

Determination of Infertility-Related Stress and its Effect on the Psychological Health of Filipino Female Infertile Patients at a Tertiary Hospital

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Objective: This study aimed to determine the factors that result in stress for Filipino women with infertility. It sought to gain knowledge about the potentially serious implications of infertility on their psychological and emotional health to aid in formulation of a more structured program of counseling.

Materials and Methods: This is a prospective descriptive study utilizing a validated Fertility Problem Inventory (FPI) tool translated in Filipino. The study population consisted of 35 women aged 21-40 years who consulted at the infertility clinic of a tertiary hospital with at least 12 months of unsuccessful attempts at conceiving.

Results: The mean global stress score was 163.03 (+SD 14.13.). Age, number of infertile years, educational attainment, occupation, cause of infertility, and number of years trying to conceive did not significantly contribute to the global stress. Infertility related stress involving social concerns and need for parenthood were significantly greater than the others. Patients with less educational attainment had higher infertility related stress when it comes to sexual concerns. Patients with shorter duration of infertility had more stress related to attitude towards having a childfree lifestyle. Patients with longer duration of infertility had greater stress with the need for parenthood.

Conclusion: Filipino female patients were found to have elevated global stress scores using FPI. FPI is a useful tool in identifying patients with infertility related stress and facilitation of subsequent referral to Psychiatry. It should be part of the initial evaluation of infertility patients. It identifies specific concerns that are useful in counseling.

Key words: Fertility Problem Inventory tool, fertility-related stress

Introduction

In 2006, the Philippine population reached 87 million Filipinos. In 2007, the annual growth rate was reported to be 2.04%. An estimated 40.3% of the population was 14 years old or younger and the average number of household members was five. Despite a highly fertile population, the reality exists that a minority of the population still have fertility problems.¹

Infertility is defined as a year of regular intercourse, without any form of contraception, not resulting in pregnancy. An estimated 10%-15% of couples worldwide experience difficulty in conceiving.²

Infertility patients on their initial consultation, during the course of infertility investigation and during treatment undergo different coping mechanisms with uncertainties that can create great emotional stress. In a study by Himmel, 10%-50% of all infertile patients report psychological distress. Several studies agree that stress is manifested as functional somatic symptom, depressive reaction, emotional instability, anxiety, diminished self-confidence or threatened self esteem, feeling of isolation and being cut off from social support, sexual problem (reduced libido and frequency), marital problem, and significant feeling of loss for those with prolonged infertility.^{3,4,5,6}

Risk factors that may help in predicting poor adjustment on the part of the infertile couple may be personal, situational, social or linked to treatment. Personal risk factors include a preexisting psychopathology, primary infertility, being a woman, viewing parenting as a central adult life goal, and general use of avoidant coping strategies like wishful thinking and fantasy. Situational or social risk factors include poor marital relationship, impoverished social network, and people or situations which remind the person of their infertility like pregnant women and family reunions. Treatment linked factors include side effects associated with medication, situations threatening the goal of pregnancy, treatment failure, and decision-making whether to start or end costly and tedious treatment.⁷

An understanding of the factors that influence well being and the levels of distress could be valuable to counselors in helping these couples cope with their fertility problems and the rigors of their treatment.

The Fertility Problem Inventory (FPI) is a reliable self-report questionnaire with good discriminative and convergent validity developed to determine the stress levels attributable to infertility including risk factors that can help predict poor adjustment in the infertile couple. It is composed of items in the form of positive and negative appraisals of infertility-related situations suitable for primary and secondary infertility. It utilizes a six point Likert score of agreement and disagreement. It includes five domains including social concerns, sexual concerns, relationship concerns, attitude towards a childfree lifestyle and need for parenthood.^{4,8}

Social concerns include sensitivity to comments, reminders of infertility, feelings of social isolation, alienation from family and peers. Sexual concerns include diminished sexual enjoyment or sexual self esteem, and difficulties initiating sexual relations. Relationship concerns involve difficulty talking about infertility, understanding/accepting partner's sexual needs and its impact on couple's relationship. The need for parenthood includes perception of parenthood as primary or essential goal in life. While rejection of childless lifestyle involves a negative view of childlessness or status quo, or when happiness is dependent on having a child.⁸

The global stress score obtained by getting the sum of all five domain scores provides a global measure of perceived infertility related stress.⁸

Although it is recommended by the National Institute for Clinical Excellence (NICE) and European Society of Human Reproduction and Embryology (ESHRE) that patients with infertility be seen by psychiatrists who are adept in counseling these patients, it is not the practice in the Philippines. Only a few psychiatrists here are trained to counsel patients being treated for infertility.^{6,7}

In the study by Ong-Jao and Oblepias, the FPI questionnaire was translated into Filipino by the Sentrong Wikang Pilipino and validated with a total of 132 infertile female respondents. They concluded that the Filipino translation of FPI provides a valid measure of infertility related stress and it should be used to help patients seen in infertility clinics found in the country.⁹

This study will look into the level of infertility related stress these patients go through. It aims to improve knowledge about this potentially serious complication of infertility, hopefully bringing about a more timely and structured program to cater to the counseling needs of these patients.

