

MARITAL ADJUSTMENT, COPING STRATEGIES, AND PSYCHOLOGICAL DISTRESS IN WOMEN WITH INFERTILITY

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Abstract

Aims. The purpose of the present study was to explore the relationship between marital adjustment, coping strategies, social support and psychological distress among infertile women. **Method.** The data was taken from 150 infertile women from both government and private hospitals. Purposive sampling technique was used to recruit the sample. Psychological distress scale (Kessler, 2002) was used to measure the psychological distress in women with infertility. Moreover, marital adjustment scale was used to assess the level of marital adjustment. **Result.** Result revealed Significant Negative association between Marital Adjustment, Coping Strategies, Social Support and psychological distress. Furthermore, results showed significant prediction between Marital Adjustment, Coping Strategies, Social Support and Psychological Distress. **Conclusion.** Moreover, Results revealed higher level of coping strategies reduce the level of psychological distress and improved marital adjustment.

Keywords: Marital Adjustment, Coping Strategies, Social Support, Psychological Distress.

1. Introduction

The purpose of the present study was to explore the relationship between marital adjustment, coping strategies, social support, and psychological distress among infertile women. Infertility is a disease of the reproductive system represent as the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility is a life crisis that includes a series of cultural, emotional, social, and psychological responses. Infertile the women are not able to become pregnant in one year without any protection of sexual intercourse. Unproductiveness could affect both partner and their relationships (Daley, 1999).

The desire for their child is a natural phenomenon for paternal feelings and behavior. The stigma of infertility for a woman is the cause of socially isolated and neglected. Childless life of both male and female disturbed their normal aspects of behavior (Eisner, 1963). While, in present research aims to discourse around women who are infertile and has problems at a personal level, such as self-realization, self-actualization, self-respect, confidence, sharing, and communication. It is a very disturbing situation for both women and men they suffer from low confidence and nervousness. An early explanation of infertility, represent a form of the medical and psychoanalytical model, that was the causes of infertility but they ignore of psychosocial aspects of developing infertility. Researches proved that our thinking, culture pressure, the behavior of others are the responsibility of infertility stress and reproductively challenged (Covington, 1999).

Psychological distress is problems with sleep, feeling sad, feeling hopeless about the future, feeling emotionally, uninterested or losing interest in things, and thoughts of suicide (Byrne, 1997). Psychological distress as the emotional condition that one feels when it is necessary to cope with upsetting, frustrating, and harmful situations (Lerutla, 2000). Psychological distress is a general term that is used to describe unpleasant feelings or emotions that impact your level of functioning. (Ridner, 2000). Psychological distress is a general term that is used to describe unpleasant feelings or emotions that impact your level of functioning. (Stamatakis, 2012).

Coping is mindful energy to reduce stress. Coping strategies mention to the specific efforts, both behavioral and psychological, that people tolerate, reduce, or minimize stressful events. Coping is part of health and comfort that includes healthy environments, reactive parenting, and sense of

fitting, healthy activities, coping, and flexibility. Individuals with infertility problems experience psychosocial problems and used various coping strategies then it appears to have different effects on depression among women with infertility (Cope, 1998).

Social support is verbal and nonverbal communications between receivers and delivers that decreases doubt about the circumstances, the personality, others, and the relations. The women who have great social support can deal with infertility problems very easily. The women who are open with her friends, by talking and expressing her feelings and sharing her thoughts is the best way to cope with complex problems. It helps to reduce stress, depression, fatigue, and other negative thoughts that occur during this time period. Individuals with fertility problems experience psychosocial problems. If she used various coping strategies then it seems to have different effects on women with infertility depression (Zimit, 2000).

