

Association of socio-personal factors with the self-esteem of infertile women

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■ **ABSTRACT** : Infertility is a global health challenge which is rising and is rearing its ugly head particularly in developing countries. Though this problem is not life threatening, but the intense mental agony and trauma associated with it can only be described by infertile individual. Infertility has as strong impact on the self-esteem which is an individual's sense of self worth. Self-esteem is a construct which is often influenced by social and personal factors of the individual. The present study was undertaken to study the association of socio-personal factors with the self-esteem of infertile women of Ludhiana district. The study was based on a sample of 180 infertile women (90 rural and 90 urban). Self-esteem was assessed by using self-esteem inventory developed by cooper smith and socio-personal profile was assessed by a self-structured interview schedule. Results revealed that socio-personal factors like age, educational qualification, occupational status, family type, duration of infertility are significantly associated with the self-esteem of the respondents.

■ **KEY WORDS**: Socio-personal factors, Self-esteem, Infertile women

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Fertility is highly valued in most cultures and the wish for a child is one of the most basic of all human motivations. For women, pregnancy and motherhood are developmental milestones that are highly emphasized by our culture (Strauss *et al.*, 1992). The experience of infertility which is the inability to conceive when desired is an unwelcome interruption to those who expect parenthood to be a key identity and an adult activity (Griell, 1990). Infertility is viewed differently in different cultures. The suggested causes of infertility have ranged from neuroses to witchcraft. The population of developed, developing and under developed countries hold different attitude regarding infertility. There have been talks about "Two worlds of infertility" which suggests salient differences between the experience of infertility in developed and developing societies. It may be justifiable to think in terms of two worlds of infertility. Developed and developing societies tend to differ in prevailing assumptions about childlessness. In developed societies voluntary childlessness is viewed as a

more viable and legitimate option and women without children are often presumed to be voluntarily childfree (Burns and Covington, 2006).

Despite of being a physical condition, infertility affects an individual psychologically, socially and emotionally. For individuals whose personal identity is closely connected to their ability to be parents, infertility can threaten their self-esteem and they report feeling "damaged" (Matthews and Matthews, 1986). Though both the genders experience it as a stressful experience however it has been reported that when faced with infertility, women experience greater psychological distress than men (Pasch *et al.*, 2002). Women report that infertility represents a threat to self-concept, sexuality and important life goals (Stanton, 1991). Williams (1997) found that women experience anger and resentment, feelings of inadequacy and worthlessness and envy of other mothers. Women often experience infertility as a stigmatizing condition and as a threat to their sense of self, their social role and their ability to be successful as a woman

(Miall, 1994).

Infertility undermined a woman's relationships with others. Infertility represented a potent threat to their social well being and security. Many infertile women question their self-worth and their identity as an infertile woman often receives more emotional investment than anything else in their lives (Woods *et al.*, 1991). Numerous studies have shown that infertility has a profound impact on the self-esteem of a women who feels insecure and uncertain about her future. Social and personal factors play a huge role in the development of self-esteem and studying about them can help to gain a deeper understanding of infertility experience of women. Therefore, the present study was undertaken to explore the association of selected socio-personal factors with the self-esteem of infertile women of Ludhiana district.

RESEARCH METHODS

The study was based upon the sample of 180 respondents (90 from rural area and 90 from urban area) of Ludhiana district. The sample was collected from government hospitals, public health centres, private clinics, maternity homes using convenient and snowball sampling technique. Respondents who met the following inclusion criteria were selected.

Women who were willing conceive but had never conceived despite of cohabitation and exposure to pregnancy for a period of at least 1 year.

Women who gave their consent to participate in the study.

Tools:

Self structured interview schedule:

The schedule was constructed to obtain the background profile of the respondents like age, education, type of family, occupation etc.

Self-esteem inventory (Adult form) by coopersmith (1986):

The self-esteem of infertile women was assessed by this inventory. This form was adapted from the school short form for use with persons over fifteen years of age. It contains 25 items. The subjects were asked to answer to the items by marking anyone of the two response *viz.*, like me or unlike me. Self-esteem was categorized into three levels *i.e.* low, medium and high.

Procedure:

Each respondent was contacted personally and was administered the tools individually. Answer sheets were scored following the scoring procedure given in the manual. On the basis of raw scores, percentages, chi square value were calculated to determine the association.

RESEARCH FINDINGS AND DISCUSSION

It is evident that more than half (53.33%) of the respondents in joint family set up had low levels of self-esteem followed by average (36.30 %) and high levels (10.10 %) of self-esteem. However, 48.14 per cent of respondents from nuclear families had average level of self-esteem, 28.39 per cent and 23.45 per cent reported to have low and high levels of self-esteem, respectively. This can be attributed to the pressure, taunts, stigmatization which is faced by the infertile women from her in-laws in a joint family which adversely affects her self-esteem. Apart from this, in a joint family there are chances that the infertile women might be sharing space with other female family members who are conceiving easily, rearing children and that might lead to an inferiority complex.

