

ORIGINAL RESEARCH

Assessment of marital intimacy and predictive factors among infertile women

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ABSTRACT

Background: Marital intimacy occurs when spouses express their ideas, emotions, and demands together, and is a real need for humans. The present study was conducted to assess marital intimacy and predictive factors among infertile women. **Materials & Methods:** 74 infertile women with history of >12 months of infertility was selected. A self-constructed questionnaire was used to gather information on the couple's age difference, educational attainment, economic status, occupations, present settlement type, length of marriage, duration of infertility, type of infertility, and reason of infertility. The Iranian version of the Marital Intimacy Needs Questionnaire Bagarozzi (IV-MINQ) was used to measure marital intimacy among study participants. There are forty-one items on it, all with Likert scale scores of ten. Emotional, psychological, intellectual, sexual, physical, spiritual, artistic, and social closeness are among the eight dimensions of intimacy. **Results:** Duration of infertility (years) was <2 in 14, 2-5 in 40, >5 in 20. Residence was urban in 40 and rural in 37. Economic status was low in 20, moderate in 38 and high in 16. Infertility type was primary in 50, secondary in 24. Infertility cause was male factor in 14, female factor in 16, both gender factors in 7 and unexplained factors in 37. Coitus count was 1-2 times in month in 4, 1-2 times in week in 37, 3-4 times in week in 13 and >4 time in week in 3 cases. There was a significant correlation between the domains of marital intimacy. The strongest correlation value was found between the physical and sexual domains ($r=0.87$). There were the high correlation value between the domains of intellectual with emotional intimacy ($r=0.84$), and also intellectual with psychological ($r=0.83$). **Conclusion:** In the context of female infertility, early screening and psychosocial intervention techniques recommend identifying and preventing the predicted factors that may lead to marital discord.

Keywords: Marital intimacy, Economic status, Women

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INTRODUCTION

Marital intimacy occurs when spouses express their ideas, emotions, and demands together, and is a real need for humans.¹ It is an interactional procedure in interrelated dimensions of emotional, intellectual, psychological, sexual, physical, spiritual, aesthetic, and social intimacy.² Sharing positive and negative feelings, fears, concerns, secrets, ideas, lovely thoughts, sex dreams, religion, spirituality, and daily experiences with one's spouse is an important aspect of a successful marriage.³ The relationship between a woman and her husband should be based on a healthy and dynamic relationship to develop intimacy. The review of literature indicated that marital intimacy and its domains had important roles in married adjustments, and were important predictors of general life satisfaction.^{4,5}

One of the main causes of most marital problems and misery is a lack of closeness and affection between

couples.⁶ One of the primary causes of divorce is inadequate marital intimacy, a topic of great concern in the counseling and psychology communities.

Research has indicated that various factors may impact the closeness between partners; among those influencing marital contentment could be infertility. In actuality, infertility affects people's stability and interpersonal connections globally, making it a public health concern.^{7,8} The present study was conducted to assess marital intimacy and predictive factors among infertile women.

MATERIALS & METHODS

The present study comprised of 74 infertile women with history of >12 months of infertility. All gave their written consent to participate in the study.

Data such as name, age, etc, was recorded. A self-constructed questionnaire was used to gather information on the couple's age difference,

educational attainment, economic status, occupations, present settlement type, length of marriage, duration of infertility, type of infertility, and reason of infertility. The Iranian version of the Marital Intimacy Needs Questionnaire Bagarozzi (IV-MINQ) was used to measure marital intimacy among study participants.

There are forty-one items on it, all with Likert scale scores of ten. Emotional, psychological, intellectual, sexual, physical, spiritual, artistic, and social closeness are among the eight dimensions of intimacy. P value < 0.05 was considered significant.

RESULTS

Table I: Assessment of parameters

Parameters	Variables	Number	P value
Duration of infertility (years)	<2	14	0.05
	2-5	40	
	>5	20	
Residence	Urban	40	0.92
	Rural	37	
Economic status	Low	20	0.71
	Moderate	38	
	High	16	
Infertility type	Primary	50	0.01
	Secondary	24	
Infertility cause	Male factor	14	0.98
	Female factor	16	
	Both gender factors	7	
	Unexplained factors	37	
Coitus count	1-2 times in month	4	0.01
	1-2 times in week	37	
	3-4 times in week	13	
	>4 time in week	3	

Table I, graph I shows that duration of infertility (years) was <2 in 14, 2-5 in 40, >5 in 20. Residence was urban in 40 and rural in 37. Economic status was low in 20, moderate in 38 and high in 16. Infertility type was primary in 50, secondary in 24. Infertility cause was male factor in 14, female factor in 16, both gender factors in 7 and unexplained factors in 37. Coitus count was 1-2 times in month in 4, 1-2 times in week in 37, 3-4 times in week in 13 and >4 time in week in 3 cases.

