



The Dilemma of Infertile Couples and Their Mental Health

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Abstract

Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. but it depends on certain factors which include the harmony at home peace, happiness, satisfaction, contribute to the circle of life, when emotional torture at home is increased by verbal abusing, and taunting comments which shake the normal wellbeing of an individual they are hit so low that the tendency of getting depressed is high and mandatory Which attribute to about 90% of the marriages to prove a point to the society or due to family pressure or in some cases hiding the sexual orientation of a person one is married as Light rights are not permitted in a developing country like ours the social make up wedding which take a toll on the health of the spouse which bring about disastrous health issues, suicidal tendencies, and a lot of low esteem, followed by anxiety, depression, stress. Not only infertile females faces psychological problems due to infertility, in few cases, men can experience considerable distress when faced with infertility and that this distress (with regard to self image, social stigma, etc.) is likely greater in men with male-factor infertility than men with unexplained or female-factor infertility. Male factor infertility is proposed to have such a social stigma that it produces much negative social stress and a culture of secrecy and protectiveness. Men may feel left out of the process if the woman is undergoing infertility treatments. If the infertility is because of his sperm function, the male can feel a blow to his masculinity. Men with male factor infertility reported higher levels of distress, increased anxiety and increased social isolation. It has also been suggested that men are so affected by male factor infertility that wives

Take the blame for the problem. Women are habitually more affected by the situation of infertility than men. Women are more deeply involved in treatment procedures and it is normal for them to be more affected. Infertility conflicts are common and women exhibit negative emotions such as anger, hostility, isolation, feeling blamed, feeling unsupported, feeling misunderstood, feeling that one's spouse is not equally committed to having children, worrying about a possible breakup of the relationship and actions such as blaming of husband and wife. The study

included people who are spiritually and socially minded and active participants of spiritual based activities and social gathering and the effect of infertility on their mental health, happiness and self-esteem. Total 64 participants, 32 each of married male and female who are childless were selected using purposive sampling method in the state of Gujarat. To understand participants point of view and understanding related to infertility and associated factors to it. On the basis of several points, an interview was planned. It includes social stigmatisation and causes mood off, spouse support, responsible for infertility and treatment related expenses. All these points are covered in one short listed structured interview, it includes 11 questions.

Keywords: infertility, social stigma, blaming, hostility, abusing

Introduction

Each and every married couple intensely desires to have a child. The newly married couples always dream of having children. Marriage means to continue racial tradition or to maintain a law of reproduction. To have a child is symbolically important because it shapes the cultural and social identity of a couple. Married couples want to have a child and to continue their inheritance. Each couple desires to have parenthood as it is at the top of most parents' identity hierarchies, ranking ahead of marriage. Love for their child is a natural source for maternal and paternal feelings and behaviour. Recent studies show that in resource poor countries, where children are highly valued for cultural and economic reasons, childlessness often creates serious problems for couples. The stigma of childlessness is so great that infertile women are socially isolated and neglected. Not having children can disrupt the normal life expectations of both men and women and is often viewed as a major life crisis.

The society sees the barren women as a curse to the society who has entered their life to ruin happiness she's victimized to the core for her inefficiency to be a mother and her flaw is highlighted at every mistake done by her and she's kept reminded of the fact that she cannot have a baby, wherein its forgotten that it might be role reversal and that their son can also be impotent, what's important is to teach our society to handle and behave maturely in these situations we forget the innate cause of that humane and destroy the person where life becomes difficult and sometimes the female turns suicidal (Supriya Hajela, 1016).

The positive dimension of mental health is stressed in whose definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 2001).

The ideal definition of mental health is mentioned above as per who, but it depends on certain factors which include the harmony at home peace, happiness, satisfaction, contribute to the circle of life, when emotional torture at home is increased by verbal abusing, and taunting comments which shake the normal wellbeing of an individual they are hit so low that the tendency of getting depressed is high and mandatory Which attribute to about 90% of the marriages to prove a point to the society or due to family pressure or in some cases hiding the sexual orientation of a person one is married as Light rights are not permitted in a developing country like ours the social make up wedding which take a toll on the health of the spouse which bring about disastrous health issues, suicidal tendencies, and a lot of low esteem, followed by anxiety, depression, stress (WHO, 2001).