For stressed patients, several methods to de-stress may be resorted to. Counseling, for instance, may be done by a third party. Preferably by one who is not involved in the diagnosis and treatment of the infertility. The ultimate goal of counseling is to help the patient achieve a better quality of life and cope with the rigors of infertility management.⁷

Objectives

The general objective was to determine the infertility-related stress among female infertile patients at a tertiary hospital and their need for psychiatric counseling.

Specific objectives were: to identify patients with infertility related stress; to determine if age, number of infertile years, educational attainment, occupation, cause of infertility, number of years trying to conceive, contribute to the global stress; to improve the knowledge on the concerns of patients identified to have infertility related stress that might have potentially serious complications on their psychological and emotional health.

Materials and Methods

This is a prospective descriptive study utilizing a self-administered questionnaire (FPI tool) validated for the local setting (See Appendix B). The study population consisted of infertile women who consulted at the infertility clinic in our institution. The study population included all patients aged 21-40 years with at least 12 months of unsuccessful attempts of conceiving despite regular unprotected coitus. They were able to read and understand English and/or Filipino. Patients with known psychiatric illness were excluded.

With an average number of 2375 consults in a year at the Reproductive Endocrinology and Infertility at UP-PGH, the computed sample size based on a 95% confidence interval was 31 subjects.

Socio-demographic data, reproductive history and psychiatric history was recorded using standardized patient data base criteria. Patient was then asked to answer the Validated Filipino Translation of Fertility Problem Inventory questionnaire. Patient was given the assurance that all information and data obtained will remain confidential. Due to the sensitivity of some of the questions, the patients answered the questionnaire in a private room by herself. The principal investigator will be available at a distance to answer queries from the subject if any.

Statistical Analysis

Clinical profile of patients included the socio-demographic data that were analyzed in the study such as age, mean years of infertility, educational attainment, occupation and previous pregnancies. Global stress scores were computed.

There were a total of 35 respondents who answered the Filipino translation of the Validated Fertility Problem Inventory. The respondents completed answering the questionnaire by first reading each statement and providing their response by checking their corresponding reaction in the 6 point Likert scale. For descriptive purposes, mean stress scores were obtained as well as frequencies/percents per category of stress. To determine factors associated with infertility related stress, multiple linear regressions were used. Stata Ver. 9.2 was used for all statistical computations.

Results

The respondents' age ranged from 21 to 40 years old. The mean age was 31.19 (\pm SD 4.99). Majority of respondents were aged 26-30 years (37.14%), almost 3 quarters were married (71.43%), 91.43% had primary infertility, almost half were college graduates (51.43%), almost a quarter were high school graduates (22.86%), almost half were female, male were still for work up (45.71%), more than half had less than 5 years duration of trying to conceive (62.86%), more than one quarter (37.14%) were unemployed or stay-at-home (Tables 1 & 2).

The global stress scores were obtained by getting the sum of all the answers from each of the 5 domains. The mean global stress score was 163.03 (\pm SD 14.13). Six respondents scored above the mean global stress score 163.03 (\pm SD 14.13) and were identified to have infertility related stress based on mean global stress score as shown in Table 3.

The mean score for each domain was also obtained. The mean score for social concern was 55.97 (\pm SD 13.30),

for sexual concern was 25.72 (\pm SD 5.24), for relationship concern was 31.11 (\pm SD 6.75), for rejection of childfree lifestyle was 25.67 (\pm SD 5.95), and lastly for need for

Table 1. Demographic characteristics of the sample.

Age group in years	N=35	%
<25	4	11.43
26-30	13	37.14
31-35	11	31.43
>35	7	20.00
Mean Age (SD)	31.19	(SD 4.99)
Status		
Married	25	71.43
Single	10	28.57
Educational Attainment		
Some HS	1	2.86
High School	8	22.86
Vocational	4	11.43
Some College	4	11.43
College Graduate	18	51.43
Occupation		
Professionals	3	8.57
White collar jobs	10	28.57
Blue collar/clerical jobs	5	14.29
Living below poverty line	4	11.43
Unemployed	13	37.14

Table 2. Fertility characteristics of the sample.

