An Investigation and Comparison Concerning the Degree of Self-Esteem and Life Satisfaction among Fertile and Infertile Women

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ABSTRACT: The purpose of present research is investigating and comparing the degree of self-esteem and life satisfaction among fertile and infertile women. This is a descriptive research conducted using a causal-comparative method. The population studied in this research consisted of all fertile women referred to medical centers of Sari and Qamsahr during 2014 and also infertile women referred to Maryam infertility center in Sari city. For this purpose, 100 infertile women and 89 fertile women were selected through a simple random method as statistical sample. The data were collected using Cooper smith’s self-esteem questionnaire (1999) and Diner’s life satisfaction questionnaire (1985). The reliability of measurement tools was confirmed using Cronbach Alpha method. In order to analyze the data, t-method was used for two independent groups and Pearson’s correlation test. The results of this study indicated that infertile women possessed lower self-esteem and life satisfaction than fertile ones.

Keywords: Fertility, Infertility, Self-Esteem, Life Satisfaction

INTRODUCTION

Infertility is one of main stressors in peoples’ lives which are considered as a negative and disappointing event for couples, particularly for women. The experience of infertility described by some people as infertility crisis entails some problems such as the feeling of loss, lack of personality and sexual identity, lack of personal control, health and self-confidence [1]. Studies indicate that 24.9 percent of Iranian couples experience infertility during their marriage and according to these statistics, a large part of population face with some problems and suffer special conditions [2]. The reaction of couples in face of this phenomenon is in the forms of stress, depression, physical symptoms and their performance is degraded and they feel disappointment, insolvency, anger, low self-confidence and more dissatisfaction.

Hence, infertility is a negative and debilitating event that may induce social and health problems and imposes destructive effects on women’s life [3-5] found that infertile men and women suffer cognitive problems [6, 7]. Also another studies indicated that cognitive factors may be both the cause of infertility and its result and cognitive problems due to infertility may intensify infertility [8, 9].

In this context, some of the concepts gained importance among many psychologists and researchers are self-esteem and life satisfaction of fertile and infertile women. Biabangard [10] stated that, Vargo in 1972 described self-esteem as a cultural shield against stress. Also, he [10] stated that in studies conducted by Asink in 1972 mutual relationships between self-esteem and image of individuals about their own ability were confirmed; it means that if self-esteem degree is reduced, a sense of disability is induced in people and vice versa, with increase of self-esteem, the sense of being capable and valuable is enhanced. Self-esteem is composed of two words: self & esteem that in Persian language, esteem relates to becoming dear and cherishing and self relates to spirit and personality of human and the reality of everything and terms such as self-protection, self-serenity, self-respect and positive attitude toward oneself are also applied interchangeably [5]. Moreover, self-esteem is the most important aspect of self-nurturing, because our evaluations of our competencies impact on emotional experiences, future behavior and long-term compatibility [11]. Self-esteem is self-evaluative component of self-image, namely it is a judgment made by individuals about their general value [12]. Self-esteem is a sort of confirming or not confirming oneself and it indicates how one knows himself as capable, valuable and important [13]. Studies indicate that our understanding of ourselves is mostly due to our social experience. We see ourselves as we think others see us; hence Kovli, the famous sociologist states that out attitude concerning ourselves is like a mirror that reflects others’ imaginative evaluations about us. Therefore self-concept that makes the concept of self-esteem is formed under external environment effect and it is mostly under the influence of others’ conceptions particularly during early years of life and this impacts our attitude about ourselves [22].

Sometimes, people think self-esteem is equal to self-concept, but it must be noted that self-esteem is different from self-concept; self-concept refers to a set of features used by individuals to describe themselves,
while self-esteem refers to the value assigned by individuals to the information in self-concept and it is originated from peoples' attitudes about all their characteristics. The reasons of self-concept and self-esteem development must be sought in the relationship of individual and his/her society, particularly during childhood and adolescence. Hence, reaction of others to individual, comparing oneself to others, replication based on a certain pattern and the need for feeling of value and self-esteem are important causes of self-concept and self-esteem development [10]. Moreover, the studies indicate that performance and structure of family also play an important role in self-esteem formation, so that the children of divorced parents and homeless ones possess lower self-esteem [14]. Researches indicate that physical or sexual misconduct, social pathologies, physical appearance, gender and unpleasant life events are important factors that reduce self-esteem of people.

