Review Article

Comparison Of Emotional Adjustment Ability, Psychological Well-Being And Marital Conflicts In Fertile And Infertile Women

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Abstract:

Background: The aim of this study was to compare the ability of emotional regulation and psychological well-being and marital conflicts in fertile and infertile women in Kerman.

Method: The research method was causal-comparative and the statistical population of this study included all fertile and infertile women referred to Afzalipour Hospital in Kerman from November 22 to the end of February 2019, which was 240 people (120 people in each group) by sampling method were selected as a sample. For data collection, 3 questionnaires of psychological well-being, emotional adjustment and questionnaire of marital conflicts were used. For data analysis, descriptive statistics of mean and standard deviation and MANOVA test with spss23.

Result: The results showed that there was a significant difference between the ability of emotional adjustment, marital conflicts and psychological well-being in fertile and infertile women and the ability of emotional adjustment.

Conclusion: marital conflict and psychological well-being of fertile women was higher than infertile women.

Keywords: Comparison, Emotional regulation ability, psychological well-being, Marital conflicts, Fertile women, Infertile

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Introduction

Fertility is highly valued in most cultures and the desire to have a child is one of the most basic human stimuli. If the attempt to conceive fails, it can turn into a destructive emotional experience [1] . According to the World Health Organization, pregnancy failure affects about 80 million people worldwide The prevalence of infertility in different regions varies from 10 to 18% based on studies. About a quarter of Iranian couples experience primary infertility during their life [2], and 34% of couples have primary infertility problems at any time [3].There are more than one million infertile couples living in our country and from the point of view of religion, history and general culture of Iranian society, childbearing is very important so that infertility can be one of the reasons for divorce [4]. The fact that a person can not naturally have a fertile process and have a child is one of the bitter and painful experiences of life which psychosocial contexts and conditions can also add to its importance, and turn it into a psychosocial crisis for the individual.

In studies, infertile women have been reported to be more depressed and anxious than fertile women [4,5].Facing infertility has a significant impact on the lives of men and women, and exposes sufferers to many emotional and psychological problems [6] Existing physical, psychological and financial challenges also affect them..Infertility problems in the late second and third decades place many people's lives on a slope leading to depression and stress [7] Trying to conceive can be expensive and tedious. Doubt and frustration with infertility can shake the foundation of a couple's relationship [8].Infertility is the absence of pregnancy after one year of unprotected intercourse. The disease is divided into two types: primary infertility and secondary infertility. In primary infertility, no previous pregnancy has occurred, while in secondary infertility, there is pregnancy or previous pregnancies [9].However, failure to treat infertility leads to more stress than any medical treatment, and both infertile men and women may experience psychological problems.

.In addition, there is a relationship between marital problems, the level of marital conflict, marital adjustment and symptoms of depression [10], each of which is a risk factor for the disease, so the quality of marital relationships is an important predictor of mental health or psychological well-being [11].Another effect of infertility is to reduce women's mental health [12]. People who have higher marital conflicts have a lower level of mental health than people who have less marital conflicts [13].

The health model combines three types of emotional well-being, psychological well-being and social well-being, and includes a comprehensive and complete concept of well-being that includes both the emotional (emotional well-being) and the practical (psychological and social well-being) aspects of mental health [14].One of the most important models that have conceptualized and operationalized psychological well-being is the model of Reef et al. [15]. Reef (1989) [16] considers psychological well-being as an attempt to realize one's true potential. This model has been formed and developed through the integration of different theories of individual growth of adaptive performance.Psychological well-being in Reef et al.'s model consists of six components: The component of self-acceptance means having a positive attitude towards oneself and one's past life.

If a person feels satisfied in evaluating his talents, abilities and activities in general and feels satisfied in referring to his past, It will have good mental function [16].All human beings try to have a positive attitude towards themselves, despite the limitations they face, and this is their acceptance attitude. The component of autonomy refers to the feeling of

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independence, self-sufficiency and freedom from norms.

A person who can make decisions based on his personal thoughts, feelings and beliefs has the characteristic of autonomy [17] In fact, the individual's ability to cope with social pressures is related to this component. Having a positive relationship with others is another component of this model, meaning having a quality and satisfying relationship with others people with this characteristic are mainly pleasant people, altruistic and able to love others and try to create a warm relationship based on mutual trust with others, a purposeful component in life, means having long-term and short-term goals in life and counting life meaningful [18].The purposeful person shows interest in activities and life events and engages with them effectively. Finding meaning for life's efforts and challenges is in the form of this component [15].Mastery of the environment, another component of this model means the ability of the individual to manage life and its requirements. Therefore, a person who feels in control of the environment can manipulate, change and improve the various dimensions of the environment and its conditions as much as possible.

