

Psychosocial Adjustment of Educated and Uneducated Infertile Females of Pakistan

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ABSTRACT

Objectives: The present research was designed to investigate the differences in psychosocial adjustment of educated and uneducated infertile females.

Design: Cross Sectional study

Subjects and Methods: The data was collected from infertility Advisory Center, Sheikh Zayed Hospital, Fatima Memorial Hospital and Jinnah Hospital Lahore, from March 2005 to July 2005. The total sample consisted of 50 diagnosed infertile females, age range 25-45 years, prerequisite condition was that they had a minimum duration of marriage of three years without children and were under the treatment. In study, 40 translated items were used to assess the psychosocial adjustments,

which were derived from Bell Adjustment Inventory (BAI). The data was analyzed by the help of SPSS.

Results: Results indicated that there is a significant difference ($t=3.39$ and $p<0.05$) between psychosocial adjustment of educated and uneducated infertile females. The social class, employment and unemployment factors have also significant impact on adjustment of infertile females.

Conclusion: It is concluded that the educated infertile females show greater psychosocial adjustment than uneducated infertile females. This relationship will further help to explore other psychosocial dimension of infertile patients.

Key Words: Psychosocial adjustment, Educated, Uneducated, Infertile females

INTRODUCTION

Infertility is one of the major reproductive health problems in Pakistan with a prevalence of nearly 22%. The prevalence of primary infertility is 4% and secondary infertility is 18%. [1]. In Pakistan blame for absence of, desired number and sex of children is unquestioningly placed on the woman and this becomes a threat to her status in society, leading to serious consequences such as husband's remarrying, divorce, emotional harassment, and deprivation of her inheritance or being returned to her parents. [2] This is true for primary as well as secondary infertility cases.

This results in immense psychological trauma [3] leading to low self-esteem, insecurity and lack of self-confidence. The process of medical diagnosis and treatment of an infertile woman further aggravates the situation. While receiving treatment the couple hopes that the woman would conceive soon that leads to feelings of helplessness and powerlessness.[4].

Internationally the current evidence indicates a 9% prevalence of infertility. On the basis of the current world population, 72.4 million women are currently infertile; of these, 40.5 million are currently seeking infertility medical care. [5]

There are many psychosocial aspects of infertility, especially women are very dejected and they have to face a lot of problems. There are many crises of infertility; it threatens self-esteem, body image and sexual relations [6].

Infertile females have different feelings and emotions but there are several feelings that are similar. Women may feel a sense of anger and resentment. A woman's sense of femaleness is often closely associated with pregnancy. Infertility, therefore, may have a serious impact on a woman's sexual identity, leaving her feeling less sexually attractive [7].

Infertility and particularly medical treatment programme can place women on an emotional roller coaster of hope and then despair [8].

Families, in particular prospective grandparents, may place added pressure on people by publicizing their expectations. Social alterations in interaction may occur to avoid painful reminders of their childlessness. The coping strategies determine whether infertile couples will develop psychological problems or not. In a study by Cook et al [9], it was found that infertile couples who engaged in avoidance coping strategies, had higher level of emotional distress than those who engaged in approach- coping strategies.

In Pakistan the ideal for women is motherhood. Approximately in 15 to 20% married couples of child bearing age normal process of fertilization do not occur. In most cases husbands assume infertility in wives [10]. If a couple is issueless it is wife who is expected to seek medical treatment or spiritual blessings for infertility [11].

In Pakistan, only few studies have been conducted on infertility issue. In particular psychosocial adjustment problems of educated versus uneducated infertile female have been rarely addressed.

The main objective of the present study was to find difference between psychosocial adjustment of educated and uneducated infertile females

METHODOLOGY

The research was carried to see the effects of education on the psychosocial adjustment of infertile female.

Research Design: Cross-sectional

Sample: The sample consisted of 50 infertile female equally divided across their educational level i.e.25 educated and 25 less educated infertile female. The data was collected from infertility Advisory Center, Sheikh Zayed Hospital, Gynecological Department of Fatima memorial and Jinnah Hospital Lahore. Age ranges were 25-45 years.

Assessment Tools: The information about educational level was acquired from demographic data whereas psychosocial adjustment was measured with the help of self-devised inventory, which was prepared in light of Bell Adjustment Inventory (BAI). The entire relevant items to the current study were translated with the help of Urdu dictionary. The responses of this adjustment inventory consisted of dichotomous items

and respondent were expected to reply either “Yes” or “No”.

Procedure: Questionnaires were administered after taking the informed consent. Since 60 participants gave their consent to participate in research but at the time of administration, 10 refused to give their responses. This might be attributed to social stigma. After the process of data collection, the inventory was marked and scored quantitatively. The data was fed in SPSS for statistical analysis. Reverse scoring was used for some items. The Data was analyzed with the help of t- test.

RESULTS

The data was analyzed by means of independent sample t- test.

