



An Overview Of Impact Of Anxiety And Depression On Marital Satisfaction Of Fertile And Infertile Couples

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Abstract:

Parenthood is undeniably one of the most universally desired goals in adulthood and most people have life plans that include children. Although many factors such as cultural, social and economic have effects on the lives and resulting pregnancy and child growth has been costly and problematic in recent years, but pregnancy is still a major event in the lives of many people. Now-a-days, due to various life style factors, infertility is rising at an alarming rate not only in India but all over the world. Infertility affects the couples not only physically but it very much touches the psychological aspects also. The purpose of this quantitative study was to find out the impact of anxiety and depression on marital satisfaction of fertile & infertile couples. Study was carried out in Udaipur city of Rajasthan. Total sample for the study was consisted of 60 fertile couples (60 husbands+60 wives=120) and 60 infertile couples (60 husbands+60 wives=120). Statistical analysis of data was done by using correlation. Results revealed significant differences between the fertile and infertile couples with respect to impact of anxiety and depression on marital satisfaction.

Keywords: Infertility, Anxiety, Depression, Marital Satisfaction, Fertile couples & infertile couples

Introduction:

In India, having a baby has a socio-cultural significance. Family status especially childbearing is considered to be very important and valuable in our country. Since a woman is defined by her fertility, she internalizes the motherhood role to the extent that if she is infertile, she feels worthless. Children give the women a status within the patriarchal family, define her identity, give her psychological and

emotional security and strengthen kinship bonds (Widge, 2005).

Today's life style factors have contributed a lot to infertility. More women are focusing on their careers and are marrying late. The very process of planning a baby is delayed. Couples spend a portion of their lives attempting to avoid unplanned pregnancies and assume that once they are ready to conceive, it will happen with little difficulty. Couples think that shifting gears from preventing pregnancy to planning,



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conception and childbirth will proceed in a relatively smooth and orderly fashion. Failure by either party to fulfill their end of the bargain can be devastating, humiliating and emotionally destructive. Today, more couples are delaying starting families because they are focusing more on education and careers and want to be able to provide a more stable life for their children (Jayson, 2009).

Infertility is a disease of the reproductive system which affects both men and women psychologically with almost equal frequency. The consequences of infertility are very harmful at psychological and social level. Childless couples feel a kind of incompleteness and incompetence as their attitude towards themselves become negative. They doubt about their sexual ability, become frustrated and a few of them develop mental disorders. Also, the emotional relationship between husband and wife may become rigid. Hollos (2009) quotes infertility to be problematic and the need for a woman to have a child remains basic.

Infertility is a worldwide problem affecting people of all communities, though the cause and magnitude may vary with geographical locations and socio- economic status. Infertility affects at least one in every ten couples in developing countries. Infertility is rising at an alarming pace in India. It is estimated that globally 60-80 million people suffer infertility every year (WHO 1996), about 15-20 million are in India alone. The infertility rate in India is estimated between 7 and 10% (RHO, 2005). Stating statistics released by the World Bank in 2013, the doctors said the decline in fertility started a decade ago,

with a 17% drop since 2000.(TNN | Sep 20, 2013).

The problem of infertility is an upcoming issue in India and it needs to be unmasked. The impact of infertility on the psychological well-being of couples involved has been the object of increasing attention in recent years. The present study was a humble step in an effort to better understand the psychological aspects of couples due to infertility, the study was undertaken to study the impact of anxiety and depression on marital satisfaction of fertile and infertile couples.

Methodology:

Locale of the study: The study was conducted within the municipal limits of Udaipur city in Rajasthan state.

Sample and its selection: Total sample for this study was consisted of 60 fertile and 60 infertile couples. For the selection of fertile couples, researcher had selected the respondents by random sampling method within the municipal limits of Udaipur city. For the purpose of infertile sample selection, couples who met a standard definition for infertility & registered patients at government hospitals & infertility clinics were randomly selected. Both fertile and infertile couples were selected as per the delimitations of the study.

