

EFFECT OF INFERTILITY INDUCED STRESS ON TRUST DYNAMICS AND MARITAL SATISFACTION ON FEMALE SPOUSES

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KEYWORDS

Infertility Induced Stress, Trust Dynamics, Marital Satisfaction, Female Spouses

CITE THIS ARTICLE:

Anwar, H., Fatima, M., Wedad., & Khurram, A. (2026). Impact of infertility-induced stress on trust dynamics and marital satisfaction among female spouses. *Pakistan Journal of Positive Psychology*, 3(2), 108-117.

ABSTRACT

Infertility is a highly stressful experience for women, especially in culturally conservative societies such as Pakistan, where motherhood is closely linked with a woman's identity and social status. The aim of this research is to examine infertility-induced stress and its impact on marital satisfaction and trust issues. A cross-sectional research design was used. The research includes a total sample of 110 married females aged 20–45 with primary infertility from both urban and rural areas of Pakistan. Standardized measures—the Fertility Problem Inventory, ENRICH Marital Satisfaction Scale, and Trust Scale—were used to measure stress related to infertility, marital satisfaction, and trust issues. Results showed a significant negative relationship between infertility-induced stress and marital satisfaction, with trust issues being a significant mediator of this relationship. Trust was a significant predictor of marital satisfaction, while infertility stress did not emerge as a significant predictor when trust was controlled. These findings highlight the role of trust in maintaining marital satisfaction during the psychological turmoil of infertility. The research brings forward the ways in which the emotional strain of infertility—exacerbated by societal pressures and internalized stigma—can undermine both trust and satisfaction in marital relationships. Contrary to preliminary hypotheses, no notable differences in infertility stress were reported among women from nuclear and joint family structures. These findings underscore the need to incorporate culturally attuned psychological treatment into infertility care, with special attention to strategies for emotional regulation, open communication, and trust building as means of reducing the negative relational consequences suffered by women dealing with infertility.

I. INTRODUCTION

Infertility is a significant psycho-social issue affecting millions of couples globally (World Health Organization, 2021). Infertility affects both genders, but women often experience greater emotional and psychological distress due to societal pressures, the direct physical impact of infertility treatments, and the emotional burden of the reproductive role. Women are typically more involved in seeking medical treatments, which can exacerbate feelings of guilt, inadequacy, and anxiety (Hasanpoor-Azghdy et al., 2014). Women often face greater psychological impacts due to societal expectations and the centrality of motherhood in many cultures (Greil et al., 2010). For women, infertility brings emotional struggles tied to cultural norms and personal expectations. These challenges manifest as stress, guilt, and marital discord, which further increase psychological distress in women dealing with infertility (Hasanpoor-Azghdy et al., 2014). Infertility-induced stress influences trust issues and marital satisfaction. The inability to conceive causes women to feel inadequate, resulting in misunderstandings and emotional distance in their relationships (Peterson et al., 2003). Women often find themselves grappling with conflicting emotions—

self-blame for perceived inadequacies coupled with frustration directed at their partners—which exacerbates relationship difficulties. Societal expectations further compound these difficulties, notably within cultures where a woman's worth is significantly linked to her reproductive capabilities (Greil, 1997). At times, the distress of infertility transcends the marital relationship, even affecting relationships with extended family members and the social circle. Women feel pressured by families to undergo treatments. The added pressure results in an emotional burden that influences the dynamics of the marital relationship. Infertility is defined as the failure to conceive following 12 months of unprotected, regular intercourse (American Society for Reproductive Medicine, 2020). In women aged more than 35 years, this period is shortened to six months owing to the ageing-related natural decrease in fertility. Infertility is caused by a variety of factors such as hormonal disorders, reproductive-tract abnormalities, and lifestyle factors (Homan et al., 2007). Male and female factors are both equally responsible for infertility, yet society disproportionately lays the blame on women, thereby enhancing their psychological morbidity.

