

## **Coping Strategies: Weapons for Women with Infertility**

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**Abstract:** Inability to bear children imposes a lot of stress on women especially in African countries where it affects women's social and psychological stability. The objective of this article is to examine different coping strategies adopted by different women with infertility in the world. Online library catalogue and databases such as Google scholar, Biomed central, Pubmed, Wiley-online library, AJOL, EBSCOHOST were examined. This is necessary because, the psychological and social effects beyond worries lead to anxiety, depression, and psychosomatic complications. Women adopt different coping strategies in which some are beneficial while some do more harm than good. Therefore, the paper is to examine the coping strategies adopted by women with infertility.

### **I. METHODOLOGY**

Online library catalogue and databases such as Google scholar, Biomed central, Pubmed, Wiley-online library, AJOL, EBSCOHOST were examined. Boolean method using combination of words linked by "AND", "OR") were used to get articles relevant to the article. The articles were scanned and evaluated before selection for the review.

#### **General Introduction**

Inability to bear children imposes a lot of stress on women especially in African countries where it affects women's social and psychological stability (Bayley, Slade, & Lashen, 2009; Cousineau, & Domar, 2007). The psychological effects include; anxiety, depression, and psychosomatic complications (Ahmadi, Montaser-Kouhsari, Nowroozi, & Bazargan-Hejazi, 2011; Pasha, 2011). In addition to the associated problems, infertility treatment processes are associated with meaningful stress especially between infertile women (Nelson & Gellar, 2011). Furthermore, psychological distress of infertility affects the result of infertility treatment process (Cousineau, & Domar, 2007). In view of that, women need number of ways to reduce such negative effects, prevent development of other psychosomatic complications and to pave ways for effective treatment process and healthy living. Hence the need for the paper.

#### **Coping Strategies of Infertility**

Coping strategies refers to cognitive or behavioral efforts to manage stressful events that are perceived to exceed an individual's personal responses (Lazarus & Folkman, 1984). Coping strategies could be adaptive or maladaptive. Adaptive coping strategies are active type which focus in solving the stressors and maladaptive coping strategies are passive and emotion focused strategies and are less effective than adaptive coping strategies (Lechner, Bolman, & van Dalen, 2007).

Type of coping strategies adopted by women influence distress and relationship satisfaction (Bayley et al., 2009). However, Nelson and Gellar (2011), suggested that, stress of infertility affects women's ability to cope with fertility problem. Furthermore, their reaction with infertility and infertility related problems influence by the coping strategies for infertility adjustment. Therefore, the way individual perceived infertility is related to his/her ability to adapt (Benyamini, Gozlan, & Kokia, 2011).

#### **Women and Coping with Infertility**

Number of empirical studies globally showed that, women with infertility use variety of strategies to cope with their infertility stressors which in turn is known to influence wellbeing (Baker & Berenbaum, 2007; Fleming & Burry, 2008; Jindal et al., 2009; Martins, Peterson, Almeida, & Costa, 2011). Fleming & Burry (2008), suggest that, stress of infertility requires constant positive coping strategies and support. Some coping strategies adopted by women with infertility may do more harm than good to them rather than strengthening them. Some may be beneficial to women and be problematic to their partners (Donkor & Sandall, 2009; Peterson, Newton, Rosen, & Skaggs, 2006; Suzanne, Read, Robert Whitleya, Sharon, & Zelkowitz, 2014). For instance, a study by Morrow, Thoreson, and Penny (2005), established that, avoidance strategy of coping with infertility was found to be associated with increased distress. A study conducted in Taiwan by Hsu and Kuo (2002), showed that, women who adapt coping strategies of accepting responsibility and escape-avoidance were significantly and positively affected with emotional disturbances.

There are several measures to take or utilized by women with infertility to make sure they maintain or take back their life with a positive spirit. Coping can be easier if women with infertility keep the following strategies in mind:

- Recognizing that a fertility problem is a crisis
- Accepting support from friends and family
- Making time for taking care of yourself and relaxation
- Taking time to acknowledge ones feelings and that of his partner
- Join a support group
- Seeking the help of a professional,
- Avoiding self-blame
- Working as a team with partner
- Educate oneself (Board, 2014; Center of Reproductive Medicine, 2012).

