

*Review Article***Coping Strategies and Quality of Life among Infertile Women, Minia District.****Mahmoud A. El- Sherif, Nashwa N. Kamal, Eman R. Ahmed and Sara I. Sayed**

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**Abstract**

Infertility and its related problems negatively affect the quality of life. Coping with infertility is important in order to maintain and/or improve the patient's quality of life.

**Keywords:** Coping, Quality of life, Infertile women

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**Introduction**

Infertility is a critical component of reproductive health, and has often been neglected in these efforts<sup>(1)</sup>.

Every human being has a right to enjoy the highest attainable standard of physical and mental health. Individuals and couples have the right to decide the number, timing and spacing of their children.<sup>(2)</sup>

The Sustainable Development Goals mark tremendous progress in addressing women's sexual and reproductive health and reproductive rights. For the first time, an international development framework includes targets on services (target 3.7) and target that address the barriers and human rights based dimensions (target 5.6).<sup>(3)</sup>

Demographic definition of infertility is an inability of those of reproductive age (15-49 years) to become or remain pregnant with a live birth within five years of a consistent union status, lack of contraceptive use, non-lactating and maintaining a desire for a child.<sup>(4)</sup>

Epidemiological definition of infertility is women of reproductive age (15-49 years) who is not pregnant, sexually active, not using contraception and not lactating and trying unsuccessfully for a pregnancy for two years or more.<sup>(4)</sup>

The prevalence of infertility is seen in approximately one of six couples, and it is estimated to affect ~10-15% of couples after regular marital life.<sup>(5)</sup>

In Egypt, According to a study conducted by the Egyptian Fertility Care Society and sponsored by the World Health Organization (WHO), infertility in Egypt affects 12% of Egyptian couples. Of these women, 4.3% suffer from primary infertility and 7.7 % suffer from secondary infertility.<sup>(6)</sup>

Infertility can be primary or secondary. Primary infertility is when a woman is unable to ever bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth.; while in secondary infertility a woman is unable to bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth following either a previous pregnancy or a previous ability to carry a pregnancy to a live birth.<sup>(4)</sup>

Both males and females are equally responsible for the causes. Most of the infertile couples have one of these three major causes including a male factor, ovulatory dysfunction, or tubal-peritoneal disease.<sup>(7)</sup>

Infertility risk factors ranges from non-modifiable such as older age, ethnic background, congenital anomalies of reproductive organ, certain genetic conditions, family history.<sup>(8)</sup>

Infertility may work as a painful emotional experience. It can cause a lot of psychological issues including stress, anxiety, and depression, diminished self-esteem, declined sexual satisfaction, and reduced quality of life. The resulted psychosocial issues affect the women

adversely more than men, especially in societies where there are prejudices against women.<sup>(9)</sup>

An inability to have a child or to become pregnant can result in being greatly ostracized, feared or shunned, may be used as grounds for divorce and will often justify a denial to access any family traditions. It is more stigmatizing in developing countries, even in developed countries, to be asked a question of a woman or a couple as to why there are no children in their relationship, is considered culturally unacceptable and taboo.<sup>(4)</sup>

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As such, an infertile woman may show a relatively high level of frustration and anger which affect her relationship with family, friends and even her spouse and may lead to social isolation. Likewise, infertile women are more likely to develop mental illnesses, marital dissatisfaction, and impaired quality of life compared to the individuals of fertile group.<sup>(10)</sup>

## References

1. Cousens S, Blencowe H, Stanton C, Chou D, Ahmed S, et al., (2011) National, regional, and worldwide estimates of stillbirth rates in 2009 with trends since 1995: a systematic analysis. *Lancet* 377: 1319–1330
2. Zegers-Hochschild F, Dickens BM, Dughman-Manzur S. Human rights to in vitro fertilization. *International Journal of Gynecology & Obstetrics* 2013;123(1):86-89
3. United Nations Population Fund, global databases, 2020. Based on the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys conducted in the 2007-2018 period.
4. WHO infertility <https://www.who.int/news-room/fact-sheets/detail/infertility> retrieved at 2/3/2020
5. Khosrorad T, Dolation M, Shahsavari S, Bakhtiari M. Comparison of lifestyle in fertile and infertile couples in Kermanshah during 2013. *Iran J Reprod Med* 2015; 13: 549–556.
6. Inhorn M C. Global infertility and the globalization of new reproductive technologies: illustrations from Egypt. *SocSci Med* 2003; 56: 1937–1951.
7. CDC infertility <https://www.cdc.gov/reproductivehealth/infertility/index.htm>. retrieved at 2/3/2020
8. Osman AA. Aetiology of female infertility in Gezira (central of Sudan) *J Appl Sci.* 2010;10(19):2333–2337.
9. Bakhtiyar, K., Beiranvand, R., Ardalan, A. *et al.* An investigation of the effects of infertility on Women's quality of life: a case-control study. *BMC Women's Health* 2019, 114
10. Maroufizadeh S, Karimi E, Vesali S, Omani SR. Anxiety and depression after failure of assisted reproductive treatment among patients experiencing infertility. *Int J Gynaecol Obstet.* 2015;130(3):253–6.