

# Child-Free Lifestyle and the Need for Parenthood and Relationship with Marital Satisfaction among Infertile Couples

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## Abstract

**Objective:** Marital satisfaction is considered as satisfaction with a marital relationship on which the presence of a child has different effects. Concerns about a childfree life and its effect on marital satisfaction in infertile couples are very critical. Therefore, this study was intended to characterize and compare concerns about a childfree lifestyle and the need for parenthood and their relationship with marital satisfaction in infertile couples.

**Method:** A total of 200 men and 200 women who referred to fertility centers in Tehran participated in this cross-sectional study. Convenience sampling method was used for sampling. Demographic survey, ENRICH Marital Satisfaction Scale, and Fertility Problem Inventory were used for data collection. The resulting data were analyzed using descriptive and analytical statistical tests (Pearson Correlation Coefficient and Stepwise Regression).

**Results:** The mean scores for concern about a childfree lifestyle and the need for parenthood in women were significantly higher than in men. The variables rejection of a childfree lifestyle and the need for parenthood were respectively predictors of marital satisfaction in women and men.

**Conclusion:** Since marital satisfaction in infertile couples is affected by their feelings about having a child and becoming a parent, it is therefore suggested that appropriate counseling be provided in supportive healthcare programs for infertile couples to promote their marital satisfaction.

**Key words:** *Child; Infertility; Life Style; Marital Relationship*

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**M**arital satisfaction is considered as a common concept for evaluation of marital happiness and stability. In fact, even more important than marriage itself are marital success and satisfaction (1, 2). Marital satisfaction is defined as a mental state that reflects happiness, satisfaction, and felicity in couples taking all dimensions of life into account. In addition, marital satisfaction is one of the most critical indicators of marital satisfaction and family functioning (3).

According to the results of several studies, marital satisfaction is a multidimensional phenomenon affected by many factors such as age of marriage, duration of marriage, self-perception and social perception, personality traits, expectations communicative, and problem-solving skills, economic factors, psychological factors, sexual function, marital conflicts, presence or absence of children, stress, child-rearing styles and practices, relationship with friends and relatives, and many other factors at the individual and social levels (1, 4-9).

Having a child can have positive and negative effects on the parenting styles in different ways. The parental sense of pride and pleasure is one positive result of having a child and fatigue and disagreement for child care and performing duties can be considered as its negative effects. Such effects, in turn, can affect the quality of a marital relationship (10, 11).

Rejecting a childfree lifestyle characterizes a negative attitude towards families without children whose future happiness is dependent on having a child. Moreover, the need for parenthood is defined as close adaptation with parental responsibilities as the main goal in life. These are the critical factors that affect the way people deal with infertility (12). Therefore, as with other important goals in life, inability to have a baby to experience parenthood can lead to failure and its adverse consequences (13).

The positive effects of having kids on marital satisfaction are accompanied by verification of fertility in women, so that they consider their capability to produce offspring as a complete success in their biological and psychological role as well as social function and it is regarded as an ability for motherhood because inability to have a biological child is regarded as a defect in many couples.

According to some studies, having a child or a larger number of children can lead to fewer opportunities for couples' communication, greater parental responsibilities, and increased prevalence of depression and anxiety which in turn affect marital satisfaction (14, 15). Meanwhile, Onishi et al (2012) in their study showed that the number of children is positively and significantly correlated with marital satisfaction (10). Also, Bahrainian et al (2009) in their study showed that the level of marital satisfaction in fertile women is higher than in infertile women (16). Giving birth to a child brings joy and pleasure into most couples' life so

that parents consider this issue as realization of their fertility needs, social expectations, and stability of their marital relationship (17).

Since expecting a baby is regarded as one of the main reasons to get married, a phenomenon called infertility is a critical issue and an unpleasant experience in the couples' life (18). Infertility is defined as not being able to get pregnant despite having frequent, unprotected sex for at least a year for most couples (19). Having an emotionally threatening and stressful nature, infertility is considered a crisis in the couples' life. Not only this phenomenon is an obstetric and gynecological disease but also it is considered a biological-psychosocial-social issue (20, 21). Concerns about not having a child and inability to become a father or a mother, influence marital satisfaction through creating marital conflicts (22).

