THE RELATIONSHIP BETWEEN INVOLUNTARY CHILDLESSNESS AND MARITAL STABILITY: A CASE STUDY OF WAITING WOMBS TRUST-KENYA

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DECLARATION

This is my original work and has never been presented for award in any other University or institution for academic credit.

Signature…  Date: 14/06/2022……

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Reg no: C50/27324/2019

Supervisor's Approval

This project has been presented for examination with my approval as the Supervisor.

Signature…  Date: 14/06/2022

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DEDICATION

I dedicate this study to all persons struggling with infertility and facing the stigma of childlessness. I hope it will be of a positive impact to them.

ACKNOWLEDGEMENT

I am grateful to God for the opportunity to do this research and granting me the resilience to complete the project despite all the challenges encountered.

My gratitude to my supervisor Dr. Josephine Muthami who offered the scientific and academic guidance to ensure completion of the study. She was reachable, shared knowledge without reservations and corrected my work promptly.

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ABBREVIATIONS

WWTK-Waiting Wombs Trust Kenya

WHO-World Health Organization

RDAS- Revised Dyadic Adjustment scale

MANOVA- Multivariate analysis of variance

SPSS- Statistical Package for Social

MAT- Marital Adjustment Test

APA-American Psychological Association

NACOSTI- National Commission for Science, Technology and Innovation

C.E.O- Chief Executive Officer

TPB-Theory of Planned Behavior

NGO- Non-Governmental Organization

ABSTRACT

The purpose of this study was to establish the relationship between involuntary childlessness and marital stability based on a case study of Waiting Wombs Trust-Kenya. The Target audience in this case was couples in opposite sex marriages that are monogamous. The population included individuals and couples who are experiencing both primary and secondary childlessness. The study's objectives were to determine whether childlessness is a factor in marital distress and identify the relationship between childlessness and marital stability. Marital stability was defined in terms of marital cohesion, satisfaction and consensus. The study was guided by a correlational research design with a total of 40 respondent's selected using simple random sampling technique. Data was collected and recorded using a customized questionnaire whereby 99% of the questions were adopted from a 14-item self-reporting Revised Dyadic adjustment scale marital stability questionnaire and one question added to identify couples with and without children.

The null hypothesis was measured using the one-way MANOVA in SPSS by looking at the output. The three outputs of interest were Post Hoc's test to determine where the between effect difference occurs in the two groups, multivariate tests to determine if significant difference exists in at least one construct of the dependent variable with levene's lambda reported, and test of between subjects for testing significance between groups. From the findings on childlessness and marital stability, 80% of the respondent with no child had marital distress, compared to 20% who have children. In relation to childlessness with marital cohesion, consensus, and satisfaction, results suggest that there was a notable statistical difference in marital stability based on the relationship status of a person, F (3, 36) = 28.60, $p < .0005$; Wilk's $\Lambda = 0.296$, partial $\eta^2 = .70$. Looking at the factors individually, there are differences in marital satisfaction,

consensus, and cohesion in relation to childlessness with; firstly consensus F (1, 38) = 36.05, p < .001; partial η^2 = .487. Secondly, for Satisfaction F (1, 38) = 42.12, p < .001; partial η^2 = .526. Thirdly, for cohesion F(1, 38) = 34.34, p < .001; partial η^2 = .475. This research recommends the need of creating aggressive and expanded community awareness on childlessness as a mental health issue in Kenya.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Childbearing and parenting are significant milestones in almost every person's life, and they are favorably linked to the ultimate goals of fulfillment, happiness, and family integration. Couples must meet their individual needs in addition to worrying about each other's well-being and pleasure. The motivation of people is a succession of wants often categorized into a hierarchy, according to Abraham Maslow. These requirements are structured so that lower-level requirements take precedence over higher-level requirements. Because a family is the core framework of a community, childbearing could satisfy the need for belonging and love. It could also meet esteem demands, as having children throughout the child-bearing years demonstrates being a complete woman and being viewed as manly (Espinol, 2021). Having children may also encourage men and women to seek self-actualization. Many people regard the birthing process and having a child for the first time to be a pinnacle experience that is required for self-actualization.

According to Roupa et al., (2009), childlessness is the lack of ability to procreate after a one year trial while having regular sexual intercourse and without birth control methods. The World Health Organization identifies childlessness as the lack of ability of a sexually active couple that is not on any contraceptive method to carry pregnancy in one year (WHO, 2014). When a person fails to have a child either for known or unknown medical reasons, it is considered involuntary childlessness.When a person chooses not to have children, this is referred to as voluntary childlessness (Gouni et al.,2022). Having an understanding of the definition of normal fertility is important in helping individuals or couples to know when they are required to seek help. Today,

despite concerted efforts by various human right groups and civil societies in sensitization of its social consequences, still childless couples are exposed to stigma and even gender-specific types of violence due to childlessness (McEvoy, 2012).

Approximately 85% of couples will conceive in the first year of trying where the greatest likelihood is within the early months. 7% couples make this achievement in the second year of trying. Infertility is globally experienced by approximately 15% of couples who are trying to conceive (UCLA Health, 2020). In a 1991 estimated prevalence, globally, 8-12% of couples experienced fertility difficulties, (WHO, 1991). In 2022 data report by WHO, 186 million individuals and 48 million couples experience difficulty in conceiving a child worldwide (World Health Organization, 2022). Riese, (2021) notes that half of these couples are found in South Asia and Sub-Saharan Africa. A longitudinal study done from 1990 to 2017 found that worldwide age standardized infertility prevalence increased by 0.370% yearly for females and 0.291% for males every year,(Sun et al., 2019). Although, there is a variance in the extent of infertility among countries the WHO recognizes infertility as a global public health issue that potentially threatens the stability of the community, relations and individuals.

According to the United States Centers of Disease Control and Prevention, infertility is considered more than an issue of quality of life that has significant public health consequences which include social stigmatization, psychological distress, marital discord and economic strain (Practice Committee of the American Society for Reproductive Medicine, 2013). Odek, Masinde & Egesah (2016) noted that infertile individuals and couples suffer psychologically, socially and economically. On the social aspect, they found that childlessness poses a threat to marital stability whereby stigmatization and social isolation were reported. According to a study by Tabong & Adongo (2013) infertile couples face societal shame and are often excluded from

positions of leadership in their communities. Couples who do not have children face stigma when it comes to entry into the ancestral world,denying them the chance to live again.

Both social and biological factors cause childlessness. Biologically, the cause of childlessness can be attributed to female or male reproductive systems anomalies. Some of the factors that contribute to childlessness in men are narrowed into sperm abnormalities and hormonal imbalances. In women childlessness is as a result of hormonal disorders, genital infections, uterine synechiae, premature ovarian failure, fallopian obstruction, endometriosis, congenital uterine anomalies, polycystic ovary syndrome, thyroid disorders and diabetes (Benksim, Elkhoudri, Addi, Baali, & Cherkaoui, 2018). The other possible causes of childlessness are the couple's age, socio-economic status and occupation. In some cultures, it is believed that childlessness could be as a result of supernatural causes such as social norms disobedience or bewitchment. The challenge with conception and bearing children is tragic to many couples and this results in social, physical and psychological dysfunction in their lives.

Childlessness remains a major challenge towards the sustainability of marriage. Fledderjohann (2012) notes that even though childlessness is recognized to exist between both sexes, women are in most cases considered responsible for many couples' inability to reproduce. Childlessness has been linked to many consequences including psychological and social challenges, shame as well as conflict in marital relationship. Also, the childless couples may avoid interactions with families who have children and pregnant friends (Cooper, n.d). While sexual relationship in marriage is supposed to be a warm, engaging, romantic and physically satisfying experience among the couples, childlessness makes sex become a battleground that breeds couple's anxiety, fear and depression and ultimately destabilizes the marriage. According to Vander & Wyns (2018) childlessness globally affects 8 to 12 percent of couples who are within the reproductive

age.

Marriage is a legally recognized, permanently sealed, and physically consummated union between one man and one woman (Billingsley et al. 2005). According to Oxford Dictionary, marriage is considered a two individuals' formal relationship that has to be registered by a registrar who authorizes marriages, (Gooch & Williams, 2015). The term "marriage" literally refers to the formal union of a husband and wife. Marriage is also identified as a ceremony whereby two people are united in matrimony. Merriam-collegiate Webster's dictionary (2003), which is regularly cited by courts, expanded its definition of marriage to include same-sex unions. It defines marriage as (1) the state of connection to an individual of the opposite sex in a relationship that is considered contractual and consensual which is recognizable by law as husband and wife, and (2) the state of being in a union with member of the same sex whereby the individuals are relating similar to traditional marriage.

In Western and other nations where same-sex marriages are legal, the definition of same-sex marriage is accepted; however, in Africa the law just accepts male-female marriage and this includes Kenya. The focus of this research was on marriage relations in the African environment, as defined by Sections 2, 3 and 6 of the 2014 Marriage Act No. 4 of Kenyan Constitution. In this respect, marriage is a voluntary relationship between a man and a woman, either monogamy or polygamy set up, that is registered under the Marriage Act. The Act also stipulates that at the moment of marriage, in the duration of the marriage, and ever after the marriage is dissolved, both partners have equal rights and obligations and also all marriages under this Act's registration have the same legal standing.

Different people have different perception of childbearing and its significance in sustaining a

marriage. To some couples it is a natural instinct to achieve parenthood and to others it is a relational attribute that maintains the satisfaction of marriage by preventing failure, fulfil a certain reciprocal and authoritative requirement as well as build a normalcy sense within social networks (Yao, Chan, & Chan, 2018). Childlessness robs individuals and couples of their desire to be parents and threatens the harmonious relationship in a marriage and social life. Traditionally, particularly in African context, childbearing is an integral part of the culture. Childbearing was highly valued while childlessness was highly engendered and also stigmatized in the society (McEvoy, 2012). Infertility can lead to separation, encourage polygamy, and cause divorce in African marriages, which are founded on children. Fertility is highly valued in most traditional cultures, notably as a sign of marriage consummation and as one manifestation of the couple's social status. Although it is a universal desire to bear children, it is heightened in almost every African country, where children are valued as possessions as well as long-term sources of income.

In the face of current challenges affecting marriage stability particularly occasioned by childlessness,professional counseling organizations are adopting effective strategies in providing help to couples dealing with childlessness issues in efforts towards stabilizing marriages. In this quest, Waiting Wombs Trust-Kenya organization utilizes professional approaches in providing emotional support, psychological help and medical advice to infertile couples. As one of the leading Kenyan public benefit organization, Waiting Wombs Trust-Kenya works to create awareness, provide support and mobilization to families with experience of childlessness. The insights from the Waiting Wombs Trust-Kenya will help better understand the relationship between childlessness and marital stability.

1.2 Statement of the Problem

It is the right of every human being to enjoy the best attainable physical and mental health standard. Persons have the right to make the decision on the timing, spacing and the number of off springs they desire. Most men and women get the desire to have children, but when this desire seems unattainable, it leads to distress. Both married and unmarried individuals are affected by childlessness but both individual and societal expectations put much pressure on the married couples.Childlessness in marriage has a psychological impact on the couple and the continued exposure to childlessness treatment affects the emotional wellbeing of an individual. Taking the step to address infertility shows the importance of realizing the rights of the couples and individuals to establish a family. Childlessness remains a major challenge towards the sustainability of a marriage. When several fertility treatments turnout to be unsuccessful, a married couple increasingly becomes frustrated.

Infertility poses significant adverse effects on infertile couples' lives. In particular women are at a higher risk of social stigma, divorce, emotional stress, anxiety, depression, low self-esteem and violence. In other settings the fear of becoming childless may deter men and women from contraception use if they feel the social pressure to prove that they are fertile at an early age due to the social value associated with child bearing, (World Health Organization, 2022). The need to access treatment for infertility causes a negative economic effect. Bos et al (2019) in their study in a Kenyan case study on Problems of fertility and its care noted that Governments and Non-Governmental Organizations in developing countries such as Kenya lay more emphasis on the money and urgency programs that support safe abortions and contraception due to concerns such as population growth long-term illnesses such like HIV/AIDS. In such case, less or no focus is directed to involuntary childlessness and its effect on individuals and families. A Kenyan couple

struggling with childlessness in their marriage founded a Public Benefit Organization in 2017 named Waiting WombsTrust. The main purpose of the organization is to establish and sustain a system that is supportive to childless individuals and couples in psychosocial aspect, medication, education on infertility, staff establishment and policy advocacy. It is in this light that this study sought to investigate the relationship between involuntary childlessness and marital stability based on a case study of Waiting Wombs Trust-Kenya.

1.3 Purpose of the Study

The purpose of the study was to establish the relationship between Involuntary Childlessness and Marital Stability based on a case study of couples Seeking Psychological Help at Waiting Wombs Trust-Kenya

1.4 Objectives of the Study

Objectives were;

- Determine whether childlessness is a factor in marital distress among members of Waiting Wombs Trust-Kenya
- Identify the relationship between childlessness and marital stability among members of Waiting Womb Trust Kenya

1.5 Research Questions

Research questions were;

- Is childlessness a factor in marital distress among members of WaitingWombs Trust

Kenya?

