



“PREDICTORS OF MARITAL SATISFACTION IN PRIMARY INFERTILE COUPLES: A GENDER BASED STUDY”

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ABSTRACT

Infertility is considered as one of the reasons for marital dissatisfaction and may have a bearing on quality of life. Nonetheless, there may be some factors related to quality of life that may be associated with marital satisfaction in infertile couples. The present study aimed to investigate whether fertility related quality of life is associated with marital satisfaction among couples who experienced infertility. 30 couples with the diagnosis of primary infertility were assessed on dyadic adjustment scale and fertility related quality of life (FertiQoL) scale. We found that tolerability and global fertility related QoL was positively associated with marital satisfaction in males and emotional, environmental and global quality of life were positively associated with marital satisfaction in females. Such factors may be identified prior to or during treatment of infertility which may have a psychosocial benefit on therapeutic outcome.

KEYWORDS : Primary Infertility, Marital Satisfaction, Quality of Life

INTRODUCTION

Infertility is defined “failure to achieve a clinical pregnancy after twelve months or more of regular unprotected sexual intercourse” (Zegers-Hochschild et al., 2009). It is a clinical condition that can cause immense psychological burden on the couple for being “childless”. Also, being “childless” brings out societal pressures to procure children and add on to marital satisfaction and poor quality of life (Rashidi et al., 2008). Moreover, the treatment despite being costly, does not guarantee successful outcome adding on to the financial burden on the couples making the couple more stressful. Earlier studies have found that infertility is negatively associated with relational, sexual and psychosocial well-being (Drosdzol and Skrzypulec, 2008; Chachamovich et al., 2010).

Marital satisfaction can be defined as the attitude an individual has toward his or her own marital relationship (King, 2016). Understanding marital satisfaction and quality of life has major implications for infertility researchers in order to provide adequate psychosocial treatment. Since infertility has been known to adversely affect the mental and social health of infertile couples, the assessment of marital satisfaction and QoL has become as important as the treatment. Marital satisfaction evaluates the attitude of an individual towards his or her marital relationship (Fincham et al., 2016). Research indicates that children may play a significant role in marital satisfaction (Cowen and Cowen 1995) and infertility is one important factor for poor marital satisfaction. Quality of life evaluation allows the understanding of the impact of health conditions or interventions on the patient from a broad perspective; not only the morbidity and mortality, but also the emotional symptoms due to infertility (Karabulut et al., 2013).

The aim of our study was to identify whether fertility related quality of life is associated with marital satisfaction among couples who experienced infertility.

METHODS

The study was a hospital based cross sectional study conducted in Ranchi Jharkhand in hospitals and private nursing homes dedicated for the treatment of infertility. The study was approved by the Ranchi University's ethics committee. 30 couples (30 males and 30 females) after fulfilling the inclusion and exclusion criteria were recruited for the study. The inclusion criteria for the selection of cases included couples with a diagnosis of primary infertility (either male/ female/ combined) who are unable to conceive within two years of exposure to pregnancy; those aged between 18-45 years with no psychiatric comorbidity; with at least primary level of education. A detailed interview was done to assess the details of infertility which included the cause, duration, treatment and cost of treatment of infertility.

Instruments

Subjects were assessed for quality of life by using the fertility quality of life questionnaire (FERTIQoL). This scale was developed by

Boivin, Takefman, & Braverman. (2008). FertiQoL comprises two modules: the Core-FertiQoL module and the (optional) treatment-module. The latter module assesses current thoughts and feelings directly related to fertility treatment. The Core-FertiQoL module contains 24 items and 4 domains that includes emotional, mind-body, relational, social, environment, tolerability, total quality of life scores. This is a reliable and valid tool and psychometric analyses showed that Cronbach's α was high across these domains (range 0.72–0.92). Convergent validity indicated that a significant negative correlation between relational and anxiety (-0.29) and mind-body to depression (-0.71).

To assess marital satisfaction, we used the Dyadic adjustment scale (DAS) developed by Spanier (1976). DAS consists of 32 items and couples rate their relationship according to their perception of it. DAS is commonly used to assess dyadic adjustment and marital satisfaction. DAS includes 4 subscales: dyadic consensus, dyadic satisfaction, affective expression, dyadic cohesion. Total score represents the level of marital satisfaction. DAS scores vary between 0 and 151, and higher scores indicate greater marital or relationship harmony.

Procedure

30 couples diagnosed with primary infertility; with male, female or combined factors related infertility, was recruited for the study. They were informed about the purpose of the study. Informed consent was taken from both the partners. The selected couples were evaluated for socio-demographic and clinical variables. All subjects were asked to respond to Fertility Quality of Life Questionnaire (FertiQoL) and Dyadic adjustment Scale. Pearson correlation and linear regression analyses was done to identify factors associated with marital satisfaction among males and females experiencing infertility. Data were analyzed by using appropriate statistical tests.

