

Lithuanian Infertile Families' Attitudes Toward Their Social Problems

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Key words: social problems; infertility; families; attitudes; nurse.

Summary. *Introduction.* Infertility is a disease that causes not only severe psychological and emotional stress, but complicated social problems as well. Medical help as well as any other support is of great importance for infertile families. The aim of this study was to evaluate the attitudes of infertile families toward their social problems.

Methods. The descriptive cross-sectional study design was used. The 2-stage triangulation method was employed: a structured interview ($n=68$) and a participants' survey ($n=200$). The response rate was 75% in the first stage and 98% in the second stage. The data were collected from infertile women from whole Lithuania by using an electronic email-based survey in 2009.

Results. The mean age of respondents who faced the problem of infertility was 30.5 years; 66% of them had higher education, and most of them (75%) evaluated their economic status as average. Infertile couples reported the following social problems: financial problems, the lack of participation in public life, and problems related to the treatment of infertility. Respondents were angry about the state's attitudes and absence of support, were tired of long treatment of infertility, and were irritated by the society's negative attitudes toward infertile families.

Conclusions. It is an urgent need to develop a social support and help system for infertile families at the state level as infertility of families might lead to numerous economic problems. The nurse's role in informing and supporting the infertile families is important.

Introduction

The number of infertile couples is increasing around the world (1–4). Around the globe, more than 90 million couples suffer from some type of infertility that prevents them from conceiving a child (1). The percentage of married women aged 15–44 that are infertile (i.e., who are not surgically sterile, have not used contraception in the past 12 months, and have not become pregnant) was 7.4% in the United States in 2002 (2). According to the same source, the percentage of married childless women aged 15–44 years who are infertile at their current age was 16.6% (2, 3). These figures show that infertility cases are not isolated. In fact, the numbers show us that more than 12% of the reproductive population is couples experiencing difficulties in conception (3). This figure also includes male infertility cases. In 2011 in Lithuania, the total fertility rate was 1.25 live births per women, and it ranked 220th among the 226 countries (3). The average total fertility rate in the European Union in 2011 was 1.59 live births per woman (4).

Infertility is a condition that affects both men and women. Clinically, a couple is considered infertile if after at least one year of regular sexual intercourse without contraception, a woman does not conceive. There are scarce data on the prevalence of infertility,

involuntary childlessness, and search for the treatment of fertility, and only few longitudinal studies on the psychosocial consequences of infertility and its treatment have been carried out (5). Infertility is an illness, which has an impact on a human being and his/her quality of life. However, researchers and media pay less attention to an emotional and psychosocial impact of infertility (6). When the desire to have a child is not met, it can cause an increase in stress, a sense of failure, grief, and in some cases divorce (7–9).

There are several factors having an impact on infertility (10–15). Infertility is more common among older women (10–13). Age is the most important factor for infertility; however, in Africa, many cases of infertility are caused by sexually transmitted infections (14). Better-educated women are more likely to seek for treatment (10, 12, 15).

Infertility has an impact on the social life of families (7–9, 12, 13, 15, 16). A human suffers individually, but also the relationships with significant others became more complicated (7). Usually, couples want to keep in secret their problems (8). They are feeling alone, face to face with their problems. If relationships between a man and a woman are complicated, their quality of life is assessed negatively (9). Even 93% of women and 99% of men who had a diagno-

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sis of infertility reported experiencing psychological discomfort, social isolation, social integration, and reduced professional activity (17). Significant others and other people have negative attitudes to the family without children, because they feel unsafe in the community (18). The treatment of infertility is not reimbursed in Lithuania; therefore, additionally families face huge financial problems (15). There is no universal, constant, or absolute definition on what constitutes a social problem. Rather, social problems are defined by a combination of objective and subjective criteria that vary across societies, among individuals and groups within a society, and across historical time periods (19). Individuals and groups frequently disagree about what constitutes a social problem. In this study, the social problems were analyzed from a viewpoint of infertile couples, and social problem was treated as a social condition that is harmful to members of society (19).

A nurse is a person who takes care of infertile women and men in all level health care institutions. The nurse spends more time with patients than any other health care provider. Infertile couples feel powerless and confused (8, 18); they need informative and psychosocial support (6, 10). The nurse's role is to help families not only physiologically, but also emotionally.

