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Perceived Control, Coping and Subjective Wellbeing among Infertile Men and Women

Abstract

The purpose of this study was to investigate the perceived control, coping and subjective well-being among infertile men and women between the ages 20 to 45 years. The descriptive (ex-post facto) research design was opted for this study. The sample of this study was composed of 30 infertile men and 30 infertile women, collected from some private infertility centres in the Thrissur district. The samples were collected by the simple random sampling method. The data collection instruments are: Personal data schedule, coping strategy inventory (CSI-S), subjective well-being inventory and Sphere of control – 3. There was no significant difference in perceived control and coping among infertile men and women. Infertile men used an engagement type of coping and infertile women used a disengagement type of coping. There was no significant difference between early and late aged infertile people in perceived control as well as subjective wellbeing. The early aged infertile people used the disengagement coping style more. In addition, perceived control was found to be positively correlated, both with engagement coping and subjective wellbeing. There was a significant relationship between subjective wellbeing and engagement coping among infertile men and women. The study helped to expand therapeutic support to infertile men and women. The findings of the study helped other people in the society to be aware of the problems faced by infertile people.

Key words: *infertility, perceived control, coping, subjective wellbeing*

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Introduction

Infertility has been reported as an important stressor and life crisis in different cultural settings. (Newton, Sherrard and Glavac, 2007) Infertility in many parts of the world has dangerous consequences for the health of both men and women due to the high cultural premium placed on childbearing in many countries. Infertility often poses serious social problems for couples (Okonofua, 2003) cross culturally. It is recognized as a stressor event with the potential to cause havoc in the lives of individuals, couples and families. (Burns and Covington, 2006, Shapiro, Shapiro and Paret, 2001) The Stress related to the wish for a child not being met, has been associated with emotional sequences such as anger, depression, anxiety, marital problems, sexual dysfunctions, and social isolation. Couples experience stigma, a sense of loss and diminished self esteem due to their problem of infertility. In India, when a couple is childless, the female is usually blamed. But, more often than not, it is being detected that the males are responsible for the lack of an issue. However, now specialized health care units known as infertility clinics are available. They are capable and well equipped to identify the cause of the infertility and take up treatment to remove the disorder.

Infertility is one of the major reproductive health problems that affect millions of couples in the world. Infertility is the inability of a person, animal or plant to reproduce by natural means. In other words, infertility is that condition, when you are unable to conceive after one year of unprotected intercourse or one is unable to stay pregnant. Only a doctor can make a final diagnosis, but if you have had unprotected sex for more than 12 months and are still not pregnant, there is a good chance one or both of you may have an infertility problem.

Perceived control reflects the degree to which an individual believes that a situation is controllable and that he or she has the skills necessary to bring about desires or avoid an undesired outcome. Feeling in control is important to people's overall well being. Personal control or the perception of control is important factors in health maintenance. (Wallston, 1997, Langer, 1983) The importance of perceived control has been underscored in numerous studies of health and even survival. Langer (1983) suggested that an individual's perception is more critical than his or her behavioral responses. She also suggested that an individual's actual sense of control is likely to be preceded by perceived control and that people's sense of control or lack of it is something that is inevitable.

Without a sense of control, an individual may fail to understand that he or she has options (Langer, 1983) and may even become hopeless and helpless. (Seligman, 1978) Infertility, by definition, is a loss of control over ones

reproductive ability. Yet very little systematic empirical research has examined how the objective facts of infertility translate into the subjective experience of personal control. The diagnosis of infertility is a heavy stress-giving situation for both males and females. It will be difficult for them to perceive the situation and to control themselves. Anecdotal evidence has identified feelings of loss of control as common among many, involuntarily childless individuals. (Mahlstedt, 1985; McCormick, 1980; Matthews and Matthews, 1986; Menning, 1977; Sandelowski and Jones, 1986; Seibel and Taymor, 1982).