Graph I: Assessment of parameters

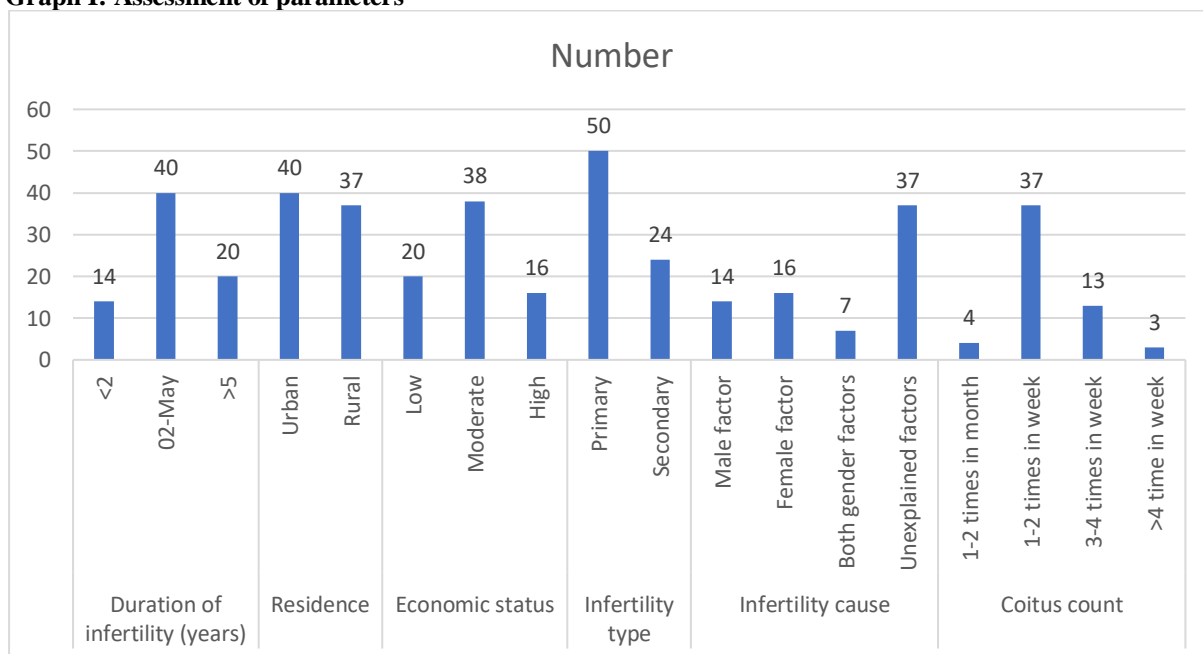


Table II: Marital intimacy domains inter correlations

	Emotional	Psychological	Intellectual	Sexual	Physical	Spiritual	Aesthetic	Social
Emotional	1							
Psychological	0.72	1						
Intellectual	0.84	0.83	1					
Sexual	0.63	0.62	0.75	1				
Physical	0.53	0.65	0.72	0.87	1			
Spiritual	0.56	0.61	0.65	0.62	0.71	1		
Aesthetic	0.51	0.54	0.60	0.58	0.62	0.64	1	
Social	0.69	0.65	0.63	0.68	0.62	0.61	0.60	1

Table II shows that there was a significant correlation between the domains of marital intimacy. The strongest correlation value was found between the physical and sexual domains ($r=0.87$). There were the high correlation value between the domains of intellectual with emotional intimacy ($r=0.84$), and also intellectual with psychological ($r=0.83$).

DISCUSSION

Screening and identifying risk factors that threaten marital intimacy and devoting attention to women with infertility can be effective steps towards increasing marital intimacy and stability, strengthening family bonds, and successfully treating infertility.^{9,10} The present study was conducted to assess marital intimacy and predictive factors among infertile women.

We found that duration of infertility (years) was <2 in 14, 2-5 in 40, >5 in 20. Residence was urban in 40 and rural in 37. Economic status was low in 20, moderate in 38 and high in 16. Infertility type was primary in 50, secondary in 24. Infertility cause was male factor in 14, female factor in 16, both gender factors in 7 and unexplained factors in 37. Coitus count was 1-2 times in month in 4, 1-2 times in week in 37, 3-4 times in week in 13 and >4 time in week in 3 cases. Pasha et al¹¹ evaluated marital intimacy and predictive factors among infertile women. A total of 221 infertile women participated in this study. The instrument used in this research was Marital Intimacy Need Questionnaire (MINQ). An 88.5% of infertile women had good marital intimacy. The mean and standard deviation of the marital intimacy was 349.11 ± 49.26 and in marital intimacy domains including: emotional (42.28 ± 7.23), psychological (41.84 ± 7.59), intellectual (42.56 ± 7.46), sexual (42.90 ± 7.41), physical (43.59 ± 6.96), spiritual (51.61 ± 8.06), aesthetic (42.66 ± 6.75), and social intimacy (42.59 ± 6.89). The highest mean of marital intimacy domains is related to spirituality in infertile women. Physical and sexual domains had the high mean in infertile women. The lowest mean in marital intimacy domains was psychological intimacy. There was a significant correlation between the domains of marital intimacy. The strongest correlation was between the physical and sexual intimacy ($r=0.85$). There was a significant inverse association in marital intimacy with the age difference of spouses ($p < 0.01$), and tobacco use ($p < 0.02$). There was a statistically significant association in the marital intimacy with husband's occupation, and cause of infertility ($p < 0.02$).

