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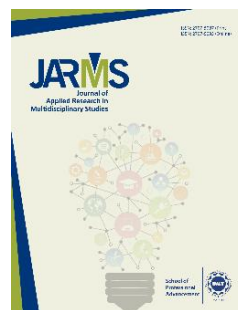
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# **A Comparative Study of the Relationship between Marital Adjustment and Life Satisfaction among Childless Couples with or without an Adopted Child**

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## **Abstract**

The current study explores the comparison between marital adjustment and life satisfaction among infertile/childless couples with or without an adopted child through comparative study. It is hypothesized that both groups will be different on both marital adjustment and life satisfaction. Purposive sampling technique is employed to recruit a sample which accounted for 50 couples, out of which ( $n = 25$  infertile couples with adopted child and  $n = 25$  infertile couples without adopted child) are selected from Fatima memorial hospital Lahore and Daar-ul-usmania adoption center, Lahore. Participants are required to fill self-made demographic form, to attempt marital adjustment test (Locke & Wallace, 1959), and Ryff psychological wellbeing scale is selected to collect data (Ryff & Keyes, 1995). Descriptive analysis of data and independent sample  $t$  test were carried out to test the proposed hypotheses. Results revealed a significant difference on marital adjustment and life satisfaction between infertile couples with adopted child and without adopted child. The findings of the current study also showed insignificant gender differences in marital adjustment and life satisfaction of infertile couples with and without an adopted child.

**Keywords:** adoption, life satisfaction, marital adjustment

## **Introduction**

Infertility is a problem which causes women who are unable to conceive due to certain gynecological problems, to face sizeable social pressures from their in laws and husband. It is described as a harrowing experience for all affected patients across the world. It imposes deep effects in the

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various magnitudes of life including social, marital, physical, economical, and spiritual aspects of their lives. Bearing a child is deemed intrinsic to all humans. Also, infertile couples are experiencing serious psychological problems such as depression, low marital adjustment, and low life satisfaction owing to common social reactions in our society. Infertility leaves a significant influence in all walks/phases of their lives. Since, adoption is deemed as a grave issue in our society because of its multitudes of psychological problems. For instance, marital dissatisfaction and lack of life satisfaction are the root causes of it. Therefore, the current study aims to uncover the various environmental stressors and pressures which are encountered by many infertile couples with or without an adopted child.

### **Infertility**

Medical studies define infertility as an inability of a couple to conceive a child after practicing twelve months of occasional intercourse without contraception. Today in Pakistan, infertility rate is on the rise. According to stats, approximately 4 million couples are infertile in Pakistan. In most of the cases, women are usually blamed for not having a child or not conceiving on proper time but according to the new researches, males have been found responsible for infertility as well. There are many factors that can contribute to male's infertility such as drugs, alcohol, low testosterone levels in blood, smoking, and obesity (Bhatti, 2022).

Fertility is a physiological phenomenon in living organisms that proves to be an additive factor, ultimately contributing to social and psychological well-being dimensions. From the last 30 years, infertility has been revealed as an increment of ten percent. Usually, couples avoid pregnancy at the start of their marriage by using certain type of precautions in order to delay it. This avoidance causes problems for women in future to conceive. Moreover, the sexually transmitted diseases play a significant role in adversely affecting the reproductive ability of both males and females. Certain theorists are against the idea that the use of contraceptives is a major factor that contributes towards infertility (McDaniel et al., 1992).

Even if a woman conceives and has no power and ability to continue it successfully, the phenomenon is still characterized as infertility. In fact, infertility is a complexity-oriented crisis in life that is threatening and stressful in terms of psychological aspects related to social and cultural dimensions.

There are two distinct categories of infertility one is primary and the other is secondary. In primary infertility the couple has never attained the conception of zygote; whereas, in secondary one the couple fails to achieve conception after having conceived for once or more. Further studies show that infertility can also take place even as a result of any infection in the uterus.. Men can also suffer from infections that can lead to the deficiency of sperms which are important for the conception of a zygote. There is forty percent male factor, forty percent female factor and twenty percent both the husband and wife. Etiology of these infections among males and females are unknown. Moreover, many researches are still unable to identify the main reasons which are contributing towards these infections and other diseases in vast categories (McGown & Fraser, 1995).