- Is there a relationship between childlessness and marital stability among members of Waiting Wombs Trust Kenya?

1.6 Research Hypothesis

The null hypothesis tested to achieve the above study objectives was:

- **Ho**: There is no relationship between childlessness and marital stability among members of Waiting Wombs Trust-Kenya

1.7 Justification of the Study

Some youthful marriages are unstable, causing families and society as a whole enormous psychological and emotional misery. Many freshly married couples are unhappy and show signs of developing and continuing social and psychological problems. Several studies have been done regarding factors affecting marital stability including childlessness, though not adequately studied in Kenyan population. A majority of these studies have been done in Western countries, and therefore, it was important for this study to be done to determine the relationship between involuntary childlessnesson and marital stability in a Kenyan population.

1.8 Significance of the Study

The study's findings will be primarily beneficial to the couples at Waiting Wombs Trust- Kenya. Other beneficiaries of this study will be couples struggling with infertility and practicing counseling psychologists. The findings will create awareness and increase the existing knowledge related to childlessness and marital stability among infertile couples. Through this the findings can be adopted to assist the couples struggling with infertility overcome resulting psychological distress. Mental health advocates, social workers and medical institutions can also

use this study's findings to address the issue of childlessness in marriage. In addition, the study will benefit the future generation by giving them an insight on how to cope in marriages experiencing childlessness. The study findings will provide relevant literature for use by future researchers on related

1.9 Limitations and delimitations of the study

The onset of the study was during the COVID-19 epidemic restrictions, therefore physical contact with the respondents was not possible. Also, due to the sensitivity of the topic, confidentiality had to be highly maintained. Due to these reasons, the best mode of data collection was through a questionnaire that was shared to the respondents online.

1.10 Scope of the Study

This study only focused on the involuntary childless married couples. It focused on the relationship between childlessness and marital stability in couples seeking psychological help at Waiting Wombs Trust- Kenya. It was conducted at Waiting Wombs Trust-Kenya located in Nairobi, one of the leading Kenyan public benefit organizations that works to create awareness, provide support and mobilization to families with experience of childlessness. Data was collected and recorded using a customized questionnaire where 99% of the questions were adopted from a 14-item self- reporting Revised Dyadic adjustment scale marital stability questionnaire and an additional question included to identify couples with children and those without. The questionnaire link was shared to the C.E.O of the organization who later sent to the members via different social platforms

1.11 Assumptions of study

Members from the Waiting Womb Trust-Kenya would have the willingness to be part of the

research study. Additionally, the researcher assumed that all the respondents would be genuine, honest and give true responses in the questionnaires.

1.12 Operational Definition of Key Words

A couple -a twosome that consists of two people. One can refer to two people as a pair if they are dating. Similarly, two married persons are referred to as a married pair.

Infertility- the failure of a sexually active couple that is not using contraceptive to achieve pregnancy in one year

Childlessness- Used interchangeably with infertility; it is a situation in which a person wishes to own children, they fail to conceive, and in the long run the person is left with no child due to social or physiological factors.

Marital - Relations between husband and wife.

Marital stability -defined and assessed by looking at couples who had remained legally married without divorcing or physically splitting up**.** In the context of this study marital stability is defined in terms of marital cohesion, consensus and satisfaction.

Premarital- a term used to describe something that existed or occurred before to marriage.

Marital distress- A different state of a marital relationship besides the normal challenges of a marriage which seems to be consistent.

Psychological distress- Unpleasant feelings and emotions that are associated with demands and stressors that are challenging to cope with.

Primary infertility- The lack of a live birth for individuals who have desire for child and have been in a sexually active union for 5 years' minimum in which there was no use of contraception.

Secondary infertility- Absence or lack of a live birth for individuals with the desire for children and have been in a sexual relationship for at least 5 years since their last birth and have not used any contraceptive.

Marital Satisfaction- The sense of being content in a marriage even when the expected benefits arenot achieved.

Marital Dissatisfaction- discontent state about one's marriage as a result of higher costs

Marital Consensus- The manner and extent to which two individuals in a given relationship or agreement behave when faced with a similar situation.

Marital Cohesion- A social process that is characterized by individuals who interact and the forces that bring them closer together.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter entails reviews of the literature of childlessness or infertility and its relationship with marital stability in relation to the study's objectives. The source of the literature is scholarly articles, books and journals. There was also material derived from international agencies such as WHO and APA, government reports and other multinational institutions. The chapter includes conceptual and theoretical frameworks that relate to the objectives of the study.

2.2 Childlessness as a factor in marital distress

The first few years of marriage are frequently blissful and full of joy and fulfillment. For a successful marriage in the end, external variables and modifications are required. Changes in circumstances, such as unmet wants, and the urge for reaching the state of self-actualization because of children can lead to discontent or divorce. Men and women have different feelings, experiences, and coping mechanisms in relation to involuntary childlessness, yet it is evident that they both go through it. The issue has an impact on the way love partners relate in the end. When it comes to marital fulfillment and the expectation of becoming parents, involuntary childlessness is frequently mentioned. Infertility has been shown to raise the likelihood of psychological discomfort and marital conflict, stimulate risky sexual behavior, and deprive infertile individuals and couples of a significant source of economic and social capital (Fledderjohann, 2017). Infertility and divorce may be linked, according to qualitative studies previously done, but there is no much knowledge about the ramifications of infertility for couples that are not married.

Individuals and couples alike suffer psychological, social, and emotional difficulties as a result of childlessness whereby the quality of a marriage relationship is strongly linked to psychological connection. However, when a couple experiences infertility, their psychological tie weakens, leading in negative psychological consequences such as quarrels and disputes in the marriage. Infertility has been connected to marital discord in the past whereby there is social anxiety in infertile couples around people with children, who still have relationships difficulties as a result of their infertility. Exclusion, emotional and physical abuse, divorce, and stigma were among the social repercussions of infertility on couples, as noted by Anokye et al., (2017) in their study. Couples who are labeled infertile have a significant sense of hopelessness. The couples' main coping methods to cope with their problems were to rely on members of their families for emotional support and also avoiding difficult topics.

Long-term distress, including being childless and getting criticized by one's partner and the entire family, can contribute to marital discontent in the long run. Communication breakdown between partners and financial difficulties are additional red indicators that signal a low level of marital satisfaction. In the same way that involuntary childlessness causes psychological pain, women who are childless have poorer marital satisfaction than their husbands. Men are preoccupied with what others may think of them (Espinol, 2021). Wives have health, social, and psychological issues, and their husbands frequently leave them to face them alone. They are also frequently blamed for the circumstance that has resulted in unfavorable emotions. Notwithstanding the disparities in their life events, it is impossible to deny that they both suffer from grief.

Couples endure loss when they are unable to have a child, which is a vital aspect in a happy marriage and family life. They share the same unpleasant and positive emotions as persons who

are grieving the loss of a loved one, according to the theme personal reaction. These emotions can also be seen in the five grief stages, particularly in the stages of anger, despair and, bargaining. The couples are aware that they are going through the grief process, but their feelings are not the same as those of parents who have lost a child. Anticipatory, convoluted, or disenfranchised grieving are all possible categories for their grief. They lament the missed chance of being parents and this experience is frequently cyclical and lengthy, resurfacing at various periods of life and remaining unresolved. Other individuals are generally unaware of it because they have not formally experienced death.

According to Espinol, (2021), men suffer from depression at a higher rate than women. Despite this reality, childless couples' psychological pain frequently goes unnoticed. Involuntary childless couples are affected by several aspects of depression; feelings of loneliness, lack of hope, low self-esteem, embarrassment, emotions of bitterness, and failure are just a few of them. The combination of these factors results in negative thoughts and eventual actions, which exacerbates depression. Due to social norms, men are unable to process these unpleasant emotions. Men are expected to be strong emotionally and less impacted by infertility than women, who are considered socially allowed thus given the allowance to be to be weak and seek support. When these factors are combined, men have a harder time processing their emotions, which can lead to psychological issues. Involuntary childlessness has a greater psychological impact on women. Since they are the ones who carry the pregnancy it is easy for everyone to have the assumption that infertility is an issue of the woman. The psychological state is not solely personal per se; the environment, as well as their husbands and families, may have a role. The mother and father figure is revered in many cultures as a symbol of security, family continuity, show of sacrifice, and state of unconditional love. Notably, being able to have

children appears to be an important component of social cohesion and structure. On the other hand being childless can lead to embarrassment, generating problems that affect both the couple's marriage as well as their social image. As a result people have sought to find other ways that can make them avoid the adverse repercussions associated with lack of children since the dawn of time. Adoption, parallel marriage, or enlisting the help of another man or woman to bear a child have all been used as survival measures.

Childlessness is a reproductive issue which has serious psychological and health consequences on the victims and the family at large. The provision of psychosocial and emotional support, as well as the medical advice is important for the creation of awareness and childlessness experience to the couple. The professional counseling organizations have devoted public health systems and professionals for purpose of enhancing services to infertile couples and also community at large. These are part of the efforts by the organizations and the government in supporting psychological and mental health as well as family stability in the society. The treatment of infertility diversely affects people's lives resulting in various psycho-emotional disorders, including anxiety disorders, major depressive disorder, and mood disorders (Hasanpoor-Azghdy, Simbar, & Vedadhir, 2014). The prevalence of mental health problems found in infertile couples is about 25-60%, as a result of the complexity of factors such as the infertility duration, the cause of infertility and gender, the culture of the affected, and the type of treatments used.

Burns and Covington (2006) in their study on infertility counseling noted that even though the society values babies, reasons for having children changed as the world moved away from agricultural, tribal, or feudal societal norms, after urbanization and industrialization, children remain very important. In the past, the value of children may have been for major economic

factors, value for labor in family, but with the European Industrial Revolution of the 18th century, the household became a private refuge from the world's challenges. There was a shift in reproduction and procreation from something to live for to a source of personal happiness, resulting in smaller households and a focus on the relation of a child and the parent. As children became more valuable as a source of personal happiness, childlessness experienced a new psychosocial dimension. Before the Industrial Revolution, motherhood was not a psychologically important role for women - and in fact, many women interpreted motherhood and childbirth as a burden to their own health and well-being. After the Industrial Revolution, fewer workers were needed, so motherhood became an important and worthy job for women, removing women from the workplace and providing more employment for men. Motherhood has thus become an ideal and famous profession - and given to women. Women without children are considered maladapted and unable to adapt to their respective gender roles which is an opinion that is influenced by the advancing psychiatry science and the earlier feminist movement, whereby there was demand by women to vote in global democracies.

Peterson, Newton, & Rosen (2003) found that childlessness negatively relates to the psychological functioning ability both in men and women. This is manifested in form of anxiety, stress, grief and depression. Majority of the victims of childlessness tend to develop suicidal thoughts, self-hate while others contemplate and execute death by suicide. A majority of the victims leave their marriage and try to bear children with their former suitors. Peterson, Newton, & Rosen (2003) note that couples experiencing childlessness that consider their situation as permanent are not likely to seek medical care and psychological help from professionals.

According to a study by Zegers-Hochschild et al (2006), majority of infertile couples experience psychological distress as a result of their infertility. Consistent crying, self-condemnation, and extremely sensitivity to situations, were common manifestations. As a result, childlessness had a negative impact on the individuals' psychological well-being. Even though the infertile couples had sexual intercourse frequently, Zegers-Hochschild et al (2006) found that sexual activities between the couples was purely for reproductive purposes and not to achieve mutual satisfaction. According to the findings, the majority of couples found sexual intercourse to be unsatisfying and unpleasant. They were unhappy in their marriage since their thoughts were fixed on having children and this discontent had a direct impact on how they relate sexually, leading to less interest in sexual activities with their partners as a result of their sadness. According to Tabong &Adongo (2013) males in particular stated that they had sex for both pleasure and procreation, regardless of the fact that procreation was the primary motivation for couples to engage in sexual activity. When there is failure in repeated attempts to have children, their sexual desire tends to disappears.

Tabong & Adongo (2013) in their study note that infertile couples said they were depressed and frustrated by the cures prescribed by ostensibly sympathetic people. Women were generally more concerned than men about their inability to conceive a child. In their old age, women without children are sometimes frequently regarded as witches and sidelined by their relatives and they are not authorized to engage with or care for the children of other people because they are frequently accused of “eating up" all their unborn children and of being capable of bewitching and killing other people's children. Men would have to fight being labeled as Lankpolosoba, which means "a guy with rotten testes," or Yokuusoba, which means "a man with dead penis." These descriptions were made since the purpose of the testicles is sperm production,

therefore a man's inability to make his wife conceive meant that the testes were of no use. A robust penis was considered equally necessary to deliver the prepared infants (spermatozoa) to the lady; spermatozoa are preformed humans, according to local culture beliefs. As a result, a penis that is incapable of performing this role is said to be dead. Men who are childless are socially isolated as a result of such labels for fear of being openly humiliated and degraded.

