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RESEARCH PAPER

Relationship between Depression and Social Support among Infertile Women

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ABSTRACT

The experience of infertility can be extremely distressing for women, and it is often associated with the development of depression, which can significantly impact their lives. Due to social pressure and lack of social support their depression level increase. As a result, these women need more social support. The study's primary objective was to determine the incidence of depressive disorders and social support among women having infertility and explore the relationship between these variables. A cross-sectional research design was used. The sample constituted 350 women with (primary & secondary infertility) ages ranging from 18 to 42 years. A purposive sampling technique was used for sample selection. This study was done in 2018 at Combined Military Hospital (CMH) and Samina Nisar Hospital in Sialkot City Punjab-Pakistan. Data were collected by using the Beck Depression and Multidimensional Scale of Perceived Social Support. Outcome showed a strong negative connection between depression and social support (r=-.58). Findings also determine the difference in the level of depression and social support based on demographic variables. Based on these findings, it is clear that infertile women are at risk of experiencing psycho-social issues, underscoring the importance of providing them with increased social support to help prevent psychological health problems. It is crucial to have structured programs that offer to counsel couples and their families, with a specific focus on addressing issues that may arise in relationships with in-laws.

KEYWORDS Depression, Infertility, Pakistan Social Support, Women

Introduction

An important global problem, infertility is the inability to get pregnant after a year of sexual activity that is unprotected. Around 20% of couples between the ages of 18 and 44 are affected globally, with developing countries having the highest frequency (Kazmi, Jadoon, &Rehman, 2016). Infertility can be primary or secondary. Primary infertility refers to the inability to become pregnant, whereas secondary infertility is the inability to conceive after having already given birth to a child (Muhammad & Begum, 2018).

Infertility can be caused by a variety of physical causes, including cyst growth in the ovaries, tubal obstruction, male sexual issues, and diseases such as tuberculosis (Baghianimoghadam et al., 2013). Researchers have discovered that infertility is linked to anxiety, depression, poor quality of life, a couple's discontent, sexual dysfunction, low self-esteem, and marital problems as the prevalence of infertility rises (Rooney

&Domar, 2018).Infertile couples' gender, age, education, years of marriage, years of therapy, and mental health problems have all been linked in studies (Bakhtiyar et al., 2019).

Although infertility is one of the most personal and customized health issues, it is also linked to complicated social dynamics, with females experiencing far more socioemotional effects than men (Khadim, Naeem, Saleem & Mahmood,2019). When women fail to achieve the social and conventional role expectations of being mothers in traditional collectivistic societies, they are subjected to criticism, societal pressures, and stigmatization, with the perpetual worry of divorce or the threat of a husband's second marriage (Doyle & Carballedo, 2014). Pakistan is a developing country with poor health conditions and a general lack of understanding of physical and mental health issues (Van Balen & Bos, 2009). Women are projected to have a 22 % prevalence of both primary and secondary infertility (Miles et al., 2009).

Children are extremely essential from a social, cultural, and economic perspective, and infertility causes many social, psychological, and financial issues for women (Qadir, Khalid & Medhin, 2015). Infertile women have a lower social position in many developing and Asian nations, such as China, India, and Pakistan, and are stigmatized, disliked, subjected to physical and psychological violence, have an unstable married life, are deprived of their inheritance, are threatened with divorce and second marriage by their spouse, and are socially isolated, excluded, and disrespected by friends, family, and relatives. They were also victims of interpersonal abuse, with the male being the cause of infertility (Sami & Ali, 2012; Mumtaz et al.,2013; Azghdy et al.,2015; Hassan et al.,2015).

According to Fleetwood and Engelstein (2010), a significant percentage of infertile women, estimated at 70%, experience physical violence from their spouses and families. They have been subjected to verbal abuse and taunts. They are ostracized by society and are either excluded or exploited from social events and traditional ceremonies involving children and mothers, and they are also thought to be detrimental to other children due to their casting of the evil eye (Azghdy et al., 2015). They are not allowed to attend social events such as weddings or celebrations celebrating the birth of a new baby and are termed 'Manhoos' (bad luck bearer) and ‘Saya' (bad spell) (Mumtaz et al, 2013). Only females who can show their fertility and deliver them a child are given protection and respect in South Asian countries (Khan et al., 2015). All of these outcomes are linked to infertility, both primary and secondary (Hassan et al., 2015).

Both men and women experience significant changes after becoming parents. They are unable to satisfy their dream of a child due to infertility. Anxiety, depression, frustration, irritation, emotional stress, loss of self-esteem, marital conflicts, sexual distress, feelings of worthlessness, and social isolation have all been connected to this circumstance (Abbasi et al., 2015; Galundia, 2016). Infertile women do not have any interest in daily activities, which leads to feelings of guilt, depression, sleep disturbances, low energy, and poor focus (Asadi& Hussein, 2015). Women had much more infertility-related psychological distress symptoms than men. (Abbasi et al., 2015). Infertile women's depression rates have ranged from 8 to 89 % (Asadi& Hussein, 2015).

