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RESEARCH PAPER

When Love Confronts Loss: Marital Satisfaction and Subjective Well-Being among Infertile Couples in Punjab, Pakistan

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ABSTRACT

The purpose of this study was to examine the sociological and psychological aspects of infertility in Punjab, Pakistan, and the relationship between subjective well-being and marital satisfaction. Infertility is a debilitating illness that has social, psychological, and physiological repercussions. It is frequently associated with stigma, gendered blame, and familial pressure in South Asian societies such as Pakistan, endangering the stability and well-being of marriages. Purposive sampling was used to select 358 infertile respondents (179 men and 179 women) from LIFE-IVE centers in Multan and Lahore for a cross-sectional survey. Subjective well-being and marriage satisfaction were measured using standardized questionnaires. Descriptive statistics, linear regression, and Pearson correlation were all used in the data analysis. **Results:** Subjective well-being and marital satisfaction were shown to be strongly positively correlated ($r = .958$, $p < .001$). Marital satisfaction was found to be a significant predictor of subjective well-being by regression analysis ($R2 = .918$, $\Delta F = 3996.4$, $p < .001$). One important factor influencing the subjective well-being of infertile couples in Pakistan is marital satisfaction. Improving connection, communication, and support between spouses may lessen the psychological toll that infertility takes. By highlighting the necessity of couple-focused interventions and stigma reduction measures to improve the quality of life for infertile couples, the findings support the Sustainable Development Goals (SDGs) 3 (Good Health and Well-Being) and 5 (Gender Equality).

KEYWORDS Infertility, Marital Satisfaction, Subjective Well-Being, Couples, Pakistan, Sustainable Development Goals

Introduction

Infertility is a condition of the male or female reproductive system that is characterized by the failure to conceive after 12 months or more of regular, unprotected sexual activity, according to the World Health Organization (WHO, 2021). Infertility can be classified as primary or secondary. Primary infertility occurs when a couple has never conceived and is unable to conceive again. More people are realizing that infertility is not only a biological issue but also a socially constructed one that is impacted by cultural meanings, gender roles, and societal expectations (Greil, Slauson-Blevins, & McQuillan, 2010; Inhorn & Patrizio, 2015).Around 48 million couples and 186 million people worldwide suffer from infertility, which cuts across social and geographic boundaries (WHO, 2020).

Around the world, 8% to 12% of couples have it (Mascarenhas et al., 2012). Infertility is very common and has significant societal repercussions in South Asia, where pronatalist attitudes are deeply ingrained. Pakistan has one of the highest rates of infertility in the region, with an estimated prevalence of 21.9%, with primary infertility

at 3.5% and secondary infertility at 18.5% (Sami & Ali, 2006; Irfan et al., 2015). Many couples are at risk for psychological anguish and social marginalization as a result of the issue being made worse by gendered healthcare inequities, poor maternal healthcare, reproductive tract infections, and limited access to fertility clinics (Mushtaq & Ghafoor, 2024).

The profound effects of infertility on social identity, marital relationships, and gender roles make it a significant sociological issue. Having children is seen as the main indicator of a woman's value and the continuance of family lineage in patriarchal nations like Pakistan (Inhorn, 2003). Men are similarly impacted by lower social status and psychological suffering, but women are disproportionately burdened by stigma, family pressure, social exclusion, and marital discord as a result of infertility (Greil et al., 2010; Javaid et al., 2022). Marital contentment is severely strained by the cultural expectation of parenthood, and the couple's social validity in extended families and communities is sometimes called into question when they choose not to have children.

Therefore, it is crucial to research the subjective well-being of infertile couples since infertility impacts not only biological reproduction but also emotional stability, social integration, and life pleasure. Subjective well-being is a key element of overall quality of life and refers to people's evaluations of their degree of happiness, contentment, and emotional balance (Diener et al., 1999). Infertility-related subjective well-being is influenced by a variety of factors, including religious convictions, coping strategies, social support, and marital satisfaction. Research suggests that marital satisfaction protects against stress related to infertility, enabling couples to maintain higher levels of life satisfaction despite reproductive challenges (Monga et al., 2004; Mushtaq & Ghafoor, 2024).