No Children	N=35	%
No Children	32	91.43
With Previous Children	3	8.57
Cause of Infertility		
Female Factor	9	25.71
Male Factor	1	2.86
Both Female and Male Factor	8	22.86
For Work Up	16	45.71
Unexplained	1	2.86
Number of Years Trying to Conceive		
< 5 years	22	62.86
5-10 years	11	31.43
> 10 years	2	5.71
Mean (SD)	4.51	2.77

parenthood 43.14 (\pm SD 5.73). The scores of the five domains were analyzed using ANOVA and showed that the scores for social concern were significantly greater than the 4 other domains. While the score for the need for parenthood was significantly greater than sexual concerns, relationship concerns and rejection of childfree lifestyle. (Table 4)

After conducting multiple linear regressions, age, previous children, status, number of years trying to conceive, occupation, and cause of infertility did not significantly contribute to global stress score. However,

Table 3. Means of global stress score, social concern, sexual concern, relationship concern, rejection of childfree lifestyle and need for parenthood score (mean \pm SD) and number of respondents above the mean \pm SD for each domain.

Domain N=35	Mean Score	SD	Number of Respondents Above the Mean +SD [(Corresponding to the 85th percentile (%))]
Social Concern	56.11b	13.47b	5 (14%)
Sexual Concern	25.86a	5.25a	5 (14%)
Relationship Concern	31.57a	6.25a	3 (9%)
Rejection of Childfree Lifestyle	25.80a	5.98a	3 (9%)
Need for Parenthood	43.54b	5.25 b	9 (26%)
Global Stress Score	164.26a	14.13a	6 (17%)

Table 4. Illustration of presence of specific concern depending on the global stress score.

Five Domain of Global Stress Score	Global Stress Score (142-164) Below 50th percentile N=17	Global Stress Score (165-175) 51st-84th percentile N=12	Global Stress Score (176-201) Above 85th percentile N=6
Social Concern(b)	1 (6%)	3 (25%)	1 (17%)
Sexual Concern(a)	0	2 (17%)	3 (50%)
Relationship Concern(a)	0	0	3 (50%)
Rejection of Childfree Lifestyle(a)	1 (6%)	2 (17%)	0
Need for Parenthood(b)	0	3 (25%)	6 (100%)

there was a significant negative correlation between educational attainment and social concerns score illustrated in Figure 1. There was a significant negative correlation between number of years trying to conceive and rejection of childfree lifestyle shown in Figure 2. While a significant positive correlation between number of years trying to conceive and need for parenthood was observed. (Figure 3)

