

Impact of infertility on emotional stability and quality of relationship in marriage

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ABSTRACT

Introduction: The inability to conceive is a stressful situation that affects both husbands and wives. The consequences of infertility impact psychological wellbeing and marital relationship. As per NIPO 70% women and 50% men considered childlessness to be one of the most significant and distressful life events faced by an individual. **Objective:** The present study explored the relationship among males and females regarding emotional stability and quality of relationship in marriage. **Methodology:** A sample of 100 individuals were taken (male -50, female-50) were chosen, in the age range of 25-30 and 31-35 infertile using purposive sampling technique. There were 2 scales which were administered on the participants, namely emotional stability scale by Sanjay Vohra and relationship assessment scale by Hendrick. **Result:** The result of the study concluded (a) There is a significant difference between males and females regarding emotional stability. (b) There is no significant difference between males and females regarding quality of relationship. **Conclusion:** Infertility has numerous negative implications for marital relationship. Thus, infertile persons should not only be physically examined and treated for infertility but should also be given counselling to lessen the psychological trauma attached to infertility.

Keywords: Infertility, Emotional stability, Quality of relationship, Marriage

Marriage is the most intimate of all human interactions. At its heart, marriage is an interpersonal relationship between a man and a woman; conceptually marriage can supply love and affection, emotional support and loyalty, stability and security, companionship, friendship, sexual fulfillment and material wellbeing. For many couples and individual, the ability to conceive and give birth to a child is a key to lifelong ideas about meaning of life. The expectation that a married couple will eventually have children is profound in our society. It is not only frustration but also devastating for many to want to have children but cannot. Baker and Robert notes in her book, healing the infertile family that parenting is the bond that seals the generation together and the opportunity to pass along the life experiences to the next generations is what, for many of us, gives life its meaning.¹ These feelings seem to stem from the fact that the desire and drive to have children is deeply rooted in our human culture as well as in our biology. Bearing children and parenting are often the foundations around, which the couples have built a loving

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Received: April 8, 2020; Revision Received: May 16, 2020; Accepted: June 25, 2020

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and committed relationship. The inability to conceive or give birth to a healthy child can threaten one's sense of identity, places one's values and motivations for parenthood in question, and often forces people to evaluate the meaning of their relationship as a couple.

The condition of infertility usually leads to a life crisis. As a result, many who experience infertility are thrust into a state of emotional disequilibrium. Roupa et al described infertility as the inability to procreate after trying for 1 year without the use of birth control methods while having normal sexual intercourse.² The World Health Organization also describes infertility as the inability of a sexually active, non-contraception using couple to achieve pregnancy in 1 year.³ Even though male infertility is acknowledged to exist, women are ultimately held responsible for a couple's inability to reproduce.⁴ According to Cooper, a couple's sexual relationship is often the area of their life that is most negatively affected by infertility. Love making, which initially in marriage is a warm, loving, intimate and physically pleasurable experience becomes a dreaded chore, serving only as a means to an end and even continues to result in futility. To worsen situations, sex often becomes the battleground where a couple's fears, anxieties and depressions are played out.⁵

Infertility has been linked to conflicts in marital relationship. Couples may avoid interactions with their friends particularly those who are pregnant and families who have children but can entirely not avoid conflict in the relationship arising due to their infertile status. Infertility primarily refers to a biological inability of a man or a woman to contribute to conception. Infertility may also refer to the state of a woman who is unable to carry a pregnancy to full term. Reproductive endocrinologists, the doctors specializing in infertility, consider a couple to be infertile if the couple has not conceived after 12 months of contraceptive free intercourse if the female is under the age of 34, the couple has not conceived after 6 months of contraceptive free intercourse if the female is over the age of 35 (declining egg quality of females over the age of 35 account for the age based discrepancy as when to seek medical intervention), the female is incapable of carrying a pregnancy to term. Causes of male infertility can be low semen quality (low sperm count, defect in sperm structures, immotile sperm). Female infertility can be due to Ovarian problems, tubal blockage, pelvic inflammatory disease (PID) caused by infections like tuberculosis, age related factors, uterine problems, previous tubal ligation, endometriosis, advance maternal age. When a couple is unable to conceive then they visit a doctor who then carries out preliminary assessments. The doctor may ask the infertile couple about their sexual routine/habits, other health disorder, menstrual cycle of women and make some tests and trials. There are different infertility tests both for men and women. Infertility test for men includes- Semen analysis, blood test, Chlamydia test, Ultrasound. Infertility test for women includes- Ovarian reserve testing, genetic testing, pelvic ultrasound, blood test, hysterosalpingography, laparoscopy, thyroid function test. Once the result of the stated tests is out, doctor starts the treatment on that basis. Treatment varies with every case and situation.

