CHAPTER - 1

INTRODUCTION

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INTRODUCTION

1.1 Context of the study

Throughout history regardless of religion, all societies primitive or developed have established some form of marriage to reproduce new generations of people. Through marriage society marks out the relationship of two people who will together transmit human life to the next generation and nurture that life. Reproduction and the desire of man to set up a family is one of the natural needs of humans and one of the important pillars of social life (Blankenhorn, 2008).

Fertility is highly valued in most cultures and the wish for a child is one of the most basic of all human motivations. For any young couples planning to start a family, the news that either one or the other partner is infertile can be a devastating one. The partner who is shown to be infertile will find it more difficult to cope with infertility. For women pregnancy and motherhood are developmental milestones that are highly emphasized by the culture. When attempts to have a child fail, it can be an emotionally frightening experience (Klock, 2008).

Infertility is the inability of a couple to achieve conception after one year of unprotected intercourse (six months if the woman is over age 35 years) or the inability to carry a pregnancy to a live birth. Accordingly, 20% of the couples in the world are infertile. 50% of these couples eventually conceive, 10 -15% are benefited by Artificial Reproductive Technologies (ART) and the remaining 35- 40% are considered as sterile or infertile after undergoing different types of treatment for a few years. Covering 27 countries including India, the incidence of infertility rate is 12-13.5% among married couples. Approximately 40% of infertile
couples have female factor of infertility, 40% male factors and a combination of both or of infertility of unknown etiology for 20% of remaining couples (National Family Health Survey, 2007).

Lee and Sun (2001) reports that irrespective of causes of infertility, society finds the women guiltier of infertility than men. This results in women among the infertile couples experiencing more stress than their partners. Women are found to have lower self esteem and feelings of sin and shame in comparison to men. In India where family relationships are much stronger than in the west, cultural implications of infertility have profound effect on couples and may even question worthiness of women.

Moller and Fallstrom (1991) in a study have reported that generally women are more negatively affected by infertility than men or affected differently. According to Van Balen and Trimbos (1994), a number of infertile women and men show a quite normal or even a strong sense of wellbeing. The study also revealed that with life crises in general, individual woman and man assess and react to infertility in different ways.

Male partners of infertile couples may have worse overall mental health relative to normative data. Infertility in general is a risk factor for poor mental health. The diagnosis of male factor infertility has been associated with greater risk for psychosocial problems and decreased quality of life. What seems remarkable is that many couples experience high level of stress. They are ready to embark upon a new round of the same stressors with the onset of the next menstrual cycle. Month after month the stressors would inevitably take their toll. Ultimately the infertile
couples experience severe psychological distress (Repokari, Punamaki, Kalio, Vilska, Poikkeus, Sinkonnen and Tulppala, 2007).

Several studies (Berg and Wilson, 1995; Cannolly, Edelmann, Cooke and Robson, 1992; Eimer, Omzigi, Vogelzang, Van, Habbema and Velde, 1997; Pook, Tuscher and Krause, 2004) revealed that infertile couples experience marked stress in different dimensions, which alter their behavioural patterns and reproductive functions. Infertility has not only a reproductive aspect but also mental and social aspects as well. Strong reactions to the stress characterized as emotional disturbances are reported by more than half of the women who were not pregnant after two years of medical examinations. About one third of the men who did not have a child also experienced emotional disturbances. Infertility implies great stress for both the couples and in their relationships. The crisis caused by infertility is a threat against the identity of the individuals and against the couples’ relationship (Moller and Fallstrom, 1991).

The effects of infertility seem to be comprehensive and are not restricted to sexual or reproductive areas of life. The impact of infertility burden on several psychosocial areas of human existence. Impairments have been reported regarding distinct aspects such as psychopathology, relationship abilities, marital life, family life and economic terms. (Chachamovich, Ezor and Passos, 2010).

