

# Effect of Infertility on Sexual Satisfaction and Marital Adjustment between Husbands and Wives

Dr. PoornimaPS<sup>1</sup>, Dr. Sathish Kumar R<sup>2</sup>

<sup>1,2</sup>Assistant Professor, Kristu Jayanti College (Autonomous), Bengaluru

**Abstract— Purpose:** To study the effect of infertility on the sexual satisfaction and marital adjustment between husbands and wives. **Method:** The data were collected from private hospitals using structured interview schedule, quantitative analysis was used to find out the results of the study. 340 infertile couples were selected for the study using random sampling method. **Results:** Only Wives with diagnosed female infertility showing more distress and less marital adjustment and low sexual satisfaction compared to their spouse. No significant difference between husband and wives in case of unexplained infertility. **Conclusion:** The findings of the study suggest that diagnosis of infertility is essential to understand that marital adjustment and sexual satisfaction among husband. It will help the health providers to improve the counseling services and it will help the couples to cope up with the situation.

**Index Terms:** Infertility, marital adjustment, sexual satisfaction, infertile couples.

## INTRODUCTION

Infertility is medically defined as the inability to conceive after a year or more of regular, unprotected sexual intercourse (WHO, 1992). With an estimated prevalence, 8–12% of couples around the world experience difficulty conceiving a child (WHO, 1992). Although the extent of infertility varies considerably among countries, infertility has been recognized as a public health issue worldwide by the World Health Organization (WHO), and has the potential to threaten the stability of individuals, relationships and communities (Bovins et al., 2007; Burns et al., 2006).

According to Indian culture, the meaning of marriage and marital satisfaction differs between different sub cultural groups and it's evolved from the ancient time periods itself. Various research on infertility proves that women show significantly higher levels of stress to infertility than compared to men (Phipps, 1993; Abbey et al., 1994). Most of the works indicates that

more than men women are affecting due to infertility (Keye et al., 1995). Majority of the couples reported conflict, communication gap, arguments related to medical treatment for infertility and different investigation towards the treatment of infertility (Andrews et al., 1994). However some couples have revealed that disaster of infertility helped them to increase their intimacy, communication and empathy (Burns et al., 1999). Results from an African study shows that 43% of women felt their infertility had serious negative effects on their life particularly in their marital and sexual satisfaction (Van Zyl, 1987). Literature suggests that after the diagnosing infertility they were facing more distressed and no interest towards sexuality (Berg et al., 1991).

Infertility is not only affecting the women, men also facing the problems in equal way. Men are facing lower self-esteem, anxiety, blame from society, family and greater sexual inadequacy (Lee, 1996). In one study its find that men with a diagnosed male infertility expressed more emotional disturbances than men who didn't diagnosed infertility (Nachtigall et al., 1992). Infertility is known to cause impact on the mental health of the people, causing distress, social isolation, marital adjustment and sexual dysfunction (Rashidi et al., 2008). The stigma associated with male and female infertility in traditional societal interactions cause a high level of psychosocial distress with a direct impact on the couples marital and sexual relations. Several studies have proved that the association between the impact of infertility in marital and sexual relations (Rashidi et al., 2008; Monga et al., 2004; Benazon et al., 1992; Repokari et al., 2007). Marital satisfaction is a mental state which reflects the benefits and costs of one's own marriage life.

Research has proved that quality of marital relationship is a significant predictor of overall happiness and well-being, while poor marital quality

is related to many family and community issues (Aldous et al., 1999; Ren et al., 1997; Bradbury et al., 2000). Infertility has been associated with marital problems and conflicts, and has serious implications for the mental and social well-being of those involved. This can be problematic as the marital relationship is seen as the most important source of support in the context of infertility treatment (Laffont et al., 1994). The WHO guidelines concerning the psychosocial aspects of infertility, clearly states the importance of addressing the psychological aspects of infertility (WHO, 2002). It's important to have better understanding of marital relationship in infertility. Sexual satisfaction has a very important relationship with marital satisfaction of the respondents. Marital satisfaction deciding the durability and strong bond of the family (Ashdown et al., 2011; Yoo et al., 2014).

