

Studying the Effect of Perceived Social Support and Mental Health on Marital Burnout in Infertile Women

Tanzeela Mobeen^{1*}, Saima Dawood¹

¹Centre for Clinical Psychology, University of the Punjab, Lahore, Punjab, Pakistan.

Abstract

Mental health and perceived social support are important variables in preventing marital burnout in infertile women. The purpose of this research was to predict marital dissatisfaction based on perceived social support and mental health in infertile women. The current research was correlational. Through available sampling, 361 people were selected to participate in the study. Marital burnout, perceived social support, and general health questionnaires were used to collect data. Pearson's correlation coefficient and regression methods were used for data analysis using SPSS version 23 software. According to the results, mental health, the total score of social support, and the support component of family, friends, and important people had a significant negative correlation coefficient with marital burnout ($P < 0.01$). The results of the regression in predicting marital boredom through the dimensions of social support and mental health show that among the predictor variables, mental health had a significant role in predicting marital boredom ($P < 0.05$) and explained 21% of the variance of marital dissatisfaction ($P < 0.001$). According to the obtained results, perceived social support and mental health in infertile couples are related to the occurrence of marital burnout in this group.

Keywords: Infertile women, Social support, Mental health, Marital burnout

Introduction

Infertility is a common problem that affects one out of six couples. Infertility can have major effects on the lives of couples and destroy marital satisfaction among others [1-4]. The World Health Organization states that couples who have infertility problems may have more problems in their marital relationships than others because, in many couples, the inability to reproduce is considered a personal disaster [5, 6]. Therefore, infertility has countless negative consequences in marital relationships, and as a result, the possibility of marital conflict, incompatibility, and boredom with marital relationships can increase [7]. Marital heartbreak means that couples become cold towards each other and they don't want to have a relationship with each other. In this case, couples do not show love and interest to each other and try to stay away from each other [8]. The onset of boredom is rarely sudden, and its process is usually gradual, and it rarely results from an unfortunate phenomenon or even a few unpleasant shocks [8]. The accumulation of frustrations and tensions in daily life causes psychological erosion and finally leads to burnout, which is associated with physical, mental, and emotional symptoms [9, 10].

The results of the research indicate the opposite relationship between mental health and marital dissatisfaction [11]. In some studies, it has been shown that couples in which men or women have mental health problems have more marital problems [12]. According to the World Health Organization, mental health is a basic need that is necessary to improve the quality of human life [13]. According to the definition of this organization, mental health is a state of well-being and well-being in which a person can understand his abilities, interact with others, deal

Corresponding author: Tanzeela Mobeen
Address: Centre for Clinical Psychology, University of the Punjab, Lahore, Punjab, Pakistan.
E-mail: tanzeelamobeen@gmail.com
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effectively with stressful life factors, work productively, and help his family and society [14]. Butterworth and Rodgers [12] showed that couples in which either husband or wife have mental health problems suffer from marital disorders more. Demir-Dagdaz *et al.* [13] also showed in their study that the lack of mental health and the presence of psychological injuries can be the cause of marital disputes and couples' incompatibility, and on the other hand, these problems can contribute to further aggravation of psychological injuries in couples [13]. Therefore, according to the above data, infertile couples who are more exposed to conflict and marital burnout than others, probably having higher levels of mental health can be considered an important factor in predicting the level of marital burnout.

Another factor related to marital dissatisfaction is perceived social support. Social support that occurs in the context of people's interactions is the amount of support that a person perceives and reports that he received [14]. Therefore, what is important about social support is a person's belief in having social support. The perception of social support in a suitable way can protect a person who is under psychological pressure and plays an important role in maintaining and enjoying a good and positive emotional experience in a person [15]. Such support can provide many physical and psychological benefits for people who face physical, psychological, and social stressful events and is considered a factor in reducing psychological distress in facing stressful events [16]. The experience of social support directly appears as a real shock factor between the unpleasant situation and psychological damage, and through influencing the intervening variables, it acts as an effective coping activation against the effects of stressful events [17]. Therefore, it can be expected that with the increase in the strength of this psychological shock absorber in the life of infertile couples, marital relations will also be strengthened.