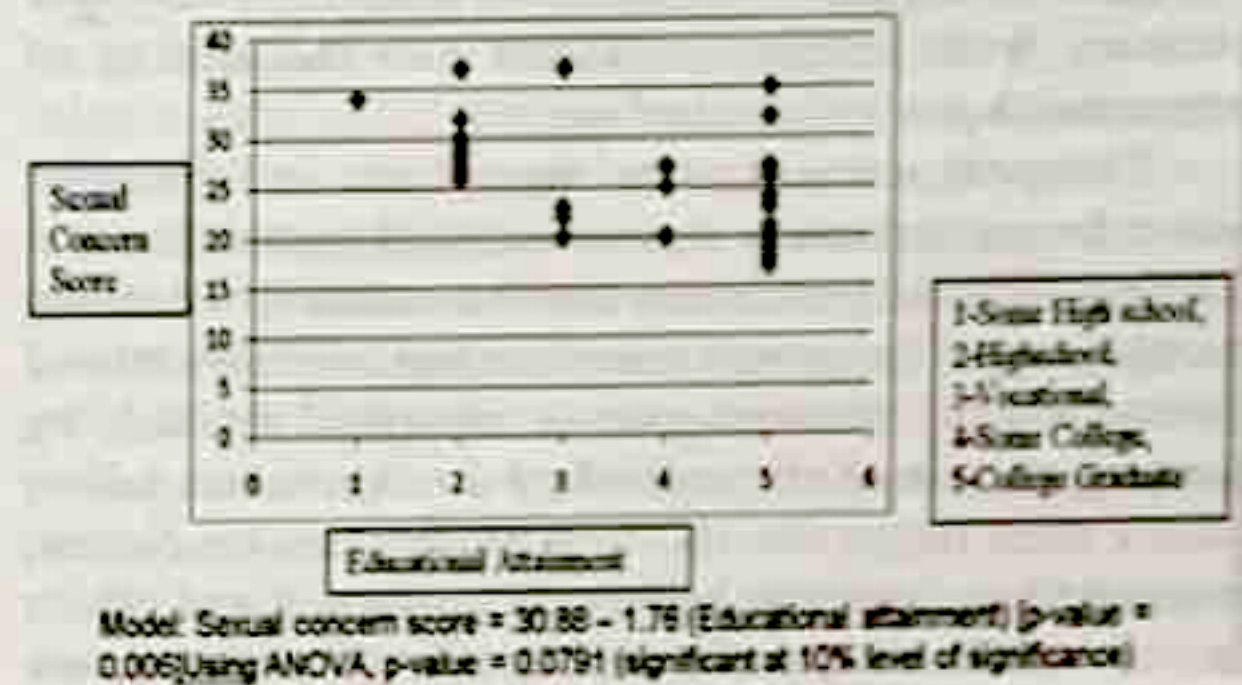


Figure 1. Distribution of sexual concern score in relation with educational attainment.

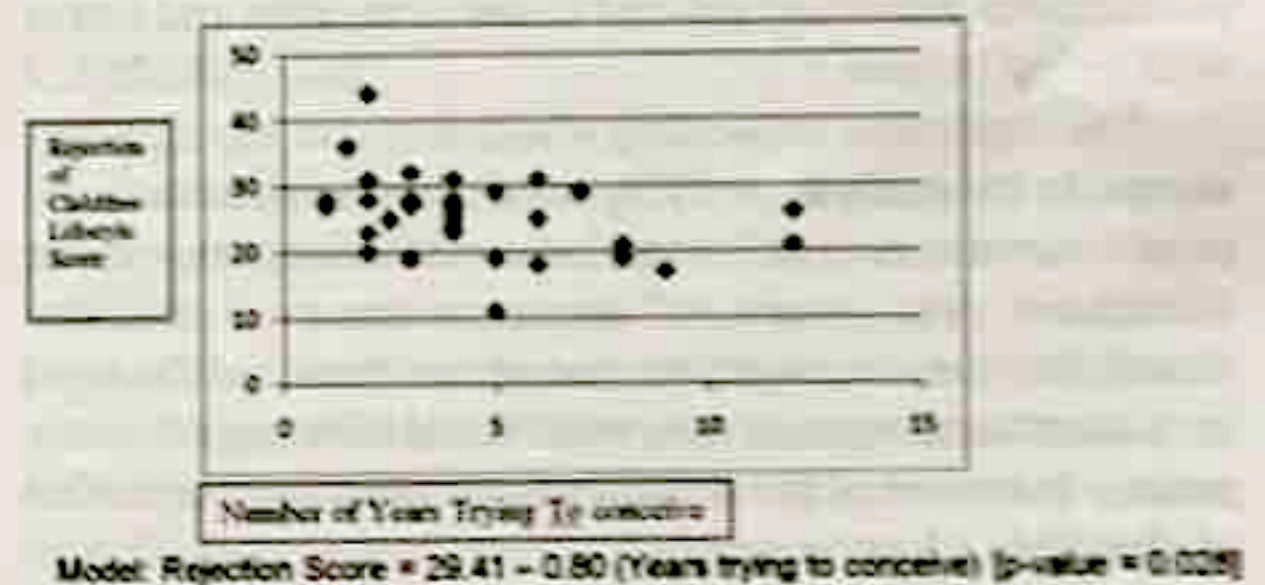


Figure 2. Distribution of rejection of childfree lifestyle score in relation with number of years trying to conceive.

