

Research Paper

Zero Gives Me Silent Suffering: Comparative Study of Marital Quality, Frustration and Aggression among Males

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ABSTRACT

A child is regarded as a blessing to the family in addition to carrying it forward. Having a kid is even more important in a country like 'India' where family traditions and values are highly valued. Studies have been conducted to understand females better, and the results have repeatedly demonstrated its impact on mental health and the quality of married life. However, males may also endure silent suffering due to events of involuntary childlessness. To provide interventions and methods that support the best possible mental health for individuals who are facing infertility issues. Thus, the purpose of this study is to evaluate and investigate the impact of having a child on marital quality, frustration, and aggression among males. To investigate this, we collected data from 201 males, further divided into males having children (100), and not having children (101). There is a noteworthy distinction in the levels of marriage quality, frustration, and aggression between the male groups with and without children. The males without children exhibit higher levels of aggression and frustration, as well as lower marital quality, in comparison to the males with children. A significant correlation was found between marriage quality, frustration, and aggression.

Keywords: *Child, Marital Quality, Frustration, Aggression, Males*

Fertility and reproduction are two of the main objectives of marriage and starting a family since they are natural processes in living things. In humans, this process includes social and psychological elements in addition to physiological ones (Panda K. 2021). A baby's birth can support and enhance the foundation of the family, provide for people's emotional needs, and ultimately promote generation renewal. However, the reality of infertility is incompatible with each of the aforementioned scenarios. Thus, infertility is one of the worst life catastrophes, which is equated with the death of a spouse or child in the list of stressful events (Noval et al., 2007). To date, India is the largest populated country in the world (Hartog et al., 2023). But this news is not good for those, who are facing fertility issues to date. According to the National Family Health Survey (NFHS-5) 2019-2021, the infertility rate in India is around 10-15%. WHO defines infertility as the inability to conceive after at least 12 months of regular, unprotected sexual intercourse (Agarwal et al., 2021). Infertility can be divided into two types primary infertility and secondary infertility.

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Primary infertility refers to the condition when a couple fails to conceive or carry a pregnancy successfully to full term, and the secondary type of pregnancy is defined as difficulty in conceiving after already having previously conceived (Olpin et al., 2011). Generally speaking, infertility is viewed as an “Unexpected life transition” and “being childless” as an undesirable social status (Patel et al., 2018). Unwanted childlessness is cited by many couples as one of the most distressing experiences of their life (Jacob et al., 2021). When a couple discovers that they might not be able to conceive, it can be upsetting, stressful, anticipating, and life-changing for the couple (Peterson et al., 2003; Jyoti et al., 2023).

Extensive investigations of the related research suggest that the literature on infertility predominantly focuses on females; this may be because it is widely assumed that females are at the center of treatment and infertility (Nargund et al., 2015). However, infertility is a condition that affects males and females alike. Men’s views and experiences towards infertility are still neglected. Male factors infertility is one of the common causes of infertility it is often account for between 30 and 50, which are brought on by issues with sperm quality such as low sperm count, low sperm motility, or sperm deformity, endocrine system problems, ejaculation disturbances, viral or bacterial infections, immunologic factors, and anabolic steroid use (Saket et al., 2015; Kundu et al., 2023).

Infertility-related psychological symptoms can also include social isolation, melancholy, frustration, aggression, and low self-esteem (Mobeen et al., 2023; Subramani et al., 2020). The rethinking of male infertility in India should be considered a neglected area in Indian research. Infertility can lead to poor marital quality for couples (Gorji et al., 2023; Shahrahmani et al., 2023). Depression, anxiety, and hostility are the most prevalent characteristics associated with these issues (Obeague et al., 2023; Fernandes et al., 2023; Sharma et al., 2022), a sense of betrayal, disappointment, loss, and failure may also be felt by the couple (Pejušković et al., 2023).

