

Opinion Article

## Determination and Prevalence in Severity of Depression and It's Predictors in Infertile Women

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## ABOUT THE STUDY

Infertility is the inability of a couple to become pregnant and have children after at least a year of regular sexual activity without using contraceptives or other protection measures. Infertility affects many facets of a couple's lives, necessitating more care and attention because it is not just a physical disease or organ failure. For infertile women, infertility can be a psychological hazard, one of the worst life tragedies, and a source of societal stigma. In Arabic societies, infertile women may experience more psychological problems than fertile men because they feel responsible for their inability to conceive or bear children. While depression symptoms may exist but go unreported, doctors typically focus on the medical side of treatment rather than the psychological side.

Anorexia, mood disorders, diminished enjoyment of everyday activities, feelings of poor self-esteem, sleep disturbances, lethargy, and idea flight are all symptoms of depression in patients. According to psychological studies, infertility might cause sadness or an increase in symptoms if they already existing. Infertile people have a higher prevalence of depression than fertile people, according to researchers. It has been commonly recognised that depression and infertility are related. When their boyfriends were impotent, infertile women demonstrated much higher depression levels. Infertile women with impotent males had a spread of depression of 29.2%, compared to impotent males who had a spread of 4.3%, according to research team.

The World Health Organization (WHO) estimates that there are between 60 and 80 million infertile couples globally. As a result, around 40% of people who seek infertility therapy are unsuccessful in getting pregnant. There are no reliable statistics on the prevalence of infertility among couples in Palestine. The proportion of infertile women in Palestine, according to the Palestinian Central Bureau of Statistics (PCBS), was estimated to be 8.4% in the West Bank and 8.3% in the Gaza Strip. Childless women who have no prior history of pregnancy experience low self-esteem accompanied by social pressure from their spouses,

their families, and their husbands' families, leading to social isolation and a feeling of stigmatisation. Infertility is a psychological hardship for these women.

The conventions and culture of our society dictate that having children is a crucial aspect of marriage, and that infertile couples, particularly females, would face difficulties if they were unable to conceive. Female infertility deprives them of their crucial mother function and ultimately puts them at risk for mental illnesses. To the best of our knowledge, this study is the first to address depression in infertile women as a mental illness. A increasing corpus of research has focused on the psychological aspects of female infertility. Couples who are unable to conceive experience stress due to infertility, and depression was the most often mentioned symptom, with frequency varying across communities and nations.

Depression in women was significantly predicted by the infertility of the husband. This is consistent with earlier research. Men in the Middle East countries fulfil their family responsibilities as strong viriles through reproduction, hence infertility is a difficult and dangerous issue that could cause psychological pain in their female counterparts. Women are more susceptible to these psychological problems since they are more dependent on and submissive to men. Male infertility can also lead to poor sexual self-esteem and performance, and if emotional connection during sexual activity is unsuccessful in achieving its goal, couples may become estranged or separated.

Depression was not predicted by the length of infertility. Findings from Iran, Nigeria, and Japan are consistent with this. In exchange, the length of infertility was shown to have an impact on the occurrence of depression during the first three years of infertility, albeit depression eventually subsided. The adjustment of infertile women to their infertility, discussing the issue with medical professionals, and the expectation for successful trials in accordance with new technology and treatments that give hope for pregnancy are possible explanations. Additionally, the provided desensitisation model may also be used.

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