

The Happiness of Involuntarily Childless Women: A Qualitative Study

Arbita Wafdatul Ilmia*, Latipun

Master of Psychology Professional, University of Muhammadiyah Malang, Malang, Indonesia

Abstract Understandably, a woman achieves the highest in life when having a child from her womb; yet, such opportunity sometimes does not come to all women. Besides affecting mental health, news related to infertility can also influence the happiness of a spouse. However, the quality of the relationship to this spouse is found in a quiet, sound condition. Such quality has been proved to be more harmonious compared to a normal spouse with a child. This study was aimed at exploring how involuntarily childless women can find happiness regarding their current conditions. The descriptive qualitative study with Interpretative Phenomenological Analysis (IPA) employment in analyzing the data. Three involuntarily childless women were involved as the participants of the study lasted in two years. The interviewing technique was employed during data collection. This study revealed that participants were able to find the positive side of their conditions. They were able to develop skills better, build closer harmony with partner, and have the opportunity to get to know better the strengths of partner before having offspring.

Keywords Involuntarily Childless Women, Happiness, Mental Health

1. Introduction

The World Health Organization (WHO) has characterized infertility as a disease of the reproductive system in which a woman is clinically not pregnant after 12 months or more with regular sex without the use of a condom (Zegers-Hochschild et al., 2009). Infertility is believed to be one of the causes of stress either to individuals or spouses. Cousineau & Domar (2007) confirmed that one of the most difficult emotional consequences of infertility should be a loss of control over someone's life, such as irritability and lack of confidence. This makes infertility a major problem and, at the same time, excludes other important aspects of life.

In 2002, WHO released an astounding finding where 80 million people worldwide experienced infertility with varying degrees of infertility throughout the world, ranging from less than 5% to more than 30% (Organization, 2002). However, it has been estimated that about one out of ten spouses experiences a primary or secondary infertility problem. Even worse, the problem of infertility is mostly experienced by spouses living in developing countries in which no adequate infertility countermeasure service is

provided, mainly due to infectious diseases that damage the reproductive tract. Infertility has been undoubtedly considered one of the unique global problems. Indonesia has a total population of approximately 175,000,000 people with a number of fertile people of 29,976,000 people. It means, more than half of them suffer from infertility, with 15% at the age of 30-34 years, 30% at the age of 35-39 years, and 55% at the age of 40-44 years. Indonesian Hospital Association (PERSI) conducted an investigation and revealed that 36% of Indonesian men suffer from infertility and 64% of Indonesian women also have the same problem (PERSI, 2015).

For spouses, being diagnosed as infertile can be a form of disaster. Infertility can create adverse social and psychological impacts on sufferers, ranging from anger, disappointment, discouragement, exclusion, divorce, unhappy feelings to social stigma leading to isolation and mental stress. Infertility experienced by individuals and spouses means a stressful and heartbreaking situation. Individuals who suffered from infertility experience quite a difficult life, particularly in terms of emotional control. Quite different from involuntarily childless women with adopted children, these women experience more rational change resulting in the ability to face problems in their life changes (Galhardo, Cunha, & Pinto-Gouveia, 2011).

On the other hand, every human being expects a child, and this is no different for married spouses who have been married for years. In Islam, children are symbolized as a form of the arrival of fortune. In this case, children more or less may affect the well-being of the household. Children are

* Corresponding author:

arbitawafdatulilmia@gmail.com (Arbita Wafdatul Ilmia)

Published online at <http://journal.sapub.org/ijpbs>

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commonly regarded as an investment in the future, considering the presence of a child can be a medium to release stress or a day's burden occurring to parents. Referring to recent cases in Indonesia particularly, infertility is more or less a disturbance for the household harmony, quite the opposite of the fact that a sufferer of such a situation shall be able to accept the condition as well as bring out her happiness. Although infertility is being related to physical problems, it is now not only considered as a gynecological disease but also a biopsychosocial health problem (Onat & Kizilkaya Beji, 2012).

Concerning gender, most people strongly believe that infertility is experienced more often by women. Women are believed to be more vulnerable to infertility, resulting in the fact that they bear more criticism for and from the family. Quite opposite situation happens to women who give birth to a child. Such thought has been strongly rooted within the community. As a result, some spouses with no child, particularly the wives, prefer to live distantly from the surrounding community, which dominates them in terms of infertility.

