

Infertility-related stress among women undergoing assisted reproductive technology in a predominantly Muslim population

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Abstract

Objectives: Infertility-related stress is common among infertile women. In Albania, a patriarchal society in South Eastern Europe, anecdotic evidence suggests that infertility is becoming an increasing problem. The aim of this study was to explore infertility-related stress among women undergoing assisted reproductive technology (ART) in Albania, a predominantly Muslim country.

Study design: Cross-sectional study.

Methods: In 2012 we interviewed 171 infertile women seeking medical support for their condition in four ART clinics in Tirana, the Albanian capital. The self-administered Newton's Fertility Problem Inventory was used to assess the infertility-related stress among women. A summary score was calculated for each participant ranging from 44 (least stressed) to 264 (most stressed). Information on pregnancy attempts, causes of infertility and demographic and socioeconomic indicators was also collected. Multivariable-adjusted general linear model was used to assess the independent correlates of infertility-related stress.

Results: Infertility-related stress dimensions were moderately but significantly correlated with each-other. In multivariable-adjusted models, the overall stress levels were significantly higher among older women (>39 years), participants with a lower educational attainment, unmarried women, individuals who never underwent any previous ART treatment or experienced only one ART type, and those diagnosed with female causes of infertility.

Conclusions: Several factors were associated with infertility-related stress among Albanian infertile women. Compared to other countries, infertile women in Albania experienced, on average, higher infertility-related stress, potentially boosted by the patriarchal societal environment in the context of a largely Muslim population. Decision-makers need to take into account these elements when designing policies that address infertility.

KEYWORDS: Albania, Assisted Reproductive Technology, Fertility Problem Inventory, infertility-related stress, South Eastern Europe.

Introduction

Infertility, the inability to conceive after at least one year of unprotected sexual intercourse,¹ is a stressful experience for the couple.

In many traditional cultures, infertile women often bear the blame of the "inability of the couple to conceive" because of the roles women are expected to fulfil in such communities.² In this environment, the inability to procreate poses major psychological, social and economic disadvantages, mainly to women.²⁻⁴ Infertility-

related psychological and social consequences often presents as a continuum process ranging from fear, guilt and self-blame, to marital stress, depression and feeling helpless, marital violence, social isolation and loss of social status.^{2,5,6} The more a community values procreation abilities the harder the negative consequences of infertility.² If in developed countries the stigma related to infertility is often covert and hidden^{7,8} in less developed communities it is often visible and direct.²

Infertile women undergoing assisted reproduction technology (ART) treatments report a high prevalence of psychiatric disorders^{9,10} and higher levels of depression and anxiety compared to fertile women.¹¹ According to a critical literature review, infertile subjects had higher levels of depression, anxiety and lower self-esteem, but did not differ in terms of sexuality and marital relations¹² which was evidenced in another study.¹³ Infertility usually is a more stressful experience for women,^{12,14-16} even though both partners could be affected.¹⁴

In Europe, the number of ART treatments has increased over the years,^{17,18} a trend present also in Albania, a small South-Eastern European (SEE) country. Information about infertility in Albania is still very limited. In 2012 the prevalence of infertility was estimated at 12-15% of couples.¹⁹ Data based on the westernization of the lifestyle, decreasing fertility rates and delaying of first pregnancy suggest that infertility problem is increasing in Albania.¹⁹ Following these trends, and the liberal legislation in place since 2002 which allows virtually any in-vitro fertilization technique and places no limits on the number of eggs or embryos being donated, the number of ART clinics in Albania has expanded¹⁹ but they remain located only in the capital city.

To date there are no reports on the stress levels that infertile women experience in Albania, where infertility is still considered a low-priority problem by policymakers and therefore little attention is paid to it by the public sector. This could be of important concern in a country like Albania, which, despite the westernization of lifestyle,¹⁹ still remains a largely patriarchal Muslim society,²⁰ especially in areas other than the capital, and where, the inability to procreate might bear heavy consequences for the woman, the couple, the family and the entire community in terms of stigma, stress, marital relations and economic costs. Furthermore, anecdotal information suggests that young couples in Albania stay in “engagement status” until the pregnancy is confirmed, after which usually marriage takes place.

In this context, the aim of this study was to assess the magnitude and correlates of infertility-related stress among infertile women currently receiving medical help in ART clinics in Albania in order to inform health professionals and policy makers about such largely overlooked aspect of the infertile community in this SEE transitional country. We hypothesized that the infertility-related stress level would be higher in Albanian women given the patriarchal type of society in the context of a predominantly Muslim population.

