

Role of Infertility, Emotional Intelligence and Resilience on Marital Satisfaction among Indian Couples

D. Barani Ganth^{1,*}, S. Thiyagarajan², Nigesh³

¹Department of Applied Psychology, Pondicherry University, Pondicherry, India

²Department of International Business, Pondicherry University, Pondicherry, India

³Trainee Clinical Psychologist, Department of Psychology, Calcutta University, Kolkatta, India

Abstract Only a few researchers have studied the role of infertility and other psychological factors on marital satisfaction among Indian couples. The main objective of this study is to explore the role of infertility and selected psychological variables on the marital satisfaction of the couples and to see whether infertility interact with gender to influence the level of marital satisfaction. Standardized Scales on marital satisfaction, resilience and emotional intelligence were administered to patients who visited infertility clinics and a matched group of normal individuals from the community. Infertile women were less satisfied in their marital life than their husbands. Infertility and gender had an interaction effect on marital satisfaction. In a regression model, gender, emotional intelligence, resilience and status of infertility emerged as significant predictors of marital satisfaction. Being an infertile Indian woman is definitely disadvantageous compared to the males and the psychological factors like emotional intelligence and resilience could influence the marital satisfaction in the context of infertility.

Keywords Infertility, Emotional Intelligence, Resilience, Marital Satisfaction, Indian Couples

1. Introduction

Within the Indian Culture, the meaning of marriage and marital satisfaction differs between different sub cultural groups and it has evolved over the period time. Marital satisfaction (also referred to as marital quality and marital happiness) is defined as one's subjective evaluation of favorability towards her/his spouse and the marital relationship[1]. It is concerned with how a marriage functions during its existence and how each partner feels about it. Marital satisfaction is a mental state that reflects the perceived benefits and costs of marriage to a particular person. The more cost a marriage partner inflicts on the other the less satisfied s/he generally is with the marriage and with the marriage partner. Similarly, the greater the perceived benefits are, the more satisfied one is with the marriage and with the marriage partner. Until recently, marriage was an institution that could not be easily dissolved in India, which is evident in terms of the lower divorce rates. However, in the modern and globalised India, things have changed drastically. Though there are no official statistics with regard to the divorce rate in India, magazine reports claim that divorce rate is increasing from the previous level of 1.1 % [2]. While considering the different factors that influence marital

satisfaction, a number of differences have been found between women and men's views on the quality of their relationships. Men and women have different set of roles to be played so they see and evaluate relationships differently (in terms of parenting and intimacy). Heaton and Blake[3] suggested that wives' were more focused and gave greater importance to relationship so their opinion on relationship satisfaction is more precise. It is evident that gender mediates to some extent in determining the degree of satisfaction. While considering the role of gender in determining the marital satisfaction, a serious threat to the relationship could be an infertility diagnosis of one of the partners. Infertility has been relatively neglected as both a health problem and a subject for social science research in South Asia, as in the developing world[4]. Researchers linking the infertility and the divorce rate had found a strong association between them[5]. One explanation for this result could be that infertile couples tend to revisit their choice of the spouse and they constantly attribute the spouse as a reason for infertility. Studies conducted in India have revealed that eleven percent of women agree that a man should leave his wife if she fails to conceive, but fewer than three percent agree that a woman should leave her husband if he is unable to give her a child[6]. Remarriage becomes a handy option for men when the wife is infertile whereas the decision is not well accepted for a women when her husband is infertile. Even in situation when a woman is ready for a remarriage, her value as a potential spouse is severely reduced and if she has to remarry someone who is less desirable than her first spouse[4]. Also,

* Corresponding author:

baranikanth77@gmail.com (D. Barani Ganth)

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the process of remarriage delays the start of childbearing and further reduces chances of fertility[5]. These results show the effect of infertility diagnosis on marital quality, though infertility problem may not be resolved by just changing the spouse.