Description of major tools:

Beck Anxiety Inventory: The Beck Anxiety Inventory (BAI) was developed by Dr. Aaron T. Beck and other colleagues, is a 21-question multiple-choice self-report inventory that is used for measuring the severity of an individual's anxiety. Each question has the same set of four

possible answer choices. The inventory was scored using 4-point scale ranging from “Not at all” to “Severely”. Higher scores on each specific statement indicated high level of anxiety.

b) Beck Depression Inventory: The Beck Depression Inventory Second Edition is a 21-item self-report instrument intended to assess the existence and severity of symptoms of depression. There is a 68 four-point scale for each item ranging from 0 to 3. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate and 29-63 is severe. Higher

scores on each specific statement indicated high level of depression.

c) Enrich Marital Satisfaction Scale: The Enrich Marital Satisfaction Scale is a multidimensional Scale that includes 12 category scales. There is a five-point scale for each item ranging from strongly disagree to strongly agree. Total score of 9-20 is considered as low, 21-30 is moderate and 31-45 is considered as high. This scale includes both positive and negative statements.

Results & Discussion:

Table I: Correlation between Anxiety Depression and Marital Adjustment of Fertile Couples:

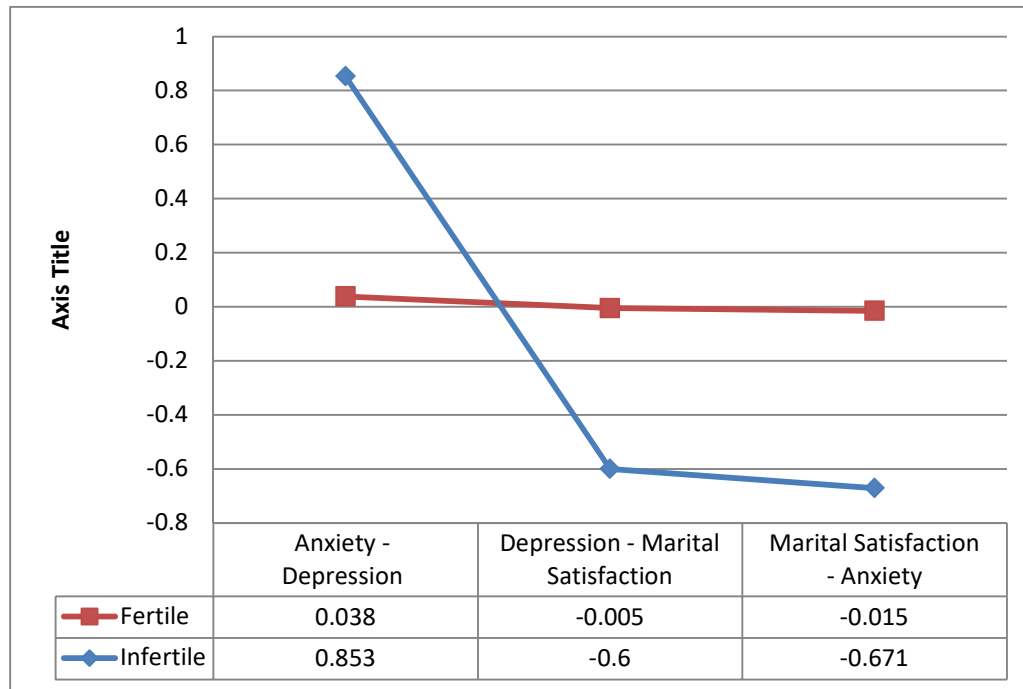
		Anxiety	Depression	Marital Satisfaction
Anxiety	Pearson Correlation	1.000	.038	-.015
	Sig. (2-tailed)	.	.681	.869
	N	120	120	120
Depression	Pearson Correlation	.038	1.000	-.005
	Sig. (2-tailed)	.681	.	.959
	N	120	120	120
Marital Satisfaction	Pearson Correlation	-.015	-.005	1.000
	Sig. (2-tailed)	.869	.959	.
	N	120	120	120

Table II: Correlation between Anxiety Depression and Marital Adjustment of Infertile Couples:

		Anxiety	Depression	Marital Satisfaction
Anxiety	Pearson Correlation	1.000	.853*	-.600*
	Sig. (2-tailed)	.	.000	.000
	N	120	120	120
Depression	Pearson Correlation	.853*	1.000	-.671*
	Sig. (2-tailed)	.000	.	.000
	N	120	120	120