It is found that psychological factors can have an important role in infertility and infertility has many psychological consequences. Infertility should be considered as having an influential role in social and psychological factors influencing the prevalence and treatment of infertility. In fact infertility creates a
critical situation that threatens the emotional and psychological life of the individual. Infertility influences all aspects of a couple’s life. It affects their self esteem, relationships, and their life perspectives. Stress is only one of a myriad of emotional realities that couples facing infertility deal with, often for extended periods of time. In addition to ongoing stress, infertility creates issues of guilt, anxiety, tension within the relationships and feelings of depression and isolation (Hassani, 2010).

Moller and Fallstrom (1991) described a vicious cycle operating between psychological stress and infertility. High levels of stress among couples cause defective reproductive functions which results in infertility. The diagnosis, treatment and social responses related to infertility generate untoward emotions like frustration, anger, guilt and isolation among couples. Persistence of such emotions further aggravates stress among couples and the cycle continues as infertility continues.

![Figure 1. Vicious cycle of infertility (Moller and Fallstrom, 1991)]
The wish for a child and the stress connected with this can decrease the chances of having a child. The stress as a primary and secondary contributing cause to infertility is increased as a consequence of the infertility and a vicious cycle is created, which further prevents conception (Figure 1).

Harlow, Fahy and Talbolt (1996) on analysing the psychosomatic effects of infertility have found that psychological stress alters levels of hormones controlling reproduction in women mainly cortisol, prolactin, and progesterone which in turn have an adverse effect on conception. It is noticed in a study which assessed the physiological and psychological aspects of anxiety during IVF and pregnancy outcome that high levels of self reported anxiety is associated with abnormal levels of above mentioned hormones. Normal hormonal levels during a cycle play a very important role in success of infertility treatment and in resulting in a pregnancy. Poor semen quality has been found in men who are under high level of stress. It has been also demonstrated that significantly worse fertility outcomes are seen for men and women with the higher psychological stress (James, Thomas, Alan, Paul, Lauri and Patricia, 2009).

Women are typically seen as the emotional caretakers and providers of the warm relationship in the family. Women more so than men feel responsible not only for everyone’s bad feelings, but also for anything bad that happens. As a result it is common for the woman to assume responsibility for the emotional impact of the infertility. Hence woman among the couple experience strong feelings of pain, anger, fear, shame and depression. The woman may show quick
shifts in her emotions, looking for an emotional connection at one moment and in the next withdrawing emotionally from her partner (Klock, 2008).

Monga, Alexandrescu, Katz, Stein and Ganiates (2004) in a study have found that half of the women in their sample related infertility as most stressful experience of their life. They also found that there is a significant relationship between duration of stress of infertility and presence of anxiety or depression among infertile couples. The results of the study indicated that more than 20% of infertile couples had psychological disorders, mainly anxiety (64%) and depression (24%). Investigators found that for women, high levels of perceived personal control and optimism are related to lower levels of distress. It is also found that high level of motivation to have a child resulted in more distress. The extent to which infertility is stressful is further impacted by the coping skills used by the individual. Women reported greater levels of overall infertility related distress than men.

Infertility and its treatment result in a major and prolonged crisis for the couples. It is also a stressful condition which creates a heavy psychological trauma for them. Moreover having a baby carries a socio cultural significance and therefore the infertile couples try hard to find a diagnosis and treatment for infertility. It is obvious that due to physical, psychological and economic impacts of the treatment for infertility they become more stressed. The inability to meet one of the most important life goals is devastating to the infertile individuals. The emotional impact of infertility has been described through clinical observation and empirical research. Menning (1982) used psychological stages of the grief and loss
model (surprise, shock, denial, anger, bargaining, and acceptance) to explain the infertility experience. As she described the reaction to infertility, she also discussed about guilt, anger, depression and withdrawal that may follow the discovery of impaired fertility.

In many societies around the world lack of pregnancy and the resulting childlessness are often highly stigmatizing, leading to profound social suffering for infertile couples. Infertile couples may experience strain in relationships with family and friends. They may socially isolate themselves as they consider infertility as a private problem and believe that no one can understand the true intensity of their emotional pain. They feel left out and stop associating with those who are pregnant or who have children. The loss of relationships of the infertile women can deprive them of social support which can compound feelings of isolation and depression. All these make the social relationships of infertile couples difficult (Klock, 2008; Chachamovich et al., 2010).

