خلاصه مقالات سخنراني ويوستر





۲۷-۲۷ آذرماه ۱۳۹۴

هران، مر کز همایش های بین المللی دانشگاه شهید بهش<mark>ت</mark>ی

Psychological Correlates of Primary versus Secondary Infertility

Maryam taherpour*

Academic Member, Department of Midwifery, Qazvin University of Medical Sciences

mrtaherpour@gmail.com

Abstract

Objectives: Identifying the pathway between infertility and distress has important treatment implications, as elevated stress levels associated with infertility may reduce chances of conception. The purpose of this study is to better understand the psychological experience of primary and secondary infertility in women.

Materials and Methods: The study was reviewed by searching scientific articles and books and resources have been made.

Results: In a recent global study assessing infertility prevalence rates, infertility was estimated to effect 48.5 million couples globally and between 15 and 33% of females worldwide, though varied statistics have been reported. The results indicated lower prevalence rates of infertility, with estimations ranging from 3.5% to 16.7% in developed nations and from 6.9% to 9.3% in less-developed nations, based on a total population sample of 172,413 women in 25 countries. Researchers have estimated that approximately 72.4 million women worldwide currently are infertile. In 2008, analysis of treatment seekers at 422 fertility clinics, indicated that 40% of couples who sought fertility treatment were under 35, and 9.5% were 43 years of age or older, indicating that younger couples may be more likely to seek fertility treatment. Based on an analysis of surveys from 17 countries and 6410 couples it has been estimated that approximately 56.1% of couples in developed nations and 51.2% of couples in less developed nations seek medical care for fertility issues. Only 22.4% of couples who initially seek care pursue specialized fertility treatment. Distinctions have been drawn between primary and secondary infertility approximately 45.4% of infertility cases are categorized as primary, and 50.9% are considered secondary. Causes of secondary infertility may be the same as primary infertility, or remain unknown. The results indicated that consistent with prior research, disengagement from the goal of having a child/parenthood decreased the likelihood of depression. The results indicated that duration of infertility moderated the relationship between disengagement and depression, and that as duration of infertility increases the relationship between disengagement and depression became even stronger. Additionally, exploratory analyses were showed regarding body dissatisfaction, where women with primary and secondary infertility were compared on different dimensions of body dissatisfaction. The results indicated that body dissatisfaction between these two groups was not significantly different.

Conclusion: Women with infertility have generally been an understudied population in terms of psychological treatments, though the experience of infertility appears to pose unique challenges. Findings from our study indicated that women with infertility may be more likely to experience depression. Given the unique challenges that women with infertility face the development of specific psychotherapeutic treatments for this population seems warranted. Research has indicated that interpersonal psychotherapy and cognitive behavioral therapy are effective treatments for women with infertility who experience depression.

Key words: Primary versus Secondary Infertility, females, psychological experience