

DEVELOPMENT AND VALIDATION OF THE SOCIAL OBLIGATION SCALE FOR CHILDLESS COUPLES

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ABSTRACT

Procreation is important for social acceptance, family honour, and lineage preservation and is highly regarded especially in traditional societies. Childlessness is a globally prevalent issue that affects a person's social, psychological, and financial well-being. In traditional societies, childlessness has put extensive psychosocial and emotional burden that may affect the overall social functioning of couples in society. Childless couples truly affect their daily activities and filial obligations due to a wide range of associated negative emotions of childless stigma. This study aimed to develop and validate a Scale on Social Obligation (SOS) for childless couples. The study comprises 211 childless couples who have no child after two years of marriage. The SOS for childless couples was developed using theoretical foundations of the concept of family system Theory, social role theory, symbolic interactionism theory, role conflict and role strain theory. There were 09 items derived from theoretical literature that purely test the social and filial responsibilities of childless couples. Internal consistency or reliability of SOS was high at 0.955 and factors analysis confirm all 9 items. Exploratory factor analysis (EFA) also explored that these nine items belong to one group. Further, convergent and divergent validity has also been observed through EFA. Overall, results suggest that the SOS has good reliability and validity, which can contribute toward the explanation of social obligations practiced by childless couples. It would be helpful for future studies to measure the social obligations of this situation. It also helps in planning interventional studies for upgrading the reproductive health of childless couples.

Keywords: Social Obligation, Childless Couples, Development of scale, Scale Validation.

INTRODUCTION

The phrase "social obligation" is used to emphasize the idea that people and organizations have a responsibility to preserve society's values, standards, and the social fabric as a whole. It embraces expectations and duties individuals or groups have constituent society as a whole. In literature, a variety of terminologies on "social obligation" has been discussed in different situations, such as Carroll (1999) used as corporate social responsibility (CSR), corporate citizenship used by McIntosh, McAntosh, Coleman, Jones, and Leipziger (1998), and Business Ethics used by Sorell (2000). It may be argued that today's prospects of establishing a consensus definition are just the same as they were in Carroll's (1991) analysis from more than a decade ago. However, it is significant to remember that the expression "social obligation" does not have a common definition and that different fields, cultures, and societies may interpret it differently. Researchers and scholars may approach the idea from several perspectives, leading to complex interpretations and applications. So, the purpose of this article is not to dispute the various points of view;

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but rather, to explore the idea of social obligations, particularly in the context of infertility and childlessness. Also, want to expand our knowledge of how infertility and childlessness inflict psychosocial distress, a burden that affects the couple's capacity to carry out everyday tasks and accomplish societal commitments.

The notion of "infertility" is defined as the inability to conceive after one year of regular unprotected vaginal intercourse or to carry a pregnancy whereas childlessness is the failure of a couple to have a live birth regardless of reasons. World Health Organization (WHO) (2020) classifies this phenomenon as primary and secondary infertility. The first one occurs when a couple is unable to conceive, whereas secondary infertility materializes when a couple is unable to reproduce after an earlier pregnancy (Inhorn & Van Balen, 2002). Childlessness has been classified into two categories: voluntary and involuntary. The first one refers to fertile couples who do not have children and wish to remain childless and the second one refers to couples who are willing to conceive a child but are unable to do so due to reproductive health issues and infertility-related issues. (L Chancey and SA Dumais, 2009).

Above mentioned definition embodies that infertility is the medical term for being unable to conceive whereas childlessness is a condition or state of not having children or live birth, regardless of the reasons. Even though the terms "infertility" and "childlessness" are two separate concepts, they are commonly used interchangeably. Researchers may examine the physical, social, psychological, and cultural aspects connected to infertility and childlessness independently when they distinguish between the two conditions in research and academic discourse. So there is a strong argument to use the word "Childlessness" was employed in this study instead of "Infertility" since discussions about fertility and parenthood are very culturally sensitive and strongly ingrained in societal norms and expectations. However, the term "involuntary childlessness" is used in the current study because it refers to childless couples who are facing problems to retain pregnancy, miscarriages, and never experienced live birth. The study also focuses on couples who are facing primary infertility.

