



# The relations between marital quality, social support, social acceptance and coping strategies among the infertile Iranian couples<sup>☆</sup>



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## ABSTRACT

**Objective:** Researchers aimed to assess marital quality among the infertile couples undergoing assistive reproductive treatments and their coping strategies, social support and social acceptance.

**Methods:** In a cross-sectional study, 133 infertile couples undergoing assisted reproductive treatments were assessed for marital satisfaction, conflict resolution and marital communication, and coping strategies, using a self-report questionnaire. Also, the level of perceived social support and social acceptance as moderator variables were measured. Data were analyzed using independent *t* test, Pearson correlation coefficient, and linear regressions, after adjusting for age, cause of infertility and the duration of infertility.

**Results:** No significant difference was found in the use of various coping strategies between couples. The correlation for marital satisfaction, marital communication and conflict resolution by using some coping strategy and the level of perceived social acceptance were significantly positive among women. Also, marital relationships had a positive and significant correlation with the level of perceived social support for men. But, unlike women, the couples' scales were significant for the perceived social support. The use of different coping strategies by men and women had a positive correlation with their perceived social support.

**Conclusion:** Coping strategies used by the infertile couples had an important role in different aspects of their married life in search of marital satisfaction, and intermediates by the perceived social acceptance for women and social support for men.

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## Introduction

Infertility is a negative and stressful event in a marriage, involving significant emotions such as grief, disappointment and a sense of failure [1]. Increased marital disputes, probability of domestic violence [2], reduced sexual satisfaction [3], the probability of polygamy in some countries [4], divorce [5], and stress associated with infertility treatment compounded with financial burdens, are couples' responses to infertility on a daily basis.

Marital satisfaction is a genuine feeling of gratification and satisfaction experienced by couples that influence every aspect of

their physical and mental wellbeing [6]. Depression [7] and anxiety [8] are dominant psychosocial responses experienced by infertile couples within a community. In fact, infertility in some societies is tainted as a social stigma within a cultural context. Some of the studies on infertility and sociocultural views show an increased intimacy and interpersonal interaction between the infertile couples [9,10], while other studies report an association between infertility and increased domestic disputes and decreased marital satisfaction [11]. Thus, infertile couples find it necessary to apply various coping strategies to manage their personal and family crisis.

Coping strategies refer to the individual's cognitive ability to control and manage a stressful life event [12]. Several studies have shown that not all coping strategies can equally modify human responses to a crisis event. In fact, the complexity of a crisis varies in different sociocultural environment, making it more difficult to find the most effective coping strategy to manage the situation.

<sup>☆</sup> The study was conducted in Isfahan, Iran.

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Selection of a coping strategy depends on the type of crisis and individual's interactions with the dominant factors within the family and society. Although in some societies infertility is recognized as a medical condition, in other parts of the world it is viewed as a social stigma with profound effects on the couple's lives [13].

The possibility of infertility leading to polygamy is evident in some societies [14] due to the predefined sexual role of a woman [15]. For these couples defensive reaction and coping strategy are compounded by social and family pressures with devastating effects on the marital quality. Thus, to have a better understanding of how infertility can influence coping to preserve a couple's relationship; researchers chose to further explore and evaluate the topic from sociocultural perspectives.

Although Iran is transitioning from a traditional model into modernity, the relationship between young couples and their families remain strong and they continue to withhold traditional values and beliefs. These traditional beliefs have a strong influence on many aspects of marital relationship for infertile couples and their coping strategies. The purpose of this study is to determine how men and women differ in their coping abilities regarding infertility and secondly, to determine if marital quality can be predicted by the coping strategy used to overcome the crisis within a sociocultural context; and also assess the associations between coping strategies, perceived social support and social acceptance (in other words social self-concept) among the couples.

## Materials and methods

In this cross-sectional research study, 134 Iranian infertile couples that were referred to the Fertility and Infertility Center of Isfahan for assisted reproductive treatment (intracytoplasmic sperm injection and in vitro fertilization) were recruited during October 2013 to March 2014. Upon obtaining approval from the ethics committee of Isfahan University of Medical Sciences, researchers applied inclusion criteria to enroll couples with primary infertility, first time using the cycle of assisted reproduction techniques, both couple's gametes being used for fertilizing, no adopted child, and no recent stressful incidences such as death in the family, bankruptcy or diagnosed with a refractory disease.