Marital adjustment is the procedure of adjusting, acclimatizing specific, and couples' pattern of behavior and communication to attain determined gratification in the connection. It's a wide term for learning since the idea is supposed to be carefully connected to the constancy of an assumed wedding. Stable marriage considers for a long-term relationship between partner and poor adjusted have short time once the end in divorce. Researchers have an interest in finding out the key aspects for a happy married life. Literature supported that the same interest of a partner. Caring. Trust. Faith, sharing, love, trust, compromise, well adjust, great social support, comfortable environment, good finance, and security is the key concepts of happy married (Locke & Wallace, 1959).

2. Method

2.1 Research Design

Correlational research design used in present study. This design helps the researcher to study how the variables are associated for completing the research purpose (Leavitt, 1991). The aim of the present study was to explore the relationship between marital adjustment, coping strategies, social support and psychological distress among infertile women. Therefore, the research design of the current research was correlational research design.

2.2 Sample

The target population of the research included infertile women in Lahore, Pakistan.

2.3 Sample Size and Sampling Strategy

Purposive sampling technique was utilized to recruit sample. The sample of current research was 150 infertile women. This was done by researcher on the basis of G-Power analysis.

2.4 Assessment Measures

Research instruments utilized in the current study are:

2.4.1 Demographic Questionnaire.

Demographic sheet was established by the investigator to gather demographic data about the members. The detail comprised material about, age, gender, qualification, and financial wealth of family, residence, socioeconomic status, marital status and family background etc.

2.4.2 Psychological Distress Scale

Psychological distress scale developed by Kessler (2000). This scale has 10 items questionnaire. Each item has 5 points Likert scale. It is a self-reported measure scale. The numbers attached to the patients 10 responses are added up and the total score is the score on the Kessler Psychological Distress Scale (K10). Scores have ranged from 10 to 50. A score under 10 are likely to be well, score 10-14 are likely to have a mild mental disorder, and score 15-19 are likely to have a moderate mental disorder, score 20 and over are likely to have severe distress. This scale has high reliability .91. The present study found reliability of psychological distress was ($\alpha=.97$).

2.4.2 Brief Cope Scale

It's a short version of cope scale developed by (Carver, 1997) It was used to assess the different ways in which people respond to stress. The Brief COPE consisted of 28 items. This scale has .90 reliability. Each item has 4 points Likert scale that ranges from 1 to 4. The responses are then summed up for assessing coping scores. The present study found reliability of coping strategies was ($\alpha=.95$).

2.4.2 Multidimensional Scale of Perceived Social Support

Multidimensional Scale of Perceived Social Support developed by (Zimet & Farley1988) this scale translated by Tahira Jibeen. This scale consisted of 12 items and has 7 Likert scales. The process of Scoring is ranging from 1 to 2 which is considered as low support; a score of 3 to 5 could be considered moderate support; a score from 5 to 7 could be considered high support logical responses. The present study found reliability of coping strategies was ($\alpha=.86$).

2.4.2 Marital Adjustment Test

Short marital adjustment and prediction tests used to measure marital adjustment in women with infertility. This scale developed by (Locke & Wallace 1959). This scale has 15 items used for measures marital satisfaction. It was initially used to differentiate well-adjusted couples from distressed. 15 items have a variety of responses on the scale. It has .84 reliability. Each item has an individual score on the scale. The present study found reliability of coping strategies was ($\alpha=.80$).

3. Results

Table 3.1

Pearson Product Moment Correlation Analysis between Demographic Variables and Study Variables (n= 150)

Variables	1	2	3	5	6	7	8	9
1. Participant Age	-	-.03	.85**	.01	.07	.05	.07	-.17*
2. Birth Order	-	-	-.03	.15	.15	-.12	-.16*	.23**
3. Husband Age	-	-	-	-.12	.06	.13	-.00	-.20*
5. Participant Education	-	-	-	-	.21**	-.13	-.13	-.25**
6. Marital Adjustment	-	-	-	-	-	.08	-.28**	-.33**
7. Coping Strategy	-	-	-	-	-	-	.43**	-.50**
8. Social Support	-	-	-	-	-	-	-	-.62**
9. Psychological Distress	-	-	-	-	-	-	-	-

*. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed). Note: M= Mean, SD= Standard Deviation.