In biomedical discourses, Infertility is portrayed as an epidemic since it is considered to be a public health concern (Scratchfield, 2017). Globally, the prevalence of this unwanted phenomenon ranges from 12% to 16% (Bushnik, Cook, Yuzpe, Tough, & Collins, 2012; de Mouzon et al., 2020; Fehintola et al., 2017; Zegers-Hochschild et al., 2009). Further, it is estimated that it is affecting almost 48 million couples, with half of them residing in Sub-Saharan Africa and South Asia (Mascarenhas, Flaxman, Boerma, Vanderpoel, & Stevens, 2012; Nachtigall, 2006; Organization, 2017; Rutstein & Shah, 2004).

Parenthood is a subject with important social, cultural, and individual connotations because it goes against the societal expectation and norm of procreation and family formation. Procreation and the significance of having children are deeply ingrained in cultural norms and traditional values in developing countries. It is often considered a fundamental aspect of life for social approval, family honor, and lineage continuation. Pakistani society is characterized by conservative social norms, gender roles, and institutional arrangements that all support childbearing. For the majority of married couples and in certain cultures, having children is the norm (Erdem & Apay, 2014). By considering the above arguments, the significance of parenthood and the role of children have significant psychosocial and cultural implications for childless couples. Having children is a natural part of the reproductive cycle. When there are no children born from a marriage, a lot of issues arise. There are several studies in sub-Saharan Africa have shown that being childless is traumatic for most childless couples. It is seen as a major life crisis at the individual, family, and community levels with seemingly overwhelming consequences (Pennings, 2008).

Nevertheless, the issue of childlessness has received considerable critical attention for its negative effects on different fields of a couple's entire life. Consequently, it seems to have substantial psychological and social repercussions for people who experience it in societies where reproduction is highly prized. As Maroufizadeh et al, mentioned in 2019 that infertility is one of the major sources of stress that might happen in life (Maroufizadeh, Omani-Samani, Almasi-Hashiani, Amini, & Sepidarkish, 2019). Rasak and Oladipo (2017) described that the phenomenon of childlessness has historically been considered a great personal tragedy involving intense emotional anguish and sadness (Rasak & Oladipo, 2017). There are numerous studies have shown that childlessness causes emotional reactions in both men and women, including despair, anxiety, guilt, social isolation, and low self-esteem. (Hollos, Larsen, Obono, & Whitehouse, 2009; Karaca & Unsal, 2015). It may expose childless couples to an unanticipated life crisis characterized by loss

of self-esteem, perception of a disruption in the adult developmental trajectory, inability to plan the future, changes in identity and worldviews, and personal, dyadic, and social relationships (Domar, Rooney, Hacker, Sakkas, & Dodge, 2018; Shreffler, Petrey, & Huecker, 2020; Sormunen, Karlgren, Aanesen, Fossum, & Westerbotn, 2020; Wischmann & Kentenich, 2017).

A considerable amount of literature has been published on the issue of childlessness and highlighted the associated consequences of psychosocial distress and emotional burden for childless couples. Furthermore, the ongoing psychosocial implications, emotional burden, and obsession with fertility problems among people facing childlessness can undeniably have a significant impact on their ability to perform daily routine activities. They may find it difficult to fully participate in everyday activities and satisfy social expectations because of the constant emotional pain, sadness, and psychological weight that are linked with Childlessness. In Low-Income countries, childlessness has a psychological impact that extends beyond individual suffering and into daily routine activities. Couples' capacity to focus, be productive, and efficiently carry out personal, social, and professional responsibilities can be negatively impacted by the emotional toll and stress of childlessness (Tiu, Hong, Cheng, Kam, & Ng, 2018).

It's worth noting, that while the prevailing understanding of the phenomenon of childlessness, the particular psychological constraints may have negative effects on a couple's ability to fulfill social commitments and filial responsibilities in developing nations. Most of the literature focuses on childbearing and rearing as an essential component of married life. However, by providing important insights into the childlessness stress influencing their society roles and filial obligations. There is no scale to measure objectively the social obligations and daily activities that may affect due to psychological and emotional burdens for childless couples. This study focuses on the development of a scale to measure the social obligations tailored to couples without children, this study intends to close the knowledge gap. As mentioned above literature, the importance of procreation is deeply rooted the societal norms therefore, only the development of the scale is not enough but it requires standardized validation for further studies on childless couples.