Infertility is considered a stressful situation and infertile people are usually more exposed to health decline and marital boredom than other people due to the multitude of problems. It seems that mental health and social support can act as a protective factor in improving the marital relationship of infertile people. This is even though the findings of some studies also show that there is no relationship between marital disputes and psychological problems of couples and perceived social support in them. For example, Azhar *et al.* [18] in their study compared couples on the verge of divorce and a group of couples who were living together with anxiety and depression symptoms and showed that there is no significant difference between the two groups of symptoms in terms of anxiety and depression [18]. Iordachescu *et al.* [9] in their study on betrayed women showed that social support and emotional disorders cannot moderate the relationship between marital infidelity and marital adjustment [9]. Based on this and considering the importance of studying the psychological and social harms and problems of infertile people, especially infertile women, and the prevalence of this problem in society, as well as the need to identify the factors involved in marital dissatisfaction, the present study aims to examine the Marital burnout was analyzed based on perceived social support and mental health in infertile women.

Materials and Methods

The present research method was descriptive and correlational. In this study, a sample of infertile women including 361 people were selected by available sampling method. According to Cohen's opinion [19]; considering the error level of 5%, the test power of 80%, the effect size of 0.30, and having 10 factors in the used questionnaires, the sample size was determined to be 360 people. The inclusion criteria included minimum education, age 20-45, and at least two years of primary or secondary infertility. It is worth mentioning that infertile women with any cause of infertility and at any stage of treatment were allowed to enter the study.

The officials of the infertility department of the hospital introduced the qualified patients to the researcher. Then, the researcher gave necessary explanations to the participants about the purpose of the research and the process of participating in the research, and after obtaining their consent, the questionnaires were given to the participants. The subjects were assured that all information would remain confidential and they could avoid cooperating with the researcher at any time.

The marital burnout questionnaire (Couple burnout measure) was created by Pines and Nunes [20], it has 21 statements and three main subscales of physical exhaustion, emotional exhaustion, and psychological exhaustion. The scoring of this questionnaire is based on a seven-point Likert scale from never (score one) to always (score seven) and the seventeen items of the scale include negative expressions such as tiredness, discomfort, and worthlessness and four items include positive expressions such as Being happy and full of energy. The maximum score in the whole scale is 147 and the minimum is 21, and in each of the components of the scale, the maximum score is 49 and the minimum is 7. A higher score means more marital satisfaction. Pines evaluated its reliability coefficient by retest method for one month of 0.89, a two-month period of 0.76, and a four-month period of 0.66, and its Cronbach's alpha coefficient is between 0.91 and 0.93. He showed that the Marital Boredom Questionnaire

has good validity [20]. In the present study, the reliability coefficient of the Marital Discomfort Questionnaire using Cronbach's alpha method for the entire scale was 0.81 and its criterion validity was 0.67 through correlation.

A General Health Questionnaire is used to collect mental health data [21]. This self-report questionnaire is used in clinical groups to identify those who have a mental disorder and has four subscales of seven questions: (1) physical symptoms, (2) anxiety symptoms, (3) social functioning, and (4) symptoms of depression. Studies have shown that gender, education level, and age did not have a significant effect on the scores of this 28-question questionnaire in each of the subscales the total score of the questionnaire will be from 0 to 84. The scores of each subject are calculated separately, and after that, the scores of the four subscales are added up, and a lower score indicates a better mental health subscale, and above 60 in the total score of the questionnaire indicates severe distress. The validity and reliability of this questionnaire were checked by Gibbons in El Salvador and the reliability coefficient was 0.74 with the test-retest method and considering the cut-off point. 6.7, the sensitivity of the test was 0.88 and its specificity was 84.2 [21]. In the present study, the reliability coefficient of the general health questionnaire with Cronbach's alpha method for the whole scale was 0.89 and its criterion validity through correlation was 0.71.

The Multidimensional Scale of the Perceived Social Support questionnaire is used for the necessary gatherings in the field of perceived social support [22]. This questionnaire has 12 items and measures three dimensions of support from family, friends, and other important people. Each dimension of this scale has 4 items and the respondent answers each item on a 7-point Likert scale ranging from completely disagree (1) to completely agree (7). A high score on this scale indicates a high level of perceived social support. Cronbach's alpha coefficient on this scale was 0.91, family 0.87, and friends 0.85 in Zimet *et al.*'s study. In another study, Cronbach's alpha coefficient was reported as 0.88 for the dimension of family, 0.90 for friends, and 0.61 for other important people [22]. In the present study, the reliability coefficient of the perceived social support questionnaire using Cronbach's alpha method for the whole scale was 0.83 and its criterion validity was 0.62 through correlation. A demographic information questionnaire was collected in the form of a researcher-made demographic profile including education level, age, and duration of infertility.