Etiology of infertility among women are the fibroids present in the uterus, damaged fallopian tubes due to any kind of surgical treatment or illness, mucus in the cervix, and endometriosis. Besides, STD's (Sexually transmitted disease) including Gonorrhea are the most universal factors leading towards the failure of conceiving among women. Tuberculosis is commonly known as TB which can affect various systems of the human body including the systems of reproduction among both genders. Moreover, hormonal imbalances including the disproportionate production of thyroid hormone, the augmented production of prolactin hormone, and excessive production of insulin. Besides, diabetes mellitus and adrenal gland dysfunction are the various contributory factors to infertility.

Being overweight and underweight can cause problems for women during conception. Furthermore, Polycystic Ovarian Syndrome (PCOS), a condition in which there is abnormal growth of cysts in the ovary of a female is also a hindrance in conceiving. In addition to it, obesity results in an inconsistent ovulation, thyroid dysfunctioning, puberty stage (ranging from thirteen to sixteen years), and menopause stage (from forty to forty-five years) are other major factors among females that results in the unsuccessful conception and child-bearing. Psychological issues can also lead to infertility. For instance, anxiety resulting from a lack of emotional support leads to imbalance of hormonal activities that ultimately leads to infertility (Tsevat et al., 2017).

It was revealed from the qualitative interviews that were conducted from people who had fertility problem, that those individuals who were suffering from this problem found it extremely difficult to successfully cope with

deficiency of children in their life. Their society and their reactions play a substantial role in ways of well person recoups and don't perceive it as distressful situation in life (Miall, 1989).

The published Lesser literature explored about the social relationships and its influence on the infertile individual's mental health. Furthermore, various researches were conducted to promote the infertility-oriented unsupportive responses received from their family, friends, or others. Thus, the responses were coupled positively with the modifications of adjustment problems and issues among women proved to be overly depressing (Mindes et al., 2003).

### **Life Satisfaction**

To have children, works as a bond between couple's relationship and it becomes easier for them to ignore each other's short-comings and mistakes. Due to social isolation and environmental pressure, partners may become more anxious to conceive. Commonly, there is a development of marital discord among infertile couples, when pressure is imposed on them to take medical decisions. These couples are stigmatized that not only shakes their personality but also results in poor self-concept in their environmental settings (Nelson & Nelson, 1981).

Shin and Johnson (1978) has explained life satisfaction as a universally accepted evaluation of person's state. Life satisfaction in other terms can also be defined as the cognitive evaluation of the personal well-being such as happiness, comfort, and positive approach towards life. Different types of researches have confirmed that the life-satisfaction is a characteristic of a personality make-up in which there are varied responses to the external condition or environmental circumstances.

A large body of literature verifies the notion that the environmental events and the structured factors or variables bear upon the individuals' well-being. For example, there are more mean scores of subjective-wellbeing in association to the resources of a particular country. For instance, education, health, marriage, and other volunteer works are the different variables that show associations with the life satisfaction. Thus, these variables have different forms of creditability in various arenas of life (Collins et al., 1992).

Infertility comes up with a goal-blockage in a woman's life which results into their disapproval from the society. In response to it, women also

lack attainment of the maternal instinct, that is, motherhood. It creates a major disruption in the smooth flow of life. Women who are not able to conceive against their will, they usually evaluate it in a negative criterion and this glum leads to increase the level of depression among them. The literature presented in the past, supported the notion that depression among fertile and infertile women is diverse. Depression is more common and severe in infertile women than fertile women. Studies projected that the infertility promoted lower level of life-satisfaction among women. In our societies attainment of motherhood leads to greater satisfaction in life, because bearing one's own children in life not only makes it beautiful but also functions as a support system for a mother in all walks of life (Diener et al., 1999). The comparative study between the mothers and non-mothers yielded the findings that the women are facing the social pressures due to their infertility. It shows lesser satisfaction in life and ascribe life as lonely, empty, less rewarding, and less interesting. Ultimately, they start taking their life as gloomy and meaningless. As a result, they show a weak self-worth and self-capacity (Shin & Johnson, 1978).

Anxiety disorders and depression is more amongst infertile women due to the negative role and attitude exhibited by their husband and their respective families. The problems if dealt amicably can result in the avoidance of mental and physical disorders among couples (Gulseren et al., 2006). Overall, infertility can be cured with the medical innovations and a conducive support system that can help the person to deal effectively with psychological proportions generated due to the experience of infertility in a couple's life (Stotland, 2002).