Methods

A cross-sectional study was carried out between 7 January to 31 December 2012 among women receiving ART treatment to address their infertility in all ART private clinics in Tirana, the capital of Albania.

Of five ART clinics approached one declined to cooperate. The inclusion criteria were: women affected by primary infertility who were undergoing any ART treatment (regardless of the cycle number they were in at the time of the survey) in one of the ART clinics under study and also being able to read and write. In Albania some women failing to achieve pregnancy in an ART clinic go to the next one with the

hope of succeeding and therefore there is the risk of duplication. We were aware of this phenomenon and therefore we were able to detect 39 such subjects which were counted and interviewed only once. In total, 175 women were eligible to participate but four of them refused to do so for the following reasons: two women didn't have time to participate, one woman wasn't interested and in one case the male partner didn't agree. The final study population was 171 women.

The information was collected via self-administered interviews. The infertility-related stress was measured through Newton's Fertility Problem Inventory (FPI).²¹ FPI comprises 46 items organized into five domains: social (10 items), sexual (8 items), relationship concerns (10 items), the need for parenthood (10 items) and rejection of child-free lifestyle domain (8 items). Each item represents a 6-point Likert scale statement ranging from 1 (totally disagree) to 6 (totally agree).

The Albanian version of the instrument, validated following standard procedures in a sample of 7 infertile women randomly selected among ART patients in Tirana, showed good internal consistency (overall Cronbach's alpha: 0.930). Two items (one in the relationship domain and one in the rejection of child-free lifestyle domain) were removed from the analysis since they significantly reduced the internal consistency of the respective domains.

Therefore, all the analysis are based on the remaining 44 items of the FPI instrument. An overall infertility stress index was calculated for each participant ranging from 44 (least stressed) to 264 (most stressed). Furthermore, five subscale scores (domain indexes) were calculated according to the five domains of infertility stress and namely: social concerns (range: 10-60), sexual concerns (range: 8-48), relationship concerns (range: 9-54), need for parenthood (range 10-60) and rejection of child-free lifestyle (range: 7-42).

Information was retrieved about participants' basic socio-demographic indicators, causes of infertility, time attempting pregnancy, types of ART treatment (Intra Uterine Insemination (IUI) or In-Vitro Fertilization (IVF)) and time treating infertility, which comprise the independent variables. Women who were in their first cycle of ART treatment were considered as having "no previous ART treatment" in the analysis. Participants were provided with information about the scope and aims of the study. Each participant signed an individual informed consent form. The study was approved by the National Bioethics Committee.

Absolute number and respective percentages were used to describe the distribution of participants by independent variables. Continuous variables were described by providing the arithmetic mean \pm standard deviation.

Spearman coefficient was used to assess the correlation between infertility-stress domains.

General linear model was used to compare the mean values of infertility-related stress scores by different categories of independent variables. We used three models of analysis by adjusting incrementally for a number of potential confounders. Age-adjusted and multivariable-adjusted mean values of infertility-related stress scores were calculated and reported.

SPSS (Statistical Package for Social Sciences, version 18.0) was used for all the statistical analyses.

Results

Mean age of participants (n=171) was 33.5 ± 6.3 years (age range: 20-50 years). Around two thirds of participants (62%) had less than university education and 64.3% resided in urban areas (Table 1). More than half of respondents had never before

undergone ART procedures to address infertility (meaning that this was their first ART treatment ever). On average subjects had tried to conceive for about 7.0 ± 5.2 years and had been under infertility treatment for 3.3 ± 3.9 years. The prevalence of male and female causes of infertility was 43.9% and 34.5%, respectively (Table 1).

Table 2 present the mean values of infertility stress sub-indexes and global index according to characteristics of participants. In general, for all the stress indexes presented in Table 2, the scores were higher among older, least educated, rural and unemployed participants as well as those attempting pregnancy and treating infertility for longer periods of time, not previously undergoing any ART treatment and experiencing female causes of infertility (Table 2).

Table 3 gives an overview of correlation coefficients between infertility stress domains. As expected, correlations between various domains were positive, moderate-to-strong. All correlations showed to be highly significant.

