

FERTILITY-RELATED CONCERNS AND MARITAL ADJUSTMENT IN WOMEN

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Submitted January 11, 2024; Revised February 7, 2024; Accepted February 12, 2024; Published March 20, 2024

ABSTRACT

This study examines the impact of fertility-related concerns on marital adjustment in women experiencing reproductive health issues. It hypothesizes that various fertility concerns—specifically social concerns, sexual concerns, relationship concerns, the desire for parenthood, and the rejection of a child-free lifestyle—are related to marital adjustment. A sample of 50 married women was selected through purposive sampling from gynecological outpatient departments and wards of both government and private hospitals. Assessment tools included the Fertility Problem Inventory and the Dyadic Adjustment Scale. The results indicated that these fertility-related concerns negatively correlated with and predicted marital adjustment in women with reproductive health problems. This underscores the importance of providing supportive therapy for couples to help alleviate the distress related to reproductive health issues and improve marital adjustment.

Keywords: Fertility concerns, Marital adjustment, Women, Pakistan.

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INTRODUCTION

Infertility can significantly impact a couple's life, often leading to a loss of joy within their marital relationship. Birth and death are pivotal events for all living beings. The ability to reproduce is a key milestone in adult development. When individuals are unable to have biological children, it can lead to distress and affect their sense of identity. There is often social pressure for couples to achieve parenthood after marriage [1-3]. Infertility not only affects personal and social relationships but also contributes to psychological dysfunction. It plays a critical role in determining marital adjustment, which is defined as the ability to maintain

satisfaction and affection within a marriage. In many cultures, marital satisfaction is closely linked to having children. Couples typically share multiple goals aimed at achieving marital success. Personal growth goals involve the desire for self-actualization, the acquisition of a new identity, and enhancing the quality of the marriage. Instrumental goals focus on dividing responsibilities to minimize discord, especially when both partners are working. Companionship goals emphasize the need for connection and relatedness within the marriage. This study focuses on personal growth goals—specifically the transition to

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parenthood—and companionship goals, examining how these are affected by infertility [4].

It was explored the impact of coping styles and perceived social support on the relationship between infertility stress and marital satisfaction in women. They hypothesized that healthier coping mechanisms and a strong sense of support from one's social environment would mitigate marital dissatisfaction and infertility stress. Their study involved a sample of 100 infertile women and found that infertility stress and emotion-focused coping were linked to marital dissatisfaction, while greater perceived support correlated with higher marital satisfaction [5].

It was investigated the effects of infertility on spouses, focusing on emotional aspects alongside sexual and overall marital satisfaction. Their cross-sectional study included 50 infertile couples who had been unable to conceive despite six years of trying. Results indicated that women experienced more negative emotions related to infertility, while men tended to provide support. The study suggested that infertility tends to affect women more profoundly than men, as women often strongly identify with the role of motherhood. Ultimately, infertility can lead to emotional frustration and strain relationships between couples.

It was examined the interaction between psychological health and marital quality in infertile women undergoing in vitro fertilization-intracytoplasmic sperm injection. The study included two groups of infertile women, compared with a control group of 100 women attending a gynecology facility for unexplained infertility. Assessment tools used in the study included the Hopkins Symptom Checklist-90 (SCL-90) and the ENRICH inventory. The findings indicated that both infertile Chinese women and those undergoing IVF exhibited poor

psychological health and marital adjustment [6].

Additionally, it was investigated the social adjustments experienced by infertile couples and the psychological effects of infertility. Through case studies involving three infertile couples, the results revealed that infertility significantly contributes to social isolation, domestic violence, and deteriorating psychological health [7-9].

This research highlights the challenges associated with infertility within the Asian context, where motherhood is a defining aspect of identity, and childlessness is often stigmatized, leading to significant distress among women. As a clinical psychologist, I have observed the impact of infertility on women's marital functioning and psychological well-being. Therefore, this study aims to focus on aspects of infertility that have not been previously explored in our culture. It advocates for a collaborative approach between medical and mental health professionals to promote holistic care for this often-stigmatized issue, thereby enhancing both marital relationships and mental health.

METHOD

A correlational design was employed to investigate the relationship between fertility-related concerns and marital adjustment among infertile women. This study utilized purposive sampling to collect data from a total of 50 women from government and private hospitals based on specific criteria. We Included Females who have been married for the past two years and have been unable to conceive; Females diagnosed with infertility or those seeking treatment for infertility; and Women aged between 25 and 60 years. We excluded Females who are voluntarily choosing not to conceive; and Females who are unable to conceive due to other medical conditions, such as severe metabolic disorders [10-13].

Fertility Problem Inventory (FPI)

The FPI assessed infertility-related stress across five domains. It comprised 46 items with a Cronbach's alpha reliability of 0.90. The subscales included social concern, sexual concern, relationship concern, rejection of childfree lifestyle, and need for parenthood, using a 6-point Likert scale ranging from strongly disagree to strongly agree. The reliabilities for each subscale were as follows: Social concern 0.87, Sexual concern 0.77, Relationship concern 0.82, Rejection of childfree lifestyle 0.80, and Need for parenthood 0.84. The scale was translated into Urdu, and the correlation between the two versions of the inventory was less than 0.5 [12].