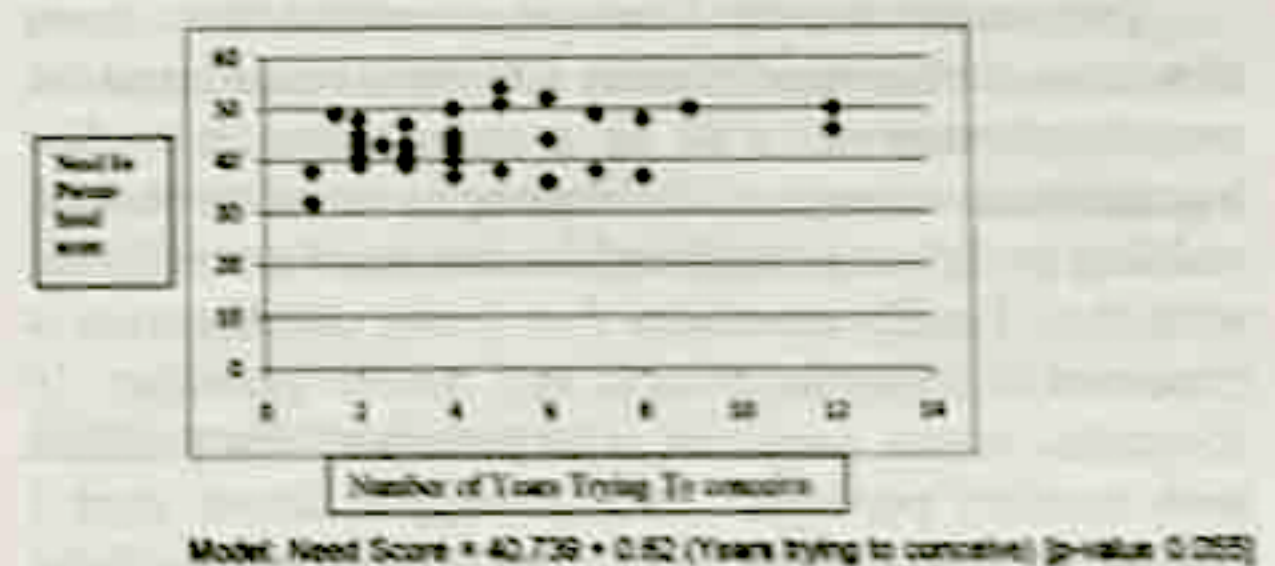


Figure 3. Distribution of need for parenthood score in relation to number of years trying to conceive.

Discussion

The fertility problem inventory is a simple tool used in identifying the infertility-related stress by detecting score elevations in the global stress score. Specific areas of concerns include social, sexual, relationship, rejection of a childfree lifestyle or need for parenthood.¹⁰

Identification of score elevations in each of the five domains provides insight in the consequences of infertility on the woman's life. It will aid in the proper counseling of patients with fertility problems and the setting of appropriate goals in counseling.

The mean score of global stress score and the mean score for each domain was established summarized in Table 3. Global Stress Scores above the established means would suggest the patient is undergoing infertility related stress. Specific concerns may be identified similarly by looking at each of the individual domain scores falling above their respective mean. A study done by Bayley, suggested that general beliefs about the self and others within relationships may be important in how people experience a long term stressor such as infertility. For instance, men and women who view themselves unworthy of love experienced more infertility related stress and reported lower sense of well being. On the other hand, viewing others as unreliable or rejecting was correlated with greater infertility-related stress in women and lower well-being in men.¹¹

It is important to identify which domain has elevated scores. In the study done by Newton, the social, sexual and relationship concerns in relation to infertility were more effective predictors of depression and marital dissatisfaction. In our study, social concerns and the need for parenthood stress scores were noted to be significantly greater than that of the sexual, relationship, and rejection of childfree lifestyle scores.

Social concerns are defined as sensitivity to comments, reminders of infertility and feelings of social isolation, alienation from family or peers. The need for parenthood is defined as close identification with the parenthood perceived as primary or essential goal in life.⁸

Two studies done in Vietnam examined the motives of women for having children. Family is considered the most important unit and as a mini community. For Vietnamese women, childbearing is associated with stability in their marriage and formation of closer bonds with their family members. For them, childbearing is expected to bring happiness and family harmony. In Vietnam, social pressure is experienced by patients with fertility problems. Not having children after 1 year of marriage gives rise to questions such as "why don't you have children yet?" These questions, although not meant to be intentional, were perceived

confrontational causing emotional pain and feelings of pressure.⁴

The global stress score was not significantly affected by the demographic characteristics (age, status, occupation, educational attainment) and fertility characteristics (cause of infertility, number of years trying to conceive). However, on looking at each domain closely, the stress score for sexual concern had negative correlation with educational attainment. Sexual concern is defined as diminished sexual enjoyment or sexual self esteem, and difficultly scheduled sexual relations. In the study done by Rashidi, lower educational level was a significant predictor of poorer health related quality of life, both physical and mental. In contrast, higher educated women would be less stigmatized by issues of infertility.¹² In the study by Newton, women with education beyond high school had significantly lower global stress scores than women with lesser education.⁸

The stress scores for rejection of childfree lifestyle had negative correlation with number of years of trying to conceive. In the study by Rashidi, older patients were found to cope better since they already have a developed coping mechanism.¹² The study also showed that younger age (with less number of years trying to conceive) was a significant predictor of poorer mental health related quality of life.¹² In a related study by Fekkes, infertile young women aged between 21-30 years, experienced more social and emotional problems than women of the same age in the general population.¹³

The stress score for need for parenthood had a positive correlation with number of years trying to conceive. The need for parenthood is defined as close identification with parenthood perceived as a primary or essential goal in life. In older patients with longer duration of infertility, when the childlessness has become definite, the stress score for need for parenthood was elevated. Psychological intervention should be continued to help couples cope actively with their problems and learn how to ask for support in order to decrease the negative impact of childlessness.¹²

Understanding of Filipino psychology and Filipino values may help explain the significant social stress and the stress for need for parenthood that our patients experienced.