Table 4 shows the associations of global infertility index scores with characteristics of respondents, controlling incrementally for confounding effects. In age-adjusted analysis, older age, lower education, rural residence, being unemployed, longer time of having attempted pregnancy and being treated for infertility, and no previous ART treatment were significantly associated with higher scores (higher stress) [Table 4]. Upon multivariable adjustment (Model 3), some associations turned non-significant such as those with the place of residence, employment status, time attempting pregnancy and time treating infertility. However, oldest participants remained significantly more stressed compared to individuals aged less than 30 years old (mean values 174 vs. 163, respectively, $P=0.028$). Also, having secondary or high school education was associated with significantly higher stress levels compared to subjects with university education (mean values 183 and 165 vs. 153, respectively, overall $P<0.001$). In addition, being unmarried, not previously undergoing any ART treatment and being diagnosed with female cause of infertility remained all significantly associated with higher stress levels (Table 4).

Discussion

This is the first study assessing infertility-related stress among women seeking medical help to address infertility in ART clinics in Albania. Infertility stress was significantly and positively associated with age, negatively associated with education level; mean stress levels were significantly higher among unmarried infertile women, those with no previous ART treatment (or one kind of treatment) and those diagnosed with female causes of infertility.

The mean overall infertility-related stress level in our study (158.4) was relatively higher compared to estimates from developed countries – mean values 132.1²¹ and 134.4²² and comparable to figures from developing countries - mean value 172.5²³, using the same FPI instrument. Donkor and Sandall explained that higher stress levels in developing countries are due to higher social pressures, more patriarchal societies, issues concerning the application of the instrument and differences in education levels.²³

Some of our findings are in line with previous research. The association of infertility stress with age is controversial. Our results suggested a significant positive association, thus being in concordance with some previous research.²⁴ With advancing age the hopes to achieve pregnancy diminish, especially in traditional societies where inability to procreate is associated with considerable psychological and social disadvantages among women.^{3,4,25} However, Newton et al. reported a

significant weak negative association between age and global infertility stress among infertile women²¹ whereas other studies suggested no association.^{23,26,27}

The negative association of infertility stress with education level has also been reported in literature.^{21,23,28} In our study we found that unemployed infertile women experienced higher stress levels, even though the association did not achieve statistical significance. The direction of these two associations suggest that higher education and employment might protect women from infertility-related stress and enable them to cope more positively with the reality.²⁹

The positive association between infertility stress with time treating infertility finds some support in literature^{23,28} whereas regarding the association with marital status results were mixed: no association²³ or protective effect of marriage on infertility stress.^{12,30,31}

As regards the association of global infertility stress with infertility causes, our results differ from those in literature, which suggest that male infertility is a more stressful experience than female infertility to both men and women.²¹ In our study women were more stressed when the cause of infertility was a female factor. We think the actual results make sense in the Albanian context. As with other east European countries, the fall of communism in early '90s in Albania was expected to be accompanied by disruption of traditional social institutions, leading to structural and ideational changes of family structures.^{32,33} Albania used to be a deeply patriarchal society promoting early motherhood, large families and a predominant role of males in society, a culture that, despite efforts, couldn't be dominated by the subsequently installed communist regime.²⁰ The opening of the country to democracy and market economy system in early '90s, after almost 50 years under an extreme communist autocracy, was accompanied by fast modernization and major institutional changes.²⁰ Nevertheless, the social structure remained deeply patriarchal as evidenced by gender inequality in politics, labour market, household economy, private sphere and cultural domain.²⁰ Especially in areas other than the capital marriages still occur at young age, leading to large families and paternal control.²⁰ Often infertile women feel overlooked by family member or their social network.^{34,35} Under these circumstances, women bearing the factor responsible for their infertility could blame themselves and this is reflected in higher stress levels.

The patriarchal type of society in Albania is reflected even in official figures as well. For example, the Ministry of Health of Albania, during 2006-2010 reported 10 times more cases with female than male causes of infertility, thus being in deep contrast with data reported from ART clinics. This is an indicator of the prevailing mentality which considers male infertility as a taboo and that lays all the responsibility of procreation inability on the female partner. On the other hand, we demonstrated that, after controlling for a number of potential confounders, rural infertile women experienced higher stress levels, with borderline statistical significance. Also, rural couples in our study had attempted pregnancy for longer periods before seeking medical treatment of their condition (data not shown), suggesting for stronger patriarchal influences in these areas of the country.