Anxiety

Males in infertile couples often feel overwhelmed by the intensity of their partner's emotions as well as an inability to access their own. They tend to focus their energy back into their work, a place where they feel they can have more success. Men are traditionally seen as the financial providers of the relationship and are responsible for protecting the family from real or imagined dangers. Men usually feel more threatened expressing themselves since they have often been conditioned to repress their emotions (Peterson et al., 2006). In addition, the cultural expectation is that it is manliness to be strong and emotionally detached than to show symptoms of sadness and

desperateness. Not only infertile females faces psychological problems due to infertility, in few cases, men can experience considerable distress when faced with infertility and that this distress (with regard to self image, social stigma, etc.) is likely greater in men with male-factor infertility than men with unexplained or female-factor infertility. Male factor infertility is proposed to have such a social stigma that it produces much negative social stress and a culture of secrecy and protectiveness. Men may feel left out of the process if the woman is undergoing infertility treatments. If the infertility is because of his sperm function, the male can feel a blow to his masculinity. Men with male factor infertility reported higher levels of distress, increased anxiety and increased social isolation. It has also been suggested that men are so affected by male factor infertility that wives Take the blame for the problem (Peronace et al., 2007).

Women are habitually more affected by the situation of infertility than men. Women are more deeply involved in treatment procedures and it is normal for them to be more affected. The finding of the present study is supported by Mahlstedt (2007) who have reported that infertility conflicts are common and women exhibit negative emotions such as anger, hostility, isolation, feeling blamed, feeling unsupported, feeling misunderstood, feeling that one's spouse is not equally committed to having children, worrying about a possible breakup of the relationship and actions such as blaming of husband and wife. Domar (2004) also in a similar study revealed that women struggling with infertility can have much stress and anxiety as those suffering from a terminal illness. Women especially feel anxiety and stress each month when trying to conceive. Every month upon the beginning of a new menstrual cycle, a woman is reminded of yet another failure (Haynes & Miller, 2003). Moreover, when the couple remains infertile for a long time and goes through infertility treatments, this may evoke anxiety about the outcome of the treatment. On the other hand, men do not have monthly menstrual periods like women and more often men are reviewed for infertility only after the wife is found to be fertile. Also, diagnostic procedures are complex and more invasive for women than men. In India, infertility affects the level of anxiety and depression and women are more worried about their infertility compared to their male counterparts. The brunt of the condition is heavier in women and has more severe emotional and social repercussions than in men. Women in present study reported more intense feelings of anxiety and depression compared to men. Psychological distress causes by infertility at women was higher than men. Also, women experience infertility as being more stressful than men. Depression, anxiety and health complaints are more commonly seen in infertile women than men. However, women were found to be more likely to demonstrate anxiety and depression as compared to men when they remain childless. This finding is in line with the findings of the study by Stewart-Smythe and Van Iddekinge (2003) who reported that women who continually face the disappointment of not conceiving month after month show more frequent signs of grief, depression and anxiety. Infertility threatens the social acceptability of a woman, her legitimate role of a wife, her marital stability, security, bonding and her role in the family and community. The childless woman is not considered feminine and suffers from low self-worth and blame. The cycle of denial treatment, frustration and resignation leads to emotional strain. Women usually externalize the problem and show emotional reactions, while men seldom express themselves which is sometimes wrongly interpreted as being indifferent. In fact, women show weaker emotional response and speak more about the problem than men. In present study, most of the females were non-working and staying in joint families that mean they remain at home in the same environment with her in-laws. They don't have any place (like office) to release there pent up energy where they can share their feelings and emotions with well-wishers and true friends. This sharing of feelings and emotions might help to reduce her psychological distress. In case of males, they are less affected by infertility as they have lots of option to release it career, going out with friends, office parties etc (Tedeschi, Calhoun,1996).

Review of Literature

J .Chachamovichet et al did a study on congruence of quality of life among infertile men and women. The objectives of this study were to explore the congruence of QOL perception within infertile couples and to estimate the effect of depression levels on the congruence. The sample size was 162 and the couples were interviewed in

an assisted reproduction clinic cross-sectionally and socio-demographic form was completed World Health Organization Quality of Life-BREF and the Beck Depression Inventory independently. Cohen's effect was estimated by using paired t-tests. Linear multiple regressions were used to control depression levels and repeated-measures ANOVA. Only two out of four QOL domain score showed a significant discrepancy between partners (psychological and social relationship domains). All the four QOL difference scores were significant for male whereas three for females (overall, psychological and physical). The load of depression was markedly low for not more than 7.5% of the variance of congruence between men's and women's QOL except for the psychological domain and for the female depression on the physical domain