### **Marital Adjustment**

Marital adjustment refers to love or intimate relationships that lead to marriage, physical allure of couple, mutual understanding, appreciation, and same life goals (Locke & Wallace, 1959).

On the basis of the above mentioned factors, the description of marital adjustment for the present study includes financial adjustment, family adjustment, social adjustment, recreational adjustment, role distribution, and sexual preferences (Landis, 1975).

Many psychologists and researchers have long been concerned about the understanding of what factors contribute to the successful marital relationship and which factors contribute to the failure. In early 1920s,

Hamilton (1929) conducted a research based on marital satisfaction among couples and the researcher used thirteen clusters of questions to explore the satisfaction level among married couples. In 1939, Burgess and Cottrell Jr. published an article about marital satisfaction under the name “predicting success or failure in Marriage”. In this article they systematically discussed marital adjustment. They defined marital adjustment as “the combination of husband and wife in a union in which the two personalities are not purely merged, or submerged, but when they interact they complement each other for mutual satisfaction and the achievement of common objectives” (p. 10).

Research literature shows that the qualities of marital relationship are significant predictor of happiness, prosperity, and positive well-being in couple. While, poor marital quality is associated with many family and social issues and community problems. Primary infertility is associated with the marital problems and the conflicts existing between couples. These factors contribute to the serious mental and social problems in spouses. It can also prove to be problematic for their marital relationship. During the treatment of infertility, spouses always need the moral support of their partners. Some guidelines given by WHO focusing on psycho-social aspects of fecundity describe that the examinations of a partner before diagnosis and clinical intervention also reduces the quality of life of infertile couples. (Amrelahi et al., 2013).

Marital relationship can also be further categorized into: marital benefit, marital distress, marital satisfaction, and marital adjustment. There are also some studies that explored the quality of marital relationship of couples who had infertility issues but they did not give the valid results because of their very simple questions and UN valid quantitative measures. On the other hand, some researches show that the infertile couple experienced dissatisfaction with each other and also in their marriage. Hence, infertility related to stress, anxiety, and its treatment procedure effected the relationship of couples both directly and indirectly (World Health Organization [WHO], 1991).

### **Adoption**

Mostly, people approach adoption only when they have no other option. When they can't conceive naturally and it can even lower their self-esteem as well. When a couple knows that they can't conceive in their whole life like other normal people, it automatically lowers their self-confidence and

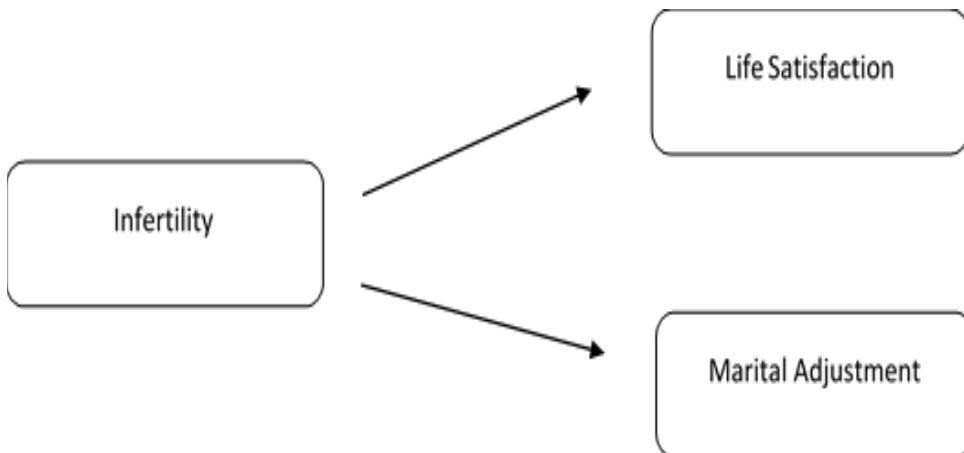
self-esteem, especially in case of women. According to Pakistani culture, it doesn't matter how successful people are in other areas of their life, but having a child is considered as a greatest blessing from God (Melosh, 2002).