This research also contributes to global development objectives by addressing the Sustainable Development Goals (SDGs) of the United Nations. Infertility research is intimately linked to SDG-3 (Good Health and Well-Being), which emphasizes universal access to reproductive health services, and SDG-5 (Gender Equality), which calls for the elimination of gender-based discrimination and stigma surrounding women's health. By highlighting the psychological dimensions of infertility, this study highlights the necessity of policies that include gender-sensitive interventions, counseling, and healthcare.

Although infertility is common and has consequences, particularly in relation to subjective well-being and marital satisfaction, it is still not widely studied in Pakistan. The emotional and social stressors that infertile couples face have been overlooked in favor of biological aspects in most prior study (Javaid et al., 2022; Inhorn & Patrizio, 2015). To bridge this gap, a comprehensive sociological study of the connection between subjective well-being and marital satisfaction among infertile couples in Punjab, Pakistan, is required.

Infertility is a rising social and public health concern in Pakistan that significantly affects marriages, psychological health, and social position. Infertile couples usually experience stigma, marital dissatisfaction, and a decline in subjective well-being in pronatalist cultural contexts such as Punjab. However, little research has been done on the connection between Pakistani infertile couples' subjective well-being and marital satisfaction.

Literature Review

Psychological Consequences of Infertility

It is commonly acknowledged that infertility is a significant psychological stressor that causes couples to experience higher levels of worry, despair, and misery. Infertile couples report worse mental health than their fertile counterparts, according to numerous studies from Pakistan. Infertile couples, for instance, had considerably higher depression scores and higher levels of marital discontent, according to a comparative study conducted in Punjab; depressive symptoms were positively connected with marital dissatisfaction (Javaid et al., 2022). These results are consistent with worldwide studies that show infertility damages psychological health by causing emotions of guilt, inadequacy, and loss (Greil et al., 2010).

Infertility-Related Stress and Marital Satisfaction

Infertility-related stress (IRS) is increasingly recognized as a significant predictor of relationship outcomes. Using the Infertility-Related Stress Scale and the ENRICH Marital Satisfaction Scale, Mushtaq and Ghafoor (2024) evaluated infertile couples in a study conducted in Karachi. They discovered that IRS significantly and negatively predicted marital satisfaction ($\beta \approx -.52$, $R^2 \approx .26$, $p < .001$). This implies that the quality of marital relationships decreases as the stress associated with infertility rises. Infertility also increases conflict, decreases intimacy, and erodes communication in couples, according to earlier research (Cserepes et al., 2013; Tao et al., 2012; Smith et al., 2009, cited in Mushtaq & Ghafoor, 2024).

Sociocultural Context and Family Dynamics

The experience of infertility is ingrained in family and societal structures. Having children is essential to social security, family continuity, and marital identity in Pakistani society. Infertility so frequently exposes couples, particularly women, to social blame, stigma, and familial pressure (Bhatti & Jaffery, 2012; Qadir et al., 2005; Sami & Ali, 2012; Muzaffar, et. al.,2018). Research shows that women are especially susceptible to these pressures because of gender norms; when infertility is seen as their "fault," they frequently experience divorce, polygamy, or domestic abuse (Mumtaz et al., 2013; Naseer et al., 2021, quoted in Rayna et al., 2023).

However, sociocultural context adds buffers as well. When helpful, extended family systems can preserve marital pleasure and reduce psychological stress.According to a Pakistani study, education level affected how "significant others" were regarded to be supportive, indicating that social support systems may influence how infertility stress impacts couples (Rayna et al., 2023). These results show that the psychosocial effects of infertility are both exacerbated and mitigated by culture.

