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## Marital satisfaction, and coping strategies in fertile and infertile women of Ahvaz

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### Abstract

The current study to aim of was conducted to investigate and comparison marital satisfaction, and coping strategies in fertile and infertile women of Ahvaz. The research design was descriptive of type causal-comparative. 100 infertile women of Jihad Danesgahy infertility center and 100 fertile women of Midwifery offices, and Gynecologists Ahvaz city were selected using purposive-voluntary sampling method and according to inclusion and exclusion criteria, and to responded Marital Satisfaction Scale (MSS), and the Coping Inventory for Stressful Situations (CISS). The data were analyzed using t-test statistical method and SPSS-22 statistical software. The findings showed that there are significant differences between fertile and infertile women in marital satisfaction, and problem-based coping strategy variables ( $p < 0.001$ ), and not in emotion-based and avoidance-based coping strategies. Therefore, infertility reduces marital satisfaction, and infertile women seek to resolve their problem.

**Keywords:** Marital satisfaction, coping strategies, infertility

### Extended Abstract

#### Introduction

Infertility is not just a woman's disease, it is a biological-psychosocial health problem that includes lower quality of life, psychiatric problems, marital conflicts and sexual dissatisfaction. Infertility has different definitions. The Centers for Disease Control and Prevention (2010) define infertility as married women between the ages of 15 and 44 who, after

twelve months of regular sexual intercourse, are not able to have children.. According to the Centers for Disease Control and Prevention (CDCP, 2010), 11.8% of women had this criterion. The consequences are multiple infertility and can have social consequences and personal suffering.

The effects of stress on infertility treatment (Benyamini, Gozlan, & Kokia, 2005; Berg & Wilson, 1991; Eugster & Vingerhoets, 1999) and the negative effects of infertility and treatment on sexual and marital affairs have been investigated by experts (Gerrity, 2010; Meyers, Weinschel, Scharf, Kezur, Diamond, & Rait, 1995; Peterson, Newton, & Feingold, 2003). Couples are more anxious about pregnancy, and sexual dysfunctional (Ravel, Slade, Buck, & Lieberman, 1987) increase in infertile couples, especially when they are under pressure for medical treatment. Infertility is the lack of emotions, such as denying motherhood as a transitional tradition, losing the predictability of life and the imagination they already have, lack of control over their personal lives, doubts about femininity, change and sometimes it loses friendship and loses its religious environment as a social system in infertile people (Rosner, 2012). Hence, infertility is a stressful process for women and causes anxiety, depression, and thus low adaptation. Intimacy is an important source of happiness, sense of meaning and marital satisfaction in life (Pielage, Luteinjin, & Arrindell, 2005). One study shows that sexual satisfaction is one of the most important factors associated with marital satisfaction (Litzinger & Gordon, 2005). Odek, Masinde, and Egesah (2014) found that infertile couples suffered socially and psychologically from infertility and socially believed that infertility threatened marital stability. Also, various studies have shown that infertile women experience less marital satisfaction than fertile women (Ganth, Thiyagarajan, & Nigesh, 2013; Masoumi, Garousian, Khani, Oliaei, & Shayan, 2015; Lee, Sun, & Chao, 2001).

Caraca & Unsal (2015) showed that infertile women use spirituality ways to cope with stress and avoid society as coping strategies. Pedro (2015) found that infertile women use of coping strategies such as social abandonment and isolating themselves from social events, avoid of pregnant women and women with children, and engaging in avoidance strategies, both psychologically and at the physical level;

Ramamourdi, Kawida, Poanjarj, and Rajarajeswari (2016) showed that infertile women used coping strategies and social support to deal with a high level of anxiety, feelings of guilt, pessimism and suicidal tendencies. Aflakseir and Zarei (2013) suggested that women with infertility use more than passive-avoidance coping strategy, and women who use more active-avoidance coping strategies, have less infertility stress. Fertility is especially important for women in terms of culture and society, and if they have problems in this regard, the satisfaction and quality of their marital life

will change. Also, marital relationships will be strengthened if couples share the infertility stress among themselves and focus on the issue and issue. Hence, infertility and its consequences for families are important. Based on what was said, two hypotheses were stated: 1- marital satisfaction is higher among fertile women more than infertile women, and 2- the use of coping strategies among fertile and infertile women is different.

### **Method**

The research design was descriptive of type causal-comparative. The population of this study included all infertile women referring to the infertile women of Jihad Danesgahy infertility center and Women referring to Midwifery and Gynecologists offices of Ahwaz. 100 infertile women of Jihad Danesgahy infertility center and 100 fertile women of Midwifery offices, and Gynecologists Ahwaz city were selected using purposive-voluntary sampling method and according to inclusion and exclusion criteria.