Males view having children as an integral aspect of their identity and the continuation of their family name and generation (Alimondegari et al., 2021). There are many factors related to this problem like sadness, anxiety, stress, and aggression (Kalorath et al., 2020 Sham et al., 2020). Researches also indicate that infertile couples always show aggression when they are frustrated and disappointed, also it is found that infertile males exhibit a higher level of hostility than fertile males (Sultan et al., 2009, Chen et al., 2022).

Other facets of infertility phenomena that researchers discovered among males included personal stress, communication difficulties, issues related to the treatment procedure, and the influence of religious views (Fahami et al., 2010). Infertility affects the marital quality of couples. Understanding beliefs and attitudes related to infertility can therefore play a crucial role in addressing psychological and societal issues. On the other hand, infertile individuals frequently lack the motivation to divulge sensitive information regarding their health and emotional struggles. According to the frustration-aggression hypothesis, frustration always leads to aggression (Dollar et al., 1939). So, there is a possibility that infertility in males can result in frustration-aggression which can in turn affect their married life. Hence the present study aims to understand the role of the child in marital relations, frustration, and aggression in males.

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- **Marriage:** As mentioned in the book “Modern Hindu Law, Codified and Uncodified Marriage” marriage has been regarded as one of the essential samskaras (sacraments for every Hindu). Every Hindu must marry, “To be mother were women created and to be father’ men”. The Veda's ordinance that “Dharma must be practiced by man together with his wife and offspring” (Sharma & Kiran 2009), sheds significant light on the importance of marriage in the Indian context.
- **Marital Quality:** The word “Marital Quality” is an umbrella term that has several different meanings, marital stability, marital success, marital adjustment, friendship, and several other adjectives that characterize the nature of a partnership are some of the more frequently used ones (Shah, 1995).
- **Frustration:** According to the Cambridge Dictionary, " Being frustrated or lacking confidence as a result of not being able to accomplish your goals, or experiencing something similar". It is reported that Frustration is not just an emotional experience rather it can be understood as "an obstruction to the occurrence of a goal reaction that has been initiated" (Dollar et al.,).
- **Aggression:** The definition of " aggression" is ambiguous; it is frequently used synonymously with "agitation" and " violence," obfuscating its boundaries. It's critical to comprehend these subtleties in psychiatric units. Aggression is defined by the DSM-5 as excessive psychomotor activity accompanied by elevated stress and irritation (Lon et al., 2017).

Need of the study:

Cases of infertility are more common in developing countries due to a lack of knowledge about the causes and treatment of infertility. There have been studies to understand the impact of not having a child on females but such studies on males fail to catch the attention of researchers. A male is expected to reproduce to prove his masculinity and failing it, he may be labelled, pressurised, and even lose respect in family and peers. Being childless for males leads to silent suffering which may lead to frustration and aggression among them. The present study aims to explore what role a child plays in marital quality, frustration, and aggression among males.

Objectives:

- 1) To study the differences in marital Quality between the groups of males having children and having fertility issues.
- 2) To study the differences in frustration between the groups of males having children and having fertility issues.
- 3) To study the differences in aggression between the groups of males having children and having fertility issues.
- 4) To study the relation of marital quality, frustration, and aggression for the group of males having children and having fertility issues.

Hypothesis:

- 1) There would be a significant difference in marital quality between the group of males having children and having fertility issues.

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- 2) There would be a significant difference in frustration between the group of males having children and having fertility issues.
- 3) There would be significant differences in aggression between the groups of males having children and having fertility issues.
- 4) There would be a significant relationship in marital quality, frustration, and aggression for the group of males having children and having fertility issues.

METHODOLOGY

Participant and procedure:

A sample of 201 married males using a non-probability purposive technique was selected from various districts of Haryana. It is further divided into 101 males having primary infertility issues (taken from various hospitals in Haryana where they went for treatment, they were contacted during their waiting period at the hospital and briefed about the study, and upon agreement they filled out the questionnaire) 100 males with children from the same district. All the males belonged to the age range of 25 to 35 years, and the minimum years of married life is kept at 3 years. Males who had a history of psychiatric illness previously or currently were excluded. A written consent was obtained, following which the men filled their responses to the questions on the study measure.

