

Marital stability and repartnering: infertility-related stress trajectories of unsuccessful fertility treatment

Mariana V. Martins, Ph.D.,^{a,b} Patrício Costa, Ph.D.,^{a,c,d} Brennan D. Peterson, Ph.D.,^e Maria E. Costa, Ph.D.,^{a,b} and Lone Schmidt, D.M.Sci., Ph.D.^f

^a Faculty of Psychology and Education Sciences, University of Porto, Porto, Portugal; ^b Center for Psychology at University of Porto, Porto, Portugal; ^c Life and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, Braga, Portugal; ^d ICVS/3B's, PT Government Associate Laboratory, Braga, Portugal; ^e Faculty of Psychology, Crean College of Health and Behavioral Sciences, Chapman University, Orange, California; and ^f Department of Public Health, University of Copenhagen, Copenhagen, Denmark

Objective: To compare the trajectories of infertility-related stress between patients who remain in the same relationship and patients who repartner.

Design: Longitudinal cohort study using latent growth modeling.

Setting: Fertility centers.

Patient(s): Childless men and women evaluated before starting a new cycle of fertility treatment and observed for a 5-year period of unsuccessful treatments.

Intervention(s): None.

Main Outcome Measure(s): Marital stability and infertility-related stress.

Result(s): The majority of patients (86%) remained with their initial partner, but 14% of participants separated and repartnered while pursuing fertility treatments. Marital stability significantly predicted the initial status of infertility stress and infertility stress growth levels. Specifically, patients who repartnered had higher infertility stress levels at all time points compared with those who remained in the same relationship, regardless of the partner they were with at assessment. Furthermore, results showed an increasing stress trajectory over time for those who repartnered, compared with those who remained in a stable relationship.

Conclusion(s): Men and women in fertility treatment who form a second union have higher initial levels of stress in their original relationship and higher changes in stress levels over the course of treatments. These findings suggest that high infertility-related stress levels before entering fertility treatment can negatively affect the stability of marital relationships and lead to repartnering. (Fertil Steril® 2014;102:1716–22. ©2014 by American Society for Reproductive Medicine.)

Key Words: Infertility-related stress, marital stability, repartnering

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Divorce and repartnering through remarriage are common in Western countries. For example, in the United States, nearly half of first marriages end in marital breakdown within the first 15 years

(1), and 75% of those who divorce will remarry within in less than four years (2). As it is well established that parenthood is a protective factor against separation or divorce (2, 3), it would be natural to conceptualize infertility as a risk factor to marital stability. However, the available evidence has produced mixed findings (4). Additionally, there are very few studies reporting the prevalence of marital breakdown after a diagnosis of infertility (5–7). Furthermore, to our knowledge, there are no studies focusing on repartnering in infertile individuals.

Infertility has been described as a threat to marital stability in developing

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This study is part of the Copenhagen Multi-Centre Psychosocial Infertility Research Program (COMPI) initiated by Dr. Lone Schmidt, University of Copenhagen, 2000. COMPI is a multicenter program in collaboration between the public fertility clinics at Braedstrup Hospital, Herlev University Hospital, Copenhagen University Hospital, Rigshospitalet, and Odense University Hospital.

Reprint requests: Mariana V. Martins, Ph.D., Faculty of Psychology and Education Sciences, Porto University, R. Alfredo Allen, 4200–135 Porto, Portugal (E-mail: mmartins@fpece.up.pt).

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countries (8, 9). In these nations, a woman's economic and social value is directly tied to her ability to conceive and give birth to children. Because of this, the psychosocial consequences of infertility such as divorce or abandonment of the wife and remarriage are common (10–12), and in some cultures, the concept of voluntary childlessness may not even exist (13). In developed countries, recent studies have showed that infertile couples who seek treatment have strong marital adjustment, and infertility can even strengthen their relationship (4, 14–16). However, there are also recent long-term investigations suggesting the opposite. Shanz et al. (7) found that men and women in fertility treatments maintained their initial levels in life satisfaction but reported a decrease in partner satisfaction 5 years after beginning treatment. Surprisingly, 95% of these individuals remained in the same relationship. In the study by Sundby et al. (17), 56% of women who had started fertility treatment 10 years before had considered divorce, and 17% actually ended the relationship. Wirtberg et al. (18) conducted a qualitative study 20 years after unsuccessful tubal surgery among 14 women, and found that half the sample had separated, with nearly all women associating the marital breakdown with infertility.

