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THE RELATIONSHIP BETWEEN SOCIAL AND FAMILY SUPPORT AND HARDINESS IN INFERTILE WOMEN

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ABSTRACT

The present study was conducted to examine the relationship between social and family support and hardiness with attitude towards infertility in infertile women in Mashhad. The population was all infertile women in Mashhad who were sampled voluntarily. The infertile women willing to answer the questions of the questionnaire were invited, and 49 people referring to perform in vitro fertilization (IVF) in Novin Infertility Clinic, Mashhad, or referring to Najafi Health Center, Mashhad for post-operative care during pregnancy were selected as the sample and responded to Social and Family Support, Kobasa's Hardiness, and Attitude towards Infertility questionnaires. Descriptive statistics (mean and variance) and inferential statistics (Pearson correlation coefficient and Spearman) were used for data analysis. SPSS software was used reach the results faster. The results showed no significant correlation between social support and attitude towards infertility. Moreover, there was a significant negative correlation between the components of commitment, challenge, control (components of hardiness) and attitude towards infertility.

Keywords: *Social and Family Support, Hardiness, Attitude Towards Infertility.*

INTRODUCTION

As in various communities, having children is considered an individual, social and cultural value, infertile individuals make great efforts for the diagnosis and treatment of infertility and suffer from physical, psychological and social effects of infertility treatment at the same time. In fact, infertility is accompanied with an increase in psychological stress (Smeenk et al., 2006). Infertility stress is the interaction between the physical conditions providing the context for infertility and medical interventions, the others' reactions and the psychological characteristics of the individual that may last for a long time and relapse with any diagnostic or therapeutic intervention, including IVF and other infertility treatments. Various medical tests and organ trials, long-term infertility treatments, low success rate of therapeutic methods, as well as economic problems caused by infertility treatment are among the most severe stressors among infertile people, so that the infertile people give up after experiencing infertility treatment methods one or two times due to high financial pressure and mental stress during treatment (Liz & Strauss, 2006). Studies have shown that 86% of infertile women grapple with infertility stress in their lives (Smeenk et al., 2006). The patients need to get psychological counseling and support, before and during IVF cycles for ensuring the best results and enhancing patients' experience. Although IVF has managed to defeat some barriers of fertility and bring about hope for infertile couples, though it has had some problems too. Many studies have considered

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psychological disorders related to IVF and believed that performing various infertility treatments may end in anxiety and depression symptoms in 10-50% of women. Patients undergoing IVF treatment are anxious and fail in treatment cycles often developing anxiety and depression (Lok, Lee, Cheung & Chung, 2004). Overall, 96 codes were singled out. The data was classified in two classes. The elements were decreasing and increasing hope in treatments of infertility. Overall, five themes along 20 sub-themes were singled out. The elements rising that emerged from the data were "spiritual source," "family support and interaction" and "information via media," and the diminishing elements included "treatments nature" and "negatively-oriented mind."

The results of the study by Seebel (1997) and Ferguson-Smith (1991) showed that IVF success rate for transferring each fetus was 25%, and the live birth rate in each period was 18%. Thus, infertile women's stress related to infertility is quite understandable (quoted by Smeenk et al., 2006). The problem of infertility, especially in our culture, where many families are extended and as the role of parents and relatives in the lives of couples becomes deeper, with delay in pregnancy, curiosities and pressures of the friends and neighbors cause worry in the couples. What is seen as the system of beliefs and attitudes of couples towards infertility includes cognitive structures, worldviews, hypotheses, logic, features and explanations connected with different dimensions of infertility and come from three sources: global beliefs and attitudes, specific individual beliefs, and shared beliefs of couples (Diamond et al., 2001). The results of different studies show that the psychological vulnerability of people with high social support is lower than that of those with low social support. Additionally, various studies show that social support has a significant role in protecting people's health and reducing the negative effects of many stresses caused by the environment and society. Moreover, it reduces the mortality rate of patients by increasing social protection and causes fewer physical and psychological illnesses in individuals. It has also accepted that social support (i.e. the resources provided by others) brings about a sense of value to the individual and is a part of a social network providing opportunities for communication with others as well as the establishment of valuable communications. Social support has been defined as having affection, companionship and attention of family members, friends and others (Sarafino, 2004). Tree (2009) found a correlation between psychological variables, negative emotions and pain. He showed that social support, hope and optimism had a negative correlation with MS-related pain, and overall provided symptoms of depression and anxiety gave more powerful predictors of pain. Glasgow &Toobert (1988; quoted by Rahimianbougar, Besharat, Mohajeri Tehrani and Talepasand, 2011) showed that family support is the strongest predictor of adherence to treatment orders in patients with type 2 diabetes over the age of 40 and predicts non-supportive interactions of the family and weaker follow of self-care programs in diabetes. Overall, one can state that the various psychological pressures that infertile women undergo make investigating in this regard necessary to prevent the complications of these pressures on the individual, family and society. The results show that the emotional problems of dealing with unsuccessful fertility treatments go beyond the treatment goals, stressing the need for proper availability of therapeutic support for women dealing with unwanted childlessness in longer times. The results also refer to specific resources and types of support that might be specifically helping, such as peer support from other women without children, and therapeutic interventions assisting women to develop positive attitudes towards having no children and specifying alternative sources for its fulfillment. The results also showed the need for social action working in coping with the misconceptions and stigma regarding

