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CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research Vol. 9, Issue, 5(F), pp. 26854-26858, May, 2018

International Journal of Recent Scientific

Research

DOI: 10.24327/IJRSR

Research Article

ASSESSING PERCEIVED SOCIAL SUPPORT AND MARITAL SATISFACTION AMONG FERTILE AND INFERTILE WOMEN

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DOI: http://dx.doi.org/10.24327/ijrsr.2018.0905.2138

ARTICLE INFO

Article History:

Received 10th February, 2018 Received in revised form 6th March, 2018 Accepted 24th April, 2018 Published online 28th May, 2018

Key Words:

Perceived social support, marital satisfaction and infertility.

ABSTRACT

The act of bearing the children is one of the most important factors that make marriages satisfactory and successful. However, some women are unable to bear a child either due to the inability to become pregnant or the inability to give a live birth. This becomes a turning point, which lead to various psychological consequences which can be social, psychological or existential in nature. This study was undertaken to examine perceived social support and marital satisfaction among fertile and infertile women (primary and secondary infertile). A sample of 177 females from various hospitals of district Srinagar of Kashmir Valley was taken for this study. Out of 177 women, 55 females were fertile, 55 females had primary infertility and 67 had secondary infertility. The tools used in the study were Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet, Dahlem, Zimet & Farley (1988) and Couple Satisfaction Index (CSI) by Funk and Rogge (2007). Results revealed significant difference between fertile, primary and secondary infertile women on perceived family social support, perceived significant other social support and marital satisfaction. Moreover, post hoc tests detailed and pointed the exact difference between the fertile, primary and secondary infertile couples. Among fertile women significant correlation was found between couple satisfaction and significant other dimension of perceived social support.

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INTRODUCTION

Infertility is inability to achieve live birth after one year of unprotected intercourse (Zegers-Hochschild *et al.*, 2009). However in case of age more than 35 years, the time period changes to the six months of unprotected intercourse on the basis of primary prevention (ASRM, 2012). Infertility is of two types' primary and secondary (Jalil & Muazam, 2013). Primary Infertility is being unable to become pregnant or give a live birth and secondary infertility is being unable to became pregnant or give a live birth after a previous successful birth (WHO, 2016).

A growing body of ethnographic work shows that infertility has serious psychological and especially social consequences in the developing world, which appear to be related to strong socio-cultural norms prescribing childbearing (Dyer, Abrahams, Hoffman, & van der Spuy, 2002). Some studies suggest that infertility is associated with elevated distress (particularly in women) whether or not treatment is sought (King, 2003). There are also some adjustment difficulties in individuals and couples (Ramos, 2011). In addition to it, it is a disturbing life event,

with diverse implications at the personal, relational and social level.

Perceived social support is the perception or experience that social support is available, if someone liked to reach the support of another person (Sarason *et al.*, 1983). It is also known as belief that helps would be available if needed (Kaniasty, 2005). It represents the cognitive component of social support (Coventry, 2004). Perceived social support has emerged as a significant mediator in the relationship between marital status and psychological wellbeing (Soulsby & Bennet, 2015). It is fundamental to one's physical and psychological wellbeing (Berkman, Glass, Brissette & Seeman 2000; Bolger and Amarel, 2007). It can be a critical component of how a woman adjusts to the unexpected stress of infertility, especially since most women disclose their infertility to others, and in women its higher proportions than men (Schmidt *et al.*, 2005; Peterson *et al.*, 2006; Slade *et al.*, 2007).

Marital Satisfaction is the total evaluation of relationship between couples, which is not spontaneous and seeks effort, starts with instability and then stability (Ahmadi *et al.*, 2010).

The ideal of marital satisfaction is so strong that many spouses deceive themselves about the extent to which their marriage meets their particular criterion for satisfaction (Fowers, 1998). These illusions seem to help spouses to believe that their marriage approaches the ideals to which they aspire (Fowers, 1998). It may become the greatest obsession in the lives of couple, sometimes provoking decline in marital satisfaction and family estrangement (Silva, 2011).