According to Shukert (2010) in her article "My Happy, Childless Marriage," 79 percent of couples who had a baby in eight months of getting married would still be together in ten years, according to the Marriage and Cohabitation Study, which was started by the Centers for Disease Control and Prevention in 2002. 54 percent of couples who had a child together before becoming married made it to ten years, as did 55% of couples who already had a child before starting a family, and 34% of childless couples made it to ten years. According to Bill Mosher, a statistician at the Centers for Disease Control and Prevention, not getting pregnant during a first marriage can be a sign of marital stress.

Childlessness was linked to marital difficulties, according to a study by Koenig et al (2006). Childlessness was also reported to have harmed the security of marital relationships by producing quarrels and conflicts in infertile couples' marriages. Childless people experienced misconceptions with their spouses about their inability to have children, and some of them fought with their partnersor threatened to divorce them. In addition, Turft et al. (2009) found that marital relationships weaken when couples are childless and avoid interactions with their friends, particularly pregnant women and families with children. As a result, due to their differences and the infertile status, couples cannot completely avoid conflict in their marriages. Majority of the couples who start a family and with time realize that they have challenges with conception tend to experience interpersonal and psychological distress which negatively affects their quality of

life. Involuntary childlessness is one of the reasons for divorce amongst married couples, (Afshani, 2020).

In spite of all the efforts by the government and the community to protect marriages and prevent divorce in different eras, it appears unpreventable in some families. Infertility is one of the major factor of divorce whereby the couple is under social pressure to divorce, remarry or adopt a child. Study by Mahboob & Rashidi (2001) posits that childless couples have a higher likelihood of divorce holding all other factors constant. When couples fail to have a child, they become disappointed. They live with the hope that once their infertility issue is resolved there will be an improvement in their relationship with others and they will be able to control their lives better (Nilforooshan, 2006).

Motahari, Behzadpoor & Sohrabi (2014), noted that infertility causes boredom in marriage and the resilience and piety in childless women can alleviate this kind of boring energy. They believed that if couples are trained on resilience and an emphasize put on piety, it can reduce the boredom. One of the factors that affects mental health is the sensation of losing of control, which arises when people with weak internal coping resources experience feelings of hopelessness and worry about the outcome of the future losing control over their lives. Psychological distress occurs when individuals fail to attain or sustain a valuable identity in spite of the efforts they make. Notably, measures of stress often include failure to get the number of children desired (Maximova & Quesnel- Vallée, 2009). Furthermore, the severity or extent of the divergence from the desired outcome is believed to influence the amount of discomfort. Compared to sub fertile women who have children or those who do not have children of their own free will, infertile childless women who experience unwanted childlessness have the highest risk of mental distress, hinting that persistent failure to achieve motherhood may affect valued birthright. The

"mother's mandate," the socially accepted norm that having children is at the center of female identity, continues to condition the experience of infertility in women, despite the fact that the adverse characteristics of voluntary infertility are changing and the number of volunteers who choose a childfree life appears to be growing.

Global stress related to infertility and particular stress in regards to social worries, relationship issues,and urge for motherhood, and sexual concerns were higher in women of infertile couples than in males (Lei et al., 2021). In majority of the domains, this was an indication that the infertility experiences of women were more unpleasant compared to males. This was supported by research from around the world. Women in infertile couples had higher unpleasant experiences in the physical stressors, existential stressors, and emotional stressors domains. Women were more affected than males by infertility-related global stress and infertility-related social issues. The reason that infertile women are more stressed than infertile men may be due to gender norms and sex-role identification (Lei et al., 2021). Traditionally motherhood has had a stronger convergent relationship with feminine duties as compared to the way fatherhood has had with masculinity. In comparison to a study conducted by Peterson, Newton, & Rosen (2003), Chinese couples had higher levels of stress related to infertility than Caucasians. Furthermore, Hungarian couples reported lower levels of stress resulting from infertility than Chinese ones. This was due to differences in traditional beliefs and culture.

Childlessness is considered unfilial in African traditional beliefs, which may put African papulation under more social pressure and emotional stress. Partner support was found to be beneficial in coping with infertility-related sadness in a previous study. Childless women frequently experience feelings of insecurity, despondency, and overall discontent with life, making them emotionally susceptible and provoking negative thoughts. As a result, they are

discovered to have a lack of emotional control. They experience various negative emotions as a result of being childless, including feelings of loss, pain, rage, grief, melancholy, a lack of femininity, humiliation, and self-blame (Malik, 2021). A woman's lack of hope for a child is critical because it causes pain and reduces her sense of confidence and self-control. Women who have never had children experience emotions of inadequacy, leading to a negative attitude about themselves. People who are childless and have doubts about their sexual aptitude become frustrated and may develop mental illnesses. When compared to fertile women, childless women's marital stability was relatively poor. Women without children had a low level of autonomy, which could lead to divorce. Childlessness has an impact on a couple's relationship. In fact, infertile couples have complained about poor marital adjustment and life quality. Females endure more stress as a result of infertility, which is linked to contentment, agreement, and attachment. Infertility has been reported to jeopardize marital and family peace. Infertility is not only relates to marital stability but also life quality.

2.3 Relationship between childlessness on and marital stability

Consensus is the manner and extent to which two individuals in a given relationship or agreement behave when faced with a similar situation. According to APA dictionary, it is the general agreement among individuals especially in decision making. The Revised Dyadic Adjustment Scale (RDAS) categorizes consensus as a factor that influences couple relationships. According to the scale there are three attributes of consensus which are values, decision making and affection (Maroufizadeh, Omani-Samani, Hosseini, M. et al. 2020). Values are internalized cognitive structures that direct the making of choices by eliciting a sense of right and wrong basic principles such as moral values, a sense of priorities such as group good versus personal achievements well as create a willingness to see patterns and make meaning (Oyserman, 2015).

Values influence behavior and knowing and understanding the value system of an individual provides a sense that one will know how to and what they will do when faced with a particular situation. Nevertheless, it is unlikely that values will influence behavior and judgment if they do not cross the mind in a certain situation. Values can cue effective cognitive responses and the effect can be explicitly identified whether the values are part of a choice or not. Values are nonconscious and implicit motivators that influence feelings, emotions, thoughts and behaviors. From the RDAS values are identified based on religious matters and conventionality. Couples that score high on the agreeability on religious matters and conventionality indicate their possibility of reaching a consensus that promotes their relationship stability.

Decision making is the act of evaluating various alternatives and choosing one that will lead to achieving one or more goals. Humans are rational organisms and they make their choices after exploring all alternatives based on utility and unit gain (Dietrich, 2010). Decision making incorporates complicated and complex judgments and if not carefully delivered after appropriate reasoning and examination, the decision may turnout erroneous. Affection is a rare state of body or mind often associated with a type of love or feeling. It is intimately related to emotions in that the affection received is designated by a particular emotion that it captivates. Affection is important to humans in that they need a greater measure compared to other animal species. It requires effort as it is given and received at different magnitudes. According to the RDAS the way a couple demonstrates affection and handles their sex relations gives a measure of the their level of affection.

Childlessness is considered by many couples as a bad thing that affects their marital pleasure due to infertility and lonely old age. There is a direct correlation between poor psychological well-being and involuntary childless in most societies as people with such unfortunate fate are under extreme society and cultural scrutiny (Dhar, 2013). Similar findings are supported by Guttman & Lazar (2004) that concluded that first time parents in marriage have a higher marriage satisfaction than childless parents. Likewise, Choi et al, (2014), in study based in South Korea concluded there are differences in psychological well-being of couples depending if they are involuntary, voluntary, or postponing child bearing. Findings from the research imply that distinct infertility aspects and its form of treatment are significant for marital satisfaction of both men and women. When it came to marital satisfaction,infertile women score worse than their spouses. Infertile husbands' satisfaction of marriage is likewise impacted, but solely in terms of in-law acceptance. In a childless marriage, women have more troubles than men. This encompasses issues with health, socialization, and psychology.

According to a study by Repokari et al., 2007, because husbands are less involved in fertility treatments, the women are the ones who are often biologically assessed and treated and since they are the ones that carry the baby, women are frequently blamed for miscarriage. The number of treatments that were unsuccessful and those of spontaneous abortions were key factors for women undergoing Assisted Reproductive Technologies, whereas the period of infertility was an important aspect for men. The increasing stress resulting from of long- term infertility is especially devastating for men. Within the first three years of being infertile, couples had consistent adjustment to marriage and sexual satisfaction, which thereafter decreased. It is evident that to sustain any kind of human relationship decision making, values and affection are important aspects. The relationship between marital stability and spousal consensus on decision

making, cohesion and values was assessed in this project. RDAS looks at decision making in decision making on two aspects of major decisions and career decisions. Childlessness appears to have no bearing on men's cognitive health. The happiness of life and self-esteem in women are boosted simply by having children, regardless of their marital status age, education, or whether or not their children have left home.

Lack of children does not appear to have more negative implications for unmarried people or people from lower socioeconomic backgrounds (Hansen, Slagsvold & Moum, T. (2009). The strength of the link between cognitive well-being and motherhood shows that motherhood boosts the satisfaction of life and self-esteem even considering that parenting is ostensibly the most difficult and limiting for example, for single mothers. The research by Hansen, Slagsvold & Moum, (2009) demonstrates the highly cognitive character evaluations of self-esteem and life satisfaction, indicating that they can be dissociated from, or even strengthened by, emotionally draining and onerous situations. A research study by Bali, Dhingra & Baru, & Dhingra (2010) reports that childless couples are categorized as average in relation to satisfaction and happiness and they are at a risk of facing depression as a result of environmental factors. Relationship Satisfaction is a cognitive evaluation of well-being and quality of life. It implies acceptance or contentment with circumstances in life or the fulfillment of their needs and wants. It is associated with strong social relationships, good physical health and high performance (Sousa & Lyubomirsky, 2001).

Marital satisfaction is measured by evaluating emotional stability and conflict of a relationship. In psychology, stability is the degree to which a person maintains the same momentum with respect to a certain characteristic such as intelligence when compared to others in the same situation (Karney & Bradbury 2020). Emotional intelligence comprises of having comfort, being

calm and realistic in life,emotional development and successfully managing nervousness. The weaker individuals are in this aspects, the less likely to experience marital satisfaction (Khalatbari et al. 2013). Conflict is the discord, friction and disagreement that occurs when the beliefs and actions of individuals are unacceptable and contradict with those of others (APA, 2020). It is the opposition between incompatible mental structure aspects. Infertility has been linked to marital troubles and conflicts, and it has major ramifications for individuals' involved emotional and social well-being. This can be problematic because, in the context of infertility therapy, the marital relationship is considered as the most significant source of support. When any relationship has stability and there are minimal conflicts, it is considered to be satisfying. A study on personal and marital adjustment of involuntary childless wives concluded that infertile women reported low levels of wellbeing and were rated as less interesting and less rewarding (Callan, 1987). They reported to being satisfied than other women who had same levels of success but had children.

Marital adjustment refers to adapting, adopting, or changing an individual's or couple's pattern of behavior and interaction in order to attain optimal relationship happiness. Childless partners who may have been inclined to idealize their relationship have shown to have a higher level of agreement in their responses (Bali, Baru, & Dhingra, 2010). Parenthood has also been proven to limit the extent of communications between spouses. While being childless can be stressful, it can also bring the couple closer together in their thoughts and feelings. The experience can strain a couple's intimate relationship, reduce sexual satisfaction, exhaust financial resources, and jeopardize masculine and femininity perceptions, as well as generate psychological stress. Infertility is an unanticipated experience, and for impoverished women with little or no education, the failure to produce any children would almost surely result in divorce or remarriage

on the husband's behalf. The researchers discovered that 77 percent of the total respondents were primary infertile, 10 percent had lost pregnancy, and 13 percent of the total were experiencing secondary infertility. It was discovered that whereas 80 percent of spouses had a good attitude before they knew the diagnosis, after the problem diagnosis significant change in attitude was noted on 20 percent of husbands from positive to negative. Childlessness had a significant impact on the respondents' marital adjustment, and it was discovered that different persons utilize their leisure time in different ways across the entire sample group. Due of the childlessness, women experienced both psychological and medical issues. The research of infertility may cause extra anguish, inconvenience sex life, and even damage the love the couple had for each other. It was also discovered that marital adjustment improved with increase in the length of a marriage.

Khan and Majid (2015) compared couples with and without children on three variables: life satisfaction, personality traits and social support in their study. Data was acquired from (N=120) using a purposive sampling strategy. Couples with children (N=60) and couples without children (N=60) were separated into two groups. The Satisfaction with Life Scale, Multidimensional Scale for Perceived Social Support, and NEO-IP Scale for Personality Traits were used as measurement instruments. To compare the groups, the independent t-test was utilized, and Pearson correlation was used to determine correlation. The results established that couples with children experienced higher life satisfaction on the Satisfaction with Life measure (M= 32.52) than couples without children (M= 12.75). Couples with children were found to be extroverted having greater willingness to try new things, whereas couples without children were found to be more agreeable. Such a study discovered that the presence of children had a significant impact on the couples' social support, life satisfaction and that the trait of conscientiousness was common.

