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FEATURES OF THE REPRODUCTIVE SETTING OF MEN AND WOMEN WHICH ARE PATIENTS OF THE PROGRAMS OF ASSISTED REPRODUCTIVE TECHNOLOGIES (ARTs)

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Abstract

Infertility refers to those states that significantly affect the psycho-emotional status of a person, causing the state of chronic stress. In turn, chronic stress can lead to the development of stress-induced infertility. **The aim** of the study was to identify features of the reproductive setting of men and women who are patients of assisted reproductive technology (ART) programs in connection with reproductive behavior. **Material and methods.** Under supervision, there were 233 women and men who needed infertility treatment using ART methods, and 142 fertile women and men who had already had births, and applied for pre-gestational preparation before planning another pregnancy. Methods of psychological testing are used. **Results.** It has been established that the reproductive setting of infertile men and women is uncertain (contradictory); in it there is a discrepancy and ambivalence in the content of affective, cognitive and conative components. Reproductive testing of individuals having children is definite (harmonious); there is consistency in the content of affective, cognitive and conative components. There are gender differences in the components of the reproductive setting, both infertile and those with children. There is a connection between the type of reproductive setting and the personality characteristics, the relation to the spouse, the motives for the birth of the child. **Conclusions.** The reproductive settings of infertile men and women

who are patients of the ART are different from those of mothers and fathers with newborn babies and require psychological correction.

Key words: infertility, psychological status, stress, reproductive setting, child, gender differences, systemic multifactorial research of personality, diagnostics of interpersonal relations, semantic differential, facts associated with the birth of a child.

Infertility is seen as a factor that significantly influences demographic indicators in the country, representing a national problem. The development of the method of assisted reproductive technologies (ART) has raised the problem of infertility treatment from the deadlock of traditional approaches and has made it possible to achieve pregnancy in a significant number of women who were previously doomed to childlessness [3, 14]. Infertility refers to those states that significantly affect the psycho-emotional status of a person, causing the state of chronic stress. In turn, chronic stress can lead to the development of stress-induced infertility [2]. Additional traumatic factors are family, domestic, service difficulties due to the large amount of time spent visiting health facilities, financial expenses [15, 16]. However, unfortunately, little attention is paid to the psychological and psychosomatic component of barren marriages, including those with ART. But, as observations and clinical practice show, knowledge and understanding of the mental component of infertility can improve the treatment process [2, 4]. In this case, the study of the reproductive setting, the complex psychosocial formation of the individual, promotes the disclosure of the position of the individual to the birth of the child, the realization of internal contradictions. The reproductive system components of infertile men and women and of respondents with children are different in severity and content, which is due to the gender and the fact that the child is not present / present [8].

An analysis of domestic and foreign theories allows us to determine the concept of the setting as a complex social-psychic mechanism, consisting of cognition, affective reactions, which ensures the predisposition of the subject to the perception of future events and actions in a particular direction; provides a steady, purposeful character of the course of the relevant activity, serves the expedient selective activity of a person. The concept of social installation includes a relatively stable aspect of the system of views and concepts, a set of emotional states that predispose individuals to certain actions. This concept was first introduced in the scientific literature by WI Thomas and FW Znaniecki, in 1918 [12], and even earlier used H Spencer in his book "The First Principles" [5]. In foreign psychology, starting from the 1920s,

the social setting is being studied within the framework of behaviorism, Gestalt psychology (S. E. Asch), psychoanalysis (S. Freud), the theory of cognitive dissonance (L. Festinger), etc.