In the present study, Pearson's correlation coefficient and regression methods were used for data analysis using SPSS version 23 software at a minimum level of 0.05.

Results and Discussion

361 infertile women participated in this study. **Table 1** presents descriptive indices of demographic variables. Out of 361 participants, the age group of 36 to 40 years had the highest frequency (31.2%) and the age group of 41 to 45 years had the lowest frequency. In terms of education level, a diploma (38.3%) was the most, and a Ph.D (2.2%) was the least. Also, in terms of duration of infertility, 4-6 years were the most frequent and 2-3 years were the least frequent.

Table 1. Status of the studied sample in terms of demographic characteristics.

Variable	Group	N	%
Age (Years)	20-30	86	23.8
	31-35	102	28.1
	36-40	112	31.2
	41-45	61	16.9
Education status	Under diploma	43	11.9
	Diploma	138	38.3
	Associate degree	36	10
	Bachelor's degree	111	30.7
	Master's degree	25	6.9
	Ph.D	8	2.2
The duration of infertility (Years)	2-3	40	11
	4-6	130	36
	7-9	93	25.7

10-12	46	13
> 12	52	14.3

The mean, standard deviation, and correlation coefficients between research variables are presented in **Table 2**. As can be seen in **Table 2**, all predictive variables have a significant correlation with the occurrence of marital burnout. Mental health (-0.46), total perceived social support score (-0.20), family component (-0.18), friends component (-0.17), and important people component (-0.14) have a significant negative correlation coefficient with marital burnout.

Table 2. Mean, standard deviation, and correlation coefficients between variables.

Variable	Mean	SD	1	2	3	4	5	6
Total perceived social support	41.69	1.28	1	-	-	-	-	-
Family	14.59	3.46	0.89**	1	-	-	-	-
Friends	13.93	3.51	0.77**	0.54**	1	-	-	-
Important people	14.69	4.63	0.85**	0.72**	0.41**	1	-	-
Mental health	55.31	10.87	0.60**	0.55**	0.47**	0.51**	1	-
Marital burnout	103.71	11.93	-0.20**	-0.18**	-0.17**	-0.14*	-0.46**	1

*P < 0.05, **P < 0.01

Before performing the regression analysis, the assumptions of the regression analysis were examined. Kolmogorov-Smirnov test was used to check the normality of the data. The results of this test showed that the data were normal ($P > 0.05$). To check the assumption of independence of errors and non-collinearity between predictor variables, Durbin-Watson's statistic was checked. If the obtained statistic is less than 4, it indicates the independence of errors and since the value of this index was calculated in the interval between 1.87, it shows that the assumption of independence of errors has been met. Also, the collinearity detection index for each dimension of social support and mental health was examined as predictor variables separately. Considering that the correlation coefficient between independent variables was not higher than 0.70, therefore, the possibility of multiple collinearity was not raised, and in other words, there is no multiple collinearity between predictor variables. In addition, because the tolerance index value was higher than 0.10 and the variance inflation index was lower than 10, it can be said that the phenomenon of collinearity did not occur in the research variables. Therefore, there was no obstacle to using regression analysis, and to investigate the predictive role of social support and mental health dimensions in marital burnout, regression coefficients, and their significance were investigated (**Table 3**).

Table 3. Summary of regression analysis results of social support and mental health dimensions based on marital burnout.

Predictor variable	R	R ²	F	B	Standard error	β	t
Mental health	0.45	0.21	13.00	-0.03	0.01	-0.52	-7.23
Support from friends	-	-	-	-0.35	1.31	-0.55	-0.27
Family support	-	-	-	-0.31	1.31	-0.49	-0.24
Support of important people	-	-	-	-0.29	1.30	-0.50	-0.22
Total social support	-	-	-	-1.05	3.92	-1.43	-0.26

The regression results in predicting marital burnout through the dimensions of social support and mental health show that among the predictor variables, mental health had a significant role in predicting marital burnout ($P < 0.05$) and the dimensions of social support in predicting Marital boredom did not have a significant role ($P > 0.05$). Mental health could explain 21% of the variance of marital boredom at the level of 0.001.