There are only a few studies done on the perceived control of infertile people. Perceived control can be defined as the belief that one sees that he or she has control over their inside state, behaviours and the place, people, thing, feelings or activities surrounding a person. (Wallston, Kenneth, Strudter Wallston, Barbara, Smith, Shelton, Dobbins, Carolyn, 1987).

In psychology, coping means, to invest one's own conscious efforts, to solve personal and interpersonal problems, in order to try to master, minimize or tolerate stress and conflict. (Weiten, & Lloyd, 2008) The effectiveness of the coping effort depends on the type of stress, the individual and the circumstances. Coping responses are partly controlled by personality, (habitual traits) and also partly by the social environment, particularly the nature of the stressful environment. (Carver, Charles, Connor-smith, Jennifer 2010).

In today's modern world, the problem of infertility is increasing and becoming a social concern. Infertility and its remedies are major crises in one's life, that can prolong for several excruciatingly painful years. These incidents provoke tensions in life and couples are subjected to an emotional attack. Strategies to encounter these changes in life and the resultant tensions vary in different individuals, regarding different situations. Coping strategies are mostly, a collection of one's cognitive and behavioral efforts which are used to interpret, analyze and reform a stressful condition, resulting in a reduction of any discomfort arising therein. (Gbazanfari, & Kadampoor, 2008) Two main coping strategies exist: on one hand, we have emotional coping strategies, which include efforts to set emotional consequences of stressful incidents and keeps the emotional and sentimental balance by controlling resultant emotions from stressful conditions. On the other hand, we have problem centered coping strategies, which include one's effective acts with respect to stressful conditions and also actions trying to remove or change the source of stress.

Subjective well being (SWB) is defined as a person's own cognitive and affective evaluations of his/ her life. (Diener, Lucas and Oshi, 2002) The cognitive element refers to what one thinks about his or her satisfaction with life in global

terms (life as a whole) and in domain terms. (in specific areas of life such as work, relationship etc) The affective element refers to emotions, moods and feelings. A Person who has a high level of satisfaction with their life and who experiences a greater positive affect and little or less negative affects would be deemed to have a high level of SWB. According to Ed Diener, an American psychologist, subjective well being is multi-dimensional and includes positive and negative emotions (e.g. not only the frequency, duration and intensity of joy, pleasure happiness but also that of anger guilt, fear, depression, sadness, etc.) as well as global life satisfaction and satisfaction with different aspects of one's life (partnership, income, friends). Aspects of good psychological functioning can also be seen as part of a person's SWB.

The wellbeing of infertile couples is affected by numerous variables. We can say infertility, is without a doubt, a life altering experience. From your self-esteem to your plans and dreams for the future, the relationship with your friends, family and even your spouse can all be affected. Stress, sadness and depression levels are very high in these people. All these affect their well being. The well being refers to a person's own assessment of their happiness and satisfaction with life.

Objectives of the Study

(1) To find out the significant difference between infertile men and women in perceived control.

(2) To know the significant difference between infertile men and women in coping with infertility.

(3) To examine the significant difference between infertile men and women in Subjective wellbeing.

(4) To measure the significant difference between early and late aged infertile people in perceived control.

(5) To understand the significant difference between early and late aged infertile people in coping.

(6) To know the significant difference between early and late aged infertile people in terms of subjective wellbeing.

(7) To measure the significant inter-relationship between the three variables:- perceived control, coping and subjective wellbeing in infertile early adults.

Hypotheses

(1) There is no significant difference between infertile men and women in perceived control.

(2) There is no significant difference between infertile men and women in coping.
(3) There is no significant difference between infertile men and women in terms of Subjective well-being.
(4) There is no significant difference between early and late aged infertile people in perceived control.
(5) There is no significant difference between early and late aged infertile people in coping.
(6) There is no significant difference between early and late aged infertile people in terms of subjective wellbeing.
(7) There is no significant inter relationship between the three variables:- perceived control, coping and subjective wellbeing in infertile early adults.

