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A Study to Assess the Impact of Infertility on Marital and Sexual Satisfaction among Infertile Women Visiting Selected Infertility Clinics of City Ludhiana, Punjab

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Abstract

Infertility has been described as a stressor and a life crisis for infertile women, which results in a lower marital and sexual satisfaction. More dissatisfaction is felt by infertile women, and both direct and indirect negative effects on the marriage are brought on by stress connected to infertility and its treatment. Having social support from family, a partner, and friends can help infertile women cope with a variety of stressors in their lives. The purpose of this study is to evaluate how infertility affects infertile women's marital and sexual pleasure. A study was conducted on 80 infertile women visiting selected clinics of city Ludhiana Punjab selected by convenience sampling technique. Marital satisfaction was assessed by using a Modified ENRICH Marital Satisfaction scale and Sexual Satisfaction was assessed by Modified Sexual Satisfaction Scale for Women (SSS-W). An analysis was done by using both descriptive and inferential statistics. The findings of the study revealed that (88.8%) infertile women were satisfied and (11.2%) infertile women were partially satisfied related to marital and sexual relationship, the mean score of marital satisfaction was 69.70 ± 7.299 and the mean score of sexual satisfaction was 80.54 ± 9.195. Also, it was discovered that some sociodemographic factors, such as age, education, and religion, had a statistically significant association with sexual satisfaction at the ($p < 0.05$) level. Significant association of sexual satisfaction among infertile women with maternal profile like number of abortions and failure of treatment were at the ($p < 0.05$) level. Thus, the study concluded that most of infertile women were satisfied related to marital and sexual relationship.

Keywords: Infertility, infertile women, marital satisfaction, sexual satisfaction.

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INTRODUCTION

When a sperm and an egg unite during fertilization, the genes of the mother and father come together to create a new life. The sperm is the victor of a race that had 500 million other opponents at the beginning of its long and arduous journey. The egg, which leaves the ovary and travels down the fallopian tube to meet the sperm, is the prize [1].

People from various cultures place a high importance on fertility, and wanting children is one of the most fundamental human desires. Pregnancy and motherhood are widely stressed in Indian culture as being fundamental requirements of womanhood. Trying to get pregnant can be emotionally distressing if it doesn't work out. As a

result, infertility can be a major stressor that causes couples to become desperate either temporarily or permanently [2].

Infertility refers to the inability of couple to achieve a pregnancy after a year of unprotected, unlimited intercourse, or the inability of a woman to carry a pregnancy to birth. Infertility may be primary, where there has never been a pregnancy, or secondary, where a pregnancy has been achieved before, whether or not it reached full term [3].

In underdeveloped and developing countries, infertility is linked to an act of God due to punishment for sins of the past, the trend of late marriage, and prolonged use of contraceptives, which causes childlessness whereas people in developed countries viewed infertility as caused by biological and other related factors. In addition, there is risk of prolonged an anovulation after use of birth control pills, adnexal infections associated with I.U.C.D, abortions [4], venereal diseases, luteal phase defects, impaired tubal functions and impaired ciliary motility, uterine hypoplasia, fibroid uterus, advanced age beyond 35 years and in males, defective spermatogenesis, obstruction of the efferent duct system, failure to deposit sperms higher in vagina, and errors in the seminal fluid contribute to it. Furthermore, the causes of impaired fertility are sometimes difficult to assign to either the male or female. In general female factor responsible for infertility is 50%, male factor about 35% and unexplained factors account contributes for 15%. [5–8].

The effects of infertility can cause emotional distress in both individuals and marriages, and they may also trigger or exacerbate existing marital issues. Less frequent sex sessions could occur. All of these elements raise the risk of gestational failure, either directly or indirectly. As a result, multidisciplinary teams that counsel and provide care for infertile couples must possess extensive awareness of the key changes that might occur in an intimate, sexual, and marital relationship [9–13].

General Objective

To assess the impact of infertility on marital and sexual satisfaction among infertile women.

