

## Impact of Self Concept on Fertility of Women in Eastern Uttar Pradesh Dr Anil Kumar<sup>1</sup> and Dr KK Singh<sup>2</sup>

### Abstract

The study of human fertility is of paramount importance in population..... In the present investigation a study related to the fertility of women in eastern Uttar Pradesh, India has been made. Self-concept is a psychological factor that may affect the fertility of women. For the purpose of study a micro-demographic survey of 200 households were conducted in Varanasi. Dr. RK Saraswat's (1981), self-concept questionnaire were administered on these women. It is found that infertile women have comparatively less self-concept level as compared to fertile women in the area of study.

### Introduction:

Fertility is the way through which human being biologically replace themselves in order to continue their existence on earth. Now a days women are not ready to conceive but they are very serious about their fertility status. In today's societies women often delayed child bearing later in their reproductive years. The reason for this shift are complex but often related to social economic and educational factors. Delayed child bearing may cause the result of infertility sometimes. This trend towards delayed child bearing may resulted in an increase in number of women seeking fertility treatment in their 30's and 40's. The trend towards delayed childbearing has a considerable impact on their self-concept and self-concept has a considerable impact on their mental as well as sexual health.

The actual level of fertility of any population is always well below its biological maximum or potential fertility and this was pointed out by Henery (1961). The large gap between potential fertility and actual fertility is attributed to the effect of a number of biological, behavioural and socioeconomic factors. The mechanism through which socio economic and cultural factors and human behaviour interact with the biological aspects of human reproduction was first identified by Devis and Black (1951).

The term intermediate variables was introduced by them for biological and behavioural factors and it was demonstrated that the socioeconomic cultural factors affects the fertility through the biological and behavioural factors only. Following the work of Devis and Blake and incorporating lactational Infecundability, Bongaarts 1976 and Bongaarts and Potter 1983, have modified Devis and Blake list of intermediate variables and proposed a list of eight variables as Proximate determinants of fertility and these eight variables includes, abortion, lactational Infecundability, marriage, contraception, frequency of intercourse, mortality duration of fertile period and sterility. In spite of all these variables there is a need of study of psychological factors, which affects the fertility. In this regard a psychological factor 'self-concept's impact has been studied. Self-concept is the totality of individual's thoughts and feelings with reference to himself/herself as an objects which eventually explains himself/herself. Self-concept is how you perceives yours behaviour, abilities and unique characteristics. For eg. Belief such as, 'I am a good person' or 'I am a good friend' or 'I cannot conceive' or 'I can conceive' or 'I can produce children or I can not produce children' are a part of overall self-concept.

Psychologist Carl Roger believe that self-concept includes three main parts:

- a) Ideal self: the person you want to be
- b) Self-image: how you see yourself including your physical characteristics, personality traits and social roles.
- c) Self-esteem: how much you like, value or accept yourself, which can be impacted by a number of factors including, how others see you, how you think you compare to others and your role in the society.
- d) Self-concept plays an important role in our overall wellness. It affects the way we look our body, how we express ourselves how we interact with our friends and it even influence how we make our decisions.

There are various factors that can affect self-concept. This includes age, gender, religion, sexual orientation, motherhood for women has been natural. Both pregnancy and birth are widely associated with rituals that transform a woman from childlessness to motherhood, from being a young wife to a mature woman with enhanced social status. Infertility affects 80 million people across the world. Approximately one in 10 couples have either primary or secondary infertility. Primary infertility is a term used in context of the couple that have never conceived. Secondary infertility refers to a couple who have previously conceived successfully but subsequently they are facing difficulties in conception. Childlessness results in threat of women's identity and may influence their self-concept in terms of inability to conceive.

Self-concept includes physical, social, mental, temperamental, moral, and intellectual spheres. Following are the characteristics of these spheres;

- a) Physical self-Concept: Individual views about their body, health, physical appearance and strength.
- b) Social self-Concept: individual sense of worth in social interaction.
- c) Moral self-Concept- individual's estimation of their moral worth, right and wrong activities
- d) Temperamental self-Concept- individual's view of their prevailing emotional state, or predominance of a particular kind of emotional reaction.
- e) Educational self-Concept – individual views regarding school teachers and extra-curricular activities.
- f) Intellectual self-Concept- individual's awareness of their awareness and problem solving ability and judgement.
- g) Study of self-concept level in infertile women is of major importance. Infertility brings negative feeling for women such as guilt and shame. They usually feel that their integrity as a woman is compromised and cannot play their feminine role as expected. Studies on self-concept and infertility are limited. There is a need of more research work on line. The present study aims to

compare the study of level of self-concept between fertile and non-fertile women.

#### **Data: -**

The data were collected using a short questionnaire containing items on demographic information and, the multidimensional R K Saraswati self-concept questionnaire. A specially designed sheet were used to collect necessary information.

The cross-sectional study was conducted on fertile and infertile married women. Sample were collected at Varanasi district of Eastern Uttar Pradesh in 2020. Two Hundred married women's were interviewed including 100 fertile and 100 infertile women of the age of 25 to 40 years.

Purposive sampling technique were used.

Group of infertile women were undergoing medical treatment for primary infertility. In order to maintain the confidentiality and privacy of the study, the interviews were conducted in isolation. Information pertaining to the reproductive history of the participants such as age, age of marriage, number of live birth, number of conception were ascertained from the participants. Survey includes Information related to education, husband's age and social status also. Both group of women i.e, fertile and infertile had a minimum of high school education, Moderate social status and had at least seven years of marital duration at the time of interview. Group of fertile women had at-least one child. The participants were approached with mutual consent to fulfil the required measurement and questionnaire. Statistical analyses were performed through SPSS Version 2.0. The data were represented in terms of means and standard deviation. Student's 't' test were used to observing the difference between the means of two groups.