Christian J. et al (2008) did a study whose aim was to check quality of life, sexual health, and depression in the female partner of infertile couples. Female Sexual Function Index (FSFI), a modified Self-Esteem and Relationship (SEAR) Questionnaire and the Index of Erectile Function (IIEF) was completed by female and male partners respectively. Centre for Epidemiological Studies Depression Scale (CES-D) for depression and the Short Form-36 (SF-36) for general quality of life was completed by both. They recorded demographic, fertility, and comorbidity and stated that Depression and sexual dysfunction are frequent in females of infertile couples

Study on Marital Relationship and Quality of Life among Couples with Infertility was done by GulizOnat et al (2011) 16 subjects with successful infertility treatment were interviewed and data was collected. There were four themes which were obtained: (1) Separation-divorce; (2) Treatment phase and husband's reaction, support after unsuccessful treatment; (3) MR after the delivery; (4) significance of child in marriage. Infertility causes many problem like unhappiness, stress, sorrow, insomnia, increase/decrease in appetite, increase in the smoking habit, social stigmatization, being exposed to curious questions about having a child, avoiding being in places with children, losing privacy of sexual life, having sexual intercourse in a planned way solely for the purpose of reproduction not of pleasure, deterioration in family relations, interruption in work life, and high cost of treatment expenses. Infertility treatments have effect on MR and QOL and effects depend upon stage of infertility process, gender, and the quality of the relationship.

Zhenmei Zhang and Mark D. Hayward (2001), did study on Childlessness and the Psychological Well-Being of Older Persons. The objective was to determine the childlessness effects on two important dimensions of elderly persons' psychological well-being: loneliness and depression. The 1993 Asset and Health Dynamics Among the Oldest Old data set was used for estimating logistic and ordinary least squares regression models of psychological well-being for a nationally representative sample of people aged 70 and older (N 6,517). The prevalence of loneliness and depression at advanced ages is not increased by childlessness and loneliness and depression for divorced, widowed, and never married elderly persons are also not increased by childlessness.

A study on The Social Consequences of Infertility among Iranian Women: A Qualitative Study. Aim of this study was to know about the Iranian women infertility social consequences that were undergoing treatment. Sample size comprises of 32 semi-structured interviews with 25 women affected by primary and secondary infertility with no surviving children. Semi-structured interviews were used for collecting data and the conventional content analysis method was used. Final results showed that severe social problem was faced by Iranian women. Higher scores for depression and trait anxiety was seen in infertile Iranian men with male factor infertility was stated by Baluch et al. (1998).

It was found that 78 % of the participants had never had a sexual transmitted disease. Most of them reported that their infertility caused them stress and reported signs of mild depression. Men blamed that their wife was the reason of their childlessness. Mild clinical depression was seen in one third infertile men in Zimbabwe (Folkvord *et al.* 2005).

Methodology

Aim To study and determine difference in the subjective happiness, self esteem, mental health problems, sexual and marital satisfaction of married childless men and women.

Objectives

The objectives of the proposed study are following;

- 1) To determine the relationship of depression with quality of romantic dyad among married childless males and females.
- 2) To determine the relationship of mental health with marital anxiety and avoidance among childless married male and female
- 3) To determine the relationship of marital anxiety and self esteem among childless married male and females.

Hypothesis

H01 There is no significant relationship between depression and marital anxiety among childless married male and female.

H02 There is no significant relationship between depression and marital avoidance among married childless male and female

H03 There is no significant relationship between anxiety and marital anxiety among childless married male and female.

H04 There is no significant relationship between anxiety and marital avoidance among married childless male and female.

Independent Variable: Mental health aspect: Beck Depression Inventory and State trait Anxiety Inventory

Dependent variables: Score of the respected scales Experienced Close Revised Questionnaire.

Research Design: in the present study cross sectional design was used.

For statistical analysis SPSS version 20 was used for analyzing data. t-test, Standard Deviation, Mean and frequency were calculated.

Sample: Total 64 participants, 32 each of married male and female who are childless were selected using purposive sampling method in the state of Gujarat.

Purpose: To study people who are spiritually and socially minded and active participant of spiritual based activities and social gathering and the effect of infertility on their mental health, happiness and self-esteem.

Inclusion Criteria:

Childless couple who are married for more than 5 years.

Individuals who are above 18 years.

Exclusion Criteria:

Childless couple who are married for less than 5 years.