Interestingly, our data suggested that women undergoing no previous ART treatment or only one ART procedure were significantly more stressed than women undergoing both IUI and IVF. This result contradicts previous research.²⁸ Also, the positive association of infertility stress with time attempting pregnancy (duration of infertility) evidenced in our study was not supported by earlier surveys.³⁶ Hsu and Kuo suggested that women receiving treatment for five times or more experienced greater emotional distress compared to women undergoing treatment once or twice.²⁸

However, we think that these findings make sense in the Albanian context as well: in a patriarchal society, infertile women feel stigmatized and blamed about their condition. Therefore, the inability to procreate is associated with higher stress levels right away, before seeking any medical help. When this occurs, after unsuccessfully trying to resolve infertility for many years (associated with higher stress) through traditional methods, suddenly turning to the last real alternative, such as ART procedures, could generate hopes for a potential near future pregnancy and thus could reduce the stress level of infertile women at first. Then, the more ART procedures fail the more the stress level could increase, coming in line with literature reports.

The economic impact of infertility is considerable to women in developing countries, where the public system rarely covers ART treatments with women turning to private clinics to solve their problem, often paying out-of-pocket and leading to catastrophic expenditures.³⁷ In the lack of official data, anecdotal information suggests that ART procedures in Albania are very expensive to most infertile couples and out-of-pocket since they are not covered by the health insurance scheme. Furthermore, as suggested by the results of the current paper, rural women in Albania might experience higher levels of social pressure due to their infertility and therefore they are most interested in solving their infertility. This means that probably they will try to find the financial means to engage in ART treatment no matter what. Thus, this puts rural infertile women in Albania in a real risk of facing catastrophic expenditures because of their condition.

This study has several limitations. Its cross-sectional nature does not allow to draw conclusions about the temporality of events. The information about the infertility-related stress was based on self-reporting and therefore the information bias cannot be ruled out. Our study included only women present at the respective private ART clinics at the time of the survey. However, not all women experiencing infertility turn to private ART services to solve their problem. Therefore, our study population could be representative only of women showing up at private clinics in order to address their infertility through ART procedures. The present survey has some strong points as well. It is the first study exploring the stress infertile women experience in Albania and the factors associated with it, controlling for a number of independent variables in the analysis. In addition, the infertility-related stress was assessed through an internationally validated and reliable tool such as the Newton's FPI.

In conclusion, the older, least educated, unmarried infertile women and those not previously undergoing any ART treatment of infertility and diagnosed with female causes of infertility in Albania experienced higher levels of infertility stress compared to their counterparts. The patriarchal type of society in the context of a predominantly Muslim population may further increase the stress level among infertile women and may push them towards catastrophic expenditures in order to fulfil their community-expected motherhood role. Health professionals and policy-makers need to take into account these factors when designing interventions and policies that address infertility and infertility-related stress in transitional Albania.

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Authors' contribution: FBT contributed to study conceptualization, data interpretation and writing of the article. EG contributed to data acquisition, interpretation of the data and commented on the manuscript. ET contributed to data analysis and commented on the manuscript. GB commented comprehensively on the manuscript.

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Table 1. Characteristics of women seeking infertility treatment in Tirana, Albania, 2012

Variable	Number	Percentage
Age (years)	33.5 ± 6.3*	
Age-group		
20-29 years	54	31.6
30-39 years	87	50.9
>39 years	30	17.5
Education level		
Secondary school	49	28.7
High school	57	33.3
University education	65	38.0
Place of residence		
Urban	110	64.3
Rural	61	35.7
Employment status		
Public sector employee	35	20.5
Private sector employee	62	36.3
Unemployed	74	43.3
Marital status		
Married	158	92.4
Engaged/cohabiting	13	7.6
Time attempting pregnancy (years)	7.0 ± 5.2*	
Time attempting pregnancy		
≤3 years	63	36.8
4-8 years	53	31.0
>8 years	55	32.2
Time treating infertility (years) †	3.3 ± 3.9*	
Time treating infertility †		
≤3 years	114	66.7
>3 years	57	33.3
ART treatment		
No previous treatment	87	51.5
IUI or IVF	66	39.1
IUI and IVF	16	9.5
Cause of infertility		
Male cause	75	43.9
Female cause	59	34.5
Mix cause	17	9.9
Unexplained	20	11.7
Total	171	100.0

* Mean value ± standard deviation.

† This includes time trying traditional and ART methods of inducing fertility.