Infertility-induced stress is a complex and multifaceted psychological affliction that largely impacts emotional, relational, and social wellness. The emotional cost of infertility to women is often profound and enduring, influenced by internal anguish as well as external cultural pressures. Infertile women commonly experience feelings of self-worthlessness, depression, guilt, and pervasive anxiety, especially in societies where their self-worth and social worth are substantially determined by motherhood (Inhorn & Patrizio, 2015). The cycle of repeated hope and disappointment during treatment contributes to emotional exhaustion, depression, and reduced self-esteem (Greil et al., 2011). Furthermore, women are also likely to be socially isolated because of stigma or intrusive inquiry, which again adds to their psychological vulnerability. This significant emotional burden not only interferes with individual well-being but also compromises decision-making and coping functions, emphasising the necessity for integrated mental health care during the infertility experience (Cousineau & Domar, 2007). The psychological and emotional load of infertility upon couples is intricate and highly distressing, usually causing strain upon individual mental health and the relationship dynamic as a whole. Couples are likely to share feelings of loss, frustration, and helplessness, but they tend to deal with these in diverging ways that cause misunderstandings and emotional disconnection (Peterson et al., 2008). Women report more anxiety, depression, and self-blame, while men might repress emotions as a result of societal expectations, producing a communication gap that amplifies relational tension (Greil et al., 2011). The stress of treatment cycles, financial pressure, and uncertain results contributes to the emotional burden, resulting in low marital satisfaction, decreased intimacy, and, in some instances, the development of trust issues (Pasch & Sullivan, 2017).

Marital satisfaction is a subjective assessment by an individual of the overall quality and satisfaction in the marital relationship, including emotional intimacy, communication, conflict resolution, and shared values (Fincham & Beach, 2006). It reflects how well the relationship meets the expectations and needs of both partners and is a key indicator of relationship stability and psychological well-being. Marital satisfaction is a critical component of overall well-being and is often impacted by infertility. Couples facing infertility frequently report increased stress, which manifests in frustration, guilt, and blame. For women, these emotional struggles are particularly pronounced, as societal expectations place the burden of childbearing squarely on their shoulders (Qadir et al., 2015). Infertility-induced stress strains communication and intimacy between partners. Many women report feeling distant from their spouses, either because they perceive a lack of emotional support or due to differing coping mechanisms. While one partner may seek solace in discussing their struggles, the other might withdraw, creating a rift in the relationship. This disconnection is often compounded by the intrusive nature of infertility treatments, which transforms intimacy into a chore centred around reproduction (Ying et al., 2019). However, infertility does not uniformly affect marital satisfaction. In some instances, couples grow closer as they navigate the challenges together, fostering mutual understanding and resilience. Infertility-induced stress profoundly impacts marital satisfaction, tending to put immense stress on the emotional connection between couples. The frustration of continuous inability to have a child, as well as social expectation and individual disappointment, makes marriage emotionally strained and tense. Couples become frustrated, guilty, and helpless, leading to more conflict, emotional detachment, or communication disarray (Molgora et al., 2019). These emotional conflicts frequently reduce intimacy and mutual understanding—two essential elements of marital satisfaction. In addition, the psychological impact of infertility may affect each partner differently, causing mismatched coping mechanisms

that further destabilise the relationship dynamic (Peterson et al., 2006). Therefore, infertility not only tests a couple's dreams about having children but also their endurance and the emotional pillar of the relationship.

Trust in a marital relationship refers to the belief in a partner's reliability, emotional support, honesty, and commitment to the relationship. It is the foundation of emotional security, enabling partners to feel safe in expressing vulnerabilities, resolving conflicts, and navigating life challenges together (Rempel & Zanna, 1985). Trust is built over time through consistent actions, open communication, empathy, and mutual respect. Acts of understanding, responsiveness during times of distress, and the ability to handle conflicts constructively contribute significantly to strengthening trust between partners (Larzelere & Huston, 1980). The significance of trust lies in its role as a stabilising force in marriage; it fosters emotional intimacy, resilience during difficult periods, and overall relationship satisfaction. High levels of trust are associated with greater marital stability, improved conflict resolution, and stronger emotional bonds (Holmes & Rempel, 1989). However, infertility can erode trust, especially when partners cope differently or when blame, secrecy, or emotional withdrawal occurs. The physical and emotional demands of infertility treatments, along with repeated disappointments, lead to feelings of isolation, resentment, or inadequacy. Women may feel unsupported if their partner appears emotionally disengaged, while men may feel helpless or excluded from the treatment process, weakening the relational bond (Schwerdtfeger & Shreffler, 2009). These processes undermine the emotional basis of trust, causing miscommunication, emotional distance, and a reduction in marital satisfaction.