Instruments:

- **Marital Quality Scale:** The Marital Quality scale is developed by Anisha Shah (1995). Consisting of 50 statements to be responded to on a four-point Likert scale. The male form of the scale was used for the research. The scale has 28 positively worded statements. The scale has twelve dimensions; Understanding, Rejection, Satisfaction, Affection, Despair, Decision-making, Discontent, Dissolution Potential, Dominance, Self-Disclosure, Trust, and Role functioning. Its score ranges from 50-200. A higher score indicates a poorer quality of marital relationships.
- **Frustration scale:** The scale of Frustration with Partner developed by Brennan et al., (1989), Consisting of 20 statements to be responded to on a seven-point Likert scale. The scale has two dimensions; Frustration with the partner and Proximity seeking.
- **Aggression scale:** The aggression questionnaire developed by Buss & Perry (1995), has 29 statements to be responded to on a five-point Likert scale. The scale has four dimensions; Physical aggression, Verbal aggression, Anger, and Hostility. The scale has reverse scoring.

Procedure:

Men who agreed to participate were subsequently given a set of questionnaires to measure marital quality, frustration, and aggression. The average time to complete the questionnaire was approximately forty to fifty minutes. The responses of participants who answered all of the questions were considered for further analysis. Thirty-five questionnaires were excluded from the study due to incomplete information, consequently, the final analysis was done on 201 participants.

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RESULT

Table 1 Comparison of both the groups on marital quality

Dimensions (MQS)	Groups	mean	SD	DF	t-ratio	Sig.
Understanding	WOC	15.66	2.45	199	3.504	.001
	WC	18.22	6.84			
Rejection	WOC	27.99	5.71	199	10.046	.000
	WC	19.22	6.62			
Satisfaction	WOC	24.29	3.09	199	26.769	.000
	WC	10.39	4.19			
Affection	WOC	17.10	3.74	199	4.069	.000
	WC	19.62	4.92			
Despair	WOC	5.76	6.06	199	4.563	.000
	WC	2.97	.84			
Decision Making	WOC	17.45	3.78	199	7.512	.000
	WC	12.98	4.62			
Discontent	WOC	5.55	1.93	199	0.020	.000
	WC	5.56	1.94			
Dissonance-Potential	WOC	2.72	.69	199	2.265	.025
	WC	2.97	.84			
Dominance	WOC	6.17	1.57	197	0.178	.859
	WC	6.21	1.45			
Self-Disclosure	WOC	5.33	.84	199	1.773	.078
	WC	5.88	2.96			
Trust	WOC	2.90	.94	199	0.295	.768
	WC	2.94	.93			
Role functioning	WOC	10.44	3.70	199	8.868	.000
	WC	6.22	3.01			
MQT	WOC	141.28	11.89	199	15.736	.000
	WC	113.16	13.40			

NOTE. WOC= Without Children, WC= With Children, MQC= Marital Quality Scale, MQT= Marital Quality Total

Table 1 shows the comparison of marital quality of both the group of infertile and fertile males. Findings reveal that there exists a significant difference between both the groups viz., Males without children (WOC) and Males with children (WC). The mean depression score for both the groups on marital quality total is 141.28 and 113.16, respectively which showed that infertile males have higher scores on marital quality than fertile males. According to the manual of marital quality scale high score indicates poor marital quality. It means infertile males have poorer marital quality than fertile males in all dimensions. However, no significant difference was found in the dimensions of dissonance potential, dominance, self-disclosure, and trust. It demonstrates that having a child enhances the marital quality of males.

The literature also states significant differences in marital quality between the group of males without children and those with children. Findings reveal that the stress of infertility negatively affects the marital satisfaction of couples (Tabassum et al., 2023).

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Marital satisfaction is found higher in fertile couples compared to infertile couples, the one good reason for marital satisfaction among fertile couples is that they were blessed with children (Galundia, R., & Sharma, 2018).