The following are numbers of strategies adopted by women with infertility worldwide.

### **Social Support**

Social support is level of receiving kindle and attention of family, friends, and others (Sarafino, 2002). Social support is an effective strategy in stress management process in which an individual accepts help from others (Calvete & Connor-Smith, 2005). Lack of social support affects one's ability to cope with infertility stressful situation (Luo & Wang, 2009). Women who seek for social support tend to have increase in well being and reduced distress. In fact, significant levels of stress among women with infertility decreases with each increase in the women's social support (Baker & Berenbaum, 2007; Bayley, Slade, & Lashen, 2009; Boivin, Bunting, Collins, & Nygren, 2007; Jindal et al., 2009; Malik & Coulson, 2008; Soskolne & Baor, 2012; Upkong, 2008).

Boivin et. al, (2007), found talking with the spouse, family and friends, and using documentation on emotional aspects of infertility obtained through the clinic, newspapers or television programmes as frequent coping strategies used by women with infertility.

It is in this line, it was reported that, women in USA seek psychosocial support as coping strategy of infertility (Peterson, Newton, Rosen, & Schulman, 2006; Suzanne, Reada, Robert Whiteley, Sharon, & Zolkowitz, 2014). This is also reported among African women. For instance, in Ghana and Nigeria women were reported to seek for social support as coping strategy (Donkor, & sandall, 2009; Omosun & Kofoworola, 2011).

### **Adoption**

Adoption is a legal act where a child becomes affiliated to a parent to whom he/she is not biologically related. It is the act of legally placing a child with a parent or parents other than those to whom they were born (Webster's unabridged dictionary, 2009). Adoption can either be an open or a fully disclosed adoption. It allows identifying information to be communicated between adoptive and biological parents and perhaps, interaction between kin and the adopted person (Webster's unabridged dictionary, 2009). One of the main reasons for adoption a child from the unrelated family is the infertility (Omosun & Kofoworola, 2011).

Adoption as coping strategies was found to provides significant positive influence on psychological health, facilitating self-esteem, self-efficacy, and resulting in lower stress among women with infertility (Warren, McCarthy, & Corcoran, 2011; Valsangkar, Bodhare, Bele, & Sai, 2011).

Adoption has been practiced more in certain high income countries compared to low income countries. This is because, in low income countries like Nigeria, most frequent adoption in practice is that of informal type which involves direct request from a member of a family to allow hi/her son/daughter to stay with infertile individual.

Women who adopted a child in developing countries, were only 1.2% but 27.2% had the wish to adopt a child (Nwobodo & Isah, 2011).

In Cameroon, out of 300 women, majority (62.1%) had heard about adoption through the media, seventeen percent knew who to meet in order to adopt a child, 76.7% were in favour of adoption but 48.7% of them said no to adoption. Only one percent of patient had adopted a child. It further, established that, 85% of women with secondary infertility rejected adoption. This may be probably more applicable to those who had at least one child (Charlotte, Clovis, Halle, & Eugène, 2014).

Similarly, in Nigeria majority of women with infertility (85.7%) had heard about child adoption and majority (59.3%) of them knew the correct meaning of the adoption. 68.3% of the respondents love an adopted child but only 33.7% were willing to do adoption (Omosun & Kofoworola, 2011). Craving for a biological child was the major reason given for their unwillingness to do adoption.

Many factors are involved in accepting adoption as coping strategies. These include, level of education, social beliefs, duration of infertility and socio-economic level among others (Adewunmi, Rabi, Etti, & Tayo, 2012; Charlotte, Clovis, Halle, & Eugène, 2014; Oladokun et al., 2010; Oladokun, Arulogun, & Arulogun, 2009) Morris (2015), established that, women in adoption has to deal with the following issues

- Feelings that they are not the real parent of a child
- Talking with children and others about the adoption
- Worries about known or unknown biological, genetic influences
- Relations with birth families

### **Self blame Distancing, Self-controlling Coping and Accepting Responsibility**

Women in USA were reported to use distancing, self-controlling coping, peer mentoring for coping with infertility (Peterson, Newton, Rosen, & Schulman, 2006; Suzanne, Reada, Robert Whitleya, Sharon, & Zolkowitz, 2014). Women were also reported to use Self-blame to cope with infertility (Kraaij, Garnefki, & Schroevers, 2009).

