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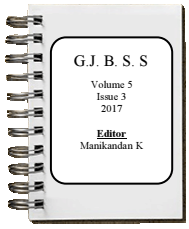

Resilience, Coping and Gender Role Identity among Infertile Couples

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Abstract

Present study attempts to explore the psychological factors which subsidise to the unexplained pain of infertility. A total of 60 individuals (infertile couples N=30 and matched fertile couples N=30) were assessed on psychological variables, namely, resilience, coping styles and gender role identity by administering the Bharathiar University Resilience Scale-Form B, Coping Check List-I, and Indian Gender Role Identity Scale. General Health Questionnaire-28 was administered to the fertile couples to rule out the psychiatric morbidity. Present study examines whether infertile couples are different from fertile couples with respect to resilience, coping strategies and gender role identity; findings revealed, the infertile couples are different from fertile couples with respect to their use of coping strategies and gender role identity. This study helps to enhance the knowledge regarding the psychological aspects of infertile couples to design psychotherapeutic programme helps them to cherish the flavour of parenthood and improve their quality of life.

A diagnosis of infertility has a tremendous negative impact on the well-being of a couple. The most common feelings of guilt, anger, frustration, and hopelessness often accompany a diagnosis of infertility. Other emotions such as depression, anxiety, and fear may result from lack of conception (Crick et al., 1997). Infertility can bring with it intense emotional reactions such as depression, desperation, confusion, sadness, embarrassment, disappointment, humiliation, hurt and fear (Valentine, 1986). In conjunction with intense emotional reactions, infertile couples' experience lower self-image with a diminished sense of femininity and masculinity reducing body image and self-esteem (Abbey, Andrews, & Halman, 1992). Considering the implications of individual' psychological reactions to infertility, it is important to acknowledge that major life events can be critical to marital satisfaction (Hendrick & Hendrick, 1992). Myers, and Wark (1996) purported that marital components relevant to a couple's adjustment to infertility include marital commitment, the nature of decision making, coping methods, and the sexual relationship.

Couples who are infertile may also experience a lack of sexual satisfaction such as arousal and orgasm. This could result in avoidance of sex altogether or having sex for the sole purpose of reproduction (Boivin, 2003). Sex may become mechanical and unemotional as the couple tries to conceive. Therefore, sexual difficulties such as impotence, lack of lubrication, and lack of sperm in the semen are problems often faced by infertile couples (Blascovich & Tomaka, 1991).

Being a parent is a normative assumption of adult life in one society (Cook, 1987). Most couples who experience infertility consider it a major crisis (Berk & Shapiro, 1984; Burns & Covington, 1999). From the beginning of time, the necessity of fertility was evident. "Be fruitful and multiply" remains a permanent truth for most societies. In any society a women's childbearing ability is often closely linked to her status as a woman, so that when a woman is infertile she may feel unfeminine. Due to the inability of childbearing, many women have the fear of their separation from their partners. Fear of losing attraction and self-worthy make them more depressed (Burns & Covington, 1999).

The reviews on infertility and marital quality give us some of the correlates of marital quality and other psychosocial variables have an influence on infertile couples. These reviews enabled us to include some of them as variables in the present study as there are not many studies available that have looked into the way marital quality, attachment styles, defense styles and cognitive styles among the infertile couples. In this context, we explore these aspects of infertile couples to study, keeping the Indian context in mind. In the light of the above facts, the present study had the following research questions.

Objectives

1. To find whether the resilience of infertile couples are different from that of fertile couples.
2. To find whether the coping styles of infertile couples are different from that of fertile couples.
3. To find whether the gender role identity of infertile couples are different from that of fertile couples.