Marital Satisfaction as a Predictor of Subjective Well-Being

One of the main factors influencing subjective well-being is marital satisfaction (Bradbury et al., 2000). Because infertility undermines intimacy, assigns blame, and lowers relationship pleasure, it puts special stresses on marital adjustment. According to Monga et al. (2004), infertile couples performed worse than fertile couples on tests of sexual pleasure and marital adjustment. This is consistent with research conducted in Pakistan that demonstrates how infertility impairs dyadic functioning and how marital

satisfaction is strongly correlated with general well-being (Javaid et al., 2022; Mushtaq & Ghafoor, 2024).

There is little research in Pakistan that specifically looks at the relationship between subjective well-being and marital satisfaction, despite evidence linking infertility to psychological suffering and marital tension. The majority of research has concentrated on relationship quality or psychological symptoms separately. Additionally, not many research have used a sociological perspective to examine how family relationships, stigma, and cultural expectations shape subjective well-being. This disparity emphasizes how crucial it is to consider marital satisfaction as a protective factor that could mitigate the detrimental psycho-social effects of infertility, rather than only as an outcome.

Theoretical Framework

According to the Subjective Well-Being (SWB) Theory (Diener, 1984; Diener et al., 1999), life satisfaction and the harmony of positive and negative emotions are key factors in determining one's level of well-being. Because infertility causes distress, stigma, and marital difficulty, it is a persistent stressor that compromises well-being. Marital pleasure, on the other hand, improves subjective well-being and resilience in couples, acting as a vital buffer.

The Stress and Coping Theory (Lazarus & Folkman, 1984) goes on to discuss how couples deal with infertility and use coping mechanisms such avoidance, emotional support, or religious coping, which ultimately impact the harmony and well-being of the marriage.

Furthermore, sociological viewpoints highlight how cultural and gendered expectations in pronatalist nations like Pakistan greatly stigmatize infertility, especially for women (Greil, 1997; Inhorn, 2003). While stigma and family pressure increase marital conflict and reduce well-being, social support may shield against distress.

Material and Methods

Research Design

The association between subjective well-being and marital satisfaction among infertile couples in Punjab, Pakistan, was investigated using a cross-sectional quantitative survey approach.

Population and Sampling

The study population consisted of married infertile couples between the ages of 20 and 50 who had been unable to conceive for at least 12 months, as defined by the World Health Organization (WHO, 2020). The recruiting was conducted at the Lahore Institute of Fertility and Endocrinology LIFE-IVF center in Lahore and Multan. In order to ensure that both male and female spouses took part, a total of 358 respondents (179 couples) were chosen using purposive sampling.

Inclusion and exclusion criteria

Married couples who are willing to participate and give their informed consent who are experiencing main or secondary infertility are included.

Couples with serious mental illness or those who refuse to fill out the questionnaire are excluded.

Measures

Selected items from the ENRICH Marital Satisfaction Scale (Fowers & Olson, 1993), which gauges communication, emotional intimacy, and relationship satisfaction, were used to measure marital satisfaction. Diener's (1984) Satisfaction with Life Scale (SWLS), in addition to positive and negative affect questions, was used to measure subjective well-being (Diener et al., 1999).When needed, the scales were translated into Urdu and modified for cultural relevance. Acceptable internal consistency was proven by reliability testing (Cronbach's $\alpha > 0.70$).

Data collection procedure

Self-administered questionnaires and structured interviews (for participants with lower literacy levels) were used to gather data. The study's goals were explained to the participants, who also gave their written agreement and were guaranteed secrecy.

Ethical Considerations

The Institutional Review Board (IRB) of Bahauddin Zakariya University in Multan gave the study ethical approval. Strict adherence to the ethical precepts of anonymity, voluntary engagement, and withdrawal rights was maintained.

Statistical Analysis

SPSS was used to analyze the data (version 25). The replies were summed together using descriptive statistics (frequencies, percentages, averages, and standard deviations). The relationship between marital satisfaction and subjective well-being was investigated using inferential statistics, such as linear regression analysis and Pearson's correlation.