“when doctor told me after my complete physical examination that I would probably never get pregnant, I was shocked and felt like such a big failure as a woman”, said the mother of two adopted children from Guatemala. “I worked hard in my life. I achieved everything I wanted. I was top in my post-graduation, I run my own business; I succeed at whatever I think of. But one thing that changed my whole life was not conceiving a child. I still can't believe it”. The treatment of infertility in recent years has become more expensive and extravagant. Thus, it can be interpreted as a result of 21st century's vision regarding the worth of having a family (Greil, 2002).

### Objectives

1. To investigate the level of marital adjustment in infertile couples with an adopted child.
2. To explore the level of life satisfaction in infertile couples with an adopted child.
3. To investigate the level of marital adjustment in infertile couples without an adopted child.
4. To explore the level of life satisfaction in infertile couples without an adopted child.

### Theoretical Framework





## Methodology

### Research Design

A comparative research design was used in the current study to inspect the differences between the independent variables of marital adjustment and life satisfaction of couples with and without an adopted child.

### Participants

Sample consisted of 100 infertile couples ( $n = 50$  men, and  $n = 50$  women). Half of the participants consisted of infertile couples with adopted child and half of the participants consisted of infertile couples without adopted child. Age range of the participants was 30 to 50 years ( $M = 37.38$  years,  $SD = 6.565$ ). Mean age of marriage was 11.61 years ( $SD = 8.00$ ).

### Inclusion Criteria

- Couples who are suffering from primary infertility will be approached.
- Couples who can comprehend English will be approached.
- Couples who are thinking about adoption will also be approached.

### Exclusion Criteria

- Couples who are suffering from secondary infertility will not be approached.

### Sample Strategy

Purposive sampling method was used to draw a sample from the medical centers and adoption center. It is a strategy in which a sample composed of individuals having certain explicit characteristics and features amongst them is drawn.

### Measures

1. Self-made demographic form
2. Locke-Wallace Marital Adjustment test (MAT) Locke and Wallace (1959)
3. The Ryff Scales of Psychological Well-Being Ryff and Keyes (1995)

### *Demographic Form*

In self-made demographic form, couple's personal information was required such as their name, spouse name, age, number of adopted children, and duration of marriage.

### ***Locke-Wallace Marital Adjustment Test***

The instrument that was used to assess marital adjustment in the current study was Locke- Wallace marital adjustment test (LWMAT) by Locke and Wallace. The LWMAT was a 15-items questionnaire that measured marital adjustment and satisfaction of husband and wife as the name itself would suggest. Locke and Wallace described marital adjustment as “an adjustment of a husband and wife with each other at a mean time”. The questionnaire determined the couple’s general point of view about their marriage and happiness on continuum from “very happy” to “perfectly happy”. Other statements consisted of fifteen items which focused on couple’s possible disagreement, conflict resolution, consistency, and communication. One was global adjustment question and rest of the eight were measured above mentioned domains. Scoring criteria of responses were different, according to the couple satisfaction level and differences among couple’s (Fredman & Sherman, 1987). Total scoring ranged between 2 to 158 and its internal consistency was,  $r = .90$  (Fredman & Sherman, 1987). The reliability coefficient of Locke and Wallace was .90 (Freeston & Plechaty, 1997). Locke and Wallace marital adjustment test was highly correlated (.63) with Edmond’s marital conventionalization scale.

### ***The Ryff Scales of Psychological Well-Being***

Ryff and Keyes (1995) scale of psychological wellbeing was used in the current research to review an individual’s perception towards life. This scale was developed by Ryff in 1995. It was used universally to quantify the level of life satisfaction among individuals who were participating in the research course. Ryff’s scale of psychological well-being was based on 42 items and was a theoretically grounded tool that exactly focused on measuring multiple different domains of psychological well-being of an individual. These domains were categorized as a) self-acceptance, b) the establishment of quality ties to other, c) a sense of autonomy in thought and action, d) the ability to manage complex environments to suit personal needs and values, e) the pursuit of meaningful goals, f) a sense of purpose in life and continued growth and development as a person. Both the long and medium forms of those questionnaires consisted of a series of statements reflecting the total six areas of psychological well-being. Those six areas were 1) autonomy, 2) environmental mastery, 3) personal growth, 4) positive relations with people, 5) purpose in life, and 6) self-acceptance. Respondent’s rate statements ranged on a scale from 1 to 6, with 1

indicating strong disagreement with the statement and 6 indicating strong agreement with the statement.