### **Instruments**

**Marital Satisfaction Scale.** The short-form scale of marital satisfaction by Mehrabyan (2005) has been developed to assess and identify potentially problematic and identify of fields the strengths and potentials of marital satisfaction, and has 13 items. The method of grading it as Likert is graded in a 5-option range (1 = strongly disagree to 5 = strongly agree) (Rajabi, 2010). Satisfactory reliability, convergent validity, and exploratory factor analysis of this instrument have been investigated in various researches (Rajabi, 2010; Mehrabyan, 2005). In this study, Cronbach's alpha reliability coefficient had was satisfactory this scale and its convergent validity with Marital Satisfaction Questionnaire-5 (Rajabi, unpublished) was significant ( $p < 0.001$ ).

**The Coping Inventory for stressful situations (CISS-21).** This scale has been developed by Colezbick, Rijeken, Van Berg Henningen, and Dekke (2002) based on the Endler and Parker Stressors situation Questionnaire (1990), and includes 21 items and three coping styles, task-oriented coping, emotion-oriented coping, and avoidance-oriented coping. The items of this inventory are arranged in a Likert spectrum of 5 rank (from 1 = never to 5 = very large). Calsbake et al., (2006) and Boysan (Boysan, 2012) Cronbach alpha, test-retest reliability coefficients, factor analysis, and divergent validity of this instrument have confirmed. In this research, Cronbach's alpha coefficients were satisfactory for task-oriented coping, emotion-oriented coping, and avoidance-oriented, and convergent validity coefficients of the

three coping styles with a Mental Health Questionnaire-5 (Rajabi, unpublished) were significant ( $P < 0.05$ ).

### **Trend of research**

The method of responding to measuring instruments, the purpose of research and its application in this particular group, observance of ethical standards, informed consent of the participants were provided.

### **Data analysis method**

To test two research hypotheses of independent group's t-test was used by statistical package for social sciences (SPSS-22).

### **Findings**

As seen in Table 1, there is significant difference a between fertile and infertile women in marital satisfaction [ $t = 2.67, p < 0.008$ ] and task-oriented coping styles [ $t = 34.44, P < 0.001$ ] variables. That is the mean of fertility women's scores compared to the mean scores of infertile women in marital satisfaction is higher (52.31 versus 48.89) and in the task-oriented coping style of the mean scores of infertile women compared to fertile women are higher-based (26.60 versus 22.60), but there is no difference between the two groups of fertile and infertile women in emotional-based coping styles ( $t = 1.79$ ) and avoidance ( $t = 1.58$ ).

### **Discussion**

Findings showed that marital satisfaction in married women is more than infertile women. It can be stated that infertility is a crisis with physical, psychological and social dimensions. In couples who want a child, infertility is stressful and has severe effects on couples' relationships, leading to increased marital conflicts and, consequently, reduced marital satisfaction (Schmidt, Christensen, & Holstein, 2005). Marital satisfaction of infertile women is reduced due to the nature of the disease, long and hard treatment, and also unpredictable treatment outcomes. On the other hand, many examines are performed during the treatment of infertility, which increases stress in infertile women and affects their marital satisfaction (Peterson, 2000). Also, infertility with time and age increase not only does not lead to effective adaptation to infertility problems, but also gradually reduces marital satisfaction and leads to depression and hopeless in infertile women, this feeling of hopeless and depression has a significant and negative effect on the marital satisfaction of infertile women and has a prominent role in their past and present satisfaction and their satisfaction in the future. Therefore, infertile women consider themselves most responsible for the problem of infertility, and the feeling of guilt caused by this thinking also affects their satisfaction.

Other findings also showed that the use of task-oriented coping strategies is different s between fertile and infertile women, and this strategy is more widely used between infertile women than fertile women, while in use of strategies there was not observe difference between emotion- oriented coping and avoidance-oriented coping among fertile and infertile women. In explaining this finding, it can be suggested that since infertile people tend to seek to solve and manage their problem rather than simply reducing the emotional distress caused by it, they are more likely to be pushed to use the problem (as it is for solving the problem of infertility is for treatment and goes to infertility centers. Avoiding or escaping from facts such as infertility, which directly affects all aspects of their lives, and the inability to deal logically and efficiently with the problem, is not the right solution to deal with such problems. If using avoidance-oriented and emotion-oriented coping strategies by infertile women, a strategy denying stressors situations is used, that is, people abandon of the problem and deny it, which is It makes them not only fail to solve their problems, but also their problems, which affects their satisfaction with life. The positive relationship between the infertile spouse's family context and the positive expression degree about of the infertile woman can be helpful in solving this problem. Also, follow-up of the treatment stages by the husband and wife is an important step in the task-oriented of being the problem and removing it.

This research was conducted on a limited group of the infertile women of Jihad Danesgahy infertility center and women referring to Midwifery and Gynecologists offices of Ahwaz, and in generalizing the results of this study to similar samples in other reigns should be take the necessary precautions. Sample of this study was conducted on only one of the couples; it is suggested that in the next research, both the infertile couples should be examined. Another suggestion is to use a qualitative method such as phenomenology to collect psychological information or experience lived in this particular group.

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