Results and Discussion

Table 1
Distribution of the Respondents with respect to their Socio-demographic and Clinical Profile

Variables	Categories	f	%
Age	18-24	46	12.8
	25-29	113	31.6
	30-34	99	27.7
	35-39	72	20.1
	40-44	28	7.8
Gender	Male	179	50.0
	Female	179	50.0
Level of education	No formal education	3	0.8
	Primary	8	2.2
	Secondary	5	1.4
	Intermediate	39	10.9
	Graduation	133	37.2
	Post-graduation	170	47.5
Monthly family income	Less than 20,000PKR	0	0.0
	20,001-40,000PKR	0	0.0

	40,001-50,000PKR	24	6.7
	60,000-10,0000PKR	167	46.6
	Above 10,0000PKR	167	46.6
Place of residence	Rural	110	30.7
	Urban	248	69.3
Duration of marriage	1-2	24	6.7
	3-4	95	26.5
	5 year or above	239	66.8
Duration of infertility	1-2	24	6.7
	3-4	95	26.5
	5 year or above	239	66.8
Treatment history	Yes	110	30.7
	No	248	69.3
Previous abortion history	Yes	110	30.7
	No	248	69.3
Are you the diagnosed with infertility	Yes	201	56.1
	No	112	31.3
	Both partners are not yet confirmed	45	12.6
Diagnosed infertile	Mine	115	32.1
	My partners	136	38.0
	Both	46	12.8
	Not confirmed yet	61	17.0
		46	12.8

N= 358, f= frequency, %=percentage

According to the results of Table 1, the majority of respondents (59.3%) were between the ages of 25 and 34, and both men and women participated equally. The vast majority came from higher-income groups (93.2% making over 60,000 PKR) and had greater levels of education (84.7% graduates/postgraduates), suggesting that infertility is more frequently treated in families with higher levels of education and financial stability. The majority (69.3%) lived in cities, which is indicative of easier access to healthcare than in rural areas. Infertility is a long-term worry, as evidenced by the fact that more than two-thirds had been married and infertile for more than five years. Many cases were left in-diagnosed, even though 56.1% of cases had a verified diagnosis. Only 30.7% of respondents reported a history of therapy, despite having a high level of education and income. This suggests that there may be hurdles like stigma, delays in seeking care, or shortages in healthcare resources.

Table 2
Relationship between Marital Satisfaction and Subjective Well-being of Infertile Couples

Variable	M	SD	r p	1	2
MSAT	18.3	2.8		1	.958** .000
SWB	36.9	5.4			1

N=358, M=Mean, SD=Standard Deviation, p<0.01, MSAT=Marital satisfaction, SWB= Subjective Well-being, r=correlation coefficient

Results of the Table 2 showed that Infertile couples' subjective well-being (SWB) and marital satisfaction (MSAT) have a strong positive and statistically significant link, according to the Pearson correlation data (r =.958, p <.001). This suggests that there is a considerable correlation between increased subjective well-being and higher marital

satisfaction levels. The remarkably high connection indicates that, despite infertility difficulties, couples who report stronger marital ties, understanding, and support typically have better emotional and psychological well-being.

Table 3
Linear Regression Model to investigate the magnitude of the Effect of Marital Satisfaction on the Subjective Well-being of Infertile Couples

SWB	**MSAT**	
	B	**SE**
	1.85	.029
∆F	3996.4	
R	.957	
R^2	.918	
ΔR^2	.918	

SWB=Subjective well-being, MSAT=Marital satisfaction, B=Beta, SE=Standard e

The results of the linear regression analysis in table 3 showed that among infertile couples, subjective well-being is significantly predicted by marital satisfaction. The model had a very high predictive power, explaining 91.8% of the variance in subjective well-being (R2 =.918, ∆F = 3996.4, p <.001). According to the regression coefficient (B = 1.85, SE =.029), subjective well-being rises by roughly 1.85 units for every unit increase in marital satisfaction. A strong positive link is further supported by the high correlation (R =.957). These results demonstrate that, in the setting of infertility, marital satisfaction is not only closely related to but also a significant factor in determining subjective well-being.