Need and Significance of the Study

The need and significance of infertile studies are increasing in our society because worldwide, more than 70 million couples suffer from infertility. Regardless of the medical causes of infertility, both males and females receive the majority of the blame for the reproductive setback and they suffer personal grief and frustration, social stigma and serious other psychological problems. So, this is a topic of great significance in the field of psychology. In the view of the importance attached to parenthood in our culture, it is not surprising that infertility is reported to be considered as a major cause for divorce and marital instability. The total wellbeing of couples is destroyed. This study about the perceived control and coping of infertile men and women helps the therapist to find out the couples present state of mind and gives necessary suggestions to accept their situations. The accepted norm is that infertility in a couple stigmatizes the wife as barren and the husband as sterile. Men usually feel more threatened, expressing themselves, since they have often been conditioned to repress their emotions. (Peterson et al., 2006) When a couple is diagnosed with infertility they will have difficulty in coping and sometimes they may lose control. From the present study, we can observe the couples in these two areas and can give valuable suggestions for creating a better life condition for them.

Method

Sample: A Sample is a fine part of the population whose properties are studied to gain information about the whole. Sample is the subset of a population selected to participate in the research study. (Polit & Hungler 1999) The present study was comprised of 30 infertile men and 30 infertile women, with in the age

group between 20-45 years. In the present study, simple random sampling method was used for selecting samples from various infertility clinics. The selected sample contains men and women from all communities. These samples were collected from different private infertility clinics (especially craft hospital, Kodungalloor & Care hospital Thrissur) and some other health centers in Thrissur district. Inclusion Criteria for selectingthe samples were they must have age above 20**,** willing to have a baby**,** having length of marriage at least I year**,** and happy to participate in study. Exclusion Criteria were age won't be above 50**,** won't have any physical illness that prevents them from conceiving**,** and not suffering from any neurotic or psychiatric illness.

Instruments

Coping Strategy Inventory (CSI-S): This was developed by Tobin. (1995) The purpose of this questionnaire is to find out the situations that make people troubled in their daily lives and how they are able to cope with that particular situation. The format of the CSI is adapted from the Lazarus "Ways of coping" questionnaire. (Folkman & Lazarus, 1981) This is a short form and it consists of 32 items in a 5-item *Likert* format. There are a total of 14 subscales on the CSI including 8 primary scales, 4 secondary and 2 tertiary scales. Construction of the subscale was based on a review of the coping assessment literature. (Tobin, Holroyd, and Renold 1982) There are 9 items in each subscale. Raw crosses are calculated simply by adding the *Likert* responses of the items for a particular subscale together. To find out the secondary & tertiary subscale scores, simply add together the primary scales that make up that subscale. *Cronbach*'s alpha has been the most frequently reported co-efficient of reliability for assessment of coping process. The alpha co-efficient for the CSI is ranging from 0.71 to 0.94. The factor structure of the CSI (Tobin, Holroyd, Renolds & Wigal 1985) supports a hierarchical relationship between the proposed subscales.

Sphere of Control – 3 (A Scale of Perceived Control)

This scale was developed by Paulhaus. This instrument was designed to measure 3 components or spheres of control: Personal achievement, interpersonal relations and the socio-political world. (Paulhus & Christic, 1981) This is a 30-item scale in a *Likert* format. There are some negative items in the scale, on all the negatively keyed items; we have to reverse the subject's responses. (i.e. 5=1, 4=2, 3=3, 4=4, 1=5) Then calculate the three scores by summating the 10 items for each subscale i.e. for personal control, interpersonal control and for socio-political control. On all negatively keyed items, reverse the subject's responses. Then, calculate the three scores for personal control, interpersonal control and sociopolitical control by summing the 10 items.

In the original scale development report, all 3 subscales showed test-retest correlations of above 0.80 at 4 weeks, and above 0.60 at 6 months. (Paulhus & Christie, 1981) Paulhus, Molin and Schuchts (1979) reported a study on the control profiles of varsity football players, varsity tennis players and non athletes (all males). The study provides further support for the construct validity of the SOC scales in that the authors were able to produce a control pattern, unique to each population on the basis of general character description made by rates familiar with such athletes.