## Procedure

After giving the consent, the participants filled out the self-made demographic form. MAT scale was provided to the couples followed by a life satisfaction scale. Participants were taken from Fatima memorial hospital and Daar-ul-salmania (adoption center). Participants included in the current study were 100 ( $n = 50$  males and  $n = 50$  females). Couples were included and both of them were supposed to fill out the same questionnaire to draw fair comparison between both the groups.

## Statistical Analysis

The scores on each item of the marital adjustment test and the Ryff psychological wellbeing scale were calculated manually and were entered in Statistical Package of Social Sciences 20.0 version. Another type of analysis that is the independent sample *t*-test was also carried out to test the significance of difference in mean scores between couples with an adopted child and couples without an adopted child on marital adjustment and life satisfaction.

## Results

Table 1 shows that the details of the current study regarding the subscales, its mean, standard deviation, alpha, and ranges.

**Table 1**  
*Descriptive for Study Measures*

Scale/Subscales	<i>M(SD)</i>	<i>k</i>	Range		$\alpha$
			Actual	Potential	
Marital Adjustment	22.46(7.62)	15	4-36	2- 50	.71
Life Satisfaction	155.92(24.63)	42	96-205	42-255	.83
Autonomy	24.65(11.50)	7	1-6	1-6	.62
Environmental mastery	25.85(11.55)	7	1-6	1-6	.22
Personal growth	27.27(10.83)	7	1-6	1-6	.65
Positive relations	27.52(11.48)	7	1-6	1-6	.70
Purpose in life	24.84(11.79)	7	1-6	1-6	.68

Table 1 shows the comparison between the observed scores and actual scores. All of the sub-scales and the overall scale has the excellent reliability except the sub-scale of environmental mastery as it's  $\alpha = 0.22$  which is less than 0.6 as the items are less of this sub-scale as compared to the others. Other than the reliabilities, means, and standard deviation of all the scales and sub-scales were high. The present study was comparing two different groups (infertile couples with an adopted child and infertile couples without an adopted child).

### Hypothesis 1

It was hypothesized that infertile couples with an adopted child have high level of marital adjustment than infertile couples without an adopted child. Independent sample *t* test was conducted to test this hypothesis.

**Table 2**

*Independent Sample t test Comparing Marital Adjustment of Infertile Couples with and Without Adopted Child*

	Couples with adopted child (n=50)		Couples without adopted child (n=50)		<i>t</i> (98)	<i>p</i>	95%CI		<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
MA	28.38	4.89	16.54	4.68	12.37	0.00	9.94	13.74	2.5

*Note.* MA= marital adjustment.

The results for independent sample *t* test shows that there is a significant difference in marital adjustment of infertile couple with and without an adopted child. Results provided support to the hypothesis. Thus the results indicate that marital adjustment is higher in couples with an adopted child than couples without an adopted child.

### Hypothesis 2

It was further hypothesized that infertile couples with adopted child have a high level of life satisfaction than infertile couples without an adopted child. Therefore, Independent sample *t* test was conducted to test this hypothesis.

**Table 3**

*Independent Sample t test Comparing Life Satisfaction of Infertile Couples with and without Adopted Child*

	with adopted child(n=50)		without adopted child(n=50)		t(98)	p	95%CI		d
	M	SD	M	SD			LL	UL	
LS	170.08	19.41	141.76	20.96	7.01	0.00	20.30	36.33	1.75
A	26.26	5.12	23.04	4.75	3.26	0.002	1.26	5.17	0.66
EM	27.42	4.69	24.28	4.60	3.38	0.001	1.29	4.98	0.68
PG	29.72	4.91	24.82	4.40	5.25	0.00	3.04	6.75	1.06
PR	29.30	4.03	25.74	5.47	3.70	0.00	1.65	5.46	0.74
PIL	27.60	4.96	22.08	4.42	5.88	0.00	3.65	7.38	1.19
SA	29.78	3.20	22.04	4.19	10.36	0.00	6.25	9.22	2.09

*Note.* LS = life satisfaction, A = autonomy, EM = environmental mastery, PG = personal growth, PR = positive relations, PIL = purpose in life, SA = self-acceptance.

The results for independent sample t test shows that there is a significant difference in life satisfaction of infertile couple with and without an adopted child. Results given in Table 3 also shows that the subscales of life satisfaction such as autonomy, environmental mastery, personal growth, positive relations, purpose in life and self acceptance also significantly differ among the two samples. As a whole, the hypothesis was supported. Thus, the results indicate that the life satisfaction is higher in couples with an adopted child than couples without an adopted child.

