MARITAL ADJUSTMENT, MENTAL HEALTH, AND SOCIAL SUPPORT: A COMPARATIVE STUDY OF FERTILE AND INFERTILE WOMEN IN KASHMIR

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Abstract

Infertility, a significant reproductive health issue, affects millions of women globally. This study explores the psychological dimensions of infertility by examining marital adjustment, mental health, and perceived social support among women in the Kashmir Valley. A sample of 120 women 60 fertile and 60 infertile was selected through purposive sampling from various regions of the valley. Data was collected from several hospitals, using established scales: the Marital Adjustment Scale (Pramod Kumar &KanchanaRohatgi, 1976), the Mental Health Inventory (Veit& Ware, 1983), and the Multi-dimensional Scale of Perceived Social Support (Zimet et al., 1988). The results revealed significant differences between infertile and fertile women in terms of mental health and perceived social support, with fertile women reporting higher levels of both. However, marital adjustment did not differ significantly between the two groups. Additionally, a strong positive correlation was found among marital adjustment, mental health, and perceived social support, suggesting interdependent psychological factors in the lives of women, regardless of fertility status.

Keywords: Marital Adjustment, Mental Health, Perceived Social Support, Fertility, Infertility

INTRODUCTION

Parenthood is considered the greatest shift in adult life, and the assumption that a married couple will eventually have children is pervasive in society. Infertility, a serious reproductive health concern, has several physical, psychological, and social aspects. It negatively impacts the couple's interpersonal, social, and sexual lives and can lead to mental instability, separation, and divorce. The World Health Organization (WHO) estimates that 5 million people worldwide, or roughly 10-15% of the population, suffer from infertility (Al-Asadi, 2018)

The term "infertility" describes a woman's inherent inability to aid in conception. The inability to carry a pregnancy to term is sometimes referred to as infertility. Infertility can be classified as primary or secondary, depending on whether a woman has previously been pregnant. According to reproductive endocrinologists, a pair is considered infertile if:

- Following a year of contraceptive-free sexual activity with a female under the age of 34, the pair has not become pregnant (Beigh 2018*).*
- After six months of contraceptive-free sexual activity, the couple has not become pregnant, and the woman is over 35 (Beigh 2018*).*
- Pregnancy cannot be carried to term by the female (Beigh 2018*)*

Numerous factors have been examined in connection with infertility and fertility. This study focuses on three psychological factors: marital adjustment, mental health, and perceived social support.

Marital Adjustment

Marital Adjustment is explored in terms of two people being interdependent, where one person's circumstances affect the other. In a marriage, two people adapt to each other's intellectual, emotional, motor, and sensory abilities (Blevins2011*).* According to role model theory (1957), each partner enters the marriage with certain beliefs, perceptions, and expectations about how they or their spouse should behave (Erdem2014*).* Marital adjustment is a state of accommodation achieved in areas of disagreement. It is characterized by avoiding and settling disputes, a sense of fulfilment with one another, sharing hobbies, and willingness to take on new tasks (Garima2014*).*

Mental Health is defined by the World Health Organization (2014) as a state of well-being where individuals can cope with life's usual demands, work creatively, and contribute to their community (Gibson*)*. Positive mental health includes life satisfaction, happiness, and emotional well-being, while psychological distress involves signs like lack of interest, trouble sleeping, feeling depressed or hopeless, and suicidal thoughts (Graham 2000*)*.

Perceived Social Support refers to the subjective assessment of the support provided during times of need. It represents the cognitive assessment of the sufficiency and accessibility of support (Jamilian 2016). Increased perceived social support has been linked to reduced stress and better mental health. Social support from spouses is considered the most crucial factor in coping with stress and infertility (Maille 2016).

METHOD

The sample consisted of 120 married women from different areas in the Kashmir Valley, 60 of whom were infertile and 60 of whom were fertile. The method of purposive sampling was applied. The information was gathered from several public and private hospitals in the Kashmir Valley. Additional information about the sample is provided below:

Table 1: Sample Details.