Klock (2008) also stated that infertility result in poor marital adjustment, increased marital discord, sexual dysfunction and less sexual satisfaction among couples. The burden of infertility is physical, psychological, emotional and financial. The losses experienced by infertile couples are mainly loss of self esteem, loss of relationships, loss of health and loss of financial security. Loss of self esteem occurs due to repeatedly attempting to achieve a desired goal (having a baby) but failing to achieve it. Fear of loss of relationships includes marital relationships and relationships with family and friends. Marital relationships can be strained or lost because of fear that fertile partner will leave the infertile partner.
When they cannot meet each other’s needs, partners may withdraw and isolate themselves. Sexual relationships also become stressful as it mainly becomes a part of treatment. All these threaten the quality of marital life among infertile couples.

There is an increasing interest in exploring infertility in a comprehensive approach taking in to account the plethora of associated subjective perceptions. Systematic approach is needed to measure this phenomenon and allow for comparability of studies. Quality of life (QoL) has emerged as a well established concept to address these issues. Being considered a restatement of the World Health Organization's commitment to the promotion of a holistic approach to health and healthcare, QoL assumes a particular relevance when clinicians and researchers intend to investigate complex and multidimensional health conditions. While the clinical effect and the direct impact of the condition are accurately measured, the subtler effects and multidimensional impact of the condition on holistic health, daily functioning, societal interaction and quality of life (QoL) are often not evaluated while managing the condition. It has been postulated that the brunt of the condition is heavier in women and has more severe emotional and social repercussions than in men. QoL assessments include aspects of health status, psychological wellbeing, physical and social functioning, and environmental and spiritual facets. Since infertile couples are at higher risk to have depressive and anxious symptoms, their QoL also need to be evaluated. Educational level, strong will to have children, poor marital relationship, previous In vitro fertilisation attempt and duration of the infertility are predictors of lower mental health scores and QoL in infertile men. Women had significant lower scores on mental health,
social functioning and emotional behaviour than men. Among infertile subjects, women had lower scores in several QoL or HRQoL (Health Related Quality of Life) domains in comparison to men. Quality of life (QoL) has emerged as a well established concept to address these issues (Chachamovich et al., 2010).

Adoption is considered as a ‘cure’ to infertility and help in meeting the needs of the prospective adoptive parents. The professional intervention led to a systematisation of the process so that the best interest of the child, adoptive parents and the birth parents could be protected. Many families would feel relief from the familiar stresses of infertility after the adoption of a child. Regarding adoptive family life, there is a ‘magnifying effect’ as couples and families progress throughout adoptive family life cycle. In a study which assessed marital satisfaction within the first year post adoption, both mothers and fathers reported high levels of marital satisfaction. It is found that adoptive mothers scored significantly lower on both the anxiety and depression in comparison with infertile women. Adoptive placement also seems to assist infertile couples with a sense of social compatibility with other couples with children (McKay, Ross, and Goldberg, 2010; Weir, 2004).

Adoptive parenthood, like other types of parenthood, can bring tremendous joy and also a sizable amount of stress. Often around a few months after an adoption, a sense of renewed stress and even depression would occur in them. Emotional ups and downs may be experienced by the adoptive parents as they approach the decision to adopt, during the adoptive process, and also after the adoption. Adoption is a lifelong commitment and related issues may arise at any point in parent’s or their child’s lifetime. Dream child may not equal reality child.
Orphanage children may resist being touched, hugged or kissed. They may not like being held, rocked or tickled. They may resist feeding. As for illnesses suffered by adopted children upon arrival, infectious diseases like Hepatitis B, intestinal parasites and skin problems are commonly found. Physical disturbances of the child like respiratory infections, gastrointestinal problems and anaemia add on to the post adoption stress of new parents. At the time of arrival most adopted children show an insecure pattern of attachment. Indeed all adopted children are separated from their caregivers on adoption. The separation experience has an effect on psychological delays of child on attachment upon arriving. On facing with all these facts, an adoptive family can find itself in a world of negative stress. A willingness to learn about the issues and to be open in seeking support if necessary can help to ensure that parents and children experience happy and healthy family lives (McKay et al., 2010; Zosky, Howard, Smith and Howard (2005).