Reproductive setting is part of a social setting. This is a complex social and psychological mechanism, consisting of a complex of behavioral acts, judgments, assessments and positions of the person; is expressed in the behavior, emotions, motives of a person to the birth of children and influences the adoption of appropriate decisions [7, 8]. Conditions of formation in accordance with the theory of DN Uznadze provides for the need and opportunity or situation to meet this need [13]. Moreover, in the opinion of VV Boyko, the formation of a reproductive setting is influenced by norms, traditions, interests of society, and mainly by their own needs and personality capabilities [10]. The basis of reproductive behavior is the need for children. The attitude of the person to his offspring, to children in general, researchers in the reproductive sphere determine through the concept of "childishness". Thus, the need for children as a socio-psychological phenomenon includes elements of a social and individual plan. On the one hand, it is the installation of parents, corresponding to the existing social-historical type of family (large, small or childless). Such facilities determine the relation to the value and number of children in the family, as well as to their education, which is characteristic of the objective motive of having a child. On the other hand, this is the manifestation of childishness, which is characteristic of the subject as a bearer of the learned social norms, attitudes toward children in general, a subjective motive.

The aim of the study was to identify differences in the reproductive capacity of male and female patients in assisted reproductive technology programs in relation to reproductive behavior.

Material and methods

Under supervision, there were 233 women and men of group I who needed infertility treatment with ART methods. All pairs were examined in the Clinic of Reproductive Technologies of the Ukrainian State Institute of Reproduction of National Medical Academy of Postgraduate Education named after PL Shupik. Control group K consisted of 142 fertile women and men who already had births, and applied for pregravidar preparation before scheduled pregnancy.

To assess psychological and social status, the following questionnaire was used: a multi-factor system questionnaire of personality - Minnesota Multiphase Personality Test (MMPI) (McKinley, Hathaway 1948, 1954) [10]; questionnaire for the diagnosis of interpersonal relationships T. Leary (1954) [11]; semantic differential Ch.E. Osgood (1952) [6]; the method of evaluation of the facts associated with the birth of a child [9].

Results and their discussion

The reproductive setting of infertile women and men was uncertain, as there are contradictions, ambivalence, ambiguity in the content of the components. At the same time the cognitive component dominated, whose elements were traced in the affective component. Infertile men and women experienced ambivalent experiences regarding the birth of a child. In this case, the object of experience was both a child and a specific person. The fact that the child was born was of a practical nature, which left the emotionality of the very fact of birth. However, the process of treatment (good luck and failure) was quite emotional. The image of the child was associated, first, with the process of treatment, and secondly, with the collective image of another's child. The very fact of the child's birth was associated, first of all, with anxiety about himself, a health risk (which women are more likely to be prepared for), an obstacle to the pursuit of further professional activities.

The aggregate of specific knowledge about the process of treatment and general knowledge about the child was the content of the cognitive component, which was more pronounced in women who are aware of the process of treatment anymore. They endowed the child with an important quality, such as "utility," which testified to the instrumental motives of the birth of the child.

Infertile men and women were active in the process of treatment, however, while avoiding communication with other children, that affected the level and depth of knowledge about the child. Adoption of a child was considered by men as the most extreme variant. Women talked about adoption-related fears and was unacceptable for most of them. At the same time, in the issue of adoption, they were most embarrassed by the opinion of others.

In sterile women, the conative component was more pronounced than that of men: control over the process of treatment was observed not only for her, but also for her husband's treatment.

The reproductive setting of respondents with children had a more definite character, while the affective component was the main thing. Men and women with children have experienced a variety of feelings and emotions, the object of which was the child; the fact of the birth of the child was emotional, connected with the miracle that carried the joy of motherhood / fatherhood, parenting pride and, of course, excitement over their child. The image of the child was associated with their own, specific children; The cognitive component was manifested in knowledge of one's own child, his needs, personal characteristics. At the same time, the cognitive component was more pronounced in women than in men. Maternal women are better than male fathers to know the characteristics of the nature of children. Their

knowledge was more specific about certain problems and events. Mothers are more and more often than men directly interacting with children, while their communication was emotional. Men manifested themselves in solving the life difficulties of the child associated with the outside world.