Social support has a critical component to decrease the levels of depression and other psychological problems of infertile women (Begum and Hasan, 2014; Mousaviet al., 2015).Coping is aided by social assistance. It aids infertile women in maintaining their physical and emotional health. Infertile women benefit from social support because it provides them with love, care, assertiveness, confidence, self-actualization,

and a sense of belonging. It helps people become more positive by lowering their depression levels if they are unable to eliminate the stressful situation. It assists women in coping with difficult situations and developing new ideas that are beneficial to them in reducing their fear and anxiety (Erdem & Apay, 2014).

The present research intended to address gaps in existing literature by investigating depression and social support among infertile women, representing the first investigation of its kind in Sialkot, Pakistan. The study's primary objective was to determine the incidence of depressive disorders and social support among women having infertility and explore the relationship between these variables. The study also sought to highlight the significance of social support in alleviating depression among infertile women, with the aim of increasing awareness among healthcare providers, psychiatrists, family members, friends, and husbands regarding the potential positive impact of social support.

Hypothesis Social Support would predict depression among infertile women

Material and Method

Sample

In order to examine the relationship between social support and depression among infertile women, the current study used purposive sampling and a cross-sectional research methodology. The CMH and Samina Nisar Hospital in Sialkot City, Punjab, Pakistan, were the sites of the research. 350 married women between the ages of 18 and 42 who had sought infertility therapy at various facilities made up the study sample. Married women with infertility who were not using contraception, had regular sex, had been trying to conceive for at least a year, were currently taking fertility therapy, and had at least one previous pregnancy met the inclusion criteria. The study included both literate and illiterate women. However, younger than 18 or older than 42 years women, receiving infertility treatment before completing a year of unprotected sex, suffering from male factor infertility, or who had a history of depressive or generalized anxiety disorder before receiving an infertility diagnosis were either not eligible for the study or declined to participate.

Instruments

The measuring instruments used in the study are:

Demographic Form: Demographic information such as; age, profession, period of the marriage, infertility duration, and form of infertility.

The Beck Depression Inventory (Beck et al, 1961) was used to evaluate the depressive symptoms of women with infertility. The BDI consists of 21 items and has a scoring range of 0 to 3, with higher scores indicating more severe depressive symptoms. BDI has good reliability scores, with a mean coefficient alpha of 0.76.

The Multidimensional Scale of Perceived Social Support (Zimet et al. 1988) was used to evaluate social support among infertile women in this study. The MSPSS has 12 items with 7-point Likert scale. It has three subscales for family, friends, and significant others, with a higher score indicating greater perceived social support. The MSPSS having a mean coefficient alpha of 0.84 indicated good reliability.

Procedure

The study received approval from the heads of the hospitals before the researchers obtained a sample of women with infertility from gynecology and obstetrics wards of the hospitals. The participants were given information about the research and their consent was obtained before the study began. The participants were also informed about the study's purpose, and any confusion they had about the questionnaires was resolved. Respondents were requested to respond honestly, and at the end, they were thanked for their participation in the study.

Ethical Consideration

The researchers maintained the ethical principle of confidentiality and privacy during the research. The permission for using the scales was also taken from the authors. Respondents were also made aware of their ability to discontinue participation in the study whenever they desired.

Results and Discussion

In this study, the collected data was analyzed using the Statistical Package for Social Sciences (SPSS-21). Descriptive statistics were used to summarize the data. Non-parametric tests were used to determine differences in means between demographic variables. The relationship between depression and social support was investigated using Spearman's correlation coefficient. Linear regression analysis was also conducted to examine the predictive role of social support in depression.

Table 1
Correlation Coefficient among Depression and Social Support among infertile women

Variables	1	2
Depression	-	
Social Support	-.58	-

Note: correlation is significant at the p<0.01 level

According to the findings in Table 1 (r = -.58, p =.00), there is a statistically significant inverse relationship between depression and social support in infertile women.

Table 2
Differences in depression and social support among infertile women on the basis of residential area and type of infertility

Depression				
Variables	**Mean rank**	**Z**	**U**	**P**
Residential Area				.
Urban	167.47	-2.25	10971.50	024
Rural	194.0			
type of infertility				
Primary	212.38	-11.26	2591.00	.000
Secondary	75.06			
Social Support				
Residential Area				
Urban	188.45	-3.63	9771.000	.000
Rural	145.68			

type of infertility				
Primary	146.38	-8.892	4576.500	.000
Secondary	254.81			

Table 2 showed a difference in the level of depression and social support among infertile women on the basis of residential areas and type of infertility. Results showed that women in rural areas experience more depression (Mean rank=194.0, Z= -2.25, p=.024) and have low social support (Mean rank=145.68, Z=-.363, p=.00) than women in urban areas. Results also showed that women having primary infertility experience a higher level of depression (Mean rank=212.38, Z= -11.26 p=.000) and lower social support (Mean rank=146.38 Z=-.889, p=.00) than women with secondary infertility.