Table 2. Distribution of infertility-related stress indexes' scores by demographic and socioeconomic characteristics of women seeking infertility treatment in Tirana, Albania, 2012

Variable	Infertility-related stress dimensions							Global infertility related stress
	Sexual concerns	Social concerns	Relationship concerns	Rejection of child-free lifestyle	Need for parenthood			
Total	24.01 ± 8.94*	31.17 ± 9.59	24.39 ± 8.46	30.01 ± 6.40	48.87 ± 8.02	158.4 ± 33.7		
Age-group	0.030	0.06	0.88	0.55	0.10	0.12		
20-29 years	22.0 ‡	30.4	24.1 0	29.2 2	47.0 4	152.0		
30-39 years	†	1	24.4	30.3	49.5	4		
>39 years	24.1	30.6	25.0	30.5	50.3	158.9		
	27.4	34.9				168.1		
Education level	0.001	0.00	0.00	0.00	0.00	0.00		
Secondary school	29.2	36.1	29.7 1	33.9 1	54.2 1	183.1		
High school	24.9	0	23.8	30.1	49.1	0		
University education	19.3	32.4	20.9	26.9	44.7	160.2		
		26.4				138.3		
Place of residence	0.002	0.00	0.00	0.00	0.00	0.00		
Urban	22.4	29.1	22.2 1	28.5 1	47.5 3	150.1		
Rural	26.9	4	28.3	32.6	51.3	2		
		34.3				173.4		
Employment status	0.002	0.00	0.00	0.00	0.00	0.00		
Public sector employee	20.3	25.7	20.4 1	28.2 1	46.0 1	140.1		
Private sector employee	23.1	7	23.3	28.3	47.5	7		
Unemployed	26.5	30.4	27.2	32.3	51.4	152.6		
		34.4				171.7		
Marital status	0.633	0.74	0.61	0.82	0.48	0.89		
Married	23.9	31.6	24.3 3	30.0 0	49.0 8	158.1		
Engaged/cohabiting	25.2	1	25.5	29.6	47.4	3		
		32.0				159.7		
Time attempting pregnancy	0.011	0.00	0.02	0.28	0.00	0.00		
≤3 years	21.7	27.1	22.8	29.2	46.1	147.1		
4-8 years	24.0	5	23.7	29.9	49.0	3		
>8 years	26.7	32.4	26.8	31.0	51.9	158.9		
		34.2				170.7		

Time infertility	treating	<i>0.018</i>	<i>0.00</i>	<i>0.06</i>	<i>0.05</i>	<i>0.00</i>	<i>0.00</i>
≤3 years	22.9	29.	23.5	29.3	47.2	152.	
>3 years	26.3	3	26.1	31.4	52.2	5	
		34.				170.	
		9				9	
ART treatment		<i>0.035</i>	<i>0.21</i>	<i>0.01</i>	<i>0.02</i>	<i>0.09</i>	<i>0.01</i>
No previous treatment	25.2	31.	9	25.8	5	30.9	6
IUI or IVF	23.3	7	23.5	29.6	48.8	3	
IUI and IVF	19.3	31.	19.6	26.4	44.9	156.	
		1				3	
		27.				137.	
		2				3	
Cause of infertility		<i>0.039</i>	<i>0.02</i>	<i>0.06</i>	<i>0.42</i>	<i>0.10</i>	<i>0.02</i>
Male cause	22.3	30.	3	22.7	1	29.4	1
Female cause	26.3	2	26.5	31.0	50.6	2	
Mix cause	25.7	32.	25.5	30.4	48.4	167.	
Unexplained	22.1	8	23.3	28.9	45.6	3	
		35.				165.	
		0				1	
		26.				146.	
		8				6	

* Mean value ± standard deviation (SD).

† Mean value. Higher values indicate higher stress.

‡ P-value according to the general linear model.

Table 3. Correlational matrix of infertility-related stress and its domains

Infertility-related stress domains	Infertility-related stress domains				
	Global infertility stress	Sexual concerns	Social concerns	Relationship concerns	Rejection of child-free lifestyle
Sexual concerns	0.845 (<0.001)*	-			
Social concerns	0.822 (<0.001)	0.640 (<0.001)	-		
Relationship concerns	0.773 (<0.001)	0.648 (<0.001)	0.558 (<0.001)	-	
Rejection of child-free lifestyle	0.695 (<0.01)	0.472 (<0.001)	0.427 (<0.001)	0.475 (<0.001)	
Need for parenthood	0.837 (<0.001)	0.618 (<0.001)	0.643 (<0.001)	0.496 (<0.001)	0.612 (<0.001)

* Spearman correlation coefficients and the respective p-values (in parentheses).