Specific Objective

1. To assess the impact of infertility on marital and sexual satisfaction among infertile women.
2. To ascertain the relationship between certain socio demographic characteristics and infertile women's marital and sexual happiness
3. To plan and disseminate an IEC (pamphlets) material for infertile women regarding coping mechanism for marital and sexual satisfaction.

MATERIAL AND METHODS

Research methodology indicates a general pattern for organizing the procedure to collect valid and reliable data for the problem under study. This chapter deals with the methodology adopted for the study to assess the impact of infertility on marital and sexual satisfaction among infertile women visiting selected infertility clinics of city Ludhiana, Punjab.

Target Population

All infertile women who visited DMC & Hospital and Iqbal Nursing Home in Ludhiana, Punjab, were the target population.

Inclusion and Exclusion

Criteria Inclusion Criteria

Infertile women who were:

- having primary and secondary infertility
- able to understand Hindi, Punjabi, or English.
- willing to participate.

Exclusion Criteria

- Infertile women having cognitive disorder.

Tool Consisted of Two Parts

Part 1

a. Sociodemographic profile
b. Maternal profile

Part 2

a. Modified ENRICH Marital Satisfaction scale to assess marital satisfaction.
b. Modified Sexual Satisfaction Scale for Women (SSS-W) to assess Sexual Satisfaction.

Table 1 depicts the distribution of subjects as per sociodemographic variables, which showed that half of the infertile women (47.5%) were in age group of 31 to 40 years, followed by (35%) were in age group of 26 to 30 years, less than one fourth infertile women (15%) were in age group of 20 to 25 years, and only (2.5%) of infertile women were in age group of 41 to 45 years.

Table 1. Distribution of infertile women as per socio demographic profile (N = 80).

Sociodemographic variables	**f (%)**
Age (in years)	
20–25	12 (15.0)
26–30	28 (35.0)
31–40	38 (47.5)
41–45	2 (2.5)
Educational status	
Elementary	12 (15.0)
Secondary	9 (11.2)
Senior secondary	6 (7.5)
Graduate and above	53 (66.2)
Working status	
Working	24 (30)
Teacher	16 (66.6)
Bank employee	8 (33.3)
Non-working	56 (70)
Habitat	
Rural	25 (31.2)
Urban	55 (68.8)
Religion	
Hindu	39 (48.8)
Sikh	39 (48.8)
Christian	2 (2.5)
Type of family	
Nuclear	45 (56.2)
Joint	33 (41.2)
Socioeconomic status of family	
Upper class I	4 (5.0)
Upper middle class II	36 (45.0)
Lower middle class III	33 (41.2)
Upper lower class IV	6 (7.5)
Lower class V	1 (1.2)

Mean age (in years) ± SD = 31.2 ± 4.90

According to the educational status, more than half of the infertile women (66.2%) were qualified up to graduate and above level, followed by elementary (15%), (11.2%) with secondary level of education and 6 (7.5%) having senior secondary level of education.

More than half of infertile women (66.2%) were non-working and (30%) subjects were working. Out of working participants, 16 (66.6%) were teachers, and 8 (33.3) were bank employee.

Most of the infertile women (68.8%) were residing in urban area and rest of them (31.2%) were living in rural area.

Regarding religion, 48.8% infertile women were from Hindu family, 48.8% were from Sikh family, and 2.5% were Christian.

More than half infertile women (56.2%) were living in nuclear family and 41.2% were living in joint family.

As per socioeconomic status (Kuppuswamy's scale 2014), 45% infertile women were from upper middle class, 41.2% were from lower middle class, 7.5 % were from upper lower class, 5% were from upper class, and only 1.2% were from lower class.

Hence, it can be concluded that most of the infertile women belonged to age group of 31 to 40 years, qualified up to graduate and above level, non-working, residing in urban area, and from upper middle-class family.

Table 2 depicts the association of marital satisfaction among infertile women with sociodemographic characteristics age, educational status, occupation, habitat, religion, type of family, socioeconomic status. As of ($p > 0.05$), it was determined that none of the factors were statistically significant.