Subjective Wellbeing Inventory

The present tool of subjective wellbeing inventory is an adapted and modified version of Sell and Nagpal – subjective well being inventory (1992) by Suhany and Sananda Raj. (2007) This tool is designed to measure the feeling of wellbeing or a lack of the feeling, as experienced by an individual or a group of individuals in various day to day concerns. It consists of 25 items. The split half and alpha reliability of the test were estimated to be 0.70 and 0.84 respectively. Concurrent validity with the quality of life questionnaire (WHO, Malayalam adaptation by Laiju & Sananda Raj, 2001) was found to be 0.71 CN = 64). This indicates the test is also a highly valid measure of subjective wellbeing.

Results

This section describes the major objectives of the study. This gives information about the comparison between infertile men and infertile women on their perceived control, coping and subjective wellbeing. The study also measures the relationships between perceived control, coping and subjective wellbeing among infertile men and women. T-test and correlations are used for statistical analysis.

Table-1 : Mean, SD and T-score of Perceived Control among Infertile Men and Women

Variables	*Infertile men (30)*		*Infertile women (30)*		*t value*
	Mean	SD	Mean	SD	
Personal control	35.77	6.13	35.46	4.34	.225
Interpersonal control	34.67	6.41	33.93	5.31	.493
Sociopolitical control	29.51	4.51	30.56	3.53	1.01

The mean score of infertile men for personal control, interpersonal control and sociopolitical control are 35.77, 34.67, and 29.51 respectively. The mean score of infertile women for personal control is 35.56, interpersonal control is 33.93 and sociopolitical control is 30.56. The t-value also does not show significant difference between infertile men and women in perceived control.

Therefore, the hypothesis that 'there is no significant difference between infertile men and infertile women in perceived control' is *accepted.*

Table-2 : Mean, SD and T-Score of Coping among Infertile Men and Women

Variables	*Infertile men (30)*		*Infertile women (30)*		*t value*
	Mean	SD	Mean	SD	
Engagement coping	57.96	6.92	57.4	6.59	.328
Disengagement coping	45.83	6.65	51.23	6.16	1.98*

* Significant at 0.05 level

Table 2 shows mean, standard deviations and corresponding t-scores of coping among infertile men and infertile women. The mean score of engagement coping of infertile men (57.96) is somewhat equal to the mean score of infertile women; and not many significant differences were found.. The mean score of infertile women (51.23) is greater than that of infertile men (45.83) in disengagement coping and significant at 0.05 level. Therefore, the hypothesis that 'there is no significant difference between infertile men and infertile women in coping' is *partially rejected*.

Table-3: Mean, SD and T-Scores of Subjective Wellbeing among Infertile Men and Women

Variables	*Infertile men (30)*		*Infertile women (30)*		*t value*
	Mean	SD	Mean	SD	
Subjective wellbeing	5.22	5.88	55.16	5.89	0.39

Table 3 shows means, standard deviations and corresponding t-scores of subjective wellbeing among infertile men and infertile women. The mean score of total subjective wellbeing infertile men is 55.22 and infertile woman is 55.16. There is no significant difference between infertile men and infertile women in their subjective wellbeing. Therefore, the hypothesis that 'there is no significant difference between infertile men and infertile women in subjective wellbeing' is *accepted*.

Table-4 : Mean, SD and T-Scores of Perceived Control among Infertile Men and Women Based on Age (Early/Late)

Variables	*Early age (30)*		*Late age (30)*		t value
	Mean	SD	Mean	SD	
Personal control	33.85	5.08	38.65	6.53	2.42*
Interpersonal control	34.28	5.19	34.34	6.75	.626
Sociopolitical control	31.85	3.59	26.92	4.45	2.17*

* Significant at 0.05 level

Table 4 indicates Means, Standard Deviations and corresponding t-scores of perceived control among infertile men and infertile women based on age. (Early/Late) The mean score of personal control at an early age is 33.85 and at a late age is 38.65. The mean scores show differences between early and late aged, infertile people in perceived control. Therefore, the hypothesis that "there is no significant difference between early and late aged infertile people in perceived control" is *rejected*.