A study by Bennet supported this paradigm by revealing four discrimination forms against childless women. First, women shall be responsible for infertility. This happens because most of the mature Indonesian women are working, resulting in a mutual delay in having children between spouses. Second, childless women are commonly those who are not reaching their success despite their excellent career and education at the same time. Third, the failure in the medical treatment shall mean women are responsible for being neglectful on taking care of their bodies and emotion. At last, husbands shall not be fully responsible for having therapy. This notion shows that if doctors advise men to have a medical treatment, they will decline, while the solution is still sought for having the therapy for wives (Panggabean, 2014).

Infertility conditions more or less result in damage to the quality of the relationship with a spouse. If the spouse is not right in dealing with the stresses experienced, this can cause several psychological problems for each spouse, which certainly affects their happiness. A stressful relationship can increase anxiety and distress related to infertility. This condition can negatively affect spouses' mental health.

During medical treatment, the majority of infertile individuals do not show psychiatric disorders, anxiety, depressive symptoms, low levels of life satisfaction, guilt, interpersonal problems, marital difficulties, and changes in sexual function (Mahbobeh Faramarzi, Ahmad Alipor, Seddigheh Esmaelzadeh, 2008). Even though mental health may be impaired upon getting diagnosed with infertility, such a condition does not always create bad quality for the relationship. Besides, some research has shown that the household harmony of the infertile spouse is more decorated with more intimacy compared to the fertile ones (Galhardo et al., 2011).

The effect of infertility on the happiness of the marriage varies greatly from one spouse to another. Some spouses

who had infertility often find the breaking point of their marriages resulted from too much pressure that exists. On the other hand, some others report such a crisis thankfully increases the relationship and intimacy in their marriages (Sharon N. Covington & Linda Hammer Burns, 2006).

The existence of this influence relies on how each spouse accepts the condition in a good manner and interprets what they have experienced in a more positive thought to seek happiness, which minimizes their stressful marital condition. Nearly all women suffered from infertility experience negative emotions as an unfairness of God's call, being guilty of not being able to make their husband happy, disappointed with themselves, loss to self-control, as well as resentment. Such natural situations commonly happen to the infertile sufferers, yet it does not mean any involuntarily childless women shall experience such condition and interpret it as a punishment of injustice from God's call.

Involuntarily childless women normally face several psychological stages. The first stage is the resistance, which puts them in a condition for not being able to accept the condition they have experienced. Women commonly experience such a stage upon first getting diagnosed as being infertile. The process continues to an angry stage to any people around these individuals, and particularly to husbands. In this case, anger usually can appear along with feelings of depression, disappointment, unfairness, or jealous. The third stage is experiencing sadness as a form of disappointment to own selves and guilt to surrounding people. This is normally dominated by telling stories to husbands or close relatives. The fourth stage is self-acceptance. Women try to accept conditions. Sincerely. However, such conditions are not easily acceptable to these women. They are still required to be able to find the meanings to any event determined by God as well as to build the ability to face problems first existed in the previous stages. The last stage is a resolution against infertility. Individuals are proven to be able to accept any situation and find the appropriate solution to overcome infertility they have experienced (Detricia Tedjawidjaja, 2015).

Mcquillan, Stone, & Greil (2007) explored the relationship between life-long infertility and life satisfaction by random samples of 580 women in the Midwestern United States. This research revealed that people with infertility and seeking for solutions were proven to have had lower life satisfaction. This study found no direct impact of infertility on life satisfaction. However, this research found that there were some conditional impacts. Women who met infertility criteria and experienced fertility problems also found their life satisfaction was significantly lower. On the contrary, women facing no infertility related problems and becoming mothers were proven to have higher life satisfaction.

Happiness is an important dimension of life and closely related to the function and success of individuals to achieve it. Most happiness is based on the psychological condition of certain individuals, particularly in the attainment of values and subsequent goals. In common sense, achieving happiness consists of three components, namely the

frequency and level of positive influence or excitement, the absence of negative feelings such as depression or anxiety, and the presence of an adequate level of satisfaction (Stewart, Watson, Clark, Ebmeier, & Deary, 2010).

Studies have shown that happiness is not only considered as a result of events and positive factors but also as a productive outcome, particularly in mental health. A satisfying marriage relationship by meeting the intimacy needs of both spouses will increase the level of positive emotions between them, such as happiness and ultimately improve the physical and mental health of each (Habiballah, Forooshany, Yazdkhasti, Ph, & Safari, 2014).

