The relationship between religion and the meaning in suffering: perception of people with infertility

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National Meeting of the Center for Interdisciplinary Research in Health (CIIS)
March 31st – April 1st, 2023

Background

Religion is a strategy that emerges, is developed, and is often used to face and overcome an adverse health event. Spirituality is essential to maintaining an individual´s mental health. Spiritual practices (such as prayer, mediation, attending religious services, and spending time in nature, reading religious books or self-help texts) are commonly used to recover mental well-being.

Aim

To explore the relationship between religion and the meaning of suffering in people with infertility

Methods

- **Descriptive cross-sectional study**
- Approved by The Ethics Committee of The Institute of Health Sciences of Universidade Católica Portuguesa
- **104** participants in the process of engaging or at any stage of a fertility treatment
- Health-related online forums and social (in)fertility-related websites (Associação Portuguesa de Fertilidade)
- Online questionnaire

- **MIST:** 20 items and 3 subscales ("Subjective characteristics of suffering"; "Personal responses to suffering"; and "Sense of suffering"); 7-point Likert scale ranging from 1 to 7; Total score range from 20 to 140. Higher scores indicate higher levels of meaning towards the experience of unavoidable suffering. (Starck, 1985)

- Statistical analysis: SPSS, version 26.0 (IBM, 2018)

Results

Mean of items for overall MIST scale = 3.63

Most participants were religious (n=70; 67.3%)

A comparison between the change in the importance of spirituality/religion after the diagnosis of infertility and after the start of fertility treatment confirmed that there were more changes in the latter context than in the former.

Table 1 – Frequency of change in the importance of spirituality and religion in the sample diagnosed with infertility.

		Importance of Spirituality							
		No change		Less important		More important		Total	
		N	%	N	%	N	%	N	%
Importance Religion	No change	44	84.6	0	0.0	5	14.3	49	47.1
	Less important	1	1.9	16	94.1	11	31.4	28	26.9
	More important	7	13.5	1	5.9	19	54.3	27	26.0
Total		52	100.0	17	100.0	35	100.0	104	100.0

Table 2 – Frequency of change in the importance of spirituality and religion in the sample under fertility treatment.

		Importance of Spirituality							
		No change		Less important		More important		Total	
		N	%	N	%	N	%	N	%
Importance Religion	No change	46	86.8	0	0.0	2	5.6	48	46.2
	Less important	2	3.8	14	93.3	7	19.4	23	22.1
	More important	5	9.4	1	6.7	27	75.0	33	31.7
Total		53	100.0	15	100.0	36	100.0	104	100.0

The meaning of unavoidable suffering was significantly associated with changes in religion during the infertility diagnosis phase (p = 0.03) with higher MIST-P scores (M = 3.88, SD = 0.81).

Table 2 - Mean scores of the MIST-P in accordance with characteristics of participants (*n* = 104)

Variables		MIST-P		
		Response Mean (SD)	*p*	Total Mean (SD)
Spiritual person			0.100[a]	
	No	3.17 (0.89)		63.52 (17.93)
	Yes	3.77 (1.09)		75.59 (21.89)
Spiritual importance			0.502[b]	
	Not important	2.83 (1.02)		56.71 (20.40)
	Little important	3.33 (1.01)		66.72 (20.33)
	Important	3.71 (1.09)		74.35 (21.90)
	Very important	4.19 (0.83)		83.80 (16.71)
Spiritual change with diagnosis			0.152[b]	
	No change	3.66 (1.17)		73.32 (23.53)
	Less important	3.14 (0.93)		62.82 (18.66)
	More Important	3.82 (0.93)		76.54 (18.67)
Spiritual change with treatment			0.118[b]	
	No change	3.59 (1.19)		71.98 (23.85)
	Less important	3.46 (1.16)		69.26 (23.26)
	More Important	3.75 (0.85)		75.16 (17.14)
Religious person			0.857[a]	
	No	3.40 (1.02)		68.17 (20.59)
	Yes	3.74 (1.09)		74.88 (21.82)
Religion importance			0.733[b]	
	Not important	3.35 (1.22)		67.18 (24.52)
	Little important	3.36 (0.98)		67.21 (19.68)
	Important	3.68 (1.08)		73.77 (21.61)
	Very important	4.47 (0.72)		89.57 (14.58)
Religion change with diagnosis			0.035[b]	
	No change	3.63 (1.21)		72.63 (24.37)
	Less important	3.40 (1.01)		68.03 (20.35)
	More Important	3.88 (0.81)		77.62 (16.29)
Religion change with treatment			0.077[b]	
	No change	3.59 (1.21)		71.95 (24.33)
	Less important	3.59 (1.08)		71.86 (21.72)
	More Important	3.71 (0.86)		74.33 (21.56)

Religion was identified as a source of spiritual strength and support in the individual's search for meaning in suffering.

Conclusion

Further longitudinal research is imperative to understand the profile of meaning in suffering and its relationship with religious and spiritual beliefs through long reproductive treatments.

References

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(Projeto CIIS I&D – UIDB/04279/2020 – Base)