Table-5: Mean, SD and T-Scores of Coping among Infertile Men and Women Based on Age (Early/Late)

Variables	*Early age (30)*		*Late age (30)*		*t value*
	Mean	SD	mean	SD	
Engagement coping	57.94	8.02	57.34	4.52	.341
Disengagement coping	52.14	6.46	45.5	6.31	2.11*

* Significant at 0.05 level

Table-5 indicates Means, Standard Deviations and corresponding t-scores of coping among infertile men and infertile women based on age (Early/Late). The mean score of early aged and late aged infertile people for engagement coping is 57.94 and 57.34 respectively. This does not show a significant difference. The mean score of early aged infertile people for disengagement coping is 52.14 and the mean score of late aged infertile people for disengagement coping is 45.5. This shows a significant difference between them. Therefore, the hypothesis that "There is no significant difference between early and late aged infertile people in coping" is *partially rejected*.

Table-6: Means, SD and T-Scores of Subjective Wellbeing among Infertile Men and Women Based on Age (Early/Late)

Variables	*Early age (30)*		*Late age (30)*		*t value*
	Mean	SD	mean	SD	
Subjective Wellbeing		6.20	54.96	5.41	.269

Table-6 shows means, Standard Deviations and corresponding t-scores of subjective wellbeing among infertile men and infertile women based on age (Early/Late). The mean score of early aged infertile people is 55.37 and mean score of late aged infertile people is 54.96. Therefore, the hypothesis that "There is no significant difference between early and late aged infertile people in subjective wellbeing" is *accepted*.

Matrix-1 indicates the correlation between perceived control and coping among infertile men and women. The coefficient of correlation between perceived control and engagement coping is found to be r = 0.33 which shows

Matrix-1: Correlation between Perceived Control and Coping among Infertile Men and Women

Variables		Engagement coping	Disengagement coping	Subjective wellbeing	Perceived control
Engagement coping	r	1	0.140	0.341**	0.336**
	N	61	61	61	61
Disengagement coping	r	0.140	1	0.062	-0.087
	N	61	61	61	61
Subjective wellbeing	r	0.341**	0.062	1	0.321*
	N	61	61	61	61
Perceived control	r	0.336**	-0.087	0.321*	1
	N	61	61	61	61

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

a positive high correlation between the variables and the coefficient of correlation between perceived control and disengagement coping is found to be r = -0.08 which shows a negative correlation between the variables, but this relation is *not significant*. The coefficient of correlation between perceived control and subjective wellbeing is r =0.32, which shows a *significant* correlation between them. The coefficient of correlation between subjective wellbeing and engagement coping is r = 0.34 which shows a *positive high correlation* between the variables and the coefficient of correlation between subjective wellbeing and disengagement coping is found to be r = 0.06, which doesn't shows a significant correlation. Therefore, the hypothesis that "there is no significant inter relationship between the three variables perceived control, coping and subjective wellbeing in infertile men and women" is *rejected*.

Discussion

In today's modern world, the problem of infertility is increasing and becoming a social concern. The diagnosis of infertility is a heavy stress-giving situation for both males and females alike. It will be difficult for them to perceive the situation and to control themselves. The t-value does not show significant differences between infertile men and women in perceived control. Perceived

control refers to the situational, perceived ability to significantly alter a situation. Such control has been showed to exert a crucial role in people's lives by exhibiting stress-reducing and motivation-inducing properties. Perceived control is the extent to which we believe we have control over a situation. Loss of perceived control can increase stress in a person. It is expected that both men and women do not have a difference in perceived control, when they experience stress. The diagnosis of infertility is a chronic stress giving situation for both males and females. Consistent with the above findings, anecdotal evidence has identified feelings of loss of control as common among involuntarily childless individuals. (Matthews and Matthews, 1986; Sandelowski and jones, 1986; Mahlstedt, 1985; Seibel and Taymor, 1982; McCormick, 1980; Menning, 1977)