The results of some studies demonstrated that couples with children were happier compared with nonparents and enjoyed higher marital satisfaction (23-25). Today, despite scientific and medical progress, a significant percentage of couples still belong to those who fail to treat their fertility problem and still suffer from confrontation with a childless life. As a result, their mental, sexual, and marital well-being is affected by this concern (26). As marital relationship is the main source of social support for most couples and serves as a protective factor against psychological and physiological problems, satisfaction with this relationship also affects one's physical and mental health, his/her satisfaction with life, and his/her social interactions (9). However, not only low marital satisfaction does create a dysfunctional family environment but also it might lead to family instability and divorce (27).

Although many studies have been done on marital satisfaction, in the field of infertility, most studies have been done on treatment and its psychological consequences. Marital relations in Iranian culture influenced by the factor of childbearing and having a child is one of the effective factors in marital satisfaction. Thus, as marital relationship is considered as the main source of support for infertility treatment, the effects of childlessness on marital satisfaction are very important. Therefore, this study was intended to compare concerns about a childfree lifestyle and the need for parenthood in infertile women and men and to investigate its relationship with marital satisfaction.

## **Materials and Methods**

### ***Research design and Participants***

This cross-sectional study was conducted on infertile couples (200 females and 200 males) who referred to fertility centers across Tehran from October 2016 to July 2017. This study is part of the evaluation of the conceptual model of marriage in which the sample size is estimated based on the dimensions of the questionnaires used in it. Thus, for each dimension of the questionnaire (20 dimensions), 10 observations were

considered, and according to the probability of change in the number of demographic variables based on the conceptual model, at least 200 infertile couples were determined.

#### **Inclusion Criteria**

The inclusion criteria were as follows: couples with primary infertility, Iranian nationality, ability to read and write, lack of well-known mental problems, interest in participation, and not having experienced extremely stressful events such as the death of close relatives or job loss during the past 6 months.

#### **Sampling Method**

Sampling was performed using a purposeful and then cluster sampling method. First, Tehran was divided into 4 regions: north, south, east and west. Then, a list of fertility centers from each region was prepared from which, 1 center was randomly selected. At each center, the samples were included in the study using convenience sampling method. After attending the respective centers, finding the samples based on the inclusion criteria and receiving written and informed consent, the researcher provided the questionnaires for the samples. For data collection, a demographic questionnaire, Enrich Marital Satisfaction Scale, and Fertility Problem Inventory (as subcategories of rejection of childfree Lifestyle and the need for parenthood) were used. The demographic questionnaire contained items such as age, education, occupation, economic status, age of marriage, duration of marriage, reason for infertility, and duration of infertility .

#### **Measurements**

ENRICH Marital Satisfaction Scale was developed by Fowers and Olson (1989). In this study, a brief version of this scale was used. This scale was developed as a brief self-report questionnaire with 35 items in 4 subscales, including “marital satisfaction”, “communication skills”, “how the conflicts are resolved” and “idealistic distortion” to identify the grounds of power and boost the couple relationship. In a study by Ghahramani et al (2017), the alpha coefficients calculated for the respective subscales were 0.80, 0.86, 0.84, and 0.83, respectively, and the test-retest coefficients were 0.86, 0.81, 0.90 and 92%, respectively (28). In the study conducted by Asoudeh (2010), the alpha coefficients calculated for the subscales of marital satisfaction, communication skills, conflict resolution, and idealistic distortion were 0.78, 0.78, 0.62, and 0.77, respectively (29). In the present study, Cronbach’s alpha obtained for subscales of this questionnaire in men and women ranged between 0.65 to 0.67 and 0.63- to 0.78, respectively.

Fertility Problem or infertility-related Stress Inventory: It was developed by Newton et al in 1999 at London Health Sciences Center and describes perceived infertility-related stress in 5 separate domains: (1) Social Concern; (2-) Sexual Concern; (3) Relationship Concern; (4) Rejection of a Childfree Lifestyle; and (5) Need for Parenthood. This questionnaire is a 46-item