Discussion

The current study looked at how infertile couples' subjective well-being was predicted by their level of marital satisfaction. The findings demonstrated a strong positive correlation between subjective well-being and marital satisfaction (r =.958, p <.001), suggesting that couples who express greater marital satisfaction also tend to express greater psychological and emotional well-being. Furthermore, regression analysis revealed that marital satisfaction is a major predictor, accounting for 91.8% of the variance in subjective well-being. This highlights the significance of marital bonds in mitigating the psychological impacts of infertility. These results are consistent with previous studies.

Stress related to infertility can negatively affect marriage quality, although compassionate and understanding partners often act as a buffer that enhances general life satisfaction (Greil et al., 2010). In a similar spirit, Peterson et al. (2003) found that infertile couples' psychological adjustment and marital satisfaction are highly correlated, with emotional bonding and communication between spouses acting as a buffer against discomfort.

According to Inhorn (2015) and Qadir et al. (2015), in the South Asian setting, when societal and familial expectations surrounding fertility are high, a supportive marriage relationship frequently shields couples from stigma, social isolation, and feelings of inadequacy.

The findings are also in line with the Subjective Well-Being Theory, which maintains that having satisfying relationships with others is essential to living a happy

existence (Diener et al., 1999). In societies like Pakistan, where infertility is commonly stigmatized and couples may face pressure from extended families, strong marital ties are especially important for maintaining resilience and hope. Happiness in a marriage not only provides emotional support but also enhances a sense of shared suffering, which reduces psychological susceptibility and enhances coping mechanisms.

From a sociological perspective, these findings emphasize the significance of marriage as a social institution in the South Asian context. Infertility commonly challenges cultural norms around lineage continuation, and women are especially vulnerable to pressure, humiliation, and shame from in-laws (Inhorn & Patrizio, 2015). However, when partners communicate, share responsibilities, and show mutual understanding, couples can endure external constraints and preserve their subjective well-being. Consequently, marital satisfaction acts as a social and psychological barrier to protect against the negative consequences of infertility.

The study's substantial correlation highlights the necessity of including couple-based therapies and marital therapy into Pakistan's infertility care programs. Even in situations where medical treatments are yet unknown, these approaches can improve subjective well-being by fostering communication, emotional connection, and shared coping mechanisms.

Conclusion

This study showed that among infertile couples in Punjab, Pakistan, marital satisfaction is a substantial predictor of subjective well-being. Marital satisfaction is a critical component of resilience and general well-being because supportive and communicative spousal interactions assist couples manage the psychological suffering, stigma, and societal demands of infertility. The study's conclusions significantly advance Pakistan's attempts to meet the Sustainable Development Goals. The study emphasizes the necessity of including psychosocial support into infertility therapy in order to attain SDG-3 (Good Health and Well-Being) by demonstrating that marital satisfaction significantly improves the subjective well-being of infertile couples.

Furthermore, promoting equal spousal responsibility and raising community awareness of the stigma and gendered blame associated with infertility advances SDG-5 (Gender Equality). Therefore, enhancing marital ties and offering fair, couple-centered health therapies can not only enhance the quality of life for infertile couples but also match national social and health policies with the priorities of global development.

Recommendations

- Policymakers (SDG-3: Good Health and Well-Being): To enhance mental and emotional health outcomes, include couple-centered counseling and psychosocial support into infertility healthcare services.
- Healthcare professionals (SDG-3): To improve quality of life, address infertility not only medically but also by encouraging shared coping mechanisms and spousal support.
- Sociologists and community workers should create awareness campaigns to combat gendered blame, lessen stigma, and promote equal accountability in infertility-related issues (SDG-5: Gender Equality).

- Scholars (SDG-3 & 5): Perform qualitative and longitudinal research to investigate how marital contentment maintains well-being and to guide gender-sensitive solutions.

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