From Table-2, it can be inferred that the mean score of infertile women is greater than that of infertile men associated with disengagement coping. In order to check, the significant differences between the groups, the t-test was employed and found to be significant at 0.05 level. Infertile women show more disengagement coping. Disengagement tackles the person's affective responses to the stressor. Disengagement coping style includes self-blame and/or blaming others, avoiding or denying the issue which in turn has a negative impact on adjustment. Infertile women have high mean scores for disengagement coping. Desire for motherhood is inevitable and almost universal. In some cultures, the construction of feminine identity was typically synonymous with motherhood. There are also some unfortunate, traditional customs in our society which contribute even more pressure on women who suffer from infertility. Because of these reasons, women begin to blame themselves and are not able to perceive the actual problem. Consistent with these above findings, a study by Sciarra (1994) reported that childlessness ultimately results in social stigmatization for infertile women and places them at a risk of serious social and emotional consequences. A study by Fido (2004) claims that psychologically, the infertile woman exhibits significantly higher psychopathology in the form of tension, hostility, anxiety, depression, self-blame and suicidal ideation. A research by Van Balen & Inhorn (2001) found that women, worldwide, appear to bear the major burden of infertility, in terms of blame for the reproductive failure; personal anxiety, frustration, grief, and fear; marital duress, abuse, divorce, polygamous remarriage, or abandonment and social stigma and community ostracism, too.

It is expected that a person's subjective wellbeing level depends on his/her own assessment of their happiness and satisfaction with life. Infertility is a life-altering event. The diagnosis of infertility affects the wellbeing of both men and women in a similar way. The absence of a baby in their life leads to dissatisfaction in both, men and women, in a similar way. Studies show that infertility and its

effects such as frustration, depression, anxiety, guilt and feelings of worthlessness in life affect many infertile people. Negative identity, sense of worthlessness and inadequacy, feeling of a lack of personal control, anger and resentment, grief and depression, anxiety and stress, lower life satisfaction, envy of other mothers as well as the loss of a dream of co-creating, are among the main contributors to the dissatisfaction, 'emotional roller coaster' and a sense of isolation. So, there is no significant difference between infertile men and infertile women in their subjective wellbeing.

The mean scores show a difference between early and late aged infertile people in perceived control. The 'personal control' mean score is low for early aged people and high for late aged. The first diagnosis of infertility is a high stress-giving situation and this can cause loss of control in them. As the age progresses, most people think with a little maturity and are thus in a better position to cope with and manage the situation. So, they have better personal control and they can handle the situation in a better way. Consistent with this finding, Seeman, (2001) in his study, found that individuals with strong personal control beliefs who perceive themselves to be "in control" during the challenge situation exhibited the least reactivity. There is no significant difference between early and late aged infertile people in interpersonal control. Interpersonal control refers to something involving, or occurring among several people. Whether the age groups are early or late ages, infertile people always face some kind of a social stigma. This limits them from interaction with other people in both early as well as late ages in a similar manner. The mean score of socio-political control shows a significant difference. Socio-political control refers to people's belief about their skills and capabilities in social and political systems. (Zimmerman & Zahniser, 1991) The early aged people are more energetic and they involve more in social affairs than older people. Consistent with this finding, Archana Singh and Nishi Misra, (2009) in their study, found that most of the elderly people were found to be average in the dimension of sociability and preferred remaining engaged in social interactions.

Disengagement coping style like self-blame, blaming others, etc. has been used by early-aged people because of matured lack of maturity on their part to focus on the actual problem. Older people, through their greater range of experiences, also may have developed more coping resources and thus they appraise problems as less stressful. Consistent with this finding, studies conducted by Blanchard-Fields, Sulsky, & Robinson-Whelen, (1991) Felton & Revenson, (1987) Irion & Blanchard-Fields, (1987) found that older adults also use less escapism or avoidant coping. Instead they use a similar or higher level of problem-focused coping than younger adults do.