Demographic Variables	Range	Frequency	Percentage
Fertility Status	Fertile	60	50
	Infertile	60	50
Districts	Srinagar	30	25
	Baramulla	30	25
	Bandipora	30	25
	Ganderbal	30	25

Tool Used

To collect data from the participants, the following common instruments were used:

Marital Adjustment Scale

The degree of marital adjustment is determined by the Marital Adjustment Scale, which was created by Pramod Kumar and KanchanaRohatgi in 1976. There are 25 questions on the scale with yes/no answers. With the exception of items 4, 10, and 19, where the opposite is true, a "Yes" response receives a score of 1. The marital adjustment score is the total of these values (Cherry). The scale's validity was determined to be 0.71 and its test-retest reliability to be 0.84.(Manju 2016).

The Mental Health Inventory (MHI)

The 38-item Mental Health Inventory (MHI) is a self-report tool that was created by Veit& Ware in 1983. A 6-point rating system is used for all 38 MHI items, with the exception of two (range 1 to 6). Five points are awarded for items 9 and 28 (range 1 to 5). In addition to two global scales—Psychological Distress and Psychological Wellbeing—and a global Mental Health Index score, the MHI can be broken down into six subscales: anxiety, depression, loss of behavioral/emotional control, general positive affect, emotional ties, and life satisfaction. In earlier research, the scale's psychometric examination yielded a Cronbach Alpha of 0.93. (Mousavi 2015).

Multidimensional Scale of Perceived Social Support (MSPSS)

The MSPSS, created by Zimet, Dahlem, Zimet, and Farley in 1988, assesses how well people perceive their three main sources of social support: friends, family, and other significant others (Kazmi 2016). (Who or what the participant considers a significant other is up to their discretion). Twelve items on a seven-point Likert-type scale, with 1 denoting "very strongly disagree" and 7 denoting "very strongly agree," make up this self-report measure. The three subscale

scores as well as the overall score are reported by the scale. The three subscales and overall score have test-retest reliability values between 0.72 and 0.85.

Analysis

The Statistical Package for Social Sciences 16 was used to examine the information gathered from the respondents (SPSS). The t-test, correlation, mean, and standard deviation were used.

RESULTS

Table 2.1: Showing mean difference between fertile and infertile women on marital adjustment

Group	N	Mean	Std. Deviation	t-value
Fertile women	60	19.36	6.12	1.24NS
Infertile women	60	19.07	5.22	

NS= Not Significant

Marital Adjustment t-value

Table 2.1 presents the t-value for marital adjustment among infertile and fertile women in the Kashmir Valley, which was found to be 1.24. This result is statistically insignificant, indicating no significant difference in marital adjustment between infertile and fertile women in the region.

Table 2.2: Showing mean difference between fertile and infertile women on the overall score of mental health

Group	N	Mean	Std. Deviation	t-value
Fertile women	60	26.34	9.32	2.39*
Infertile women	60	24.36	8.29	

Significant at 0.05 level

Mental Health Comparison

The table compares the mental health of fertile and infertile women, showing a t-value of 2.39, which is significant at the 0.05 level. This indicates a significant difference in mental health between the two groups, with fertile women in the Kashmir Valley exhibiting better mental health, as reflected by the higher mean score.

Table 2.3: Showing mean difference between fertile and infertile women on various dimensions of mental health

	Group	N	Mean	Std. Deviation	t-value
Psychological Distress	Fertile women	60	12.42	4.42	2.14**
	Infertile women	60	13.45	4.41	
Psychological Well-being	Fertile women	60	13.92	5.21	2.99*
	Infertile women	60	10.91	5.03	

**Significant at 0.05 level
*Significant at 0.05 level

Mental Health Dimensions Comparison

The table shows a significant mean difference between fertile and infertile women in Kashmir on two mental health dimensions: psychological distress and psychological well-being. Fertile women report higher psychological well-being and lower psychological distress, as indicated by the data.

