



Research Article

A home without a child: Effect of infertility on marital quality and psychological well-being among Indian women

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Abstract

Infertility is a complicated problem that affects both individuals and families and has a significant influence on the mental health of an individual, especially in a country like 'India' where having children is the essence of being a woman. The proportion of couples having trouble conceiving a child is believed to be between 10 to 14% in India. Female infertility has been consistently shown to impact mental health and quality of married life. Thereby, it is important to explore this area to develop interventions and strategies to promote optimum mental health in those affected. Women facing infertility issues compared with the female who has a child in the sample for the present study. Participants completed the psychological well-being questionnaire by Ryff and the marital quality questionnaire Hindi version by Dr. Anisha Shah. The t-test analysis shows that there is a significant relationship between the group of women having children and women with fertility issues. The findings of Pearson product-moment correlation reflected that a child has a positive impact on marital quality and psychological well-being. Regression analysis shows that a child contributes 56% to marital quality and 51% to psychological well-being.

Keywords:

Infertility, Psychological well-being, Marital quality, Women, Children

Introduction

To date, India is the largest populated country in the world.^[1] But still, infertility is a public health

issue all over the country. In the survey report of the 2019-2021, National Family Health Survey (NFHS-5), the Infertility rate in India is around 10-15%. It is a major cause for concern for the government as well as individual couples. Differences in psychological consequences of infertility in developed and developing countries. Developing countries have seen a spike in infertility issues that could be a result of a lack of knowledge about its causes and treatments.^[2] He further elaborates, that being childless on choice is accepted in developed nations, where many women view infertility as a hidden stigma. In developing nations, on the other hand, it is more difficult to hide because marriage and motherhood are closely associated, with the perception that

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married women are only childless if they experience infertility.

In a women's life, childbearing is considered to be one of the most significant things, and the inability to be able to conceive one is mostly blamed on them irrespective of the cause. It is often reported that a woman who is unable to conceive is at times threatened with divorce and also faces rejections by their husbands which in turn results in poor marriage quality.^[3] This is particularly true in nations like India, where having and raising children is central to women's power and well-being.^[4] The result of infertility affects individuals' social, personal, marital as well as psychological well-being. In a country like India because Indian woman's life is complete not just after marriage but also after giving birth to a child. Not being able to procreate or conceive is only attributed to women in our Indian society. She gains respect from the family and society only after reproduction. If there is no reproduction it affects their life a lot. Alongside divorce and death in the family, as well as somatic disorders such as cancer and HIV, infertility is regarded as one of the most strenuous events in one's life.^[5] It jeopardizes identity.^[5] It has an impact on every aspect of a couple's life.^[6] Infertility is perceived as a protracted life crisis associated with a higher likelihood of depression, feelings of guilt, loss, loneliness, and meaninglessness, in addition to problems with sex and marriage.^[7, 8, 9]

Numerous studies are found in the west pertaining to psychological well-being and marital quality undergoing treatment for infertility issues. Studies on the effect of infertility on psychological well-being and marital quality among Indian women are scarce. A person's marital relationships are a major determinant of their overall health, and poor marital relationships have detrimental effects on a person's mental, physical, and social well-being, some of which can also lead to suicidal ideation or attempts. In comparison to healthy couples, it has been proven for decades that couples who experience infertility issues face challenges in their marital life. Poor marital quality or relationship with partner might inculcate the feeling of rejection in women leading to poor judgement of one self-resulting in lower self-esteem.^[10] Many women in developing countries consider that, without children, their lives are without hope.

Need of the study

This study helps us understand how infertility has an influence on women's marital relationships as well as their psychological well-being. There is a gap in the literature of comparative studies on women having a child and women having no child. This study helps us to know what and how much a child plays a role in marital quality and psychological well-being in women's lives.

Objectives

- 1) To study the difference in marital quality between the groups of women having children and having fertility issues.
- 2) To study the difference in psychological well-being between the groups of women having children and having fertility issues.
- 3) To study the relationship between marital quality and psychological well-being of women having children and women having fertility issues.

Method

Participants and Procedure

A sample of 242 married women using a non-probability purposive technique was selected from various districts of Haryana. It is further divided into 121 women with 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) and 121 women with children from the same district. All the women belonged to the age range from 25 to 35 years, and the minimum years of married life is kept as 3 years-women who had a history of psychiatric illness previously or currently were excluded. A written consent was obtained, following which women filled the questions on the study measure. The research design is correlational.