Method

Participants

The sample comprised of two groups: Primary Infertile Couples (N=30) and Fertile Couples (N=30). Each of these two groups is divided as within two subgroups: infertile Men, Infertile women, Fertile Men, and Fertile Women each of these sub groups comprised of fifteen individuals in each set. The participants in each of the groups were more or less matched with regard to their age, education, occupation, language, family system, domicile and income.Infertile couples and fertile couples who were participated in this study ranged in age from 26 years to 44 years. The mean age for infertile group was 32.30; the mean age for fertile group was 34.83. Length of married life of couples in the presents study ranging from 2 years to 8 years.

Inclusion Criteria for Infertile Group:

Age 25-45, Minimum educational qualification 12th standard, All are residents of Kolkata city, All belongs to middle to upper socio-economic status (Income >25,000/- per month), All of them are married, Length of married life was two years and more, Infertility criteria are matched as per WHO's criteria

Exclusion Criteria for Infertile Group:

Any developmental disability and physical deformities, any chronic medical illness, sexually transmitted diseases, those who have attained menopause, individuals with secondary infertility

Inclusion Criteria for Fertile Group:

Age 25-45, Minimum educational qualification 12th standard, All are residents of Kolkata City, All belongs to middle or upper socio-economic status (Income >20,000/- per month), All of them are married, Length of married life was two years and more, Those having at least one child.

Exclusion Criteria for Fertile Group:

Any developmental disability and physical deformities, any chronic medical illness, any psychiatric morbidity, Sexually transmitted diseases, those who have attained menopause

Instruments

1. General Health Questionnare-28 (Goldberg & Hillier, 1979):This tool was used as a screening test to the subjects only to rule out psychiatric morbidity.It gives a measure of common mental health problems/domains of depression, anxiety, somatic symptoms and social withdrawal. Each item is accompanied by four possible responses, typically being 'not at all', no more than usual', rather more than usual and much more than usual', scoring from 0 to 3, respectively. Any score exceeding the threshold value of 4 is

classed as achieving 'psychiatric caseness'. Validity reliability coefficients have ranged from 0.78 to 0.95 in various studies.

2. Bharathiar University Resilience Scale – Form B (Narayanan, 2009): Resilience was measured using Bharathiar University Resilience Scale. It consists of 30 items on a five point Likert scale with a possible score range of 30-150. The scale measures different domains of resilience such as duration taken to get back to normalcy, reaction to negative events, response to risk factors (specifically disadvantaged environment) in life, perception of effect of past negative events, defining 'problems', hope/confidence in coping with future and openness to experience and flexibility. The scale possesses satisfactory content and concurrent validity. Reliability from the pilot study was found to be 0.761.
3. Coping Check List-I (Rao, Subbhakrishna & Prabhu, 1989): There are mainly three broad categories of coping Strategies 1). Problem Focused Coping: Direct instrumental action to solve the problem. 2). Emotion Focused Coping: Adaptation by techniques that try to change the individual's emotional reactions to the difficulty. 3). Social Support Seeking Coping:A type of emotion focused coping that involves turning to frames or other people for emotional and instrumental help with the problem.The test-retest reliability for period of one month is 0.74 and the interval consistency (Cronbach-alpha) is 0.76.
4. Indian Gender Role Identity Scale (Basu, 2010): Gender identity is a personal conception of own self as having masculine and feminine qualities which is manifested in either of four categories, namely, 1). Masculine gender identity: individual rate own self higher in traditional masculine qualities and lower in traditional feminine qualities. 2). Feminine gender identity: Individual rate own self higher in traditional feminine qualities and lower in traditional masculine qualities. 3). Androgynous gender identity: A person with androgynous gender identity is one who combines traditional masculine and traditional feminine behavioural characteristics. 4). Undifferentiated Gender Identity: A person with undifferentiated gender identity is one who indicate that most of the masculine and feminine characteristics are not self-descriptive.Reliability has been established using Cronbach alpha, the co-efficient obtained for masculinity is 0.89 and femininity is 0.85. The Guttman split-Half reliability found for masculinity is 0.90 and for femininity is 0.85. The test-retest reliability after one month for masculinity is 0.80 and femininity is 079.
5. Personal information schedule: This is used to elicit personal information like age, sex, education, occupation, mother tongue, family system, monthly income, domicile, age of marriage, type of marriage, time known the partner before the marriage, length of married life, average time spends together with the partner, interaction with other family members and total ambience of family, history of any chronic physical illness, psychiatric illness etc.