Psychological impact of infertility:

Fertility is highly valued in most of the cultures as they regard reproduction as a symbol of passing on the lineage and continuation of family name whereas from the perspective of a female or mother, pregnancy and motherhood is the most important and emotional phase of their life. A famous saying that, "a female becomes complete only after having her own child" holds lot of significance for many people in our society. As one goes through the infertility, certain emotional changes can be noticed in their day-to-day behavior such as anger, stress, depression, staying alone or secluded from all, etc. Going through the hectic

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medical condition and treatment, an infertile couple has to bear pressure from all around, be it family, friends, society or anyone else. An emotional outbreak in such condition often leads to depression. It can be seen that the infertility becomes one of the reasons of the separation or divorce between the couple. A scenario in which both the partners decide to get separate because of infertility of one of them, can cause other major health disorder to the infertile partner. In some cases, infertile partner ends his/her life as well due to the mounting pressure. Even going for this infertility treatment is very expensive. It puts a lot of pressure on the earning member of the family. However, some people go out of their way to arrange for the treatment as not having their own child is considered as a matter of shame and disrespectful in a society. It is advisable by experts to have a calm, compose and positive attitude during this treatment and undergoing any sort of psychological pressure can further affect your reproductive organs which will not be a good progress. Most of the infertile persons often stress themselves by continuously worrying thinking about their sexual life which they feel they might not be able to enjoy after being diagnosed with infertility and even the high uncertainty risk of the success rate of the treatment strongly impacts their psychology.

The consequences of infertility are manifold and can include social repercussions and personal suffering. Advances in assisted reproductive technologies, such as IVF, can offer hope to many couples where treatment is available, although barriers existed in terms of medical coverage and affordability. The medicalization of infertility has unwittingly led to a disregard for the emotional responses that couples experience, which include distress, loss of control, stigmatization, and a disruption in the development of trajectory of adulthood⁶. Infertility may have profound-psychological effects. Partners may become more anxious to conceive, increasing sexual dysfunction. ⁷Marital discord often develop in infertile couples, especially when they are under pressure to make medical decisions. Woman trying to conceive often have clinical depression rates similar to women who have heart disease or cancer. ⁸Even couples undertaking IVF face considerable stress. ⁹The emotional losses created by infertility include the denial of motherhood as a rite of passage ,the loss of one's anticipated and imagined life , feeling of loss control over one's life ,doubting one's womanhood, changed and sometimes loss of friendship , for many, the loss of one's religious environment as a support system . ¹⁰Emotional stress and marital difficulties are greater in couples where the infertility lies with the man. ¹¹ An infertile couple should seek the advise of doctors or experts like psychologists, gynecologist or sexologist before coming to any conclusion related to their infertility or childlessness. A major reason of numerous myths and misconceptions revolving around infertility is lack of education or counseling among people especially the infertile ones. A couple is advised to not panic under this situation. Hence once they consult to any fertility clinics, there they are exclusively provided with counseling sessions in order to burst several myths floating around. Understanding the emotional aspect of the treatment is of utmost importance here. A open-hearted conversation is must to understand the patients grievances. Aim of study is to find the impact of infertility on emotional stability and quality of relationship in marriage.

Objective

1. To study the difference in males and females experiencing infertility regarding their emotional stability.
2. To study the difference among males and females experiencing infertility regarding their quality of relationship.

MATERIAL AND METHODS

The present study is planned to examine the impact of infertility on emotional stability and quality of relationship in marriage. The study was conducted in 2019 in Department of Psychology, University of Delhi (South campus) New Delhi. The data was collected from subjects attending The Nurture IVF Fertility clinic in Delhi under guidance of Gynecologist Dr. Archana D Bajaj.

Research design

The study made use of two group research design where the two groups were of married males and females from the age range of 25 to 35 years experiencing infertility.

Variables

Emotional stability and quality of relationship

Sample and Sample Selection

Stratified random sample consisted of 100 participants (50 males and 50 females) who were infertile.

Inclusion criteria

1. All participants are infertile.
2. Their age ranged between 25yrs – 30 and 31-35.

Ethical consideration

Ethical clearance was obtained from institutional ethics committee. Each participant was explained about study and a written informed consent was obtained.

Procedure

Infertile people were approached for the purpose of data collection. After having explained the motive, each participant was requested to fill up the questionnaire. The participants were made acquainted about the research topic and confidentiality of the survey filled by them. There was no time boundation on completion. Thus, sampling was based on purposive sampling procedure

Tools

1. Emotional stability scale

The scale was developed by Sanjay Vohra. The scale is designed to assess emotional stability. The scale consists of 60 items .The scale is more appropriate for school student for age (14-17 years), college student for age (18-21 years),general adult population (22-35 years).The higher sten score (8-12) on emotional stability indicates extremely higher emotional stability, sten of (4-7) means average emotional stability, whereas lower sten score (1-3) imply extremely low emotional stability.

2.Relationship assessment scale

This scale is developed by Susan S. Hendrick, 1988. This scale consists of seven items which is a global measurement of relationship satisfaction. Items are scored on 5- point likert scale. Total score can range from 3 to 21, higher score implies better relationship satisfaction. This scale is appropriate measure of partnered love relationship.

The data analysis was done using statistical tools such as ‘mean’, ‘standard deviation’, ‘t-test’ and ‘correlation’. The tables are a representation of the data. The sample comprises of

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100 participants out of whom 50 are males and 50 females. Their age range was 25-35 years. Analysis was done using statistical tool package SPSS version-22 for social sciences.