Different individuals achieve different happiness in terms of the quality of their lives, depending on the subjective experiences in which they make a benchmark for achieving happiness. A recent meta-analysis found a positive correlation between happiness and success in the fields of work, relationships, and health, all of which are highly valued by the community. Throughout the world, individuals show consistent satisfaction when being able to work in an active manner (Carroll, 2007; Chadi, 2010).

Not all people know how involuntarily childless women get happiness behind the suffering they experience. Most people are only able to intimidate the condition of infertility experienced by involuntarily childless women regardless of their psychological condition. With this research, people are expected to be far more sensitive in helping to manage the psychological condition of involuntarily childless women so that it does not create a new stressor that is likely to hamper their efforts to have children. In addition, this research will help involuntarily childless women in Indonesia manage their mental health and achieve a more productive life. The current research aims to reveal how involuntarily childless women can feel happiness in a seemingly fragile condition they have.

2. Research Method

This is qualitative research with the Interpretative Phenomenological Analysis (IPA) approach employment. The IPA is aimed at investigating how individuals understand their experiences, giving notions that the participant is actively bound in interpreting events or objects in life (Pietkiewicz & Smith, 2014).

2.1. Participant of the Study

Women participants who are childless and have married for more than two years were involved in this research. Five (5) participants were involved at an initial stage; yet, during the process of interview and data selection, only three (3) participants were involved. Deduced number of participants was due to the incompatibility with the age range criteria and interview coverage difficulty, so the data collection was not optimally carried out. Several criteria were employed to allow participants to be able to explain the phenomena under the objectives of the study. Criteria for the participants in this

research were involuntarily childless women who are accidentally childless in a two-year marriage at minimum, and involuntarily childless women with no mental or physical illness. These participants were involved because their lives are not normally visible among the people. The random sampling method was used because of the sensitivity of this study and the difficulty in identifying women who would be participants. The participants were obtained through contact with the participants' friends, and by word of mouth.

This interview consists of a series of general questions that focus on experience during childlessness. In addition to basic questions (age, education, and occupation) and background questions related to how and when they found out about their infertility, participants were asked a series of open-ended questions about their life's journey, starting by finding out that they are involuntarily childless women. General questions range from "What is the impact of this news on your feelings?", "What are your family and friends' reactions?", and "What is your own level of acceptance?".

Participants, who agree to participate, express their consent implicitly through chat. Interviews were conducted directly by the writer in the classroom and cafe. Participants were assured that any and all responses will be kept confidential. The participant's real name was not included in this study. That is, researcher used only participant initials in this study. Each interview lasted about 1-2 hours. The researcher made detailed notes to ensure credibility and reduce bias. Participants were given the opportunity to review their responses to ensure no information was missed or as a clarification stage at the end of the interview.

Also, the participants in this study was randomly selected and adjusted to the specified criteria as following: (1) involuntarily childless women at the age of 25-35 years old and have got married, (2) women who have not had children accidentally with a minimum marriage of 2 years, (3) women who do not have a mental or physical illness, (4) women who are Indonesian native speaker.

2.2. Procedure and Data Analysis

The technique of interviewing was employed by the researchers to collect data with open standard guidelines. The guidelines were written along with questions associated with the topic. This technique was expected to reveal all problems that the researchers were going to raise from these three (3) participants. Interpretative Phenomenological Analysis (IPA) approach was employed in data analysis, namely by managing and reporting what was obtained and providing an interpretation of the data poured into words to bring up information to describe the desired object of research.

3. Result of Study

The achievement of happiness by involuntarily childless women was partially influenced by several factors such as

involuntarily childless women can face criticisms and remain stubborn to accept destiny, or to be able to find a bright spot from the conditions they have experienced. The imbalance in these ways of thinking may affect several psychological aspects. This happens because not many people know how involuntarily childless women find a bright spot to prosper their condition, especially the psychic one.

3.1. Life Implementation of Involuntarily Childless Women

That the lives of involuntarily childless women have a variety of unique and different implementations shall be undeniable.

The impact of their life processes will become a result shown by how they interpret the positive and negative sides of each moment appearing. Several factors affect their daily lives, including the quality of relationships with spouse, family, and society.

Participant BT is still childless after a two-year marriage. She commonly feels bored as a result of not having a baby. As facing this tragic situation, BT is more open in accepting God's call. She is in the deep feeling that her marriage is not too old to be in a rush to have children. She feels very sad. However, she saw the roles of her husband and parents that are not too demanding concerning her condition. This makes her motivated enough, particularly in terms of being patient. She neglects any criticism coming to her. Upon reaching her peak of sad feeling, BT interrupts this feeling and returns it to God. She thinks that she will be blessed with a child, notwithstanding that it is just a wishful thought at the moment.

