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ORIGINAL ARTICLE

Level of Stress among Infertile Men

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Abstract

Introduction: Children is the beauty of life where each one of us can see himself in different way through his or her son, and because of them parents starts to work, earn money, keep promises, build a home, construct great city finally willingly they may leave all of that to give them the chance. Fertility is assumed to be a basic human right and parenthood is a necessary development milestone. People with fertility problems can experience a wide range of emotions from mild disappointment to emotional devastation. When a male partner encounter a barrier for having a child, which is linked with fertility problems, the distressful, anxious and psychological stressful conditions may arise due to social stigma. After this, they may look for alternative patterns for the purpose of having children (ÜNER, 2004). It is a growing problem and across virtually all cultures and societies almost all over the World and affects an estimated 10%-15% of couples of reproductive age (Thorn & Thorn, 2010). Male and female factors are each believed to account for 40% of cases of infertility; the remaining 20% are either unexplained so called idiopathic infertility - or of shared etiology (Fisher, 2009). *Method:* The goal of the present study was to assess the level of stress among men with infertility in selected villages Lucknow. Quantitative approach, non experimental descriptive research design was used for the study. The main study was conducted with 15 samples using non probability purposive convenience sampling technique. Data collection was done for a period of 10 days by using structured fertility problem inventory. *Result:* So in this study it was found that the overall mean score of infertile men was 61.07 with standard deviation of 8.21 while the mean score of men with primary infertility and secondary infertility was 59.5 and 62.1 respectively and standard deviation are 5.54 and 9.78. *Discussion:* It is inferred that the males with infertility are having mild level of stress. Analysis of the study identified level of stress among males with primary and secondary infertility. The study findings reveal the presence mild of level of stress among men with primary and secondary infertility in selected village Lucknow. None of them are having severe level of stress. One subject has no stress. Mean of both primary and secondary infertility men combined and separated shows mild level of stress only.

Keywords: Infertility; Pregnancy.

Introduction

Since the beginning of history, the phenomenon of reproduction has been the essence in the continuity of human race. In planning a life together most of the couples have a vision about, how their life should be and most of them wish to have children of their own for the future life.

In most cultures, pregnancy and parenthood represent critical and desirable developmental phases. Achievement of the parenthood role is one of the major life goals for most men and women and the

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attainment of this goal has been reinforced over the centuries. Parenthood is viewed as a necessary criterion for personal fulfillments, social acceptance, achievements of full adult status, religious membership, renewal identity, and psychological adjustment. It is noticeable that the experience of infertility and infertility-related stress can have far-reaching effects on the individual. More clarity is also needed on the magnitude of the potential effects of infertility-related stress on the Coping strategy, as well as on the nature of such effects, whether positive or negative. This information can be utilized to assist males in coping with infertility and to protect the marital relationship from potential negative effects. The present study aims to assess the level of stress in infertile males ultimately, to gain more insight into the experiences of infertile males, Therefore, this group is a vulnerable and due to that the researcher obligated to investigate them and dig deep to find out their mental health.

Need of the Study

Men undergo various battles when facing personal infertility. These battles include anxiety concerning potency, masculinity, and sexual adequacy. Dr. Rheta Keylor of the Massachusetts Institute for Psychoanalysis stated that, male infertility is an "assault on a man's sense of self revives feelings of competition, castration, and experiences of developmental trauma." Studies concerning such effects on infertile males are few in number and have come to the forefront in the past decade starting in 2001. In the Psychoanalytic Electronic Publishing archives of the seven primary psychoanalytic journals from 1927 to 2000, not a single article on male infertility appears. Paradoxically, the male partner is either the sole cause or a contributing cause of infertility in 49% of couples. Throughout history men have recognized the desire for paternity and the possibility for male infertility; however, women are typically the subject of fertility studies.

From above mentioned introduction we can conclude that the infertility problem interfere in human life and the males reacted to such situation firstly by stress and to alleviate this stress they tend to use one or more of coping type the make them feel normal. Many researchers had tried to explain the stress level of female with infertility but there is not much study done in domain of stress related to infertility in males. So researcher felt a need to fill this gap and to understand the level of stress among infertile males. So that the present study was conducted.