Another comparative study reveals that infertile males have moderate to severe levels of anxiety, depression, and marital dissatisfaction than fertile males (Hameed et al., 2021, Vries et. al., 2024).

Table 2 Comparison of both the groups on frustration

Dimensions	Groups	mean	Sd	df	t-ratio	Sig.
Frustration with Partner	WOC	23.15	15.63	199	6.45	.000
	WC	38.19	17.36			
Proximity seeking	WOC	22.02	13.26	199	6.66	.000
	WC	35.40	15.15			
Total	WOC	45.17	20.29	199	9.30	.000
	WC	73.59	22.92			

Table 2 shows the comparison of aggression for both the groups males without children and males with children. Findings reveal that there are differences for both groups. The mean depression score for both groups is 45.17 and 73.59 respectively. The result shows that males having fertility issues are more frustrated with their partner compared to males with children, and also differences found in proximity seeking. It means failure to have a child causes frustration in males. child plays an important role in couple bonding.

Previous studies support that infertility affects the psychological well-being of males. Infertility affects psychological distress among males, this psychological distress includes depression, anxiety, stress frustration worse quality of life, etc (Biggs et. al., 2024).

Research also supports that anxiety and depression are higher in males who are facing infertility issues compared to fertile males (Shahraki et. al., 2019).

Table 3 Comparison of both the groups on aggression

Dimensions	Groups	mean	Sd	df	t-ratio	Sig.
Physical Aggression	WOC	17.96	8.42	199	12.153	.000
	WC	34.73	10.98			
Verbal Aggression	WOC	9.51	5.43	199	11.695	.000
	WC	18.79	5.80			
Anger	WOC	10.78	5.98	199	23.057	.000
	WC	29.44	5.47			
Hostility	WOC	15.15	9.04	199	0.303	.762
	WC	14.79	8.17			
Total	WOC	53.41	14.98	199	21.440	.000
	WC	97.75	14.31			

Table 3 shows the comparison of aggression for both the groups males without children and males with children. Findings reveal that there are differences for both groups. The mean depression score for both groups is 53.41 and 97.75 respectively. This shows that infertile males are more active toward physical aggression, verbal aggression, and anger than fertile

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males but no significant difference was found in hostility. It means the presence and absence of a child effect.

Studies were also conducted on fertility and aggression through MAR and it was found that the impossibility of having a child becomes a form of physical aggression (Rossin. B., 2019)

Another finding reveals that aggression is more common in rural infertile couples compared to urban infertile couples, also found that infertile couples with less education are more aggressive than highly educated (Sultan 2009).

Correlation: A significant positive correlation is reported among marital quality frustration and aggression; however, no significant correlation was found among affection, despair, decision-making, and trust. These results indicated that the presence or absence of a child has no impact on affection, despair, decision-making, and trust in marital quality.

Table 4 Regression analysis of the presence of a child as a predictor of Marital Quality Frustration and Aggression.

Model	R	R ²	Adjusted R ²	R ² Change	β	F
1	.744	.554	.552	12.68	113.6	247.3
2	.562	.315	.507	21.07	73.5	91.7
3	.835	.698	.696	14.65	97.75	459.6

Model 1 Marital Quality, **Model 2** Frustration, **Model 3** Aggression

The findings of regression analysis demonstrated that the presence of a child accounts for 74% variance in predicting marital quality, which is significant at $p < .01$. Model 2 findings reveal the presence of a child accounts for 56% variance in predicting frustration, which is significant at $p < .01$. Model 3 findings reveal the presence of a child accounts for 83% variance in predicting aggression, which is significant at $p < .01$.

The acquired β value for marital quality is 113.6 and the standard β value was .744, the acquired β value for frustration is 73.5 and the standard β value was .562, The acquired β value for aggression is 97.75 and the standard β value was .835. The results indicate that having a child had a significant impact on males' marital quality, the absence of child-led frustration and aggression among males, this frustration can also be seen as the unheard voice of males and is also the cause of their poor marital quality.