#### **Objectives:**

The study aims to compare the level of self-concept level of between fertile and infertile married women.

**Hypothesis:** In connection with the study it is hypothesised that

- 1) There is no significant difference in physical self-concept level between fertile and infertile married women.
- 2) There is no significant difference in social self-concept level between fertile and infertile married women.
- 3) There is no significant difference in temperamental self-concept level between fertile and infertile married women.
- 4) There is no significant difference in educational self-concept level between fertile and infertile married women.
- 5) There is no significant difference in intellectual self-concept level between fertile and infertile married women.
- 6) There is no significant difference in moral self-concept level between fertile and infertile married women.

**Results and Discussion:**

**Table-1**  
**Distribution of some demographic variables in fertile and infertile women;**

Variable	Fertile women N=100 Mean ±SD	Infertile women N=100 Mean ±SD
Age	32±5.21	27±5.61
Husband's age	36±4.21	31±5.11
Duration of marriage (t)	10.41±5.31	7±4.21

Education	Fertile women N=100 Mean ±SD	Infertile women N=100 Mean ±SD
Elementary	5	9
Secondary	65	25
Above Secondary	30	66
Economic status	Fertile women N=100 Mean ±SD	Infertile women N=100 Mean ±SD
Weak	8	4
Moderate	70	72

Good	22	24
Job	Fertile women N=100 Mean ±SD	Infertile women N=100 Mean ±SD
House wife	40	35
Employed	60	65

**Values are given as mean ± SD or n**

From table 1 we find that:

- 1) The Mean age of fertile and infertile women are  $\{32 \pm 5.21\} = 38$  years and  $\{27 \pm 5.61\} = 33$  years respectively. Similarly the mean age of the husbands of fertile and infertile women's are  $\{36 \pm 4.21\} = 41$  years and  $\{31 \pm 5.11\} = 37$  years respectively.
- 2) The educational level of most fertile women and their husbands is up-to secondary level and the educational level of most infertile women and their husbands are above secondary level.
- 3) The majority of women's are employed in both the groups i.e. Fertile and infertile.
- 4) The economic status of households for fertile and infertile group of women are moderate.

**Table 2**  
**Comparison of Sub scales of Self-Concept of Fertile and Infertile Women**

SUB SCALE AND SELF CONCEPT	Fertile women N=100 Mean ±SD	Infertile women N=100 Mean ±SD	T value	Inference
Physical Self concept	27.60 ±3.79	27.21 ±3.99	0.7266	NS, P>0.001
Social Self concept	28.42 ±3.23	26.92 ±3.65	3.2237	S, P<0.001
Educational Self concept	26.34 ±4.14	25.12 ±4.34	2.0343	S, P<0.001

Temperamental Self concept	27.42 ±3.12	29.12 ±4.14	3.2 793	S, P<0.001
Moral Self concept	29.34 ±3.69	30.61 ±3.27	2.5 692	S, P<0.001
Intellectual Self concept	25.45 ±3.92	23.21 ±3.62	3.2 793	S, P<0.001

t value is considered as 5 % level of significance.

### Table 2 indicates that

- 1) There is no significant difference in the level of physical self-concept of fertile and infertile women. Both the groups are generally much affected by how other reacts on their appearance. Women in both the groups may have doubts regarding their personalities.
- 2) Table 2 reveals that there is a significant difference between fertile and infertile women related to their social self-concept. The level of social self-concept of infertile women is found to be low as compared to the fertile women. How women are treated and what are their social status affects their social self-concept. Infertile women makes less contact with other people. This may be one of the reason of their low social self-concept.
- 3) Entries in Table 2 indicates that there is a significant difference between the educational self-concept of fertile and infertile women. Educational self-concept of infertile women is low as compared to fertile women.
- 4) Table 2 also reveals that there is a significant difference in moral self-concept among fertile and infertile women groups. The level of moral self-concept is high in infertile women as compared to fertile women. Findings suggests that infertile women, in the area under study gets better facilities and environment. Morale self-concept is influenced by interpersonal relationship. In fertile women in the area under study are more aware of their morale self-concept. In India morale self-concept is closely associated with infertile women.

- 5) The study reveals the significant difference between the level of temperamental self-concept of fertile and infertile women. The level of temperamental self-concept is high in infertile women as compared to fertile women. This affects environment and this is due to the lack of care received.
- 6) Table 2 reveals that there is a significant difference in level of the intellectual self-concept of two groups. The level of intellectual self-concept of infertile women are low as compared to fertile women.

Findings of the study indicate that some aspects of self-concept are lower in infertile women as compared to the fertile women. In the area under study it is also found that, some aspect of self-concept are lower among fertile women in comparison of the other group of infertile women.

Similar findings were reported by the other researchers for the group of fertile and infertile women.

Overall we may conclude that there is a significant difference appears between the fertile and infertile women on most of the subscales of self-concept. It may be possible since self-concept is more associated with reproductive conditions.

### Conclusion:

Uttar Pradesh is one of the high fertility region in India. In the present paper we have tried to increase the understanding of self-concept affecting the fertility of women. Results indicates the significant difference in the level of social, educational, moral, temperamental and educational self-concept of both the groups i.e. fertile and infertile women. No significant difference is found among the physical self-concept of two groups. Counselling is needed to enhance the self-concept level of infertile women's group.

In Indian culture, infertility is the problem for both men and women. Failure to have children could lead to many problem which may be extended to the complete destruction of family by divorce. Findings may be explained that women with no children have feeling of inferiority and incompleteness. More attention

to be paid to the group of infertile women to support them.

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