The present study was conducted to predict marital dissatisfaction based on perceived social support and mental health in infertile women. The results of this research showed that mental health and perceived social support in infertile women have a significant negative relationship with marital burnout. Also, the results showed that among predictor variables, mental health has a significant role in predicting marital dissatisfaction. In this regard, Galinsky and Waite [23] also showed in their study that mental health by increasing activity and sexual satisfaction in couples can help them to be more satisfied with life. In another study, it was shown that the presence of lower

levels of psychological distress in couples is associated with higher scores in the family process and individual and social functioning [22]. Butterworth and Rodgers [12] showed that couples in which either husband or wife have mental health problems report more marital disorders. In their study, Demir-Dagdaz *et al.* [13] showed that the lack of mental health and the presence of psychological injuries can be the cause of marital disputes and incompatibility between couples, and in contrast to these problems, they can contribute to further aggravation of psychological injuries in couples [13].

Marital relationship and marriage is a bond between two personalities, and among the personality traits, the most consistent relationship with the quality of marital relationships is the findings related to narcissism [13, 24, 25]. In general, mental injuries including negative emotional experiences, inability to control desire and impulse, ineffective coping with stress, the tendency to glorify and complain about situations, and interpreting any phenomenon as a stressful factor, can potentially destroy any type of relationship disturb and affect a person's life from personal and social aspects [12, 26]. Also, compared to couples with high levels of mental health, people with mental health problems spend a lot of time worrying and focusing on negative emotions, so they often have little time to fulfill marital duties, which increases the possibility of marital burnout in the long run [22]. People with mental health problems suffer from negative emotions such as anxiety, fear, worry, despair, depression, and hatred, and on the other hand, they are unable to experience positive emotions including happiness, cheerfulness, and a sense of vitality, and they often face problems and issues. Various people complain and have low life satisfaction. This causes them not only to not enjoy their married life, but also to annoy their spouses and those around them, and in the long term, they cause discouragement of the other party and cause marital boredom [27].

Low levels of mental health mean a drop in a person's normal functioning, and such a person does not have effective coping skills and a sufficient and healthy psychological foundation to face potentially stressful events, this process can disrupt the natural process of life in the long term. The creation and accumulation of more mental injuries, it is associated with the aggravation of mental health problems [11]. Therefore, having mental health and its components such as a positive outlook towards life issues, optimism, distress tolerance, flexibility, self-esteem, acceptance of one's own and other's weaknesses, and compassion are the basic factors of a healthy and satisfying relationship. In marital relationships, the lack of mental health components of each of the parties in the relationship can be a challenge in the marital relationship, and this is especially true for infertile couples because infertility can be an individual and interpersonal problem. It is known that couples are more exposed to incompatibility and intolerance of psychological distress [21]. Low levels of mental health mean a person's normal functioning declines and such a person does not have effective coping skills and a sufficient and healthy psychological foundation to face potentially stressful events. Such a process can disturb the natural process of life in the long term by creating and accumulating more psychological damage with aggravating mental health problems, which can manifest itself in the form of personal and communication problems [25].

Regarding perceived social support, the results of the present study showed that this variable has a negative relationship with the marital dependency of infertile women; it means that in infertile women with higher perceived social support, marital burnout is less visible. In explaining this finding, it can be said that the experience of social support directly appears as a real shock factor between an unpleasant situation and psychological damage, and acts through influencing intervening variables such as coping with the effects of negative situations or stressful events [14]. Therefore, it can be expected that with the increase in the strength of this psychological shock absorber, marital relations will be stronger, and, in parallel, marital satisfaction will also increase. Social support in the form of tangible support or emotional support and having someone in your life who can benefit from his empathetic care and sense of acceptance can be considered an important source for feeling calm, more resilient, and the ability to overcome stress. The experience of social support has appeared directly as a real buffering factor between unpleasant situations and psychological damage, and it works by influencing intervening variables such as coping with the effects of negative situations [15].

Conclusion

The purpose of this research was to predict marital dissatisfaction based on perceived social support and mental health in infertile women. According to the results, in infertile women, marital burnout can be predicted through social support and mental health, and higher social support and mental health help to reduce marital burnout in these people. Therefore, counselors and family therapists can use the findings of this research in line with clinical and educational interventions and use this approach to reduce marital boredom, improve the relationships of infertile couples, and strengthen their relationships.

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