The results given in the table 1 ($t = 3.309$ and $p < 0.05$) indicates that there is a significant difference between psychosocial adjustment of educated and uneducated infertile females. The educated infertile female is psychosocially better adjusted as compared to uneducated infertile females. Table 2 ($t = 2.983$ and $p < 0.05$) shows that there is a significant difference between the psychosocial adjustments of infertile female with different socioeconomic status. It indicates that higher socioeconomic status help infertile females to cope in better way with their infertility.

Infertile females who have educated husbands are better psychosocially adjusted. The results are highly significant as shown in the table 3 ($t = -3.563$ and $p < 0.05$). The results given in the table 4 (employed: $t = 2.621$, $mean = 65.1111$, $p > 0.05$ and unemployed, $t = 2.133$, $mean = 60.0244$, $p > 0.05$) indicates that employed infertile females have better adjustment.

Non significant results in Table 5 ($t = -.522$ and $p > 0.05$) and Table 6 ($t = .815$ and $p > .419$) indicate that treatment duration and family systems have no effect on psychosocial adjustment of infertile females

DISCUSSION

The current research purports to study the effects of education on psychosocial adjustment of infertile females. The psychosocial adjustment of educated infertile females is better as compared to less educated infertile females. It has been supported by the findings of Vian and Trimpos [12] that educated infertile females cope better with depression, anxiety, hostility, guilt, self-blame, self-esteem and sexuality.

Education also effects on post treatment adjustment of infertile females. A study conducted by Newton et al (13) reported that those females who endorse positive reasons for motherhood showed better post treatment adjustment of childlessness.

Moreover, the result findings also indicate that there is a significant difference between psychosocial adjustments of infertile females with reference to educational level of husbands. These findings are in line with the study conducted by Hirsch et al [14] which indicate that level of social support, provided by the husband have significant effects on psychological adjustment.

According to the present study Professional infertile females cope better with psychosocial problems associated with infertility as compared to non-professional infertile females and it was consistent with the research of Sasan and Bradurm [15].

Workingwomen remain out of the home some time of the day. They can have some cathartic effects of their anger by interactions with the outside station, which is correlated with the study by Berg and Wilson [16] those females who openly discuss their feelings about being infertile release tension.

The current study also reveals that nuclear and joint family system has no effect on psychosocial adjustment of infertile females may be depending on the case. The findings are opposite to the already conducted researches that conflict with in laws emerged as a significant predictor of psychological health. Another contradictory finding of the study was duration of treatment has no effect on psychosocial adjustment of infertile females. Infertility is often described as a life crisis. People are often shocked when they discover that they are infertile and commonly go through the period of disbelief [7].

In essence, the current study has yielded valuable findings in the domain of psychosocial adjustment of infertility.

CONCLUSION

It is concluded that the educated infertile females show greater psychosocial adjustment than uneducated infertile female. Recommendation should be incorporated for further researches. The sample size should be large enough and should be collected from

different hospitals in order to get more valid representative results. A general reservation and discrete attitude was evident due to the stigma attached with discussion of infertility. Thus, the use of reliable behavioral observation methods/ checklists possibly will be valuable in collaboration with Inventory to increase the power of tool.

Table 1
Comparison of psychosocial adjustment of educated and uneducated infertile female

Variables	n	Mean	SD	t	Sig.(2-tailed)
Uneducated	25	58.5600	4.7529	3.309	.002
Educated	25	63.3200	5.3985		

Table 2
Comparison of Psychosocial Adjustment of Infertile Female with Upper and Lower Socioeconomic Status.

Variables	n	Mean	SD	t	Sig. (2-tailed)
Upper	26	63.0385	5.3999	2.983	.004
Lower	24	58.6667	4.9226		

Table 3
Comparison of Psychosocial Adjustment of Infertile Females with Educated and Uneducated Husbands

Variables	N	Mean	SD	t	Sig. (2-tailed)
Uneducated	22	58.0909	4.2191	-3.563	.001
Educated	28	63.1786	5.5515		

Table 4
Comparison of Psychosocial Adjustment between Employed and Unemployed Infertile Females

Variables	n	Mean	SD	t	Sig. (2-tailed)
Employed	9	65.1111	6.7721	2.621	.012
Unemployed	41	60.0244	4.9167		

Table 5
Comparison of Psychosocial Adjustment of Infertile Females with short Term and Long Term Treatment

Variables	N	Mean	SD	t	Sig. (2-tailed)
1-5 year	34	60.6471	5.4766	-.522	.606
6-10 year	16	61.5621	5.9214		

Table 6
Comparison of Psychosocial Adjustment of Infertile Females of Nuclear And Joint Family System

Variables	n	Mean	SD	t	Sig.(2-tailed)
Joint	29	61.4828	5.7608	.815	.419
Nuclear	21	60.1905	5.3630		

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