Need to Develop Scale of SOS

In Pakistani society, parenthood carries a lot of burden. Couples are obligated to have children in order to preserve the family legacy, assist elderly people in need, and enhance society as a whole. Within extended family systems, where couples may experience criticism, blame, and poor relationships with in-laws and relatives, the pressure to conceive and have children can be stronger. Childlessness can lead to feelings of failure and inadequacy in meeting this social expectation, which can cause mental pain and a perception of being unable to complete one's familial and social obligations.

The psychosocial implications of childlessness can have an adverse effect on a person's physical and mental health. Childless couples frequently experience stress, worry, and sadness. Due to decreased energy, motivation, and general well-being, these mental health issues may make it more difficult for them to carry out everyday tasks, such as caring for family and social obligations. Due to this unwanted phenomenon, they may receive less social support, have less access to resources, and feel excluded, all of which may make it harder for them to fulfil their daily tasks. Childless Couples are being marginalized within communities and social circles might result from the belief that childlessness is a personal failing or a misfortune. This pressure can extend to daily family and societal commitments, as they may find it difficult to sustain harmonious relationships and successfully carry out their duties the focus of difficulties connected to childlessness.

Theoretical Grounds to Support the Social Obligation Scale (SOS)

The lack of a standardized instrument to measure these social obligations specifically within the context of childless couples hinders our understanding of the psychosocial effects of childlessness. Here are several theoretical justifications for the idea of societal responsibilities for childless couples.

Social Role Theory: According to Eagle (1987), this means that ideal male and female partners are universally accepted expectations in every society. These expectations, or social roles, are determined by the ideals of a society, which are affected by a number of restrictions. According to the principle of social roles, each person in society has a unique social position with corresponding duties. Social expectations and conventions demand that parenthood is a key social duty in the setting of childless couples. Couples

without children could feel pressure from society to take on this role and due to extraordinary pressure couples may affect their daily demands of family and network duties.

Symbolic Interactionism Theory (George Herbert Mead and Herbert Blumer 1969): The underlying premise of the idea is that individuals react to aspects of their surroundings based on the subjective meanings they assign to them, such as meanings that are produced and altered through social interaction including symbolic communication with other people (Prescott, 2012; Wright, 2015). Childless Couples who are childless may feel that their social duties and the meanings linked with parenthood have not been met, which can create a symbolic deficit. The psychological and social ramifications of childless couples failing to satisfy their social commitments can be better understood with the aid of symbolic interactionism.

Family System Theory (Murray Bowen 1990): The Bowen family systems theory is an explanation of human behavior that treats the family as an emotional unit and makes use of systems thinking to explain the intricate relationships within the unit. The members of a family are innately very emotionally bonded to one another (Hammond, Cheney, & Pearsey, 2015). The stability and operation of the family system might be disturbed by childlessness. The relationships, duties, and obligations within the family might be impacted by the unfulfilled societal responsibility of bearing children. Family systems theory aids in understanding how childlessness impacts a childless couple's general functioning, sense of well-being, and relationships with other family members.

Role Strain and Role Conflict: Role conflict happens when the needs of many roles collide, whereas role strain refers to the stress created by the demands of one position. It's critical to comprehend how they could manifest because both might cause worry and anxiety (Creary & Gordon, 2016). Couples without children may experience tension and conflict in their roles due to the gap between their desired and actual parental responsibilities. Unmet social commitments can cause emotional pain, strained relationships, and trouble juggling other social and family obligations.

By relying on these theoretical foundations, the researcher can better understand the relevance of social duties in childless couples and the effects of unmet social obligations on many parts of their life. These ideas give us a framework for examining the psychological, sociological, and cultural aspects of social obligations and how they affect childless couples in various social circumstances.

MATERIALS AND METHODS

A detailed psychometric evaluation based study was executed to assess the validity of this scale. Initially, content and face validity was performed through experts and pilot study.