According to Tao & Maycock (2012) study, the male infertility factor has no negative effect on marriage. In addition, infertile male participants expressed higher satisfaction in marriage than their wives. Infertile women have less strong marital relationships than fertile women, which is related to their social demographics and treatment experience. In the case of infertile couples, infertile subjects or the marital relationship of their partners affected by the infertility of both members, the coping strategies specifically experienced. In addition, other factors have been linked to the quality of marital relations, such as sexual satisfaction,the age of infertile couples, the level of education and the similarity of couples in the perception of infertility.

Cohesion is a social process that is characterized by individuals who interact and the forces that bring them closer together. According RDAS, the cohesion of a couple relationship is measured by analyzing the activities that the couple does together to bring them closer such as working on a project or engaging in outside activities. It also involves discussion that entails having stimulating exchange of ideas and discussing things in a calm manner. The more a couple is involved with each other, the more they become cohesive and this promotes the stability of the relationship. Cohesion acts as a thread that sustains marital bond and shared activities and emotional feelings breed closeness that promotes the quality and stability of a marriage (Rhoden, 2003).

Positive communication patterns that include productive discussions between a couples creates a culture of interaction by exchanging perceptions and negotiation of differences. The ability of a family to adjust to challenges or changes is referred to as family adaptation. Family cohesion refers to the degree to which family members have an emotional bond with one another. According to Lei et al (2021) research, women in infertile couples scored higher than males on wanted adaptability and adaptive discontent, indicating that they need greater communication

with their spouses and other family members, and wish that all members of their family can participate in decision-making. Women in infertile couples also reported higher levels of unhappiness with their partners' emotional connection than males, showing that women were less satisfied with their partners' emotional connection. Infertile couples had higher actual and desired family cohesion but lower actual and desired family adaptability than the Chinese mean, which was consistent with a previous study. Lei et al., (2021) deduced that when childless couples received treatment, they formed a strong emotional relationship.However, the protracted financial stress and treatment cycle may limit the family's ability to adjust. As a result, healthcare experts should urge infertile couples' men to connect with their spouses and assist them in forming an emotional attachment.

In his study on the determinants of marriage stability in Nigeria, Ojukwu (2016) argued that free communication in marriage is the oil that keeps the marriage from degrading. They found that when one of the parties in a marriage relationship becomes dissatisfied with his or her partner's attitude, one of the negative consequences is poor communication. The strategies revealed a need for greater research into the topic of communication, since it was critical in keeping people linked and, ultimately, enjoying marital stability.

2.4 Research gaps

The reviewed literature demonstrates that childlessness just like other health issues is a phenomenon deeply rooted in the society and continues to be one of the most notable causes of psychosocial challenges in families. Although there are various health guidelines and policy frameworks in Kenya, that allow for medical help and psychological support for affected families, still there are few healthcare facilities and lack of public awareness on the significance of services offered. The implication of childlessness on the couples' lives, their family members and the wider community underscores the need to evaluate the relationship between childlessness and marital stability owing to paucity of research in this area.

The reviewed studies have presented contextual research gaps, since some of the studies on the relationship between childlessness and marriages have focused on different contexts from this study. For instance, the study by Ojukwu (2016) was conducted in Nigeria. The study focused on how the nature of communication in a marriage affects its stability. He argued that when one partner is not happy with the attitude of the other, there is poor communication and therefore the relationship becomes unstable. Koenig et al (2006) conducted their study in India in which they linked marital difficulties with childlessness. They noted that conflicts arise in childless marriages due to misconceptions between the partners in regard to their reason for childlessness. Fledderjohann (2012) conducted a study in Ghana that showed that infertility raises the likelihood of marital conflict and psychological discomfort and this could lead to risky sexual behavior and social and economic deprivation amongst childless couples. Even though their contribution to the topic is relevant, the contextual focus is not necessarily Kenya.

Studies in Kenya establishing the effects of childlessness on marriage stability, have also

presented contextual research gaps since thy have not necessarily focused on Kenyan public benefit organization like Waiting Wombs Trust- Kenya. A Kenyan case study by Bos et al (2019) focused on problems of fertility and its care where they noted that Governments and NGOs emphasize more on money and urgency programs that address safe abortion and contraceptive. This raises the gap on the lack of focus on the relationship between childlessness and marital stability. Contextual differences is important and this study has given a different angle considering that the public benefit sector is focusing on enhancing marriage stability particularly among the youthful generation. Besides, most researchers have looked at childlessness from a medical perspective and how it relates to factors such as culture, societal pressure, and stressors. However, few researchers have looked at how childlessness affects underlying marital stability factors precisely cohesion, satisfaction, and consensus which can help in informing mental health experts offer specific solutions to such clients suffering such challenges.

2.5 Theoretical Framework

This study was supported by the Learned Helplessness Theory and Theory of Planned Behavior

2.5.1 Learned Helplessness Theory

After conducting research in the late 1960s, Martin Seligman and Steven Maier came up with the learned helplessness theory. It is used to explain how a subject's conduct becomes helpless after being exposed to aversive stimuli that are beyond their control. The acknowledgment of the subject's powerlessness is thought to be the origin of helplessness behavior, which includes abandoning attempts to escape painful stimuli even when such choices are clearly provided. The helplessness theory describes a situation that occurs in both humans and animals when they are

trained to expect worry, misery, or discomfort without a way out. (Maier & Seligman, 2016). Persons who use learned helplessness as a coping mechanism for unfavorable occurrences in their lives. Internal blaming, global distortion, and stability generalization are three factors that contribute to learned helplessness, (Saxena & Shah, 2008). Internal blaming leads to the belief that the problem is with the person and not with nature or anyone else. The person believes that the current crisis will effect what they do as aresult of global distortion. Finally, stability generalization gives the impression that the situation will persist indefinitely.

When one feels helpless in the face of life's circumstances, especially when those occurrences are dangerous, unpleasant, or poisonous, the psychological implications can be severe. A series of classic experiments was conducted in which dogs were imprisoned in a chamber and subjected to electric shocks from which they could not escap (Maier & Seligman, 2016). When these dogs were later offered the chance to escape the shocks by jumping across a partition, the majority of them refused to even try; instead, they seemed to just give up and accept whatever shocks the experimenters chose to give them. Dogs who had previously been allowed to avoid the shocks were more likely to scale the barrier and flee the agony. According to Seligman, the dogs who did not try to escape the later shocks were demonstrating learned helplessness: they had come to believe that they could not do much about the stimuli they were receiving. Seligman also said that the dogs' lack of movement and initiative were similar to depressive symptoms in people. As a result, Seligman postulated that learned helplessness could be a major cause to human depression: people who face adversity over which they believe they have no control may feel powerless. As a result, people cease trying to change the situation, and some people may become depressed and lack initiative in future situations where they have greater control over the outcome.

According to a reformulated version of Seligman's research, the attributions made for unpleasant life events play a role in depression. Consider the case of an infertile person or couple who has been unable to conceive for a long time. Individuals or couples will assign three types of attributions to this outcome, according to this model: internal vs. external (believing the outcome was caused by personal inadequacies or environmental factors), stable vs. unstable (believing the cause can be changed or is permanent), and global vs. specific (believing the cause can be changed or is permanent) (believing the cause can be changed or is permanent). Assume the person or couple blames their poor performance on an internal ("I'm just not fertile"), stable ("Nothing can be done to change the fact that I'm not fertile"), and global ("This is just another example of how lousy I am at everything") cause. The revised hypothesis predicts that the individual or couple will feel powerless in the face of this stressful occurrence, making them more vulnerable to depression. According to studies, persons who have a proclivity to make internal, global, and consistent attributions for negative outcomes are more likely to develop depressed symptoms when confronted with unpleasant life situations.

One of the most common symptoms of learned helplessness is that the person feels powerless in relation to the system; however, passivity is just part of the tale. When a person is abused, whether physically, emotionally, or spiritually, two patterns emerge inside her: the victim and the abuser. The victim pattern is founded on one's experience of being abused. The abuser pattern is founded on one'spersonal experience with how abuse can be delivered. Both lead to learned helplessness, while the latter appears in a different way. Learned helplessness may emerge as "Something just took control;"in the case of the abuser. "I didn't mean to say or do anything like that." It might show up as "I don't know why I put up with it, but I can't seem to do anything

about it" in the victim's case, (Saxena & Shah, 2008). In both circumstances, the person is exhibiting passivity toward the patterns that are acting within her. One is admitting helplessness in both circumstances.

When infertile couples realize or believe that they have no control over their childlessness, they begin to believe, feel, and behave powerless. When a marriage is infertile, one of the partners may frequently make blame statements or abuse the childless victim in order to acclimate them to the maltreatment and educate them that they have no control over the condition. The abuser maintains complete control over the situation, and the victim learns that they have no power over their situation. This theory is relevant to this study considering that when an infertile partner is subjected to blame and domestic abuses by their spouses, they get conditioned to anxiety, stress, pain, suffering, or discomfort without a way of escaping the abuse and hence tend to remain in such marriage. The moment the victims understand or believe that they no longer have control over the childlessness situation, they tend to think, feel, and act as if they are helpless. Religion beliefs, in particular, make women helpless, and so does self-concept. In wanting to follow the religious teachings, the victim feels helpless and remains in their marriage despite the suffering.

Hope is the antidote of helplessness, thus, Cravens et al. (2015) found that hopefulness make couples to stay in childless marriages hoping that the situation would likely change in future. Hopefulness and anticipation for better days in the future impacts infertile couples to stay in marriage. Truman-Schramet al. (2000) points out that couples tend to tolerate the state of childlessness hoping for positive change particularly as a result of previous good experiences and commitment to their relationships. Developing this feeling of hopefulness and normalization of childlessness may transfer to many different situations including seeking psychological help or accepting the situation and moving on (Wood, 2014). Güneri, Kavlak, & Göker, (2019) in their

research on Hope and Hopelessness in Infertile Women noted that most infertile women were likely to express hopelessness as compared to being positive in their interactions. Notably, women have varied responses to treatment with the hopeless feeling fluctuating between extremes during the period. In fact unsuccessful treatment leads to high level of hopelessness which causes instability in a marriage.

2.5.2 Theory of Planned Behavior

The concept of reasoned action was developed by Martin Fishbein and Icek Ajzen in 1980, and it has since been developed to planned behavior theory. It was created to encompass all human activities that are subject to self-control. Behavioral intent is a critical component of this paradigm; behavioral intentions are influenced by one's subjective appraisal of the risks and benefits of the expected outcome, as well as one's attitude about the likelihood that the activity will yield the intended result. According to the Planned Behavior idea,behavioral control and motivation determine the success of behavior. Beliefs are classified in three dimensions which include control, normative and behavioral. There are six constructs into which the Planned Actions theory is divided representing a person's true control over their behavior (Ajzen, 1991). These comprise of social standards, attitudes, behavioral intention, perceived power, subjective norms as well as perceived behavioral control.

Perceived control, according to Alloy and Clements (2012), is a psychosocial construct described as the idea that one can achieve desired outcomes while avoiding undesirable ones. Walker (2012) avers that a couple experiencing childlessness normally suffers low perceived control over the situation. The logic nderlying the low perceived control argument is that infertile couples who feel helpless about changing their current situation are most likely to remain in those circumstances. The study by Javier & Herron, (2015) points out that perceived control

experienced by the couples suffering childlessness in their marriage inspires the need to change their situation rather than leaving their marriage. In such situations, the victims take upon themselves the responsibility to transform the environment into a better place for their relationship. Such efforts require resilience, love and need for lasting peace in their families. This theory was relevant to the study since it integrates the behavioral intention constructs which play an important role in the control of the human behavior. This behavior is manifested by infertile couples staying in childless marriage with many of them contemplating quitting their marriages but because of self-control and expectation of getting children in future they end up staying in their marriage. Only a few choose to quit the marriage because they have control of their behavior and will not tolerate abuse from unsupportive partners who victimize them for being childless.