Procedure

The study conducted on a sample of 30 married couples (N=60) out of which 15 of them was infertile couples (15 men & 15 women) who came for consultation in a fertility clinic in Kolkata city. A group of 15 fertile couples having at least one child (15 men & 15 women) were also selected from the same city. For the present research study, to select the participants, the non-probability sampling approaches were adopted because of having no guarantee that each element has an equal chance of being included in the sample. Purposive sampling technique and convenience sampling technique, the techniques of non-probability sampling approach were used. Through purposive sampling technique, the sample was selected on the basis of their special characteristics of infertility and fertility. Convenience sampling was involved in selecting respondents primarily on the basis of theiravailability and willingness to respond. For inclusion in the infertile group members the married couples who were visiting the clinics were selected on the basis of fulfilling the inclusion and exclusion criteria. For inclusion in the fertile

group members, couples who belong to Kolkata with matching demographic features were approached individually at their residence by the researcher. Willing participants were selected on the basis of inclusion and exclusion criteria and further screened on GHQ-28 and those who scored below cut off score were selected for the study sample.

Ethical Considerations:

The study protocol received ethical approval and permission for the data collection from the Nova Fertility Centre, Kolkata. Before administering the questionnaire, informed consent was taken from each of the participants.

Results and Discussion

To know the level of resilience, coping styles, and gender role identity of infertile couples in comparison withfertile couples t-test was calculated. The results of comparative profile with respect to each variables are presented in the following tables.

Table 1

Mean, Sd and 't' value for resilience of infertile and fertile couples group

Variable	Infertile Couples Group		Fertile Couples Group		t- value
	Mean	SD	Mean	SD	
Resilience	101.30	13.94	96.13	7.10	1.761

Mean scores of the resilience of infertile and fertile couples were compared and results were shown in the table 1. From the table it can be seen thatresilience between the infertile couples and fertile couples groups were almost same level. Fitzpatricka and Vacha-Haasea (2010) explored the relationship between resilience and marital satisfaction in caregivers of spouses with dementia. The study found that resiliency, gender, and stage of cognitive impairment were not related to marital satisfaction. This finding is in line with the results of present research. The expression of resilient behaviour is not very evident in an unstressed marriage, but the requirement of bouncing back from the daily hassles and problems in any individual's marital life cannot be negated. Resilience is a process that can be perceived at both macro and micro levels. Resilience is thus a variable of important concern for a better marital quality among couples.

Table 2

Mean, Sd and 't' value for coping styles of infertile and fertile couples group

Variable	Infertile Couples Group		Fertile Couples Group		t- value
	Mean	SD	Mean	SD	
Problem Focused	6.97	1.22	6.07	1.51	-2.545*
Emotion focused	26.90	7.53	26.83	3.66	-.044
Social Support Seeking	3.70	1.58	3.77	1.55	.165

*p<0.05; **p<0.01

From table 2, it can be seen that there is significant difference between the means of the infertile and fertile couples groups with respect to the problem focused coping dimension at p<0.05. Infertile couples group has significantly higher mean score in the dimension of problem focused coping than the fertile couples group. This showing that infertile couples use problem focused coping more than the fertile couples. There were no other significant differences have been found between these two groups with respect to any other dimensions of coping styles.

Infertile couples use problem focused coping more than the fertile couples. Conversely, Peterson et al., (1996) found that infertility stress was negatively correlated to problem solving. In problem focused coping an individual engages in any kind of direct instrumental action to

solve the problem. The infertile couples chosen for the current study are all seeking fertility treatment in order to experience the joy of parenthood. So, seeking treatment to overcome their problem is one of the problem solving approaches for coping.