Objectives

1. To assess level of stress among primary infertile males with reproductive age group in selected village, Lucknow.
2. To assess level of stress among secondary infertile males with reproductive age group in selected village, Lucknow.

Assumption

1. Infertile men will have moderate to severe level of stress.
2. Primary infertile men will have more stress than secondary infertile men

Inclusion Criteria

1. Males with primary or secondary infertility
2. Infertile men with reproductive age group

Methodology

Research Approach and Design

The research approach used for this study is Qualitative approach. A descriptive study design was adopted to assess level of stress among men with infertility

Target Population

Infertile men (primary and secondary).

Accessible Sample

Infertile men (primary and secondary) living in selected community, Jodhpur.

Sample Size: 15

Sample Design

Non probability purposive convenient sampling technique was adopted.

Development of Tool

The fertility problem inventory was developed after adequate retrieval of literature & research studies and under the guidance of nursing and medical experts. The research tool was developed in Hindi after obtaining the experts 'opinion.

Description of the Tool

The instrument used for data collection Structured-Questionnaire which consists of two sessions. Section A: Demographic data & Section B: 5 point rating scale which measures the level of stress.

Demographic variables such as are, duration of marriage, duration of illness, educational status, economic status, type of family, family history of infertility, nature of infertility medical history, drug history, infertility treatment, etc.5 point Rating scale (Fertility problem inventory) which contains 20 items to assess level of stress, 16 negative items and 4 positive items. Fertility problem inventory designed to measures the distress, beliefs, and attitudes related to infertility. The scale, score and interpretation as follows.

Table 1: Fertility problem inventory

S. No.	Questions	Always	Most	Sometimes	Least	Never
1	Do you feel infertility is a sin	-	-	-	-	-
2	Do you feel infertility is affecting your social image	-	-	-	-	-
3	Do you feel your infertility is affecting your marital life	-	-	-	-	-
4	Do you feel infertility changed your role in family	-	-	-	-	-
5	Do you feel infertile is affecting body image	-	-	-	-	-
6	Do you feel infertility is making you to feel inferior	-	-	-	-	-
7	Do you feel you alone responsible for this problem	-	-	-	-	-
8	Do you feel you are incomplete without having a child	-	-	-	-	-
9	Do you feel persons are humiliating you due to infertility	-	-	-	-	-
10	Do you feel your partner behavior is changed due to your infertility	-	-	-	-	-
11	Do you feel your in laws behavior changed due to your infertility	-	-	-	-	-
12	Do you feel your parents and sibling behavior changed due to your infertility	-	-	-	-	-
13	Do you fear infertility will leads to some other diseases in your body	-	-	-	-	-
14	Do you feel infertility treatment is causing financial burden	-	-	-	-	-
15	Do you compare yours self with friend having kids	-	-	-	-	-
16	Do you talk to others to share your pain and obtain any information	-	-	-	-	-
17	Do you feel like getting adequate support from others	-	-	-	-	-
18	Do you feel infertility is curable	-	-	-	-	-
19	Do you feel believe in god regarding cure	-	-	-	-	-
20	Do you believe in recent technology and alternative measures for infertility	-	-	-	-	-

Table 2: Score and interpretation

Level of stress	Score
No stress	81-100
Mild stress	61-80
Moderate stress	41-60
Severe stress	21-40

Table 3: Method of score:

Rating	Positive	Negative
Always	5	1
Most of the time	4	2
Sometime	3	3
Least of the time	2	4
Never	1	5

Reliability

The reliability was established by assessing the stability of the tool by test–retest method using a correlation coefficient method. The tool was found to be reliable.

Validity

The content validity of the tool was assessed by obtaining opinion from three experts in the field of nursing and medicine. The experts suggested reorganization and deletion of certain

items. Appropriate modifications were made accordingly and the tool was finalized.

Ethical Clearance

Informed Consent were obtained from the participants and explained about the purpose of the study. The ethical guidelines were followed throughout the study.

Pilot Study

The pilot-study was conducted from for 10% of total sample at Jodhpur. During the study, practicability of the tool and feasibility of the study was assessed.

Subjects were given a questionnaire to assess the level of stress among infertile men with reproductive age group.

Actual Data Collection

In the natural setting selected villages in Jodhpur for the period of 10 days data were collected.