BT- *"I'm quite more acceptable to my fate because my husband and family don't have much demand either. The age of my marriage is also far from adrift, so when I get criticized, I just neglect it. Because this is I who understand my family's condition, isn't this."*

According to MY, she has married for five (5) years but still childless. She told her she feels bland and lonely with her life by the fact she is still childless. Normally, she seeks for some activities for entertainment. Feeling bored, this much makes her curious why she is still childless up to now. In her hope, she can be delivered a mandate to educate children. Criticism and suggestion come to her, and she just accommodates them with patience and responds to those by simply smiling. In certain conditions, she feels in a quick manner that God's call is unfair to her, yet, she is still able to interpret such a condition in a good manner. Quite different from the beginning of her marriage, she felt very sensitive upon being questioned related to her pregnancy.

In DC's story, in the fourth year of marriage, this participant is still childless. At the initial stage, when getting diagnosed with a problematic uterus, the participant was quite surprised and suddenly felt God's call was unfair to her. She even thought people around her had unilateral judgment upon her condition, particularly concerning her accustomed to raising cats. The participant was annoyed when people

around her blamed the cats. The situation made DC profoundly sad and resulted in the effect of her psychic. She even felt that too much time was spent swallowing any inappropriate criticism; therefore, she and her husband decided to think deeply before interpreting what was behind such criticism. By this condition, she feels anything by God shall mean the best for her, and she believes something bigger would come in the future. Therefore, DC rather accepts her fate.

DC- *"I prefer to think deeply upon getting a rather disturbing comment. Once these all have been accommodated, I try to figure out the meanings behind these. So, I truly just believe that such a condition shall mean the best for me, indeed."*

Results from the three participants concerning their life implementation they have experienced show that these participants were able to find a bright spot regarding their conditions. Getting criticized and diagnosed at an early stage shall mean a very sensitive statement indeed. Luckily, their husbands and family can understand their conditions in a good manner. Besides, these participants have sound religious strength to lead their thoughts to interpret difficult situations in a positive way of life.

3.2. Coping Stress

Coping is a form of cognitive and behavioral effort to be able to adjust to the environment, particularly with various changes in life situations. Commonly, this is related to an event with a pressing nature. Most stress is experienced by involuntarily childless women when they first get informed concerning diagnosis, when they get criticized, the efforts resulting in nill, and so forth.

Participant BT can deal with criticism from people surrounding her. At the remaining, the participant felt that the age of marriage does not correspond once she was considered childless. The participant preferred to respond by smiling, and once she got a criticism, she prayed to God. Besides, the participant also feels that telling the story of her life to friends contributes to the fatigue reduction when facing comments concerning her condition. Likewise, the participant MY prefers to talk and confide to her husband concerning the comments coming to her. On one occasion, her husband entertains and pours her such prayers by stroking or sweeping gently to her stomach once they are going to sleep. She feels such encouragement from her husband. Besides, once she feels stressed, she copes with it by being involved with her big family or getting out eating with the husband.

MY- *"Sometimes it's so sad when we want to make it sadness, but Thanks God many of our relatives are caring about us. Once I am at the lowest point, I immediately try to get up and gather with family; therefore, I can a little bit lose my thoughts. My husband occasionally strokes my stomach while praying at the same time. That made me treated well enough."*

In participant DC's story, once the participant feels stressed, such feeling shall affect her immune system and makes her easily get ill. However, reinforcing such stress feelings can be made by gathering with a big family or talk to her husband. She feels by talking to the closest people, and her stress burden can be reduced, particularly when talking to her husband. She feels that her husband is so much helpful to raise her from any torment.

Facing criticisms or comments from the surrounding environment is enough to make all three participants feel quite devastated. This ultimately causes stress, ranging from physical, psychological, emotional, and mental strains. All disturb the participants' daily lives. Fortunately, the participants can bring up positive thoughts, so some were coping appear, which results in the stress reduction experienced by them.

3.3. Perception of Infertile Condition

Not many individuals can consider the infertile condition as a gift or even as achievement in human life. Most infertility is considered as the most severe punishment in the household, particularly for women. Infertility lead to improper initiation in the household because of the existing abnormal condition in the completeness of a family.