instrument scored on a 6-point Likert scale ranging from “strongly disagree” to “strongly agree” in which a higher score reflected more stress. Newton et al (1999) applied factor analysis to examine the validity of this inventory and verified its subscales. Also, the reliability of this instrument was assessed using internal consistency and the Cronbach’s alpha for the subscales of social concern, sexual concern, relationship concern, childless lifestyle, and need for parenthood were 0.87, 0.77, 0.82, 0.80, and 0.84, respectively, while this coefficient for the questionnaire was calculated to be 0.93 (30). In Iran, Samani et al (2016) examined the validity and reliability of this instrument and estimated its reliability using Cronbach’s alpha for the subscale to be 0, 0.95 for the childless lifestyle, and 0.83 the need for parenthood, and 0.86 the total score. Also, to evaluate the validity of this instrument, construct validity was used and the results of exploratory factor analysis demonstrated that the 5 factors (including social concern, sexual concern, relationship concern, concern about a childfree lifestyle, and the need for parenthood) explained 47.82% of the total variance (31). In the present study, Cronbach’s alpha for the subscales of this questionnaire was calculated to be between 0.75 and 0.85 in couples .

#### **Statistical Analysis**

Data analysis was performed using SPSS 18.0 software with descriptive statistics (frequency, mean, and standard deviation) and analytical (Pearson correlation coefficient and stepwise regression), with significance level set at  $P < 0.05$  .

#### **Ethical Considerations**

Written informed consent was obtained from all participants. The Ethics Committee of Nursing and Midwifery School of Shahid Beheshti University of Medical Sciences also approved the present study on July 18, 2016 with the reference number IR.SBMU.PHNM.1395.500.

#### **Results**

In this study, 200 women and 200 men participated. The mean age of men and women was  $35.2 \pm 5.6$  and  $31.2 \pm 5.5$  years, respectively. In addition, the average age of marriage in men and in women, duration of marriage, and duration of infertility were  $28.3 \pm 5.4$ ,  $24.4 \pm 5.5$ ,  $6.7 \pm 4.0$ , and  $5.0 \pm 3.7$ , respectively. In 31.5% of the infertile couples, the problem lied solely in the male partner (male infertility). Also, 36% of men had passed high school studies and 42% of women had university degrees. Of the couples, 70% lived in Tehran. The normality of data pertaining to the dependent variable was evaluated using Kolmogorov-Smirnov test and as the data were normal, parametric tests were used for data analysis. The findings suggested that the mean scores for “concern about childfree lifestyle” and the need for parenthood” in women were significantly higher than in men ( $P < 0.001$ ) (Table 1). The mean score of marital satisfaction and its subscales in infertile couples is given

in Table 2. According to the obtained data, the calculated correlation coefficient between “rejection of a childfree lifestyle” and “marital satisfaction” in women was significant and negative at  $P < 0.001$  and no correlation was observed between “the need for parenthood” and marital satisfaction” (Table 2). Moreover, the calculated correlation coefficient between “need for parenthood” and “marital satisfaction” in men was significant and negative at  $P = 0.01$  and no correlation was observed between “rejection of child free lifestyle” and “marital satisfaction” (Table 3). After evaluating the correlation coefficient of the following

variables “rejection of a childfree lifestyle”, “the need for parenthood” and “marital satisfaction” in men and women and modulating the intervention factors such as duration of the marriage and the duration of infertility, stepwise regression test was used to assess the predictability of these variables. The results suggested a significant relationship between “rejection of a childfree lifestyle” and “marital satisfaction” in women that was a predictor of marital satisfaction. The result of this test also showed that “the need for parenthood” was a predictor of marital satisfaction (Table 4).

**Table 1. The Mean Score of Rejection of Childfree Lifestyle and Need for Parenthood in Infertile Men and Women**

	Women Mean±(SD)	Men Mean±(SD)
Rejection of childfree lifestyle	26.8±6.8	25.9±5.9
Need for parenthood	41.5±7.6	38.5±7.6

**Table 2. The Mean Score of Marital Satisfaction and Its Subscales in Infertile Couples**

Marital Satisfaction and its Subscale	Men Mean±(SD)	Women Mean±(SD)
Marital satisfaction	36.9±4.0	63.1±5.0
Conflict resolution	30.9±5.1	13.2±5.0
Communications	43.1±6.3	33.5±6.9
Idealistic distortion	91.2±3.0	81.4±3.5
Total score	121.3±14.8	119.4±617.6