infertility and having no children adding more problems to the lives of women who have no children while they do not want it to be so. Thus, in this study, the researcher will try to reduce the stressors and moderate the ineffective attitudes of infertile women, including hardiness and social and family support. To put it into better words, the researcher tries to answer the following main question: Do social and family support and hardiness have a relationship with the attitude towards infertility in infertile women in Mashhad?

METHODOLOGY

The study was applied regarding the purpose, cross-sectional, and correlational in terms of collecting and data analysis. The main feature of this type of study is allowing the measurement and evaluation of several variables and their relationships at special moments and in real situations. The population was all infertile women in Mashhad selected voluntarily as the sample.

Social Support Questionnaire: this questionnaire was developed by Koob (1986) scored based on a four-option scale. This scale has three domains - family, friends and others (including school parents, neighbors, and so on), where the subscales of family and friends have 8 items each and the subscale of others has 7 items. In his thesis, supervised by Delavar, Ebrahimi Ghavam (1996) has changed the scoring system of this test to zero and one and has stated the reason for this the use of Cronbach's alpha that he obtained a reliability of 0.72.

Psychological Hardiness Questionnaire: Kobasa Hardiness Questionnaire (1979) has 50 questions with 5 options in three components of challenge, commitment and control, each of which has 17, 16, and 17 questions, respectively, scored based on a three-option scale. In his study, Moazedian estimated its reliability 90%.

Attitude towards Infertility: the researcher-made questionnaire of attitude towards infertility was developed by Nilarforoshan et al. (2005) with 50 items. In this scale, he used a 5-option Likert scale. The maximum score in this test is 255 and minimum 51, and the individual's score is calculated by adding up his scores in the items. The higher the individual's score is, the more negative his attitude toward infertility is. The content and face validity of this questionnaire was evaluated by psychologists and counselors of infertility and statistics. Cronbach's alpha was used to determine the reliability that was 0.96.

Descriptive statistics (mean and variance) and inferential statistics of Pearson correlation coefficient were used for data analysis. Spss was used to speed up the results.

RESULTS

Table 1: Descriptive statistics of the education

Education	Frequency	Percent
Basic	9	18.4
Diploma	16	32.7
Associate's	7	14.3
Bachelor's	14	28.6
Master's	3	6.1

Table 1 presents the descriptive statistics of educational variables: 18% basic, 32% diploma, 14% Associate's, 28% Bachelor's and 6% master's.

Table 2: Descriptive statistics of the causes of infertility

Cause of infertility	Frequency	Percent
Men	22	44.9
Women	10	20.4
Both	17	34.7

Table 2 presents descriptive statistics of the cause of infertility: 44% women, 20% men and 34% both.

Table 3: Descriptive statistics of Pearson Correlation

	Attitude towards infertility	
	Correlation	Sig.
Social support	0.22	0.12
Total score of hardiness	-0.48	0.00

As is seen in Table 3, there is a significant negative correlation between the total hardiness score and attitude towards infertility. There was no significant correlation between social support and attitude towards infertility.

Table 4: Descriptive statistics of Pearson correlation

	Attitude towards infertility	
	Correlation	Sig.
Commitment	-0.42	0.00
Challenge	-0.38	0.00
Control	-0.41	0.00

As Table 4 shows, there is a significant negative correlation between commitment, challenge, control (hardiness components), and attitude towards infertility.

- Are social and family support and hardiness good predictors of the attitude towards infertility and the frequency of IVF in infertile women?

Table 5: Regression model fit

Model	R (multiple correlation coefficient)	(Determination coefficient) R^2	Modified R2	Standard deviation of coefficient of determination
1	0.84	0.69	0.69	0.35

The coefficient of determination of the multiple regression models, in the model is 0.69 i.e. multiple linear regressions alone justify about 70% of the total variation, and the rest is the share of other variables not included in the model.

Table 6: Significance test of regression equation

	Sum of squares	Degree of freedom	Mean of squares	F	P
Regression	80.56	1	80.56	631.75	0.001
Residual	34.04	267	0.12		
	114.614	267			

Observed F is significant at $P \leq 0/05$ level, so the result of the equation can be generalized to the population.

