

Fertility–Related Concerns and Marital Adjustment in Women with Reproductive Health Problems

Rida Malik ^a Faiz Younas ^b Laiba Salik ^c

Abstract: This study emphasized the role of concerns related to fertility in women facing reproductive health issues and its relative impact on their marital adjustment. The study hypothesized that these fertility related concerns (social concern, sexual concern, relationship concern, need for parenthood, rejection of childfree lifestyle) would have a relationship with marital adjustment. Sample of 80 married women ($M = 29.4$ & $SD = 3.75$) was selected through purposive sampling from gynae outdoors and wards of both government and private hospitals. Assessment tools include Fertility Problem Inventory (FPI; Glavac, Newton & Sherrad, 1999) and Dyadic Adjustment Scale (DAS; Spanier, 1979). Results showed that adjustment in women with reproductive health problems social concern, sexual concern, relationship concern, need for parenthood, rejection of childfree lifestyle had a negative correlation and a prediction relationship with marital adjustment. It suggests the need for supportive therapy for couples in order to overcome the distress associated with these reproductive health problems on marital adjustment.

Keywords: Fertility–Related Concerns, Infertility, Marital Adjustment

Introduction

Infertility is crucial in a couples' life, and this issue within a marital relationship can lead to deprivation in pleasures of couples (Andrews et al., 1992; Greil, 1997). The events of birth and death are significant for every life form (McDaniel, Hepworth & Doherty, 1992). An Individuals ability to reproduce is an important milestone in adult development (Notman, 1990). An inability to have one's own biological children results in distress and could impact one's identity (Verda et al., 2010). Individuals feel socially pressured to achieve parenthood after marriage (Daniluk, 1997; Cousineau and Domar, 2007).

The inability to reproduce impacts one's personal and social relationship as well as causes psychological dysfunctionalities (Newton et al., 1999). Infertility determines marital adjustment in a couple's life (Ferreiraa, Antunesb, Duartea & Chavesa, 2015). Marital adjustment is one's capacity of cherishing and sense of satisfaction in a marital relationship (Sinha & Mukerjee, 1990). Marital satisfaction equates to having children in various cultures (Callan, 1987 cited by Ramos, 2011).

The couples share several goals to achieve their marital success. The need to actualize, acquire new identity and to work on the quality of marriage characterizes the personal growth goals. Instrumental goals involve spouses dividing their responsibilities with each other to prevent any marital discord especially when both partners are earners. Companionship goals entails needs for staying connected and relatedness in the marriage. (Li & Fung, 2011). Based on these theories of marital satisfaction the present study emphasized personal growth goals (e.g. transition to parenthood after marriage) and companionship goals, to determine how they are being affected by infertility.

Ahrabi and Akbari (2015) investigated the influence of coping style and perceived social support on the relationship between infertility stress and marital satisfaction in females. Study hypothesized that healthier coping mechanisms and high sense of perceived support from surroundings would deter marital dissatisfaction and infertility stress. A sample of 100 infertile women were collected using relevant

^a Clinical Psychologist/Student Counselor, Fatima Memorial Hospital & Lecturer at Department of Clinical Psychology, NUR International University, Lahore, Punjab, Pakistan.

^b Lecturer, Institute of Applied Psychology, University of The Punjab, Lahore, Punjab, Pakistan.

^c Center for Clinical Psychology, University of The Punjab, Lahore, Punjab, Pakistan.

measures. Results proved that Infertility stress and emotion focused coping was responsible for marital dissatisfaction whereas greater support results in greater marital satisfaction in infertile females.

Faria, Grieco and Barros (2012) studied effects of infertility on spouses. It hypothesized about emotional aspect of infertility accompanied with sexual and general marital satisfaction. A cross-sectional design study including 50 infertile couples who didn't have a baby despite of the efforts over past six years of were selected. Results revealed negative feelings in females', whereas support from men towards the issue of infertility. Moreover, infertility was believed to affect more women than men as females strongly identify themselves with motherly role. Infertility results in emotional frustration and weakening of relationships in couples.

Wang et al. (2007) studied interaction of psychological health and marital quality in infertile females with registered in vitro fertilization-intracytoplasmic sperm injection. Two groups of infertile women were used in compared with a control group of 100 women attending a gynecology facility with unknown cause of infertility. Assessment measures including Hopkins Symptom Checklist-90 (SCL-90) and ENRICH were used. Infertile Chinese women and the women in IVF were revealed to have poor psychological health and marital adjustment.

Furthermore, Siddiqui and Tabassum (2005) assessed social adjustment faced by the infertile couples and the relative psychological effects of infertility. Three infertile couples were interviewed in a case study method. Results showed that Infertility is the main cause of social isolation, domestic violence and poor psychological health.

