

# Psychological reactions of Taiwanese Married Women to Infertility

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## INTRODUCTION

Infertility is defined as the, "inability to conceive after a year or more of regular sexual intercourse without contraception, or the inability to carry pregnancies to a live birth." In all, about 7 million couples in the United States are either absolutely infertile or have their fertility compromised to some degree. Although other authors have recognized that infertility may also be attributed to male factors, the vast majority of infertility testing and treatment procedures have focused on women. Despite identified medical causes of infertility, it has been medically explained as caused by women's sexual promiscuity, pursuit of professional career advancement, and psychological immaturity.

Infertility evaluation and treatment focus on reproductive function, and require the couple to share intimate information about their sexual relations. Moreover, the timing of intercourse typically is determined by the treatment. Infertile individuals have reported feeling embarrassed because of the need to share sexual information, anxious over the need to have intercourse on schedule, and frustrated because of the disruption in their lives. Women are commonly involved in fertility investigation for a long period of time, with frequent clinic visits during their menstrual

cycle and exposure to diagnostic and treatment procedures that are intrusive, impersonal, expensive, and sometimes painful. For an infertile woman, emotions may fluctuate with the menstrual cycle. As ovulation approaches, she may feel hopeful and excited about the prospect of conception. After ovulation, she may feel anxiety as she awaits her next menstrual period. If menstruation occurs, she may feel disappointment, depression, and frustration. Life seems to be governed by the menstrual cycle. Social activities and work schedules have to be juggled to accommodate plans for conception. Powerlessness also may result from the realization that she cannot control fertility and from the need to follow a rigid routine for infertility tests and treatments.

Infertility is becoming an increasingly visible problem in Taiwan. Typically, a childless married woman is not accepted by her family or by society. Taiwanese women may therefore be particularly at risk for having adverse psychological reactions to their infertility. In Taiwan, there are no formal data about the incidence of infertility. But because of factors such as delay in marriage, use of oral contraceptives, presence of sexually transmitted disease, and the presence of psychiatric stress, it is estimated that infertility is increasing sharply.

Women in the developing country of Taiwan may be suffering from the process of trying to adapt to a highly technical evolution while simultaneously handling the demands of tradition. They face a tremendously difficult time because they must make a major psychological adjustment to their new role as well as adjust to the demands and concerns of the older members of their family in regard to infertility. Therefore, the purpose of this study was to explore the psychological reactions of Taiwanese married women's reactions to infertility. Such research may be beneficial to nurses who work toward supporting women who face infertility. Which, in turn, could facilitate infertile women seeking

more adequate infertility treatment. Moreover, understanding the psychological reactions of Taiwanese married women could increase the possibility of establishing a support group for infertile women in Taiwan.

## REVIEW OF SELECTED LITERATURE

Traditional attitudes of the Chinese family to infertility involve a lack of acceptance of an infertile woman by her family and her husband. However, since women's education has been improved, Chinese women are less likely to accept superstitions and traditional attitudes regarding infertility and may experience conflict in values. A historical overview of infertility diagnosis and treatment reveals a marked focus on women as both the cause of infertility and the object of the medical intervention. Women link femininity and fertility and sometimes resolve their infertility through adoption. However, today there are few babies available for adoption. Since this alternative route to parenthood is more difficult, more women are prepared to undergo medical tests in an attempt to remedy their infertility. Some studies of infertility have identified specific psychological reactions to women. Women may have more psychological dysfunction in the areas of interpersonal relations, depression, and hostility than men have. In addition, individual's reactions to the high technology of infertility treatment is also identified as stressful.

Models to explain women's reactions to infertility have been discussed. The primary framework for analyzing psychological reactions to infertility has been Kubler-Ross's grief theory. This model suggests infertile people pass through specific emotional stages that are time-limited and that end in acceptance or resolution of the failure to have a child. However feelings of anger, denial, depression, despair, hope, and sorrow, occur in infertile people across time. The usefulness of the traditional time

bound, Kubler-Ross, grief model in studying infertility appears to be significantly limited as a framework for understanding these emotions.