The component of personal growth is openness to new experiences and having continuous personal growth. A person with this characteristic always seeks to improve his personal life through learning and experience [19]. Another consequence of infertility is the agitation of couples, especially women, and their inability to control and regulate their emotions.

In psychology, emotions have a very sensitive and fundamental place, because their relationship with needs and motivations is very close, And can be the root of many mental or psycho-physical disorders [20]. Emotions can even ensure human health . For example, fear protects a person from danger and anger causes him to attack the enemy. Despite the vast efforts made by philosophers, physiologists, and psychologists to explain emotions, their nature and mode of action have not yet been clearly articulated.These researchers specifically look at the physiological effects of emotions,changes in heart rate and respiration, loosening of the sphincters, dry mouth, sweating, etc.Shatte et al. 2007 provide a lot of evidence that emotional adjustment is related to success or failure in various areas of life [21].

Iceberg et al. 2000 state that emotion adjustment plays an important role in our adaptation to stressful life events. Research has shown that the capacity of individuals to effectively regulate emotions affects psychological, physical and interpersonal happiness.In emotional adjustment , sufficient interaction of cognition and emotion is needed to deal with negative situations. Emotional adjustment is examined in two contexts, which are the emotional adjustment strategy that occurs before the accident and the emotional adjustment strategy that occurs after the accident [22]. Theoretically, emotion adjustment variables, such as emotion acceptance, may allow emotionally vulnerable people to be in the present at the right time and place, and thus instead of overreacting to the situation (e.g. : Catastrophic) have a more objective understanding of the threat [23] As mentioned, motherhood is the first duty in a woman's life and the desire to have children is one of the human stimulation, but unfortunately not all marriages lead to fertility and some of them inadvertently become infertility tragedies that can supply psychological damages with large dimensions [24]. Regarding the importance and necessity of this research, it can be said that the human race is preserved only by fertility, and undoubtedly one of the reasons for marriage between every man and woman is to expect to have a child during their life together so that they can maintain their generation by their child. The desire to leave a valuable memory is always an important goal for human beings. Meanwhile, couples who are frustrated with

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having a child consider not having a child to be hereditary, and it is bitter and sad for them to think that the fruit of their lives will be inherited by a stranger.

For infertile couples, the passage of time is associated with feelings of anxiety. Women are more exposed to these psychological traumas than men, especially since risks such as remarriage, separation and divorce have severe negative effects on women [9]Fear of an uncertain future following failure in infertility treatment and its consequences is annoying for many infertile women [2] The stress that arises as a psychological aspect during infertility treatment has been the focus of some research. Inflexible infertility treatment programs (needing sex only for fertility, not for pleasure), as well as long and time-consuming treatments, extremely high treatment costs, and painful treatments, especially when they lead to failure, cause severe anxiety in couples.

Research shows that men and women in both groups experience intense emotions caused by treatment.

Kirby (2007) [25] results showed that difficult treatment in emotional adjustment had significant effects in various areas, including: emotional adjustment and increasing marital satisfaction and increasing trust in the couple's emotional adjustment ability. [25]

Findings of Honarju (1398) [26] indicate that the stress of infertile women was more than fertile women. Marital life satisfaction and psychological well-being of infertile women were lower than fertile women [26].

Shadkam et al. (2017) [27] concluded that the rate of depression and aggression in infertile women is higher than fertile women.

According to the findings of Gharibi et al. (2016) [24] happiness, meaning of life and psychological hardiness in fertile women were more than infertile.

Since fertility in women plays an important role in their married life and given that women play a fundamental role in the birth of children and are an important element of the family and according to the research done in this field and that so far no research has been done on comparing the ability to regulate emotional and psychological well-being and marital conflicts in fertile and infertile women in Kerman, In this study, we intend to compare the ability to regulate emotional and psychological well-being and marital conflicts in fertile and infertile women in Kerman. Therefore, the main question that this research seeks to answer is as follows:

-Is there a difference between emotional adjustment and psychological well-being and marital conflicts in fertile and infertile women in Kerman?

Methodology

The method of this research is causal-comparative method. The statistical population of this study includes all fertile and infertile women aged 25 to 45 years referred to Afzalipour Hospital in Kerman from November 1 to the end of February in 2017. The number of fertile women was 540 and infertile women were 190.

Out of 190 infertile women referred, 120 fully cooperated with the researcher and answered the research questionnaires and 120 fertile women were selected as a sample for comparison.