Infertility-induced stress strongly and frequently devastates trust within relationships, given the emotional toll through which infertility drastically disrupts intimacy dynamics. Couples in cases of infertility are usually plunged into severe psychological distress by consistent failures in treatments, indefinite outcomes, and peer or family expectations to have a child (Marouf Zadeh et al., 2019). This tension comes out as frustration, anxiety, or depression, which may lead to partners emotionally withdrawing from one another, fostering feelings of loneliness in the relationship. Guilt and blame—particularly arising when infertility is attributed to one partner—have the potential to create power inequalities and enhance emotional distance. Where these feelings are not expressed directly, they give rise to avoidance or secrecy, both of which are seen as transgressions against emotional openness, thus amplifying issues of trust (Molgora et al., 2019). This inconsistency in coping mechanisms can lead to misunderstandings, with one partner feeling that the other is emotionally unavailable or disconnected, which jeopardises the cooperative basis of trust that marriage relies on (Schmidt et al., 2005).

Gaps in the Literature of Pakistan

Although there are studies conducted in Pakistan identifying the psychological impacts of infertility among women, a number of essential research gaps have not been filled. Firstly, there is a significant deficiency of research addressing the interaction between infertility-induced stress, marital satisfaction, and trust issues, especially from the woman's point of view. There is minimal evidence studying how these factors interact and impact the emotional well-being of women with infertility. The absence of research that links these factors is a large gap in understanding the entirety of the psychological and relational issues faced by women. Moreover, there is less evidence on the trust issues that develop particularly among women in infertile relationships. Whereas some research emphasises emotional loads and communication breakdowns, there is little evidence on how trust patterns are influenced by infertility, particularly in cases where social and family expectations lay blame on women. There is limited research on how infertility affects trust from the woman's point of view, especially in relation to perceived support by male partners. Given infertility-induced stress and the role of trust in close relationships, this gap is crucial for understanding the complexities of couple dynamics in infertile couples. In addition, more specific research is needed on the influence of infertility on women from various socioeconomic and cultural backgrounds in Pakistan. The relational and emotional consequences differ significantly based on these dimensions, but little research has examined these differences. Filling these gaps may offer a more comprehensive understanding of the influence of infertility on women in Pakistan and enable more effective intervention and support strategies.

II. METHOD

The aim of this study was to assess the relationship between infertility-induced stress, trust issues, and marital satisfaction. The mediating role of trust issues was measured between infertility-induced stress and marital satisfaction. The study was divided into two phases. In the first phase, we focused on translating the research measures into Urdu to ensure cultural relevance and accuracy. The measures of infertility-induced stress and trust issues were in English. These were given to two psychologists and one language professor. The experts were experienced and highly qualified. A committee approach was used to select the best-translated item that could measure the construct effectively. Each committee member independently translated the scales, and then we compared the translations to select the best options that ensured linguistic and cultural appropriateness. The second phase involved a correlational research design to analyse the relationship between infertility-induced stress, trust issues, and marital satisfaction among married females. It also aimed to assess the mediating role of trust issues between stress from infertility and marital satisfaction among females.