Specific features of the reproductive system were associated with personality characteristics, relationship with the spouse, with society. Infertile women had androgynous-masculine gender identity, and men possessed androgynous-feminine identity. Women demonstrated themselves to be strong, determined, leading, volitional, independent; however men along with these qualities saw in the images of their spouses the possibility of cooperation, softness, obedience. Men from infertile couples were characterized by humility, shyness, distrust. In general, barren men and women were characterized by optimism, activity, individualism, social introversion. In the relationship dominated power-leading style from the side of a barren woman and obediently shy from the side of a barren man. Manifestation of power-leading style in a man is associated with an increase in anxiety, insecurity. Women more often than men were concerned about the process of treatment, were responsible for fulfilling all the requirements, not only their own, but also the spouse. In general, the relationship with the spouses was ambivalent. Infertile women and men have characterized ambivalent relationships with society: conformality and the desire to defend their position, which contributed to disadaptation in society and determined the specifics of the formation of a reproductive system.

Most of the motives for the birth of a child in infertile women were due to the influence of the social environment. Also, instrumental motives prevailed, in which the child served as a means to achieve personal goals: family strengthening, family preservation. However, infertile men more often than women have a desire to establish their own child. At the same time, this desire was more associated with the overcoming of obstacles, with the solution of a socially significant problem.

One of the important spheres of infertile men and women was a career, a job that could, from their point of view, replace the absence of a child. At the same time, the child was perceived as a real obstacle to the pursuit of professional activity.

For women who came for ART, psychosomatic manifestations, caused by intrapersonal conflict, expressed in an indeterminate reproductive system, were characteristic. At the same time, men who were registered for infertility, psychosomatic manifestations were not found.

In the control group, male fathers had androgynous-masculine gender identity, and women-mothers had androgynous-feminine identity. A man has a manifestation of leadership qualities, which he has been entrusted with including a woman. The woman was characterized by softness, as well as responsibility, rigidity and overcontrol. Mutual relations with the spouses of male fathers and female mothers were characterized by compliance with the boundaries, the presence of contact; the spouse (s) was evaluated as an equal partner, an adult. However, female mothers in their majority believed that for the sake of the child it is necessary to preserve the family, to suffer an insult, the presence of the father ensures full social and personal development of the child. The main motives for women of mothers were represented by their own desire to have a child, love for children, a sense of motherhood, and willingness to become a mother. Fathers in the first place was the continuation of the genus, which is due to gender specifics. Career and professional activities were compatible with the birth and upbringing of the child. For a man, the main goal was to provide material for the family.

Conclusions

Reproductive installation is a special case of social setting. Features of the reproductive system are determined by factors as objective (infertility and sex) and subjective (personal characteristics, attitude to the spouse, reasons for the birth of a child).

The reproductive setting of infertile patients with ART is uncertain (contradictory) and is characterized by the following features: a) the affective component contains ambivalent experiences, the object of which is the personality and image of the child; b) the cognitive component contains a set of certain knowledge about the child and experiences associated mainly with the treatment process; c) the conative component is associated with activity in the process of treatment and complex relationships with other children. The cognitive component is most significant in the reproductive setting of infertile patients.

The reproductive setting of respondents with children is definite, harmonious and characterized by the following features: a) the affective component contains certain experiences, the object of which is the child or the situation associated with it; the image of the child is assessed as emotionally positive, diverse; b) the content of the cognitive component is the totality of specific knowledge about the child; c) the conative component is expressed in active interaction with the child, which is emotional-personal. The affective component is most important in the reproductive testing of children with children.

Features of the reproductive setting of infertile and having children, are manifested: in the motives of the birth of the child; representations related to the birth of a child; in a relationship with a spouse.

The features of the reproductive setting and the content of its components are related to the gender: in women, in comparison with men, the conative component of the setting is more pronounced (the content of which is clearly expressed activity); The female cognitive component is characterized by specific knowledge about children (female mothers) or the process of treatment (in sterile women), their knowledge is more detailed and deep in comparison with men.

There is a transformation of gender identity in sterile patients: women exhibit androgynous-masculine identity, men are androgyn-feminine. Among respondents with children, women have androgen-feminine identity, and men are androgynous-masculine.

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