The Theory of Planned Behavior (TPB) is a cognitively essential paradigm that can help predict and explain health-related behaviors. As a result, it may be a valuable theoretical framework for anticipating the behaviors of couples struggling with infertility and increasing how they function and achieve satisfaction. It predicts behavior and identifies the connection of beliefs, intention, behaviors, and attitudes. In the TPB, intention refers to a person's decision to engage in a particular activity, whereas behavior refers to how that person behaves. Habit is also a manner of behaving in many situations, whereas attitude toward conduct is the degree of ideality of a certain activity (Alizadeh, 2016). Furthermore, the subjective norms concept refers to social pressures either from spouses, parents or physicians that may compel a person to perform or refrain from behaving in a certain manner. Lastly, perceived behavioral control measure of how easy or difficult a specific behavior appears to be. In simple words, it demonstrates how much control an individual has over whether or not to undertake an activity. The influence of perceived

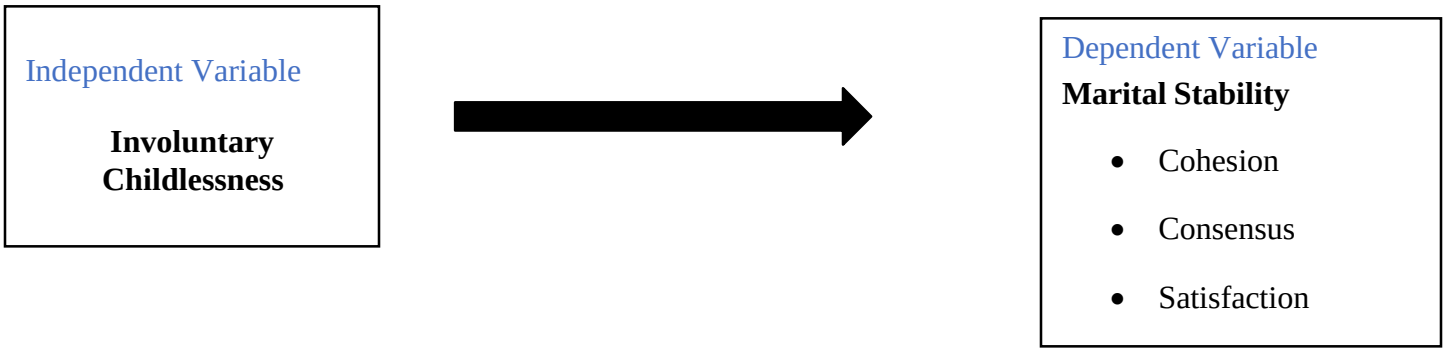
behavioral control on behavior can either be direct or indirect or both. According to the TPB, evaluating behavioral intention can predict a particular behavior. Behavioral intention is a key element in the TPB because it reflects how much people want to do something and how hard they try to do it. According to Armitage and Arden (2002), TPB is considered comprehensive and relevant framework for examining behaviors,

According Askarshahi, et al (2019), childlessness can prompt a couple to choose the path of divorce. The level of control that individuals have over their decision-making can be altered by a variety of factors,according to the perceived behavioral control construct. Individual decision-making power can be influenced by a variety of situations, many of which are beyond the individual's control, such as childlessness. Any attempt to explain the causes of divorce and marital incompatibility must take into account the nature of marriage as a social institution within a sociocultural framework. Depending on their own or their spouse's characteristics, as well as the society in which they live, couples have diverse wants, desires, and expectations from marriage (Askarshahi et al., 2019). The decision to stay married is decided based on these expectations and attitudes. Frequent disagreements, betrayal, inadequate love, and a lack of commitment to marital life are all elements that influence a couple's decision to file for divorce. Irrational thinking and distorted perception of couples are also factors in increasing intention to divorce; that is, it is the couples' own style of thinking and irrational ideas about events that lead marital relationships to become more disrupted, not the stimuli and external occurrences. Irrational beliefs are goals and intents that evolve into obliging priorities and then precise goals, resulting in distress if they are not met.

2.6 Conceptual Framework

The study's conceptual framework put into consideration the relevant variables of the study as shown below. The aim of the study was to establish the relationship between involuntary childlessness, the independent variable and marital stability, the dependent variable. The independent variable is categorical in that there were couples with a child and those without while the dependent variable is defined in three constructs; cohesion, consensus and satisfaction.

Figure 2.1 Conceptual Framework



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter includes data collection, processing, and analysis as done in the study. The details are outlined in the research design, target population, sampling techniques, and research instruments, methods of data collection, data analysis, and ethical consideration

The dependent variable was marital stability measured in three constructs of marriage cohesion, consensus, and satisfaction, while the independent variable was childlessness reported as either having a child or not**.** The dependent variable was recorded as a total of the three subscales as reported using a self-reporting questionnaire that totaled 69 points. This means we have a categorical independent variable and a continuous dependent variable- marital stability, measured by three subscales of cohesion, consensus and satisfaction.

3.2 Research design

The study undertook a correlational research design- as guided by the identified independent and dependent variables. By definition, a correlational research is a design that establishes the relationship between an independent variable(s) and the dependent variable(s) (BCcampus, 2015). According to the collected data for the research, such a design was the most suitable one in terms of getting findings that answer the research objective, questions, and hypothesis. Moreover, this design is suitable to the identified research instrument identified for this research- the revised dyadic adjustment scale. Looking at the scale, it has 14 items that are structured in a Likert scale. The reporting is done in three subscales that are correlational, which is appropriate for this research design. Moreover, the use of survey for data collection was an important factor in using correlational design for this research. This is strengthened by the fact that the nature of

data collection was done in a natural setting where the subjects were not manipulated in any way.

For easy data analysis and interpretation of the self-reporting scale (RDAS), the dependent variable was measured using three subscales- Marriage cohesion, consensus, and satisfaction. Each subscale of the dependent variable is discussed in detail in the findings and discussion section of the research. To achieve variability in the experiment, the researcher included 40 randomly selected samples, sourced from Waiting Wombs Trust Kenya (WWTK). The organizations core mandate is dealing with both fertile and infertile couples that are walking the childlessness journey. To ensure unbiased reporting, the data collection process adopted a blinding method, where the respondents were not asked some basic demographic questions. Besides minimizing biasness, the data collection strategy method helped in controlling for intervening variables and achieving a stronger research power during data analysis.

3.3 Location of the Study

The research was conducted at Waiting Wombs Trust-Kenya (WWTK), a public benefit organization that offers psychological support to couples and individuals struggling with infertility. It is located in Phikago House, Floor 3, Mtongwe Road, Kenyatta Market, andNairobi, Kenya.

3.4 Target population

The target population were married couples who have at one point in time sought psychological help at Waiting Wombs Trust-Kenya between 2018 to date. The study did not have an age or social demographic limitation. However, from the target population, the research included both couples that have successfully solved their childlessness challenge and those that are yet to solve it. Since the target population is specific, the researcher expected sampling errors which will be addressed in the sampling procedure.

3.5 Sampling Procedure

The research adopted a simple random sampling to identify respondents. By definition, a simple random sampling technique is one where the target sample all have an equal chance or probability of being included in the study. Practically, the researcher sent the survey to the organization's management who distributed it to their members randomly with 40 of them sending their feedback as requested.

3.6 Sample Size

The target sample size for the research was 40 participants. The final samples were 40 to meet the minimum requirements for test statistic. Moreover, according to the Central Limit Theorem,if the sample size is sufficiently large, the distribution tends to be almost normal. The general rule of n>=30 applied. A general rule for sufficiently large sample is that n>=30, where n is the sample size.

3.7 Data Collection instruments

Data collection instruments are tools used to collect data from the selected sample size (Kothari, 2014). In this case, a 14-item self-reporting scale (RDAS) was used for collecting data in between the two groups. The RDAS scale has 14 items that are divided into three subscales of consensus, satisfaction, and cohesion. Higher score (6-10) in any of these subscales suggest greater stability, while lower scores (1-5) indicate greater distress in marriage. However, the subscale scores are different with consensus items totaling to 30, while satisfaction items 20, and cohesion 19. Therefore the total score will be 69 for the three subscales. The subscale cut off is 48 and above for marital stability, while below 48 indicate marital instability. The RDAS has a Cronbach's alpha (reliability) of .90. On construct validity it has a high correlation with similar instruments such as the Locke-Wallace Marital Adjustment Test (MAT), noted as 0.68.

3.7.1 Validity of Research instruments

The study used supervisor ratings to confirm that the instrument's content validity was error free, free of ambiguity, and clear. Suggestions from the supervisor were included into the job as needed. The RDAS's strong association with a comparable test, the Locke-Wallace Marital Adjustment Test, lends evidence to its construct validity (MAT). The RDAS and the MAT had a correlation of.68 ($p < .01$). In addition, the RDAS's relationship to the original Dyadic Adjustment Scale (DAS) stood at 0.97 ($p < .01$). The RDAS has been found to successfully differentiate between 81 percent in terms of discriminant validity in both distressed and non-distressed circumstances.

3.7.2 Reliability of Research instruments

The percentage of the time that the research equipment deliver solid and consistent data is known as reliability. The research instruments were retested during the pilot phase to attain a high level of dependability in this investigation. To ensure consistency in responses, the researcher ensured that questions were designed and presented in the simplest way feasible. For the self-reporting RDAS, scale, it has a Cronbach's Alpha score of 0.9, which shows that it is a reliable instrument.

3.8 Pilot Study

A pilot study is usually conducted to measure the reliability of instruments and understand research challenges that can occur during the collection. This also helps one make a decision on the data to collect and analysis method. For this research, the instruments were tested using a selected group of 15 from the target sample. It was essentially to use a test sample with same characteristic with the final target because it enabled the researchers familiarize themselves with the research process and ensure the testing instruments are well calibrated and stated.

3.9 Method of data collection

Data collection is a systematic and structured way that one gathers and measures the designed variables that can be manipulated scientifically to give relevant outcomes. Consequently, these helps the researcher answer the set research objectives, questions, and hypothesis. For this research, the selected data collection tool was a self-reporting 14-item questionnaire called the Dyadic adjustment scale. It is a marriage stability questionnaire that measure the level of distress in one's marital life using three subscales evaluated out of total score and cut-off point. According to Assari, Moghani, & Tavallaii, (2009), the self-reporting questionnaire has been reliable in measuring the quality of marital relationship, recording a Cronbach alpha coefficientof 0.6 - 0.8. For the purpose of this research precisely the set objectives and hypothesis, the questionnaire was added to add a question that inquires if the respondent have a child or not.

3.10 Administration of the Instrument

A preliminary letter was issued from the Department of Psychology at the University of Nairobi and a research license received from the National Commission for Science, Technology, and Innovation (NACOSTI) as requirements to undertake the study. In consideration of the COVID-19 pandemic restrictions and need for confidentiality, the best way the researcher could administer the research instrument was online. Therefore, the RDAS research questionnaires were uploaded on Google forms and authorization was sought from C.E.O at WWW-K who shared the link to the members.

3.11 Data Analysis

The process of analyzing, manipulating, cleansing, and modeling data with the goal of finding usable information, drawing conclusions, and improving decision-making is known as data

analysis. The collected data was analyzed using quantitative data analysis. The questionnaires were checked for completeness and accuracy, to ensure minimum data quality standards are adhered to. Quantitative data was entered and analyzed using Statistical Packages for Social Sciences (SPSS) version 25, and presented using tables. A one way Multiple Analysis of Variance (One-Way- MANOVA) was done to compare the independent and dependent variables. Besides, this method is appropriate because it helps in controlling of intervening variables as explained by Gaddis (1998).

According to Laerd Statistics, a one way MANOVA is used to determine difference between independent groups on more than one dependent variable. The dependent variable must be continuous, which is the case with the three adopted dependent variable constructs that are measured in scale level. This data analysis method has 8 assumptions with the most important ones being that two or more dependent variables measured at interval or ratio level, and the second one being that the independent variable should consist of two or more categorical groups. Using SPSS, the independent variable was coded as 0 (having a child) and 1(not having a child), which means it was categorical data. For the dependent variables, they were entered with the values ranging between 0 and 30, therefore they were categorized as scale data. The analysis first looked at how each dependent variable contribute to the model, then their individual correlation to the independent variable. The results formed the basis of the findings and analysis section. A significance level of 0.05 was adopted to test for significance levels. The analysis looked at the difference in means across the two groups then a discussion was conducted based on this analysis.

3.12 Ethical Consideration

Ethics is an important consideration when setting up a research strategy. These are essential written laws that govern the research process to avoid biasness. Ethics are moral standards and considerations that researcher should follow to achieve consistent, reliable, and consistent results (Mugenda & Mugenda, 2008). Before the research investigation began, permission and consent from the University of Nairobi were requested. Other ethical concerns identified during the research process include confidentiality and anonymity, voluntary involvement, and responder fairness. Respecting the respondents' rights, such as declining their participation, was crucial. All questionnaires were accompanied by an introductory letter explaining the goal of the data collection as well as the National Commission for Science, Technology, and Innovation's Study authorization (NACOSTI). The researcher guaranteed that the information gathered was kept in strict confidence and utilized solely for study reasons.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.0 Introduction

This chapter includes pilot study report, data analysis, findings, and discussion of the findings from the data collected at Waiting Wombs Trust Kenya. The chapter answers the research objectives,questions and ultimately the hypothesis. From the MANOVA analysis, the following assumptions were achieved. First, the independentvariable has two categories (Distress or no distress). Secondly, the dependent variables are continuous.

4.1 Pilot Study Report

A pilot study was conducted to measure the strength and eligibility of the research instruments and check if the target population data meet the set assumptions. The study targeted 15 samples using the self-reporting questionnaire that was created for the final research data collection. From the pilot study, 9 out of 15 targeted samples returned the questionnaire, which is a 60% return by the target respondents. From the analysis, the Box Test of equality or covariance was conducted to ascertain if the MANOVA would work with the analysis. The test hypothesis for this analysis was to try to find out if the covariance of the dependent variables was equal for the two groups. In this case, the p-value was .050, which means we fail to reject the null hypothesis at alpha 0.001 and conclude that the covariance of the dependent variables are equal across two groups, therefore meeting the assumption.

From the nine samples, it was established that two of the three dependent variables were equal

which informed the decision to continue with using the MANOVA as the preferred data analysis for this kind of data. Secondly, the data collection instrument was tested and the returned questionnaires were satisfactory in terms of recording the intended data to answer the research objectives and questions. For the questionnaire reliability test, a test-retest reliability was conducted and the returned questionnaires returned a reliable rate

4.2 Presentation

4.2.0 Descriptive Statistics

This section contains data on sample size, mean and standard deviation. Table 4.2.1, shows the distribution of the respondents' regarding their status as having a child or not.