Some additional analyses were also performed. For instance, independent sample t test was conducted to investigate the gender differences in marital adjustment and life satisfaction of infertile couples with an adopted child and infertile couples without an adopted child.

Table 4 indicated slight difference between the means of males and females in marital adjustment and life satisfaction. Men scored slightly higher than women on marital adjustment and life satisfaction. However, the results indicate that there is an insignificant difference in marital adjustment as well as life satisfaction of men and women.

**Table 4**

*Independent Sample t test Comparing Gender Differences in Marital Adjustment and Life Satisfaction of Infertile Couples with and without an Adopted Child*

Variables	Men		Women		<i>t</i> (98)	<i>p</i>	95%CI		<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
Marital adjustment	22.56	7.25	22.36	8.04	.131	0.90	-2.83	3.23	0.02
Life satisfaction	157.6	23.65	154.24	25.79	.68	0.50	-6.44	13.10	0.13

## Discussion

The aim of the present study was to chalk out a level of marital adjustment and life satisfaction of infertile couples with and without an adopted child. The findings of a large body of studies conducted by various researchers posit that couples without an adopted child expressed low level of marital adjustment and lesser life satisfaction than couples with an adopted child.

The results of the current study highlighted that the couples without an adopted child suffering from infertility and undergoing its treatment perceive the experience differently. Variables of marital adjustment and life satisfaction were evaluated among couples for this purpose. Findings showed that relative psychological distress was high among couples without an adopted child and marital adjustment was registered low in couples who were suffering from infertility with an adopted child.

Additionally, infertile couples with an adopted child registered greater life satisfaction and contentment in contrast to infertile couples without an adopted child who had lower scores at the life satisfaction scale. Ergo, the hypotheses of the current study were accepted.

It was hypothesized that infertile couples with an adopted child have a high level of marital adjustment than infertile couple without an adopted child. The hypothesis was supported as the findings of the current study augment what was presupposed. The findings of Dimkpa (2010) surveyed marital adjustment roles of couples practicing child adoption. The findings of their study showed that couples with an adopted child reported high level of marital adjustment in all the areas such as communication, cohesion, consensus, and affectionate expressions towards each other. The current

study in hand exhibited same results. Another study by Ward (1996) explored changes in parents' marriage, following older child adoption. The results of their study portrayed that when couples adopt a child, they can focus more on parental relationship rather than marital relationship. Placing child's needs ahead of their own Results also showed that social support from the other people enhanced the quality of marriage. Post adoption marital satisfaction was also associated with the fulfillment of expectations of the partner concerning house work and child care.

Another study explored psychological adjustment of adoptive parents to be compared to 52 couples who adopted children later (Levy-Shiff et al., 1990). Results showed that they were all psychologically well-adjusted as expectant parents and did not report any kind of hesitation and emotional distancing and denial. Aforementioned studies also supported the first hypothesis.

In line with UN data, the estimated population of Pakistan as of 2020 is 220,892,340 people (Worldometer, 2020). In Pakistan and Asian culture children play a pivotal role. In these cultures, having children is deemed a recipe of well balanced and happy marriage life. This solidifies a marriage and acts like prevention against divorce. For the said reasons, if a wife fails to conceive a child, husbands commonly divorce their wives and consider a second marriage.

Another hypothesis pertaining to life satisfaction among infertile couples with and without an adopted child was also supported. Because the comparative analysis flaunted those infertile couples with an adopted child have higher scores at life satisfaction as compared to infertile couples without an adopted child at  $p .005$ . An array of researches has been conducted to prove the fact that couples without child are less satisfied from life than couples with child. As the work of Drosdzol and Skrzypulec (2008) examined excellence of life and physical execution of Polish infertile couples with an adopted child. The results suggested that the quality of life or life satisfaction in all dimensions were generally higher in infertile couples with an adopted child than infertile couples without an adopted child.

The life satisfaction was measured by validated questionnaires that included the sub-scales such as Health Survey (SF-36). In our Pakistani society, children provide aim to parent's life. Children provide a sense of

satisfaction, completeness, happiness, self-actualization, and fulfillment to the parents. Parents would know that their children look after them in their old age. Busfield and Paddon (1977) carried out a study in UK and results demonstrated that children are very essential for life and they hold the family together in the time of crisis. These types of feelings were even stronger in Asian culture and Pakistan. Because whole system of society revolves around the family and children.

