Assessing the Rate of Social Phobia among Infertile Women

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Abstract

Introduction although social phobia is considered mainly as behavioral disorder in the field of clinical psychology, it entails by social factors and in consequences that can be followed in the fields of social sciences and social psychology. Infertile women implicate in social phobia disorder; therefore, this study is designed to put into effect the rate of social phobia among infertile women. Materials and Methods The present study is a descriptive-analytical. It is carried out on 210 infertile women in Jahrom and Yazd. Utilized tool is SPIN questionnaire that its validity and reliability are confirmed. Data collection is inquired by educated group, and it is analyzed by software SPSS: 16. Findings Results indicate that infertile women implicate a high rate of social phobia, and there is significant relationship between social phobia and education, religiosity, and social support (p<0.05). Conclusion Due to high rate of social phobia among infertile women, it is recommended to consider social phobia and its increasing and decreasing variables, along with mental advisory and physical examination in fertility treatment clinics.

Keywords: Social phobia, Religiosity, Social support, Socio-economic status, Infertility, Women.

Introduction

Cities in Iran are often classified as traditional or semi-modern in regard to their social and cultural contexts. In such cities, dominant behavior system is based on costumes, traditions, and social norms, in which individuals feel they are living in non-official surveillance sphere [1- 2]. Therefore, any disorder in individuals' usual and normal life is observed by others, in a way they may have different presuppositions or judgments [3].

Fertility and child rearing are important functions in family. Others are highly sensitive to families that are unable in such functions. Experimental evidences indicate high non-official social pressure on infertile women [4].

In recent decades, symptom of social phobia is recognized as the third most prevalent disorder in clinical psychology. This kind of phobia disorder originates from one or several social situations or functions in which an individual finds himself/herself under probable surveillance by others, that may cause him/her feel humiliated [5]. Individual affected by this disorder avoids such social situations or endure them with irritation. Sadock believes that social phobia is a prevalent mental disorder which its prevalence is estimated about 3 to 13 percent in lifetime [6].

Some consider social phobia a critical impairment in processing data, thoughts, viewpoints, and beliefs that leads to instigation and sustaining of pertained emotions and behaviors. The proportion of social phobia prevalence in women to men is observed two to one or three to one in different sources [7]. Its chief symptom is obvious and stable phobia for social situations in which there are possibilities for embarrassment. Contemporary cognitive patterns of social phobia introduce the hypothesis that individuals affected by social phobia consider social situations detrimental.
They think their behavior in social situations could have tragic consequences [8]. Social phobia is followed by low self-confidence and fear for criticism. Individuals affected by social phobia may complain about blushing, hand trembling, and vehement sense for vomiting and urinating.

This disorder may undergo averagely 20 years if it is not treated (it is not treated by itself). Studies in epidemiology indicate that only a fourth of patients with this disorder are recovered. Individuals affected by social phobia disorder usually tend to interpret a new situation as threat, since they regard it with negative presuppositions and experience it with negative consequences such as anxiety and physical symptoms [9-10].

In regard to researches on the field of social phobia, it is plausible to figure out about optional biases in concentration, interpretation, judgment, diffidence, behavioral deterrence, attachment, and social self-sufficiency that fashion this disorder. If this issue is considered and examined in infertile women, it is likely to recognize factors and negative behavioral consequences it may cause. It is helpful in controlling and lessening its effects through scientific solutions as well [11-13]. Thus, the present study is designed to put into effect the rate of social phobia among infertile women.

Materials and Methods

This study is cross-sectional and analytical. Case study is all infertile women in Jahrom and Yazd who referred to Infertility Center. They were examined through accessible sampling and snowfall sampling of 210 persons. Tool for collecting data is SPIN questionnaire with 14 questions in Lickert scale of 1-5. Questionnaires are filled by an educated group after having participants’ conscious consent.