Pearson Product Moment Correlation was conducted to determine the relationships between study variables. Correlation was also conducted for other important demographic variables. Results revealed that Marital Adjustment has significant negative relationship with Psychological Distress in Women with Infertility. Coping Strategy has significant negative association with Psychological Distress in Women with Infertility. Social Support has significant negative relationship with Psychological Distress in Women with Infertility. Findings also found that Demographic Variable (Birth Order has significant positive relationship with Psychological Distress. Moreover, Demographic Variables (Participant's Age and education, Husband Age) have significant negative relationship with Psychological Distress in Women with Infertility.

Table 3.4

Hierarchical Regression Analysis Predicting Psychological Distress on Marital Adjustment, Coping Strategies and Social Support and Psychological Distress in Women with Infertility (n=150)

Predictors	Psychological Distress Women with Infertility	
	ΔR^2	β
Step 1	.15***	
Birth Order		.23***
Participant Education		.31***

Husband Education		-.26**
Mother-in-Law Education		.25**
Father-in-Law Education		-.18**
Step 2	.19***	
Marital Adjustment		-.31***
Step 3	.42***	
Coping Strategies		-.52***
Step 4	.53***	
Social Support		-.40***
Total R ²	59%	

Note: *p < .05, **p < .01, ***p < .001.

a. Dependent Variable: Psychological Distress

b. Predictors in the Models: Marital Adjustment, Coping Strategies, Social Support, Psychological Distress.

Results revealed that first model was found highly significant prediction $F(16, 133) = 2.68$ $p < .005$, $R^2 = .24$ and accounted for 24% of variance in psychological distress. Second model was shown highly significant prediction $F(17, 132) = 3.06$ $p < .005$, $R^2 = .28$ and accounted for 28% of variance in psychological distress. Third model was shown highly significant prediction $F(18, 131) = 7.04$ $p < .005$, $R^2 = .49$ and accounted for 49% of variance in psychological distress. Last model was shown highly significant prediction $F(19, 130) = 9.94$ $p < .005$, $R^2 = .59$ and accounted for 59% of variance in psychological distress.

4. Discussion

First hypothesis of the current study was Marital Adjustment and Coping Strategies, social support was likely to correlate negatively with Psychological Distress in women with infertility. Literature supported the outcomes of the current research. Results of the current study showed marital Adjustment, coping Strategies, social support has significant negative relationship with psychological distress in women with infertility. Another research was directed to examine the relationship between marital adjustment, coping strategies and psychological distress among infertile women. Finding revealed marital adjustment and coping strategies significant negatively related with psychological distress among infertile women (Akhter, 2013).

The study was marital adjustment, Coping Strategies and Social Support were likely to predict psychological distress in women with infertility. Results of the present study were showed significant prediction between relationship marital Adjustment, Coping Strategies, Social Support and Psychological Distress in women with infertility. Another study was conducted to assess the prediction between marital Adjustment, Coping Strategies, Social Support and Psychological Distress. Participants completed scales of the variables. Results revealed marital Adjustment, Coping Strategies, Social Support was significantly predicted. Psychological Distress among infertile women. (Gullone, 2013).

The study has a relationship between demographic characteristics and study variable in women with infertility. Findings also found that Demographic Variable (Birth Order has significant positive relationship with Psychological Distress. Moreover, Demographic Variables (Participant's Age and education, Husband Age) have significant negative relationship with psychological distress in Women with Infertility.

Conclusion

The major aim of the current research was evaluated to enhance the better understanding and relationship between study variables in Pakistan. Moreover, to identify the factors which were contributing to Psychological Distress in infertile women. The results of the research wereshowed a negative association between Marital Adjustment, Coping Strategies and Social Support with Psychological Distress. The Results of the present research also revealed significant prediction between variables.

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