

Comparing Subjective Well Being of Fertile and Infertile Women Residing in the Same Family

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Abstract

The present research is an attempt to compare the subjective well being of fertile and infertile women residing in the same family . Snow-ball sampling technique was used for sample selection. The sample for the study was drawn from the Jammu city of Jammu district of J&K state. Sample consisted of 30 infertile women and 30 fertile women living in the same house. Tools used for the study were interview guide, informal observation and subjective well-being inventory. After analysis, it was found that majority of the respondents both infertile and fertile were in the age group of 26-35 years, had received some formal education, were home makers, got married at the age 21-25 years and had married for a duration ranging between 5 to 10 years. Most of the respondents were Hindu and rest were Muslim and Sikh. Main reason for childlessness was primary infertility. According to respondents Motherhood was considered as an important milestone for women as it makes women complete, enhances their status in the family& society, give purpose to life and make life complete. Analysis of subjective well being scale reveals that majority of the respondents felt under the category of ill-being. T Results of t test showed that there were significant differences between two groups in well being scores. Infertile women scored significantly lower than their normal counterparts

Keywords: Fertile, Infertile, Subjective well being

1. Introduction

Desire for motherhood is inevitable and almost universal. Historically as well as traditionally, motherhood for women has been seen as natural. Until very recently, all over the world, construction of feminine identity was typically synonymous with motherhood. Nevertheless, in most developing countries like ours there has not been any notable change as far as the desire for motherhood is considered. Typically, both pregnancy and birth are widely associated with rituals that transform a woman from childlessness to motherhood, from being a young wife to a mature woman with the enhanced social status that is conferred upon mothers in many societies (Homans, 1982).

Infertility has been reported as an important stressor and life crisis in different cultural settings (Newton, Sherrard and Glavac, 2007). Infertility in many parts of the world has damaging consequences for men's and women's health. Due to the high cultural premium placed on childbearing in many countries, infertility often poses serious social problems for couples (Okonofua, 2003). Cross-culturally, infertility is recognized as a stressor event with the potential to cause havoc in the lives of individuals, couples and families (Burns & Covington, 2006; Shapiro, Shapiro & Paret, 2001).

Social stigma of infertility can have lifelong consequences, "affecting a woman for the remainder of her life, preventing subsequent marriage, and making her economically vulnerable." Childlessness results in social stigmatization for infertile women and places them at risk of serious social and emotional consequences (Sciarrà, 1994). It is a source of distress for couples as societal norms and perceived religious dictums may equate infertility with failure on a personal, interpersonal, emotional or social level. Women bear the brunt of these societal perceptions in most of the cases. Psychologically, the infertile woman exhibits significantly higher psychopathology in the form of tension, hostility, anxiety, depression, self-blame and suicidal ideation (Fido, 2004). Infertility is an intergenerational crisis which threatens the family and the extended family's future. Anecdotal reports describe the interruption of the normal stages of development of other family members. The inability of family members to understand and discuss reproductive loss is pervasive, possibly because family members themselves are experiencing their own losses, such as the parents of the infertile couple never

becoming grandparents (Conway & Valentine, 1988). In short, not having children may decrease social recognition, and involuntary childlessness may lead to a sense of failure and disappointment, that, in turn, should lower people's sense of well-being.

Women worldwide appear to bear the major burden of infertility, in terms of blame for the reproductive failing; personal anxiety, frustration, grief, and fear; marital duress, abuse, divorce, polygamous remarriage, or abandonment; and social stigma and community ostracism (van Balen & Inhorn, 2001). Sociologists believe that childlessness is also a common cause of divorce. Most of the studies indicate that marital breakdown is clearly associated with childlessness (Unisa 1999, Kiernan 1989, Tilson & Larsen 2000, Ahmed 1987). The assumed benefits of children thus are closely linked with core psychological needs for connectedness, engaging activity, meaning, security and control (e.g. reliable support in old age), and experiencing a positive self, the fulfillment of which appears to be major correlates of subjective well-being (Angner, 2005; Baumeister & Leary, 1995; Myers, 1999; Ryan & Deci, 2001; Veenhoven, 1975).

Subjective well-being and quality of life among infertile couples have been examined and investigated by researchers. Group comparisons (voluntarily childless, involuntarily childless or mothers) indicated that, when compared to involuntarily childless women, voluntarily childless women show higher levels of overall well-being, rate themselves as more autonomous with greater environmental mastery, and are less likely to have child-related regrets (Jeffries & Konnert, 2002). So it was felt important to study the subjective wellbeing of infertile women and compare it with their counterparts residing in the same family.

2.Objective

Main objective of the study was to compare the subjective well being of infertile and fertile women residing in the same family.