**Table 3. Correlation between Rejection of Childfree Lifestyle and Need for Parenthood and Their Relationship with Marital Satisfaction in Infertile Couples**

Marital Satisfaction		(Pearson Correlation)	(P Value)
Marital satisfaction and rejection of childfree lifestyle	Women	-0.317	<0.0001*
	Men	-0.055	0.437
Marital satisfaction and Need for parenthood	Women	-0.101	0.155
	Men	-0.166*	0.01*

• Pearson correlation test

**Table 4. The Results of Stepwise Regression in Examining the Relationship between Rejection of Childfree Lifestyle and Need for Parenthood and Their Association with Marital Satisfaction in Infertile Couples**

Model	B	Beta	95.0% Confidence Interval	P value
Men rejection of childfree lifestyle	-0.871	-0.317	-1.237 -0.505	<0.001**
Women Need for parenthood	-0.322	-0.166	-0.590 -0.054	0.01**

• Dependent Variable: Marital Satisfaction  
 • Stepwise regression test

**Discussion**

The present study aimed to compare concerns about a childfree lifestyle and the need for parenthood in infertile women and men and their relationship with marital satisfaction. The findings suggested that infertile women had higher scores in the variables “rejection of a child free lifestyle” and “the need for parenthood” compared to infertile men. This finding is in contradiction with the results obtained by Rashtapotra et al (2008) who found higher scores in men for “concern about a childless lifestyle” while it is consistent with the findings reported by Hosseini et al (2014) (32, 33). Generally speaking, thinking to lose reproductive ability and the chance of motherhood and feeling to lose the continuity of generation can make infertile women worried and stressful (34). Having a child in most societies is considered as the fruit of marriage and has always been a social expectation from couples. In this study, these expectations seem to be higher because infertile couples are not able to conceive. Also, considering the fact that maternal roles are attributed to women and women are more likely to be exposed to social expectations than men, fear of a social stigma has increased and this has worried these women. Infertile women in the present study also belonged to a community in which having a child represents evolution of a family. Therefore, it is reasonable to think that concerns about not having a child and the need for parenthood is higher in women of the present study than in men .

The findings of the present study also indicated a negative and significant correlation between “rejection of a childfree lifestyle” and “the need for parenthood” in men and women, respectively that predicts marital satisfaction. This finding is in line with the results obtained by Izadi et al (2017), Khan et al (2015), Leaderman et al (2010), Peyvandi et al (2011), and Alipour et al (2013) (35-40), whose results emphasize that the higher levels of concern and stress about a childfree lifestyle are accompanied by lower marital satisfaction and compatibility. Also, high levels of concern for a childless lifestyle as well as the need for parenthood can be associated with poor couple’s communication and inadequate and different compatibility skills in couples that lead to reduced marital compatibility and satisfaction. It seems that infertile couples, due to depression and anxiety over not having children, suffer from intense mental and psychological pressure imposed by themselves and the society so that their sexual relationship occurs only to make a baby while it lacks satisfaction and pleasure. In this study, the most common cause of infertility lies in the male partner. Consequently, the need for parenthood in men that has negatively predicted their marital satisfaction seems to be for the same reason. In developing societies, including Iranian society, men as fathers are considered the main member of every family. Therefore, inability to become a parent and consequently

blemishing of this role in the family can be stressful for men and affects their marital relationships (35).

One of the strengths of this study was examination of infertile couples at the same time. Also, as limited studies have paid attention to issues related to infertile couples, the subject of this study was regarded as its strength.

**Limitation**

The cross-sectional design and the possibility of giving untruthful responses to the questions by some couples were among the limitations of this study.

**Conclusion**

Concerns about a childfree lifestyle as well as the need for parenthood are higher in infertile women than in infertile men. Also, these 2 variables are predictors of marital satisfaction in these couples. Further studies are recommended to characterize the relationship between the ability to have a child and marital satisfaction among fertile and infertile couples by controlling the factors related to marital satisfaction. Also, due to these concerns, appropriate counseling should be offered to provide supportive healthcare for infertile couples.

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**Conflict of Interest**

None.