Table 2 elucidates association of self-esteem and age of the respondents. It is clear from the table that half of the respondents (50.90) in the age group of 31-34 years had low levels of self-esteem followed by 41.81 per cent in average level and only 7.27 per cent of respondents had high

Self -esteem	Levels	Joint (n1=99)	Nuclear (n2=81)	Chi-square value
	High	10(10.10)	19(23.45)	
Average	36(36.36)	39(48.14)		
Low	53 (53.53)	23 (28.39)		

* indicate significance of value at P=0.01. Figures in parenthesis indicate percentages

Self esteem	Levels	Age of the respondents			Chi square value
		25-28 (n1=36)	28-31 (n2=89)	31-34 (n3=55)	
High	6 (16.66)	19(21.34)	4(7.27)	6.768*	
Average	18(50.00)	34(38.20)	23(41.81)		
Low	12(33.33)	36(40.44)	28(50.90)		

* indicate significance of value at P=0.05, Figures in parenthesis indicate percentages

levels of self-esteem. In the age group of 28-31 years 40.44 per cent had low self-esteem whereas in the age group of 25-28 years majority (50.00) of the respondents had average self-esteem. There was a significant association ($p < 0.05$) between age and self – esteem of the respondents. These results are in contradiction with the findings of Makram *et al.* (2007) where they reported that non- significant differences were found in self-esteem of the infertile women based on their age groups.

Table 3 throws light on association of self-esteem and duration of infertility and it is apparent from the table that there lies a significant association (9.386) between the two. It is apparent that majority of respondents (60.52 %) who were dealing with infertility from last 3 years had low levels of self-esteem whereas major proportion of respondents dealing with infertility from 1 and 2 years had average level of self-esteem. These results are in agreement with a study by Fido and Zahid (2004) in which they found that females with a long duration of infertility had worse self-concept and statistically significant difference between groups emerged in the domain of social self which was better in females with short infertility duration.

Table 4 shows the association between working status and self-esteem of the respondents. It is apparent that a significant association ($X^2=16.12$) was seen between working status and self-esteem as nearly half (49.45%) of the non-working respondents had low levels of self-esteem whereas in working respondents majority (46.04 %) were in the average level of self-esteem.

The findings of the study done by Noorbala *et al.* (2009) supports the results as it postulated that house-wives have few roles to support identity and self-esteem besides motherhood so that infertility becomes particularly devastating for these women, exacerbating their isolation and social anomy.

A highly significant association ($P < 0.01$) between educational level and self-esteem of the respondents were found. It is quite clear from the table that majority of respondents with higher qualifications had comparatively better levels of self- esteem as compared to the ones with lower levels of education (Table 5).

Conclusion:

Results showed that personal variables such as age, educational qualification, occupational status, family type, duration of infertility are significantly associated with self-esteem of infertile women. It is evident that non working respondents and joint family residents reported low levels of self-esteem as compared to their counterparts. So, as we know that these variables cannot be changed but the experience of respondents could be altered by creating awareness, providing counselling to improve their knowledge about various aspects of infertility which may provide a sense of empowerment and control and it should not be confined to just the individual suffering from it but to the family also as it will contribute substantially towards the well being of the entire family.

Table 3: Association between self-esteem and duration of infertility of the respondents

Self - esteem	Duration of infertility			Chi - square value
	1-2 years (n1=77)	2-3 years (n2=65)	>3years (n3=38)	
High	14 (18.18)	11(16.92)	4(10.52)	9.836*
Average	33 (42.85)	31(47.69)	11(28.94)	
Low	30(38.96)	23(35.38)	23(60.62)	

* indicate significance of value at $P=0.05$

Table 4: Association between self-esteem and working status of the respondents

Self - esteem	Levels	Working status of the respondents		Chi-square value
		Non-working (n1=91)	Working (n2=89)	
	High	6 (6.66)	23 (25.84)	16.12*
	Average	34 (37.36)	41(46.04)	
	Low	51 (49.45)	25 (28.08)	

*indicate significance of value at $P=0.01$, Figures in parenthesis indicate percentages

Table 5: Association between self-esteem and educational qualification of the respondents

Self -esteem	Education				Chi-square value
	Up to middle school level (n1=59)	Up to 10th (n2=39)	Up to 12th (n3=34)	Graduation and above (n4=48)	
High	6 (10.16)	5 (12.8)	6 (17.64)	12 (25.00)	14.92*
Average	18 (30.5)	17 (43.58)	19(55.88)	21 (43.75)	
Low	35 (59.32)	17 (43.58)	9 (26.47)	15 (31.25)	

* indicate significance of value at $P=0.01$, figures in parenthesis indicates percentages

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