Marital Satisfaction	Pearson Correlation	-0.600*	-.671*	1.000
	Sig. (2-tailed)	.000	.000	.
	N	120	120	120

Figure I: Depicting Correlation between Anxiety, Depression and Marital Satisfaction of Fertile and Infertile Couples



Researcher found significant differences between the fertile and infertile couples with respect to impact of anxiety and depression on marital satisfaction. As depicted from table I that in case of fertile couples, there is a strong correlation between anxiety, depression and marital satisfaction. Table I reveals that anxiety and depression i.e. .038 is significantly and positively correlated with each other. On the other side, anxiety and depression as shown in table I are negatively correlated with marital satisfaction (-.005). This clearly shows that due to low anxiety and depression in fertile couples, their marital satisfaction was high. As fertile couples are blessed with the child, they are

atleast relieved from any kind of psychological stress related to infertility. Researcher has come to this conclusion that the due importance which is given to procreation after marriage in India which is one of the prime purposes of marriage is accomplished by fertile couples. Therefore, their level of anxiety and depression was low which ultimately leads to high marital satisfaction.

In case of infertile couples, it showed strong correlation between anxiety, depression and marital satisfaction in infertile couples. Results revealed that increased levels of anxiety and depression were significantly and positively

related to marital dissatisfaction among infertile couples. Table II shows that anxiety and depression (.853) has strong positive correlation with each other. This finding is in line with various studies which have shown that anxiety disorders frequently co-occur with depressive disorders or substance abuse. Most people with one anxiety disorder also have another anxiety disorder. Nearly three-quarters of those with an anxiety disorder will have their first episode by age 21.5 (Kessler, Berglund, Demler, & Walters, 2005). In case of infertility, anxiety and depression work together. The prevalence of depression and low self-esteem in infertile patients is far more than fertile couples (Noorbala et al., 2007; Andrews et al., 1992).

On the other hand, there is a strong negative correlation of anxiety (-.600) and depression (-.671) with marital satisfaction as shown in table II. As due to high anxiety and depression level of infertile couples, their marital satisfaction was low as compare to fertile couples. In light of data, it can be said that these psychological symptoms interfere in couple's marital satisfaction. Results clearly show that the emotional symptoms in infertile couples were related to decrease marital satisfaction. Present study clearly showed that anxiety and depression are general consequences of infertility which ultimately impacts the marital satisfaction of the couples. Some other studies also found greater relationship dissatisfaction in infertile couples as compared to fertile couples (Wang et al., 2007) or infertile couples who adopted a child (Daniluk & Tench, 2007).

Ozkan (2006) in a similar study determined the prevalence, severity and predictability of

psychiatric symptoms of infertile women and the effects of infertility on marital and sexual relationships. The study result revealed that depression, anxiety and strength of psychological symptoms were significantly higher in the infertile group. Relationship and sexual difficulties also appeared as infertility-related stress.

It is very important for Indian females to be fertile and to be able to give birth to child after marriage because India is a patriarchal society and producing a child brings a lot of happiness in the family. Indian marriage is a social process and it reaches a significant stage only with the arrival of a child at home. Marriage has been defined in India as a socially sanctioned union of male and female, or as a secondary institution devised by society to sanction the union and mating of male and female for purposes of establishing a household, entering into sex relations, procreating, and providing care for the offspring. It is considered as a sacrament. Infertility affects the various aspects of couple's relationship like physically, sexually, mentally, financially and socially.

Physically - Infertility leads to the loss of health. The female patient may spend a great deal of time in the infertility clinic for tests and treatments. Although she is not really sick, she may begin to identify with the sick role and begin to feel that her physical health is compromised. In addition, women may also report feeling ill because of the side effects of some of the hormonal medications used to enhance fertility. Research showed that women struggling with infertility can have as much stress and anxiety

as those suffering from a terminal illness (Domar, 2004).