The 't'- value indicates the absence of a significant difference among early and late aged infertile people in terms of subjective wellbeing. In case of young people, they still have hope that someday a miracle will happen and their problems will be solved whereas the older people, will be able to overcome all the hassles of life by a certain age. This may be the reason why early and late aged infertile peoples don't have a significant difference in their subjective wellbeing. Consistent to the above finding, a study conducted by Siedlecki, Salthouse, Oishi, and Jeswani (2014) found that there were no substantial differences in predictors of the different types of subjective well-being across age.

According to expectations, when perceived control increases, engagement coping also increases and vice versa. However, this study shows that perceived control and disengagement coping are negatively related; i.e. as perceived control increases disengagement coping decreases and vice versa. A person with high perceived control can initiate and maintain constructive engagement, deal productively with obstacles and setbacks, maintain an access to the highest quality of problem-solving ability, and focus even under stress, seek help if and when needed, rebound from failure, and can even eventually develop more adaptive strategies. Consistent with this finding, Osowiecki and Compas, (1999) found in their study that *Problem focused engagement coping* was related to lower anxiety/depression symptoms near diagnosis; emotion-focused disengagement coping was related to more anxiety/depression symptoms. The interaction of problem-focused engagement coping and perceived control was a significant predictor of lower anxiety/depression symptoms only near the time of diagnosis. Another study by Dijkstra and Homan (2016) found that strategies reflecting more engaged coping, such as active confronting and reassuring thoughts, were associated with a deeper sense of control and therefore to a better psychological well-being. In contrast, strategies reflecting disengagement coping, such as a passive reaction pattern, palliative reaction, and avoidant behaviour, were associated with less perceived control, which in turn was negatively associated and with poorer psychological well-being.

As perceived control increases then subjective wellbeing also increases and vice versa. Mc Cormick (1980) found that a perceived loss of control over many aspects of life often accompanies the problem of infertility, while most couples feel the effects of this lack of control in their life style and relationship. This leads to poor subjective wellbeing. This indicates that as perceived control decreases, the subjective wellbeing of a person also decreases. It was expected that as the engagement coping increases the subjective wellbeing of the person also increases and vice versa. Those who perceived their infertility problem as

meaningful had a low infertility stress and high subjective wellbeing. On the other hand, those who used active-avoidance coping strategies had high infertility stress and low well-being. With respect to coping strategies, Faramarzi et al. (2013) argued that both, infertile men and infertile women, who use disproportionally maladaptive coping strategies such as escape and avoidance are predisposed to anxiety and depressive symptoms, which is connected to a decreasing subjective wellbeing. Consistent with the above results, some research found that the Focus on Problem explained positively and the Focus on Emotion explained negatively in the SWB.

Conclusion and Limitation

Cousineau, and Domar, indicate that infertility is a major problem in fertility health that has different physical, psychological and social dimensions. Due to an increased global population and increasingly higher ages of marriage, the number of infertile couples is increasing. Infertility is associated with a large number of psychological problems. The childless couple undergo severe distress due to many factors such as their own and family expectations, attitude of the society, at large, towards them and many other issues. As a result, infertility has varied consequences, through its effects on societies and on the lifestyle of individuals. There is no significant difference in perceived control and coping among infertile men and women. Infertile men uses engagement type of coping and infertile women uses disengagement type of coping. There is no significant difference between early and late aged infertile people in perceived control and subjective wellbeing.

The disengagement coping style is more used by early aged infertile people. In addition, perceived control was found to be positively correlated, both with engagement coping and subjective wellbeing. There are significant relationships between subjective wellbeing and engagement coping among infertile men and women. The study helped to expand therapeutic support to infertile men and women. The findings of the study helped other people in the society to be aware of the problems faced by infertile people. The study has some limitations; this study is restricted to a certain area and institution of Thrissur district; the study included infertile people, only in the age group from 20 to 45 years; the study makes use of only three variables; more variables could have been added for a better understanding of the sample and the sample size was only 60. This investigation was an attempt to make the society aware of the problems faced by infertile people. The project is submitted hoping that it will create new studies in this field.

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