Participants

This study recruited 110 married females aged 20–45 years ($M = 34.81$, $SD = 7.19$) from rural and urban areas of Pakistan. Participants were eligible for the study if they had a primary infertility issue (inability to conceive after 12 months of unprotected intercourse as per WHO guidelines) and had no prior children. In urban areas, fertility clinics were visited, and in rural areas, acquaintance resources were used to approach the target sample. Married females with any other physical condition or psychological illness were excluded. Male spouses were not involved in the study. Married females with recent or ongoing drug or alcohol abuse or dependence (within the last 6–12 months) and married females with a Body Mass Index (BMI) > 40 or extreme obesity were excluded. This research used snowball sampling and purposive sampling methods to gather data from married females with primary infertility from rural and urban areas of Pakistan. Snowball sampling was used within rural settings, including Mansehra and Hunza (Mansehra district is largely rural, with a significant portion of its population living in villages and relying on agriculture as their primary livelihood [Government of Pakistan, 2017]; Hunza is recognized as a rural and remote district in the Gilgit-Baltistan region of Pakistan, characterized by its mountainous terrain and low population density [Ali & Rehman, 2021]), where it was effective in reaching this target population through referral and social networks. Purposive sampling was used in urban settings such as Islamabad, Rawalpindi, and Muzaffarabad, recruiting married females diagnosed with primary infertility using fertility clinics and hospitals. These integrated methods ensured an extensive and representative sample of married females with primary infertility.

Measures

The following measures were used to gather information about infertility-induced stress and its impact on trust issues and marital satisfaction among married females of Pakistan. Background information regarding the participant's age, educational level, socioeconomic status, type of family system, husband's occupation, and years of marriage was collected using a demographic sheet. [1] Fertility Problem Inventory. The Fertility Problem Inventory (FPI) was developed by Newton et al. (1999) to measure infertility stress in major psycho-social areas such as the psychological, emotional, social, sexual, and relational effects of infertility on individuals and couples. It consists of 46 items rated by participants on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The total score ranges from 46 to 230, and higher scores reflect more severe levels of distress or concern. The scale is divided into five sub-scales: (1) The Social Concern subscale (10 items; 10–50 score range) tests for feelings of social exclusion or distress in situations involving children, with items such as “The holidays are especially difficult for me” and “When I see families with children I feel left out.” (2) The Sexual Concern subscale (8 items; 8–40 score range) measures the influence of infertility on sexual self-esteem, functioning, and intimacy (3) The Relationship Concern subscale (10 items; 10–50 score range) assesses how the infertile condition influences communication, emotional bonding, and conflict in the couple (4) The Rejection of Childfree Lifestyle subscale (8 items; 8–40 score range) examines the individual's inability to accept the reality of a child-free life (5) The Need for Parenthood subscale (10 items; 10–50 score range) assesses the degree to which being a parent is valued. Some items within the FPI are reverse-scored. Items 1, 2, 6, and 10 on the Social Concern subscale are reverse-scored. Items 2 and 3 are reverse-scored on the Sexual Concern subscale. The Relationship Concern subscale contains

reverse-scored items 3, 7, and 10. All 8 items on the Rejection of Childfree Lifestyle subscale are reverse-scored, since agreement indicates acceptance of a childfree lifestyle, which is related to lower distress. Furthermore, on the Need for Parenthood subscale, item 7 is reverse-scored. The FPI exhibits excellent psychometric characteristics, with high internal consistency between 0.77 and 0.93 across subscales.

[2] ENRICH Marital Satisfaction Scale. The ENRICH Marital Satisfaction Scale (Fowers & Olson, 1993) is a measure of the quality of marital relationships and consists of 15 items responded to by participants on a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). The total score, from 15 to 75, is an indicator of overall marital satisfaction, with higher scores representing higher satisfaction. A few of the items are reverse-coded: 2, 5, 8, 9, and 11. Examples of items are “I am not happy with my partner's habits and personality characteristics” and “I am not happy with our communication and feel that my partner doesn't understand me.” A Cronbach's alpha of 0.85 indicated high internal consistency of this scale to measure marital satisfaction. **[3] Trust Scale.** The Trust Scale was used to measure trust within close interpersonal relationships (Rempel et al., 1985). It consists of 18 items responded to by participants on a 7-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree). Scoring ranges from 20 to 140. The scale is divided into three subscales: (1) The Predictability subscale assesses the degree to which one's partner's behaviour is reliable and consistent across time, as revealed through prior experiences; example items include “I know how my partner is going to act” and “My partner behaves consistently.” (2) The Dependability subscale measures faith in the trustworthiness and reliability of the partner, particularly in circumstances of emotional pain. (3) The Faith subscale measures belief in the partner's future care and responsiveness, particularly in uncertain or trying situations; this type of trust goes beyond the here and now, being based on emotional belief rather than merely past action. There are eight reverse-scored items: 4, 5, 6, 8, 13, 15, 16, and 17. A Cronbach's alpha of 0.90 indicates high internal consistency for measuring the construct.