Therefore, the total sample size of the study is 240 people who were selected by available sampling method (for matching, women aged 25 to 45 years were studied and at least 5 years had passed since their marriage and attempt to conceive, but still They were not pregnant and people with a history of gynecological infections or ... were not part of the study group

To analyze the data, descriptive statistics (frequency, frequency percentage, mean and standard deviation) and inferential statistics (MANOVA) were used with SPSS22 software.

The following three standard questionnaires have been used to collect field information.

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Psychological Welfare Questionnaire (RSPWB): This scale was developed by Reef in 1980. The main form of this scale had 120 questions, but in subsequent studies, shorter forms 84, 54, and 18 questions were also developed and evaluated.

In this research, its 84-question form has been used. (Reef and Keys, 1995)[18] The range of questionnaire is (strongly disagree 1, disagree 2, somewhat agree 3, agree 5, strongly agree 6) that questions 2, 4, 7, 9, 11, 13, 15, 17, 18, 20, 22, 24, 27, 29, 31, 32, 34, 35, 37, 41, 42, 43, 44, 45, 54, 55, 56, 58, 60, 61, 62, 63, 65, 66, 73, 75, 76, 82, 83 and 84 are scored in reverse..

The reliability coefficient of this questionnaire by Reef and Keys (1995) [18] has been reported between 0.83 to 0.91.

In the present study, Cronbach's alpha coefficient of this questionnaire was 0.91emotional Regulation Questionnaire: This questionnaire is a self-assessment tool and was designed in 1999 by Adl and published in 1397 [4], which deals with people's thoughts after negative experiences.The original version with 9 components (self-acceptance blame, mental rumination, positive re-attention, re-attention to planning, positive re-evaluation, adopting a catastrophic point of view, blaming others) has 36 articles [28].

The rotational component matrix for the 4 factors that were adjusted, 10 questions were removed and the number of questions was reduced from 36 items to 26 items.The reliability of this test was obtained by Cronbach's alpha method of 0.75 . In the present study, Cronbach's alpha coefficient of this questionnaire was 0.83.Marital Conflict Questionnaire: In order to measure marital conflict, the 42-item Sanaei (2008) [29] Marital Conflict Questionnaire was used [29]. This questionnaire measures information with a Likert scale of 5 degrees from always (5) to never (1).In this questionnaire, a high score indicates a high level of marital conflict. The validity of this questionnaire in Sudani and Shafiabadi (2008) [13] research is 0.89 and its reliability is 0.91.In the present study, Cronbach's alpha coefficient of this questionnaire was 0.92. In the present study, Cronbach's alpha coefficient of this questionnaire was 0.9 [13].

Result

Description of general features

Age: Among infertile women, 43 (35.8%) are between 25 and 30 years old, 36 (30%) are between 31 and 35 years old, 26 (21.7%) are between 36 and 40 years old and 15 (5 / 12%) was 41 to 45 years old.

Among fertile women, 38 (31.7%) are between 25 and 30 years old, 47 (39.2%) are between 31 and 35 years old, 25 (20.8%) are between 36 and 40 years old and 10 (8.3%) was 41 to 45 years old.

Education level: Among infertile women, 38 (31.7%) have a diploma, 13 (10.8%) have a master's degree, 53 (44.2%) have a bachelor's degree, 14 (11.7%) have a master's degree and 2 people (1.7%) had a doctorate and among fertile women, 40 (33.3%) had a diploma, 12 (10%) had a master's degree, 52 (43.3%) had a bachelor's degree, and 12 (10%)) Has a master's degree and 4 (3.3%) have a doctorate.

Husband's education rate: Among infertile women, 38 (31.7%) have a diploma, 15 (12.5%) have a master's degree, 53 (44.2%) have a bachelor's degree, and 10 (8.3%) have a higher education and 4 (3.3%) had a doctorate. Education of fertile women 34 (28.3%) have a diploma, 15 (12.5%) have a master's degree, 56 (46.7%) have a bachelor's degree, 12 (10%) have a master's degree and 3 (2.5) Percent) has been a doctorate.

Occupation: Among infertile women, 47 (39.2%) were housewives, 6 (5%) were workers, 61 (50.8%) were employees and 6 (5%) were self-employed.

Among fertile women, 62 (51.7%) were housewives, 3 (2.5%) were workers, 49 (40.8%) were employees and 6 (5%) were self-employed.