Those who met criteria but not having child by choice would be excluded.

Measurement tools used:

1. Socio-Demographic Variables

- I. **Age:** It indicates the age of participants.

- II. **Gender:** This variable includes categories of male and female.
- III. **Marriage Age:** This variable includes the number of togetherness of participants.
- IV. **Family Type:** This category includes Nuclear and joint family types.
- V. **Education:** This variable includes the participant's education and knowledge.
- VI. **Socio-economic Status:** To understand participants' economical background, and financial condition.
- VII. **Past History:** To understand family history of childlessness, and along with that any physical and psychological

2. The Experiences in Close Relationships-Revised (ECR-R) Questionnaire:

According to Fraley and Shaver (2000) attachment-related anxiety reflects an individual's predisposition toward "anxiety and vigilance concerning rejection and abandonment," whereas the avoidance dimension "corresponds to discomfort with closeness and dependency or a reluctance to be intimate with others" (pp. 142-143). The combination of items included in the scale provide a series of item discrimination values more evenly distributed across the entire trait ranges of anxiety and avoidance. Stability of the ECR-R, Analyses of the initial model in which Time 1 latent ECR-R avoidance ($\beta = .90$, $R^2 = .84$) and anxiety ($\beta = .92$, $R^2 = .85$) loaded on their respective time 2 measures indicated high levels of stability (Chris G. Sibley., 2005). ECR-R cut point 80 arranged, high score indicate low anxiety and avoidance and low score indicated high anxiety and avoidance.

3. Beck's depression inventory (BDI):

The revised Beck's depression inventory (BDI) is a 21 item instrument designed to assess the severity of depression in adolescents and adults. **Validity-** Construct validity studies show good convergence of the BAI with other measures of anxiety including the Hamilton Anxiety Rating Scale ($r = 0.51$), the STAI ($r = 0.47-0.58$), and the anxiety scale of the Symptom Checklist-90 ($r = 0.81$). Although the BAI appears to be less correlated with depression scales than the STAI, correlations with depression scales remain substantial (e.g., correlation with Beck Depression Inventory $r = 0.61$). While to this author's knowledge, the BAI has not been validated in rheumatology populations, studies among other populations with medical comorbidities (e.g., older adults) suggest that due to the emphasis on somatic symptoms, the BAI did not perform similarly to younger populations (yielded somatic factors in older adults), and therefore the discriminant validity may be less robust than in younger or healthy populations. **Reliability-** Internal consistency is high with Cronbach's alphas ranging from 0.90 to 0.94 and has been tested in large samples of psychiatric patients, college students, and community-dwelling adults (24-26). Test-retest coefficients are reasonable and range from 0.62 to 0.93.

4. State-Trait Anxiety Inventory (STAI) (Self-Evaluation Questionnaire):

To measure via self report the presence and severity of current symptoms of anxiety. There are two subscales within these measures. First the state anxiety evaluates the current state of anxiety. The trait anxiety scale evaluates relatively stable aspect of anxiety proneness, including general state of calmness, confidence and security (Laura J., Julian., 2011). First published in 1970 with original STAI-X, the STAI was revised in 1983 STAI-Y (VanDyke.MM., et al 2004). Range from 20 to 80, the higher score indicating greater anxiety. A cut point of 40 has been suggested to detect clinically significant symptoms from the anxiety scale (Knight RG., et al 1983). A Trait scale were reasonably high, ranging from .73 to .83 while those for a State scale were relatively low ranging from .16 to .54 with the medium r of only .32 for the six subgroups. The low score for the state scale were anticipated because of unique situational factors existing at the time of testing. The further evidence of the internal consistency of the STAI scales is provided by item-remainder correlation for the sample of high school and college students. A-State item remainder correlation was .55 for the high school students, .45 for the college freshmen and .55 for college undergraduates. A-Trait item-remainder correlation were .54, .46 and .53 respectively. For general population reliability of scales is, 0.95 is for state scale and 0.91 for trait scale (C.H. Spielberger, 1968, 1977).