The third hypothesis postulated that infertile couples without an adopted child have a low level of marital adjustment than infertile couples with an adopted child. The hypothesis was supported as the results of the comparative analysis corroborated the postulation. A litany of the current studies also supports the hypothesis. Bali et al. (2010) examined marital adjustment of childless couples and results suggested that childlessness had a great effect on marital adjustment of the couples.

The last hypothesis of the current study pertains to the infertile couples without an adopted child who report a low level of life satisfaction than infertile couples with an adopted child. The findings of the current study depict that a couple who is experiencing infertility and no adopted child has a more negative impact on their mental health leading to low life satisfaction as compared to couples who adopted a child.

Wood (1989) women are more stressed due the pressure imposed on them by their in-laws and the lack of emotional and motivational support by the society. The social agents in their environmental surroundings hold them responsible for their inability to conceive and this leads to the low level of life satisfaction and other psychological problems including mood disorders or anxiety disorders among them. Infertility also destabilizes a woman's social relationships with other individuals and represents a forceful risk to their social wellbeing and security. In Pakistani society this study has delineated that if a girl can't bear a child it is traumatizing not only to her but to her family as well because their daughter cannot cater to the expectations of her in-laws.

The additional findings display that infertile women show lesser marital adjustment and life satisfaction than infertile man. A study by Hsu and Kuo (2002) explored the end product of an infertility identification on the agony, marital, and sexual satisfaction between husbands and wives in Taiwan. The results display that among infertile couples, only wives exhibited higher



distress to infertility than their husbands did. In order to have valid and reliable comparison of the psychological problems among genders, each of the twenty-one items was assigned a score from one to five. The present study revealed that the same results that a couple who is experiencing infertility has a more negative impacts on wives mental health leading to psychological issues graver than what her husband experiences. Relatively, high marital adjustment and life satisfaction were registered among men than women.

## **Conclusion**

The current study concludes that there are significant differences in the level of marital adjustment and life satisfaction among couples suffering from infertility with and without an adopted child; hence, the hypothesis is supported.

Firstly, the results have indicated that there exists a difference in the psychological and affective response towards infertility and adoption among couples. Infertile couples with an adopted child have shown more marital adjustment and life satisfaction than infertile couples without an adopted child. According to male's scores, males have shown the results that they are less satisfied or adjusted in their lives. Whereas women show divergent response. Intensity and frequency of low scores in marital adjustment and life satisfaction is more among women and they have poorer quality of life.

Secondly, this aspect can be a result of the undue pressure and blame imposed on women by their in laws and society. In our Pakistani culture women are supposed to have children in order to attain self-actualization, self-adequacy, and self-fulfillment. This criteria, if not met by them promotes the various mental-health issues in them. It is as a result of the poor education and lack of awareness in our patriarchic society.

In our society it is a dilemma that women are mostly blamed when the couple is not able to have children. The current study reveals that it is the contribution of both husband and wife regarding the failure to start family life. The current study is also projected to eradicate this misconception in the society. This is why women suffer from the psychological problems because of the societal pressure and being liable for not having children. Furthermore, men in order to start their family end up with getting married again, that is, itself a very traumatic experience for most of the women.

Our medical sciences have become advanced in case of the cure of infertility and infertile couples can have children by adopting different methods of treatment. On the other hand, if couple fails to conceive of using all the methods, still the choice of adopting a child remains there. Because in Pakistani society, children are considered as a source of love, affection, satisfaction, and hope for many parents. In Pakistan, most of the people hesitate to adopt a child because they think that the society would never support their act. Another reason of this hesitation is the loss of hope and trust in childless couples of having a child after adopting one. Some other reasons maybe as under; childless couples may feel that adopted child is not truly their own child. However, their conceptions are completely wrong because an adopted child in every real sense is truly the child of parents who share with him/her their lives, love, and happiness.

Some couples hesitated to adopt a child because they had the fears that someday in future the biological parents of the child might come and demand custody of their child from them. But now according to the country law there are procedures for legal custody of adoption. Through the adoption process, the child biological parents can claim all rights to their child and the adoptive parents assume all the rights of parenting (Reddick, 2004).

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