DISCUSSION

It is widely believed that having children is a necessary milestone for human existence in society and that not being able to procreate leads to a variety of personal, social, and psychological problems. Regarding the stress associated with infertility and the marital satisfaction of infertile people, the results of earlier research are conflicting (Cserepes et al., 2013; Greil et al., 2011;). The present study aims to explore the role of children in marital quality, frustration, and aggression among males having children and having fertility issues.

The findings of previous research revealed that there is a significant positive difference between the group of males having children and having fertility issues. According to a different study, males usually desired to learn more about fertility and participate in conversations about starting a family, but they felt left out of the conversation because females have historically dominated these conversations. Though they acknowledged that

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females are thought to be the primary carers for fertility, medical professionals also pointed out that low male engagement is often seen in many areas of healthcare needs and is not always specific to fertility and reproductive health. It is widely acknowledged that infertility affects males and females differently. Males find receiving a diagnosis upsetting due to stigma, perceived threats to their masculinity, and the desire to repress their feelings (Hanna & Gough 2016).

Most studies reported that childless men and women had moderate levels of depression, severe anxiety, and mild stress (Paul et. al., 2024).

Another Qualitative study conducted in Duch, reveals that Emotional turbulence, relationship changes, and selective sharing were the psychosocial outcomes that disproportionately affected males (Vries et. al.,2024).

Males experiencing infertility have worse levels of confidence, self-esteem, and sexual performance compared to control groups. As infertility lengthens, the relationship score deteriorates (Jamil et. al., 2020).

The results of the dyadic study showed that the actor effect, or reduced levels of sexual satisfaction, was a result of both males and females experiencing more stress associated with infertility. Furthermore, the actor and partner effect suggest that decreased levels of sexual satisfaction were caused by both male's and females' increased sexual anxieties (Nakic et. al., 2022).

When compared to women, men typically have higher levels of sexual concern, reduced sexual enjoyment, and sexual self-esteem in this category, which could be viewed as a challenge to their masculinity (Agarwal et al., 2015, Cervi et al., 2022; Pakpahan et al., 2023). The ability to conceive a child becomes a criterion for being a real man. It was also found that infertile males were more depressed as compared to fertile males (Weijmer et al., 2005; Kiani et al., 2023).

Limitation

Since infertility is a delicate subject and males have been seen to be reluctant to address it, more qualitative approaches may be used to improve understanding. Furthermore, only males with infertility problems were included in the sample. Males and females with infertility problems should be included in future studies. Although the data was sparse and limited to a single state, a cross-cultural perspective may provide an important new light on the cultural variations around infertility.

Implication

The results of this investigation have expanded the field of study on infertility. It is imperative to address the silent pain of infertile males in addition to providing medical care. Awareness campaigns and educational activities could be conducted to help society better grasp the psychological elements that underlie infertility and to assist them in understanding the idea of infertility. To report concerns related to infertility and provide psychological assistance, counselling clinics had to be built. Psychologists and counselors should stress the concept of self-compassion while offering infertile males' therapeutic interventions in light of the current study's findings. As a result, it can improve both their well-being and their

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marriage. This study provides a thorough understanding of the cultural perspective, which might be beneficial in understanding the mental state of Indian men facing infertility issues.

CONCLUSION

When compared to fertile males, infertile males experience higher levels of frustration and aggression as well as worse Marital Quality. The longer the infertile period, the worse the relationship. We can conclude that the presence of a child is positively correlated with both psychological well-being and marriage quality, particularly for males. In contrast, the absence of a child is associated with frustration, and frustration always leads to aggression that causes silent suffering among males. Future studies should keep looking into these intricate relationships to develop support networks and interventions for males who are having trouble with fertility issues that will improve their mental health and marital happiness. When treating infertile patients, doctors should be aware of these psychosocial factors and assist as needed.

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Conflict of Interest

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