Given that self-esteem is highly important and it is described a feature of God in Holy Quran: “esteem is for God and His messenger and believers” (Monafeghoun, verse 8), this issue has been investigated from different aspects and some important theories have been presented on this subject such as: James theory, Mide theory, Dainer Theory, Cooli theory, Sullivan theory, etc. moreover, studies indicate that fertility and infertility may impact mental welfare of individuals [15]. Mental welfare includes two components: the first component is emotional that is in turn divided into two groups as positive emotions and negative emotions and the second component is cognitive that refers to life satisfaction. Feeling welfare and life satisfaction are important mental characteristics that any healthy individual must possess them [16] hence, life satisfaction is a comprehensive and constant concept that reflects general feeling and attitude of peoples of a society toward the world in which they live [16]. Khalatbari and Bahari [17] stated that according to Angos Komeyl et al. (1974), life satisfaction as the difference between what individuals wants and what it is; in fact they expressed one of differences between the reality and ideal. In this context, one of main questions that researchers challenge is: what causes life satisfaction and why some people have more life satisfaction than others. Studies conducted on this subject could be grouped in several groups [17]. Yousef Nejad Shirvani and Peyvastehgar [18] have presented several factors affecting life satisfaction:

- Biological factors (genetic preparation and physical health) [18];
- Environmental factors [17];
- Socio-psychological factors (suitable social relations and mental needs) [18];
- Group of friends and their number;
- Family’s performance;
- Compatibility and health;
- Additionally, it has long been believed that cognitive processes impact life satisfaction [18].

Researches performed in the field of infertility have been mainly concentrated on medical and technical aspects of infertility and its emotional and social aspects such as self-esteem and reduction of life satisfaction have not been studied vastly. Hence, given the fact that a high number of women in Iran are faced with this phenomenon and they are struggling with misconduct, inattention, social deprivation and divorce, understanding their problems and destructive social effects of infertility is highly important. Moreover, since providing physical, emotional and mental safety for women is a critical factor impacting family and society’s stability and consistency, investigating different aspects of this phenomenon may help planners of health policies in designing the processes by which self-esteem and life satisfaction are enhanced [19]. Therefore, given high prevalence of infertility and importance of self-esteem and life satisfaction among these families, researcher intends to investigate self-esteem and life satisfaction of fertile and infertile women.

MATERIAL AND METHODS

Population, sample and sampling method

Given that the aim of present research is comparing self-esteem and life satisfaction among fertile and infertile women, the method used for this study is causal-comparative method (Expos factor research). Statistical population of present study include all fertile women referred to medical centers of Sari and Saemshahr and all infertile women referred to Holy Maryam infertility center in Sari city during first six months of 2014. For this purpose, 100 infertile women and 89 fertile ones were selected as statistical sample using simple random sampling method.

Research tools and data collection method

In present research, in order to test out research hypotheses we used: a) standard questionnaire, namely self-esteem questionnaire designed by Cooper Smith (1967) and b) life satisfaction questionnaire (1985). These questionnaires had three parts (introduction, the part assigned to demographic variables and the last part assigned to research questions).

- a) Cooper Smith’s self-esteem inventory: this questionnaire was designed by Cooper in the form of 58 articles and 5 general, social, familial, institutional and lie subscales with yes/no questions. Reliability of this inventory was reported as 0.77 and 0.80 using re-test method with 4 weeks and 12 days intervals respectively and internal consistency coefficient was reported as 0.89 to 0.83 with variable values in different studies [20].
- b) Satisfaction with life scale (SWLS): this questionnaire was designed by Dainer, Imones, Larsen and Griffin in 1985 in the form of 5 articles based on Likert’s 7 points scale. For estimating the validity of this


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measurement tool, we used content validity and the questionnaire was confirmed by related experts. Also, for estimating the reliability of this questionnaire, alpha Cronbach method was used with the value equal to 0.71 [20].

