



The Importance of Mother-in-law in Mental Health of Infertile Women During Fertility Treatment Period

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Abstract. Background: Women with infertility conditions and during the fertility treatment process or the existence of a pregnancy program feel more worried and anxious if the results do not go according to plan. Infertile women need support from people who are so essential and can significantly affect their condition. The mother-in-law is the closest person who is very influential in her marriage and wants children, so the mental health of infertile women needs to be maintained so that the fertility treatment process is successful.

Aim: This study aims to see how big the role of the mother-in-law in maintaining the mental health of infertile women during the fertility treatment period.

Methods: This research is a qualitative study with the primary informants being women with infertility and the supporting informants being the mother-in-law of women with infertility. This study shares descriptions of 2 primary informants and two supporting informants. Interviews were conducted in a semi-structured manner. Interviews were conducted one-on-one within one week, then data analysis with inductive thematic analysis.

Results: The results found that from in-depth interviews with infertility women, they felt that their mother-in-law was always supportive during fertility treatment, gave suggestions for alternative checks, and did not demand that they have children quickly. However, some supporting informants answered that, if necessary, check the maternity leave program first and focus on work to have offspring.

Conclusion: It can be concluded that the mother-in-law in the current decade has been able to accept changes, so the mother-in-law has started to participate and is very important in maintaining mental health, especially in infertility women during fertility treatment. It can be concluded that the accuracy of measuring body weight depends on gender.

Keywords: mother-in-law · infertility · mental health · women

1 Introduction

Infertility is a problem faced by couples during marriage where if >12 months, they have not had children and have regular sexual intercourse for 2–3 times/week and do not use any contraceptives but still cannot get pregnant [1]. The data from WHO 50–80 million couples also support this condition, where one pair out of seven couples experience infertility [2]. This triggers a decline in the mental health of infertility women, where couples with infertility feel anxiety and worry [3].

Infertility is one of the diseases often diagnosed in women, and infertility is associated with a variety of physical, psychological, and social problems, where both social and emotional support is needed for women who are not fertile, especially in achieving a better quality of life [4]. Infertility can also affect women's psychology. In this case, it is necessary to prepare for emotional regulation and psychological well-being as a form of preventing the unpreparedness of women who experience this condition [5]. Infertility is one of the most significant stressors in life and results in psychological stress. It can lead to negative psychological consequences, anxiety, and reduced quality of life and well-being. Studies have shown that poor psychological well-being can reduce IVF-ET pregnancy rates and can have some adverse effects on pregnancy outcomes as well as on fertility treatment [6].

Mental health links will be more felt in women with infertility, because many other people think that the cause of infertility is because women have reproductive health problems [7]. The relationship of other people's opinions, usually the most affecting this condition, is the mother-in-law who also wants to have children quickly [8]. Another study found that distress was three times more likely to be felt as one mother-in-law had unrealistic expectations of treatment so that women would take a continuous cycle of fertility treatment for most patients. Women with infertility are socially considered deficient, disabled, incomplete, and sexually incompetent, so in the case of women with infertility, they need the support and role of the mother-in-law, which is very important and can affect the mental health of infertile women in dealing with infertility problems [9].

Another study showed that close family support had an emotional connection is a subscale was more widely used to assess the ease of speaking and relying on family members when facing serious problems or concerns; perceptions of empathy and receiving counseling were asked in all age ranges. Moreover, in general, the results showed different correlations with the results. One of the health problems, in this case, is infertility [10].

2 Methods

The research method used is the form of qualitative exploration design in Semarang City on two primary informants and two supporting informants. We conducted semi-structured interviews to be in-depth in each interview theme. Each interview was conducted one-on-one for approximately one week. Then, Data analysis with inductive thematic. Interviews were conducted regarding the measurement of anxiety in women with infertility and, for mothers-in-law, the relationship between knowledge, attitudes, and behavior with fertility care (Tables 1 and 2).

Table 1. Key Informant Interview Topics

Theme	Statement
Mental health	Feeling sad and depressed about your infertility problem
Mental health	Your infertility problem makes you feel inferior to people who have children
Mental health	Often feel tired because of your infertility problems
Mental health	Have feelings of sadness and/or loss from not being able to have a baby (or child)
Mental health	Going from feeling hopeful to hopeless because of infertility problems
Social interactions	Feeling socially isolated due to infertility problems
Couple interaction	There are still feelings between you and your partner even though you have infertility problems
Work Interaction	Your infertility problem is interfering with your work or daily obligations
Social and community interactions	Feel uncomfortable in social situations such as holidays and celebrations because of your infertility problem
Interaction with family and emphasized with mother-in-law	Your family can realize what you are going through right now

This research has received ethical approval from the Ethics Committee of the University of Sultan Agung Semarang Number 344/VIII/2022/Bioethics Commission to conduct interviews with key informants and supporters.