A marriage of good quality and subsequent martial satisfaction may indicate that the individual in question has a strong marriage (Kirby, 2005). In addition, a high level of marital satisfaction and spousal attachment are considered important indicators of long-term relationships (DeMoss, 2004). It is considered an important variable that affect the general wellbeing of individuals (Larson & Holman, 1994). The research on marital satisfaction in the context of infertility ascertains the impact this issue has on the quality of a marriage. However, the divergence of results in the literature has led to two opposing perspectives on this issue. On the one hand infertility is perceived as an experience that provides an opportunity for the couple to grow (Shapiro, 1982 cited by Gomes, 2009), in that it acts as a challenge that increases the union between the couple and creates new lines of communication and problem solving (Callan, 1987 cited by Ramos, 2011). On the other hand, infertility is a turning point, from which the various features of the marital relationship can become depleted with issues emerging that had never been approached by the couple until that moment (Andrews et al., 1991; Greil, 1997 cited by Ramos, 2011).

METHOD

Sample of the study comprised of 177 married women from Kashmir division of Jammu & Kashmir state. Out of which 55 were fertile, 55 were primary infertile and 67 were secondary infertile. The average age of the fertile group was 31.05 years, of the primary group 31.58 years and of the secondary group was 34.36. Further details about the sample are below:

Demographic Variables	Range	Frequency	Percentage
Fertility Status	Fertile	55	31.07
	Primary Infertile	55	31.07
	Secondary Infertile	67	37.85
Age	20-30	55	31.07
_	30-40	101	57.06
	40-50	25	14.12
Domicile	Rural	110	62.14
	Urban	67	37.85
Family Status	Nuclear	127	71.75
•	Joint	47	28.24

Tools Used

Multidimensional Scale of Perceived Social Support (MSPSS)

Zimet, Dahlem, Zimet & Farley (1988), developed MSPSS. It consists of 12 items, rated on a 7-point Likert scale ranging from "Very Strongly Disagree" to "Very Strongly Agree". These 12 items assess support from three sources "Friends", "Family" and "Significant Other". There is enough empirical evidence indicating the sound psychometric properties of MSPSS. Coefficient alpha for this scale was found to range from .81 to.90 for Family sub-scale, from .90 to .94 for the Friends sub-scale, from .83 to .98 for Significant other sub-

scale and .84 to .92 for the scale as a whole (Zimet, Powell, Farley, Werkman & Berkoff, 1990). In another study on Kashmiri women, the reliability of this scale was found to be 0.80 (Nisa, & Rizvi, 2016). In this study, the reliability of tool ascertained to be 0.90.

Couple Satisfaction Index (CSI)

A 32 item scale developed by Funk and Rogge (2007) namely Couple Satisfaction Index (CSI) was used to measure satisfaction index. This tool is believed to be more precise, more accurate and able to provide greater amounts of information as compared to other existing measures of marital satisfaction (Funk and Rogge, 2007). Reliability of the scale in this study was found to be 0.97.

Analysis

The data collected from the respondents was analysed using Statistical Package for Social Sciences 16 (SPSS). ANOVA, Post Hoc test and correlation methods were deployed.

RESULTS

Table 1 showing ANOVA summary of perceived family social support

Family	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	434.777	2	217.389	3.954	.021
Within Groups	9402.648	171	54.986		
Total	9837.425	173			

Table 1 presents an overview of F Value of perceived family social support among fertile, primary and secondary infertile women. As indicated in the table F value (F=3.954) of family dimension was found to be significant at 0.05 level of significance. This indicates that women differ significantly in experiencing perceived family social support as far as their fertility status is concerned. On applying Post Hoc Test below given groups were identified to differ significantly in experiencing perceived family social support.

Table 1.1 Tukey's test

Group (I)	Group (J)	Mean Difference	Standard Error	Sig.
Fertile	Primary	3.10	1.41404	.074
	Secondary	3.59	1.36342	.025
Primary	Fertile	-3.10	1.41404	.074
	Secondary	.48	1.36342	.932
Secondary	Fertile	-3.59	1.36342	.025
	Primary	48	1.36342	.932

Table 1.1 indicates that there is a significant difference between fertile women and women with secondary infertility and women with primary infertility, when compared on perceived family social support at 0.05 level of significance.