Data Collection Method

Self report- interview method. Rating scale and demographic variables were used to obtain date after obtaining consent from participants.

Data Collection Procedure

Data was collected from 27.03.2016 to 10.04.2016. a total of 15 samples were selected using Non probability convenient sampling technique giving a structured questionnaire for 30 minutes.

Analysis

Descriptive and inferential statistics were used to analyze the data and infer the result.

Result

The frequency and percentage of the demographic variables were tabulated and mean and standard deviation of 15 samples were tabulated as well as the mean and standard deviation of primary (N=6) and secondary (N=9) infertile men were tabulated.

Table 4: The frequency and percentage of the demographic variables N=15

Demographic variables	Frequency	Percentage
Age:		
>25	4	26.7
26-34	8	53.3
>35	3	20
Age of marriage:		
<18 years	2	13.3
18-25	7	46.7
26-33	6	40
>33	0	0
Duration of infertility:		
1 to 5 years	11	73.3
6 to 10 years	3	20
>10 years	1	6.7
Educational status:		
Uneducated	7	46.7
Schooling	5	33.3
Graduate	3	20
Others	0	0
Economic status:		
Poor	3	20
Middles	8	53.3
High	4	26.7
Place of living		
Rural	2	13.3
Urban	1	6.7
Semi urban	12	80
Type of family		
Joint	7	46.7
Nuclear	8	53.3

Personal bad habit		
Yes	8	53.3
No	7	46.7
Family history of infertility		
Yes	2	13.3
No	13	86.7
Body mass index		
Obese	3	20
Thin	4	26.7
Moderate	8	53.3
Nature of infertility:		
Primary	6	40
Secondary	9	60
Partner also infertile?		
Yes	2	13.3
No	13	86.7
Medical history		
Yes	1	6.7
No	14	93.3
Drug history		
Yes	1	6.7
No	14	93.3
Couple sex relationship		
Healthy	11	73.3
Unhealthy	4	26.7
Taken any infertility treatment:		
Yes	4	26.7
No	11	73.3

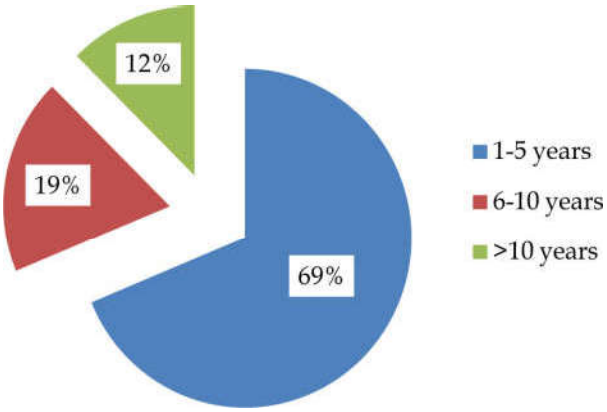

Fig. 1: Duration of infertility

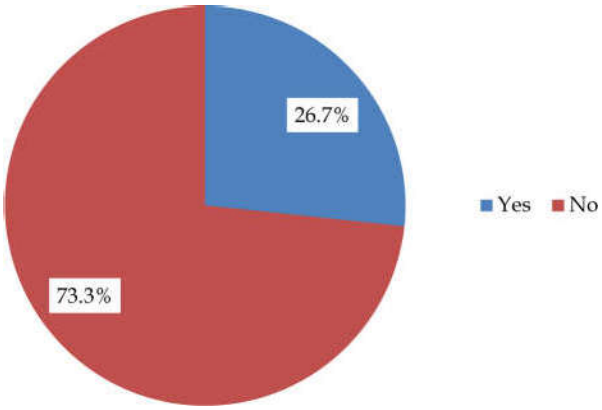

Fig. 3: Taken infertility treatment

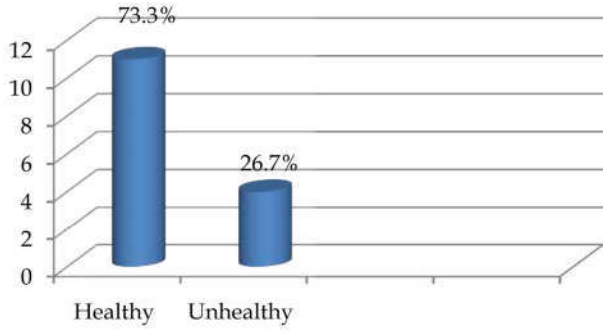

Fig. 2: Couple sex relationship

From Table 5 it was found that the mean score was 61.07 with standard deviation of 8.21. It is inferred that the males with infertility are having mild level of stress. And no one have suffered with severe stress. And 6% of sample never had stress.