The post adoption blues are the expectations which parents hold of the post adoption experience and how the differences between those expectations and reality create stress and depression in them. Once reaching home the newly adoptive family need to make many adjustments in order to cope with the multitude of problems that derive from the prior institutionalization of their child. The process that leads to adoption is very difficult for the prospective adoptive parents. The longer it takes, the harder it is to adopt a child and higher will be the expectations towards the child. When the dreams are many, the more limited will be the opportunities given to the real child to develop by self upon arrival in the
family. Adoptive parents consume few months in becoming familiar with routines of the child and then regain the satisfaction graph almost steady (McKay et al., 2010).

According to Repokari et al., (2007) on addressing the issue of stress and its effect on fertility, it is important to deal with these effects in a positive manner to break the vicious cycle between stress and infertility. An effective post adoption support programme will not unblock obstructed fallopian tubes or create sperm or resurrect declining ovaries, but may help fertility problems of an unexplained or hormonal nature. It will help virtually all adoptive parents with their ability to take control of their emotions and learn to be at peace with themselves. Health professionals can potentially encourage this coping process among infertile couples after adoption. Research has shown that a good therapeutic relationship between adoptive parents and their social worker can also help during the post adoption phase. It is suggested to start effective counselling and psychotherapy services in the adoption centers. Effective support programmes reduces the psychological pressures and problems of infertile couples after adoption and make them understand possibilities of improving fertility.

1.2 Need and Significance of the study

Infertility is a growing problem across all cultures and societies almost all over the world and affects an estimated 10%-15% of couples of reproductive age. Covering 27 countries including India, the incidence of infertility rate is 12-13.5% among married couples. The estimated infertility rate in Kerala is still high, 20% among couples (NFHS, 2007; Unisa, 1999; Kumar, 2007). In recent years the number of couples seeking treatment for infertility has dramatically increased. This increasing
participation in fertility treatment has raised awareness and inspired investigations into the psychological ramifications of infertility (Deka and Sarma, 2010).

Infertility encompasses both medical and emotional problems. While physical improvement is significant, couples consider the emotional aspect as very stressful. Infertility not only has a reproduction aspect but mental and social aspects as well. In other words psychological, physiological, environmental and interpersonal relationships can affect each other and infertility cannot be considered as organ malfunction alone. In addition to facing problems in the body organs, infertile couples experience psychological problems such as depression, anxiety, aggression, guilt feeling, fright, feelings of discontent, jealousy, solitude and lack of self esteem. They also experience somatic complaints, interpersonal relationship difficulties, feeling of being unwanted, lack of flexibility with partner and sexual dissatisfaction (Ramazanzadeh, Noorbala, Abedinia and Nagizadeh, 2009).

According to Klock (2008) approximately 40% of infertile couples have female factor infertility, 40% male factor, and a combination of both or infertility of unknown etiology for 20% of the remaining couples. As far as physical causes of infertility are concerned, defects in structure and functions of male and female reproductive systems are responsible. Some of the defects are correctable and most of the infertility treatments are directed towards the physical component of infertility.

On focusing psychological component of infertility, it is reported that in a circular fashion, the stress of the infertility and investigations can increase negative emotional reactions which could possibly via biochemical or behavioural channels
decrease probability of conception. There is substantial evidence to suggest that the stress associated with infertility can contribute to its perpetuation while a reduction in stress can improve reproductive functioning. Anecdotal reports of infertile couples who conceived during or after holidays, after adoption or on decision to adopt are also reported in the study (Valerie and Hart, 2002; Takefman, Brender, Boivin and Tulandi, 1990).