From DC's story, it is found that she can find happiness behind the condition she has experienced. DC develops perception related to infertile conditions she has experienced with positive meanings. Participant DC feels that if she is still childless at the time being, it means she is allowed by God to pursue and achieve other desires. It means, in life, what is achieved the highest is not merely about having a child, yet pursuing other achievements once it is possible to pass. In such a way, participant DC can find her happiness supported by building relations with other people around her.

DC- *"In my opinion, the highest achievement in life is not always about having a child. Many people don't dedicate their lives to having children. For sure, it is a burden, but I am sure that God has other plans. Maybe, God will grant my ambition to have a pharmacy first instead of having children."*

Participant BT found much wisdom behind her present condition, which is more able to recognize her husband as a figure. Participant BT's main mission in her life is to carry out his obligations as a wife by serving her husband in a good manner. Referring to the condition experienced by BT, the participant found that gathering with a big family can prevent her from being lonely. Similar to participant MY, she, in a certain condition, feels much pressure demanding her to have a child immediately, particularly when the participant realizes most of her friends have had children. Participant MY often questions her unfortunate fate in life, feels guilty upon herself, and blames herself because she feels God does not trust her. May can think that this is just the opportunity that may not come yet because she wants to recognize her husband as a figure further. Besides, participant MY feels justice in terms of the economy when

she gets a lot, and as a result, she believes that the opportunity to be blessed with a child is just a matter of delayed fortune.

All three participants have fighting spirits that deserve to be appreciated. They do not easily create these thoughts. They force themselves to think about the meanings behind their current conditions. However, they are still figures of a wife fighting for household harmony achieved by thinking positively.

4. Discussions

Happiness reflects well-being. The well-being of every individual is considered as a broad phenomenon, including the emotions, people's responses, dominating satisfaction, and an assessment of the quality of life (Peter Warr, 2011). The sensitive point of the individual can also be used as a benchmark for the achievement of well-being in life. Besides, well-being shows that fertility or happiness for young adults occupies the weakest position in some countries compared to adults over the age of forty (40) who are considered stronger in which old age support is largely dependent on the family. The results indicate that the presence of a child is a long-term investment in finding well-being and a focal point of the importance of the life cycle stage as well as a contextual factor in explaining the association of happiness or fertility (Margolis & Myrskylä, 2011).

Abdulaziz Aflakseir (2016) found that 30% of women experience depression resulted from fertility problems. Some participants of this study used a quite sound religious coping strategy, so the reduction of depression in infertile sufferers had a positive impact, and at that, the same time resulted in a reduced level of depression. Dalgard et al. (2006) found that gender quality in women is more prone to depression, but the level of depression in women is not enough to be seen only in terms of lack of support or from the presence of negative events in their lives. Researchers found that the three participants had a high level of education and spiritual thought. They are considered easier to find happiness or find how they can become qualified by themselves even with conditions considered abnormal by most people in society. All three participants realized that the infertility was a disaster that became an obstacle in the journey of the household. That's why; they prioritized belief in God so that they could find several meanings of happiness along with their infertility conditions.

All three participants realized that the condition of infertility was a disaster that became an obstacle in the journey of the household. All three participants prioritize belief in God so as to find some of the meaning of happiness obtained in the condition of their infertility.

In a study by Asl et al., (2013), the infertile spouse with a high level of education and wide enough social networks will find it easier to find happiness and have a positive relationship with happiness. Besides, the existence of spiritual intelligence can support the emergence of happiness

in infertile individuals. A person's social desires can change positive situations resulting in the well-being to arise for individuals. They associate true happiness with a personal sense of meaning and inner peace. This form of happiness is thought to originate from the inculcation of appropriate attitudes and activities of individuals and interpersonal relations with human values (Lu & Shih, 1997).

Supported by Aristotle's thought in which a happy person is a person who managed to achieve what he deserved, not someone who gets what he wants (Lu & Shih, 1997). When getting criticisms related to the condition of infertility, all three participants preferred to accommodate those criticisms. Although they felt very depressing due to these comments, they kept listening. When they had had enough, they chose which criticism should be applied. They felt that they are not deserved to get offspring so that they diverted the thought to find their potential without having to contemplate conditions that are likely to be difficult to obtain.

Supported by Aristotelian thought in which happiness is a person managed to achieve something he deserved, not someone who gets what he wants (Lu & Shih, 1997). These three research participants have different happiness outcomes. They prefer to think deeply and wisely once getting criticized. Such thought is then filled and selected to see which one should be accommodated and which one should be neglected.