Table 4.2.1: If Respondent has a child or Not

Between-Subjects Factors

		N
Respondent Has a child	NO	25
	YES	15

According to the table, out of the 40 respondents contacted, 25 had no child, while 15 reported having a child.

Table 4.2.2: Subscale Measure of Central Tendency and Dispersion

Statistics

Subscale_Total

N	Valid	40
	Missing	0
Mean		43.85
Median		44.00
Mode		35[a]
Std. Deviation		11.544
Variance		133.259
Minimum		21
Maximum		63
Sum		1754

a. Multiple modes exist. The smallest value is shown

Table 4.2.2 shows the measure of central tendency and dispersion from the subscale score of the Revised Dyadic adjustment scale. The mean score was 43.85, median 44, with majority scoring 35, while the least score was 21 and the highest score was 63. The percentage of respondents that had a subscale total of 48 or below were 62.5%. The standard deviation was 11.5, which suggest good spread of data. From the analysis, majority of the respondents scored below the scale cut of48 points, which indicate greater prevalence of distress from the study respondents.

Table 4.2.3: Mean and Standard Deviation of different marital stability factors score

Descriptive Statistics

	Respondent Has a child	Mean	Std. Deviation	N
Consensus_score	NO	20.16	3.236	25
	YES	22.73	4.667	15
	Total	21.13	3.982	40
Satisfcation_Score	NO	10.08	3.718	25
	YES	13.53	4.207	15
	Total	11.38	4.210	40
Cohesion_Score	NO	10.00	4.500	25
	YES	13.60	5.889	15
	Total	11.35	5.294	40

Table 4.2.3 shows that the mean and standard deviation for consensus score for respondents who do not have a child are 20.16 and 3.236. The mean and standard deviation of the consensus score off the respondents that have a child are 22.73 and 4.667 respectively. Secondly, the mean and standard deviation of the satisfaction score of respondents who do not have child are 10.08 and 3.718, while for those with a child are 13.53 and 4.207 respectively. Finally, the mean and standard deviation of the cohesion score of respondents who do not have child was 10 and 4.5 respectively, while the affection score mean and standard deviation of respondents with a child were 13.6 and 5.9 respectively. The findings show that people without a child had generally lower mean score on the three marital stability measures as provided in the data collection instrument when compared to those that do not have children on the same score.

Table 4.2.4: Correlation Tabulation between having a child and nature of distress

Relationship Status * Respondent Has a child Crosstabulation

			Respondent Has a child		
			NO	YES	Total
Relationship Status	Distress	Count	20	5	25
		Expected Count	15.6	9.4	25.0
		% within Relationship Status	80.0%	20.0%	100.0%
	Non Distress	Count	5	10	15
		Expected Count	9.4	5.6	15.0
		% within Relationship Status	33.3%	66.7%	100.0%
Total		Count	25	15	40
		Expected Count	25.0	15.0	40.0
		% within Relationship Status	62.5%	37.5%	100.0%

To determine the association between relationship status (Distress or No Distress), a Chi-Square correlation analysis was done. From the analysis, the expected versus the actual results were recorded. First for the distress group, the expected count was 15.6, but the counted was 20. On the other hand, for the non-distress group, the expected count was 9.4, but the count was 5. The recorded results suggest that there is an association between relationship status and having or not having a child. Further, from the correlation table, 80% of the respondent with no child have marital distress, compared to 20% who have children. Likewise, 33% of respondent without a child reported no marital distress.

Table 4.2.5: Chi-Square Test of significance to measure effect

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.711[a]	1	.003		
Continuity Correction[b]	6.834	1	.009		
Likelihood Ratio	8.810	1	.003		
Fisher's Exact Test				.006	.004
N of Valid Cases	40				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.63.

b. Computed only for a 2x2 table

The correlation table informs us there is a relationship between variables, but to measure if the correlation is significant, a Chi-Square test is required. The first step is to make sure that the total counted values has no values less than 5%, which has been achieved in the analysis. Secondly, the Pearson correlation, continuity correlation, and likelihood ratio were calculated and all were found to be significant at ($P<0.05$), which means were accept the null hypothesis that having a child contributes to the level of distress or no distress in an individual's relationship.

Table 4.2.6: Box's Test of Equality of Covariance Matrices

Box's Test of Equality of Covariance Matrices[a]

Box's M	12.879
F	1.942
df1	6
df2	5695.420
Sig.	.070

Tests the null hypothesis that the observed covariance matrices of the dependent variables are equal across groups.

a. Design: Intercept + RelationshipStatus

Table 4.2.6 was used to measure if the most important assumption of covariance matrices of the dependent variables are equal across the independent variables groups. The hypothesis of these test is measured using alpha is 0.001. This test sets the precedent for the MANOVA test with a non-significant result informing the decision whether to terminate or continue with the analysis. In this case, the p-value was .070, which means we fail to reject the null hypothesis at alpha 0.001 and conclude that the covariance of the dependent variables are equal across the two groups, therefore meeting the assumption.

Table 4.2.7: One-way MANOVA Multivariate Tests

Multivariate Tests[a]

Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[c]
Intercept	Pillai's Trace	.988	1002.527[b]	3.000	36.000	.000	.988	3007.581	1.000
	Wilks' Lambda	.012	1002.527[b]	3.000	36.000	.000	.988	3007.581	1.000
	Hotelling's Trace	83.544	1002.527[b]	3.000	36.000	.000	.988	3007.581	1.000
	Roy's Largest Root	83.544	1002.527[b]	3.000	36.000	.000	.988	3007.581	1.000
RelationshipStatus	Pillai's Trace	.704	28.605[b]	3.000	36.000	.000	.704	85.815	1.000
	Wilks' Lambda	.296	28.605[b]	3.000	36.000	.000	.704	85.815	1.000
	Hotelling's Trace	2.384	28.605[b]	3.000	36.000	.000	.704	85.815	1.000
	Roy's Largest Root	2.384	28.605[b]	3.000	36.000	.000	.704	85.815	1.000

a. Design: Intercept + RelationshipStatus

b. Exact statistic

c. Computed using alpha = .05

The reported results suggest that there was a statistically significant difference in marital stability based on a person's relationship status, F (3, 36) = 28.60, p < .0005; Wilk's Λ = 0.296, partial η^2 = .70. Using the second effect column, and precisely the Wilks' Lambda and looking at the "Sig. "value, p<.0005 for the three dependent variables and we can therefore conclude that the one-way MANOVA is statistically significant. This means that the respondent's marriage stability (consensus, satisfaction, and cohesion) is significantly dependent on the nature of their relationship (Distress or no distress). Therefore, we reject the set null hypothesis that there is no relationship between childlessness and marital stability among members of Waiting Wombs Trust Kenya.

Table 4.2.8: One-way MANOVA Levene's Test of Equality of Error variance

Levene's Test of Equality of Error Variances[a]

	F	df1	df2	Sig.
Consensus_score	.890	1	38	.351
Satisfcation_Score	1.444	1	38	.237
Cohesion_Score	5.447	1	38	.025

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

a. Design: Intercept + RelationshipStatus

After rejecting the null hypothesis based on a combined dependent variables, the next step is to look at the Levene's test, which gives the individual ANOVA test of the dependent variables. For the Levene's test of equality, the researcher is trying to prove that the variances of each of the dependent groups are not equal. In case the test turns out significant, the researcher has violated the assumption and the data should be observed in a different way. For this research, the assumption is met for two dependent variables, with one failing (Consensus Score P>.05, Cohesion Score P>.05, and Satisfaction P<.05). Since two out of three variables have passed the threshold, the research will go forward and look at the Univariate ANOVAs results in the One-way MANOVA test of between subjects table.

Table 4.2.9: One-way MANOVA Test of Between Subjects

Tests of Between-Subjects Effects

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[d]
Corrected Model	Consensus_score	301.042[a]	1	301.042	36.049	.000	.487	36.049	1.000
	Satisfcation_Score	363.482[b]	1	363.482	42.124	.000	.526	42.124	1.000
	Cohesion_Score	518.940[c]	1	518.940	34.345	.000	.475	34.345	1.000
Intercept	Consensus_score	17876.042	1	17876.042	2140.618	.000	.983	2140.618	1.000
	Satisfcation_Score	5538.882	1	5538.882	641.908	.000	.944	641.908	1.000
	Cohesion_Score	5654.940	1	5654.940	374.265	.000	.908	374.265	1.000
RelationshipStatus	Consensus_score	301.042	1	301.042	36.049	.000	.487	36.049	1.000
	Satisfcation_Score	363.482	1	363.482	42.124	.000	.526	42.124	1.000
	Cohesion_Score	518.940	1	518.940	34.345	.000	.475	34.345	1.000
Error	Consensus_score	317.333	38	8.351					
	Satisfcation_Score	327.893	38	8.629					
	Cohesion_Score	574.160	38	15.109					
Total	Consensus_score	18469.000	40						
	Satisfcation_Score	5867.000	40						
	Cohesion_Score	6246.000	40						
Corrected Total	Consensus_score	618.375	39						
	Satisfcation_Score	691.375	39						
	Cohesion_Score	1093.100	39						

a. R Squared = .487 (Adjusted R Squared = .473)

b. R Squared = .526 (Adjusted R Squared = .513)

c. R Squared = .475 (Adjusted R Squared = .461)

d. Computed using alpha = .05

Table 4.2.9 was used to measure the individual ANOVAs of the three dependent variables. The reported results suggest that there was at least one statistically significant difference between thethree sub-scales, for Consensus F (1, 38) = 36.05, $p < .001$; partial $\eta^2 = .487$. Secondly, for Satisfaction F (1, 38) = 42.12, $p < .001$; partial $\eta^2 = .526$. Thirdly, for cohesion F (1, 38) = 34.34, $p < .001$; partial $\eta^2 = .475$. These findings answer the research question that there are differences in marital satisfaction, consensus, and cohesion in relation to childlessness.

4.3 Discussion

The findings from these analysis support the theory that there is a relationship between childlessness and marital stability. Marital stability in relation to childlessness can be understood in many ways, with this study narrowing the challenge into marital consensus, satisfaction, and cohesion. This study in particular analyzed childlessness from a perspective where the couple are involuntarily childless.That is they have not had children before or they are experiencing secondary infertility. All these three factors as reported in the self-reporting RDAS scale questionnaire have a direct impact on psychological stability for anyone in marriage or in the child bearing age.

To begin with cohesion is defined as a state in which a couple engages in lifetime activities and discussions about life together. It could be exchanging ideas on businesses, working on a combined effort project, taking nature walks and visiting places. From the analysis, for both couples with and without a child there was no much difference on the average score with both scoring 13 and 10 respectively out of the possible 19. Further looking at the Lavene test findings the cohesion scorewas Cohesion Score $P<.05$, which means that when calculated individually, cohesion did not significantly contribute to marital distress on its own. However, the findings still show a struggleby the couples to share their emotion and thoughts freely with each other. This probably is attributed to the psychosocial stressors that such couples face from the community.

The findings from this analysis are consistent with Anokye et al., (2017), that found out that 56% of respondents reported feeling socially excluded from the community because of their infertility state. Moreover, the findings are in agreement with previous research by Espinol, (2021), that concluded practically, the African community puts honor and value on childbearing considering

children take up parents' names and propagate generations. For an infertile person, normal interactions will not go without the mention of children which is mentally torturing to them. Consequently, without the right psychological position and ability to manage stressors, one is vulnerable to such community challenges.

Secondly, marriage satisfaction as defined in the RDAS scale is defined by how people view stability and conflict management in their relationship. That is how often they quarrel, have they considered separation, if they regret marrying each or get into each other's nerve. For those with children and without the mean scorewas 10 and 13 respectively out of the possible 20 score. This findings are consistent with previous literature (Peterson, Newton, Rosen, 2003; Sanford, 2015), that concluded that children are integral for marital satisfaction. Finally, regarding consensus, the RDAS defines it on how couples deal with decision making, values and affection, which includes everyday activities such as religious matters, demonstrating affection, making decisions, sex relations, conventionality, and career decisions. From the analysis the findings are consistent with previous studies on marital disputes and challenges, Sousa & Lyubomirsky, 2001; Tabong & Adongo, 2013), that reported poor marital consensus attributed to infertility.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5. 1 Summary

The study incorporated 40 respondents from Waiting Wombs Trust Kenya, who provided 100% response. Out of the 40 respondents, 25 of them were childless with varying reasons provided for their current circumstances. The remaining 15 had children, whom they got either after visiting the center or prior. Generally, all the respondents had a background of childlessness struggles with some totally unfortunate to have none, while others have only one and are in the process of trying to get another one. Since data was collected using a self-reporting questionnaire- Revised Dyadic Adjustment Scale (RDAS), basic demographic data and information regarding the respondents was not collected. Therefore, the collected data answered the research objectives and questions directly.