There is little evidence on the levels and patterns of infertility in India. National Family Health Survey-2[7] estimated that 3.8 % of married women in the age group of 40 to 49 are childless. According to 1981 Census[8], childlessness among married women in India is about 6 % [9]. Community-based studies in India too suggested similar rate of childlessness across the country [10][11][12][13]. On the effect of infertility on family, many researches have reported that infertility creates psychological distress among couples [14][15][16], though these studies found a gender difference wherein women were more distressed than men. Studies done on infertile couples also found communication problems, conflict, disagreement over medical treatment and lack of empathy between them [17]. While women are affected in terms of their gender identity [18] men are affected in terms of their sexual inadequacy, low self-esteem and anxiety [19][20]. A study done on 120 east Indian infertile couples found differences in response to infertility based on the cause of the infertility. Men expressed the effect on their personality and social behaviour whereas women with infertility problem showed symptoms of depression [21]. Generally, anxiety levels were significantly higher in the partner with the fertility problem.

While studying the role of infertility on marital life of couples, the mediating role of psychological variables also should be taken into account. Previous studies linking infertility, gender and marital quality of couples have left considerable gap on exploring the role of these variables, though some studies have touched upon it. For example, one study on [22] emotional impact on infertility found that couples with equal level of social infertility stress and need for parenthood showed greater level of marital adjustment and had higher level of marital satisfaction than the ones with dissimilar level of infertility stress. Women were more likely to develop depression when their level of infertility stress and urge to become parent are different from that of their partners. Studies linking marital quality and emotional bonding have suggested the role of emotionality in moderating the issues between couples and in turn improving their marital adjustment. Durana [23] came out with a finding that emotional bonding is significantly related to marital quality and Bonding and Emotional Re-education (BER) can lead to an improvement in relationship dynamics such as marital adjustment, cohesion and personality dynamics like self-esteem, and anxiety levels. Studies linking Emotional Intelligence and Marital satisfaction showed that accuracy in expressing and recognizing emotions correlates with couples' reports of marital happiness [24]. Studies have established the close relationship between emotional intelligence and marital satisfaction among couples. It was found that sensitivity and accuracy in nonverbal communication predicts happiness [25]. Emotional regulation, one of the

components of emotional intelligence had been identified as an important trait as studies found that happy spouses are more likely to be accommodative and retaliate less during conflict than unhappy spouses [26].

Unlike emotional intelligence, which is considered as a trait, resilience is a phenomenon of overcoming stress or adversity despite the experience of situations that have shown risk of development of pathology [48]. Studies linking resilience and marital satisfaction had reported mixed results. A study explored the relationship between resilience and marital satisfaction in caregivers of spouses with dementia. The results showed that when a husband or wife feels greater caregiver burden, in terms of looking after the partner, they reported less marital satisfaction but in case of older caregivers, the marital satisfaction was more. However, the study found that resiliency, gender, and stage of cognitive impairment were not related to marital satisfaction [27]. Another study linking resiliency to economic stress found that high marital support reduced the association between economic pressure and emotional distress, thus adding resilience against economic crisis in the family. In addition to the resiliency effect, effective couple problem solving reduced the adverse influence of marital conflict on marital distress [28].

The reviews on marital quality or satisfaction give us some of the correlates of marital quality. These reviews enabled us to include some of them as variables in the present study as there are not many studies available that have looked into the way emotional intelligence, resilience and infertility play a role in marital satisfaction. In this context, we focus on the relationship and interaction among these variables, keeping the Indian context in mind. In the light of the above facts, the present study had the following research questions.

1. Whether there is a gender difference with regard to the level of marital satisfaction for fertile and infertile couples.
2. Whether infertility and gender have an interaction effect in determining the level of marital satisfaction.
3. Whether Emotional Intelligence and Resilience have any influence on marital satisfaction of married couples.

2. Materials and Methods

The idea behind the present study is to examine the effect of gender, infertility, emotional intelligence and resilience on marital satisfaction which is the contentment in marital life. A pilot study was conducted on a small sample, sized 50, to assess the practicability and reliability of the questionnaire and scales used for the study.

