

many authors, indicates the role of psychogenic factors as a reason of infertility (14) although this hypothesis was indicated by some evidence (15). The second model emphasizes that psychological and social stress is secondary to infertility (16, 17).

For many couples, infertility causes several serious social and psychological consequences such as, personal distress, reduced self-esteem and loss of correct partner relationship. These results differ in different cultures (18). For example, Turkish women often come face to face with questions such as, "Are you married? Do you have a child?". Moreover, some Turkish people, mostly the former generations, still believe that infertility is exclusively limited to female causes. Thus, women labeled as infertile feel disgrace and fault leading to anxiety and depression. In developing countries, economic privation can arise psychological distress because many families especially in old age depend on children for sustenance (19). Besides, some infertile couples are forced to take care of their parents. Same situation can develop in the future for them.

The reports regarding with infertility that associated anxiety and depression were published mostly in developed countries. Most of the studies from developing world indicated to social aspects of infertility. Moreover, a few of them provided quantitative data related to psychological disorders coexisted with infertility (20-31). Additionally, infertile women were investigated more than infertile men by these studies (21, 22, 26-30). It was reported that there is high rate of depression among infertile couples in Southern Iran (20). In the same way, a study in Kuwait shows infertile women exhibited significant higher levels of anxiety and depression, because childlessness results in social stigmatization for infertile women (21). Similar findings were found for infertile women in a Turkish study (22). However, the different outcomes were reported regarding with relationship between psychosomatic disorders and related factors in infertile couples at most of them. This study was designed to assess whether Turkish people who were suffering from couple infertility had higher levels of depression and anxiety when compared to non-infertile controls. Our secondary aim was to evaluate relationship between sociodemographic characteristics and levels of depression and anxiety in Turkish infertile couples.

Materials and methods

This is a descriptive cross sectional study conducted in a total of 248 women and 96 men

with no psychiatric disturbance who were referred to Infertility Department of Ege University Medicine Faculty from March 2004 to January 2007 for treatment of their infertility problems. Inclusion criteria were diagnosis lasting a minimum of 3 months due to infertility disorders, failure to conceive despite regular sexual intercourse (4-5 times per week) sustained for a period exceeding 12 months, no contraception in the last 12 months, inability to conceive and lack of pregnancy in patient history (primary infertility). The fertile group consisted of healthy 51 women and 40 men. This group was selected from all available couples who attempting outpatient gynecological clinics of our hospital for control between the ages of 18 and 45 years, married, Turkish, having at least one child and absence of current clinical psychiatric disorders. We were dealt to equalize the infertile couples' and fertile couples' sample size because of reaching statistical adequate minimal fertile group sample size according to our primary aim of study. Then, we raised infertile sample size for our secondary aim. The subjects were informed about the aims of the study and written permission was given. A gynecologist evaluated the participants for demographic data (age, marriage duration, education, occupation, medical history, health problems, gynecological history, infertility duration and diagnosis) regarding the study and then they were visited by a psychologist to perform questionnaire scales which are The Beck Depression Inventory (BDI) (32) and the State-Trait Anxiety Inventory (STAI-S/T) (33) for the evaluation of the degree of psychopathology.

We used The Turkish version of the BDI with a satisfactory validity and internal consistency (Cronbach's α :0.80) (34), a 21-item test, to assess the severity of depressive symptom. It is useable both in specific clinical populations (psychiatric) and non-specific (general population) for this purpose. Each item describes a specific behavioral manifestation of depression.

A valid and reliable Turkish version of STAI-S and STAI-T (35) is another component of the research questionnaire, recommended for the evaluation of anxiety occurrence (Cronbach's α : 0.92 and 0.86, respectively). It is divided into two sections each consisting of 20 items. The first 20 items measure state anxiety (STAI-S) and the second 20 items measure trait anxiety (STAI-T). It clearly differentiates between the temporary condition of "state anxiety" and the more general and long-standing quality of "trait anxiety". Frequency tables were formed for variables.