Vs Post test1 Pretest Vs Post test2 & Post test1 Vs Post test2 among infertile women in control group (p<0.001).

**CONCLUSION**

A higher percentage of the samples suffered from polycystic ovary syndrome (PCOS), which might be major reason for the infertility problem among women. Majority of them had treatment for such problem at one or the other point of time so as to facilitate to conceive.

The study highlighted the Counseling on Biopsychosocial problems and Quality of life among women had impact in reducing the Biopsychosocial problems and improved the quality of life of infertile women.

Majority of the samples has expressed positive hope about success of treatment and quality of life by counseling about yoga, Exercise, Diet management and encouraging positive healthy Behaviors and some home remedies appeared to be played an important role in infertility treatment, correcting physical problems such as relieved from Dysmenorrhea, heavy bleeding.
and improvement in Hormonal balance, and maintained normal weight as noted as helpful in conception.

Overall, counseling to the experimental groups noted to be on the expected lines and majority of the infertile women perceived the benefits in terms of reducing stress, anxiety, depression levels and to improving quality of life.

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