Data collection

Interviews were conducted to reveal the depth of experience of each informant. We conducted semi-structured interviews. Each semi-structured interview, which takes approximately 30 min, is conducted one-on-one in approximately one week. All interviews were written and transcribed verbatim by the interviewer.

Data analysis

Note entry and interview transcripts use thematic analysis for their flexibility and potential to generate unexpected insights [11]. The analysis follows thematic analytic procedures: which involves transcription and reflective reading, generating initial codes, searching for themes, reviewing and refining themes, identifying coherent patterns, defining and naming themes and generating reports [12]. In addition, several themes

Table 2. Supporting Informant Interview Topics

Theme	Statement
Knowledge	Mother's opinion that women with fertility disorders need strong support from the surrounding family
	Mother's opinion that women with fertility disorders feel very stressed when they always get pressure from their surrounding families during fertility treatment
	Mother's opinion that one of the causes of women with fertility disorders is no motivation from the family?
	Mother's opinion that the role of the family not to give stigma such as the phrase "infertility" can really be one of the reductions in anxiety
	Mother's opinion the possible impact on women with impaired fertility
	Mother's opinion that women with fertility disorders need understanding from their surrounding family which can reduce anxiety
Attitude	Mother's attitude in providing support during fertility treatment
	The form of mother's support during fertility treatment faced by her child-in-law (girl)
	According to the mother, the impact she felt during fertility treatment on her daughter-in-law (girl)
	Discuss while their daughter-in-law (daughter) is doing fertility treatment
	Mothers face their daughter-in-law (daughter) if the length of the process during fertility treatment has not been successful
Behavior	Mother looking for information to increase fertility
	Mother motivates as long as the daughter-in-law does fertility treatment
	Mother helps answer when asking about the results of her fertility treatment
	Mother always communicates to support her during fertility treatment
	What other forms of support do you give to your daughter-in-law?

emerged from the analysis of interviews, interviews and notes. The peer-review process takes place as a validation strategy to control for author bias in the interpretation of themes [13]. A co-researcher who was neutrally eligible for the study received full transcripts of all interviews and notes and reviewed codes and themes entirely regardless of the principal investigator's participation. This peer reviewer reviews each code against each unit of meaning and quotation from the transcript. After the principal investigator and neutral colleagues met to compare and contrast the code themes, member checks were used to validate the interpretation of the data.

Table 3. Characteristics of Main Informants

No	Informant Code	Age	Education	Work	Residence
1	IU1	41 years	Higher education	Self-employed	Housing area
2	IU2	29 years	Senior High School	Housewife	Settlement

Table 4. Characteristics of Supporting Informants

No	Informant Code	Age	Education	Work	Residence
1	IP1	60 years	Junior High School	Housewife	Settlement
2	IP2	54 years	Higher education	civil servant	Settlement

3 Results

The study result will begin according to the characteristics of the informants are shown in Tables 3 and 4.

Table 3 shows that the two primary informants aged less than 30 years are one person and more than 35 years are one. Based on the age difference there a different response regarding primary infertility. The Table 3 shows that the two main informants are one private and one housewife. There are differences based on the work, so researchers and informants need to equalize their free time, but these obstacles can be overcome. Based on Table 3, it is also clear that most of the primary informants live in residential and residential areas.

Table 4 shows that the two supporting informants are all mothers-in-law who are more than 50 years old. Based on the age difference there a different response regarding primary infertility. The Table 4 indicates that the two supporting informants are one civil servant and one housewife. There are differences based on the work, so researchers and informants need to equalize their free time, but these obstacles can be overcome. Based on Table 4, most of the supporting informants live in residential areas.

The results of interviews with key informants are as follows, which describe a decline in mental health:

Box 1

What are the feelings of sadness and pressure in this matter, try to tell?

"When I find out that I have a problem with my uterus and it will take a long time or maybe I won't be able to have children, it makes me sad and I can only give up, I'm depressed, but I'm not really depressed. It's just sad that sometimes others can, why can't I"
(in-depth interview with IU1, 41 years old)

Box 2

What are the feelings of sadness and pressure in this matter, try to tell?

"I don't feel sad and depressed because even though I have been married for more than 1 year, I think I will still enjoy it, because my husband's partner and family don't have a problem and help find solutions to check and alternative types "
(in-depth interview with IU2, 29 years old)

Discussion

The results of interviews with key informants are as follows, which describe feelings of sadness and loss of self-confidence:

Box 3

Do you have feelings of sadness and/or loss of not being able to have a baby (or child) tell me?

"I felt sad and lost my confidence, Ms."
(in-depth interview with IU1, 41 years)

"sad and loss I don't feel much, it's natural to feel that sometimes but yes it can still be controlled by that feeling"
(in-depth interview with IU2, 29 years old)

The results of the main informant interviews are as follows which describe The role of the family, namely the mother-in-law:

Box 4

Do you think your family can realize what you are going through right now tell me?