Instruments

Marital Quality Scale: Anisha Shah^[10] (1995) developed the marital quality scale, consisting of 50 statements to be responded to on a four-point Likert scale. The form for the females was used for the research. The scale has 28 positively worded statements and 22 negatively worded statements. The following twelve dimensions are included in

this scale; 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. 0.83 was found to be test-retest reliability.

Psychological well-being scale: Ryff’s scale measures psychological well-being and consists of 54 items to be responded to on a six-point Likert scale^[11]. The following six dimensions are measured through this sale: Autonomy, Environmental Mastery, Personal Growth, Positive relation with others, Purpose in life, and Self-acceptance.

Procedure: Women who agreed to participate were subsequently given a set of questionnaires to measure marital quality and psychological well-being. The average time to complete the

questionnaire was approximately one hour. Participants’ responses who answered all of the questions were considered for further analysis. Twenty-three questionnaires were excluded from the study due to incomplete information. Consequently, the final analysis was done on 242 participants.

Marital quality: Marital quality refers to the subjective evaluation of the positive and negative aspects of a spousal relationship, encompassing factors such asmarital stability, satisfaction, adjustment, and overall happiness within the marriage.^[12]

Psychological well-being: Psychological well-being involves positive mental states, such as life satisfaction and a sense of purpose, and the absence of hostile states, including anxiety and depression. It includes various components such as emotional, psychological, and social well-being.^[13,14]

Results

Table 1: Comparison of both the groups on marital quality

| Dimension | Fertility Status | Mean | SD | N | df | t | Sig. (2-tailed) |
|-----------------------|------------------|--------|--------|-----|-----|--------|-----------------|
| Understanding (MQS) | Without Children | 24.41 | 2.883 | 121 | 240 | 15.144 | 0.000 |
| | With Children | 15.26 | 5.987 | 121 | | | |
| Rejection | Without Children | 27.55 | 5.521 | 121 | 240 | 10.332 | 0.000 |
| | With Children | 19.31 | 6.829 | 121 | | | |
| Satisfaction | Without Children | 15.74 | 2.644 | 121 | 240 | 9.868 | 0.000 |
| | With Children | 11.17 | 4.354 | 121 | | | |
| Affection | Without Children | 19.52 | 12.379 | 121 | 240 | 0.872 | 0.384 |
| | With Children | 20.58 | 4.975 | 121 | | | |
| Despair | Without Children | 6.21 | 9.070 | 121 | 240 | 0.000 | 1.000 |
| | With Children | 6.21 | 9.070 | 121 | | | |
| Decision Making | Without Children | 17.57 | 3.832 | 121 | 240 | 6.989 | 0.000 |
| | With Children | 13.45 | 5.239 | 121 | | | |
| Discontent | Without Children | 5.65 | 1.878 | 121 | 240 | 11.077 | 0.000 |
| | With Children | 3.37 | 1.266 | 121 | | | |
| Dissolution Potential | Without Children | 3.02 | 0.856 | 121 | 240 | 25.413 | 0.000 |
| | With Children | 1.02 | 0.128 | 121 | | | |
| Dominance | Without Children | 7.40 | 9.994 | 121 | 240 | 1.489 | 0.138 |
| | With Children | 6.03 | 1.602 | 121 | | | |
| Self-Disclosure | Without Children | 8.69 | 2.769 | 121 | 240 | 17.237 | 0.000 |
| | With Children | 4.17 | 0.810 | 121 | | | |
| Trust | Without Children | 2.93 | 0.955 | 121 | 240 | 0.061 | 0.952 |
| | With Children | 2.93 | 1.149 | 121 | | | |
| Role Functioning | Without Children | 10.50 | 3.679 | 121 | 240 | 10.116 | 0.000 |
| | With Children | 6.19 | 2.911 | 121 | | | |
| MQT | Without Children | 149.08 | 18.823 | 121 | 240 | 17.736 | 0.000 |
| | With Children | 109.68 | 15.588 | 121 | | | |

Note. MQS = Marital Quality Scale; MQT = Marital Quality Total.