Social Concerns

According to the work of Enriquez, the core construct of Filipino psychology is "Kapwa," meaning togetherness, community and not doing things alone.^{14, 15, 16} Filipino values are centered at maintaining social harmony, motivated by the desire to be accepted within a group. Social approval, acceptance by a group, and belonging to

a group are major concerns. Dolan in his book observed that Filipinos' social organization is marked by personal alliance systems involving kin, grantors and recipients of favors, friends and partners in commercial exchanges.¹⁵ The Filipino psychology and Filipino values mentioned are reflected in the way the respondents answer the FPI questions on social concerns such as "the holidays are especially difficult for me", "family get together are especially difficult for me", "I feel like friends and family are leaving us behind."

Sexual and Relationship Concerns

For Filipinos, the sexual and relationship concern scores were not significantly elevated compared to the other domains. Perhaps this is because Philippine society is characterized by high regard for self-esteem and smooth interpersonal relationships. Filipinos are sensitive to attacks on their own self-esteem thus cultivating a sensitivity to the self-esteem of others including that of their partners. Filipinos avoid anything that might hurt another's or their partner's self-esteem. This great concern for self-esteem helps to maintain harmony in society or marriage.¹⁵ The items such as "I find I've lost my enjoyment of sex because of fertility problem", "If we miss a critical day to have sex, I can feel quite angry", had low scores and does not contribute to the elevation of the sexual stress score. The items "When we try to talk about our infertility, it seems to lead to an argument", "My partner is quite disappointed with me" obtained low scores and did not contribute to the elevation of sexual stress.

Need for Parenthood and Rejection of Childfree Lifestyle

One of the core values of Filipinos upholds solidarity of the family unit.^{15, 17} In addition, Philippine personal alliance systems are anchored by kinship, beginning with the nuclear family.¹⁵ As a consequence, having infertility is an obstacle in achieving a nuclear family and having solidarity of his own family unit, in the same way having rejection of a childfree lifestyle.

Some of the questions that contributed elevation in need for parenthood stress are: "My marriage needs a child", "I have often felt that I was born to be a parent", "As long as I can remember, I've wanted to be a parent."

Some of the items that contributed elevation in attitude toward childfree lifestyle stress are: "Couples without a child are just as happy as those with children", "I could see a number of advantage if we didn't have a child (or another child)", "Having a child or another child is not necessary for my happiness".

The European Society of Human Reproduction and Embryology recommends referral to an independent

counselor.^{6, 7} An independent counselor, working apart from the team treating the infertility makes it easier to counsel as a separate entity. It can help facilitate infertile couples coming to terms with infertility and makes it easier for the counselor to convey confidentiality to patients.^{6, 7} In our setting, we propose to refer patients identified with infertility-related stress to the Psychiatry Department.

According to the NICE guidelines, prior to referral to Psychiatry, the couples should be informed that stress in either the male and/or female partner can affect the couple's relationship, and is likely to reduce libido and frequency of intercourse which can contribute to fertility problems. It should be explained that people who experience fertility problems should be offered counseling because fertility, its investigation and treatment can cause psychological stress. The timing of counseling should be offered before, during and after investigation and treatment, irrespective of the outcome of these procedures.⁶

The objectives of counseling highly stressed patients are to enable the expression of emotions, identify the cause(s) of distress and provide intervention(s) to minimize distress and help patients better manage distress. Ultimately, the patient should feel understood and better able to cope with the challenges infertility and its treatment present.⁷

Conclusion

Patients with elevated global stress scores using the validated Filipino translation of FPI were found to have infertility related stress and the need for psychiatric counseling. For Filipino women, age, number of infertile years, educational attainment, occupation, cause of infertility and number of years trying to conceive do not significantly contribute to the global stress. Infertility-related stress ___ to the social concerns of infertility and need for parenthood was significantly greater than the other domains. Patients with less educational attainment had higher infertility-related stress with sexual concerns. Patients with shorter duration of infertility had higher stress with attitude towards having a childfree lifestyle. Patients with longer duration of infertility had higher stress with need for parenthood. Referral to Psychiatry should be done for patients to better cope with the challenges infertility and its treatment present.