RESULTS

Table 1. The table shows Pearson correlation (r) between marital satisfaction and various subscales of fertility related quality of life (FERTIQOL).

Table 1.

Variables (N=60)	Marital Satisfaction (Females) (r)	Marital Satisfaction (Males) (r)
FERTIQOL Emotional	0.43*	0.65**
FERTIQOL Mind Body	0.53**	0.16
FERTIQOL Relational	0.52**	0.71**
FERTIQOL Social	0.62**	0.68**
FERTIQOL Environmental	0.19	0.45*
FERTIQOL Tolerability	0.36	0.44*
FERTIQOL Total	0.56**	0.80**

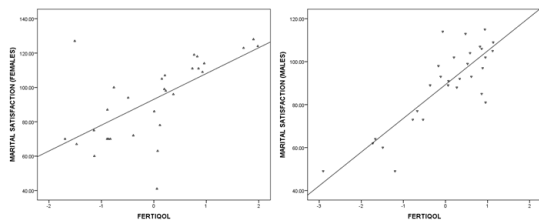
Table 2. The table shows multiple regression analysis model. Marital satisfaction was taken as a dependent variable

Table 2.

Independent variables		Standardized coefficients of regression B	t	Sig.
Male factors (n=30)	FERTIQOL Tolerability	2.397	2.35*	.026
	FERTIQOL Total	1.081	6.80***	.000
Female factors (n=30)	FERTIQOL Emotional	2.575	2.24*	.034
	FERTIQOL Environmental	3.200	2.05*	.045
	FERTIQOL Total	1.206	3.04**	.005

Adjusted r^2 in males=0.684 and females=0.412

Figure 1. Figure 1 illustrates a linear positive association between marital satisfaction and total fertility related quality of life (z transformed scores) in both males and females.



DISCUSSION

The present study aimed to identify whether fertility related quality of life is associated with marital satisfaction among couples who experienced infertility. It is well understood fact that marital satisfaction has a positive relationship with quality of life. Successful marriage is related to contented physical and psychological needs and expectation in couples (Padash et al., 2012). Also, marital satisfaction is one of the most important determinative factors of healthy function in family, adjustment, problem solving and adaptive coping among couples (Greef et al., 2000). The present study indicated some factors related to quality of life that interplay positively and have a bearing on the marital satisfaction in couples with infertility diagnosis. The male factors include tolerability and global quality of life that may positively influence marital satisfaction despite having infertility problems. It means that there are some protective factors that may prevail in males that can influence marital satisfaction. Tolerability domain of male partners to some extent suggest that male partners were less bothered with the side effects of the medications and treatment and they do not find it complicated in dealing with the procedure carried out for infertility treatment. However, we did not find such an association in females as they undergo more invasive procedures and that may have poor quality of life and marital satisfaction. Nonetheless, global QoL has a positive influence on overall marital satisfaction in both males and females. Overall, relational, mind-body, social, emotional, environmental domain of quality of life may positively affect satisfactory marital life. In both male and female partners, was not much affected due to infertility as the male and female partners were satisfied and content with their relationship. They never felt difficult in talking about their fertility problems with their partners. Emotional and environmental factors of quality of life has a positive association in females. Females, who receive adequate emotional support from spouse, friends and family have a better marital satisfaction and never felt inferior to the couples with children. As marital satisfaction is a personal experience in marriage and dependent on individuals' expectations and beliefs (Kaplan & Maddux, 2002) an adequate emotional support from the close ones may help them cope better with infertility and have a better marital satisfaction. It is worth noting that quality of life is dependent on the individuals unique perception from life and life satisfaction; their relationship with family, friends and community. In addition, the person is satisfied from psychological, social, cultural, religious, economical and sexual aspects (Cella, 1994). For keeping on a comprehensive treatment for infertility, it is essential for the couple to have fulfilling life quality because by affecting sexual and marital satisfaction, it can influence the couple's life quality (Monga et al., 2004; Valsangkar, Bodhare, Bele, & Sai, 2011).

LIMITATIONS AND CONCLUSION

The data were obtained solely on the response of the subjects attending

to the infertility clinic for treatment, which may have inherent bias. The other main limitation is the small number of patients (n = 60). Furthermore the study did not use other scales which could have provided an indirect or direct link with respect to fertility problems, dyadic adjustment, coping and its effects on QoL to predict the factors of marital satisfaction. However, this was the first study in India to study the QoL factors associated with marital satisfaction in infertile couples. This study found that despite suffering from problems related to infertility, both males and females have some specific factors related to quality of life that has a bearing on their marital satisfaction.

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