

Marital Discord: The Hidden Burden of Infertility

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The present research was carried out to investigate and compare the degree of marital discord or dissatisfaction experienced by infertile and fertile couples. A sample of 400 couples was taken from different cities of Pakistan. Index of Marital Satisfaction (Hudson, 1982) was used to assess the marital discord. Results indicated that infertile couples have higher marital discord as compared to fertile couples. Findings suggested that infertile women have more marital discord when compared to infertile men. The data also provided evidence that age or income level did do not play any important role in deterioration of marital disturbances in infertile couples; while the differences were found significant for the factors of family system, locations, and education. The research also explored the effects of male-factor infertility and its impact on marital satisfaction.

Keywords: Marital discord, infertility, motherhood mandate, male-factor infertility, female-factor infertility

Marital discord refers to a state of disagreement and a lack of harmony, a dispute in the form of heated debate or quarreling, difference of opinion that disrupts unity within a couple (Dictionary of the English Language, 2009). Marital discordant couples are often caught up in a cycle of mutual vilification, polarization, and feelings of being trapped. They are prone to highlight their differences rather than downplaying it. They view these differences as indications of stable, global, and blameworthy deficits or failings in the partner (Fincham & Bradbury, 1993).

Many factors have been linked to marital discord in couples. Plechaty et al. (1996) found that the domains of spouses' personality, lack of communication, autonomy, relatedness, and the absence of children were the major influences on marital discord. Marital discord increases with the onset of the child-rearing years, and particularly

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when the couple is diagnosed with the problem of infertility (Shapiro, Palmer, & Capute, 2003). Infertility, or the inability to conceive, or carry to live birth a pregnancy after one year of regular sexual relations without the use of contraceptives, affects the marital satisfaction in infertile couples (Ulbrich, Coyle, & Llabre, 1990). When a couple discovers that they may not be capable of having biological children, it is stressful, unexpected, and often a life changing experience (Okonufua, 1997). As a result, infertile couples often find themselves with relatively low problem solving efficacy and limited ability to work together as a team.

Fertility is usually valued by every society and marriage means being able to reproduce (Lee & Kuo, 2000). Through the process of gender role socialization, women learn that it is a must for them to be able to produce a baby after marriage. It means every society has a "motherhood mandate" but does not have a similar "fatherhood mandate". This differential societal expectation may trigger more feelings of distress in women than in men.

Inability to conceive a child can adversely affect a marital relationship, particularly when the fault lies with one partner. The partner with an inability to conceive generally feels threatened, and in some of the cases, fertile spouse may blame the other partner. Generally there are gender differences in a couples' expectations about children; female usually express a greater need for a child (Reading, 1991). As far as the treatment options are concerned usually there is the difference of the opinion among the partners when to proceed or end the treatment. This conflict can also affect the quality of marital relationship. For instance, one of the partners may not wish to start the treatment. The other partner would feel disgruntled they are being denied the chance to become a parent (Leiblum, 1996).

One of the important symptoms of increasing marital discord in infertile couple is males' hostility towards his wife. In such cases a husband may expresses his disappointment in the marriage and sometimes they accuse their wives of ruining their lives (Eugster & Vingerhoets, 1999). Most of the couples experience state of hopelessness and helplessness. They feel they have no control over their lives. And because of this childlessness the foundation of their marriage is threatened. Particularly a wife would feel that they are not receiving the right kind of emotional support from their partners (Shapiro et al., 2003).

Men and women tend to have different reactions to a diagnosis of infertility (Griel, 1991). Women see the situation as a loss and extremely devastating. Men typically view infertility as a bad break,

but not as tragic (Griel, 1991). Women experience greater distress and marital discord when facing infertility than do men. This may be due to how they attribute the cause of infertility to either their own failure or past behaviors (Domar, Zuttermeister, & Friedman, 1999) or due to societal bias regarding the issue. Women are usually blamed for childlessness in an infertile couple.