5.2 Conclusion

From the 40 respondents, a majority of the them (62.5%) reported distress in their marriage, that means their aggregated score for consensus , satisfaction, and cohesion as per the RDAS was 47 or below. These results, also suggested that they were experiencing marriage instability. Notably, majority of them that reported distress, did not have children (80%). On the same, the mean score for those who did not have children for the three marriage stability factors that is consensus, satisfaction, and cohesion was low as compared to those that had children. For consensus, the mean score for those with children was 22.73, compared to 20.16 for those without children. Analyzing the factors that make consensus according to the RDAS questionnaire, it means those without children occasionally , frequently disagreed or always disagree on matters religion, demonstrating affection, making major life decisions, sex relations,

conventional behavior, and career decisions. From this observation, it is evident that lack of a child in a marriage is significant contributor of marital difference.

Regarding satisfaction, the mean score was 13.53, compared to 10.08 for those without children. From the RDAS self-reporting questionnaire, we can conclude that majority of the respondents have discussed divorce or separation more often than not. They have also quarreled, regretted living with their partner and got into each other's nerve most of the time or more often during their relationship. Likewise, for the cohesion aspect, the respondents rarely engage in outside interest together, have stimulating exchange of ideas, work on projects together or discuss something together. All these findings answer the overall research objective and question on whether there is a relationship between marital distress and lack of it with marital satisfaction, cohesion, and consensus respectively. Contextually, from the calculated MANOVA and Chi-square, the calculated results were significant which answers the research objective that having a child or lack of one has an effect on marriage stability. The couple are likely to suffer from two or more of poor marital cohesion, satisfaction, and consensus. Finally, while the review can provide an overview of the marital relationship in infertility, future research should focus on the perspectives of both infertile partners, across a variety of infertility types, using larger sample numbers and longitudinal study designs. Furthermore, qualitative research should be given more consideration.

5.3 Recommendations

Childlessness is an emotive issue in the African culture, Kenya in particular, it remains one of the most unexplored stereotype in the society. This study achieved the target objectives, however, much can be done to improve the accuracy and scope of the findings. First, even

though the sample size of 40 respondents was significant according to the Central Limit theorem, the sample size can be improved to capture a wider population. In this case, using respondents from a single organization could have contributed to biasness because they have a certain way of understanding and decoding the problem. Expanding the sample to include respondents outside the organization can give a true picture of the problem in the society. Another weakness future researches can incorporate is using a broader data collection instrument that captures more demographic questions such as gender, income range, ethnicity, age, and religious background. These factors could have given more information on the responses providing a diverse insight into the problem. Moreover, future researchers can factor in the relationship between social media and society pressure with the issue, which might have been overlooked by the self-reporting questionnaire. Finally, conducting a follow up qualitative research to have a more insight on the issue is gap that future researchers can explore to make better conclusions on the topic.

In a wider community policy improvement perspective, infertility should be given more attention especially in medical reforms. Some of the ways to better the understanding and handling of infertility include improved counselling, treatment education, and addressing the consequences associated with child-bearing. As a community, there is adverse stereotyping and myths surrounding child bearing that has seen gender-based marginalization because of inadequate education and holding on to traditional believes and understanding of child bearing. In general, the Kenya community holds the belief that most women are infertile than men, whichholds no scientific backing and proof on the same. Better policies on marital testing of fertility and fertility deficiencies should be incorporated in pre-marital counselling to make the idea more explicit and understood by couples as they enter into marriage union. From this perspective, the

study concludes that there are a variety of factors and reasons that predispose both genders into infertility, and infertility is not a single gender challenge anymore.

For Waiting Wombs Trust Foundation and other social organizations that are helping out with childlessness, the following suggestions and recommendations are made;

- The institution should carry out regular and independent surveys on its clients and their reception of the provided interventions to measure their marriage stability and emerging challenges.

- There is need to create a community awareness on the childlessness struggles that people are facing in Kenya. This will help to distinguish medical from natural causes of the problem.

- The organizations could create better understanding of the problem by producing and distributing social media content on childlessness in collaboration with other social groups such as churches and media.

- Like-minded organizations such as WWTK should advocate for childlessness to be considered as a significant mental health issue in Kenya.

REFERENCES

Afshani, S. A., Mohammadi, S., Khani, P., & Khosravi, A. (2020). Role of resilience training on compromising of infertile couples' applicant for divorce: A cross-sectional study. International journal of reproductive biomedicine, 18(3), 193–208. https://doi.org/10.18502/ijrm.v18i3.6717

Ajzen, I. (1991). The theory of planned behavior. Organizational behavior and human decision processes, 50(2), 179-211.

Alizadeh M, Miri M, Moasheri B N, Ataee M, & Moodi M. (2016) The Effects of a Relationship Enrichment Educational Program Based on the Theory of Planned Behavior on Infertile Couples. Mod Care J.; 13(2):e10531. doi: 10.17795/modernc.10531.

Alloy, L. & Clements, C. (2012). Illusion of control: invulnerability to negative affect and depressive symptoms after laboratory and natural stressors. Journal of Abnormal Psychology, 101(2), 234-245

Anokye, R., Acheampong, E., Mprah, W. K., Ope, J. O., & Barivure, T. N. (2017). Psychosocial effects of infertility among couples attending St. Michael's Hospital, Jachie-Pramso in the Ashanti Region of Ghana. BMC research notes, 10(1), 690. https://doi.org/10.1186/s13104-017-3008-8

APA. (2020). APA dictionary of psychology: Conflict. https://dictionary.apa.org/conflict

Armitage CJ, & Arden MA. (2002) Exploring discontinuity patterns in the trans theoretical model: An application of the theory of planned behaviour. Br J Health Psychol; 7 (Pt 1)

Askarishahi, et al. (2019). Determinants of Intention to Divorce Petition Based on the Theory Planned Behavior. Health Scope. In Press. 10.5812/jhealthscope.86018.

Assari, S., Moghani Lankarani, M., & Tavallaii, S. A. (2009). Revised dyadic adjustment scale

as a reliable tool for assessment of quality of marital relationship in patients on long-term hemodialysis. Iranian journal of kidney diseases, 3(4), 242–245.

Bali, A., Dhingra, R., & Baru, A. (2010). Marital Adjustment of Childless Couples. Research Gate: Journal of Social Sciences. Retrieved 27 May 2022, from https://www.researchgate.net/publication/228507235_Marital_Adjustment_of_Childless_Couples.

BC Campus. (2015, October 13). Correlational research – Research methods in psychology – 2nd Canadian edition. BCcampus Open Publishing – Open Textbooks Adapted and Created by BC Faculty. https://opentextbc.ca/researchmethods/chapter/correlational-research/

Benksim, A., Elkhoudri, N., Addi, R. A., Baali, A., & Cherkaoui, M. (2018). Difference between Primary and Secondary Infertility in Morocco: Frequencies and Associated Factors. International journal of fertility & sterility, 12(2), 142–146. https://doi.org/10.22074/ijfs.2018.5188

Billingsley, S., Lim, M. G., Caron, J., & Harris, A. (2005).Historical Overview of Criteria for Marital and Family Success. Family Therapy: The Journal of the California Graduate School of Family Psychology, 32(1), 48- 52.doi:10.1156/kmaj.2005.04.009

Bos, H.M.W. et al. (2019). Fertility Problems and Fertility Care in Sub-Saharan Africa: The Case of Kenya. In: Taubman – Ben-Ari, O. (Eds) Pathways and Barriers to Parenthood. Springer, Cham. https://doi.org/10.1007/978-3-030-24864-2_4

Burns, L.H. & Covington, S. (2006) Infertility Counselling, A Comprehensive Handbook for Clinicians Second Edition.

Callan, V. J. (1987). The Personal and Marital Adjustment of Mothers and of Voluntarily and Involuntarily Childless Wives. Journal of Marriage and Family, 49(4), 847–856. https://doi.org/10.2307/351978

Cooper S. (n.d) Sex, relationships and infertility: fact sheet 14. Resolve, Mclean; Retrieved from http://familybuilding.resolve.org/site/DocServer/14_Sex_Marriage_and_Infertility.pdf?docID=5704 Accessed 12 December 2021

Cravens, Jaclyn D.; Whiting, Jason B. PhD; and Aamar, Rola O. (2015), "Why I Stayed/Left: An Analysis of Voices of Intimate Partner Violence on Social Media". All Faculty Publications. 2129. https://scholarsarchive.byu.edu/facpub/2129

Dhar, R. L. (2013). Lived Experiences of Childless Couples: A Phenomenological Study From the Indian Rural Context. Marriage & Family Review; New York Vol. 49, Iss. 4, 265.

Dietrich, C. (2010). "Decision Making: Factors that Influence Decision Making, Heuristics Used, and Decision Outcomes." Inquiries Journal/Student Pulse, 2(02). Retrieved from http://www.inquiriesjournal.com/a?id=180

Espinol, S. (2021). Psychological Distress, Marital Dissatisfaction, and Grief among Involuntary Childless Couples [Ebook] (pp. 35-73). University of Batangas, Philippines. Retrieved 13 June 2022, from https://www.dpublication.com/wp-content/uploads/2021/05/31-60040.pdf.

Fledderjohann JJ. (2012) Zero is not good for me: implications of infertility in Ghana. Human Reprod. ; 27(5):1383-90.

Fledderjohann, J. (2017). Difficulties conceiving and relationship stability in sub-Saharan Africa: The case of Ghana. European Journal of Population, 33(1), 129-152. doi:https://doi.org/10.1007/s10680-016-9401-5

Gaddis, M. L. (1998). Statistical methodology: IV. Analysivariables of variance, analysis of Co variance, and multivariate analysis of variance. Academic Emergency Medicine, 5(3), 258-265. https://doi.org/10.1111/j.1553-2712.1998.tb02624.x

Gouni, O., Jarašiūnaitė-Fedosejeva, G., Kömürcü Akik, B., Holopainen, A., & Calleja-Agius, J. (2022). Childlessness: Concept Analysis. International Journal of Environmental Research and Public Health, 19(3), 1464. https://doi.org/10.3390/ijerph19031464

Gooch, G., & Williams, M. (2015). Marriage. Oxford Reference. Retrieved 13 May 2022, from https://www.oxfordreference.com/view/10.1093/acref/9780191758256.001.0001/acref-9780191758256-e-3578?rskey=nP4L66&result=2.

Güneri, S.E., Kavlak, O., & Göker, E.N. (2019). Hope and Hopelessness in Infertile Women: Phenomenological.

Guttmann, J. & Lazar, A. (2004). Criteria for marital satisfaction: Does having a child make a difference? Journal of Reproductive and Infant Psychology Vol. 22, Iss. 3, (Aug 2004): 147-156.

Hansen, T., Slagsvold, B., & Moum, T. (2009). Childlessness and psychological well-being in midlife and old age: An examination of parental status effects across a range of outcomes. Social Indicators Research, 94(2), 343-362. doi:https://doi.org/10.1007/s11205-008-9426-1

Hasanpoor-Azghdy, S. B., Simbar, M., & Vedadhir, A. (2014). The emotional-psychological consequences of infertility among infertile women seeking treatment: Results of a qualitative study. Iranian journal of reproductive medicine, 12(2), 131–138.

Karney Benjamin R., & Bradbury Thomas N. (2020). Research on Marital Satisfaction and

Stability in the 2010s: Challenging Conventional Wisdom. Journal of Marriage and Family, 82(1), 100-116. https://doi.org/10.1111/jomf.12635

Khalatbari Javad, Ghorbanshiroud Shohreh, Azari Kiomars Niaz, Bazleh Nikta, & Safaryazdi Niayesh. (2013). The Relationship between Marital Satisfaction (Based on Religious Criteria) and Emotional Stability. Procedia - Social and Behavioral Sciences, 84, 869-873. https://doi.org/ 10.1016/j.sbspro.2013.06.664

Khan H. & Majid H. (2015, November). Comparison of Parents and Childless Couples Life Satisfaction, Social Support, and Personality Traits among Married Couples with and Without Children. University of Sargodha Women Campus, Faisalabad.

Koenig MA, Stephenson R, Ahmed S. (2006) Individual and contextual determinants of domestic violence in North India. Am J Pub Health. ; 96(1):132-8.

Kothari, C.R. (2014). Research Methodology: Methods and Techniques (2nd Ed.). New International (p) Ltd, New Delhi, India

Laerd Statistics. (n.d.). One-way MANOVA in SPSS statistics. SPSS Statistics Tutorials and Statistical Guides | Laerd Statistics. https://statistics.laerd.com/spss-tutorials/one-way-manova-using-spss-statistics.php

Lei, A., You, H., Luo, B., & Ren, J. (2021). The associations between infertility-related stress, family adaptability and family cohesion in infertile couples. Scientific Reports, 11(1). https://doi.org/10.1038/s41598-021-03715-9

Mahboob I, & Rashidi E. (2001).The investigating social aspects and consequences of infertility, Case study of Shiraz. Population Journal; 43-44: 53-64.