Table 7: The results of regression coefficient for social and family support and hardiness

Resource	Standard error	Regression coefficient	T value	Sig.
Organizational IQ	0.94	0.84	25.13	0.001

F is observed at the level of significance, so the result of the equation can be generalized to the population. According to the results of the regression model, the attitude prediction equation for infertility and the number of IVFs in infertile women respondents is as follows:

$$Y = 0.84\ X^1$$

According to the results in Table 6, the significance of the test for social and family support and hardiness is less than 0.05. Thus, social and family support and hardiness are effective in predicting attitude towards infertility and the frequency of IVFs in infertile women.

DISCUSSION AND CONCLUSION

The results of statistical analysis concerning this hypothesis showed a relationship between hardiness and attitude towards fertility in infertile women. However, there was no significant relationship between social and family support with attitude towards infertility. Confirmation of this hypothesis is consistent with other similar studies (Alipour et al., 2011; Bisly et al., 2004; Farzadi and Ghasemzadeh, 2008; Deborah et al., 2009). The results of Alipour, Sahraeian, Ali Akbari and Haji Agha Babaei (2011) on the relationship between perceived social support and hardiness with mental health and disability state in women with multiple sclerosis showed that hardiness had a positive correlation with mental health. There was no significant relationship between perceived social support and mental health. In a study by Bisly et al. (2004), rheumatic cognition has a mediator role in reducing the direct effect of emotional adaptability in depression of both genders and women's anxiety, and in fact, the only permanent and predictive variable of physical and mental distress was psychological hardiness. It seems that in spite of the fact that hardiness can be a strong predictor of continued treatment in infertile women; the lack of social and family support needed by these women has a negative role. As the results of the qualitative study by Abbas Shovazi et al. (2005) on the effects of infertility on various aspects of life of 30 infertile women showed, in cases where the cause of infertility was the man, they did not consider themselves to be the cause of infertility and forced women to introduce themselves as the cause of infertility. Additionally, the majority of respondents stated that all family members and relatives, and even themselves, considered the potential cause of infertility as the woman even before referring to a doctor. The results of this study also showed that fear of losing the married life was the most important factor affecting the suffering of women from infertility, and most of them considered the spouse's family interference as the main factor in causing problems between themselves and their spouses.

This hypothesis has been proven based on to the results, i.e. the more psychological hardiness infertile women have, the less negative attitudes towards infertility they will have. The

confirmation of this hypothesis is in line with other similar studies (Bisly et al., 2004; Farzadi and Ghasemzadeh, 2008; and Deborah et al., 2009).

In a study by Bisly et al. (2004), cognitive hardiness had a mediator role in reducing the direct impact of emotional adaptability in depression of both genders and women's anxiety, and it was the only permanent variable predicting physical and psychological distress and the psychological hardiness.

According to the results of Kobasa's hardiness questionnaire, the high score of the individuals means that the subject's hardiness is high in this questionnaire. As Table 7 shows, there was a significant negative correlation between commitment, challenge and control with attitude towards infertility ($P<0.05$).

Many studies have proven the existence of support associated with long-term effects on health and well-being due to better immune function, lower blood pressure and reduced mortality and, on the other hand, low social support with low mental and physical health.

Social support in all its dimensions, such as emotional support, value support, practical and material support, information support, and network support can be effective for infertile women. Social interactions and social support to different individuals, and in particular in people with chronic diseases, are overall related to health and quality of life. Sources of social support can be a shield against the consequences of chronic illness by increased therapeutic suggestions and increased psychological compatibility and thus increased recovery. Social support causes bound-based needs. Support can overcome the need for contact and socializing with others, which will destroy the destructive effects of isolation through addressing the transnational needs of individuals. Support is accompanied by functions such as expressing attention, affection, understanding, and intimacy, which increases sense. Moreover, it enhances self-esteem, maintains, and enhances identity in most people, especially in infertile women. As stated in the hypothesis too, there is a relationship between social and family support with attitudes towards infertility in women, which diminishes the stress of these individuals. According to many researchers, infertile people experience more stress compared to fertile people. The negative effects of infertility stress are considerably higher in women compared to men. Nowadays, with an emphasis on the socio-psychosocial model, there is sufficient justification for the cause of the diseases and their treatment. Psychological treatment techniques (psychoanalytic, cognitive, and behavioral) are effective not only in the prevention and treatment of different psychological problems, such as anxiety, depression and phobias, but also have a significant effect on physical health and pregnancy rates. Another factor affecting the mental health of infertile women is hardiness. Chapter two fully discussed this, but the point that is important is the cognitive hardiness has a mediator role in reducing the direct effect of emotional adaptability in depression of both genders and women's anxiety and is the only permanent variable predicting physical and psychological distress and psychological hardiness. As stated, there was a significant relationship between hardiness and attitude towards infertility in infertile women, which means the higher hardiness the infertile women have, the lower their negative attitudes towards infertility will be.

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