Those partners who experience almost equal level of infertility stress reported higher level of adjustment in their marriages as compared to those partners who experience the stress differently (Anate & Akeredolu, 1995). Furthermore women in couples who express a similar need for parenthood generally report higher level of satisfaction in their marriages when compared to those partners where males express higher need for parenthood. Incompatibility in couples is usually not linked to depression in males but if there is a higher need for parenthood in the females this is likely to cause depression (Abbey, Andrews, & Halman, 1994).

The cause of infertility is an important factor in development of discord. Male-factor infertility is when the husband, male partner is infertile. Similarly, female-factor infertility is when the wife is infertile. In case of unexplained infertility women report more stressful life events, higher marital discord, higher depression, and anxiety than other diagnostic groups (Brkovich & Fisher, 1998). Female members of couples in which both partners are infertile express less marital and sexual satisfaction than their husbands. Only wives with a diagnosed female infertility express higher distress to infertility and marital discord than their husbands (Crick, Casas, & Mosher, 1997).

Okonufua (1997) identified that men can suffer from infertility, but male infertility is not mentioned spontaneously. Women usually seek treatment for infertility. Although husbands show no psychosocial reactions towards infertility (regardless of the diagnosis), female with diagnosed infertility report higher level of distress, lower levels of self-esteem, and lower level of acceptance as compared to those females where the cause of infertility lies with the males. The couples diagnosed with male-factor infertility experience more psychological changes; particularly a discord in marital relationship when compared with the sample of those couples who are diagnosed with female-factor infertility (World Health Forum, 1996).

It was hypothesized that (1) Infertile couples will have less marital satisfaction than fertile couples, (2) Infertile women will be less satisfied with their marriages as compared to infertile men, (3) Partners of the couples who are diagnosed with infertility will low

marital satisfaction as compared to the other partners who have no cause of infertility, and (4) Male-factor infertility would be more distressing for couples as compared to female-factor infertility.

Method

Sample

The sample of the current study comprised of 400 couples (200 infertile couples and 200 fertile couples). The ages of the sample ranged from 20 years to 70 years ($M=35.03$, $SD= 7.42$). Data was taken from different cities of Pakistan including Multan, Sahiwal, Khanewal, Bahawalpur, Vehari, Mesli, Lahore, Rawalpindi, and Islamabad. Data was collected using convenient sampling frame. The sample was divided into five categories on the basis of education. The categories were Illiterate ($n=19$); below Matriculation ($n=35$); Matriculation ($n=87$); Intermediate ($n=63$); Graduation ($n=92$); and Post-graduate and above ($n=104$). Location and income level was also considered. 39 couples resided in rural settings and 91 in urban settings; 97 dwelled in extended families whereas 103 resided in nuclear family settings.

Instrument

Index of Marital Satisfaction is one of the scales of Clinical Measurement Package or CMP (Hudson, 1982). IMS was designed to measure the degree, severity, or magnitude of a problem a spouse or partner has in the marital relationship. The test retest reliability of IMS is .96 and criterion related validity of IMS is .62. IMS has 25 items; wherein each item is scored according to the following five categories: 1 = rarely or none of the time, 2 = a little of the time, 3 = some of the time, 4 = a good part of the time, and 5 = most or all of the time.

To obtain a total score on IMS, the reverse score items (1, 3, 5, 8, 9, 11, 13, 16, 17, 19, 20, 21, & 23) are firstly reverse scored and then the scores on all the 25 items are added. The following formula is used for the exact score showing the level of marital discord on IMS, $S = \sum Y - 25$ where S is total score, $\sum Y$ is sum of item responses, and 25 is the total no of items in IMS. The scoring formula has the advantage of producing a range of values from 0 to 100. IMS is scored so that higher scores represent more severe problems, and lower scores indicate the relative absence of problems. IMS has a clinical *cutt-off* score of 30. That is it generally found that persons who obtain a score

above 30 have a clinically significant problem in the area being measured. While those who score below 30 are generally free of such problems.