Maier, S. F., & Seligman, M. E. (2016). Learned helplessness at fifty: Insights from

neuroscience. Psychological review, 123(4), 349–367. https://doi.org/10.1037/rev0000033

Malik, S. (2021). Emotional Competence and Marital Adjustment among Childless Women. International Journal of Behavioral Sciences, 15(1), 73-78. https://doi.org/10.30491/IJBS.2021.250640.1382

Maroufizadeh, S., Omani-Samani, R., Hosseini, M. et al. (2020). The Persian version of the revised dyadic adjustment scale (RDAS): a validation study in infertile patients. BMC Psychol 8, 6. https://doi.org/10.1186/s40359-020-0375-z

Maximova, K., & Quesnel-Vallée, A. (2009). Mental health consequences of unintended childlessness and unplanned births: gender differences and life course dynamics. Social science & medicine (1982), 68(5), 850–857. https://doi.org/10.1016/j.socscimed.2008.11.012

McEvoy (2012) `Battering Rape and Lethal Violence:' A baseline of information on physical threats against women in Nairobi. Small Arms Survey, Geneva

Merriam-Webster's collegiate dictionary (2003). Springfield, MA: Merriam-Webster Incorporated.

Motahari Z, Behzadpoor S. Sohrabi, F. (2014) Explaining the Level of Marital Conflict Based on Excitement and Resilience in Couples J Woman Family Stud; 20: 105-122.

Mugenda, O.M. & Mugenda, A.G. (2008). Research Methods: Quantitative and Qualitative Approaches. Nairobi. ACTS Press Kenya.

Nilforooshan P, Sa Ahmadi, Abedi, Sm Ahmadi. (2006). Attitude towards infertility and its relation to depression and anxiety in infertile couples. Medical Journal of Reproduction and Infertility; 6: 546-553.

Odek, A., Masinde, J., & Egesah, O. (2016). The Predisposing Factors, Consequences and Coping Strategies Of infertility In Males and Females in Kisumu District, Kenya [Ebook]. Research Gate GmbH. Retrieved 10 June 2022, from https://www.researchgate.net/publication/313871073_Social_Construction_Of_The_Meaning_Of_Infertility_In_Kenya_A_Case_Of_Kisumu_County.

Ojukwu, M. O., Woko, S. I. &Onuoha, R. C. (2016).Impact of Educational Attainment on Marital Stability among Married Persons in Imo State, Nigeria. International Journal of Education and Literacy Studies, 4(3), 88-96. doi:10.7575/aiac.ijels.v.4n.3p.88

Oyserman, D. (2015). Values, Psychological Perspectives. International Encyclopedia of the Social & Behavioral Sciences (Second Edition), 36-40. doi: http://dx.doi.org/10.1016/B978-0-08-097086-8.24030-0

Peterson BD, Newton CR, & Rosen KH. (2003)Examining congruence between partners' perceived infertility-related stress and its relationship to marital adjustment and depression in infertile couples. Fam Process. ; 42(1):59-70.

Practice Committee of the American Society for Reproductive Medicine. (2013). Definitions of infertility and recurrent pregnancy loss: a committee opinion. Fertility and sterility, 99(1), 63.

Repokari L., Punamäki R.-L, Unkila-Kallio L., Vilska S, Poikkeus P, J. Sinkkonen, F. Almqvist, A. Tiitinen, M. Tulppala. (2007), Infertility treatment and marital relationships: a 1-year prospective study among successfully treated ART couples and their controls, Human Reproduction, Volume 22, Issue 5, 1 May 2007, Pages 1481–1491,

https://doi.org/10.1093/humrep/dem013

Rhoden J. Lyn. (2003). Marital Cohesion, Flexibility, and Communication in the Marriages of Nontraditional and Traditional Women. The Family Journal: Counseling and Therapy for Couples and Families, 11(3), 248-256. DOI: 10.1177/1066480703251988

Riese, Sara. (2021). Levels and Trends of Infertility and Childlessness. DHS Comparative Reports No. 50. Rockville, Maryland, USA: ICF.

Roupa Z et al. (2009)Causes of infertility in women at reproductive age. Health Sci J.; 3(2):80-7.

Sanford, K. (2015).The validity of retrospectively reported conflict interactions in couples Information. Journal of Family Psychology, 29(2), 253-262 Retrieved fromhttps://psycnet.apa.org/buy/2015-06979-001

Saxena, S., & Shah, H. (2008). Effect of Organizational Culture on Creating Learned Helplessness Attributions in R&D Professionals: A Canonical Correlation Analysis. VIKALPA, 33(2), 25-45. Retrieved 13 June 2022, from https://journals.sagepub.com/doi/pdf/10.1177/0256090920080203.

Shukert R. (2010, March). My Happy, Childless Marriage. Retrieved from http:// www .the daily beast.com/articles/2010/03/18/the-childless-marriage-myth.html

Sousa, L., & Lyubomirsky, S. (2001). Life satisfaction. In J. Worell (Ed.), Encyclopedia of women and gender: Sex similarities and differences and the impact of society on gender (Vol. 2, pp. 667-676). . San Diego, CA: Academic Press.

Sun, H., Gong, T. T., Jiang, Y. T., Zhang, S., Zhao, Y. H., & Wu, Q. J. (2019). Global, regional, and national prevalence and disability-adjusted life-years for infertility in 195 countries and territories, 1990-2017: results from a global burden of disease study, 2017. Aging, 11(23), 10952–10991. https://doi.org/10.18632/aging.102497

Tabong, P.TN, Adongo, P.B. (2013). Infertility and childlessness: a qualitative study of the experiences of infertile couples in Northern Ghana. BMC Pregnancy Childbirth 13, 72. https://doi.org/10.1186/1471-2393-13-72

Tao, P., Coates, R., & Maycock, B. (2012). Investigating marital relationship in infertility: a systematic review of quantitative studies. Journal of reproduction & infertility, 13(2), 71–80.

UCLA Health. (2020). what is Infertility: Infertility Causes, Treatment, and Infertility Doctors - UCLA. Uclahealth.org. Retrieved 10 June 2022, from https://www.uclahealth.org/obgyn/infertility.

Vander Borght, M., & Wyns, C. (2018). Fertility and infertility: Definition and epidemiology. Clinical biochemistry, 62, 2–10. https://doi.org/10.1016/j.clinbiochem.2018.03.012 Walker, L. E. (2012). Battered women and learned helplessness. Victimology, 2(3-sup4), 525-534.

WHO. (2014). Infertility definitions and terminology. Available at http://www.who.int/reproductivehealth/topics/infertility/definitions/en/

WHO. (1991). Infertility: a tabulation of available data on prevalenceof primary and secondary infertility (No. WHO/MCH/91.9. Unpublished). World Health Organization.

World Health Organization. (2022). Infertility. Who.int. Retrieved 10 June 2022, from https://www.who.int/health-topics/infertility#tab=tab_1.

Yao, H., Chan, C., & Chan, C. (2018). Childbearing importance: A qualitative study of women with infertility in China. Research in nursing & health, 41(1), 69–77. https://doi.org/10.1002/nur.21846.

Zegers-Hochschild F, Nygren KG, Adamson GD. (2006) The international committee monitoring assisted reproductive technologies (ICMART) glossary on ART terminology.

Fertil Steril. 2006; 86(1):16-9.

APPENDICES

APPENDIX I: INFORMED CONSENT

Dear Respondent

RE: VOLUNTARY PARTICIPATION IN DATA COLLECTION

I am a master's student at University of Nairobi undertaking a research project on **"The relationship between Involuntary Childlessness and Marital Stability.''** You have been selected for this study to fill the questionnaire. Kindly respond to the questions in the attached questionnaire. The information provided will exclusively and solely be used for academic purposes and will be treated with the confidentiality it deserves.

Your cooperation will be highly appreciated.

Yours Faithfully,

Margret Muthini

Appendix II: RESEARCH INSTRUMENT

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

1. Religious matters

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

2. Demonstrations of affection

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

3. Making Major Decisions

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

4. Sex Relations

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

5. Conventionality (Correct or Proper behavior)

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

6. Career decisions

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

7. How often do you discuss or have you considered divorce, separation, or terminatingyour relationship?

- Always Agree
- Almost Always Agree

- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

8. How often do you and your partner quarrel?

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

9. Do you ever regret that you married (or lived together)?

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

10. How often do you and your mate “get on each other’s nerves’’?

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

11. Do you and your mate engage in outside interests together?

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

How often would you say the following events occur between you and your mate?

12. Have a stimulating exchange of ideas

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

13. Work together on a project

- Always Agree
- Almost Always Agree
- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

14. Calmly discuss something

- Always Agree
- Almost Always Agree

- Occasionally Agree
- Frequently Disagree
- Almost Always Disagree
- Always Disagree

15. Do you have a child (ren)?

- Yes
- No

Appendix III: Revised Dyadic Adjustment scale for measuring marriage stability

REVISED DYADIC ADJUSTMENT SCALE

Description:

The Revised Dyadic Adjustment Scale (RDAS) is a self report questionnaire that assesses seven dimensions of couple relationships within three overarching categories including ***Consensus*** in *decision making*, *values* and *affection*, ***Satisfaction*** in the relationship with respect to *stability* and *conflict* regulation, and ***Cohesion*** as seen through *activities* and *discussion*. "[With] time constraints on therapists in clinical practice . . . the RDAS . . . allow[s] for a reliable and economical measurement of marital and relationship quality" (Crane, Middleton, & Bean, 2000, p. 54). The RDAS includes only 14 items, each of which asks the respondents to rate certain aspects of her/his relationship on a 5 or 6 point scale. Scores on the RDAS range from 0 to 69 with higher scores indicating greater relationship satisfaction and lower scores indicating greater relationship distress. The cut-off score for the RDAS is 48 such that scores of 48 and above indicate non-distress and scores of 47 and below indicate marital/relationship distress.

Reliability:

The RDAS has been found to have a Cronbach's alpha (reliability) of .90.

Validity:

Construct validity for the RDAS is supported by its high correlation with a similar measure, the Locke-Wallace Marital Adjustment Test (MAT). The correlation between the RDAS and the MAT was .68 ($p < .01$). In addition, the correlation between the RDAS and the original Dyadic Adjustment Scale (DAS) was .97 ($p < .01$).

In terms of discriminant validity, the RDAS has been found to successfully differentiate between 81% of distressed and non-distressed cases.

Evaluation:

The RDAS is a straightforward assessment that can be completed easily and in a short amount of time. It can successfully differentiate between distressed and non-distressed relationships and it gives specific measures of three relationship constructs and seven related relationship areas. As such, the RDAS gives a quick snapshot of multiple dynamics within a given relationship as well as an overall assessment of the stability of the relationship.

Scoring for the RDAS is a simple process of calculating a sum of the scores for the 14 items. This gives an overall score which can be interpreted using the above noted cut-off score. The subscale scores can be interpreted using the table below:

	Scores Range from:	
Consensus	0 to 30	Higher scores on any of these subscales indicate greater stability and satisfaction in the relationship. Lower scores indicate greater distress.
Decision Making: Items 3 and 6.	0 to 10	
Values: Items 1 and 5	0 to 10	
Affection: Items 2 and 4	0 to 10	
Satisfaction	0 to 20	
Stability: Items 7 and 9	0 to 10	
Conflict: Items 8 and 10	0 to 10	
Cohesion	0 to 19	
Activities: Items 11 and 13	0 to 9	
Discussion: Items 12 and 14	0 to 10	

References:

Busby, D. M., Christensen, C., Crane, D. R., & Larson, J. H. (1995). A revision of the dyadic adjustment scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. *Journal of Marital and Family Therapy, 21*(3), 289-308.

Crane, D. R., Middleton, K. C., & Bean, R. A. (2000). Establishing criterion scores for the Kansas Marital Satisfaction Scale and the Revised Dyadic Adjustment Scale. *American Journal of Family Therapy, 28*(1), 53-60.

Appendix IV: UON INTRODUCTORY LETTER

UNIVERSITY OF NAIROBI
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
FACULTY OF ARTS
DEPARTMENT OF PSYCHOLOGY

Telegrams: Varsity Nairobi
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NAIROBI
KENYA

28/9/2021

The Chief Executive Officer
National Council for Science Technology and Innovation.
P.O. Box 30623-00100
Nairobi – Kenya

REF: MARGARET MUTINDI MUTHINI -C50/27324/2019

The above named is a student in the Department of Psychology, undertaking a Masters Degree in Counseling Psychology at the University of Nairobi. She is doing a project on **"The Impact of childlessness on marital stability in couples seeking psychological help at waiting wombs trust- Kenya"**. The requirement of this course is that the student must conduct research project in the field and write a project.

In order to fulfill this requirement, I am introducing to you the above named student to kindly grant her permission to collect data for her Master's Degree Project.

Sincerely,

DEPARTMENT OF PSYCHOLOGY
Date 28/9/2021
UNIVERSITY OF NAIROBI

Dr . Charles O. Kimamo
Chairman,
Department of Psychology

Appendix V: NACOSTI PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 458815

Date of Issue: 04/November/2021

RESEARCH LICENSE

This is to Certify that Ms. Margret Mutiadi Muthini of University of Nairobi, has been licensed to conduct research in Nairobi on the topic: THE IMPACT OF CHILDLESSNESS ON MARITAL STABILITY IN COUPLES SEEKING PSYCHOLOGICAL HELP AT WAITING WOMBS TRUST-KENYA for the period ending : 04/November/2022.

License No: NACOSTI/P/21/13863

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