Self-Concept in Infertile Women

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Parenting is viewed by most of the couples as their central role in life, and the thought of not achieving it can be very upsetting. Women in particular have been raised traditionally to view motherhood as their primary role. In India childlessness has devastating consequences for women because the blame for infertility is squarely laid only on the women. It results as a threat to the women’s identity and may influence their self-concept in terms of their inability to conceive.

Self-concept is the individual’s personal judgement of her own worth by analyzing the conformity with self-ideal. Self-concept is threatened during infertility when concepts of self are modified. Self-concept may be altered during infertility and it depends upon factors like values, aspiration, success and support systems. An assessment of self-concept and prediction of its determinants may be helpful in design strategies to promote self-concept and thereby facilitate pregnancy.

Objectives of the Study

- To identify the level of self-concept in infertile women.
- To predict the determinants of self-concept in infertile women, by bio-psycho-social and health behavioural variables.

Variables under Study

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In the study the biological variables were the causes, investigations and treatment of infertile women as measured by the biological variable Proforma.

The psychological variables under study were the self-concept of infertile women as measured by the Avillo’s semantic differential scale on self-concept and the level of depression as measured by the standardized tool Zung’s depression status inventory.

The social variables were “Marital adjustment” in infertile couples as identified through Spanier’s marital adjustment scale and the level of family support measured by the scale developed by the author for infertile women.

The stress reactions of infertile women, attitude towards infertility treatment options and their treatment seeking behaviour were the health behavioural variables included in the study. An inventory of stress reactions, attitude scale towards infertility treatment options, and a scale on treatment seeking behaviour in infertile women were the instruments developed by the author to measure these variables.

Methodology

A descriptive co-relational design and survey approach was used in the study. The data was collected from 100 infertile women who were undergoing treatment for primary infertility and attended the OPD of Rao Hospitals, Coimbatore. Validity and reliability were established for the tools developed by the researcher and the standardized tools were translated into Tamil and their reliability was established by Cronbach’s alpha computation. The data collected were analyzed by using descriptive and inferential statistics. Path analysis was used to predict the bio-psycho-social-behavioural determinants of self-concept.

Results & Discussion

- A majority of the infertile women (65%) had moderate level of self-concept. It was significantly associated with age (P<.001) educational status (P<.050) and years of infertility (P<.001).
- The self-concept was low in women with age >30 years, educational status above higher secondary level and with duration of infertility more than 6 years.

It is helpful in planning interventions in anticipation of low self-concept in such group of infertile women and motivate them to seek early treatment and regular follow up of advised treatment.

The following significant predictions were also identified through regression:

- One unit increase in family support predicted 44.4% increase in self-concept.
- One unit increase in marital adjustment predicted 46.67% increase in self-concept.
- One unit increase in depression caused 53.5% decrease in self-concept.
- One unit increase in stress

MARCH 2005 VOL. XCVI, NO. 3
reaction to infertility decreased 38.5% of self-concept.

The above findings indicate that by promoting family support, marital adjustment, self-concept can be improved and thereby depression and stress reaction can be significantly reduced.

**Implications**

Infertility causes women to face personal and psycho-social problems. A systematic and continuous assessment of infertile women for psycho-social-behavioural aspects will enhance the nurses to implement specific interventions to meet their needs and help the infertile women to achieve their goal of becoming fertile. The specific intervention such as relaxation therapy, yoga and support group conferences, which may increase hope and self-concept in infertile women, can be conducted, which may also reduce their stress levels. It has been observed that most of the infertility clinics do not have counseling facilities, and the counseling provided by health care providers often focus upon treatment options. Nursing personnel can play a vital role as they get more opportunities to provide emotional support and assist them with effective coping strategies.

The curriculum of nursing programmes can place importance to care of infertile women and the advanced reproductive technologies, recognizing the increase in the incidence of infertile women.

**Recommendations**

A similar study can be conducted on a large sample and an experimental study can be conducted to test strategies for promoting self-concept, marital adjustment, family support and decrease their depression and stress reactions in infertile women.

**Reference:**