Procedure

To select the participants, purposive sampling technique was used. For the present study infertile and fertile couples were contacted at their homes. Both the partners responded to the questionnaire separately. The subjects were told about the objectives of the study and then given the instructions. They were assured that all the information sought from them would be kept confidential and would be used for research purposes only. All the information provided by participants was statistically analyzed using Statistical Package for Social Sciences.

Results

In order to get comprehensive profiles of infertile and fertile couples in terms of their marital satisfaction, *t* test for independent sample was computed.

Table 1

Means, Standard Deviations, and t value for the Scores of Infertile and Fertile Couples on IMS (N = 400)

	Couples				
	Fertile Couples (<i>n</i> = 200)		Infertile Couples (<i>n</i> = 200)		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Marital discord	30.52	17.81	22.01	14.85	5.19***

df = 398, ****p* < .001

Table 1 shows a significant difference between fertile and infertile couples ($t = 5.19$, $df = 398$, $p < .001$). It suggests that infertile couples display less marital satisfaction as compared to fertile couples. Table 2 shows the analysis of marital discord of infertile couples in relation to their gender, family systems, and Location. The results indicate that infertile women show greater marital discord than infertile men. Results also suggest that infertile couples of extended family system and infertile couples living in rural areas do differ in their degree of marital discord.

Table 2

Differences in the Level of Marital Discord of Infertile Couples with respect to Gender, Family Systems, and Locations (N = 400)

	Group	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>
Gender	Infertile Females	200	30.95	19.17	1.96*
	Infertile Males	200	30.09	19.81	
Family Systems	Extended	103	31.95	18.72	1.17*
	Nuclear	97	9.01	16.75	
Locations	Rural	39	33.87	17.49	1.31**
	Urban	161	29.71	17.85	

df = 398; 198, **p* < .05, ***p* < .01.

Table 3

One-Way ANOVA for Couple's Marital Discord, Age, Education, Language (N = 400)^a, and Average Income (N = 200)^b

Scales	Source of Variation	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Age	Between Groups	1365.24	4	341.31	.89
	Within Groups	149948.55	395	379.62	
	Total	151313.79	399		
Education	Between Groups	4361.58	5	872.32	2.34*
	Within Groups	146952.22	394	372.97	
	Total	151313.79	399		
Income	Between Groups	335.05	4	83.76	.260
	Within Groups	62797.09	195	322.04	
	Total	63132.14	199		
Language	Between Groups	1361.06	3	453.68	1.20
	Within Groups	149952.74	396	378.67	
	Total	151313.79	399		

**p* < .05. Note. ^a Individuals; ^b Couples.

Table 3 depicts the nonsignificant effects of age, income level, and language except education for the scores of infertile couples on Index of Marital Satisfaction. Only education status of the couples had significant impact on the level of marital discord in couples [*F* (5, 394) = 2.399, *p* < .05]. To see what mean differences are contributing to any significant effects found in ANOVA for six groups of respondents regarding education, Scheffe-Test (a Post Hoc test) was computed. The results pertaining to the effect of education on marital discord are presented in Table 4.

Table 4
Multiple Comparisons for Six Groups of Education on the Index of Marital Discord (N = 400)