RESULTS

The sample comprises of 100 participants out of whom 50 are males and 50 females. Their age range was 25-35 years.

Hypothesis 1: Significant difference between males and females experiencing infertility regarding emotional stability.

To explain this hypothesis, t-test analysis was done.

Table 1: Difference among males and females experiencing infertility regarding emotional stability.

Group	Male n =50	Female n =50	p value
Sten score	4.54±1.23	5.18±1.45	0.02

In Table No. 1, it is seen that there is a significant difference between emotional stability of males and females experiencing infertility. It was found that females (5.18±1.45) are more emotionally stable than men (4.54±1.23). And the difference was significant at 0.02 level.

Hypothesis 2: Significant difference between males and females experiencing infertility regarding quality of relationship.

To explain this hypothesis, t-test analysis was done.

Table 2: Difference among males and females experiencing infertility regarding quality of relationship.

Group	Male n = 50	Female n = 50	p value
Likert scale score	29.34±5.59	28.24±4.88	0.29

Note: SD=Standard deviation, n =Number of samples

In Table No. 2, as per the data, p value is greater than 0.05, we cannot conclude that a significant difference exists. Therefore, the result is not statistically significant.

DISCUSSION

The inability to conceive can be a very stressful situation. The repercussions can be manifold and can include personal suffering, societal pressures. etc. As per NIPO 70% women and 50% men considered childlessness to be one of the most significant and distressful life events faced by an individual. Infertility varies from place to place, as per (Rayan et al, 1995) the estimated infertility was around 10%-15%, which meant that, in every 6 couple 1 couple throughout the world is has faced with infertility which is both psychologically and emotionally threatening and stressful. Advancements in the ivf industry have provided hope to many couples engaged in this situation. Affordability and lack of knowledge still act as a barrier in gaining ivf treatments. As per the results, there is a significant difference between emotional stability of males (4.54±1.23) and females (5.18±1.45). And the difference was significant at 0.02 levels. The Above result can be explained through further researches. Diagnosis of depression in 3.5% of men and 33% females before the infertility treatment and failure of the same caused 8% and 43% (A. A.

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Yuzpe et al, 1990) Mental illness is diagnosed more in infertile women (61.1%) than men (21%). The most prominent disturbance in infertile subjects is mood disorders which is 59.6%, especially anxiety which is 67% in infertile women. Other disorders such as Dysthymia, somatization, & conversion disorder were seen only in infertile women. The infertile Married Couples experienced emotional reactions such as embarrassment, hurt, anger, depression, humiliation, confusion, sadness. Behavioral reactions included obsessive thoughts, exhaustion, distractibility, mood swings, obsessive behavior, and humiliation and disorganized. Difference between males and females experiencing infertility regarding quality of relationship is not statistically significant. There is no statistical difference between infertile Males (29.34±5.59) and females (28.24±4.88). Above result can be supported via following researches one of the prominent study supporting the above hypothesis is a study by (Neyer and Lang, Wagner, Wrzus, 2015) which states that there is no statistical difference in shared stress in the life of voluntarily or involuntarily childless couples at midlife, therefore they do not differ in partnership. Females experiencing infertility had significantly low stable marital relationship compared to fertile ladies, which was highly associated with their demographics (social) and experience of treatment. In case of infertile couples, the infertile subjects or their partner's marital relationship was affected by number of factors such as partner's infertility, experience coping strategies. Moreover, other factors such as sexual dissatisfaction, infertile couple's age, level of education, and congruency among the couple perceptions of having infertility were highly associated with the quality of marital relationship. Infertility was also found to have impinged on the stability of marital relationships by causing conflicts in the marital relationships of participants. Participants had misunderstandings with their partners over their inability to give birth to children even though majority had never fought with their partners or threaten them with divorce. This confirms the assertion made by Koenig et al that infertility has a link with conflicts in marital relationships.¹² Tufts et al also note that marital relationships may suffer, especially, when couples are dealing with infertility and may thus avoid interactions with their friends particularly those who are pregnant as well as families who have children.¹³ Thus, couples cannot entirely avoid conflict in their marital relationships due to their infertile status.

CONCLUSION

The above research used two variables to dive deep into concept and understanding of infertility and its relationship with emotional stability and quality of relationship. The tools used are: Relationship assessment scale by Susan S. Hendrick, and emotional stability scale by Sanjay Vohra. The sample of 100 was taken out of which equal distribution of males (50) and females (50) were chosen. The research concluded that there is a significant difference in the emotional stability of males and females (Reference table no .1) Also there is no significant relationship found in the quality of relationship of males and females (Reference table no. 2).

Limitations and future research

Substantial researches are conducted on infertility and its psychological impact; the research did not provide a new evidence in the field of infertility. A little more study can be done in this area. This is an evolving subject and can help fertility physicians for better understanding.

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Acknowledgements

I would like to thank study participants and staff for their support during study.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Pooja (2020). Impact of infertility on emotional stability and quality of relationship in marriage. *International Journal of Indian Psychology*, 8(2), 133-139. DIP:18.01.017/20200802, DOI:10.25215/0802.017