Table 1 shows the comparison in marital quality among infertile and fertile women. Findings revealed that there exists a significant difference between the two groups (women with children and women without children). The mean depression score for both the groups on marital quality total is 149.08 and 109.68, respectively, which showed that infertile women have higher scores on marital quality than fertile women. It indicates that, except

for a few, understanding, rejection, contentment, decision-making, discontent, disintegration potential, self-disclosure, and role functioning, infertile women had lower marriage quality than fertile women. It demonstrated that having a child considerably enhances the marital quality of women and shows no significant differences in the dimensions of affection, despair, dominance, and trust, indicating that having a child makes no difference in these dimensions.

Table 2: Comparison of both the groups on psychological well-being

| Dimension | Fertility Status | Mean | SD | N | df | t | Sig. (2-tailed) |
|--------------------------------|------------------|--------|--------|-----|-----|--------|-----------------|
| Autonomy | Without children | 28.56 | 12.11 | 121 | 240 | 7.763 | 0.000 |
| | With children | 37.92 | 8.082 | 121 | 240 | | 0.000 |
| Environmental Mastery | Without Children | 26.97 | 11.272 | 121 | 240 | 6.975 | 0.000 |
| | With Children | 36.54 | 10.037 | 121 | | | |
| Personal Growth | Without Children | 28.31 | 12.111 | 121 | 240 | 9.277 | 0.000 |
| | With Children | 39.96 | 6.651 | 121 | | | |
| Positive Relations with others | Without Children | 29.23 | 9.950 | 121 | 240 | 7.474 | 0.000 |
| | With Children | 37.94 | 8.084 | 121 | | | |
| Purpose in life | Without Children | 28.40 | 11.009 | 121 | 240 | 2.647 | 0.009 |
| | With Children | 34.57 | 23.168 | 121 | | | |
| Self-Acceptance | Without Children | 28.43 | 9.656 | 121 | 240 | 7.763 | 0.000 |
| | With Children | 38.58 | 10.657 | 121 | | | |
| PWBT | Without Children | 171.34 | 23.980 | 121 | 240 | 15.781 | 0.000 |
| | With Children | 227.06 | 30.553 | 121 | | | |

Table 2 represents the comparison of infertile and fertile women’s overall psychological well-being. The mean depression score for both the groups on psychological well-being total is 171.34 and 227.06, respectively. A significant difference was found between the two groups (women with children and women without children) in dimensions like autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

Correlation between the psychological well-being and marital quality of infertile and fertile women. A positive correlation is reported between marital quality and psychological well-being; 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 confidence in marital quality

Table 4: Regression analysis of the presence of a child as a predictor of marital quality and psychological well-being

| Model | R | R ² | Adjusted R ² | R ² Change | β | F |
|-------|------|----------------|-------------------------|-----------------------|-------|--------|
| 1 | .753 | .567 | .565 | 17.28 | -.149 | 314.6 |
| 2 | .714 | .509 | .507 | .509 | .171 | 249.02 |

Model 1 Marital Quality, Model 2 Psychological Well-being

The findings of regression analysis demonstrated that the presence of a child accounts for 56% variance in predicting marital quality, which is significant at $p < .01$. Model 2 findings reveal the presence of a child accounts for 50% variance in predicting psychological well-being, which is significant at $p < .01$. The acquired β value for marital quality is $-.149$ and standard β value was 0.753 , and the acquired β value for psychological well-being is 0.171 and standard β value was $.714$. The results indicate that having a child had a significant impact on women’s quality of marriage and psychological well-being.

Discussion

The present study aimed to explore the impact of infertility on marital quality and psychological well-being among females. The psychological well-being and marital quality of couples are often heavily influenced by a child. This study revealed a significant difference in the marital quality of the group of women having children and having fertility issues as well as significant differences in psychological well-being between women having children and those with fertility issues. However, no difference was found in some dimensions like despair, trust, and decision-making, indicating that the presence or absence of a child does not affect these aspects of marital quality.

The study also investigates the variance that the presence of a child brings in psychological well-being and marital quality between women with children and those with fertility issues. Infertility is often viewed as an unexpected and developmental issue that compromises well-being. In Indian society, children play a significant role in family dynamics, cultural traditions, and societal expectations. The result of the present study found that a child significantly influences marital quality

and psychology well-being. Regression analysis showed that the presence of a child contributes 57% to marital quality and 51% to the psychological well-being of women.