Recommendations

The FPI should be part of the evaluation at first consult at the Infertility Clinic. Collaboration with the section of Consultation Alliance of Psychiatry Department

should be pursued to enhance understanding and improve provision of infertility counseling to patients identified to have infertility related stress, facilitate consultation with Psychiatry and ensure better patient compliance with counseling.

Further studies involving a wider range of subjects should be undertaken to get a more complete picture of how infertility influence stress in couples having difficulty conceiving.

APPENDIX

Filipino translation of the Fertility Problem Inventory

Imbentaryo ng mga suliranin na may kaugnayan sa kakayahang magkaroon ng anak

Pakilagyan ng grado ang mga sumusunod

1. Pinakalubos na di sang-ayon
2. Lubos na di sang-ayon
3. Di sang-ayon
4. Sang-ayon
5. Lubos na sang-ayon
6. Pinakalubos na sang-ayon

PANLIPUNANG SALOOBIN

1 2 3 4 5 6

() () () () () ()

Hindi ako nababahala kapag ako ay natatanong tungkol sa mga bata.

1 2 3 4 5 6

() () () () () ()

Ang mga miyembro ng pamilya ay hindi kami tinatrato na naiiba

1 2 3 4 5 6

() () () () () ()

Ang mga pista opisyal ay mahirap para sa akin.

1 2 3 4 5 6

() () () () () ()

Ang muling pagkikita-kita ng pamilya ay lalo nang mahirap para sa akin.

1 2 3 4 5 6

() () () () () ()

Hindi ko mapigilang ihambing ang aking sarili sa aking mga kaibigan na mayroong mga anak

1 2 3 4 5 6

() () () () () ()

Marami pa rin akong pagkakatulad sa aking mga kaibigan na mayroong mga anak

1 2 3 4 5 6

() () () () () ()

Ako ay nahihirapang maglaan ng oras para sa aking mga kaibigan na mayroong mga maliliit na anak.

1 2 3 4 5 6

() () () () () ()

Kapag nakakakita ako ng mga pamilya na may mga anak pakiramdam ko, ako ay napag-iirwanan

1 2 3 4 5 6

() () () () () ()

Pakiramdam ko ay napagiiwanan na kami ng aking mga kaibigan o pamilya.

1 2 3 4 5 6

() () () () () ()

Hindi ako nababahala kapag ang iba ay nag-uusap tungkol sa kanilang mga anak

MGA SEKSWAL NA SALOOBIN

1 2 3 4 5 6

() () () () () ()

Natuklasan ko na nawala ang aking kasiyahan/gana sa pakikipagtalik dahil sa dahil sa mga suliranin sa kakayahang magkaroon ng anak

1 2 3 4 5 6

() () () () () ()

Pakiramdam ko ay nananatili pa rin akong kaakit-akit sa aking kapareha katulad ng dati

1 2 3 4 5 6

() () () () () ()

Hindi ko nararamdaman na ako ay kaiba sa mga may kapareho ko ang kasarian

1 2 3 4 5 6

() () () () () ()

Pakiramdam ko ay isa akong kabiguan pagdating sa pagtatalik

1 2 3 4 5 6
 () () () () () ()

Kapag ako ay nakikipagtalik, ang iniisip ko lamang ay ang kagustuhang magkaroon ng anak (o isa pang anak)

1 2 3 4 5 6
 () () () () () ()

Mahirap makikipagtalik dahil ayokong mabigo muli

1 2 3 4 5 6
 () () () () () ()

Sa tuwing nakakalimutan namin ang kritikal na araw na dapat magtalik, nakakaramdam ako ng kaunting galit.

1 2 3 4 5 6
 () () () () () ()

Paminsan-minsan ako ay nakakaramdam ng sobra pressure, kaya ang pakikipagtalik ay nagiging mahirap para sa akin.

MGA SALOOBIN TUNGKOL SA PAGKAKARON NG RELASYON

1 2 3 4 5 6
 () () () () () ()

Hindi ko maipakita sa aking kapartner kung ano ang aking nararamdaman dahil ito ay maaaring magpalungkot sa kanya

1 2 3 4 5 6
 () () () () () ()

Hindi naiintindihan o nauunawaan ng aking kapartner kung paano ako naaapektuhan ng suliranin sa kakayahang magkaroon ng anak

1 2 3 4 5 6
 () () () () () ()

Ako at ang aking kapareha ay nagtutulungang mabuti upang masagot ang mga katanungan patungkol sa pagiging baog

1 2 3 4 5 6
 () () () () () ()

Nag-aalala ako na iba ang maging reaksyon ng aking kapartner sa problema.