Table 2 showing ANOVA summary for perceived friends' social support

Friends	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	9.570	2	4.785	.070	.932
Within Groups	11663.786	171	68.209		
Total	11673.356	173			

Table 2 presents an overview of F Value of perceived friends' social support among fertile, primary and secondary infertile women. As indicated in the table F value (F=.070) of friends' dimension was found to be insignificant at 0.05 level of significance. This indicates that women do not differ significantly in experiencing perceived friends social support as far as their fertility status is concerned.

Table 3 showing ANOVA summary for perceived significant other social support

Significant Other	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	313.711	2	156.855	4.682	.010
Within Groups	5728.841	171	33.502		
Total	6042.552	173			

Table 3 indicates F Values of perceived significant other social support among fertile, primary infertile women and secondary infertile women. As indicated in the table F value (F=4.682) of significant other dimension was found to be significant at 0.05 level of significance. This indicates that women differ significantly in experiencing perceived significant other social support as far as their fertility status is concerned.

On applying Post Hoc Test below given groups were identified to differ significantly in experiencing perceived significant other social support.

Table 3.1 Tukey's test

Group (I)	Group (J)	Mean Difference	Standard error	Sig.
Fertile	Primary	2.90	1.10375	.025
Fertile	Secondary	.039	1.06423	.999
ъ.	Fertile	-2.90	1.10375	.025
Primary	Secondary	-2.86	1.06423	.021
C 1	Fertile	0397	1.06423	.999
Secondary	Primary	2.869	1.06423	.021

Further, table 3.1 shows that significant difference lies between fertile and women with primary and secondary infertility, women with secondary and primary infertility in experiencing perceived significant other social support, when compared on of perceived significant other social support at 0.05 level of significance.

Table 4 showing ANOVA summary for perceived social support

Perceived Social Support	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	979.714	2	489.85	1.981	.141
Within Groups	42288.40	171	247.30		
Total	43268.11	173			

Table 4 represents F Values of total score of Perceived Social Support among fertile, primary and secondary infertile women. As indicated in the table F value (F=1.981) of total perceived social support was found to be insignificant on 0.05 level of significance. This indicates that women do not differ significantly in experiencing social support as far as their fertility status is concerned.

Table 5 showing ANOVA summary for marital satisfaction

Marital Satisfaction	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	21710.313	2	10855.157	9.104	.000
Within Groups	203883.945	171	1192.304		
Total	225594.259	173			

Table 4.7 shows an overview of F Values of total score of marital satisfaction among fertile, primary and secondary infertile women. As indicated in the table F value (9.104) of marital satisfaction was found to be significant on 0.05, level of significance. This indicates that women differ significantly in experiencing marital satisfaction as far as their fertility status is concerned. On applying post hoc test below given groups were identified to differ significantly in experiencing marital satisfaction.

Table 5.1 Tukey's test

Group (I)	Group (J)	Mean Difference	Standard Error	Sig.
Fertile	Primary	28.01	6.58457	.000
reittie	Secondary	15.74	6.34886	.037
Drimorri	Fertile	-28.01	6.58457	.000
Primary	Secondary	-12.27	6.34886	.133
Secondary	Fertile	-15.74	6.34886	.037
Secondary	Primary	12.27	6.34886	.133

As shown in Table 5.1 that there exists a significant difference between fertile women and women with primary infertility when compared on marital satisfaction at 0.05 level of significance.

Table 6 showing correlation summary for all variables and their dimensions

Group	Variables	Family	Friends	Significant Other	Perceived Social Support
Fertile	MS	.118	135	.606**	.185
Primary	MS	.512**	.122	.840**	.638**
Secondary	MS	.342**	.333**	.854**	.626**

*Correlation is significant at 0.01 levels, **Correlation is significant at 0.05levels

Table 6 shows the correlation between various variables in fertile women, women with primary infertility, and women with secondary infertility. Among fertile women significant correlation was found between couple satisfaction and significant other dimension of perceived social support.

Among women with primary infertility significant positive correlation was found between marital satisfaction and family dimension of perceived social support and marital satisfaction and significant other dimension of perceived social support. Significant positive correlation was found between marital satisfaction index and total perceived social support.