3. Measures

Emotional Intelligence was measured using Emotional Intelligence Inventory [29] consisting 50 items on a five point Likert scale. The tool is relating to a person's emotional development, maturity, general mental health. More

specifically, it tends to measure moderation in one's emotional responses, ability to read correctly the mental state of others and regulate one's own behavior in accordance with it, proper goal orientation, ability to behave suitably in accordance with the demands of the situation, sense of humor, ability to create and maintain good personal relationships, balance in emotions. Items such as "I am fully aware of my potentials", "I have the ability to read the mind of others" are part of the measure. The reliability out of the pilot study was 0.821 and was also evaluated for factorial validity and was found to be satisfactory.

Resilience was measured using Bharathiar University Resilience Scale[30]. It consists of 30 items on a five point Likert scale with a possible score range of 30-150. The scale measures different domains of resilience such as Duration taken to get back to normalcy, Reaction to negative events, Response to risk factors (specifically disadvantaged environment) in life, Perception of effect of past negative events, Defining 'Problems', Hope/Confidence in coping with future and Openness to experience and Flexibility. The scale possesses satisfactory content and concurrent validity. Reliability from the pilot study was found to be 0.761.

Marital satisfaction was measured using marital satisfaction scale[31]. The scale measures the social, emotional, interpersonal and sexual sources of satisfaction in marriage. It consists of 30 questions. Most of the questions, however, indicate the presence of high marital satisfaction when answered positively. The authors reported adequate reliability and validity for the scale. The scale's reliability on the pilot study was found to be 0.741.

4. Procedure

The study was conducted on a sample of 160 individuals out of which 80 of them (36 males and 44 females) are infertile individuals who came for consultancy in various fertility clinics in and around two south Indian cities. A group of 80 normal individuals having at least one child (20 males, 60 females) matched in terms of socio economic backgrounds were included in the study. The sampling procedure for the infertile group was multistage with random at the first stage and convenience sampling in the second. At the first stage, fertility clinics in and around the two cities were identified from which five from each city were selected at random. In the second stage, the people who were visiting the clinics were selected on the basis of convenience and availability. They answered the questionnaires in the waiting room of the clinics. For inclusion in the normal group (fertile) members from the nearby suburban community area with matching demographic features were approached individually at their residence by the researchers. Willing participants were asked to fill in the questionnaires..

5. Statistics

Hypotheses were framed and tested using Univariate Analysis of Variance and Regression Model was used on the data to see the effect of independent variables and its quantum on the dependant variable. Hypotheses framed were HO₁: There is no effect of Gender on Marital Satisfaction. HO₂: There is no effect of infertility on marital satisfaction. HO₃: There is no interaction effect of Gender and Infertility on Marital Satisfaction.

6. Results

The descriptive statistics table shows the frequency, mean and std. deviation of the respondents on marital satisfaction. It can be seen that men are more satisfied in their marital life than women and their SD is less implying that there is less variation among them in satisfaction, the difference in satisfaction is also statistically significant at 1% for t test. Fertile group are more satisfied in their marital life than the infertile group as their t test result is significant at 5%. The interesting finding is that among the infertile group men are more satisfied and are less worried about infertility than women, which is reiterated by the t, test results and it is significant at 1%. On the other hand, there is no difference in satisfaction between men and women among the fertile group, which is a control group for the study. From this, it can be said that women in India are more worried about infertility in marriage than men and infertility is mostly associated with women.

Table 2 is about Univariate analysis of variance of two independent variables Gender and Infertility. Even though differences between these groups have been seen in the previous table through, t test but they were not seen at the bivariate level by controlling the effect of other variable, which was attempted in the above table. From the table it can be said that there is an effect of gender on marital satisfaction and infertility on marital satisfaction at bivariate level also, which are significant at 1% implying there is a significant difference in satisfaction among male & female and fertile & infertile groups. There is also an interaction effect of gender and infertility on marital satisfaction, which means gender and infertility works together on marital satisfaction that is infertile men and infertile women have different levels of satisfactions but this difference does not exist between fertile men and women.

The results of Regression analysis are discussed in Table 3 and 4. R square for the model is 0.32 which means 32% of the change in marital satisfaction is explained by Emotional Intelligence, Resilience, Infertility and Gender. Durbin Watson statistics is around 2 indicating no auto correlation in the residuals. ANOVA is significant at 1% so the models hold good.