Moller and Fallstrom (1991) reported that it is mainly catecholamines, prolactin, Adrenal steroid, endorphins and serotonin which are influencing the ovulation and these hormonal levels in turn are affected by stress. Jain and Mathew (2012) revealed that sexual dysfunctions like vaginismus, dyspareunia and retrograde ejaculation are often caused by psychological factors which thereby act as indirect causes of the infertility. Because of the close connection between sexuality and reproduction, a fear of parenthood can be found behind the sexual problems and thereby with infertility.

Many forms of stress including psychological, can affect male fertility and reproduction. Stress act in a classical conditioning manner to produce changes in the autonomous nervous system and stimulate adrenal glands to produce adrenal hormones. Evidence exists that mild to severe emotional stress depress testosterone and perhaps interferes with spermatogenesis in the human male. Sterility in the male can be due to disturbed spermatogenesis resulting from emotional stress. The relationship between semen quality and psychological stress among men undergoing In vitro fertilization indicated an inverse relationship. If psychosocial impact is associated with worsened fertility outcomes, it would have significant
implications for the fertility rate and treatment of infertile men (Kedem, Bartoov, Mikuhncer and Shkolnik, 1992; Mc Grady, 2008; James et al., 2009; Valerie and Hart, 2002).

According to Ramazanzadeh, Aghssa, Abedinia, Zayeri and Khanafsha (2004) infertility is a stressful experience and has a high impact on couples’ psychological status. The emotional experience of infertility and its treatment has been described as a roller coaster due to the uncertainty on a monthly basis and that it is composed of a series of crises and never ending stress. Each month brings the anxiety of new tests and treatments, not to mention the repeated disappointment when conception is not achieved and menstruation occurs.

Nachtigall, Becker and Woszny (1992) reported that the stress of non fulfillment of a wish for a child has been associated with emotional sequelae such as anger, depression, anxiety, marital problems and feelings of worthlessness. As partners become more anxious to conceive, sexual dysfunction and social isolation increases. Marital discord often develops among infertile couples especially when they are under pressure to make medical treatment decisions. Infertility has a cultural and social impact and the couples experience stigma, sense of loss, and diminished self esteem in the society. Psychological factors play an important role in the pathogenesis of infertility and therefore exploration of this is also an important task to manage this devastating problem. There are no studies done after Moller and Fallstorm (1991) for the next two decades on exploring the vicious cycle operating between psychological distress and infertility.
On the whole infertility presents as an ongoing personal and developmental crisis for the individual and couple’s relationship. The range of emotional responses include depression, anxiety, and the various stages of grief. Other specific dilemmas among infertile couples include social isolation, disrupted sexual life, and overall increased marital tension.

Considering adoption as a remedy for infertility, it brings relief and exploring changes in the adoptive family’s developmental cycle. A magnifying effect occur usually as couples progress throughout adoptive family life cycle, benefiting both adoptive parents and child. It is found that for some parents, there is a pivotal moment when they first feel like a parent (e.g., the first visit to the doctor, school registration and the first time the child says and means ‘momma’). For others, it is the day to day routine of caring for the child and helping the new son or daughter navigate the world that gradually leads to self identification as the child’s parent. Identifying as the parent is generally linked to a sense of entitlement, or ‘claiming’ and responsibility. Parents are able to move beyond feelings of being ‘not worthy’ or ‘not capable’ of parenting their child; they become comfortable in their new role accepting the responsibility. Adoptive mothers scored significantly lower on both the anxiety and depression in post adoption period when compared with pre adoption period (McKay et al., 2010).

Adoptive placement also seems to assist couples with their sense of social compatibility with others. Infertile couples experience a ‘left behind’ feeling when their social counterparts begin to have children. A ‘leapfrogging’ effect of adoption helps adoptive couples to overcome the ‘left behind’ feeling. A remarkable
increase in parents attending social functions and family gatherings after adoption is manifestations of this effect (McKay et al., 2010).

The couples who have solid marital relationships experience that transition to parenthood magnify their happiness with an adopted child. Marital satisfaction seems to be associated with family satisfaction. In a study which assessed marital satisfaction within the first year post adoption, both mothers and fathers reported high levels of marital satisfaction (Weir, 2004).