Content and Face Validity Assessment: the assessment of content validity and face validity of newly developed scale was assessed through an expert panel. This panel was consisted of experts in following areas; Statistics, Sociology, Psychology, and social psychology. According to the opinions of the four experts, two of the total 11 elements had been removed since they were irrelevant for measuring this concept. A pilot test with a sample of 30 childless couples who met the study's inclusion criteria was used to make the initial evaluation of the 9-item of Social Obligation Scale (SOS). The final version of the Social Obligation Scale (SOS), which had 9 items, was formally tested with 211 childless couples. Detailed methodology is discussed below.

Main Study: The scale was derived from the different theoretical foundations that present that human behavior is always reacted by external sources. These ideas give us a framework for examining the psychological, sociological, and cultural aspects of social obligations and how they affect childless couples in various social circumstances. Respondents were questioned about the societal obligations that childless couples carry out daily. The expression of the item statements was intended to be gender-neutral. The items' positive and negative asserts were distributed equally in order to minimize the influence of the responses set. The researcher used a five-point Likert scale with options: 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree. The final scale has 09 items to measure the obligations of childless couples. These 9 statements of SOS are purely related to family and domestic daily duties, participation in family rituals, and moral and physical support for network relations. These statements have been finalized on the bases of extensive theoretical literature that reflect the psychosocial implication for childless couples and how this heartbreaking event can affect the psychological and physical health of peoples. Childless couples

in underdeveloped nations may be severely impacted by cultural expectations and filial duties. The SOS perception scale was derived from the above-mentioned theories, and reliability and EFA was performed to validate this theoretically driven scale. This analysis was performed on SPSS 24.0. The study also included descriptive statistics to describe the distribution of variables.

The criteria for selection was to be a childless couple who have no child after two years of marriage, they are willing to have children, both on treatment and non-treatment, and having problems retaining pregnancy, miscarriages, and no live birth. Research excludes those couples who have children from a previous marriage or adopt children and who are voluntarily childless. A total sample of 211 from a general community and health centres participated in this research. The sample size was determined by the number of items that were taken out during the study's initial phase. The choice of the sample should be appropriate for the number of items, and the ratio of sample and the number of items should not be less than 5:1 (Speziale, Streubert, & Carpenter, 2011). However, according to Hair, Black, Babin, and Anderson (2010) sample size for applying EFA should be more than 200. Therefore, considering the non-response from participants almost 220 questionnaires were distributed among the selected participants who fulfilled the inclusion criteria. In return, a sample of 211 completely filled questionnaires were received from study participants. This data was collected through non-probability sampling; purposive and convenient sampling method. The researcher sought informed consent before the data collection from the respondents.

RESULTS

Sample Characteristics

The wives mean age was 25 ± 4.7 years, while the husbands' average age was 28 ± 4.9 years. A slightly more than 60% of the participants had educational backgrounds that were more than 12 years, 25% had high school degrees, and 15% had less than high school education. Infertility years were reported an average of 2.76 ± 2.59 years, and average marriage period was 4.7 ± 2.89 years. Only 6.5% of the couples indicated they had a pregnancy history but not live birth, while 93% of the couples said they did not have any conception history together. The couples found a number of explanations for their infertility, including idiopathic causes, male and female variables working together, and female and male factors alone.

Validation of scale: EFA and Reliability Assessment

The sufficiency and suitability of the sample are the most important fundamentals for the application of EFA (Sajid, Muhammad, & Zakaria, 2019). Hence the KMO test and Bartlett's sphericity test were employed to find the sampling adequacy and suitability of the sample respectively as suggested in the literature (Sajid, Muhammad, Zakaria, & Shahbaz, 2020). The KMO value varies between 0 to 1 and a value greater than 0.7 is considered a good and appropriate sample size for EFA (Plichta & Kelvin, 2013; Polit & Beck, 2008). Further, Bartlett's Test of Sphericity should be significant at a set level of significance that is generally; $p < 0.05$. As per required criteria, KMO test provided a value of 0.754 and Bartlett's test was also significant. Further, the number of explored factors is associated with the eigenvalue. Only those factors are retained whose eigenvalue is greater than 1.0. Further, only those items will be retained whose factor loading should be greater than 0.4. These thresholds help in determining the optimum structure of factors (Ghazanfari, Niknami, Ghofranipour, Hajzadeh, & Montazeri, 2010). Table 1 is the display of main findings of EFA. All the factor loadings are greater than the required threshold of 0.4, and only one factor eigenvalue is greater than 1.0. This explored factor also explained more than 70% variation as required. The reliability of SOS items was examined using Cronbach alpha. It is suitable to accept alpha values of 0.70 or higher (Sajid et al., 2020). Its overall value (0.955) showed very consistent findings of SOS.