The aim of this study was to evaluate the social problems of infertile families in order to gain new knowledge how to improve the social situation of infertile couples in Lithuania.

Methods

The descriptive cross-sectional study design was used. The triangulation method combined two stages of the study (20, 21).

Firstly, the structured brief interview was done with a goal to find out what kind of social problems were met by infertile couples. The purposive sample of 68 respondents was asked to write the 3 most relevant social problems of infertile couples by rating them from most to least important. The response rate was 75%. Demographic data were not collected at this stage, because the interview was aimed at developing the questionnaire for the second stage (20, 21). The respondents were interviewed by one of the researchers personally when they applied to the private clinics due to infertility in 2009. The data were inductively analyzed by using the content analysis method (21). Research findings were systematically analyzed and coded by categories, which were used for the development of the further questionnaire.

Secondly, the participants ($n=200$) were surveyed using the questionnaire, developed by researchers based on the results of the first stage. The data were collected from 204 infertile women

($n=204$) from whole Lithuania by using electronic (e-mail based) survey in 2009. E-mail addresses were received from 2 nonprofit organizations, involving nearly 250 infertile couples. A total of 200 questionnaires were accepted for final analysis. The response rate was 98%. The Cronbach alpha of the whole instrument was 0.834, ranging from 0.815 to 0.900 for the separate dimensions, that means that the reliability of the instrument was high.

The data were analyzed statistically by using SPSS version 15.00 (22). Descriptive statistics (mean, standard deviation, range, and frequencies) and the χ^2 test were applied. Cronbach alpha coefficients were used to check the reliability of whole instrument and sum variables. For all statistical reports, a level of $P<0.05$ was considered as statistically significant.

In both stages, the participants were informed about the study, and appropriate ethical standards were followed during the study (20, 21). In the first stage, all respondents gave their written informed consents. The permission to interview was given by the head of the clinics. In the second stage, the questionnaires were filled out voluntary. The permission was granted by the chairs of nonprofit organizations.

Results

In the stage 1, social problems of infertile couples were identified (Fig.). All the answers were analyzed, and the main categories were identified: financial problems of infertile couples, limited participation in the public life, and social problems related to treatment organization, accessibility, and management.

Couples reported having many financial troubles, such as expensive treatment every month, and no help and support from the state. Because of the financial and psychological problems, infertile families reported a lack of participation in public life. They have problems with meetings not only with their family members, but also with friends and other people. Families also reported difficulties in projecting their future life and professional career. Women usually worried about their image in public.

The other part of social problems was a lack in the process of the treatment. The main core of problems is that families may receive high-quality treatment only in private clinics, and they need to pay all expenses by themselves. The health care providers who specialize in the infertility treatment are working in private clinics.

In the second stage, the background variables of the respondents were identified (Table 1). Only women participated in the study. The mean age of them was 30.5 years (range, 20–49 years). The majority of them (74%) lived in urban area, were married (78%), and had higher education (66%), and