It is revealed that periods of harmony and disharmony occur during comparative adjustments between individual adoptive development and family adoptive development. Immediately after adoption the parents assume social role of biological parents and a 'dream come true' effect reduce stress and improve general wellbeing. Later on, while facing the realities, anxiety related to unfamiliarity to the routines of the child, issues related to subsequent medical checkups and questions from the society are some of the stimuli for stress. Following this period, altered family roles, delay in achieving milestones, and series of infections in child are some of the stimuli for stress. By first anniversary of adoption better adjustment occurs, when couples become less anxious, emotionally balanced, more adjusted and attached to the child (McKay et al., 2010).

Therefore it is important to help couples after adoption to identify ways of coping which will help them to increase well being and buffer the effects of stress. Effective and continued post adoption counseling sessions play a vital role in making post adoptive life of such couples healthy. Such sessions also prevents
adverse effects following adoption like post adoption depression (Benyamini, Yifat, Bardarian, Gozlan, Tabiv, Shiloh and Kokia, 2008).

It is worth analysing the scenario of infertility in India. Socio cultural context is an important consideration in the meaning and responses to infertility. Majority of studies reporting the psychosocial aspects of infertility are western studies. If the extent of impact of infertility is so extensive in the west, it has to be viewed in context of cultural implications in India where the sequelae of infertility is much more complex. In the present Indian socio cultural context where motherhood is often associated with a woman’s identity and desire for children is nearly universal, the impact of infertility on women’s lives is very vast. In a patriarchal setting such as in India, bearing children, particularly a son largely defines a woman’s identity. Infertility is a life crisis with invisible losses and its consequences are multifaceted. Childless women experience stigma and isolation. Infertility can threaten a woman’s status and economic security. Consequently it becomes a major source of anxiety leading to lower self esteem and a sense of powerlessness. Although perceptions of women’s roles and attitudes may be shifting particularly in the upper and middle classes, bearing a child still remains an important factor in the socio economic well being of most Indian women (Greil, 1997).

Significance of the present study also can be analysed in the light of situation of the infertile couples especially the women in the collective culture of India. Instead of infertility being understood as a socially defined life crisis, it is mistakenly transformed into an individual feminine trait. Infertile women are generally designated to an inferior status. Childless women face stigma not just at
home but beyond her immediate household with many labels. She is not allowed to participate in auspicious ceremonies particularly those involving child birth and naming. She is named ‘barren’ in local language and will not be allowed to take lead in many social functions. This is because a childless woman is considered as curse or sinful sign in auspicious functions. An infertile woman is treated as inauspicious for initiating and executing religious and ceremonial rites and rituals. Anticipating taunts and hostile behaviour from society, infertile women use to shun social functions (Unisa, 1999; Sudha, Reddy and Reddy, 2011).

The impact of infertility among women in India is extending to a phase that many such women even if legally married are not accepted as a legitimate wife unless she becomes the mother of a man’s child. The levels of consequences of infertility in developing countries range from marital and economic distress, depression, violence and abuse, social alienation and lost dignity in death. Women are largely blamed for infertility and negative consequences for them can range from denial of food and health care to being thrown out of house so that man can take a second, more fertile wife. So having children is the question of existence of woman in the husband’s family as most of the in-laws are particular about a heir in the family. Indian culture insist children, especially son for the last respect functions of family members for their souls to attain salvation. Since the value of a child is so important in Indian culture, it is worth investigating the wellbeing of couples in order to detect the gap in their psychosocial wellbeing. It is important to understand the extent to which quality of life of couples is affected pertaining to the cultural implications. The cultural impact of infertility has tremendous
influence on the behavioural reactions of couples in India though it affect couples of all cultural backgrounds. The incidence of infertility is reported to be high in Kerala in comparison with other countries. No studies have been reported regarding impact of infertility in Kerala and on the quality of life of infertile couples. In this scenario the present study has social importance also as the study would assist a large number of less privileged group with infertility and those who have adopted a child after facing a lot of mental agony.