Education (i)	Education (j)	Mean difference (i-j)	Standard error	p
Illiterate	Below Matriculation	-6.32	5.503	.932
	Matriculation	-3.87	4.891	.987
	Intermediate	3.266	5.055	.995
	Graduation	-4.78	4.867	.965
	Post Graduation	.94	4.818	1.00
Below Matriculation	Illiterate	6.324	5.503	.932
	Matriculation	2.459	3.866	.995
	Intermediate	9.590(*)	4.071	.355
	Graduation	1.549	3.835	.999
	Post Graduation	7.268	3.774	.593
Matriculation	Illiterate	3.865	4.891	.987
	Below Matriculation	-2.459	3.866	.995
	Intermediate	7.131	3.195	.420
	Graduation	-.910	2.888	1.00
	Post Graduation	4.809	2.806	.710
Intermediate	Illiterate	-3.266	5.055	.995
	Below Matriculation	-9.590(*)	4.071	.355
	Matriculation	-7.131	3.195	.420
	Graduation	-8.041	3.158	.264
	Post Graduation	-2.322	3.083	.989
Graduation	Illiterate	4.776	4.867	.965
	Below Matriculation	-1.549	3.835	.999
	Matriculation	.910	2.888	1.00
	Intermediate	8.041	3.158	.264
	Post Graduate	5.719	2.764	.511
Post Graduation	Illiterate	-.943	4.818	1.00
	Below Matriculation	-7.268	3.774	.593
	Matriculation	-4.809	2.806	.710
	Intermediate	2.322	3.083	.989
	Graduation	-5.719	2.764	.511

Table 4 reveals the multiple comparisons for means differences of six groups of education on IMS. Results indicate that the significant difference is to be found on the measure of marital satisfaction

between group 2 and 4. It means that infertile people with below matriculation qualifications have high degree of marital discord as compared to infertile people with intermediate qualifications.

Table 5

Differences in the Marital Discord of individuals with or without Infertility (N = 208)

	With Infertility (<i>n</i> = 104)		Without Infertility (<i>n</i> = 104)		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Marital discord	32.19	20.02	31.93	19.87	1.85*

df = 206, **p* < .05.

The results in Table 5 indicate significance differences in the marital discord, which implies that the partners diagnosed with cause of infertility have more discord in their marriages than their partners with no cause of infertility.

Table 6

Differences in the Marital Discord of Infertile Couples in Relation to Male- and Female-factor Infertility on IMS (N = 103)

	Male-factor infertility (<i>n</i> = 56)		Female-factor infertility (<i>n</i> = 47)		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Marital discord	33.56	18.66	32.84	18.91	1.94*

df = 101, **p* < .05

The results in Table 6 indicate significant differences in the scores of male- and female-factor infertility which implies that the couples with male-factor infertility experience more marital discord than the couples female-factor infertility.

Discussion

Diagnosis of infertility has a tremendous negative impact on the well-being of a couple. Couples, in particular, are likely to experience changes in their relationship with respect to their fertility status. These

may include feeling more emotionally distant or needing to withdraw from intimacy (Paulson & Sauer, 1991). Considering the implications of individual' psychological reactions to infertility, it is important to acknowledge that infertility may result in marital discord (Hendrick & Hendrick, 1992).

The results are analyzed on the basis of the assumptions that infertile couples have significantly discord in their marital relations than fertile couples. The hypothesis that there would be higher marital discord associated with infertility has been supported (see Table 1). This suggests that infertile couples have higher tendency to be discordant with marriages than fertile couples. This finding is quite logical consistent with the findings of study conducted by Blascovich and Tomaka in 1991 to measure psychosocial effects of infertility. They analyzed that infertile persons report marital discord less contentment, lower levels of marital and sexual satisfaction, and lower self-esteem over time.

The study hypothesized that women will have high marital discord as compared to infertile males. This hypothesis has been supported through this study (Table 2). The results are in line with previous researches. As Glover, Hunter, and Richards (1999) argued, female members of couples express less marital and sexual satisfaction than their husbands. Primarily, women reaction to infertility is usually adverse. Research suggests that women feel depressed irrespective of the fact that their spouse takes the news as negatively or not (Greil, 1997). The finding is also in accordance with the findings of Wright, Bissonnette, and Duchesne (1991) who pointed out that women may put everything else in their lives on hold, putting all their energy, and time in getting pregnant. They may delay making changes in everything from their careers to their current housing situation, which make them disturb in marital relations and they experience marital discord. In any society a women's childbearing ability is often closely linked to her status as a woman, so that when a woman is infertile she may feel nonfeminine. Inability of childbearing, many women have the fear of their separation from their partners. Fear of losing attraction and self-worthy make them more depressed (Burns & Covington, 1999).