Until now, nearly all longitudinal studies considering the psychosocial consequences of infertility have only included individuals who remained in stable relationships, and very few have considered those who ended their unions and repartnered (6, 17, 18). In addition, studies comparing patients who remain in the same marital relationship with those who repartner over the course of treatments are lacking. One of the unintended consequences of any infertility diagnosis is an increased awareness of the relationship between age and declining fertility (19). For couples who repartner and pursue fertility treatments, this issue is particularly salient, and these couples are commonly diagnosed with age-related infertility or preexisting infertility (20). Moreover, because engaging in treatment is likely to occur near the beginning of the new relationship, the stresses of an infertility diagnosis and subsequent treatments may pose a risk to the developing relationship.

Because it is important to better understand the relationship between repartnering and infertility stress in couples undergoing fertility treatments, this study evaluates the association of infertility-related stress with marital breakdown and contrasts the trajectories of patients who remain in stable relationships with the trajectories of those who repartner. We include 5-year posttreatment data and use latent growth modeling (LGM) to [1] identify the overall trend of the trajectory of infertility-related stress over time and [2] examine the possible effect of repartnering on infertility-stress trajectories. This analysis allows us to verify whether those who remain in the same relationship over the course of 5-years respond similarly to those who later repartner as well as to examine and compare the levels of initial infertility stress in both groups before repartnering. Our research offers insight into the relationship between infertility-related stress, marital stability, and repartnering in couples who have undergone unsuccessful fertility treatment over a 5-year period.

MATERIALS AND METHODS

Procedure

This study is part of the Copenhagen Multi-center Psychosocial Infertility (COMPI) Research Program (21, 22), which includes the Infertility Cohort, comprising a consecutive sample of all new couples starting fertility treatment in 2000 at one of five fertility clinics in Denmark. Between January 2000 and August 2001, all couples entering treatment for the first time at one of four large public hospital-based fertility clinics and one private clinic received a sealed, preaddressed, stamped envelope immediately before their first treatment attempt (T1). Two follow-up questionnaires were sent 1 year (T2) and 5 years (T3) after delivery of the T1 questionnaires. Participants who did not wish to participate returned an enclosed nonparticipating form. Two reminders (maximum) at 10-day intervals were sent to those from whom the questionnaires or nonparticipation forms were not received.

The study followed the Declaration of Helsinki principles and was assessed by the scientific ethics committee of Copenhagen and Frederiksberg Municipalities (01-107/99), who approved the study. Approval also was given by the Danish Data Protection Agency (1999-1200-233).

Sample

In total, 2,812 fertility patients received a baseline questionnaire, and 2,250 (80.0%) responded. One year later, 2,206 participants received the 1-year follow-up questionnaire. Of these, 44 were lost to follow-up (38 whose identity was not registered at T1, 4 whose address could not be traced, 1 who had died, and 1 who had suffered a severe brain injury), and 1,934 (87.7%) responded. Five years later, 2,134 participants received the 5-year follow-up questionnaire. Of these, 72 were lost to follow-up (56 whose address could not be traced, and 16 who had died or whose partner had died), and 1,481 (69.4%) responded.

This study was based in a subsample of the COMPI cohort who were childless (no childbirth after treatment, no spontaneous conception, and no adoption) and experienced unsuccessful fertility treatment. In total, 1,401 participants delivered all the questionnaires. We further excluded those participants who [1] already had a child together with their T1 partner or from a previous relationship before inclusion in COMPI ($n = 15$); or [2] had achieved parenthood during the follow-up periods, either with the T1 partner or with a new partner ($n = 1,127$); or [3] left unanswered items of the outcome measure at two time points ($n = 39$). The final sample included 220 participants (135 women and 85 men). Because couples in Denmark are equally likely to be married or to cohabit without formal marriage, we did not distinguish between these two categories in our data analyses.

Measures

The COMPI Fertility Problem Stress Scale measures the amount of stress the fertility problem places on daily life (e.g., "It is very stressful for me to deal with this fertility problem") with 14 self-report items (23). Besides seven questions

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