Sampling method included simple randomization after obtaining a written consent form was signed by each participant. Demographic data included education level, employment and monthly income according to self-report and what was recorded in their medical records. Later, all the couples completed each questionnaire separately and independently.

Variables used in this study were the level of coping strategies, marital quality (including marital satisfaction, marital communication and conflict resolution) and perceived level of social support and social acceptance among the couples. Also duration of infertility, infertility factors (male, female and unknown) and demographic characteristics were assessed as the underlying factors.

The level of coping strategies used was evaluated by a 20-item questionnaire retrieved from two references: (1) Ways of Coping Questionnaire WOCQ with 66-items [16], and (2) a 32-item COPE revised questionnaire [17] to measure the level of self-ruminant, active confronting, goal replacement, avoidance and self-blame strategies on a Likert scale [(1) = rarely and (4) = frequently].

Marital quality including marital satisfaction, marital communication and conflict resolution were assessed using Marital Inventory ENRICH [18]. Self-made questionnaires by researcher measured perceived social support and perceived social acceptance. These questionnaires were prepared based on the content analysis of interviews conducted with five infertile men and women, an expert sociologist and two psychiatrists using a Likert

scale of 1–5. The primary questionnaire for social support had 20 questions and for social acceptance 13 questions. But after consulting with five sociologists and psychiatrists for their opinions, 10 questions were approved for evaluation of social support and 11 questions for social acceptance. For example one of the items for measuring perceived social support asked: Is there someone who makes you feel good about yourself? And answer choices were (1) = never, (2) = rarely, (3) = sometimes, (4) = often, and (5) = always. For social acceptance we focused on: I have a proper role as a man/woman in the society and answers were (1) = very little, (2) = little, (3) = not much not little, (4) = much, and (5) = very much.

The reliability of questionnaires was measured through a pilot study of 20 infertile couples who met the inclusion criteria in two stages within a 2-week interval. Internal reliability with Cronbach's  $\alpha$  correlation for coping strategies questionnaire were 0.79, 0.88, 0.83, 0.89 and 0.87 for self-ruminant, active confronting, goal replacement, avoidance and self-blame strategy. Internal reliability for marital satisfaction was 0.80, and for marital communication 0.88 and for conflict resolution 0.87. Internal reliability of questionnaire for social acceptance was 0.83 after eliminating one question and 0.88 for social support.

The coefficient of repeatability (ICC) for different coping strategies was 0.81–0.83. Also ICC for all marital quality scales was 0.80–0.87, and for social acceptance and social support was 0.083 and 0.88. Data were analyzed using the SPSS 19 version. Paired *t* test was used for comparing the main variables and multiple multi-stage linear regressions were used for statistical analysis. The significance level of *p* value was set at 0.05.

## Results

Of 134 enrolled couples in this research study, one couple was omitted for submitting incomplete questionnaires. Table 1 shows participants' profiles, and Table 2 exhibits the comparison of four variables, namely coping strategies, marital quality scales, perceived social support and perceived social acceptances for each couple to indicate that there were no significant differences between men and women on any measure.

**Table 1**  
Subjects' profiles.

Mean (SD) & number (%)	
<b>Age</b>	
Women	28.64 (5.3)
Men	32.23 (5.5)
Job of women occupied	94 (70.7%)
Job of men occupied	132 (99.2%)
Duration of infertility	3.5 (3.9)
<b>Educational level of women</b>	
Illiterate	5 (3.8%)
Lower than diploma	12 (9%)
Diploma	62 (46.6%)
Post graduate degree	54 (40.6%)
<b>Educational level of men</b>	
Illiterate	8 (6%)
Lower than diploma	21 (15.8%)
Diploma	63 (47.3%)
Post graduate degree	41 (30.9%)
Monthly income (Rial)	12,700,000 (823,000)
<b>Main etiology of infertility</b>	
Male factor	68 (51.1%)
Female factor	55 (41.4%)
Unexplained	10(7.5%)

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