**References**

1. Chehreh H, Ozgoli G, Abolmaali K, Nasiri M. The relationship between personality traits and marital satisfaction based on five factors model of personality: A systematic review. *Scientific Journal of Kurdistan University of Medical Sciences*. 2017;22(5):121-32.
2. Khalatbari J, Ghorbanshiroudi S, Azari KN, Bazleh N, Safaryazdi N. The relationship between marital satisfaction (based on religious criteria) and emotional stability. *Procedia-social and behavioral sciences*. 2013;84:869-73.
3. Hatami H, Habi M, Akbari A. Assessing the impact of religiosity on marital satisfaction. *J Military Psychology*. 2009;1(1):13-22.
4. Amrelahi R, Roshan Chesly R, Shairi M, Nik Azin A. Marital conflict, marital satisfaction, and sexual satisfaction: comparison of women with

- relative marriage and women with non-relative marriage. CPAP. 2013;11(1):11-22.
5. Fatehizadeh M, Ahmadi A. The relationship between marital satisfaction and communication patterns of couples in Isfahan University. *Journal of Family Research*. 2006;2:110-20.
  6. Javanmard GH, Garegozlo RM. The study of relationship between marital satisfaction and personality characteristics in Iranian families. *Procedia - Social and Behavioral Sciences*. 2013;84:396-9.
  7. Farah LK, Shahram V. The effect of sexual skills training on marital satisfaction. *Procedia - Social and Behavioral Science*. 2011;30:2581-5.
  8. Randall AK, Bodenmann G. The role of stress on close relationships and marital satisfaction. *Clin Psychol Rev*. 2009;29(2):105-15.
  9. Tavakol Z, Nikbakht Nasrabadi A, Behboodi Moghadam Z, Salehiniya H, Rezaei E. A review of the factors associated with marital satisfaction. *Galen Medical Journal*. 2017;6(3):197-207.
  10. Onyishi EI, Sorokowski P, Sorokowska A, Pipitone RN. Children and marital satisfaction in a non-Western sample: having more children increases marital satisfaction among the Igbo people of Nigeria. *Evol Hum Behav*. 2012;33(6):771-4.
  11. Twenge JM, Campbell WK, Foster CA. Parenthood and marital satisfaction: a meta-analytic review. *J Marriage Fam*. 2003;65(3):574-83.
  12. Moura-Ramos M, Gameiro S, Canavarro MC, Soares I, Santos TA. The indirect effect of contextual factors on the emotional distress of infertile couples. *Psychol Health*. 2012;27(5):533-49.
  13. Gilbert P, Allan S. The role of defeat and entrapment (arrested flight) in depression: an exploration of an evolutionary view. *Psychol Med*. 1998;28(3):585-98.
  14. Hirschberger G, Srivastava S, Marsh P, Cowan CP, Cowan PA. Attachment, Marital Satisfaction, and Divorce During the First Fifteen Years of Parenthood. *Pers Relatsh*. 2009;16(3):401-20.
  15. Jose O, Alfons V. Do demographics affect marital satisfaction? *J Sex Marital Ther*. 2007;33(1):73-85.
  16. Bahrainian SA, Nazemi F, Dadkhah A. The Comparison of Marital Satisfaction between Fertile and Infertile Women. *Iranian Rehabilitation Journal*. 2009;7(1):11-6.
  17. Kluwer ES. From partnership to parenthood: A review of marital change across the transition to parenthood. *Journal of Family Theory & Review*. 2010;2(2):105-25.
  18. Amiri M, Sadeqi Z, Hoseinpoor MH, Khosravi A. Marital Satisfaction and Its Influencing Factors in Fertile and Infertile Women. *J Family Reprod Health*. 2016;10(3):139-45.
  19. Sheikhan Z, Ozgoli G, Azar M, Alavimajd H. Domestic violence in Iranian infertile women. *Med J Islam Repub Iran*. 2014;28:152.
  20. Hashemieh C, Neisani Samani L, Taghinejad H. Assessment of Anxiety in Pregnancy Following Assisted Reproductive Technology (ART) and Associated Infertility Factors in Women Commencing Treatment. *Iran Red Crescent Med J*. 2013;15(12):e14465.
  21. Onat GI, Beji NK. Marital Relationship and Quality of Life Among Couples with Infertility. *Sex Disabil*. 2012;30:39-52.
  22. Pasha H, Basirat Z, Esmailzadeh S, Faramarzi M, Adibrad H. Marital Intimacy and Predictive Factors Among Infertile Women in Northern Iran. *J Clin Diagn Res*. 2017;11(5):Qc13-qc7.
  23. Hansen T. Parenthood and Happiness: a Review of Folk Theories Versus Empirical Evidence. *SIR*. 2012;108(1):29-64.
  24. Lawrence E, Rothman AD, Cobb RJ, Rothman MT, Bradbury TN. Marital satisfaction across the transition to parenthood. *J Fam Psychol*. 2008;22(1):41-50.
  25. Pollmann-Schult M. Parenthood and life satisfaction: Why don't children make people happy? *Journal of Marriage and Family*. 2014;76(2):319-36.
  26. Aarts JW, van Empel IW, Boivin J, Nelen WL, Kremer JA, Verhaak CM. Relationship between quality of life and distress in infertility: a validation study of the Dutch FertiQoL. *Hum Reprod*. 2011;26(5):1112-8.
  27. Zaheri F, Dolatian M, Shariati M, Simbar M, Ebadi A, Azghadi SB. Effective Factors in Marital Satisfaction in Perspective of Iranian Women and Men: A systematic review. *Electron Physician*. 2016;8(12):3369-77.
  28. Ghahremani F, Doulabi MA, Eslami M, Shekarriz-Foumani R. Correlation Between Number and Gender Composition of Children and Marital Satisfaction in Women Presenting to Health Centers in Tehran-Iran, 2015. *Iran J Psychiatry Behav Sci*. 2017; 11(2): 95-98.
  29. soodeh MH, Khalili S, Daneshpour M, Lavasani MG. Factors of successful marriage: Accounts from self described happy couples. *Procedia-social and behavioral sciences*. 2010;5:2042-6.
  30. Newton CR, Sherrard W, Glavac I. The Fertility Problem Inventory: measuring perceived infertility-related stress. *Fertil Steril*. 1999;72(1):54-62.
  31. Samani RO, Almasi-Hashiani A, Shokri F, Maroufizadeh S, Vesali S, Sepidarkish M. Validation study of the Fertility Problem Inventory in Iranian infertile patients. *MEFSJ*. 2017;22(1):48-53.
  32. Hosseini S, Farahani M, Rashidi B. The Role of Infertility Stress, Coping Styles, Personality Trait and Social Support in Marital Adjustment of Infertile Women. *JRPH*. 2014; 7(2): 1-12.
  33. Sreshthaputra O, Sreshthaputra RA, Vutyavanich T. Gender differences in infertility-related stress and the relationship between stress and social support in Thai infertile couples. *J Med Assoc Thai*. 2008;91(12):1769-73.
  34. Karaca A, Unsal G. Psychosocial Problems and Coping Strategies among Turkish Women with