Procedure

The study was approved by the Preliminary Ethical Research Committee of the department. The Fertility Problem Inventory and Trust Scale underwent a rigorous process of translation. A committee approach was used, including two psychologists and one language professor, to select the best-translated item that could measure the construct effectively. This study adhered to ethical standards to ensure the protection and well-being of participants. Participants' confidentiality was ensured, and the right to withdraw from the study at any time was communicated. In rural communities such as Hunza and Mansehra, we depended mostly on personal networks, local connections, and community referrals. We employed the snowball sampling method to enrol participants; we initially approached individuals who met our inclusion criteria through infertility clinics, hospitals, personal networks, local contacts, and community referrals. These individuals were then asked, after participation, to refer other people in their networks who were also facing similar infertility-related issues. Conversely, in urban areas such as Islamabad, Rawalpindi, and Muzaffarabad, participants were mainly recruited from infertility clinics and hospitals. Purposive sampling was used in urban settings to recruit married females diagnosed with primary infertility. Data were predominantly obtained through face-to-face interactions. Informed consent was obtained through signed forms, and participants were assured of confidentiality, voluntary participation, and their right to withdraw at any moment. Participants completed a set of questionnaires in approximately 30 minutes, and their cooperation was acknowledged. All statistical analyses were performed using SPSS (Statistical Package for the Social Sciences) and were used to assess the hypotheses of the study.

III. RESULTS

The current study used standardized instruments to measure fertility stress, marital satisfaction, and trust. To check the acceptability of these instruments for statistical analysis, reliability and normality tests were conducted. Psychometric properties of all the scales were calculated with internal consistency and descriptive statistics. Skewness and kurtosis values were computed to check whether the data were normally distributed. All the instruments used in the research were psychometrically evaluated by computing Cronbach's alpha, mean, standard deviation, and range of scores.

Table I: Socio-Demographic Variables of Participants

Variables	Category	<i>n</i>	%
Education	Undergraduate	39	35.5
	Graduate	44	40.0
	Postgraduate	27	24.5
Occupation	Housewife	52	47.3
	Education sector	15	13.6
	Healthcare sector	17	15.5
	Skilled/professional	10	9.1
	Service/creative work	16	14.5
Family type	Nuclear	35	31.8
	Joint	75	68.2
Marital period	Newly married	32	29.1
	Mid-term marriage	51	46.4
	Long-term marriage	27	24.5
Socioeconomic status	Lower	7	6.4
	Middle	75	68.2
	High	28	25.5
Husband's occupation	Health professionals	14	12.7
	Education and academia	6	5.5
	Engineering/technical	11	10.0
	Business/skilled trades	51	46.4
	Government/military	28	25.5
Awareness of infertility	Early awareness	21	19.1
	Mid awareness	39	35.5
	Late awareness	50	45.5
Fertility-induced stress	Low stress	26	23.6
	Moderate stress	83	75.5
	High stress	1	0.9
Marital satisfaction	Low satisfaction	3	2.7
	Moderate satisfaction	77	70.0
	High satisfaction	30	27.3
Trust issues	Low issues	5	4.5
	Moderate issues	67	60.9
	High issues	38	34.5

Demographic information of the sample ($N = 110$) showed a mean age of 34.81 years ($SD = 7.19$). In relation to education, most participants were graduates (40%), followed by undergraduates (35.5%) and postgraduates (24.5%). As far as occupational status is concerned, almost half of the participants were housewives (47.3%), followed by those working in the healthcare field (15.5%), education (13.6%), service or creative work (14.5%), and skilled/professional jobs (9.1%). Family-structure information revealed that most participants were from joint families (68.2%), followed by nuclear families (31.8%) ($M = 1.68$, $SD = 0.46$). For the marital period, the greatest number (46.4%) were in a mid-term marriage, 29.1% were newly married, and 24.5% were in a long-term marriage ($M = 1.95$, $SD = 0.73$). In terms of socioeconomic status, the majority of participants were from the middle class (68.2%), followed by 25.5% high and 6.4% lower socioeconomic status.