In relation to sexual satisfaction, it was inferred that age, education, religion, were statistically significant as 0.015, 0.029, and 0.016, respectively. Except the aforementioned factors, the other factors including occupation, habitat, family type, and socioeconomic level were determined to be statistically non-significant ($p > 0.05$).

Table 2. Association of marital and sexual satisfaction among infertile women with sociodemographic characteristics (N = 80).

Variables	**Marital satisfaction**			**Sexual satisfaction**	
	n	***Mean ± SD***	***F/t value p value***	***Mean ± SD***	***F/t value p value***
Age (in years)					
20–25	12	66.25 ± 7.9		74.25 ± 9.8	
26–30	28	70.86 ± 6.6	1.159	80.32 ± 5.5	3.721
31–40	38	69.97 ± 7.5	0.331^{NS}	83.11 ± 10.1	0.015^{*}
41–45	2	69.00 ± 2.8		72.50 ± 10.6	
Educational status					
Elementary	12	66.92 ± 6.9		76.25 ± 12.2	
Secondary	9	68.11 ± 10.2	1.673	77.89 ± 8.9	3.161
Senior secondary	6	74.50 ± 8.0	0.180^{NS}	89.17 ± 5.8	0.029^{*}
Graduate & above	53	70.06 ± 6.6		80.98 ± 8.1	
Occupation					
Working status	24	70.38 ± 6.3	1.907	79.96 ± 8.3	0.473
Non-working	56	69.41 ± 7.7	0.171^{NS}	80.79 ± 9.6	0.494^{NS}
Habitat					
Rural	25	70.28 ± 6.6	0.093	81.28 ± 6.9	1.184
Urban	55	69.44 ± 7.6	0.762^{NS}	80.20 ± 10.0	0.280^{NS}

Religion					
Hindu	39	69.72 ± 6.1	2.566	79.74 ± 9.3	4.340
Sikh	39	70.26 ± 8.1	0.083^{NS}	82.18 ± 8.2	0.016^{*}
Christian	2	58.50 ± 2.1		64.00 ± 9.8	
Type of family					
Nuclear	45	82.51 ± 7.8	1.478	71.29 ± 6.8	3.015
Joint	35	78.00 ± 10.2	0.228^{NS}	67.94 ± 7.5	0.055^{NS}
Socio-economic status					
Upper class I	4	73.25 ± 10.4		87.50 ± 13.2	
Upper middle class II	36	68.72 ± 7.3	1.629	80.08 ± 8.5	1.587
Lower middle class III	33	70.03 ± 6.8	0.176^{NS}	79.45 ± 9.3	0.187^{NS}
Upper lower class IV	6	73.50 ± 5.3		86.17 ± 7.8	
Lower class V	1	57.00 ± 0.0		71.00 ± 0.0	

*Significant ($p < 0.05$); df = 78(for t test)
NS= non-significant ($p > 0.05$); df = 79 (for F test)
Maximum score = 85 Maximum score = 100
Minimum score = 17 Minimum score = 20

DISCUSSION AND CONCLUSION

Findings of the present study revealed that among infertile women, 47.5% belonged to age group of 31 to 40 years, 66.2% infertile women were graduated, and 68.8% were residing in urban area. Maternal profile revealed that, among infertile women, 88.8% infertile women had no child, 67.5% having <3 years duration of treatment, 63.8% had failure of treatment, and 41.2% infertile women received IUI treatment. Marital satisfaction 88.8% infertile women were satisfied and 11.2% infertile women were partially satisfied. The mean score of marital satisfaction was 69.70 ± 7.2, whereas in case of sexual satisfaction.88.6% infertile women were satisfied, whereas 11.2% infertile women were partially satisfied. The mean score of sexual satisfaction was 80.54 ± 9.1.

In marital satisfaction, all the selected variables were found to be statistically non-significant at ($p > 0.05$). The sexual satisfaction among infertile women with a sociodemographic profile, that is, age, was statistically non-significant at ($p < 0.05$), but BMI, socioeconomic duration status, and duration of treatment were statistically non-significant at ($p > 0.05$).

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