These findings align with previous research, reporting that infertile women have poorer psychological well-being than fertile women.^[15] In the present study, marital quality was found to be positively predicting psychological well-being. Women facing infertility issues blame themselves as they feel guilty for not being able to provide their partner with the right to fatherhood. Research has shown that couples facing fertility issues frequently show signs of anxiety, stress, and depression.^[16,17] Blaming themselves.^[18] In further research, marital quality reflects a positive significant relationship between depression and stress in women with primary infertility issues.^[19]

Another study found no positive relationship between marital quality and fertility status but reported a significant positive relation between mental health and fertility status. Infertile women are reported to have poor mental health.^[20] Additionally, literature has highlighted that mental health issues such as stress, anxiety, and depression are more commonly found in infertile women compared to fertile women. Thirty percent of the participants in this study reported feeling more stress, anxiety, and depression due to having fertility issues and feeling rejected and ignored by their husbands and other family members.^[21]

Numerous studies have focused on the socioeconomic status of the family, mental health, and marital relationships among women with fertility issues. A comparative study of women who report experiencing anxiety and depression reveals that they experienced severe discrimination, had less social support, and had a worse standard of

living.^[22] Significant differences in satisfaction levels between fertile and infertile women were also found, with the number of unsuccessful pregnancies having a high impact on the marital satisfaction of women with fertility issues.^[23]

In Indian society and culture, childbearing is associated with a woman's self-esteem and family's status. A child signifies marital contentment and stability. The beliefs surrounding infertility are deeply ingrained in societal and cultural practices. Having children is essential for the fulfilment of marital and psychological aspects of a woman's life. On the other hand, feeling childless or unable to bear children increases feelings of personal discontent, and marital problems that can occasionally result in divorce and even second marriages. Infertile women often experience psychological issues due to the intervention of society and family members, such as the husband's family and relatives; they experience abuse, stigmatization, and marital instability.

The literature also stated significant differences in the marital quality of both groups of women. Infertile couples have better understanding, satisfaction, role functioning, and decision-making in marital relationships than fertile couples.^[24] Previous researches suggest that women with fertility issues had a poorer quality of life, employed maladaptive coping^[25], and had adverse consequences, including relationship problems with their spouse, family, and friends.^[26] The existing literature supports the fact that psychological consequences are significantly more common among women with fertility issues than women with children.^[27] These findings are also supported by the literature, which reports that women who face primary infertility issues often face greater psychological consequences in comparison to women with secondary infertility issues, as they at least have one child to continue with their legacy.^[28]

Limitation

Infertility is a sensitive issue, and women were found to be reluctant while responding to deal with this issue; further qualitative approaches can be adapted to gain a better understanding. Moreover, the sample only included women with fertility issues. Future research should take into account both men and women who have fertility issues.

Data was small and collected from one state only which limits generalization, a cross-cultural view could give major insights into the cultural differences regarding infertility.

Implication

The findings of this study have opened up a new arena for infertility research. In addition to medical care, it's critical to address infertile women's psychological suffering. To aid society in understanding the fundamental psychological factors that contribute to infertility, awareness campaigns and educational initiatives could be launched that could help society comprehend the concept of infertility better. Counselling centres should be established so that infertility-related issues can be reported and psychological help can be made available. In light of the current study's findings, psychologists and counsellors should emphasize the idea of self-compassion while providing infertile women with therapeutic interventions. Thus, it can enhance their marital relationship as well as their well-being. Cultural perspective can be very well understood through this study which can help and can encourage clinicians and healthcare professionals to deal with infertility-related issues accordingly.

Conclusion

Conclusively, it can be said that a child plays a crucial role in facilitating the marital quality and psychological well-being in couples, especially women, and the absence of which leads to poor marital quality and poor psychological well-being. Research in future should continue to explore these complex relationships in order to plan interventions and support systems for women with fertility issues that enhance psychological well-being and marital satisfaction.

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References

1. Hertog S, Gerland P, Wilmoth J. India overtakes China as the world's most populous country. https://www.un.org/development/desa/pd/site/s/www.un.org.development.desa.pd/files/undesapd_2023_policy-brief-153.pdf
2. Ahmed Z, Das S. Mental health and marital quality of infertile women. *IAHRW International Journal of Social Sciences Review*. 2019 Apr 1;7(4).