The occupations of the husbands were divided into business or skilled trades for nearly half of them (46.4%), followed by government/military (25.5%), health professionals (12.7%), engineering/technical (10%), and education/academia (5.5%). Moreover, the timing of infertility awareness was assessed by questioning, with 45.5% reporting late awareness, 35.5% mid awareness, and only 19.1% early awareness.

Table II: Pearson Correlation Between Fertility-Induced Stress, Trust Issues, and Marital Satisfaction

Variables	M	SD	1	2	3
1. Fertility-induced stress	141.80	19.90	—		
2. Marital satisfaction	52.10	11.51	-.22*	—	
3. Trust issues	72.69	8.44	.36**	-.14	—

* $p < .05$

The findings in Table 2 showed a significant negative correlation between fertility-induced stress and marital satisfaction ($r = -.22$), implying that trust issues mediate the relationship between fertility-induced stress and marital satisfaction. Similarly, stress from infertility correlated negatively with trust ($r = -.14$), although this correlation was weaker and might not be statistically significant. There was a moderate positive correlation between marital satisfaction and trust ($r = .36$), which suggests that females with greater trust levels have a higher level of satisfaction from marriage.

Table III: The Mediating Role of Trust Issues in the Relationship Between Fertility-Induced Stress and Marital Satisfaction among Married Females

Variables	<i>R</i>	ΔR^2	β	SE	<i>t</i>	<i>p</i>	95% CI [LL, UL]
Fertility-induced stress → Trust issues	0.34	0.12	0.34	0.07	3.85	.00	0.13
Trust issues → Marital satisfaction	0.26	0.07	0.27	0.04	2.80	.00	0.03
Fertility-induced stress → Marital satisfaction (direct)			-0.03	0.03	-0.37	.71	-0.07

Note. β = standardised beta, SE = standard error, p = significance level, R = correlation, ΔR^2 = explained variance, CI = confidence interval, LL = lower limit, UL = upper limit.

Mediation analysis was used to examine whether trust issues act as a psychological mechanism by which infertility-induced stress affects marital satisfaction among women with primary infertility. The findings supported a significant positive relationship between infertility-induced stress and trust issues ($\beta = 0.34$, $p < .001$), signifying that increased stress related to infertility corresponds to increased trust issues. In addition, trust issues predicted marital satisfaction ($\beta = 0.27$, $p = .006$), indicating that as trust in the relationship weakens, marital satisfaction also decreases. Notably, the direct path from fertility-related stress to marital satisfaction was not significant ($\beta = -0.03$, $p = .71$) when trust entered the model. This suggests that the effect of stress on marital satisfaction is indirect—through its mediation by trust confirming a full mediation effect. The indirect effect of infertility-induced stress on marital satisfaction through trust issues was statistically significant ($\beta = 0.09$), with a 95% confidence interval of [0.007, 0.06] that did not contain zero. This supports the existence of a valid mediating relationship. Furthermore, the overall effect of infertility-induced stress on marital satisfaction remained non-significant ($\beta = 0.06$, $p = .53$), indicating that without accounting for the mediating function of trust, no significant relationship appears to exist between these measures. These results indicate that psychological infertility-induced stress erodes marital satisfaction by causing trust issues.