The results of the research show that the searching for happiness, participants searched for the meanings found in each event. Participant BT found meaning that recognition to her husband is needed because she and her husband were about matchmaking intermediaries. Participant MY found meaning that it took quality time with her husband by the fact that she and her husband were having Long Distance Relationship for nearly four (4) years. Participant DC found meaning that she wanted to set up his pharmacy. She thinks that she is still childless, possibly because God expects her to achieve this goal.

The community, more or less, ignores psychological health, which can have a significant impact on individual physical health. Negligence of mental health in involuntarily childless women leads to disharmony in the household, social life, and their adjustment to the scope of the work environment. Mental health problems in the form of anxiety and depression are the major problems for reproducing women (Afifi, 2007; Malhotra & Shah, 2015).

The participants can change something that might become a point of destruction in their lives into a well-being achievement, so as it neither makes the greatest support nor cause simultaneous stress. Besides, the three participants find their well-being by gathering with family, going on vacation, culinary tours solely to strengthen the quality of their relationships. The result of the research consistence with several studies revealing that the quality of a dominant marriage relationship with positive energy shall bring about maximum physical and mental health between spouses (Habiballah et al., 2014).

Given the recent emphasis on psychological well-being,

other than negative emotions such as depression and anxiety of involuntarily childless women, happiness and satisfaction with their lives also need to be studied. Research conducted by (Callan & Hennessey, 1988) confirmed that woman with infertility (53 woman with infertility and 24 mothers) had lower levels of life satisfaction compared to their husbands. The finding was also in line with findings from research in Iran, showing that involuntarily childless women have lower happiness rates compared to fertile women (Bakhtiari & Anamagh, 2014).

Studies conducted in Iran have shown several findings related to identity crises. The said country believes that giving birth and caring for children is one of the core points to get the ideal identity of a woman, particularly in her social circles. In this study, it was found that woman with infertility have emerged some problems, particularly in psychosocial. Women considered that their psychosocial abilities were severely damaged due to the failure to establish their identity in the community (Alamin, Allahyari, Ghorbani, Sadeghitabar, & Karami, 2020).

Menning (1982) explains that women who experience infertility will experience several stages that affect their psychological condition, starting from shock, grief, loss, anger, acceptance, guilt, and depression.

The first reaction to infertility is shock. Generally, women consider themselves as fertile but the fact that they cannot get pregnant because of circumstances. As the result, they often examined their behavior, habits, and lifestyles to understand what are the factors that make them unable to get pregnant, starting from checking the frequency of sexual intercourse, trying to set a predictor for ovulation so that the sexual intercourse will be carried out appropriately, even concern about orgasm or leakage of sperm coming out of the vagina that affects their attempts to get pregnant. The three participants revealed that they often searched for the information via the internet to find out the position of having sex that will help them to have children quickly.

The participants sometimes gave up with the effort done. They assumed that they were the reason behind the infertility. This makes the participants felt guilty and questions the worthiness of being a wife and expectant mother. On the contrary, for the husbands, this condition rarely happened. They preferred to find out information related to medical conditions or past habits that could interfere with the level of fertility, including seeking an explanation for their problems from experts (Klock, S, 2011).

One of the emotional reactions to infertility is depression. The emergence of depression can coincide with the cycle phase of treatment or triggered by certain events such as gathering with family or getting news related to the pregnancy of a close person, as well as lack of communication or much debate with a suppose (Domar A, Broome A, Zuttermeister P et al. 1992). As stated by the participant DC, she often felt discouraged when she heard family or relatives talking about pregnancy. This incident makes the participant felt so bad and unwittingly disrupts the cycle of sexual intercourse. She could deliberately avoid

sexual relations, to minimize stress conditions. This will likely be the root of the failure of the participant's efforts.

The level of happiness that can affect a person's mental health condition is influenced by several factors, one of which is the social role that supports or does not intimidate the condition of involuntarily childless women. Sound social support is a significant influence on the mental health of involuntarily childless woman compared to lack of social support (Soyannwo, Adebayo, & Sigbeku, 2020). This is in line with the realization of one's self-esteem. Low self-esteem is the main trigger of the emergence of anxiety and depression in individuals. The existence of high enough self-esteem quality will indicate positive mental health due to its function as a protective factor.

The evidence presented illustrates that self-esteem can lead to better health and social behavior, while poor self-esteem is associated with a variety of mental disorders and social problems, either internalization problems such as depression, suicidal tendencies, eating disorders and anxiety or externalizing problems such as violence and drugs abuse (Mann, Hosman, Schaalma, & De Vries, 2004). The findings of the three participants have shown their strengths to remain strong when they get comments related to the condition of their infertility by responding to each question with a prayer so as they can have a child immediately and try to stay socialized when interacting with people around them.