Validity and reliability of the tool have been confirmed many times, yet in this study the formal and content validity is calculated CVI: 0.75 and CVR:0.75 by 5 university professors. The reliability of the tool also was analyzed through Cronbach’s alpha (Figure 1) on 15 persons who were not part of the samples of the study, and the agreement among 34 members of educated group is calculated through kappa’s coefficient (0.98). Software SPSS: 16 was used for analyzing data.

Table 1: The results of cronbach’s alpha for variables of the study

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cronbach’s alpha</th>
<th>Variable</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Satisfaction</td>
<td>0.7832</td>
<td>Social Support</td>
<td>0.7797</td>
</tr>
<tr>
<td>Religiosity</td>
<td>0.7245</td>
<td>Social Phobia</td>
<td>0.8466</td>
</tr>
</tbody>
</table>

Findings

The mean of age for women in the study was (35.12 ± 4.04). 160 persons had social phobia higher than average. Totally, the rate of social phobia was (3.43 ± 1.06) which is evaluated in high rate. Pearson’s correlation coefficient indicated that all independent variables have a significant relationship with social phobia (figure 2).

Table 2: Correlation coefficient for independent variables in social phobia

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Dependent Variable (the Rate of Social Phobia)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-economic Status</td>
<td>0.358</td>
</tr>
<tr>
<td>Religiosity</td>
<td>0.262</td>
</tr>
<tr>
<td>Social Support</td>
<td>0.144</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>0.237</td>
</tr>
<tr>
<td>Education</td>
<td>0.313</td>
</tr>
<tr>
<td>Age</td>
<td>0.231</td>
</tr>
</tbody>
</table>

Findings in figure 3 indicates that 6 independent variables of study could explain the variance of rate for social phobia (R²=0.383). Socio-economic status has the highest rate of social phobia with R²=6.29. In this model, variables of socio-economic status, religiosity, social support, and life satisfaction have negative significant relationship with the rate of social phobia, in a way that when one scale is added to so-called variables, the rate of social phobia reduces respectively to 0.337, 0.325, 0.251,
and 0.405. Variables of education and age designate positive significant relationship, since social phobia increases respectively to the rates of 0.211 and 0.266 when one scale is added to these variables. With the help of chi-squared test, a significant relationship was observed between variables of education and age with the rate of social phobia (p=0.001), in a way that with increases in these variables, the rate of social phobia increases as well. But a statistical significant relationship was not seen between socioeconomic status and social phobia.

**Table 3: Standardized Regression Coefficient for the Rate of social Phobia on Independent Variables**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
<th>Model 5</th>
<th>Model 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-economic Status</td>
<td><strong>-0.361</strong>*</td>
<td>0.362***</td>
<td>-0.355***</td>
<td>-0.338***</td>
<td>-0.339*</td>
<td>-0.337***</td>
</tr>
<tr>
<td>Religiosity</td>
<td>-0.286**</td>
<td>-0.309***</td>
<td>-0.315***</td>
<td>-0.316***</td>
<td>-0.325***</td>
<td></td>
</tr>
<tr>
<td>Social Support</td>
<td>-0.274**</td>
<td>-0.262*</td>
<td>-0.254**</td>
<td>-0.251**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Life Satisfaction</td>
<td></td>
<td></td>
<td>-0.396***</td>
<td>-0.399***</td>
<td>-0.405***</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td>0.214**</td>
<td>0.211*</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.266***</td>
</tr>
<tr>
<td>R-squared</td>
<td>0.310</td>
<td>0.330</td>
<td>0.335</td>
<td>0.342</td>
<td>0.362</td>
<td>0.383</td>
</tr>
<tr>
<td>R-adjusted</td>
<td>0.298</td>
<td>0.322</td>
<td>0.327</td>
<td>0.330</td>
<td>0.345</td>
<td>0.352</td>
</tr>
</tbody>
</table>

**Discussion**

The mean for the rate of social phobia in infertile women is very high. Hammerli et al. in a qualitative study considered feelings in infertile women. Significant feelings expressed by women in that study are phobia, hope, discomfort, and stress [14]. However, social phobia was not mentioned in his study, so that this difference may be because of cultural context in considered society. Dealings and communications are different in western societies than how they are experienced in Iran, just like the similar study by Abbasi-Shavazi et al. in which they concluded that infertile women apprehended critical threat from their spouses and their families. Their social activities were involved as well, in a way patricians in this study attempted to conceal their infertility and not attend family or social gatherings and meetings [15].