Spouse's job: Among infertile women, 1 (0.8%) was unemployed, 16 (13.3%) were workers, 72

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(60%) were employees and 31 (25.8%) were self-employed. Among fertile women, 4 (3.3%) were unemployed, 14 (11.7%) were employed, 56 (46.7%) were employed and 46 (38.3%) were self-employed.

Table (1) reports the demographic characteristics of 240 subjects divided into study groupsAccording to the results of Chi-square test, there is no significant difference between the frequency distribution of age, level of education, level of education of spouse, occupation and occupation of spouse of the subjects between the two groups.

Table 1: Frequency distribution of demographic characteristics

Variable	Dimensions	meaning	Statistics x2	Fertile women		Infertile women	
				Percentage	Abundance	Percentage	Abundance
age	25to 30 age	0.848	$X^2_{(df3)}$=.806	31.7	38	35.8	43
	31to 35age			39.2	47	30.0	36
	36to 40age			20.8	25	21.7	26
	41to 45 age			8/3	10	12.5	15
Education level	Diploma	0.750	$X^2_{(df4)}$=1.92	33.3	40	31.7	38
	Associate Degree			10	12	10.8	13
	Bachelor			43.3	52	44.2	53
	MA			10.0	12	11.7	14
	P.H.D			3.3	4	1.7	2
Spouse's education level	Diploma	0.177	$X^2_{(df4)}$=6.313	28.3	34	31.7	38
	Associate Degree			12.5	15	12.5	15
	Bachelor			46.7	56	44.2	53
	MA			10.0	12	8.3	10
	P.H.D			2.5	3	3.3	4
job	housewife	0.682	$X^2_{(df3)}$=1.502	51.7	62	39.2	47
	worker			2.5	3	5.0	6
	Employee			40.8	49	50.8	61
	free			5.0	6	5.0	6
Spouse job	Unemployed	0.165	$X^2_{(df3)}$=5.095	3.3	4	0.8	1
	worker			11.7	14	13.3	16
	Employee			46.7	56	60.0	72
	free			38.3	46	25.8	31

Descriptive statistics

According to the results of Table 2, the mean of emotion adjustment and psychological well-being in the group of fertile women was higher than infertile women.

And the average marital conflict was higher in infertile women than in fertile women.

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Table 2. Descriptive statistics of research variables by study groups

Variables	Fertile women		Infertile women	
	Standard deviation	Average	Standard deviation	Average
Regulation of emotions	16.14	127.73	17.391	118.46
Psychological well-being	37.05	297.91	37.93	275.0
marital conflicts	25.88	81.66	25.87	103.66

Hypothesis: The ability to regulate emotions, psychological well-being and marital conflicts are different in fertile and infertile women.

Assumption of equality of variances

Leven test was used to test the equality of variances and because the significance of all three variables is greater than the significance level $\alpha = 0.05$; Therefore, at this level, the null hypothesis is not rejected. As a result, it can be said that the variance between the groups of fertile and infertile women in all three dependent variables is almost equal**.**

Table 3. Leven test statistics to check the equality of variances

Variables	meaning	df2	df1	F
Regulation of emotions	0.075	238	1	3.20
Psychological well-being	0.157	238	1	2.12
marital conflicts	0.066	238	1	3.41

Assuming the normality of the distribution of scores in dependent variables

Kolmogorov Smirnov (K-S) test was used to test the normality of the distribution of scores Because the significance of the variables is greater than the significance level of $\alpha = 0.05$; Therefore, at this level, the null hypothesis is not rejected and as a result, the distribution of scores in both variables can have a normal distribution. (Table 4)

Table 4. Kolmogorov-Smirnov test statistics to investigate the normality distribution of variables

Variables	Meaning	Kolmogorov-Smirnov Statistics
Regulation of emotions	0.107	1.21
Psychological well-being	0.149	1.14
marital conflicts	0.281	0.99

Table 5. Box's M test statistics to test the assumption of homogeneity of variance matrix and covariance of variables

Box's M statistics	45.6
Statistics F	1.067
df1	6
P	0.38
Box's M statistics	

Assumption of homogeneity of variance and covariance matrices

Box's M test was used to evaluate the homogeneity of variance and covariance

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matrices, considering that the significance level is greater than α = 0.05.

Therefore, at this level, the null hypothesis is not rejected (P <0.05, F = 1.067 (6)) and as a result, it can be said that the homogeneity matrix of variance and covariance of variables is assumed. (Table 5)

Given that the assumptions of multivariate analysis of variance (MANCOVA) are valid, so we are allowed to use the method of multivariate analysis of variance to test the mentioned hypothesis

The results of multivariate analysis of variance (MANOVA) in Table 6 show that the research hypothesis is rejected as zero (=2 = 0.261, Lambda = 0.739, P <0.05, F = 27.72 (10, 111 Therefore, infertility has a significant effect on emotional regulation, psychological well-being and marital conflicts in women. And the effect of infertility on emotional regulation, psychological well-being and marital conflicts of women at the same time is 0.261.