There is little evidence about the level and patterns of infertility in India. According to National Family Health Survey 2 it's estimated that 3.8 % of married women in the age group of 40 to 49 are childless (NFHS, 2000). While women are affected by their gender identity, men are affected in terms of their sexual inadequacy, stress and low self-esteem (Andrews et al., 1991; Nachtigall 1992). The study about marital adjustment will give an idea about an idea about their quality of life and the sexual satisfaction and sexual life of the infertile couples.

With an estimated overall median global prevalence of 9%, (Bovin et al., 2007) 15% in Indian couples (Zargar et al., 1997; Kumar, 2007) and an estimated 56% of these seeking medical care, (Bovin et al., 2007) infertility represents a significant share of the burden on health manpower and healthcare costs. Post intervention, half of these women will eventually conceive while the rest will remain childless (Lunenfeld et al., 2004).

India is in the focus of significant demographic transition. In Kerala, a state well recognized for its progressive social gauges, fertility is below the replacement level (2.1 children per woman). What is less well known is that substantial fertility decline is taking place far beyond the boundaries of Kerala.

#### AIM OF THE STUDY

The aim of the study is to understand the effect of infertility on the sexual satisfaction and marital adjustment between husbands and wives.

#### METHODS

**Design:** Descriptive study design was used for the study. Collection of data on infertility (highly sensitive issue) was very difficult from the very conservative society. The data was collected using random sampling method. The data were collected from the patients contacting the department of obstetrics and gynecology in various private hospitals in Kerala, India. This study was approved by institutional ethical committee. Informed consent from the respondents also obtained for the study. An inclusion criteria is used to collect the samples namely (ii) completed two years of marital life, (iii) having been diagnosed with infertility for at least one year. Researcher has assured the confidentiality to the participants. The data were collected separately from the husbands and wives.

**Sample:** A total of 340 infertile couples (680 participants), who were undergoing medical treatment in different hospitals of Kerala, India participated in this study. Among the respondents, 214 was identified infertility due to male factor. 276 respondents suffering infertility due to female problem but whereas 100 respondents were suffering infertility due to unknown reasons. 45 couples were suffering infertility due to both male and female factor.

#### ASSESSMENT MEASURES

The socio demographic variables were collected through interview schedule. Marital adjustment was measured by using dyadic marital adjustment scale (RDAS). The scale was designed specifically to understand the marital adjustment of the couples. The scale containing 14 items which helps to measure the extent of the couple's marital adjustments. The scale divided in to three domains namely consensus, satisfaction and cohesion. It checked the decision making, affection and value of the respondents, Stability of the respondents, discussion between the respondents and conflict between the respondents. The score ranges from 0 to 30. The reliability of the scale is .877.

Sexual Satisfaction Scale is a 20 item multi-dimensional composite measure to sexual satisfaction. The scale works with two dimensions namely ego centered and activity centered. The scale measures the sexual sensations, sexual awareness/focus, sexual exchange, emotional closeness and sexual activity. The Cronbach's alpha (reliability) of the scale is .89 for all the items which indicates very good reliability of the scale.

STATISTICS

Two-tailed, t-test was conducted to understand the similarity in infertility stress, marital and sexual satisfaction between husbands and wives. One-way analysis of variance (ANOVA) and Duncan's tests were conducted to compare the effect of infertility to the infertile couples. The level of significance is 0.05.

RESULTS

Table 1: The descriptive statistics table shows the frequency, mean and std. deviation of the respondents on marital adjustment, stress and sexual satisfaction.