Procedure:

Spiritual community based married childless individuals were taken from different parts of Bharuch, the sample consisted of participants, married more than 5 years were included. Original questionnaires were in English so it was spoken to them in Gujarati and have to fill the questionnaires in respected instructions. After meeting every participants informed consent was taken and was explained about the rationale and objective of the study and they confidentiality of the study would be maintained. Participants who consented for study were included and socio-demographic data was collected. Participants who were able to understand English were handed over the questionnaires in order to maintain social desirability while for others questions were read out and explained and accordingly marked by participant. Scales were used Experienced close relationship revised questionnaires, Beck Depression Inventory, State Trait Anxiety Inventory, Each participant took 60 minutes to complete the assessment. The data collected was put through statistical analysis and the results fulfilled the objectives of the study and are discussed further in results and discussion chapter.

Statistical analysis:

Data was entered on to SPSS version 20. Descriptive and inferential statics were used for the study. Percentages were used to express the relative frequency of the responses obtained. t-test was used to find whether or not two independent population have different mean values or not. Pearson's Correlation was used to find test hypothesis and the relationship between the different variables.

RESULTS

The review of literature has been indicating several studies that affecting infertility on individual's psychological well-being, social aspect, happiness, self-confidence, self esteem and other factors which are still there to think about it. Therefore, an attempt was made in present study to explore the role of psychological aspect, marital anxiety and depression among male and female, along with all these factors what can be causal factors or point view related to infertile of married male and female. this is an attempt to explore more about what participants are actually facing, social circumstances and related expectation as well as their effect on their psychological wellbeing and their possible strategies for coping with the situations. Will be discussed detail during discussion part.

Table:-1 Frequency, mean, standard deviation (SD) of socio demographic details.

Variable	Group	Male (N=32)			Female (N=32)		
		Categories	F/ (%)	Mean	SD	F/ (%)	Mean
Age			43.44	13.42		39.66	12.71
Marriage Age			19.00	13.81		18.91	13.87
Educational Qualification	Uneducated	1 (1.6)			5 (7.8)		
	Primary Education	3 (4.7)			3(4.7)		
	Secondary Education	9(14.1)			7 (10.9)		

	Higher Secondary Education	9(14.1)	—	—	8 (9.4)	—	—
	Graduation	8 (12.5)			6 (9.4)		
	Post Graduation	2 (3.1)			2 (3.1)		
Socio-economical Status	Lower SES	6 (9.4)			6 (9.4)		
	Lower Middle SES	2(3.1)			1 (1.6)		
	Middle SES	17 (26.6)			20 (31.3)		
	Upper Middle SES	6 (9.4)	—	—	5 (7.8)	—	—
	Upper SES	1 (1.6)			—		

Variable	Group	Male (N=32)			Female (N=32)		
		Categories	F (%)	Mean	SD	F (%)	Mean
Family Type	Nuclear	16 (25.0)			16 (25.0)		
	Joint	16 (25.0)			16 (25.0)		
Religion	Hindu	32 (50)			32 (50)		
Illness	Present	9 (14.1)			6 (9.6)		
	Absent	22 (34.4)	—	—	26 (40.6)	—	—
	Psychological	1 (1.6)			—		
Childlessness in Family	Present	7 (10.9)			3 (4.7)		
	Absent	25 (39.1)	—	—	29 (45.3)	—	—
Residency	Bharuch	32 (50)	—	—	32 (50)	—	—

As seen from the table 1, there are two groups comprising of 32 male and 32 female (total N=64).

The mean and standard deviation of age for male was found to be 43.44 and 13.42, and for female group 39.66 and 12.71 was found respectively.

The mean and standard deviation for marriage age among male and female was found to be 19.00 and 13.81 for male, while mean and SD for female found to be 18.91 and 13.87 respectively.

In a case of educational qualification, it is divided into 6 sub categories showing frequency and percentages for male and female. For male category uneducated 1.6%, primary educated 4.7%, secondary education 14.1%, higher secondary 14.1% education, and graduation 12.5% and post graduation 3.1%. For the female group showing uneducated 7.8%, primary educated 4.7%, secondary education 10.9%, higher secondary education 12.5%, graduated 9.4% and post graduated 3.1%.

Among males group 9.4% lower socio economic status, 3.1% lower middle socio economical status, 26.6% from middle socio economic status, 9.4% upper middle socio economic status and 1.6% showing upper socio economical status, while 9.4% belonging from lower socio economical status, 1.6% from lower middle socio economical status, 31.3% from middle socio economic status and 7.8% belonging from upper middle socio economical status.

For family type, 25%-25% for both group male and female and nuclear and joint family respectively.

All participants were Hindu culture 50%-50% for both male and female.

Any physical, psychological illness among male, 14.1% showing physical illness, 34.4% reported no illness and 1.6% showing psychological illness. For the same, 9.4% showing physical and 40.0% reported no illness among female group.