Table 3
Mean, Sd and't' value for gender role identity of infertile and fertile couples group

Variable	Infertile Couples		Fertile Couples		t- value
	Mean	SD	Mean	SD	
Masculine	48.30	8.12	43.77	9.22	-2.021*
Feminine	45.93	7.59	44.23	9.56	-.763
Neutral	51.43	7.02	46.60	8.16	-2.459*

*p< .05. **p< .01

Table 3reveals that there is a significant difference between the means of the infertile and fertile couples group with respect to the dimensions of gender role identities namely, masculine and neutral at P<0.05. Infertile couples scored significantly higher mean scores in masculine and neutral gender identity domains than their fertile counterparts. There was no significant difference has been found between these two groups with respect to feminine gender role identity.

Infertile couples scored significantly higher mean scores in masculine and neutral gender identity domains than their fertile counterparts. Bem (1975) considered gender identity as more influential aspect of personality than gender itself. Individuals' behaviour is shaped or reframed more by his/her gender identity than biological gender. A study done by Parker, 1990 and another study by Zuckerman, 1989 and Das, 2006 revealed that problem focused coping, masculine and neutral gender role identity has a positive correlation. The current findings may be in line with these findings. Along with the aforementioned result for the current sample, it was also found that infertile couples use problem focused coping more than the fertile couples do.

Conclusion

There are no significant differences between infertile and fertile couples with respect to the levels of resilience they possess.Infertile couples use problem focused coping strategies to a great extent than fertile couples.Infertile couples have higher level of masculine and neutral gender role identity.

One of the purposes of the present study is to find out the psychological components hidden behind infertility and so that a specific mode of intervention can be suggested for them who are suffering from the unbearable pain due to the involuntary childlessness, so that they can move at least one step forward to the path of parenthood. Public may not be aware of the harm they can cause the infertile couples. They are simply unaware of the psychological and emotional needs of them and are also unaware of that infertile couples always demand social support which they only can provide them.The findings of the present study may help in establishing stress interventions and management techniques.The results of the present study may provide a unique issue for further research in this area and a lot of research is to be carried out to strengthen the findings of present study. The issue of psychological aspects of infertility has to be further strengthened by employing larger and representative sample from various regions of Indian population

Due to time constraints, institutional limitations, and limited accessibility of sample both of the groups could not be matched in all respects.As with the majority of infertility research, this study is limited by its use of convenient sampling of couples who are pursuing treatments. As such results are limited in their generalizability. This sampling method fails to capture many infertile couples who do not have the resources to pursue infertility treatments or who elect not

to pursue infertility treatment. Which filtered out individuals belongs to the lower socio-economic strata of the society; it further compromising representativeness of the population.

In the light of limitations and across the wide implications of present research, following are the some suggestions for future researchers regarding the betterment of research work. Nevertheless, the present study has significantly contributing in assessing the psychological aspects of infertility such as resilience, and gender role identity with peculiar reference to Indian cultural context. The phenomena of psychological aspects of infertility should be explored from qualitative methods of research as well. Case study method would be best to take a deep insight for presenting a different and cultural specific picture of infertile couples with peculiar reference to Indian society set up.Although, the sufficient psychometric properties of the original scales can be adapted and translated into the local languages of India. But it needs more validation studies to strengthen the psychometric properties of all the scales. Then for further research a national sample including all individuals from the varying education level and socio economic status can be included in the study.Causes of infertility (explained and unexplained) may be studied extensively, using samples from clinics where the diagnosis of infertility is clearly conveyed to the patient.Further studies may also be done to see the psychosocial profile of one spouse when the other is the possible cause of infertility.

References

Abbey, A., Andrews, F. M., & Halman, L. J. (1991). Gender's role in responses to infertility. *Psychology of Women Quarterly, 15*(2), 295-316.

Abbey, A., Andrews, F. M., & Halman, L. J. (1994). Psychosocial predictors of life quality. *Journal of Family Issues. 15*(2): 253-271.