From Table 6 it was found that the mean score was 59.5 with standard deviation of 5.54. It is inferred that the males with primary infertility are having mild level of stress. And no one have suffered with severe stress. There was no one in sample who never had stress.

Table 5: Frequency, percentage, Mean and standard deviation of level of stress of infertile men (Primary and secondary) N=15

Level of Stress	Score	Frequency	Percentage	Mean	SD
No stress	81-100	1	6.7	61.07	8.21
Mild stress	61-80	5	33.3		
Moderate stress	41-60	9	60		
Severe stress	21-40	0	0		

Table 6: Frequency, percentage, Mean and standard deviation of level of stress of primary infertile men N=6

Level of Stress	Score	Frequency	Percentage	Mean	SD
No stress	81-100	0	0	59.5	5.54
Mild stress	61-80	3	50		
Moderate stress	41-60	3	50		
Severe stress	21-40	0	0		

Table 7: Frequency, percentage, Mean and standard deviation of level of stress of secondary infertile men N=9

Level of Stress	Score	Frequency	Percentage	Mean	SD
No stress	81-100	1	11.1	62.1	9.78
Mild stress	61-80	3	33.3		
Moderate stress	41-60	5	55.6		
Severe stress	21-40	0	0		

From Table 7 it was found that the mean score was 62.1 with standard deviation of 9.78. It is inferred that the males with secondary infertility are having mild level of stress. And no one have suffered with severe stress. And 11.1% of sample never had stress.

Discussion

Infertility has mental, social, and reproductive consequences, including depression, anxiety, aggressiveness, feelings of guilt, lack of self-esteem, lack of confidence, psychosomatic complaints, obsessions, relationship difficulties, and sexual dissatisfaction (Ramezanzadeh, 2010) Grief and depression are the most frequently cited emotional responses, reported in 77% of the articles, whereas anxiety, reported in 40% of the articles, is mentioned least often (Dunkel & Wbel,1991).

A study had demonstrated that the presence of stress was reported in 72% of male participants in Manipal India. The predictors of stress were nature and severity of their infertility diagnosis, sperm defects, urological condition and experience of corrective surgery undergone for it. Psychological stress in men was also predicted by present and past history of significant psychiatric morbidity and coping difficulties associated with it (Ansha Patel et al 2016).

So in this study it was found that the overall mean score of infertile men was 61.07 with standard deviation of 8.21 while the mean score of men with primary infertility and secondary infertility was 59.5 and 62.1 respectively and standard deviation are 5.54 and 9.78. It is inferred that the males with infertility are having mild level of stress. And no one have suffered with severe stress. And there was no one in sample of primary infertility who never had stress while only 11.1% of sample with secondary infertility had who never had stress.

Conclusion

Even though it was assumed that infertile male will have moderate to severe level of stress the present study result had shown that the entire male with infertility had suffered from mild level of stress only. It is noticeable that the experience of infertility and infertility-related stress can have far-reaching effects on the individual. More clarity is also needed on the magnitude of the potential effects of infertility-related stress on the Coping strategy, as well as on the nature of such effects, whether positive or negative. This information can be utilized to assist the infertile males in coping with infertility and to protect the marital relationship from potential negative effects. Psychological aspect of infertility should be given more attention, and be considered in all stages of treatment and medical interventions to decrease the psychological suffering of the infertile couples and to prevent developing of the psychological disorder.

Recommendations

1. The following studies can be undertaken to assess the psychological impact of infertility.
2. Similar study can be conducted on larger samples.
3. Comparative study can be conducted between urban and rural men.
4. Comparative study can be conducted between man and women with infertility.
5. Interventional study can be conducted to assess the significant physiological changes associated with infertility and stress.
6. Association with demographic variable can be done to know the major extraneous variable contributing for level of stress.

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