Table 3

Differences in depression and social support among infertile women on the basis of duration of infertility and infertility treatment *(N=350)*

	Depression		
Variables	**Mean rank**	**x^2**	**P**
Duration of infertility treatment			
1-5years	211.18		
6-10years	154.07	22.61	.000
11-15years	167.23		
16-20year	211.62		
Duration of infertility			
1-5years	162.28		
6-10years	172.75	2.366	.000
11-15years	179.26		
16-20year	194.93		
Social Support			
infertility treatment			
1-5years	118.00		
6-10years	211.97	50.916	.000
11-15years	168.38		
16-20year	139.07		
Duration of infertility			
1-5years	131.25		
6-10years	184.80	11.343	.000
11-15years	179.05		
16-20year	103.27		

Table 3 showed a difference in the level of depression and social support among infertile women on the basis of the duration of infertility and infertility treatment. Results showed that women with infertility for more than 15years have a high level of depression (Mean rank=211.62, x^2=22.61, p=.00) and a lower level of social support (Mean rank= 139.07, x^2=-50.91, p=.00) as compared to women with infertility duration less than 16 years. Results showed that women receiving infertility treatment for more than 15years have a high level of depression (Mean rank= 194.93 x^2=2.366, p=.00) and a lower level of social support (Mean rank= 103.27, x^2=11.343, p=.00) as compared to women receiving treatment.

Table 4
Coefficient of Linear Regression with Social Support as Predictor of depression among infertile women

Variables	B	S. E	R^2	F	ΔR^2	95%CI	
						LB	UB
Constant	36.19	1.220	.68	87.52	.68	73.25	78.130
SS	.108	.028				.1.12	.1262

Note: SS=Social Support

Table 4 indicated that social support significantly predicts depression among infertile women (F (1,348) = 87.52, p<.001) explaining 68% of the variance.

Discussion

The current study investigates relationship between depression and social support among infertile women residing in Sialkot, Pakistan. The study employed purposive sampling, and a sample of 350 infertile women was selected. Infertility is a significant issue in our society and culture, particularly for women, who are often deprived of their maternal role and face challenges from society. Infertile women may experience depression due to a lack of social support and infertility. The study revealed a noteworthy negative correlation between depression and social support among infertile women. This finding is supported by previous studies, including Shin et al.'s (2021) study on infertile women and Yılda, Abab, and AytekSikc's (2021) study on Turkish infertile women. The study also found that women residing in rural areas experienced more depression and less social support than women residing in urban areas, which is consistent with Yilmaz and Kavak's (2018) study on Turkish infertile women. Women with primary infertility experienced more depression and less social support than women with secondary infertility, which agrees with earlier research.

It was found that the duration of infertility and infertility treatment played an important role in increasing depression among infertile women. Women with infertility for more than 15 years experienced more depression and less social support than women with infertility for fewer than 15 years. This finding is consistent with other studies, including Hasanpoor-Azghdy, Simbar and Vedadhir's (2014) study on the emotional and mental effects of infertility treatments on women. The study confirmed that social support is a predictor of depression among infertile women, which is in line with Abadsa and AL-Yazori's (2017) study on infertile women in Palestine and Lam's (2021) study on social support among infertile women.

However, the study has certain limitations, including the exclusion of infertile men and the data collection from a single city in Pakistan. Therefore, precaution should be implemented when generalizing the study's findings to the total population or to other regions of Pakistan. Future studies should include infertile women from all over the country to enhance the validity and generalizability of the study's findings. Moreover, a larger sample and a longer study duration could provide more insights into the relationship between depression and social support among infertile women.

Conclusion

The current study determines the connection between depression and social support among infertile women. From the findings, we can conclude that depression is the most common psychological condition among infertile women. It has the potential to affect all elements of infertile women's lives (social, psychological, biological, and

economic). Infertile women have a high rate of depression and low social support rates. Women who have primary infertility experience more depression than women who have secondary infertility. Both types of infertility have varied levels of depression. The findings show that depression has a negative relationship with social support. Social support is important in reducing depression among infertile women.

Recommendations

Limitations of study are it includes infertile women but not their partners. Further data were collected only from a single city in Pakistan hence it cannot be generalized across the country. Future studies can include infertile women from all over the country to increase its validity and generalizability. A similar study on a larger sample with an extensive time period should be carried out to generalize result of the whole population.

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