History of infertility in family, 10.9% present and 39.1% showing absent among male group. In female group 4.7% present and 45.3% showing history of infertility among female.

All the 64 participants were selected from the Bharuch city in Gujarat.

Table: -2 descriptive statistics of t- value and p value are showing comparison between males' and females on the research variables.

Variable		Mean	SD	t-value	P value
ECR-R(Anxiety)	Male	35.94	15.24	-.677	0.5
	Female	39.13	21.82		
ECR-R(Avoidance)	Male	35.91	13.19	.51	.97
	Female	34.13	14.71		
BDI	Male	4.72	4.80	-1.37	.40
	Female	6.53	5.72		
STAI Y-1	Male	50.38	4.05	-1.62	.81
	Female	51.94	3.65		
STAI Y-2	Male	47.69	4.86	-.511	.31
	Female	48.25	3.88		

In table no-2, showing Mean, Standard deviation, t-test, and its significance level (p value). It was found in all the research variables that the difference between males and females was not statistically significant.

Table:-3 Inferential statistics of Pearson's correlation showing relationship between depression with marital adjustment of male and female.

Dimensions		Male		Female	
		Depression (BDI)	Hypothesis	Depression (BDI)	Hypothesis
ECR-R (Anxiety)	r value	.247	Accepted	.503**	Rejected
	p value	.174		.00	
ECR-R (Avoidance)	r value	.258	Accepted	.170	Accepted
	p value	.153		.353	

*p<0.5 significant level; **p<0.1 level

From table 4 it can be understood that

In male there lies no correlation between depression and dyadic adjustment and no significance.

In female, shows negative correlation ($p = -.624^{**}$) with ($r = 0.01$) level significance.

In male group, shows no correlation between depression and marital anxiety no significance.

In female group, shows positive correlation ($p = .503^{**}$) between depression and marital anxiety with ($r = 0.01$) level.

In male group, shows no correlation between depression and marital avoidance with insignificance.

In female group, shows no correlation between depression and marital avoidance with insignificance.

Table:-4 Inferential statistics of Pearson's correlation are showing relationship between state anxiety (STAI Y-1) with marital adjustment of male and female.

Dimension		Male		Female	
		STAI Y-1	Hypothesis	STAI Y-1	Hypothesis
ECR-R (Anxiety)	r value	.079	Accepted	-.151	Accepted
	p value	.666		.409	
ECR-R (Avoidance)	r value	.186	Accepted	-.035	Accepted
	p value	.306		.848	

Table no 5 shows correlation and its significance level of state (Y-1) anxiety with other variables.

There is no correlation between state anxiety and marital anxiety with insignificant level among female.

There is no correlation between state anxiety and marital avoidance with insignificant level among male.

There is no correlation between state anxiety and marital avoidance with insignificant level among female.

Table:-5 Inferential statistics of Pearson's correlation are showing relationship between trait anxiety (STAI Y-2) with marital adjustment, dyadic romantic adjustment, happiness and self-esteem of male and female.

Dimension		Male		Female	
		STAI Y-2	Hypothesis	STAI Y-2	Hypothesis
ECR-R (Anxiety)	r value	-.108	Accepted	-.088	Accepted
	p value	.556		.632	
ECR-R (Avoidance)	r value	-.100	Accepted	.233	Accepted
	p value	.586		.200	

Table no 6 shows correlation and its significance level between trait anxiety(Y-2) and other variables;

There is no correlation between trait anxiety and marital anxiety with no significance level among male.

There is no correlation between trait anxiety and marital anxiety with no significance level among female.

There is no correlation between trait anxiety and marital avoidance with no significance level among male.

There is no correlation between trait anxiety and marital avoidance with no significance level among female.

Discussion

Socio Demographic Details:

As seen in the previous chapter of results, the mean age of the male participants is 43.44 years, and mean age of female participants is 39.66. For the total numbers of years they have been married, the mean for male group is 19.0 and SD is 13.81. For female group the mean of the total number of years they have been married is 18.91 and SD of 13.87. In this study participants are from different age group therefore the deviation from the mean is varied. There are participants with 5 years of living together as couple and there are some participants who are living together more than 55 years without child. There are several studies supporting that demographic variable. Sanjit Sarkar (2010) studied on trends of infertility in India. His findings show that age group between 20 to 49 years with minimum 5 years of marriage age. His result also shows female infertility more as compared to men and it also indicates it is treatable.