Among women with secondary infertility highly significant positive correlation was found between couple satisfaction and perceived social support and its dimensions viz., family, friends, significant other.

DISCUSSION

Studies conducted by Berkman *et al.*, 2000; Bolger and Amarel, 2007 suggest that social support being fundamental to one's physical and psychological wellbeing, can be a critical component of how a woman adjusts to the unexpected stress of infertility, especially since most women disclose their infertility to others, and in higher proportions than men (Schmidt *et al.*, 2005; Peterson *et al.*, 2006; Slade *et al.*, 2007). The analysis revealed that F Value (F=3.954) on Perceived Family Social Support across fertile women, women with primary infertility and women with secondary infertility was found to be significant on 0.05 level of significance. This indicates that

women differ significantly in experiencing perceived family social support as far as their fertility status is concerned. Further, on applying Post Hoc Test significant difference was found between fertile women and women with secondary infertility at 0.05 level of significance, when compared on perceived family social support.

F Values (F=.070) of Perceived Friends Social Support among fertile women, women with primary infertility and women with secondary infertility was found to be insignificant on 0.05 level of significance. This indicates that women do not differ significantly in experiencing friends' social support as far as their fertility status is concerned. Also, as indicated in the table 4.5, F value (4.682) of significant other dimension was found to be insignificant at 0.05 level of significance. This indicates that women do not differ significantly in experiencing perceived significant other social support as far as their fertility status is concerned. Significant difference lies between fertile women and women with primary and secondary infertility, and fertile women and women with secondary and primary infertility in experiencing perceived significant other social support, when compared on of perceived significant social support at 0.05 level of significance.

F value (F=9.104) of marital satisfaction was found to be significant at 0.05 level of significance. This indicates that women differ significantly in experiencing marital satisfaction as far as their fertility status is concerned. Post Hoc Test revealed reveals that there is a significant difference between primary and secondary fertile women and women with infertility, when compared on marital satisfaction at 0.05, level of significance. Thus, all the three groups differ in experiencing marital satisfaction. Reasons might be disputes between the many of such studies reported communication problems and disagreements over medical treatment, lack of empathy, and differential investment in the infertility treatment process among majority of the couples (Andrews et al., 1991; Berg and Wilson, 1991). A research shows that couples are mostly unsatisfied with themselves and their marriage (Link and Darling, 1986). Another study shows that infertility does not only cause important psycho-cognitive changes in the subjects but also produces deep effects on marital and sexual relationships and it may have a profound impact on marital stability (Hosseinzadeh & Bazargani, 2003). An important research best explains our results by asserting that marital dissatisfaction is more common among females than males, which may be due to the fact that women are more interested in having children than men (Gardi, 2014). Couples experienced a stable marital adjustment in the pursuing treatment in year 1 and year 2, but deteriorated after the third year (Berg et al. 1991). Thus time also has effect on the quality of satisfaction among the couples facing infertility.

Correlation studies showed that increase in social support from significant other leads increase in marital satisfaction among fertile, women with primary and secondary infertility. However, women with primary infertility show positive correlation with marital satisfaction and perceived family social support, and between marital satisfaction and total perceived social support. Also women with secondary infertility show correlation across all the variables.

Implications of research in infertility helps in understanding coping and overcoming the barriers to facilitate the treatment (Podolska & Bidzan, 2010). It also makes us capable to understand the psyche of an infertile woman facing resulting consequences like marital dissatisfaction, depression, stress etc. Not only this, to assist in their problems and make them adapt to this trauma, counseling programs made in the light of this research and other related researches would be help them and would be reward to our work. Limitations of this study include the non-homogeneity across the three groups of sample and failure to explain reasons behind the infertility of the affected. Similarly, the significant differences found across the three groups are partial in nature.

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How to cite this article:

Amir Sultan *et al.*2018, Assessing Perceived Social Support and Marital Satisfaction Among Fertile and Infertile Women. *Int J Recent Sci Res.* 9(5), pp. 26854-26858. DOI: http://dx.doi.org/10.24327/ijrsr.2018.0905.2138