Table 2.4: Showing mean difference between fertile and infertile women on the overall score of social support

Group	N	Mean	Std. Deviation	t-value
Fertile women	60	63.76	7.96	3.16*
Infertile women	60	58.46	8.64	

*Significant at 0.01 level

The mean difference in perceived social support between infertile and fertile women is displayed in the above table. The table shows that the t-value (3.16), which is significant at the 0.01 level, and the overall amount of perceived social support differ significantly between infertile and fertile women. In contrast to Kashmiri infertile women, the results indicate that the mean favors fertile women, suggesting that fertile women get greater societal support. .

Table 2.5: Showing mean difference between fertile and infertile women on various dimensions of social support

	Group	N	Mean	Std. Deviation	t-value
Family	Fertile women	60	20.40	3.25	3.04*
	Infertile women	60	18.24	3.79	
Friends	Fertile women	60	21.14	4.26	2.16**
	Infertile women	60	20.14	4.22	
Other Important individual/ Significant other	Fertile women	60	22.22	5.12	3.22*
	Infertile women	60	20.08	5.09	

*Significant at 0.01 level
**Significant at 0.05 level

Perceived Social Support Comparison

The table compares perceived social support across infertile and fertile women on three dimensions: Family, Friends, and Other Significant Individuals. Significant mean differences (t-values: 3.04, 2.16, 3.22) were found at the 0.01 and 0.05 levels. Fertile women report higher social support from friends, family, and significant others than infertile women.

Table 2.6: Showing the Co-efficient of Correlation between marital adjustment, mental health and perceived social support among fertile and infertile women

	Marital Adjustment	Mental Health	Perceived Social Support
Martial Adjustment		.62*	
Mental Health			.69*
Perceived Social Support	.59*		

*p<0.01 level of significance

Pearson Correlation
- The Pearson correlation table shows significant associations at the 0.01 level:
- Mental health and perceived social support (r = 0.69, p = 0.00)
- Mental adjustment and mental health (r = 0.62, p = 0.00)
- Perceived social support and marital adjustment (r = 0.59, p = 0.00)

These findings indicate a positive correlation between marital adjustment, mental health, and perceived social support among fertile and infertile women in the Kashmir Valley.

DISCUSSION

This study explored marital adjustment, mental health, and perceived social support among fertile and infertile women in Kashmir Valley. No significant difference in marital adjustment was found between the groups (t-value = 1.24), contradicting Tao &Maycock (2012), who reported infertility negatively impacts marital satisfaction. Leiblum (1993) also found lower marital satisfaction among infertile women, but most still reported normal satisfaction. Significant differences in mental health were observed, with infertile women showing higher distress and lower well-being, consistent with Kazmi&Jadoon (2016), who found infertility increases anxiety and depression. Similar findings by Yusuf (2016) and Greil et al. (2010) highlight greater psychological suffering among infertile women due to societal pressures. Fertile women reported higher perceived social support compared to infertile women, aligning with Jamilian&Soltany (2015) and Mirzayi et al. (2015), who found infertile women often feel socially isolated. Sultan et al. (2018) also noted differing social support perceptions based on fertility status. Correlation analysis revealed positive relationships between marital adjustment, mental health, and perceived social support, suggesting their interdependence.

CONCLUSION

This study highlights the psychological and social challenges faced by infertile women in Kashmir Valley, revealing significant differences between infertile and fertile women in terms of mental health and perceived social support, with infertile women experiencing greater psychological distress and less social support. While marital adjustment did not significantly differ between the two groups, mental health and social support were found to be positively correlated, suggesting that improvements in one area could enhance the others. These findings underscore the importance of incorporating psychological support and mental health services into infertility care, emphasizing the need for comprehensive interventions that address both the emotional and physical aspects of infertility for women and their families. Future research should consider the experiences of both partners in infertility, fostering a more holistic understanding of its impact.

Implications

This study highlights the psychological aspects of infertility, emphasizing the importance of psychological support in reproductive healthcare. It underscores the need for healthcare providers to integrate mental health services, along with fertility treatments, for infertile women. The findings suggest that support from family, friends, and partners is crucial in alleviating the psychological strain of infertility. Future studies should include both partners in infertility research, focusing on the psychosocial impact on couples rather than just the woman. Psychosocial interventions have shown to reduce mental distress, anxiety, and marital conflict, and may increase pregnancy rates.

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