5. Conclusions

Some psychological conditions found in involuntarily childless women in this research are feelings of anxiety, sadness, disappointment, feeling guilty, and stress. Participants in this article consider that infertility that they experienced is a big disaster in the household. The results showed that the effectiveness of involuntarily childless woman's happiness had a positive impact on their lives. The importance of support from people around, especially husband, is the main helper in managing the positive meaning of the participant that will make them able to bring happiness well. The need for family support has proven to be able to sustain their complaints and give rise to inner peace. Also, the level of religiosity and education also determines how the three participants respond well to the criticism they get.

REFERENCES

- [1] Abdulaziz Aflakseir, M. M. (2016). The role of religious coping strategies in predicting depression among a sample of women with fertility problems in Shiraz. *Journal of Reproduction and Infertility*, 17(2), 117–122. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4842233/>.
- [2] Afifi, M. (2007). Gender differences in mental health. *Singapore Medical Journal*, 48(5), 385–391. Retrieved from <https://www.researchgate.net/publication/6376128>.
- [3] Alamin, S., Allahyari, T., Ghorbani, B., Sadeghitabar, A., & Karami, M. T. (2020). Failure in identity building as the main challenge of infertility: A qualitative study. *Journal of Reproduction and Infertility*, 21(1), 49–58. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7048687/>.
- [4] Asl, S. T. S., Bakhtiari, M., Raufi, A., Yousefi, V., Poursalman, M., & Ahmadi, S. M. (2013). Happiness and related factors in pregnant women. *International Journal of Advanced Studies in Humanities and Social Science*, 1(8), 1166–1173. <https://doi.org/10.22038/ijn.2012.1144>.
- [5] Bakhtiari, M., & Anamagh, A. N. (2014). Depression, Anxiety, Happiness, and Satisfaction with life among Fertile and Infertile Women ACCESS Life Sciences. *International Journal of Life Sciences*, 8(2091), 8–13. <https://doi.org/DOI-dx.doi.org/10.3126/ijls.v8i4.10892>.
- [6] Callan, V. J., & Hennessey, J. F. (1988). The psychological adjustment of women experiencing infertility. *British Journal of Medical Psychology*, 137–140. <https://doi.org/https://doi.org/10.1111/j.2044-8341.1988.tb02772.x>.
- [7] Carroll, N. (2007). Unemployment and psychological well-being. *Economic Record*, 83(262), 287–302. <https://doi.org/10.1111/j.1475-4932.2007.00415.x>.
- [8] Chadi, A. (2010). How to distinguish voluntary from involuntary unemployment: On the relationship between the willingness to work and unemployment-induced unhappiness. *Kyklos*, 63(3), 317–329. <https://doi.org/10.1111/j.1467-6435.2010.00476.x>.
- [9] Cousineau, T. M., & Domar, A. D. (2007). The psychological impact of infertility. *Clinical Obstetrics and Gynaecology*, 21(2), 293–308. <https://doi.org/10.1016/j.bpobgyn.2006.12.003>.
- [10] Dalgard, O. S., Dowrick, C., Lehtinen, V., Vazquez-Barquero, J. L., Casey, P., Wilkinson, G., ... Dunn, G. (2006). Negative life events, social support, and gender difference in depression. *Social Psychiatry and Psychiatric Epidemiology*, 41(6), 444–451. <https://doi.org/10.1007/s00127-006-0051-5>.
- [11] Detricia Tedjawidjaja, M. S. R. (2015). Antara Harapan Dan Takdir: Resolution to Infertility. *Jurnal Experientia*, 3, 109–119.
- [12] Domar A, Broome A, Zuttermeister P et al. (1992) The prevalence and predictability of depression in infertile women. *Fertil Steril*; 58: 1158-1163
- [13] Galhardo, A., Cunha, M., & Pinto-Gouveia, J. (2011). Psychological aspects in couples with infertility. *Sexologies*, 20(4), 224–228. <https://doi.org/10.1016/j.sexol.2011.08.005>.
- [14] Habiballah, S., Forooshany, A., Yazdkhasti, F., Ph, D., & Safari, S. (2014). Infertile Individuals ' Marital Relationship Status, Happiness, and Mental Health: A Causal Model. *International Journal of Fertility and Sterility*, 8(3), 315–324. Retrieved from <http://online.sagepub.com>.
- [15] Klock, S. (2011). Psychological Issues Related to Infertility. *Global Library Women's Medicine*, (ISSN: 1756-2228) DOI 10.3843/GLOWM.10413.
- [16] Lu, L., & Shih, J. B. (1997). Personality and happiness: Is mental health a mediator? *Personality and Individual Differences*, 22(2), 249–256. <https://doi.org/10.1016/S0191->