RESULTS

According to Tables 1 and 2, we can see that marriage duration mean for fertile women is 16.31 years and marriage duration mean for infertile women is 6.72. In order to investigate the difference of research variables between fertile and infertile women we used independent t-test the results of which were reported in Table 3.

According to Table 3, since p-value is less than error value (0.05) and this confirms research hypothesis, so we can claim that there is a significant difference between self-esteem in fertile women and infertile ones and in descriptive statistics level, infertile women have lower self-esteem and lower life satisfaction than fertile ones.

<table>
<thead>
<tr>
<th>Status</th>
<th>Distribution</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fertile women</td>
<td>92</td>
<td>49%</td>
</tr>
<tr>
<td>Infertile women</td>
<td>97</td>
<td>51%</td>
</tr>
<tr>
<td>Total</td>
<td>189</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 2: Distribution of respondents in terms of marriage duration

<table>
<thead>
<tr>
<th>Variable</th>
<th>Minimum age</th>
<th>Maximum age</th>
<th>Mean age</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fertile women</td>
<td>1</td>
<td>56</td>
<td>16.31</td>
<td>11.43</td>
</tr>
<tr>
<td>Infertile women</td>
<td>1</td>
<td>26</td>
<td>6.72</td>
<td>4.46</td>
</tr>
</tbody>
</table>

DISCUSSION AND CONCLUSION

Infertility, like other aspects of life is simply an event that should not cause discomfort, but many individuals suffer this phenomenon and this influences different aspects of their life. Perhaps we can say that one of main stressful event in people’s life is infertility which is described as a negative and disappointing event by couples, particularly women. Experience of infertility described by some as infertility crisis entails physical, economic, psychological and social stresses that influence all aspects of their life. Often, infertility leads to depression and disappointment in infertile couples. This depression and disappointment may lead to self-esteem and life satisfaction reduction; but spouse support and his/her social and professional dignity has a positive relationship with life satisfaction of this group. Of course, in some studies concerning life satisfaction in infertile women, it is claimed that today, technologies assisting in fertility and significant advances in the field of infertility have increased hope in these people and this has reduced their problems concerning life satisfaction [21]. Studies have revealed that infertility and psychological factors are mutually related; i.e. psychological factors may involve in infertility development and also infertility may cause psychological problems. Hence, determination of emotional problems prevalent among infertile women and presenting consultation to them together with medical treatments are important and effective in reduction of their problems [21]. The main purpose of present research is investigating and comparing self-esteem and life satisfaction among fertile and infertile women. Results obtained from this study indicate that there is a significant difference in self-esteem and life satisfaction between fertile and infertile women and infertile women has lower self-esteem and life satisfaction than fertile women. The results of present study are consistent to research findings of Seyf et al. [22], Solati Dehkordi [23], Taghavi and Ashtiani [24], Gibson and Meyers [1] who indicated that infertile population has lower self-esteem and sexual satisfaction than fertile population. Therefore, we can say since infertile women consider themselves as imperfect, so they undervalue themselves and this feeling of worthlessness may reduce their self-esteem. In this context, Beck in 1985 believes that most of negative emotional reactions are due to lack of self-esteem; a depressed person feels worthless, such that this self-image is related to depression and unfortunately more than 80% of depressed ones feel worthless [10]. On the other hand, life satisfaction is a judgment process and individuals evaluate their life quality based on their own unique criteria. Thus, life satisfaction is not an objective and permanent feature, but it is sensitive to situational changes and it is considered as our own perception and attitude [25]. Perhaps we can consider it originating from economic, social and cultural conditions and in present study they are considered as uncontrolled nuisance variables. In explaining above findings, we can say that economic, socio-cultural and psychological problems in today’s communities along with technological advances have led to many psychological problems including anxiety in people and many studies have demonstrated that...
anxiety level is higher in women than men and it may lead to inferiority complex and undervaluation of oneself and finally self-esteem reduction; this value is higher in infertile individuals due to presence of stressor factor, namely infertility.

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