Sexual relationship - Infertility affects the sexual life of the couples. Researcher found that the pressure to conceive, programmed approach to conception, loss of privacy to interventionists and the treatment itself is one reason which negatively impacts the marital adjustment and sexual functioning among infertile couples. The intimacy and pleasure usually derived from sexual relations may be identified as another loss by the couple. Feeling a psychological distance or withdrawal from one's partner is often observed in infertile couples (Sillars, Leonard, Roberts and Dun, 2002). More than that, infertile couples may also experience a lack of sexual satisfaction such as arousal and orgasm. This could result in avoidance of sex altogether or having sex for the sole purpose of reproduction (Boivin, 2003).

Financially - The financial aspect of infertility treatment can have a dramatic economic impact for a couple seeking medical treatments. The diagnostic process for infertility can be long and may involve numerous medicals procedures, some requiring hospitalization. The new reproductive technologies, such as in-vitro fertilization and artificial insemination, carry a heavy price tag. As medical insurance does not cover many or all of these procedures, the couples are left to pay the medical bills (Maillet, 2003).

Strained marital relationship - The marital relationship can be strained or lost because of fears that the fertile partner will leave the infertile partner. Even though a couple is working together toward a common goal, the emotional pain associated with infertility and the stress of

the evaluation and treatment may make it difficult for each individual to provide the necessary emotional support for each other. Unfortunately, this occurs at a time when each needs the emotional support and intimacy provided by the other. When they cannot meet each other's needs, each partner may withdraw and isolate themselves. study shows that infertility does not only cause important psychocognitive changes in the subjects but also produces deep effects on marital and sexual relationships and it may have a profound impact on marital stability (Hosseinzadeh Bazargani, 2003).

Social isolation - The infertile couple may also experience strain in relationships with family and friends. They may isolate themselves from their family and friends because they consider infertility a private problem that they are uncomfortable sharing. It has been found that over 61 percent of those men and women will hide infertility from their family and friends. Reasons for this can include shame and feelings of inferiority (Perrine & Wolfe, 2010). Infertility can cause couples to withdraw and feel a disconnection from their community, their friends and social events in which they once participated. The infertile couple's loss of relationships can deprive them of social support which can compound feelings of isolation and depression.

Mentally - In India, infertile women are called as "Baanj". In our society, infertile women were excluded from religious functions such as celebrations of newborn children and celebrations of first pregnancies, as their presence is considered inauspicious. Many people also think that newborn will die in the

arms of infertile female. Besides being inauspicious for auspicious occasions, she is insulted and is under constant pressure and faces innuendoes during quarrels and disputes. India reported that 70% of women experiencing infertility would be punished with physical violence for their "failure" and nearly 20% of these women reported that they suffered severe violence at the hands of their husbands as a result of being childless. In many cases, husbands are forced to divorce and remarry. Most of them get engaged in polygyny. In such context, women become the victims of violence, abuse and social exclusion. It is also seen in our society that husbands of infertile females gets engaged in extra-marital affairs but the same liberty is not given to women. A study stated that childless women were facing more consequences such as economic deprivation, marital disruption, verbal abuse and physical abuse and they felt guilt, worthless and low self esteem and also reported threatened for divorce (20%) husband remarrying (38%) return to their parent home (26%) separation (68%). Victims faced severe mental stress, physical abuse (69.4%) and verbal abuse (58.8%) (Neelofarsani, Tazeen Sered Ali, 2009).

In the present study, comparison between the two groups of couples revealed that the mean scores of the infertile couples are higher as compared to the couples with children, indicating poor adjustment both at personal and marital level. Results showed that infertility was the main factor related to the condition of poor marital satisfaction of the subjects and create greater deterioration in marital functioning. It increases marital conflict and decreases sexual performance and frequency.

Conclusion:

There is no doubt that infertility results in high level of anxiety and depression among infertile couples which has direct impact on marital satisfaction of the couples. To have children appear to play a vital role in contributing to the satisfaction in the personal and marital relationship or the lack of it. It is likely that childlessness affects the marital relationship as both spouses appear to be negatively impacted. Therefore, all the family members, friends and counsellors as well as therapists remain sensitive to the roller coaster of emotions these individuals or couples go through on a daily basis. It will also be important that mental health professionals working with men and women of child bearing age stay up to date on the latest infertility treatments, resources as well as support groups and ways they can help encourage his/her clients on their journey.

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