Marital discord can be conceptualized simply as a stressor in the home environment to which infertile couples are exposed. Two types of family systems were studied. Significant differences were found. It was assumed that due to a lot of responsibilities in a joint family system and expectations from other family members, infertile couples feel under pressure and stressed all the time that may lead to high degree of marital discord. When these results are conceived in the

cultural context of Pakistani family system, it seems that other elderly members present in the family (such as grandparents etc.), may put pressure on infertile couples. The elder members of family urge for grandchildren. Male or female may feel uncomfortable by the comments and inquiries from in-laws (Woods, 1991). Another objective was to see differences about the area to which infertile sample belong. It was assumed that infertile couples would have significant differences with respect to location of residence. The data were analyzed by dividing infertile couples into two groups; the infertile couples living in rural area and urban area. It is our general observation that infertile couples from rural area may be psychologically more disadvantaged due to the problem of infertility as compared to infertile couples from urban area. Findings of the study also confirmed that the infertile couples of rural area report more marital discord than that of urban areas.

Similarly it was assumed that differences in ages of the couples will have impact on the marital satisfaction of the couples. It was observed that aging will be negatively related to the consequences of infertility. It means that infertile couples with different age levels will demonstrate the different levels of marital discord. The findings are inconsistent with our observations. Contrary to our observations, findings proposed that factor of age are not associated with varying degrees of marital discord (see Table 3). Similarly income level and language did not have any differential impact on levels of marital satisfaction. This indicates that different psychological aspects of infertile couples were not contingent upon the income of infertile couples. Infertility has great consequences to the social, emotional, physical, and economic well-being for many couples but the findings suggested that the role of income level was not significant for infertile couples facing varying degrees of marital and sexual satisfaction. It seems to be important to give attention to enduring and significant aspect of our society that may flourish with reference to these results. Most evident in this regard is language. The data were further analyzed to see the impact of language on marital discord resulted due to infertility in couples. The analysis showed the no vital role of language in terms of increase in marital discord.

Analysis was performed to see whether the infertile couples belonging to different educational levels slightly differ in their marital discord. Results of One-way Analysis of Variance for scores of infertile showed significant differences among the six groups of different educational level. The findings of the present research supported the observations which implied that different groups of respondents showed different degree of marital discord. Specifically,

those having below matriculation education were found more likely to have marital discord than any other group.

The results of present study indicated that both groups of sample have significant differences in experiencing marital discord. It suggested that the male-factor infertility is more distressing for couples as compared to the female-factor infertility for couples. The results are in tune with previous study by Guerra, Llobera, Veiga, and Barri (1998), who reported that diagnosis of male factor infertility would be a terrible shock for any man and woman who would feel ashamed to face his or her parents and ancestors. This may lead to a deep sense of guilt and self-blame. The findings also supported the assumption which implies that partners identified with cause are more likely to have marital discord than other partners who are with no cause of infertility.

Conclusion

On the basis of the findings obtained in the study it is concluded that Infertile couples tend to demonstrate higher degrees of marital discord as compared to fertile couples. Infertile women tend to have more marital discord as compared to infertile men. It was also found that age, income, and language of subjects has no effect on their marital discord. Infertile people residing in extended family systems, of rural area, and with below matriculation qualifications have higher marital discord. The study yielded important findings that the partner who is diagnosed with cause of infertility is likely to have marital discord as compared to other partner with no cause of infertility. The findings of this study were also suggestive of this fact that the couples, who have the male-factor infertility, report more marital discord as compared to couples diagnosed with female-factor infertility.

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