## METHODOLOGY

1. Research Question: What are the psychological reactions of Taiwanese married women who are receiving fertility treatment to infertility?

2. Subjects and Setting: The participants in this study were the Taiwanese married women who were receiving fertility treatment, excluding artificial insemination, at one of four treatment centers in Taiwan. These hospitals included (a) Tri-Service General Hospital (TSGH) (b) Central Clinic, (c) Kaoushuing Medical Center Affiliated Hospital, and (d) Dr. Sue's Obstetric and Gynecology Clinic.

The convenience sample (N=38) drawn from the population of health infertile women who were receiving treatment in these four hospitals. The subjects met the following criteria: they were any of age, Chinese speaking, married, had a history of infertility for at least 1 year, and had been receiving infertility treatment.

3. Instruments: Four instruments were used: (a) the Infertility Questionnaire (IFQ); (b) the Hopkins Symptom Checklist (SCL-90); (c) eight open-ended questions (negative feelings); and (d) a demographic history questionnaire. Each questionnaire was completed once during a visit for treatment of an infertility problem.

4. Human Subjects: The research protocol for this study was approved by the Human Subjects Committee of University of Wisconsin-Madison and administrators of four hospitals in Taiwan. Participation in this study was on a voluntary basis, with all subjects agreeing to sign the consent form.

5. Analysis of Data: The results from the SCL-90 and the IFQ were analyzed using SPSS. Scores for each category and for the total were obtained for both the IFQ and the SCL-90, as well as mean scores.

Secondly, a student t-test was used to determine whether there was a significant difference between each category and the total mean score for the IFQ and the SCL-90. In addition, the category correlations between the IFQ and SCL-90 were determined.

Responses to the open-ended questionnaire were translated from Chinese into English by a Taiwanese physician specializing in infertility. Then, the faculty advisor and the investigator collaboratively generated categories of responses from the identified themes. Each category was described in frequencies and percentages. Demographic data was also described in using descriptive statistics.

## RESULTS

Analysis of the IFQ revealed that infertile Taiwanese women scored significantly higher on sexual dissatisfaction than the IFQ total mean score. Analysis of the SCL-90 revealed that these women reported significantly higher symptoms of obsessive/compulsive behavior, poorer interpersonal relations, and anxiety. Correlation between the IFQ and SCL-90 was .50 with the SCL-90 categories of interpersonal relations, depression and psychoticism being significantly correlated with IFQ category of self esteem. However, approx 55% of the subjects scored in the normal range on both instruments indicating no distress. In contrast however, on the open-ended questions 71% of the subjects reported feeling unhappy and these unhappy feelings were related failure to become pregnant. In addition, for 86% of the subjects, the unhappy feelings were reported to last for greater than one year. Analysis of reports of feeling uncomfortable revealed similar results.

## IMPLICATIONS

The results of this study have important implications for nursing

practice. Since there is a lack of concern for the emotional aspects of infertility in treatment of Taiwanese women, care of the infertile women is a critical issue. Taiwanese women may have more stresses due to the traditional family system and society. Most infertile individuals enter an infertility evaluation with considerable apprehension and concern.

Therefore health care providers should be sensitive to treatment of the women as a whole person, not just to the women who has the medical problem of infertility. Nurses, are in a key position to provide the psychological support to infertile individuals. Nurse can also provide patient education about the causes of infertility, types and procedures of treatment, psychological reactions to being infertile, and process of adoption.

In Taiwan, formal support groups for infertile people are lacking although it is estimated that infertility is increasing sharply. Lentner (1991) found that infertility support groups provide the opportunity for persons to share their problems and solutions even if only to openly acknowledge their problems as ones experienced by others. Participation in a support-group is one way infertile clients can gain information and renew self-esteem that will prepare them proactively to make decisions regarding whether to invest energy in the pursuit of adoption, the continuation of treatment, or the choice of child-free living.

The results of this study indicated that Taiwanese women experience difficulty in the areas of sexuality, obsessive/compulsive behavior, interpersonal relations, and anxiety. Therefore, the nurse should be sensitive to the impact of infertility and be informed of available resources to assist these married women in coping with their infertility.

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