Table 1. Descriptive statistics on Marital Satisfaction

	Male	Female	Infertile	Fertile	Infertile		Fertile	
					Male	Female	Male	Female
Frequency	56	104	80	80	36	44	20	60
Marital satisfaction Mean	49.00	46.69	44.90	50.10	48.00	42.36	50.80	49.87
Std. Deviation	5.96	6.32	5.73	5.72	3.45	6.00	8.70	4.39
t - test	-5.747***		-2.248**		-5.262***		-0.461	

* 10% significance, ** 5% significance, *** 1% significance

Table 2. Difference Between Groups (ANOVA)

Source	Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1723.685	3	574.562	19.776	0.000
Intercept	311445.266	1	311445.266	1.072E4	0.000
Infertile	905.956	1	905.956	31.183	0.000
Gender	368.356	1	368.356	12.679	0.000
Infertile * Gender	188.770	1	188.770	6.497	0.012
Error	4532.315	156	29.053		
Total	367256.000	160			
Corrected Total	6256.000	159			

Table 3. Summary Statistics and ANOVA

R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson	Model	Sum of Squares	df	Mean Square	F	Sig.
					Regression					
0.565	0.319	0.302	5.242	2.059	Residual	4258.539	155	27.474	18.176	0.000
					Total	6256.000	159			

Table 4. Regression Results

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
Constant	18.560	4.302		4.314	.000		
E.I	0.059	0.028	0.166	2.079	0.039	0.688	1.453
Resilience	0.071	0.038	0.155	1.971	0.050	0.664	1.507
Infertile	5.185	0.868	0.415	5.977	0.000	0.912	1.096
Gender	2.909	0.924	0.222	3.147	0.002	0.883	1.132

Table.4 gives regression results indicating the effects of the independent variables Emotional Intelligence, Resilience, Infertility and Gender on the dependent variable, Marital satisfaction. Regression assumptions like normality of the data and collinearity between variables were examined and was found to be fit for the analysis. Variables are normally distributed and there is no collinearity between Emotional Intelligence and Resilience as the tolerance and VIF are within the manageable limits i.e >0.1 & <10 .

As gender and infertility are categorical variables they are dummied in the model. Emotional Intelligence, Resilience, Gender and Infertility are significant influencers and predictors of marital satisfaction as the t values are significant at 5% and 1% respectively. As Emotional Intelligence increases by a unit marital satisfaction will also increase by 0.059 units and if Resilience increases by a unit Marital satisfaction will also increase by 0.071. If a person moves from infertile to fertile group his marital satisfaction will increase by 5.19 units. If there is a change in gender from female to male the marital satisfaction will increase by

2.91 units.. From this it can be concluded that infertility followed by gender have a major role to play in marital satisfaction with Emotional Intelligence and Resilience playing their part in a smaller but significant manner.

7. Discussion

It can be inferred from the above results that infertility affects the level of marital satisfaction and women are more worried about their infertility compared to their male counterparts. The fact that infertile women leads a less satisfied marital life has been supported by similar studies [15][16]. Indian marriage is a social process and it reaches a significant stage with the arrival of a child at home. Even today in rural India a childless woman is stigmatized, considered unlucky and a curse to the family. Many cultures have a derogatory and discriminating name for childless woman but the same is not there for infertile men. In Japan an infertile woman is denoted as *umazume*, and in Korea she is referred to as a *suknyu*, both these names give the same

meaning of 'a woman made of stone'. A Vietnamese infertile woman is called as *gai doc khon con*, which means the poison woman without children. Similarly in Tamil, a south Indian language, a childless woman is called as 'Malady' which means impotent woman. A *Malady* is discriminated to the extent of not being allowed to participate in family ceremonies and social gatherings especially to those involving marriage and childbirth. India being a pronatalist society, most of the Indian women few months into their marriage are constantly obsessed about their childbearing status so that they can face the society positively. Whereas as men, though affected by infertility, handle the situation better as the social stigma is pointed only at the women. More so, this happens by attributing the reason for infertility onto the woman/wife and this attitude is reflected by showing resistance to offer themselves for infertility testing. Although infertility affects men and women, researchers had found certain gender differences. Petok[32] explicated that men do not have monthly menstrual periods like women and more often men are reviewed for infertility after the wife is found to be fertile. It was also argued that the diagnostic procedures are complex and more invasive for women than men. Another explanation could be that media are not vociferous or visible on fathering as they are on mothering and only a few men's magazines focus on fathering[33]. In addition, the cultural expectation is that it is manliness to be strong and emotionally detached than to show symptoms of sadness and desperateness.