Variables	Frequency		Mean		Std.Deviation		t test
	Male	Female	Male	Female	Male	Female	
Marital adjustment	340	340	18.79	18.86	6.18	6.33	0.159
Stress	340	340	25.13	24.77	7.25	7.29	0.659
Sexual Satisfaction	340	340	24.82	25.64	7.93	7.08	0.03*

\*Significant at 0.05

The analysis of the statistical results shows that sexual satisfactions of the respondents have significant relationship (.03) with place of living of the respondents and the educational qualifications (.01) of the respondents. The same time marital adjustment having no significant relationship with their place of living and occupation. The correlation statistics of the analysis shows that there is significant correlation between marital adjustment and sexual satisfaction (.05) of the respondents.

The correlation statics also shows the significant correlation of sexual satisfaction with the socio demographic profile and some of the biological variables of the respondent. Age of the respondents have a significant correlation (0.052) at 0.05 level. With both dimension of the sexual satisfaction of the respondents. The table also shows that there is no significant relationship with monthly income and sexual satisfaction of the respondents. The marriage age of the respondents having a positive correlation (0.103, 0.081) at 0.01 level respectively with both dimension of the sexual satisfaction. The number of years of the marriage life of the respondents also having a positive significant correlation (0.033, 0.048 respectively) with both dimension sexual satisfactions at 0.01 level. Regarding the weight of the respondents having a positive significant correlation with sexual satisfaction of the respondents (0.066, 0.046 respectively) at 0.01 level. The sexual

satisfaction ego dimension having a significant correlation (0.033) with the number of years the couples trying for pregnancy at 0.05 level.

Table 2: Correlation table shows the relationship between sexual satisfaction and socio demographic variables

Sl. No	Variables	SSS_Ego	SSS_Activity
1	Age	.052*	.052*
2	Monthly Income	.048	.016
3	Age at marriage	.103**	.081**
4	Number of Years of Marriage	.033*	.048*
5	Weight	.066**	.046**
6	Height	.002	.017
7	Trying for Pregnancy	.033*	.047

\*\* Correlation is significant at the 0.01 level

\* Correlation is significant at the 0.05 level

Table 3: Correlation table shows the relationship between marital adjustment and socio demographic variables

Sl. No	Variables	MAS
1	Age	.127**
2	Monthly Income	.025
3	Age at marriage	.093*
4	Number of Years of Marriage	.130**
5	Weight	.019
6	Height	.049
7	Trying for Pregnancy	.131**

\*\* Correlation is significant at the 0.01 level

\* Correlation is significant at the 0.05 level

The statistical result shows that marital adjustment having significant positive correlation (0.127) with age of the respondents at 0.01 level. Marriage age of the respondents having positive significant correlation (0.093) with marital adjustment at 0.05 level. Number of years of marriage life of the

respondents also shows a significant correlation (0.130) with marital adjustment of the respondent at 0.01 level. The number of years the respondents trying for pregnancy also has a significant correlation (0.131) with marital adjustment of the respondents at 0.01 level.

Table 4: Effect of gender difference on response of the infertility questionnaire (IFQ), marital adjustment (MAS) and sexual satisfaction (SS) questionnaire

Variables	Male factor (n=214)			Female factor(n=150)			Mixed Factor (n=126)			Unexplained factor(n=190)		
	Husband	Wife	t	Husband	Wife	t	Husband	Wife	t	Husband	Wife	t
IFQ	3.21	3.24	.52	3.21	3.32	-3.54**	3.25	3.43	-2.56	3.12	3.52	-0.96
Self Esteem	3.12	2.56	.19	3.02	2.78	-3.62**	3.17	3.26	-2.18	2.89	3.25	-1.96
Blame	2.06	2.99	.89	1.05	3.20	-3.47*	3.62	3.46	-2.90	2.69	3.62	-1.42
Sexuality	3.58	3.65	2.84	3.65	3.26	-2.13	3.71	3.64	-0.46	2.90	3.60	-1.32
MAS	32.15	36.56	-3.27*	34.26	36.87	-3.72*	32.90	31.02	-2.12	30.12	33.12	-1.60
Consensus	18.36	18.92	-3.26	15.26	17.14	3.51	15.06	15.02	-2.12	15.26	14.20	-1.20
Satisfaction	15.61	16.22	-2.84	16.20	16.40	-3.22*	16.30	16.02	-1.12	12.76	11.20	-1.20
Cohesion	2.61	3.21	-3.26	3.52	3.57	-2.37	3.12	4.48	-3.05	4.33	3.33	-0.32
SS	18.36	20.32	-3.87**	19.03	20.12	-3.95**	18.02	16.21	-2.12*	11.50	9.23	-1.63
Ego	9.36	11.3	-3.12**	10.02	10.35	-3.65**	8.21	8.69	-2.89*	7.20	6.02	-1.03
Activity	7.33	8.4	-0.91	7.36	7.96	-2.43	3.21	5.31	-2.42	3.22	2.10	-1.30