Education level of male are high, 14.1 percent of the participants have completed secondary and higher secondary education. 12.5 percent of the male participants have completed graduation. On female group 12.5 percent of the participants have completed higher secondary education and 10.9 percent have done secondary education. In the level of education male participants have more years of education than the female participants. In the sociodemographic details we find that the result indicates 1.6% of participants who are illiterate in male group

and 7.8% in female group. Therefore more female participants are illiterate compared to male participants. This supports the belief that parents prefer male child when it comes to education. It has clear difference between their educations in both sexes. SujataGanguly (2010) study shows that level of infertility increases with educational level in urban area. Here in the present study, most of the participants belong to semi-urban town, and it was found that there was no correlation between infertility and education. In the present study infertility was observed in all levels of education.

Socio-economic status is an important part of life, and while we are talking about infertility, they might experience financial burden due to expensive treatment. Children and good financial background, these two factors make significant importance in couples' life. Those who are infertile will try every possible effort to have baby and this can cause them financial burden which is more or less affecting their quality of life as well. Here in this study 26.6 percent of male participants belong to middle socio-economical status, and 31.3 percent of the female participants belong to middle socio-economic status. The number of participants in low socio-economic status both in male and female is 9.4 percent. Since many of the participants belong to middle and lower socio economic status there will be financial constraints even though they want to undergo infertility treatment. There will be other day to day expenditures and responsibilities to look after besides infertility treatment. The family's socioeconomic status can have positive effect on marital satisfaction as the result of building security for treatment expenses (Harvey, 2008; Seif et al., 2001). IVF causes high expenses per month. There is study showing high cost of IVFs treatment and low SES lead to drop treatment in-between done in semi urban in India (Mulgankar,2000).

Both groups have same percentages on nuclear and joint family. 16 nuclear and 16 joint family for male group and 16 nuclear and 16 joint family type from female group. All the total 64 participants follow Hindu rituals, morals and societal culture.

In this study 34.4% males are indicating no physical illness, 14.1% males has physical illness and only 1.6% male reported past psychological illness. On the other group, females show 9.4% of physical illness, which is less than male, and 40.6% females indicating no presence of physical illness which is greater than male. There is no participant in the females group with psychological problems. Here participants were taken from different age groups and they have greater standard deviation (13.42), indicating there are people from young age and old age also. So they both have different type of physical illness. More participants were from 20 to 45 ages, in this age group, people are usually free from physical illness.

10.9% males are show childlessness in the family history, and 39.1% males indicate no family history of infertility. On female group only 4.7% show family history of infertility, and 45.3% females show no presence of infertility in family history. All the 64 participants were from Bharuch in Gujarat. There is no study showing evidence whether family history of infertility leads to infertility in the individual.

Depression:

On the depression in relation with ECR-R (anxiety) marriage related anxiety, showed .247 value <.00 values indicating statistically insignificant among males.

On depression and in relation with ECR-R (anxiety) marriage related anxiety there is positive correlation (.503**), at >.05 level indicating statistically significant among females.

Null Hypothesis stating "there is no significant relationship between depression and marriage related anxiety (ECR-R) among male and female".

On table 4 it shows the statistical relation between BDI and ECR-R (anxiety). There is positive correlation (0.503**) between ECR-R (anxiety) and BDI which is statistically significant at .05 level among female

participants. As compared to male, female score on depression was high but many of them did not reach significant score which can cause clinical depression. All the participants scored in normal range but female's score was slightly higher than male. Here in ECR-R high score is interpreted as low marriage anxiety. As results from this study indicate that female experienced low anxiety in marriage therefore level of depression is decreased or vice versa. To favour this study (L.Repokari, 2007) done research in that female experiencing poor marital satisfaction and sexual affection also decreases. Another study indicating, marital dissatisfaction due to infertility in women (Manoj J Monga, 2003) indicates females are at risk of depression and marital dissatisfaction as compared to male. Female experienced more marriage related anxiety as compared to males. Therefore the finding of this study is supported by other study that there is positive correlation between marital anxiety depression in females. When anxiety increase there is increase in depression and vice versa.

On depression in relation with marital avoidance (ECR-R) p value (.174), indicating statistically insignificant among males.

On depression in relation with marital avoidance (ECR-R) p value (.170), indicating statistically insignificant among female.

H02: "there is no significant relationship between depression and marital avoidance (ECR-R) among male and female.