Table 4. Association of global infertility-related stress index scores with socio-economic variables; mean values from the general linear model

Variable	Model 1 †		Model 2 ‡		Model 3 §	
	Mean value (95% CI)*	P	Mean value (95% CI)	P	Mean value (95% CI)*	P
Age-group		<i>0.120 (2)</i> ¶		<i>0.064 (2)</i>		<i>0.061 (2)</i>
20-29 years	152 (143-161)	0.041	164 (152-175)	0.023	163 (150-176)	0.028
30-39 years	159 (151-165)	0.196	175 (157-179)	0.043	176 (155-174)	0.057
>39 years	168 (156-180)	reference	166 (165-193)	reference	164 (160-189)	reference
Education level		<i><0.001 (2)</i>		<i><0.001 (2)</i>		<i><0.001 (2)</i>
Secondary school	185 (177-194)	<0.001	189 (176-203)	<0.001	183 (169-197)	<0.001
High school	160 (152-167)	<0.001	203 (157-180)	0.003	197 (153-177)	0.022
University education	140 (133-148)	reference	168 (141-162)	reference	165 (142-165)	reference
Place of residence						
Urban	151 (145-157)	<0.001	165 (155-175)	0.053	163 (152-173)	0.067
Rural	175 (167-184)	reference	174 (163-186)	reference	171 (159-184)	reference
Employment status		<i><0.001 (2)</i>		<i>0.667 (2)</i>		<i>0.544 (2)</i>
Public sector employee	140 (130-151)	<0.001	166 (152-180)	0.373	164 (150-178)	0.292
Private sector employee	154 (146-162)	0.002	180 (159-181)	0.723	178 (155-178)	0.418
Unemployed	171 (164-179)	reference	170 (172-183)	reference	167 (171-182)	reference
Marital status						
Married	159 (154-165)	0.838	161 (156-178)	0.045	156 (149-164)	0.013
Engaged/cohabiting	161 (142-180)	reference	167 (161-195)	reference	178 (161-195)	reference
Time attempting pregnancy		<i>0.003 (2)</i>		<i>0.671 (2)</i>		<i>0.914 (2)</i>
≤3 years	148 (140-157)	0.001	167 (156-178)	0.434	166 (153-179)	0.910
4-8 years	160 (151-169)	0.112	172 (160-183)	0.914	179 (156-180)	0.788
>8 years	171 (161-180)	reference	172 (172-185)	reference	168 (167-180)	reference
Time treating infertility						
≤3 years	154 (147-160)	0.001	168 (158-175)	0.140	162 (151-173)	0.087
>3 years	172 (163-181)	reference	177 (175-187)	reference	172 (160-184)	reference

ART treatment		<i>0.006 (2)</i>			<i>0.086 (2)</i>		<i>0.028 (2)</i>
No previous treatment	165 (157-172)	0.002	172	(161-	0.035	175	(164-
IUI or IVF	156 (148-164)	0.030	182)		0.034	186)	0.015
IUI and IVF	136 (119-153)	reference	172	(161-	reference	168	(161-
			183)			180)	reference
			155	(139-		153	(137-
			171)			169)	
Cause of infertility		<i>0.065 (3)</i>			<i>0.305 (3)</i>		<i>0.105 (3)</i>
Male cause	155 (147-163)	0.323	168	(157-	0.334	164	(152-
Female cause	167 (158-175)	0.020	179)		0.103	176)	0.047
Mix cause	165 (149-180)	0.101	173	(162-	0.119	172	(161-
Unexplained	147 (132-161)	reference	184)		reference	183)	reference
			165	(150-		168	(157-
			181)			180)	
			161	(146-		159	(144-
			175)			173)	

* Mean value of global infertility stress index based on 44 questions and its corresponding 95% confidence interval (CI) [in parantheses]. Higher values indicate higher satisfaction (lower stress).

† Model 1: adjusted (controlled) only for age.

‡ Model 2: adjusted (controlled) for age, education, employment status, residence and marital status.

§ Model 3: adjusted (controlled) for all factors presented in the table.

¶ Overall p-values and degrees of freedom (in parentheses).