We observed that there was a significant correlation between the domains of marital intimacy. The strongest correlation value was found between the physical and sexual domains ($r=0.87$). There were the high correlation value between the domains of intellectual with emotional intimacy ($r=0.84$), and also intellectual with psychological ($r=0.83$). Chachamovich et al¹² examined the extent to which men and women seeking treatment for infertility were able to accurately perceive their partners' ratings of their quality of life (QOL). One hundred and sixty-two couples participated. The men's and women's mean ages were 36.1 and 32.1 years, respectively. Most participants had no children, and no previous assisted reproduction attempts. Men and women completed the World Health Organization-Quality of Life-Brief (WHOQOL-Brief) and the Beck Depression Inventory independently. Proxy assessments were consistently lower than self-reports on the domains of QOL. The influence of depression on agreement was minimal, and no gender effect was observed.

The shortcoming of the study is small sample size.

CONCLUSION

In the context of female infertility, early screening and psychosocial intervention techniques recommend identifying and preventing the predicted factors that may lead to marital discord.

REFERENCES

1. Tao P, Coates R, Maycock B. Investigating marital relationship in infertility: a systematic review of quantitative studies. *J Reprod Infertil*. 2012;13(2):71-80.
2. Motavalli R, Ozgoli G, Bakhtiari M, Alavi Majd H. Marital satisfaction and marital intimacy in employed and unemployed pregnant women of ardebil city. *Journal of Ardebil University of Medical Sciences*. 2010;34:315-24.
3. Peyvandi S, Mohammadpour RA, Hosseini SH, Daneshpoor SMM, Qolami N. The prevalence of depression, anxiety and marital satisfaction and related factors in infertile women referred to infertility clinics of Sari city in 2008. *Journal of Mazandaran University of Medical Sciences* 2006. 2011;20(80):26-32.

4. Etemadi O, Navabinejad S, Ahmadi S, Farzad V. The effect of couples therapy by method of Imago therapy in increasing marital intimacy referred to counseling center in the Isfahan city. *News and Research Counseling*. 2006;5(19):9-22.
5. Fooladi E, Danesh MM, Kashfi F, Khani S, Mohammadpor RA. Study of infertile husbands' and wives' point of view to infertility and marital adjustment in patients referring to Royan infertility center of Tehran in 2005. *Journal of Mazandaran University of Medical Sciences*. 2006;16(55):131-37.
6. Keskin U, Coksuer H, Gungor S, Ercan CM, Karasahin KE, Baser I. Differences in prevalence of sexual dysfunction between primary and secondary infertile women. *Fertility and Sterility*. 2011;96(5):1213-17.
7. Masoumi SZ, Garousian M, Khani S, Oliaei SR, Shayan A. Comparison of quality of life, sexual satisfaction and marital satisfaction between fertile and infertile couples. *Int J Fertil Steril*. 2016;10(3):290-96.
8. Brandt S. Religious homogeneity and marital satisfaction: couples that pray together, stay together. *J of Family Relation*. 2003;44(4):469-77.
9. Rahmani A, Khoei EM, Gholi LA. Sexual satisfaction and its relation to marital happiness in iranians. *Iranian Journal of Public Health*. 2009;38(4):77-82.
10. Pasha H, Faramarzi M, Esmailzadeh S, Kheirkhah F, Salmalian H. Comparison of pharmacological and non-pharmacological strategies in promotion of fertility self-efficacy of infertile women. *Iran J Reprod Med*. 2013;11(6):495-502.
11. Pasha H, Basirat Z, Esmailzadeh S, Faramarzi M, Adibrad H. Marital intimacy and predictive factors among infertile women in northern Iran. *Journal of clinical and diagnostic research: JCDR*. 2017 May;11(5):13.
12. Chachamovich JR, Chachamovich E, Ezer H, Fleck MP, Knauth DR, Passos EP. Agreement on perceptions of quality of life in couples dealing with infertility. *Journal of Obstetric, Gynecologic & Neonatal Nursing*. 2010 Sep 1;39(5):557-65.