Table IV: Family Differences in the Manifestation of Infertility-Induced Stress and Trust Issues among Married Females

Variables	Nuclear		Joint		<i>t</i> (108)	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Fertility-Induced Stress	134.57	22.84	135.01	21.29	-0.09	.97	0.02
Trust issues	79.4	18.6	78.3	16.9	0.30	.76	0.06

The findings revealed that a very small Cohen's $d = 0.02$ suggests a negligible effect size, indicating that nuclear versus joint family structure has no effect on perceived fertility-induced stress within this sample. There were no significant differences in the manifestation of fertility-induced stress between females from nuclear ($M = 134.57$, $SD = 22.84$) and joint family systems ($M = 135.01$, $SD = 21.29$). Similarly, trust issues did not differ between nuclear ($M = 79.4$, $SD = 18.6$) and joint family systems ($M = 78.3$, $SD = 16.9$), $t(108) = 0.30$, $p = .76$, Cohen's $d = 0.06$. These findings indicate that the nature of the family system—nuclear or joint—does not make important contributions to levels of stress in the case of infertility or trust issues within the marital relationship. Infertility-induced stress appears to be uniform across various family forms, suggesting the need for support interventions that address emotional and relational issues regardless of household form.

IV. DISCUSSION

The current research sought to explore the associations between fertility-induced stress, trust issues, and marital satisfaction among wives, and to determine whether trust issues act as a mediator in this relationship. Infertility has been well documented as a stressor that impacts not only individual health but also the quality of the relationship between spouses (Greil et al., 2010). In this study, stress relating to infertility appears to erode trust, which in turn decreases marital satisfaction. Even though earlier studies have established that infertility can lead to emotional distress, loneliness, and even stigma (Ying et al., 2015), this study complements the notion that its effects cut deep into marital trust within the dyadic partnership. Perhaps the most significant contribution of this research is confirming the mediating function of trust issues. Trust, a core element of marriage, appears to be disturbed when couples are faced with the chronic stress and uncertainty of infertility. This degradation in trust appears to be the mechanism through which fertility-induced stress diminishes general marital satisfaction. These results are consistent with relational and cognitive-behavioural theories, which suggest that chronic stress may distort perceptions and produce heightened suspicion, misinterpretations of intent, and emotional distancing (Bradbury & Fincham, 1990; Rempel et al., 1985).

Additionally, the fact that the direct effect of infertility stress on marital satisfaction became non-significant after controlling for trust as a mediator indicates full mediation. This suggests that stress itself does not independently consume satisfaction unless it derails the couple's trust. This finding is clinically significant; it is hypothesised that interventions that try to maintain or restore trust may act as a buffer against the deleterious effects of stress from infertility on marital satisfaction. Another significant result is the absence of a significant difference in infertility stress and trust problems between joint and nuclear family arrangements. Joint family arrangements in collectivist cultures like Pakistan have traditionally been viewed as both supportive and stress-promoting for married couples, particularly in fertility issues (Mumtaz et al., 2013). Yet the outcome of this study indicates that the psychological strain associated with infertility can cut across family structures and impact women equally in both arrangements. This shows that whereas household form could have an impact on other psychosocial variables, it does not seem to buffer or amplify the internal relational tension resulting from infertility. That is, it is neither the family structure nor the spousal relationship quality that determines how stress over infertility is expressed interpersonally and emotionally, but individual coping styles.

The limitations of the study include privacy constraints, which made data collection from private hospitals unfeasible. Two of the scales used in the research were not originally in Urdu; we translated them from English to Urdu by approaching a committee, and their translation could have affected the accuracy and consistency of the results. Cultural sensitivities also remained a constraint, as the topic of the study is taboo in society, and therefore female participants were highly unwilling to share personal details. The overall sample size was relatively small, which had the potential to limit the generalisability of the findings. Lastly, the length and time involved in completing the scales made participants—especially working women—reluctant to fully engage in the study. This study has laid the groundwork for the provision of psychological support in fertility care to these females, who are affected not only in physical health but also in emotional well-being. Culturally sensitive psychosocial support should be provided to these females experiencing emotional distress across family structures. It highlights the importance of involving male partners and guiding policymakers in developing inclusive, stigma-reducing fertility-care programmes.

V. CONCLUSION

This study explored the impact of infertility-related stress on marital satisfaction and trust. Findings show that higher stress leads to lower marital satisfaction, with trust issues mediating this relationship. These results emphasize the need to address the psychological and relational effects of infertility. Counselling services focused on emotional regulation, trust, and communication—especially those that are culturally sensitive—can help couples cope more effectively and improve relationship outcomes.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Funding

The author received no funding from any organizations.

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