

# Gender Differences in Perceived Psychological Distress of Infertility Among Malaysian Infertile Men and Women



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## INTRODUCTION

Infertility is a traumatic and stressful situation that affects both couples. According to the World Health Organization (WHO), more than 80 million people globally are facing difficulties in trying to conceive and it is projected that one in ten couples will face infertility (1). It is a major life crisis with diversified consequences which could cause harmful social repercussion and psychological distress on both the affected (2). Despite the escalating incidence of infertility locally, study on the psychological distress of Malaysian infertile individuals is limited.

This study aimed to investigate the psychological distress of infertility among infertile men and women in Malaysia.

## MATERIALS & METHODS

- A cross sectional study using universal sampling was employed.
- Respondents from the fertility clinic of the National Population and Family Development Board (LPPKN), Kuala Lumpur, Malaysia and not known to have psychiatric disorder or organic brain disease were recruited between February and April 2016.
- 502 participants participated the study.
- Data collection was carried out via self-administered of the validated assessment tool, Malay language DASS-21 (BM DASS-21) Questionnaire. For the purposes of the study, the significant clinical symptoms was represented by total scores of >9 for depressive items, >7 for anxiety items and >14 for stress items.
- Statistical Analysis : SPSS version 20.0.
- Descriptive analysis and logistic regression analysis were employed.

## RESULTS AND DISCUSSION

Most participants were young, female, Malays ethnicity, and had attained tertiary education. Both genders experienced depression, anxiety, and stress concerning infertility. 35.8% women and 26.8% men had depression, more than 50% women and men developed anxiety, and 38.7% women and 21.6% acquired stress. The Adjusted Odd Ratio, showed that infertile women exhibited a significantly higher level of stress ( $p < 0.001$ ) and anxiety ( $p < 0.05$ ) compared to men.

This study proved the existence of a very significant association between gender and the outcomes of depression, anxiety, and stress, as infertile women were demonstrated to have a significantly higher level of the factors compared to infertile men. In other words, infertile women were more likely at risk of having severe or a higher level of psychological distress than infertile men. This is due to the socio-cultural expectation and pressure for married women to have their offspring (3,4). The unceasing requirement to undergo a series of invasive and complex fertility treatment often led the women to face the psychological problem (4).

Characteristics	Count (n=402)	Percentage (%)
<b>Age</b> (33.28 ± 5.101)		
≤ 34 years	336	66.9
> 34 years	166	33.1
<b>Gender</b>		
Male	231	46
Female	271	54
<b>Ethnicity</b>		
Malay	387	77.1
Chinese	38	7.6
Indian	69	13.7
Others	8	1.6
<b>Education Level</b>		
Primary school	4	0.8
Secondary school	148	29.5
Pre-university	126	25.1
University	224	44.6

Table 1: Sociodemographic characteristics of Malaysian infertile men and women

Outcomes	Gender		p-value	95% C.I
	Men n=231(46%)	Women n=271(54%)		
Depression	62 (26.8%)	97 (35.8%)	0.100	1.52 (0.92-2.52)
Anxiety	116 (50.2%)	176 (64.9%)	0.016	1.6 (1.09-2.33)
Stress	50 (21.6%)	105 (38.7%)	P<0.001	2.26 (1.51-3.38)

Table 2: Gender Differences in Psychological Distress among Infertile Men and Women

Gender	DEPRESSION				ANXIETY				STRESS			
	OR	p-value	95% CI		OR	p-value	95% CI		OR	p-value	95% CI	
Men	Ref		LL	UL	Ref		LL	UL	Ref		LL	UL
Women	1.52	0.100	0.92	2.52	1.84	0.001	1.28	2.63	2.29	<0.001	1.54	3.41

Table 3 : The association of gender and depression, anxiety and stress (Adjusted Odd Ratio, AOR)

## CONCLUSION

This study revealed that both genders experienced psychological distress with regards to infertility. Infertile women in Malaysia demonstrate a significant susceptibility to psychological distress than men.

As childbearing is considered as a right of every human being, thus, infertility should be addressed promptly with appropriate psychological intervention and strategies.

## ACKNOWLEDGEMENT

I would like to thank the Director General of Health of Malaysia, University Malaya Ethics Committee, and National Population and Family Development Board (LPPKN), Ministry of Women, Family and Community Development, Malaysia. This study was partially funded by Post Graduate Research Grant, University of Malaya (Grant Number PG220-2015B).

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