\*p<0.05, \*\*p<0.01

Most of the couples gone for the diagnosis more than one year and some noticeably longer. To examine the difference between husband and wife paired t test was conducted among each group. The statistical analysis shows that compared to husbands, wives showing less sexual satisfaction and marital adjustments. In case of unexplained infertility there is no such difference between husbands and wives. The analysis shows that wives were having more distress compared to their husbands.

Among infertile couples wives showing more infertility distress than their husbands. Gender difference is measured in case of sexual satisfaction and marital adjustment. In the case of only male infertility, Compared to husbands (M=32.13) wives were shown (M=36.56) less marital adjustment. The wives also expressed less sexual satisfaction compared to their husbands (wives, M=20.32, husbands, M=18.63, p<0.01).

While considering the infertility caused by female factor, the wives (M=3.32) shown significantly more distress compared to their husbands (p<0.01). By examining the domains of the infertility questionnaire (M for wives=2.78, husband M=3.02, p<0.01), blame (m for wives=3.20, husband= 1.05, p<0.05). Considering the marital adjustmental scores wives

scored significantly higher value at p<0.05 level. In the case of sexual satisfaction the results shows that compared to their husbands wives were showing less satisfaction. (p<0.01). Wives were scored significantly higher value compared to their husbands in the case of the two domains of the marital adjustment scale (consensus and satisfaction) and one domains of the sexual satisfaction scale (ego).

In the case of infertility caused by mixed factor significant difference existing only in sexual satisfaction scale (M for wives=16.21, M for Husband= 18.02) and one of the domains of the scale, ego (p<0.05). It clearly indicating that wives were showing less satisfaction compared to their husbands. In the case of unexplained cause of infertility there were no significant difference were shown between wives husbands in case of all the three scales and its domains.

#### DISCUSSION

The findings of the study reveals that compared to husbands, wives were affected more due to infertility in terms of distress, marital adjustment and sex impairments (Inhorn, 1996; Glover et al, 1999: Adashi et al., 2000). Purpose of this study was to examine the effect of infertility on sexual satisfaction and marital adjustments between husbands and

wives. The findings of the study reveal that couples with reason of female infertility are facing more distress in their self-esteem than their husbands. Mean time wives with male factor, mixed factor and unexplained infertility reports no distress in sexuality and self-esteem. The results shows that wives showing less marital adjustment than husbands.

Parenthood is considered as the most important role of couples, especially for women its giving them an identity. Infertility affects negatively a woman's relationship with others. Infertility affects as a powerful hazard to the society and the social well-being (Woods et al., 1991). In Chinese culture, a woman is positioned as a genealogical tree as a member of the husband's family (Lee et al., 2001). An early investigation of infertility showed the same results with the study (Berger, 1980). Compared to husbands wives were showing more interested to participated in infertility studies (Abbey, 1994).

In the present study, the samples consist of equal number of husband and wives. Infertility is not only a couples problems it's a global health issue. It is find that wives were showing more distress and less sexual satisfaction than their husbands (Lee et al., 2001). The findings of the study also shows that husbands also shows some kind of distress and negative feelings towards infertility (Connolly, 1992). A study reported that the psychological reactions of men undergoing IVF did not differ due to their optimism for the possibility of conceiving a child (Bovin et al., 1998).