Basu, J. (2010). Development of the Indian Gender Role Identity Scale (IGRIS): Psychometric Properties and Application. *Journal of Indian Academy of Applied Psychology, 36*, 25-34.

Bem, S. L. (1984). Androgyny and gender schema theory: A conceptual and empirical integration. *Nebraska Symposium on Motivation, 32*, 179-226.

Berk, A., & Shapiro, J. L. (1984). Some implications of infertility on marital therapy. *Family Therapy, 9*(1), 36-47.

Blascovich, J., & Tomaka, J. (1991). Measures of self-esteem. *Measures of personality and social psychological attitudes, 1*, 115-160.

Burns, L. H. (1999). Psychology of Infertility. In L. H. Burns & S. N. Covington (Eds.), Infertility counseling (pp. 3-25). New York: Parthenon.

Burns, L. H. (2007). Psychiatric aspects of infertility and infertility treatments. *Psychiatric Clinics of North America, 30*(4), 689-716.

Burns, L. H., & Covington, S. (1999). *Infertility Counselling: A comprehensive handbook for clinicians (Eds)*. New York: Parthenon.

Cook, E. P. (1987). Characteristics of the bio psychosocial crisis of infertility. *Journal of Counseling and Development, 65*, 465-469.

Cook, R., Golombok, S., Bish, A., & Murray, C. (1995). Disclosure of donor insemination: Parental attitudes. *American Journal of Orthopsychiatry. 65*, 549–559.

Crick, N. R., Casas, & Mosher, J. K. (1997). Relational aggression, gender, and social psychological adjustment. *Child Development, 66*, 710-722.

Crick, N. R., Casas, J. F., & Mosher, M. (1997). Relational and overt aggression in preschool. *Developmental psychology, 33*(4), 579.

Goldberg, D. P., & Hillier, V.F. (1979). A Scaled Version of the General Health Questionnaire. *Psychological Medicine, 9*, 139-145.

Hendrick, S., & Hendrick, C. (1992). *Liking, loving and relating*. Pacific Grove, CA: Brooks/Cole.

McCubbin, H. I., & Patterson, J. M. (1986). Adolescent stress, coping, and adaptation: A normative family perspective. In G. W. Peterson (1986). *Adolescents in families (9 Eds)* (pp.256-276). Cincinnati, OH: Southwestern

Myers, L. B., &Wark, L. (1996). Psychotherapy for infertility: A cognitive-behavioral approach for couples. American Journal of Family Therapy, 24(1), 9-20.

Narayanan, A. (2009). Bharathiar University Resilience Scale. In Harish Purohit &Ajay Wagh (Eds). *Research Methods in Business and Management*. New Delhi: Sri Publishers.

Parker J. D. A. & Endler, N. S. (1990). State and trait anxiety, depression and coping styles. *Australian Journal of Psychology, 42*(2), 207-220. DOI: 10.1080/00049539008260119

Rao, K., Subbakrishna, D. K., & Prabhu G. G. (1989). Development of a coping checklist-A preliminary report. *Indian Journal of Psychiatry, 31*(2): 128-133.

Schmidt L., Holstein B. E., Boivin J., Tjørnhøj-Thomsen T., Blaabjerg, J., &Hald, F. (2003). High ratings of satisfaction with fertility treatment are common: findings from the Copenhagen Multi-centre Psychosocial Infertility (COMPI) *Research Programme. Hum Reprod. 18*(12):2638-46.

Valentine, D. P. (1986). Psychological impact of infertility: Identifying issues and needs. *Social Work in Health Care, 11*(4), 61-69.

Zuckerman, B., Hortensia A., Howard B., & Howard, C. (1989). Depressive symptoms during pregnancy: Relationship to poor health behaviors. *American Journal of Obstetrics and Gynecology.160* (5), Part 1, 1107-1111. Elsevier. https://doi.org/10.1016/0002-9378(89)90170-1

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Declaration of interest

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