Table 6. MANOVA test results

Effect	Test	The value of F	Value	η^2	p Value	Degree of error freedom	Degree of Hypothesis Freedom
Group	Pillai effect	27.72	0.261	0.261	0.001	236	3
	Wilks' Lambda	27.72	0.739	0.261	0.001	236	3

The results in Table 7 show that the mean of emotional regulation (=2 = 0.758, P <0.05, F = 62.58 (2.40)) and psychological well-being (=2 = 0.684, 0.05). P> 0, F = 43.31 (2,40) and marital conflicts were significantly different between fertile and infertile women. In other words, infertility had a significant effect on all three variables of emotional adjustment, psychological well-being and marital conflicts in women.

According to the ETA coefficient, the effect of infertility on emotional regulation was 0.071, psychological well-being was 0.092 and marital conflicts were 0.154.

Table 7. Comparison results between group after emotional test, psychological well-being and marital conflicts of fertile and infertile women

The dependent variable	Total squares	Degrees of freedom	Impact coefficient η2	The value of P	The value of F	Average squares
Regulation of emotions	5124.51	1	0.071	0.001	18.30	5124.51
Psychological well-being	31341.86	1	0.092	0.001	24.08	31341.86
marital conflicts	28922.67	1	0.154	0.001	43.18	28922.67

Discussion

The results showed that there is a significant difference between the ability of emotional regulation in fertile and infertile women and the ability of emotional adjustment in fertile women is more than infertile women.

In order to confirm these results, fani et al. (2016) [2] concluded that there was a

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difference between the emotional adjustment of fertile and infertile women and the emotional adjustment was higher in fertile couples.

According to the findings of Jafarkhani et al. (2017) [9], fertile women have more positive emotions than infertile women.

Research has shown that the capacity of individuals to effectively regulate emotions affects psychological, physical and interpersonal happiness.

In emotional regulation, sufficient interaction of cognition and emotion is needed to deal with negative situations.

People with high well-being experience mostly positive emotions and have a positive evaluation of the events and happenings around them, while people with low well-being evaluate their events and life situation as unfavorable and most negative emotions such as anxiety experience depression and anger.

It should be noted that the experience of pleasant and positive emotions also leaves less time for negative emotions.On the other hand, it should be noted that positive and negative emotions are not bipolar states that guarantee the absence of one another.

That is, the feeling of positive satisfaction does not arise only with the absence of negative emotions, and the absence of negative emotions does not necessarily lead to the presence of positive emotions. Rather, having positive emotions requires other conditions and facilities.

Given that infertility is a stressful situation for women and causes negative emotions. Therefore, the ability to regulate emotion in infertile women is less than infertile women.

According to the results, there is a significant difference between the level of psychological well-being in fertile and infertile women. And the psychological well-being of infertile women is lower than that of fertile women.

In confirmation of these results, Honarjoo (1398) [26] showed that the psychological well-being of infertile women was less than fertile women. Shadkam et al. (2017)[27] concluded that the rate of depression and aggression in infertile women is higher than fertile women

According to the findings of Gharibi et al. (2016) [24], happiness, meaning of life and psychological hardiness in fertile women were more than infertile.Based on this, it can be said that the reduction of psychological well-being is one of the common complications and consequences of infertility in couples, especially in infertile women.

And this may be due to the worries and anxieties caused by the view of the future of married life among women.Other findings showed that there is a significant difference between the rate of marital conflict in fertile and infertile women and the rate of marital conflict in infertile women is higher than fertile women.

In line with these results Findings of Honarjoo (1398)[26] indicate that the marital life satisfaction of infertile women has been less than fertile women. According to the findings of Jafarkhani et al. (2017) [9],

fertile women have more marital compatibility than infertile women.

Based on this, it can be said that infertility can be an important factor in the occurrence of marital disputes between couples and aggravate marital conflicts, which leads to their distance from each other and in some cases to verbal or even physical conflicts that can lay the groundwork for divorce

Conclusion

Therefore, couples should work together to treat infertility and patiently try to cure themselves. Because conflicts cause each couple to increase their relationship with their relatives and gradually replace the relationship with their spouse, and it should be noted people with higher marital conflict have lower levels of mental health than people with lower marital conflict.

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