This study highlights problems associated with infertility in Asian context. Motherhood defines identities and childlessness is perceived as a stigma which causes severe distress in women. The current research is important as a clinical psychologist; I have witnessed the effect of this infertility on women's marital functioning and psychological health. Therefore, the present study aims attention on the domains that are mostly influenced by the infertility that weren't studied previously in our culture. It would encourage a collaborative effort of both medical and mental health professionals to promote the concept of holistic care towards this stereotyped concept of infertility, so that their marital relationship and mental health could be improved.

Hypotheses

Following were the hypotheses of present study:

- Fertility related concerns will predict marital adjustment.
- Demographic variables will be related with marital adjustment.
- Infertile women will differ from fertile women in terms of employment status, and nature of marriage with marital adjustment.

Method

Research Design

Correlational design was used, to investigate the association between fertility related concerns and marital adjustment in infertile women.

Sampling Method and Sample Characteristics

In this study, purposive sampling was used to collect A total of 80 women (N=80) were from government and private hospitals according to following criteria:

Inclusion criteria

- Females married for past two years and couldn't conceive.
- Females diagnosed with infertility or those seeking treatment for infertility.
- Age range of the women between 25 to 40 years.

Exclusion Criteria

- Females who are willingly not conceiving.
- Females due to some other medical conditions couldn't conceive e.g. any severe metabolic disorders.

Table 1*Descriptive Statistics of Demographic Variables for Women (N = 80).*

Characteristics	<i>f</i>	(%)	<i>M</i>	<i>SD</i>
Age			29.4	3.75
Education			10.20	5.49
Monthly income			33259.7	30533.5
Marital duration			5.83	3.74
Treatment seeking duration			37.6	27.1
Employment status				
Housewife	46	57.5		
Working woman	34	42.5		
Family system				
Nuclear	45	56.3		
Joint	35	43.8		
Nature of marriage				
Love marriage	21	26.3		
Arranged marriage	59	73.8		

Measures

Demographic Sheet: It consisted of personal information that includes participant's age and her husband age, education level, occupational status, monthly income, family system, nature of marriage, duration of marriage and number of years passed seeking treatment.

Fertility Problem Inventory (FPI): This was used to assess infertility related stress with regard to five domains (Newton et al., 1999). It consisted of 46 items in total with a cronbach alpha reliability of 0.90. subscales are social concern (10 items), sexual concern (8 items), relationship concern (10 items), rejection of childfree lifestyle (8 items) and need for parenthood (10 items) and uses a 6-point Likert scale ranging from strongly disagree to strongly agree. The reliabilities were; Social concern 0.87, Sexual concern 0.77, Relationship concern 0.82, Rejection of childfree lifestyle 0.80, Need for parenthood 0.84. The scale was translated into Urdu and correlation between these two version of the inventory comes up to be less than 0.5.

Dyadic Adjustment Scale: It consists of 32-items having four subscales dyadic satisfaction (10 items), dyadic consensus (13 items), dyadic cohesion (5 items) and affective expression subscale (4 items). Responses of Items 1 to 15 were given on 6-point Likert scale 5 = Always agree, 4 = Almost always agree, 3 = Occasionally disagree, 2 = Frequently disagree, 1 = Almost always disagree, 0 = Always disagree) then responses for items 16 to 22 were also given on a 6-point rating scale 0 = All the time, 1 = Most of the time, 2 = More often than not, 3 = Occasionally, 4 = Rarely, 5 = Never. Response for item 23 was given on 5-point rating scale 0 = Never, 1 = Rarely, 2 = Occasionally, 3 = Almost Every Day, 4 = Every Day. Response for item 24 was also given on 5-point rating scale 0 = None of them, 1 = Very few of them, 2 = Some of them, 3 = Most of them, 4 = All of them. Responses for items 25 to 28 were given on a 6-point rating scale 0 = Never, 1 = Less than once a month, 2 = Once or twice a month, 3 = Once or twice a week, 4 = Once a day, 5 = More often. On items 29 and 30 responses were given in the form of yes and no. item 31 was measured on 7-point rating scale. The scale has a strong reliability mean of .91. The Dyadic Satisfaction subscale was shown to produce scores with acceptable internal consistency, with a mean alpha of .84. The reliability of DAS Consensus subscale was .87 and that of The Dyadic Cohesion subscale of the DAS was .78 and for affective expression $\alpha = .71$. The scale was translated into Urdu and correlation between these two versions was less than 0.5.

Procedure

Study involved seeking approval from board of studies and taking permissions of relevant assessment measures from the authors. The scales were translated into Urdu language through complete backward translation method. Formal authority letters were obtained from the Institute of Applied Psychology and those were presented to the chairman/ director of the Jinnah hospital, Services hospital and Jamila Fareedi Maternity hospital. Proper consent was taken and right to withdrawal was ensured. Scores obtained on the scales were statistically analyzed through SPSS.