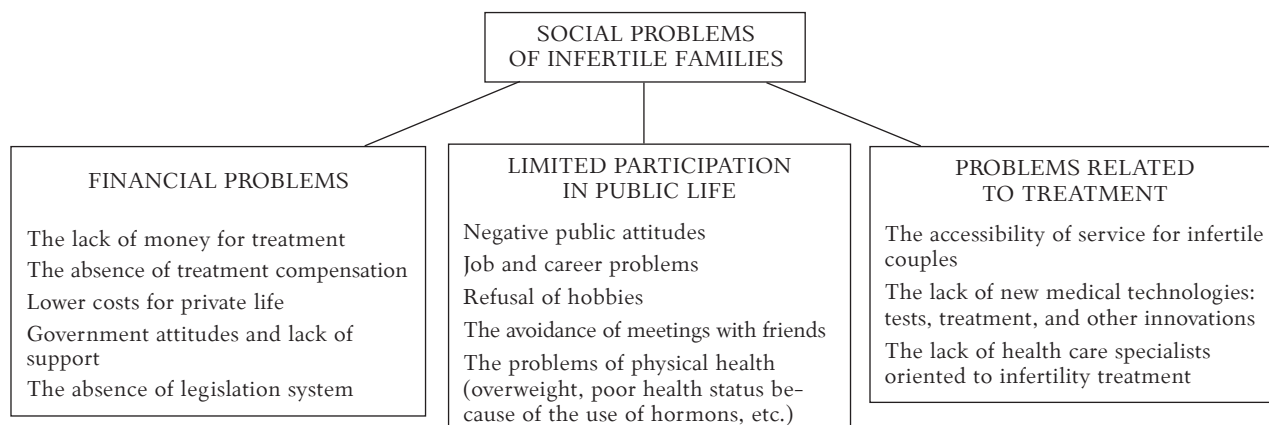


Table 1. Characteristics of Infertile Women

Variables	n	%
Place of residence		
Village	12	6
Town	40	20
City	148	74
Marital status		
Nonmarried (alone)	3	1.5
Married (has a partner)	156	78.4
Married and have a child (children)	40	20.1
Educational level		
Lower than secondary	4	2
Secondary school	19	9.6
Professional education	11	5.5
Vocational college education	33	16.6
Higher education	132	66.3
Years in marriage		
Less than 1	0	0
1–2	26	13.1
3–5	66	33.2
6–10	63	31.6
More than 10	44	22.1
Economic status		
Very low	1	0.5
Low	23	11.6
Average	148	74.8
Good	23	11.6
Very good	3	1.5
Time from infertility diagnosis in years		
Less than 1	18	12.1
1–3	63	42.3
More than 3	68	45.6
Treatment of infertility		
Yes	136	76.8
No	41	23.2

average economic status (75%). The majority (87%) of the respondents were married for more than 3 years.

The attitudes of infertile couples toward their social problems were evaluated (Table 2). The main 5 social problems were rated highest: expensive treatment and tests, absence of state politics of infertility, long and tedious treatment period, diagnostic problems, and problems of couples' aging. Suspension of work career, holiday absence, refusal of sport

activity, inability to plan the time, and avoidance of the meetings with the friends were rated as not so important in the social life of families.

The attitudes of respondents toward nurse's participation in the treatment of infertile couples were positive, and the role of nurse was evaluated as significant. However, nurses were not able to answer to all questions of patients related to social problems, such as possible financial, psychological, and informative support.

Discussion

This study evaluated the attitudes of Lithuanian infertile women, and possible solutions are discussed.

This study has some limitations related to data collection, application of instruments, and data analysis. The data collection process was organized in electronic format, and not all infertile families had a possibility to participate in this survey. However, such data collection method is useful, because infertility is a very sensitive topic and people are afraid to be recognized (21). Furthermore, the persons of reproductive age are usually familiar with information technologies. The questionnaire was developed for this study; its validity and reliability were tested (20, 21). However, this instrument needs to be tested once more in other researches for evaluating its quality.

Respondents ranked higher the financial problems of families than the occupational problems related to their professional career and participation in public life (15), probably because of complicated general financial situation in Lithuania.

The limited number of Lithuanian infertile couples has the opportunity to receive the high-quality treatment of infertility, because of the expensive treatment and lack of the physicians and nurses able to give appropriate services for people suffering from infertility (7–9, 15). Respondents' attitudes to state policy-related infertility treatment were negative, opposite than in other studies, where the coun-

Table 2. Social Problems of Infertile Families

Items/problems	Mean	Median	SD	Min	Max	Cronbach Alpha
Expensive treatment and tests	4.18	5.00	1.259	1	5	0.876
Lack of information about treatment	2.98	3.00	1.423	1	5	0.880
Apathy to work	2.34	2.00	1.422	1	5	0.873
Suspension of work career	1.66	1.00	1.127	1	5	0.877
Avoidance of the meetings with friends	2.02	1.00	1.345	1	5	0.875
Inability to plan the time	1.85	1.00	1.223	1	5	0.876
Holiday absence	1.73	1.00	1.186	1	5	0.878
Refusal of sport activity	1.80	1.00	1.360	1	5	0.883
Negative public attitude to infertile couples	3.29	4.00	1.589	1	5	0.873
Absence of state politics of infertility	4.16	5.00	1.347	1	5	0.875
Lack of health care providers	3.05	3.00	1.448	1	5	0.872
Difficulties to choose clinics and specialist	3.14	3.00	1.404	1	5	0.875
Limited possibilities of tests	2.95	3.00	1.418	1	5	0.870
Long and tedious treatment period	4.10	4.00	1.150	1	5	0.873
Problems in exact diagnosis of infertility	3.86	4.00	1.242	1	5	0.877
Large distance to health care institutions	2.46	2.00	1.659	1	5	0.883
Health problems (weight gain)	2.17	1.00	1.510	1	5	0.878
Body's hormonal balance unbalanced	2.51	2.00	1.470	1	5	0.876
Threat of possible complications during or after treatment	2.95	3.00	1.471	1	5	0.874
Bad overall health	2.20	2.00	1.268	1	5	0.875
Problems of aging	3.60	4.00	1.463	1	5	0.875