India is a patriarchal society and producing a child, a son brings a lot of happiness in the family and the preference for a son continues to be a prevalent norm in the traditional Indian household[34]. The preference for son is evident in about one million female feticides in India annually with far-ranging and tragic consequences which has resulted in some areas declining the sex ratio of females to males to less than 8000:1000[35]. As reported in the study, one of the main justifications for this brutality is that while sons offer security to their families in old age and can perform the rites for the souls of deceased parents and ancestors, daughters are perceived as a social and economic burden.

Motherhood is of great social significance in India and several studies exploring the infertility among men report that men perceive it as threat to the continuance of the family heir and lineage[36][37][38][39][40]. Similar Studies in India have shown that men tend to hold their wives responsible for infertility and many wives tend to blame themselves for childlessness irrespective of who may be responsible[41]. Also, in some cases women are threatened with another marriage for the husband or divorce and many fear abandonment and loss of social and economic security. In such context women become the victims of violence, abuse and social exclusion[42].

The role of emotionality and resilience has been justified in this study. Their role in determining marital satisfaction may be considered as a moderator in handling the hopeless situation of childlessness. Schute et.al[43] examined link between emotional intelligence and interpersonal relations

and found that, those who scored high on emotional intelligence showed qualities such as empathy, high on social skills, co-operative attitude toward partners, had a close loving relationships and a greater satisfaction with their partners. Another study conducted on Indian couples indicated a significant positive relationship between emotional intelligence and marital satisfaction[44]. One greater benefit of emotionally intelligent couples is that there is a greater deal of communication and sensitivity to other's needs. It also reflects on their own self-awareness and acceptance. The emotional forces between husband and wife are much more crucial forces than any other factors and the rifts in family life will be more likely to develop if one or both the partners have deficit in emotional intelligence[49]. Perception of emotion is part of emotional intelligence so it is reasonable to conclude that higher EI will lead to greater relationship satisfaction in couples, whereas lower EI will result in dissatisfaction in relationship and conflict. Fitness[45] hypothesized that higher EI might lead to handle delicate emotional negotiations involved in seeking and granting forgiveness and therefore, higher EI may lead to better management of disagreements, which in turn means less conflict and more relationship satisfaction.

Resilience may help married couples to consciously undermine the specific and evident issues of life and consider the larger picture of mutual respect and togetherness. In the context of marriage, it is very likely that partners enter grave areas of argument and if not for resilience, the overwhelming grudges and ill feelings may lead to a marital discord of serious implications. Resilience helps to bounce back positively from any deadlock or intense and cold situations in one's married life. This positive attitude helps in maintaining the focus on the problem and not blaming the partner. Marriage is a very special bond worth fighting for and resilience is possibly the most effective weapon that could be employed for the same. Present study adds support to previous findings on the role of resilience in marital quality. Studies conducted to explore the link between family resilience factors and marital satisfaction[46][47] showed a significant positive relationship existed between the family resilience in terms of adaptive appraisal, compensating experiences, and social support and midlife marital satisfaction. Thus it is understood that in the face of the developmental challenges during midlife marriage, higher levels of the factors contributing to family resilience are related to greater levels of mastery of the developmental tasks associated with midlife marital satisfaction.

8. Conclusions

Marital satisfaction is a dynamic concept, as the nature and quality of relationships can change drastically when infertility is involved. This raises the possibility of identifying factors that could make a difference to the quality of relationship, although such connections are likely to be complex, involving the interactions of many variables

among which gender and infertility plays a major role followed by resilience and emotional intelligence. Being an infertile Indian woman is certainly disadvantageous when compared to her male counterpart. These results can be used in counseling settings to educate couples on the need for better communication and understanding and the ability to think problem focused than person focused while dealing with issues of infertility.

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