Though infertility is considered and managed as a physical entity, the psychological component which has a vital role is often neglected or overlooked. Regarding effects of infertility and quality of life of such couples after adoption, very few Indian studies are reported. There are no such studies done in the context of Kerala. It is noticed that some couples who are medically certified as infertile, which is a mandatory document for adoption, spontaneously conceive after adoption. This study invites attention to the psychological component of infertility so as to throw light into the possibility of spontaneous conception after adoption. The improvement in the wellbeing of couples experienced after adoption may even improve reproductive functions and fertility among couples which points to the possibility of spontaneous conception or better outcome of infertility treatment.

Follow up and post adoption counseling to the couples assist adoptive couples to deal with different stress producing issues related to adoption and child rearing. The present study is exploring three important variables namely psychological distress, social adjustment and quality of marital life of infertile couples before and after adoption. Effect of adoption in the present study is the
product of effect of adoption on these three variables. The study also looks into spontaneous conception after adoption among the infertile couples.

1.3 **Statement of the problem**

Quality of life of couples before and after adoption of child.

1.4 **Variables of the study**

The following are the independent and dependent variables in the study.

**Independent Variable**

Independent variable of the study is **adoption of child**.

**Dependent Variables**

Dependent variables of the study are **Psychological distress, Social adjustment and Quality of marital life**.

1.5 **Operational Definitions**

**Quality of Life**

Quality of life is the perceived level of health and general psychosocial wellbeing among infertile couples. In this study it is assessed by the degree of psychological wellbeing, optimum social adjustment and high marital quality among the couples.

**Psychological distress**

It is the psychological or emotional reactions infertile couples experience when faced with the reality which reveals them that they are incapable of producing a child, resulting in psychological or behavioural deviations for the couples.
Social adjustment

This refers to the degree of social wellbeing manifested by infertile couples, characterised by social security and healthy social interactions.

Marital quality

It refers to the degree of marital adjustment and optimum sexual satisfaction among infertile couples evidenced by sound marital relationships and absence of marital discord.

Infertile couples

In this study this refers to husbands and wives who are medically certified as not able to produce child in spite of undergoing various infertility treatments modalities including Artificial Reproductive Technologies.

Adoption of Child

Adoption is a legal procedure that makes the birth child of one man and woman into the legal child of other adults as per terms and conditions of Juvenile Justice Act, 2006.

1.6 Objectives of the Study

1. To measure the effect of adoption on the rate of psychological distress of infertile couples before and after adoption of child.

2. To understand the influence of socio demographic and clinical variables on psychological distress of infertile couples.

3. To determine the levels of social adjustment of couples with infertility before and after adoption of child.
4. To find out the influence of socio demographic and clinical variables on social adjustment of infertile couples.

5. To study the effect of adoption on quality of marital life of infertile couples before and after adoption of child.

6. To study the influence of socio demographic and clinical variables on quality of marital life of couples with infertility.

7. To find out whether the incidence of spontaneous conception after adoption is a reality or a myth.

1.7 Hypothesis

The following research hypotheses are formulated in this study.

1. Adoption of child results in reduction in the level of psychological distress among infertile couples.

2. The rate of psychological distress among infertile couples varies at 3 months, 6 months and one year after adoption of child.

3. Selected socio demographic and clinical variables have influence on psychological distress of infertile couples.

4. Adoption of child enhances social adjustment of infertile couples.

5. Level of social adjustment of infertile couples differs at 3 months, 6 months and one year after adoption.

6. Selected socio demographic and clinical variables explain variation in the levels of social adjustment among infertile couples.
7. Child adoption results in an increase in quality of marital life among infertile couples.

8. The quality of marital life steadily increases among infertile couples at 3 months, 6 months and one year after adoption of child.

9. Selected socio demographic and clinical variables explain variation in the levels of marital quality among infertile couples.

10. Spontaneous conception of infertile couples can be explained in terms of better quality of life as a result of adoption of child.