Dyadic Adjustment Scale (DAS)

This scale consists of 32 items divided into four subscales: dyadic satisfaction, dyadic consensus, dyadic cohesion, and affective expression. The DAS demonstrated a strong overall reliability mean of 0.91. The subscale for dyadic satisfaction showed acceptable internal consistency with a mean alpha of 0.84. The reliability for the dyadic consensus subscale was 0.87, for the dyadic cohesion subscale was 0.78, and for affective expression it was 0.71.

The study involved obtaining approval from the board of studies and securing permission for relevant assessment measures from the authors. The scales were translated into Urdu using a complete backward translation method. Proper consent was obtained, and participants were assured of their right to withdraw. The scores obtained from the scales were statistically analyzed using SPSS [13-16].

RESULTS

The results section presents descriptive statistics for the main study variables related to women with reproductive health problems, correlations among demographic and study variables, and the outcomes of hierarchical multiple regression.

It was indicated that older women exhibited a positive relationship with relationship concern but a negative relationship with total dyadic adjustment. Education, occupation, and monthly income were positively correlated with total dyadic adjustment and negatively correlated with marital adjustment. Additionally, the nature of marriage showed a positive correlation with relationship concern, need for parenthood, and global stress, while it had a negative correlation with total dyadic adjustment. The duration of marriage and the length of time seeking infertility treatment were positively correlated with the need for parenthood, rejection of a child-free lifestyle, and global stress. There were also positive correlations among social concern, sexual concern, relationship concern, need for parenthood, rejection of a child-free lifestyle, and global stress, all of which negatively correlated with total dyadic adjustment.

Education and employment status positively predicted marital adjustment, while age was identified as a negative predictor. The results indicated that working women experienced better marital adjustment compared to housewives. It was showed that women in love marriages exhibited better marital adjustment (in terms of affective expression, dyadic cohesion, consensus, and satisfaction) than those in arranged marriages.

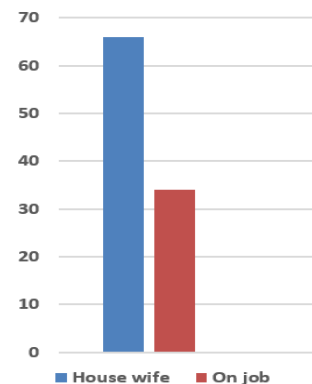


Figure 1: Comparison of housewife and working women.

DISCUSSION

The findings have limited generalizability due to the small sample size of only 50 infertile women. Additionally, there was considerable heterogeneity within the sample regarding participants' age, education, employment status, monthly income, nature of marriage, family system, marital duration, and duration of treatment seeking. Consequently, the generalizability of the results to any specific diagnostic group remains tentative [17].

This study emphasized the impact of fertility-related concerns on stress in infertile individuals and their effect on marital adjustment. The findings supported the hypothesis of a negative relationship between fertility-related concerns and marital adjustment. Social concerns were negatively correlated with marital adjustment, aligning with previous literature. Infertile women endure the adversity of feeling incomplete, the social stigma of infertility, and competition with other wives, all of which strain marital relationships. Other research indicates that childless couples struggle to communicate with friends, which may contribute to their marginalization in society. This infertility can hinder social interactions, leading to significant strain in a couple's relationship [18-20].

A negative correlation was also found between sexual concerns and marital adjustment. Sexual concerns did not predict marital adjustment, consistent with prior studies. Infertility impacts both intrapersonal (sexual dissatisfaction) and interpersonal (marital adjustment) aspects. Women experiencing infertility often report decreased sexual activity, which ultimately affects their marital satisfaction. Similarly, other research confirms that reduced sexual activity due to infertility can lead to marital discord [21-25].

Relationship concerns were also found to predict marital adjustment, consistent with

previous literature. Gender-based differences in reactions and coping mechanisms complicate understanding and affect the support partners provide each other, making it difficult to express grief over infertility, ultimately impacting the marital relationship [26-30].

Results indicated a negative and predictive relationship between the need for parenthood and marital satisfaction. Research shows that involuntarily childless women experience heightened stress due to their intense desire to become parents, which ultimately affects their marital adjustment [31, 32].

Additionally, the research revealed that the rejection of a child-free lifestyle negatively correlates with marital adjustment. A negative perception of living child-free leads to stress and decreased marital happiness among infertile individuals, as their happiness often depends on having a child. In summary, higher scores on the infertility stress inventory correspond to lower marital satisfaction.

CONCLUSION

Fertility-related concerns and marital adjustment were negatively correlated. Among these factors, social concern, relationship concern, need for parenthood, rejection of a child-free lifestyle, age, education, and employment status emerged as significant predictors of marital adjustment. The study highlights the significant impact of infertility on women and its effects on marital adjustment. Therefore, mental health professionals are encouraged to develop stress management plans and provide marital counselling to infertile couples to help reduce the distress associated with this reproductive health issue.

Author(s) Contribution: data collection and review, H. Manzoor.

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Ethical Approval: Not applicable

Conflict of Interest: The authors declare no potential conflict of interest.

Consent for Publication: All authors approved the manuscript for publication.

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