"I know very well and even my family is like a biological mother and mother-in-law when I want to ask this connection, they are very gentle and give good advice to me and are asked to always be patient"

(in-depth interview with IU1, 41 years old)

I realize that so far there have been no problems and have been fine and once my mother-in-law came with me once when I checked my husband and I in the early days"

(in-depth interview with IU2, 29 years old)

The results of interviews with mothers-in-law as supporting informants are partly the results where knowledge, attitudes, and behavior are related to fertility care. The two supporting informants that the majority provide support by continuing to seek medical assistance even though there are supporting informants who are sometimes influenced by the culture that children are essential, but increasing knowledge, attitudes, and supportive behavior in fertility care can affect the mental health of their daughter-in-law as primary infertility women as seen from an answer as follows:

Box 5

How do you think that women with fertility disorders feel very stressed when they always get pressure from their surrounding families during fertility treatment? tell me?

"It's true that I used to rush my daughter-in-law but after a long time I felt sorry if I was pressured so I could only pray and look for clinical treatment information"

(in-depth interview with IP1, 60 years)

"It will be stressful, yes, so I try to be a shield for my daughter-in-law when someone asks her descent, I don't want my daughter-in-law to be burdened"

(in-depth interview with IP2, 54 years old)

Box 6

What is the form of mother's support during fertility treatment faced by her daughter-in-law (girl)?

"I'm trying to find treatment information, I ask non-medical also to drink potions, but I offer first, my mother-in-law can only help as much as I can"

(in-depth interview with IP1, 60 years old)

"Surely keep his feelings, don't offend descendants, sometimes just remind him to check, so make him comfortable, and wait for God's will"

(in-depth interview with IP2, 54 years old)

Box 7

Does the mother always communicate to support her during the treatment of fertility, please tell me?

"I tried to communicate at first I was a bit sad, but I thought if I continued to support and pray I'm sure God will make a way"

(in-depth interview with IP1, 60 years old)

"Yes, I do it casually when he has free time, so there is no problem with communication with my son-in-law, because my daughter-in-law is also relaxed and calm"

(in-depth interview with IP2, 54 years old)

4 Discussion

Based on the research results above, the characteristics of the respondent's age and education, as well as the respondent's occupation, namely women with primary infertility, significantly affect the response of the relationship in the face of primary infertility. In primary infertility, women were age, education, and jobs respond more commonly when the family asks about hereditary problems. According to research studies, that education can influence a person's behavior towards the pattern of life, especially in attitude motivation. The higher a person's education, the easier it is to receive information [14]. It can be seen that the younger age is more relaxed in accepting the response to infertility, so it is not in line with the fact that the older one, the level of maturity and strength a person will be more mature in thinking [15].

Work also affects the anxiety of women with primary infertility because women who work have more opportunities to forget about infertility problems because they socialize more outside, compared to infertility women who are at home, who always think about infertility problems. So in line with research studies that infertility women can reduce anxiety by doing activities that can keep them busy and not overthink about infertility so that a person's psychology can relax and calm down [16].

Based on the interview results with the main informant regarding mental health, there was an unacceptable change in initial feelings. However, over time because they felt they were trying their best, they could finally accept it sincerely; the two primary informants proved that it was sad because they could not be the perfect woman to have children. The role of the family that is often close and direct is other than the husband, namely the mother-in-law; just like ordinary people, the mother-in-law feels sad but understanding; finally, the main informant receives support from the mother-in-law by not rushing to have children. So it is different from the study in that the mother-in-law will continuously pursue questions to speed up offspring. If it takes too long for her child to divorce, this will significantly affect the mental and fertility decline [17].

Based on the results of interviews with supporting informants that the majority of mothers-in-law feel sad too, but the mother-in-law of the two primary informants can only pray and leave everything to God, the form of support given is a lot to keep feelings, do not offend too often with the daughter-in-law, seek medical and non-medical treatment, so that This is in line with research studies which explain that close family support has an emotional connection is a subscale that is more widely used to assess the ease of speaking and relying on family members when facing serious problems or concerns, empathy perception and receiving counseling, asked to all age ranges and in general the results show different correlations with health outcomes in this is one of the problems of infertility where there is mental health for women with primary infertility [18].

Based on the results of the mother-in-law's interview, there was little change where many felt at the beginning that the daughter-in-law could not have children, not accepting it was natural for humans to feel. However, in the decade of advances in information, many have tried to increase knowledge, support attitudes, and positive behavior that can help improve the quality of life. Mental health in this case in women with primary infertility [17].

5 Conclusions

It can be concluded that the mother-in-law in the current decade has been able to accept changes, so the mother-in-law has started to participate and is very important in maintaining mental health, especially in infertility women during fertility treatment.

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