1 2 3 4 5 6
 () () () () () ()

Ang aking kapareha ay ganap na nabigo sa akin.

1 2 3 4 5 6
 () () () () () ()

Ang aking kapareha at ako ay madalas na nag-uusap tungkol sa suliranin sa kakayahang magkaroon ng anak.

1 2 3 4 5 6
 () () () () () ()

Hindi ko lubos maisip na magkakahiwalay kami nang dahil lang sa suliranin namin sa kakayahang magkaroon ng anak.

1 2 3 4 5 6
 () () () () () ()

Tuwing susubukan naming mag-usap tungkol sa suliranin sa kakayahang magkaroon ng anak, ito ay tila humahantong lamang sa hindi pagkakasundo

1 2 3 4 5 6
 () () () () () ()

Dahil sa pagkabaog, nag-aalala ako na lumayo ang damdamin namin sa isa't-isa.

1 2 3 4 5 6
 () () () () () ()

Tuwing pinag-uusapan namin ang tungkol sa mga suliranin sa kakayahang magkaroon ng anak, inaakusahan ng aking kritisismo ang aking kapareha.

ANG HINDI PAGTANGGAP SA BUHAY NA WALANG ANAK

1 2 3 4 5 6
 () () () () () ()

Ang mag-asawa na walang anak ay kasingsaya ng mga mag-asawang mayroong mga anak.

1 2 3 4 5 6
 () () () () () ()

Nakakakita akong maraming magandang maidudulot kapag hindi kami nagkaroon ng anak (o isa pang anak)

1 2 3 4 5 6
 () () () () () ()

Nakikita ko ang isang masayang buhay sa pamamagitan lamang ng pagiging magkasama, kahit walang anak (o isa pang anak).

1 2 3 4 5 6
 () () () () () ()

Minsan, iniisip ko kung gusto kong magkaanak (o isa pang anak).

1 2 3 4 5 6
 () () () () () ()

Ang hindi pagkakaroon ng anak (o isa pang anak) ay magbibigay sa akin ng oras upang gawin ang iba pang mga bagay na makakapagpasaya sa akin.

1 2 3 4 5 6
 () () () () () ()

Ang pagkakaroon ng anak (o isa pang anak) ay hindi kinakailangan para sa aking kaligayahan

1 2 3 4 5 6
 () () () () () ()

Maaari kaming magkaroon ng isang mahaba at masayang relasyon kahit walang anak (o isa pang anak)

1 2 3 4 5 6
 () () () () () ()

Ako ay nahihikayat sa pag-iisip na mayroong kalayaan sa hindi pagkakaroon ng anak.

ANG PANGANGAILANGAN NA MAGING ISANG MAGULANG

1 2 3 4 5 6
 () () () () () ()

Ang pagbubuntis at ang panganganak ay ang dalawang pinakamahalagang kaganapan sa isang relasyon sa pagitan ng babae at lalaki.

1 2 3 4 5 6
 () () () () () ()

Para sa akin, ang pagiging isang magulang ay ang pinakamahalagang layunin sa buhay, higit pa kaysa sa pagkakaroon ng isang matagumpay na karera o trabaho.

1 2 3 4 5 6
 () () () () () ()

Ang aking buhay may asawa ay nangangailan ng isang anak (o isa pang anak).

1 2 3 4 5 6
 () () () () () ()

Mahirap maramdaman na ikaw ay "mature" na maliban kung ikaw ay may anak.

1 2 3 4 5 6
 () () () () () ()

Takot ako sa isang kinabukasang walang anak (o isa pang anak).

1 2 3 4 5 6
 () () () () () ()

Nararamdaman ko na ang aking buhay ay walang saysay dahil sa mga suliranin sa kakayahang magkaroon ng isang anak

1 2 3 4 5 6
 () () () () () ()

Hindi prayoridad ng aking buhay ang pagkakaroon ng isang anak (o isa pang anak)

1 2 3 4 5 6
 () () () () () ()

Madalas kong nararamdaman na ako ay ipinanganak upang maging isang magulang

1 2 3 4 5 6
 () () () () () ()

Sa aking pagkakaalala, nais ko talagang maging isang magulang

1 2 3 4 5 6
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Gagawin ko ang lahat upang magkaroon lang ng isang anak (o isa pang anak)

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