try has a clear compensation mechanism (5, 10, 11). Our families felt ignored by the state and alone with their health problems and social well-being (6, 8, 9). However, a study by McQuillan et al. (13) showed that if infertility is the source of suffering, poor-quality treatment might increase the level of suffering of people. At the same time, expensive treatment requires not only money, but also emotionally support for the patients.

The respondents' desire to keep in secret their problems may be understandable because of the fear to be different than other people (7, 12, 13). When families have difficulties in communication with other persons, they try to be closer to people who understand their problems (15, 17). In our days, although infertile couples have a good accessibility to information by using information technologies, their needs to receive information from a nurse are still high.

Conclusions

The social problems of infertile families – financial problems, limited participation in the public

life, and problems related to the treatment – need to be solved as soon as possible, because the economic impact of those problems may have a bigger impact on public health in the future. The problems of employment of infertile couples should be solved, because they could influence their psychoemotional health status. The nurse's role in informing and supporting the infertile families is important. However, future research on the role of nurses and other health care specialists in solving the problems of infertile couples is needed.

It is an urgent need to develop a social support and help system for infertile families at the state level as infertility of families might lead to numerous economic problems.

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Statement of Conflict of Interest

The authors state no conflict of interest.

Lietuvos nevaisingų šeimų požiūris į jų socialines problemas

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Raktažodžiai: socialinės problemos, nevaisingumas, šeimos, požiūris, slaugytojas.

Santrauka. Įvadas. Nevaisingumas – tai poros liga, kuri sąlygoja ne tik psichologines ir emocines, bet ir komplikotas socialines problemas. Todėl būtina nagrinėti ne tik medicininius, bet ir socialinius nevaisingų šeimų poreikius.

Tyrimo tikslas. Įvertinti nevaisingų šeimų požiūrį į jų socialines problemas.

Metodai. Buvo pasirinktas aprašomasis tyrimo būdas, taikant trianguliacijos metodą: per pirmąjį etapą nevaisingų šeimų struktūruotą interviu (n=68), per antrąjį – apklausa, naudojant anoniminį klausimyną, sukurtą kokybinio tyrimo dalies pagrindais. Duomenys rinkti iš visuose Lietuvos regionuose 2009 m. gyvenančių moterų, turinčių vaisingumo sutrikimų. Duomenys apdoroti statistiškai („SPSS version 12.00“).

Rezultatai. Apklausoje dalyvavo tik moterys. Respondenčių amžiaus vidurkis – 30,5 metų, 66 proc. turėjo aukštąjį išsilavinimą, didžioji daugumą savo finansinę padėtį įvertino vidutiniškai. Respondentės identifiko keletą socialinių problemų pagal šiuos prioritetus: finansinės problemos, ribotą dalyvavimą visuomeniniame gyvenime, problemos, susijusios su nevaisingumo gydymu. Nevaisingų porų nuomone, valstybė nepalaiko nevaisingų šeimų, šeimos pavargo nuo ilgo nevaisingumo gydymo, kenčia nuo visuomenės neigiamo požiūrio į nevaisingas šeimas. Taip pat įvardytos tokios problemos, kaip amžiaus ilgėjimas ir sąsajos su nevaisingumo gydymu, galimų komplikacijų pavojus gydymo metu ir po jo.

Išvados. Būtina kuo skubiau paruošti socialinės pagalbos nevaisingoms poroms sistemą, nes nevaisingumas gali sukelti nemažai ekonominių problemų. Slaugytojo vaidmuo, informuojant ir palaikant nevaisingas šeimas, yra labia svarbus.

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