- Infertility. *Asian Nurs Res (Korean Soc Nurs Sci)*. 2015;9(3):243-50.
35. Alipour A, Rahimi A, Zare H. THE RELATIONSHIP BETWEEN MENTAL HEALTH AND MARITAL SATISFACTION OF MARRIED STUDENTS, PAYAME NOOR UNIVERSITY OF TEHRAN. *Studies in Med Sci*. 2013;24(7):557-65.
  36. Izadi N, Sajjadian I. The Relationship between Dyadic Adjustment and Infertility-Related Stress: The Mediated Role of Self-compassion and Self-judgment. *IJPN*. 2017;5(2):15-21.
  37. Khan H. COMPARISON OF PARENTS AND CHILDLESS COUPLES: LIFE SATISFACTION, SOCIAL SUPPORT, AND PERSONALITY TRAITS AMONG MARRIED COUPLES WITH AND WITHOUT CHILDREN. *EJBSS*. 2015;4(08):91-9.
  38. Ledermann T, Bodenmann G, Rudaz M, Bradbury TN. Stress, communication, and marital quality in couples. *Family Relations*. 2010;59(2):195-206.
  39. Maroufizadeh S, Karimi E, Vesali S, Omani Samani R. Anxiety and depression after failure of assisted reproductive treatment among patients experiencing infertility. *Int J Gynaecol Obstet*. 2015;130(3):253-6.
  40. Peyvandi S, Hosseini SH, Daneshpour M, Mohammadpour R, 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. *J Mazandaran Univ Med Sci*. 2011;20(80):26-32.