#### CONCLUSION

The study recommend that infertility diagnosis is an important factor in evaluating the difference in infertility distress, marital adjustment and sexual satisfaction between husbands and wives. In common wives were expressing very low marital adjustment and sexual satisfaction compared to their husbands. The result of the study can use for the counseling and allied health services to the couples those who are seeking for infertility treatments.

#### ACKNOWLEDGEMENT

The authors wish to thank all the couples who shared their experience with us. We would like to thank the hospital authorities for allowing to collect the data

and providing the necessary support. We are indebted to the persons those who helped for the data collection.

#### DECLARATION OF CONFLICT OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship and/ or publication of this article.

#### Funding

The author received financial funding from University Grant Commission for Junior Research Fellowship.

#### REFERENCE

- [1] Abbey, A., Andrews, F. M., & Halman, L. J. (1994). Psycho social predictors of life quality; how are they affected by infertility, gender and parenthood. *J. Family Issues*, 15, 253-271.
- [2] Adashi, E., Y., Cohen, J., Hambberger, Jones, H., W., de Kresster, D., M., Lunenfield, B., Rosenwaks, J., and Van Stecirtghem. (2000). Public perception on infertility and its treatment: An international survey. *Human Reproduction*, 15(2), 330-334.
- [3] Aldous, J., Ganey, R., F.(1999). Family life and the pursuit of happiness the influence of gender and race. *J Fam Issues*. 20(2):155-80.
- [4] Andrews, F., M., Abbey, A., and Halman, J. (1991). Stress from infertility, marriage factors and subjective well-being of wives and husbands. *Health Soc.Behav*. 32, 154-156.
- [5] Ashdown, B., K., Hackathorn, J., Clark, E., M. (2011). In and out of the bedroom: Sexual satisfaction in the marital relationship. *Journal of Integrated Social Sciences*. 2(1):40-57.
- [6] Benazon, N., Wright, J., Sabourin, S. (1992). Stress, sexual satisfaction, and marital adjustment in infertile couples. *J Sex Marital Ther*. 18:273-84.
- [7] Berg, B, J & Wilson, J, F (1991). Psychological functioning across stages of treatment in infertility. *J, Behav. Med.*, 14, 11-26.
- [8] Berger, D, M (1980). Importance following the discovery of azoospermia. *Fertil. Steril*, 34, 154-156.
- [9] Boivin, J., L., Bunting, J., A., Collins, and K., G., Nygren (2007). International estimates of

