Abstract

Assisted reproductive technology (ART) is an in vitro fertilization process that is resisted with stigma in Pakistani society, therefore, there is a fear in the eyes of many women in opting for the procedure and they develop fear of disclosure if the procedure is carried out. This burden negatively impacts mental health of many women. To assess this fear of disclosure vis a vis mental burden, a psychometrically standardized instrument was unavailable.This dissertation was therefore designed to develop a psychometrically sound instrument that would measure fear of disclosure in infertile women using ART (Study 1). In this study, a Fear of Disclosure Scale (FoDS) was developed in Urdu, and its factor structure was established via exploratory factor analysis (EFA) on a sample of 200 women; followed by a confirmatory factor analysis (CFA) with 350 women. The final FoDS comprised 17 items with three subscales: Social Scrutiny (9 items), Lack of Awareness (4 items), and Child Identity Issues (4 items). The internal consistency of FoDS was good (r = .81), and its subscales had acceptable to good reliabilities (Cronbach alpha = .61 - .85). Significant discriminant validity (r = -.31) was revealed against Satisfaction with Life Scale (Mussaffa et al., 2014). In Study 2, four scales were adapted, translated, and validated, which included the Husband Support Scale (HSS), the Stigma-Consciousness Questionnaire (SCQ), the Rosenberg Self-Esteem Scale (RSS), and Depression, Anxiety, Stress Scale-21 (DASS-21) on a sample of 350 women undergoing ART treatment. Results demonstrated that these scales and subscales had promising psychometric properties . Study 3 tested determinants and consequences of fear of disclosure in 400 women between the ages of 25-45 (M = 39.92, SD = 1.34) years with primary infertility, undergoing ART treatment. Three hierarchical regression analyses were run to assess the predictive strength of stigma consciousness, years of marriage, and husband's support and fear of disclosure after controlling demographic variables. The results of first regression analyss indicated that years of marriage, 20

stigma consciousness, and negative husband support significantly predicted fear of disclosure (R^2 = .05). The results of second hierarchical regression analysis indicated that age, income, years of marriage, stigma consciousness, positive and negative husband's support, and fear of disclosure significantly predicted psychological distress (R^2 = .16). The results of third hierarchical regression indicated that age, years of marriage, stigma consciousness, and fear of disclosure significantly predicted self-esteem (R^2 = .04). Mediation analysis revealed that stigma consciousness directly and indirectly impacted psychological distress through fear of disclosure. In addition, psychological distress had direct and indirect impact on lower self-esteem through stigma consciousness in women. Results of ANOVA showed that women in the high-income group undergoing ART treatment reported significantly higher levels of stress, anxiety, and depression as compared to middle- and low-income groups. Further, the results (t-test) showed that women undergoing ART treatment with 10-19 years of marriage scored significantly higher on fear of disclosure, stigma consciousness, depression, anxiety, and stress and significantly lower self-esteem as compared to the women with 2-9 years of marriage. This research project holds significant implications for health psychology, counseling psychology, and women's mental health. Nurses, gynecologists and other healthcare professionals are recommended to incorporate psychological care for infertile women, particularly those undergoing ART, providing them a safe space to talk about a range of feelings after receiving infertility diagnosis contemplating fertility treatment.
Keywords: infertile women, ART, stigma, husband support, fear of disclosure, self-esteem, psychological distress