Results

In result section, descriptive statistics of main study variables for women with reproductive health problem, correlation among demographic and study variables and results hierarchical multiple regression.

Table 2

Descriptive Statistics of Fertility Related Concerns and Marital Adjustment for Women (N=80)

Variables	K	M	SD	Range		α
				Pote	Actual	
Fertility problem inventory	46	162.8	26.2	46-276	114-213	.79
Social concern	10	34.7	7.50	6-60	21-52	.58
Sexual concern	8	25.9	9.09	8-48	9-43	.85
Relationship Concern	10	30.01	9.70	6-60	15-51	.80
Need for parenthood	10	45.7	7.69	6-60	25-59	.74
Rejection of childfree lifestyle	8	26.7	12.6	8-48	8-47	.93
Dyadic adjustment scale	32	111.9	18.7	32-192	74-151	.79
Affective expression	4	11.5	2.8	0-26	6-16	.52
Dyadic cohesion	5	17.5	7.8	6-30	6-29	.95
Dyadic consensus	13	45.4	18.2	6-78	14-78	.93
Dyadic satisfaction	10	37.3	6.80	6-60	24-49	.62

Table 3

Relationship among Demographic and Study Variables (N=80)

Variables	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. Age	.00	-.15	.04	.01	-.01	.54*	.28*	-.19	.80	.34*	-.05	.11	.09	-.12	-.32*	-.07	-.06	-.12*
2. Education		.48**	.57**	-.22*	-.18	-.28*	-.14	.40**	.29**	.33**	.58**	.54**	.58**	.67**	.48**	.64**	.57**	.64**
3. Employment status			.14	-.50**	-.29**	-.23*	-.18	-.27*	.46**	.47**	.53**	-.28*	.56**	.33**	.44**	.36**	.37**	.43**
4. Monthly income (PKR)				-.12	.03	-.05	-.10	-.23*	-.25*	-.19	-.28*	-.25*	.31**	.43*	.25*	.43*	.29*	.38**
5. Family structure					.18	-.08	-.10	-.16	.20	.24*	.31**	-.06	.09	-.16	.28*	-.13	-.17	.21
6. Nature of marriage						.05	.14	-.16	.15	.24*	.32**	.19	.28*	-.23*	.00	-.27*	-.28*	-.23*
7. Marital duration							.63**	-.05	.18	.09	.29**	.24*	.36**	-.18	.05	-.12	-.02	-.16
8. Treatment seeking duration								-.12	.19	.06	.15	.18	.25*	-.08	.05	-.11	.04	-.07
9. Social concern									.71**	.52**	.51**	.47**	.82**	.35**	.32**	.48**	-.67**	.65**
10. Sexual concern										.66**	.55**	.25*	.67**	.46**	.41**	.41**	-.49**	.48**
11. Relationship concern											.40**	.34*	.74**	.64**	.72**	.56**	-.68**	.72**

Note. Occupation; 1=Housewife and 2=Working; Family structure; 1=Nuclear and 2=Joint; Nature of marriage; 1=Love and 2=Arranged; * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3 (Continued)

Variables	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
12. Need for parenthood												.44**	.77**	.39**	.34**	-.41	-.42**	.43**
13. Rejection of childfree lifestyle													.53**	.70**	.77**	.71**	-.57**	.63**
14. Global stress														.69**	.55**	.68**	-.63**	.72**
15. Affective expression															.68**	.86**	.81**	.79**
16. Dyadic cohesion																.59**	.71*	.84**
17. Dyadic consensus																	.80*	.90**
18. Dyadic satisfaction																		.86**
19. Total dyadic adjustment																		

Note. Employment status; 1=housewife and 2=working; Family structure; 1=nuclear and 2=joint; Nature of marriage; 1=love and 2=arranged; * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3 revealed that women with higher age showed a positive relationship with relationship concern and a negative relationship total dyadic adjustment. Education, occupation and monthly income showed a positive relationship with total dyadic adjustment and negative relationship with marital adjustment. Furthermore, nature of marriage showed a positive correlation with relationship concern, need for parenthood and global stress and a negative correlation with total dyadic adjustment and marital duration and duration of seeking treatment for infertility showed a positive correlation with need for parenthood, rejection of childfree lifestyle and global stress. There was a positive correlation among social concern, sexual concern, relationship concern, need for parenthood, rejection of childfree lifestyle and global stress and these had a negative correlation with total dyadic adjustment.

Table 4

Hierarchical Multiple Regression Analysis Predicting Marital Adjustment (N=80)

Predictors	Marital Adjustment	
	ΔR^2	B
Step 1	.51***	
Age		-.25*
Education		.57***
Employment status		.25*
Monthly income		.03
Marital duration		.19
Step 2	.33***	
Social concern		-.48*
Sexual concern		-.36
Relationship concern		-1.17***
Need for parenthood		-.54**
Rejection of childfree lifestyle		-1.45***
Total R^2	.84***	
N	80	

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.