- infertility prevalence and treatment-seeking: potential need and demand for infertility medical care. *Hum. Report*, 22: 1506-1512.
- [10] Boivin, J., Scanlan, L., C., & Walker, S., M., (1998). Why are infertile patients not using psychosocial counselling? *Human Reproduction*, 14(5), 1384-1391.
- [11] Bradbury, T., N., Fincham, F., D., Beach, S., R. (2000). Research on the nature and determinants of marital satisfaction: A decade in review. *J Marriage Fam.* 62(4):964–80.
- [12] Burns, L. H., Covington, S., N. (2006). *Infertility counseling: A comprehensive handbook for clinicians*. 2nd ed. Cambridge: Cambridge University Press.
- [13] Burns, L., H., & Covington, S., N., (1999). *Infertility Counseling: A Comprehensive Handbook for Clinicians*, Parthenon, New York, 152 pp.
- [14] Connolly, K., J., Edelman, R., J., & Cooke, I., D., (1992). Distress and marital problems associated with infertility. *Journal of Reproductive and Infant Psychology*, 5, 49-57.
- [15] Glover, L., Hunter, M., Richards, J., M., (1999). Development of the fertility adjustment scale. *Fertil. Steril.* 74, 623-628.
- [16] Inhorn, M., C., (1996). *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt*. Philadelphia: University of Pennsylvania.
- [17] Keye, W., Chang, R., Rebar, W., et al (1995). *Infertility: Evaluation and Treatment*. W.B Saunders, Philadelphia, 636 pp.
- [18] Kumar, D. (2007). Prevalence of female infertility and its socio-economic factors in tribal communities of Central India. *Rural Remote Health.* 7:456. Back to cited text no. 9
- [19] Laffont, I., Edelman, R., J. (1994). Perceived support and counselling needs in relation to in vitro fertilization. *J Psychosom Obstet Gynaecol.* 15(4):183–8. [PubMed]
- [20] Lee, S., (1996). *Counselling in Male Infertility*. Blackwell, Oxford, 69 pp.
- [21] Lee, T. Y., Sun, G. H., Chao, S. C., & Chen, C. C. (2001). Development of the coping scale for infertile couples. *Archives of Andrology*, 45(3), 149-154.
- [22] Lunefeld, B., Van Steirteghem, A. (2004). Bertarelli Foundation. *Infertility in the third millennium: Implications for the individual, family and society: Condensed meeting report from the Bertarelli Foundation's second global conference*. *Hum Reprod Update.* 10:317-26.
- [23] Monga, M., Alexandrescu, B., Katz, S. E., Stein M, Ganiats, T. (2004). Impact of infertility on quality of life, marital adjustment, and sexual function. *Urology.* 63:126–30.
- [24] Nachtigall, R., D., Becker, G., & Wozney, M., (1992). The effects of gender specific diagnosis on men's and women's response to infertility. *Fertil. Steril.* 57, 113-121.85:871–875.
- [25] National Family Health Survey, 2000.
- [26] Phipps, S., A., A (1993). A phenomenological study of couples infertility: gender influence. *Holistic Nurse Pract.*, 7, 44-56.
- [27] Rashidi, B., Montazeri, A., Ramezanzadeh, F., Shariat, M., Abedinia, N., Ashrafi, M. (2008). Health-related quality of life in infertile couples receiving IVF or ICSI treatment. *BMC Health Serv Res*; 8:186.
- [28] Ren, X., S. (1997). Marital status and quality of relationships: the impact on health perception. *Soc Sci Med.* 44(2):241–9.
- [29] Repokari, L., Unkila-Kallio, L., Vilksa, S., Poikkeus, P., Sinkkonen, J., Almqvist, F. (2007). Infertility treatment and marital relationships: A 1-year prospective study among successfully treated ART couples and their controls. *Hum Reprod.* 22:1481–91.
- [30] Van Zyl, J., A., (1987). Sex and infertility, part II: Influence of psychogenic factors and psychosexual problems. *S. Afr. Med. J.*, 72. 485-487.
- [31] Woods, N., F., Olshonsky, E., & Draye, m., A. (1991). *Infertility: Women's experiences*. *Health Care Women Int.*, 12, 179-190.
- [32] World Health Organization. (1992). *Recent advances in medically assisted conception. Report of a WHO Scientific Group*. *World Health Organ Tech Rep Ser.* 1992;820:1–111.
- [33] World Health Organization. (2002). *Current practices and controversies in assisted reproduction; Report of a meeting on Medical, Ethical and Social Aspects of Assisted Reproduction*; Geneva: World Health Organization. p. 128.
- [34] World Health Organization. *Programme on Maternal and Child Health and Family Planning*,

Division of Family Health. Infertility: a tabulation of available data on prevalence of primary and secondary infertility; Geneva: World Health Organization; 1991. pp. 964–8.

- [35] Yoo, H., Bartle-Haring, S., Day, R., D., Gangamma, R. (2014). Couple communication, emotional and sexual intimacy, and relationship satisfaction. *Journal of Sex & Marital Therapy*.40(4):275–293.
- [36] Zargar, A., H., Wani, A., I., Masoodi, S., R., Laway, B., A, Salahuddin, M. (1997) Epidemiologic and etiologic aspects of primary infertility in the Kashmir region of India. *Fertil Steril*. 68:637-43.