There are also several studies analyzing psychological disorders pertained to female Infertility or infertile couple. They designated that women often involved in different disorders such as anxiety, depression [14], emotional tensions, compatibility disorder, compound anxiety, depressed mood, eating disorders [17].

All independent variables have significant relationship with social phobia. Socio-economic status, religiosity, social support, life satisfactions among six independent variables are in negative significant relationship.

It means that with increase in each of these variables, social phobia is lessened in individuals considered in the study. As it was mentioned beforehand, socio-economic status of infertile women has a significant relationship with social phobia. Fahami et al. in their qualitative study on experiences of infertile women concluded that socio-economic reliance of women to men, indecency of divorce, and the possibility of polygamy for men increase social phobia in Iranian infertile women, which is in line with the results of the present study [18]. Nonetheless, the study by Imeson indicates conversely, in a way women of the society he studied did not express any concern in this regard as they did not rely on men financially [19]. Another variable in this regard is
religiosity in which the higher it is in an individual, lesser becomes social phobia. Johansson concluded in his study that if individuals seek higher spiritual values, they are able to handle tension caused by infertility, as far as that some participants expressed in his study that infertility was an opportunity for more social and leisure activities [18].

The study by Fahami et al also indicated similar results, in a way if individuals consider infertility an issue metaphysically and beyond their ability and option, they experience less severe sense of guilt in comparison to individuals that believe infertility is the result of a sin or misdeed by them, which cause disappointment for any kind of treatment on their side [18].

The next variable is social support that has negative significant relationship with social phobia. One of the powerful factors for the sense of social support for women is the presence of husbands during the treatment, so that the presence of husbands in different studies is considered as a kind of emotional support. In the present study which is also about infertile women, husbands’ lack of presence is a challenge to women, as a study by Abbasi-Shavazi et al designates that phobia for losing marital life and divorce was the main factor and motivation for women to submit to treatment [15]. Another aspect of social support is insurance and financial issues during the treatment. Unfortunately in Iran, individuals leave treatment since insurance companies and government do not cover a large part of the high cost of the treatment [18]. The next variable is life satisfaction. It becomes clear that it has a negative significant relationship with social phobia in infertile women. Troubles and problems in marital life bring about decline in life satisfaction and sexual relationships; thus, marital life satisfaction lessens in individuals [18].

The variables of education and age have positive significance relationship with the rate of social phobia, by means of increase in these variables cause higher rate of social phobia in individuals studied in this research. The variable of education in Hammerli’s study indicated that educated women mentioned their problem in regard to having children with more frequencies. In other words, they wish to have children more substantially than others [14].

However in this study, the variable of age is not effective on women’s feelings considerably. And it seems this difference in results is influenced by differences in cultural contexts of the countries studies are done. Issues such as fertility, childbirth, and child upbringing are female issues on the side of women and their relatives. Women and families associated with them expect childbirth after marriage, and it seems phobia and tension increase in women by the pass of time.

Conclusion

Due to the high rate of social phobia among infertile women, it is recommended to consider social phobia and its increasing and decreasing variables, along with mental advisory and physical examination in fertility treatment clinics.

Appreciations

The present study is conducted through financial supports by Jahrom University of medical sciences. Hereto, we appreciate office of research assistance in these universities. Aforementioned project is coded (13-93), and its ethic code is (jums.ethic.1392/12j).

References