Education and employment status showed a positive prediction relationship with marital adjustment whereas age comes out to be a negative predictor of marital adjustment. The model 2 explained variance 33 % $F(6, 56) = 19.2$ $p = .000$ in which all the four concerns except for sexual concerns were the negative predictors of marital adjustment.

Table 5
Independent Samples t-test Comparing Marital Adjustment (Affective Expression, Dyadic cohesion, Consensus and Satisfaction) in Housewives and Working Women (N=80)

Variables	Housewife (n=45)		Working women (n=35)		t(df)	P	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
Total dyadic adjustment	13.2	4.14	15.9	2.58	-3.45(68.1)	.001	-4.27	-1.14	-0.78

Note. ** $p<.01$, *** $p<.001$; CI= Confidence Interval; M= Mean; SD= Standard Deviation; LL= Lower Limit; UL= Upper Limit

Results showed that working women had better marital adjustment as compared to housewives.

Table 6
Independent Samples t-test Comparing Marital Adjustment (Affective Expression, Dyadic cohesion, Consensus and Satisfaction) in Women having Love and Arranged Marriages (N=80)

Variables	Love Marriage (n=22)		Arranged Marriage (n=58)		t(df)	P	95% CI		M
	M	SD	M	SD			M	SD	
Total dyadic adjustment	15.9	2.73	13.9	3.97	2.44(52.8)	.018	15.9	2.73	13.9

Note. ** $p<.01$, *** $p<.001$; CI= Confidence Interval; M= Mean; SD= Standard Deviation; LL= Lower Limit; UL= Upper Limit

Table 6 showed that marital adjustment (affective expression, dyadic cohesion, consensus and satisfaction) of women who had a love is better than women with arranged marriages.

Discussion

This study highlighted the role of fertility related concerns responsible for causing stress in infertile individuals and their impact on marital adjustment. Findings were consistent with the hypothesis as there was a negative relationship between fertility related concerns and marital adjustment. Social concern showed a negative correlation and negative prediction with marital adjustment, which was consistent with previous literature. Infertile women face the adversity of incomplete being, the social adversity of being infertile, the adversity of another wife, thus affecting the marital relationship (Obeisant, Gharaibeh, Oweis & Gharaibeh, 2012). Another research revealed that childless couples find it hard to communicate with their friends which could be a reason of marginalizing in society. This infertility results in difficulties in social interaction, leading towards severe strain in a couples' relationship (Greil, 1997; Schmidt, 2006).

A negative correlation between sexual concern and marital adjustment was illustrated. Sexual concern didn't predict marital adjustment, and similar relationship was found in previous literature. Infertility has an impact both on intrapersonal (sexual dissatisfaction) and interpersonal (marital adjustment) levels. Women due to their infertility showed a decrease in sexual activity which ultimately affects their marital satisfaction (Daniluk, 1998). Similarly, another research confirm the reduced level of sexual activity due to infertility and resulting marital discord (Benazon, Wright & Sabourin, 2008).

Relationship concern also predicts the marital adjustment which was consistent with. previous literature. The different gender based reactions and coping mechanism make its understanding complicated and also affects the way of support towards each other thus leading to the difficulty of expressing one's grief of being infertile and ultimately effecting marital relationship (Abbey, Andrews & Halman, 1994).

Results also indicated negative and prediction relationship between need for parenthood and marital satisfaction. According to research involuntary childless women experience greater stress due to intense desire to become parent which ultimately impacts the marital adjustment (Denga, 1982).

The research also indicated that rejection of childfree of lifestyle had a negative correlation and prediction relationship with marital adjustment. Since negative view of living child-free causes stress and decrease in marital happiness in infertile individuals because their happiness is dependent on having a child (Moura-Ramos et al., 2012; Newton et al., 1999). In a nutshell, higher the scores on infertility stress inventory lesser would be marital satisfaction.

Conclusion

Fertility related concerns and marital adjustment were negatively correlated and among them social concern, relationship concern, need for parenthood and rejection of childfree lifestyle, age, education, employment status proved significant predictors of marital adjustment.

Limitations

The findings have limited generalizability as sample comprised of only 80 infertile women. Secondly there was a huge heterogeneity of sample in terms of participant's age, education, employment status, monthly income, nature of marriage, family system, marital duration, and treatment seeking duration. Therefore, generalizability of the results to any one diagnostic group remains tentative.

Implications

Study findings highlights the impact of a crucial issue of infertility in women and its relative effect on marital adjustment. So, mental health professionals are needed to devise stress management plans and to provide marital counseling to infertile spouses for reducing their distress levels caused by this reproductive health problem.

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