Regarding the coping strategies and anxiety or depression in women, two significant relationships were identified. Accepting responsibility and distancing coping strategies. These were significantly predictor for anxiety/depression of women (Bayley et al., 2009). Women who were more accepting relationship and distancing have high tendency for anxiety and depression symptoms. A tendency to accept or not accept responsibility for situation that required a solution, caused a distress (Peterson, Newton, Rosen, & Skaggs, 2006).

### **Religion**

Globally, women use religion to cope with infertility (Donkor & Sandall, 2009; Greil et al., 2010; Roudsari, Allan, & Smith, 2007). For instance, women in Iran cope using their religious beliefs (Faramarzi et al., 2013). Equally the same women with infertility of India were reported using religion as coping strategy (jindal et al, 2009) As in a case of Iran and Nigeria, according to Donkor and Sandall (2009), the majority of the Ghanaian women use religious faith to cope with infertility.

### **Shared experience and avoidance of unpleasant memories**

In USA women cope using shared experience, and guidance through the treatment process, written information about practical and emotional aspects of treatment (Suzanne, et. al, 2014). Contrary to that, women in Ghana preferred to keep their infertility issues on themselves. They also cope by trying to avoid any circumstances that remind them of their infertility (Donkor & Sandal, 2009).

### **Other coping strategies adopted by women**

In a study conducted on Israeli women, it was established that, women with infertility adopt eight different coping strategies in an attempt to cope with infertility and infertility related problems. The strategies include: Investing in oneself, compensation, self-neglect, social withdrawal, and disclosure, hope, recruiting spouse support, and maintaining control over decision making (Benyamini et al., 2008).

In India, a cross-sectional analysis study of 85 Indian women with infertility was conducted by Jindal et al., (2009), some of the key coping strategies adopted by women were: intrinsic religiosity, sexual satisfaction and familial support were associated with better adjustment and were identified as helpful intrapersonal and interpersonal coping strategies. Though the study yielded out important coping strategies, the sample size (N=85) used for the study was small to generalized for southern India.

In Taiwan, some of the frequent strategies used by women were: optimistic (i.e. women tried to think positively and hoped that things would get better),and self-reliant (i.e. women kept feelings to themselves and wanted to be alone to think things out) as effective coping strategies, while emotive, palliative, and evasive coping strategies were less utilized (Lee, Wang, Kuo, Lee, & Lee, 2010). In Iran, researches established some strategies used by women with infertility in order to cope with their stressful situation. The strategies are:, avoidance, distancing, accepting responsibility, self control and seeking social support (Faramarzi et al., 2013).

### **Implications for Nursing Practice/Recommendations**

- Nurses should be knowledgeable enough on the current findings about coping strategies adopted by women.
- They should be able to establish strategic ways to provide quality and useful health talk to women with infertility
- Women should be guided adequately during their process of infertility treatment.

## II. SUMMARY

Infertility is mostly viewed as women's problem in most parts of the world more especially in Africa. This belief possesses a lot of stresses on women in addition to that of infertility. Those stresses and anxiety affect even their treatment processes. Therefore, women with infertility were identified to use different ways of coping. These ways were established to be useful to them. However, some of the ways were more harm to them than good where as some harm their partners only.

Some of the coping strategies identified used by women include: seeking social support, self-blame, self-reliant, adoption, occupational achievement and investing on oneself, avoiding situations that remind them of infertility, religion, distancing and accepting responsibility among others.

## III. CONCLUSION

Adopting effective coping strategies is very important in the lives of women with infertility. Looking at all the situations, women need to be educated on various coping strategies and their usefulness. They also need to be educated on those strategies that affect them negatively and or their partners.

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