The result of the study shows that there is no relation between marital avoidance and depression. In relationship with depression and marriage related avoidance both group are not indicating any difference between the group. So their result shows that they are happy even without children. In the interview 97% male and 87% female reported that they do not worry about any avoidance in marriage. As mentioned earlier, the participants are active in their social activities and accept their weakness without hesitation and love towards their partner is markedly important even when they are infertile.

Anxiety:

On state trait anxiety in relation with marital anxiety (ECR-R) showed no correlation p value (.079),(-.108) indicating statistically insignificant among males.

On state trait anxiety in relation with marital anxiety (ECR-R) showed no correlation p value (-.151), (-.088) indicating statistically insignificant among female.

H03: "there is no significant relationship between anxiety and marital anxiety (ECR-R) among male and female.

Present study indicating there is no relationship between marital anxiety and state and trait anxiety among male and female. Both male & female showed negative insignificant correlations on trait anxiety. As explained above ECR-R scoring interpretation is reversed, so both group showing that increased marital related anxiety moderated in decreased trait anxiety.

On state trait anxiety in relation with marital avoidance (ECR-R) showed no correlation p value (.186),(-.100) indicating statistically insignificant among males.

On state trait anxiety in relation with marital avoidance (ECR-R) showed no correlation p value (-.035), (.233) indicating statistically insignificant among female.

H04: "there is no significant relationship between anxiety and marital avoidance (ECR-R) among male and female.

Results indicates no relationship between above mentioned groups, on both state and trait anxiety. No significant study could be found related to this domain of the research.

Results indicate that there is no statistical correlation between SSET and marital avoidance scale. Thus the null hypothesis was accepted. As mentioned above that participants were taking active part in spiritual based activity and they are also socially active. Above results indicate factors like social & family support etc contributes to less experience of psychological problems among both groups. There are many studies indicating mental health problems regarding infertility in that spouses support, love and affection plays an important contributing factors. Investigators have explored the ways in which social support may enhance mental and physical health. It has been argued that rich social networks may reduce the rate at which individuals engage in risky behaviours (Rozanshi, A., 1999) prevent negative appraisals (Fontana AF., et al.1989) and increase treatment adherence. In general, resilient or hardy individuals are thought to use active coping mechanisms when dealing with stressful life situations (Moos RH, Schaefer JA1993). Present results supported, having social support help to person's mental health and coping mechanisms in taught situations.

Summary

To have a child is symbolically important because it shapes cultural and social identity of a couple. Married couples want to have a child and to continue their inheritance. Each couple desires to have parenthood as it is at the top of most parents' identity hierarchies, ranking ahead of marriage. Love for their child is a natural source for maternal and paternal feelings and behaviour. The couples who do not have a child are deprived of this heavenly joy which deeply affects their marital adjustment, personal adjustment. Along with that infertility deeply affects personal, sexual and social aspects. All these factors lead to mental health disturbances.

Aim: To study and determine difference in the subjective happiness, self esteem, mental health problems, sexual and marital satisfaction of married childless men and women.

Procedure: Participants who consented for the study were included and socio-demographic data and structured interview was collected. Participants who were able to understand English were handed over the questionnaires in order to maintain social desirability while for others questions were read out and explained and accordingly marked by participant. Scales used are Experienced close relationship revised questionnaires, Beck Depression Inventory, State Trait Anxiety Inventory.

Statistical Analysis: Descriptive and inferential statics were used for the study. Percentages were used to express the relative frequency of the responses obtained. t-test was used to find whether or not two independent population have different mean values or not. Pearson's Correlation was used to analyze the test hypothesis and the relationship between the different variables.

Implications of the study

1. Awareness of the psychosocial factors that affect couples who are infertile and have no children.
2. To provide help in the form of counselling or stress management for couple with infertility.

Limitations of the study

1. Large sample could be taken.
2. Misinterpretation of statements could have occurred among the participants who filled the questionnaires on their own.
3. Better statistical measure could have been employed to understand the interactive pattern between the variables.
4. Data collected from the purposive sampling cannot represent the population.

Future directions

1. Further studies can be conducted by comparing between two groups namely spiritual practitioners and non practitioners. Data can be taken from infertile couple who do not belong to a spiritual group and the results can be compared between the two groups.
2. Comparative study could be conducted by comparing infertile and fertile group's mental health and marital adjustment.
3. Larger sample size could be taken for future studies.

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