3. Sami N, Saeed Ali T. Perceptions and experiences of women in Karachi, Pakistan regarding secondary infertility: results from a community-based qualitative study. *Obstetrics and gynecology international*. 2012 Jan 1;2012.
4. Riessman CK. Stigma and everyday resistance practices: Childless women in South India. *Gender & Society*. 2000 Feb;14(1):111-35.
5. Möller A, Fällström K. Psychological consequences of infertility: a longitudinal study. *Journal of Psychosomatic Obstetrics & Gynecology*. 1991 Jan 1;12(1):27-44.
6. Mahlstedt PP. Psychological issues of infertility and assisted reproductive technology. *The Urologic clinics of North America*. 1994 Aug 1;21(3):557-66.
7. Wirtberg I. His and her childlessness. KarolinskaInstitutet, Department of Psychiatry and Psychology; 1992.
8. Mahlstedt PP. Psychological issues of infertility and assisted reproductive technology. *The Urologic clinics of North America*. 1994 Aug 1;21(3):557-66.
9. Lalos A. Breaking bad news concerning fertility. *Human Reproduction*. 1999 Mar 1;14(3):581-5.
10. Shah A. Clinical validity of Marital Quality Scale. *Nimhans Journal*. 1995 Jan.
11. Ryff CD, Keyes CL. The structure of psychological well-being revisited. *Journal of personality and social psychology*. 1995 Oct;69(4):719.
12. Fincham FD, Rogge R. Understanding relationship quality: Theoretical challenges and new tools for assessment. *Journal of Family Theory & Review*. 2010 Dec;2(4):227-42.
13. Ryff CD, Singer B. The contours of positive human health. *Psychological inquiry*. 1998 Jan 1;9(1):1-28.
14. Goldberg DP, Hillier VF. A scaled version of the General Health Questionnaire. *Psychological medicine*. 1979 Feb;9(1):139-45.
15. Sharma A, Mahajan C, Saraswathy KN, Puri M, Babu N. Struggling with primary infertility: Psychological well-being and associated factors in north Indian women. *Journal of the Anthropological Survey of India*. 2022 Jun;71(1):68-83.
16. Khan AR, Iqbal N, Afzal A. Impact of Infertility on mental health of women. *Int. J. Indian Psychol*. 2019;7(1):804-9.
17. Ahmed HM, Khan M, Yasmin F, Jawaaid H, Khalid H, Shigri A, Nawaz F, Hasan CA, Khan MO, Hasan CA. Awareness regarding causes of infertility among out-patients at a tertiary care hospital in Karachi, Pakistan. *Cureus*. 2020 Apr 16;12(4).
18. Khan AR, Iqbal N, Afzal A. Impact of Infertility on mental health of women. *Int. J. Indian Psychol*. 2019;7(1):804-9.
19. Sadiq U, Rana F, Munir M. Marital quality, self-compassion and psychological distress in women with primary infertility. *Sexuality and Disability*. 2022 Mar 1:1-1.
20. Ahmed Z, Das S. Mental health and marital quality of infertile women. *IAHRW International Journal of Social Sciences Review*. 2019 Apr 1;7(4).
21. Khan AR, Iqbal N, Afzal A. Impact of Infertility on mental health of women. *Int. J. Indian Psychol*. 2019;7(1):804-9.
22. Dadhwal V, Choudhary V, Perumal V, Bhattacharya D. Depression, anxiety, quality of life and coping in women with infertility: A cross-sectional study from India. *International Journal of Gynecology & Obstetrics*. 2022 Sep;158(3):671-8.
23. Heidari S, Berjis K, Ahmadi L. The comparison of mental health and marital satisfaction of fertile and infertile women referred to infertility center of JahadDaneeshgahiIn Qom. *European Psychiatry*. 2017 Apr;41(S1):s903-4.
24. Kalorath N, Mukherjee T. Psychological aspects of infertility: A comparative study. *Indian Journal of Social Psychiatry*. 2020 Oct 1;36(4):321-.
25. Dadhwal V, Choudhary V, Perumal V, Bhattacharya D. Depression, anxiety, quality of life and coping in women with infertility: A cross-sectional study from India. *International Journal of Gynecology & Obstetrics*. 2022 Sep;158(3):671-8.
26. Klock S. Psychological issues related to infertility. *Global Library of Women's Medicine*. 2011 Jun.
27. Satheesan SC, Satyanarayana VA. Quality of marital relationship, partner violence, psychological distress, and resilience in women with primary infertility. *Int J Community Med Public Health*. 2018 Feb;5(2):734-9.
28. Epstein YM, Rosenberg HS. Depression in primary versus secondary infertility egg recipients. *Fertility and sterility*. 2005 Jun 1;83(6):1882-4.