- 8869(96)00187-0.
- [17] Mahbobeh Faramarzi, Ahmad Alipore, Seddigheh Esmaelzadeh, et al. (2008). Treatment of depression and anxiety in infertile women: Cognitive behavioral therapy versus fluoxetine. *Journal of Affective Disorders*, 108(1–2), 159–164. <https://doi.org/10.1016/j.jad.2007.09.002>.
 - [18] Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. *Indian Journal of Psychiatry*, 57 (July 2015), 205–211. <https://doi.org/10.4103/0019-5545.161479>.
 - [19] Mann, M., Hosman, C. M. H., Schaalma, H. P., & De Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4), 357–372. <https://doi.org/10.1093/her/cyg041>.
 - [20] Margolis, R., & Myrskylä, M. (2011). A Global Perspective on Happiness and Fertility. *Population and Development Review*, 37(1), 29–56. <https://doi.org/10.1111/j.1728-4457.2011.00389.x>.
 - [21] Mcquillan, J., Stone, R. A. T., & Greil, A. L. (2007). Infertility and Life Satisfaction Among Women. *Journal of Family Issues*, 28, 955–981. Retrieved from <http://online.sagepub.com>.
 - [22] Menning B. (1982). Psychosocial impact of infertility. *Nurs Clin North Am*; 17: 155-163.
 - [23] Onat, G., & Kizilkaya Beji, N. (2012). Effects of infertility on gender differences in the marital relationship and quality of life: A case-control study of Turkish couples. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 165(2), 243–248. <https://doi.org/10.1016/j.ejogrb.2012.07.033>.
 - [24] World Health Organization (2002). Current Practices and Controversies in Assisted Reproduction. In P. D. G. Effy Vayena, Patrick J. Rowe (Ed.), *Medical, Ethical and Social Aspects of Assisted Reproduction*, held at WHO Headquarters in Geneva, Switzerland. New Delhi, India: World Health Organization.
 - [25] Panggabean, G. S. (2014). Involuntary Childlessness, Stigma, and Women's Identity. *Sosiologi Reflektif*, 9, 51–62. Retrieved from <https://www.neliti.com/publications/130928/involuntary-childlessness-stigma-and-womens-identity>.
 - [26] Persatuan Rumah Sakit Indonesia (PERSI). (2015). Infertilitas Pada Pasangan Usia Subur. Jakarta. <http://www.pdpersi.co.id/content/news.php?mid=5&catid=23&nid=729>.
 - [27] Peter Warr. (2011). Work, Happiness, and Unhappiness. In Taylor & Francis e-Library. Retrieved from www.eBookstore.tandf.co.uk.
 - [28] Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne Psychological Journal*, 1(January), 7–14. <https://doi.org/10.14691/CPPJ.20.1.7>.
 - [29] Sharon N. Covington & Linda Hammer Burns. (2006). Infertility Counseling A Comprehensive Handbook for Clinicians. In Sharon N. Covington & Linda Hammer Burns (Ed.), *Cambridge University Press* (Second Edi). Retrieved from www.cambridge.org.
 - [30] Soyannwo, T., Adebayo, A. M., & Sigbeku, O. (2020). Mental health problems of reproductive age group women in a rural community of southwest Nigeria. *Journal of Mental Health*, 29(1), 45–51. <https://doi.org/10.1080/09638237.2018.1487533>.
 - [31] Stewart, M. E., Watson, R., Clark, A., Ebmeier, K. P., & Deary, I. J. (2010). A hierarchy of happiness? Mokken scaling analysis of the Oxford Happiness Inventory. *Personality and Individual Differences*, 48(7), 845–848. <https://doi.org/10.1016/j.paid.2010.02.011>.
 - [32] Zegers-Hochschild, F., Adamson, G. ., de Mouzon, J., Ishihara, O., Mansour, R., Nygren, K., ... Van Der Poel, S. (2009). The International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) Revised Glossary on ART Terminology, 2009 †. *Human Reproduction*, 24(11), 2683–2687. <https://doi.org/10.1093/humrep/dep343>.