3.Material and methods

Sample for the present study was drawn from the Jammu city of Jammu District of J&K State. Sample of the study consisted of 30 childless women belonging to Jammu, having marital duration of at least five years and 30 fertile women having at least one child, residing in the same family as that of infertile women. Snowball sampling technique was used for sample selection. Tools used for data collection were Interview Guide, informal observation and Subjective well being inventory (SUBI). Subjective well being inventory (SUBI) was constructed by Shell and Nagpal (1992), it is designed to measure feeling of well-being or ill-being as experienced by an individual or a group of individuals in various day-to-day life concerns. It consists of 40 items.

4.Results

Results of the study reveals that none of the infertile respondents were below 25 years while 10% of fertile respondents were below 25 years at the time of data collection. Majority of the respondents both infertile & fertile were in the age group of 26- 35 years. Very few 7% infertile & 3% infertile respondents were above 50 years. Majority of respondents had received some formal education, while 20% of respondents were only functionally literate. There were some respondents who were graduates, but very few had received higher and professional education. In this study most of the women were not engaged in any wage earning activity they were housewives while 33% of infertile & 20% of fertile women were employed. Very few (3%) were self employed. Most of the respondents got married at the age 21-25 years, 32% of respondents got married at the age less than 20 years. Few of respondents got married at the age 26-30 years. At time of data collection, majority of respondents had been married for a duration ranging between 5 to 10 years in both the groups. There were few respondents who had marital duration of more than 20 years.

4.1 Subjective well being of fertile and infertile respondents.

Subjective well being has been reported as a composite measure of independent feelings about a variety of life concerns, in addition to an overall feeling about life in a positive and negative terms, i.e. general well being and ill being.

After analyzing the subjective well being of respondents on the basis of Subjective well being Inventory by Shell and Nagpal (1992) It is clear from the predicted frequencies given in the Table 1 that all the fertile respondents felt under the category of well being and in case of infertile respondents 63% of respondents felt under the category of ill being, and 37% felt under the category of well being which clearly shows that infertility affected the well being of women. In order to examine whether infertility affected the subjective well being or there is a significant difference in subjective well being of infertile women and normal group, the data were subjected to T test Analysis. Results showed that the mean and standard deviation in the infertile group was 72.83 and 28.13, and mean and standard deviation in the fertile group was 117.17 and 5.07. Result showed that there were significant differences between two groups in well being scores. Infertile women scored significantly lower than their normal counterparts. (note 1)

5. Conclusion

All the respondents were desperate to give birth to child as they believed that having children makes women complete ,leads to marital stability, provides contentment and give social support. They also had social pressure for having children, Most of the respondents were emotionally and verbally abused by family members. Infertile respondents required emotional and social support from family members but they always faced negative comments because of childlessness. On the other hand fertile respondents did not face negative behavior of family members. As far as involvement of respondents in family activities/ rituals and religious ceremonies was concerned it was found that majority of infertile respondents were not included in these activities. They were ignored because of their childlessness while fertile respondents played primary role in family activities. Infertile respondents faced negative comments and were blamed for not having children. In case of fertile respondents family members showed positive and supportive attitude. Infertile respondents were also facing social criticism from members of society i.e. neighbors and relatives.As they were facing the negative attitude of family and society.this directly or indirectly affected their well being ,which was statistically proved . Results of the study are consistent with the findings of the study conducted by Joshi et.al.(2009) which revealed that infertile women had poor wellbeing on all the dimensions as compared to normal women. They had high negative feelings, low self-esteem, poor social support,less freedom and less number of opportunities as compared to normal women. The measure of subjective well-being indicates that there is a marked difference between infertile and normal women. Other researchers (Andrews et al., 1991; Backman, 1982; Connidis &McMillan, 1993) were also found that infertility has detrimental effect on women's subjective wellbeing. The infertile women show less positive affects as compared to normal counterparts. They perceived larger gap between expectations and achievement, low feelings of belongingness, low concern for primary group, deficient in social contacts. So it can be concluded that infertility affects the well being of women.

Acknowledgement

The research for this paper was supported by the Indian council of social sciences and research.

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Notes 1.

Table 1: Subjective well being of fertile and infertile respondents

Subjective well being	Fertile women		Infertile women		Total	
	N	%	N	%	N	%
Poor well being	-----	----	19	63%	19	32%
Well being	30	100%	11	37%	41	68%
Total	30	100%	30	100%	60	100%

P value and statistical significance: The two-tailed P value is less than 0.0001 . By conventional criteria, this difference is considered to be extremely statistically significant. **Intermediate values used in calculations:** $t = 8.4954$, $df = 58$, standard error of difference = 5.218

Group	Group One	Group Two
Mean	72.83	117.17
SD	28.13	5.07
SEM	5.14	0.93
N	30	30

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