Table 1. Exploratory Factor Analysis Results (Varimax Rotation)

Factor	Loading	Eigenvalues	% of variance explained	Cronbach's Alpha
Social Obligations				.955
Difficulty to Perform Daily Routine Responsibilities	.739	6.662	74.017	
Difficulty to visit relatives in time of need.	.819	.805	8.948	
Shared Support with my social connections.	.888	.550	6.110	

Connected With Friends/Relatives	.882	.416	4.623
Entertain Guests at Home	.922	.235	2.612
Physical assistance for family	.937	.172	1.909
Take part in Everyday Gatherings	.768	.082	.912
Participate in Family Rituals	.872	.056	.627
In difficult times, try to do my best for my relations	.894	.022	.241

In continuation, the role of each item of the scale is also examined using the *alpha if item deleted* method. It examines that if a certain component is removed, this number shows how reliable the scale will remain. In addition, Table 2 also contains the mean and standard deviation (SD) computed for each item. The mean, which shows the central tendency of response, is the average score for each item. An increased level of agreement with the statement is indicated by higher mean scores. Indicating how strongly the items correspond with one another, Cronbach's alpha assesses the scale's internal consistency. Internal consistency is improved when the alpha values are higher. The results of Table 2 show that all the items make a considerable contribution to evaluating the social obligation conception, as indicated by the scale's alpha value; 0.955 as provided in Table 1. The internal consistency of each items (Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, and Q9) is similarly very consistent, as the removal of each item can affect (decrease) the overall reliability of scale. It means each item of the scale is almost equally important for the scale and should be retained in the scale to upgrade the overall reliability of the scale. In other words, these metrics show substantial and unique role of each item in the scale therefore all items effectively measure SOS.

Table 2: Item Assessing Individual Social Obligations and Cronbach Alpha Results (n=211)

	Items	Mean	SD	Alpha If Item Deleted
Q1	It is challenging for me to carry out my everyday tasks.	3.280	1.296	.856
Q2	It's difficult for me to visit my network connections anytime I want to.	3.299	1.370	.795
Q3	My social connections seem to be satisfied with my shared support.	3.066	1.608	.848
Q4	I actively take part in daily social gatherings with my neighbours, friends, and co-workers.	2.976	1.412	.849
Q5	I feel burdened to entertain the guests/people at my home.	3.204	1.645	.846
Q6	My family is not happy with me and my physical support to them.	3.209	1.654	.844
Q7	I make an effort to give my best for my relationships when a crisis arises.	3.123	1.646	.855
Q8	I never take part in family Ceremonies because I'm afraid of being rejected.	3.085	1.432	.849
Q9	I always connected with my friends and relatives.	3.199	1.681	.798

DISCUSSION

Couples without children frequently encounter particular societal pressures and expectations because of their unwanted situations. Due to the strain to maintain harmonious relationships and effectively carry out their responsibilities while dealing with the challenges associated with childlessness, this pressure can also extend to daily family and community obligations. Social pressures experienced by childless couples can be better understood by being aware of the cultural setting and societal expectations. Above mentioned literature shows that childlessness has adverse effects on the psychosocial health of couples due to heavy stigma and expectations in highly traditional societies like Pakistan. Childless couples might go back on their own experiences and comprehend the societal tasks they must fulfill better.

So, the importance of procreation for couples gives us a framework for examining the psychological, sociological, and cultural aspects of social obligations and how they affect childless couples in various social circumstances. The researcher developed 9 item scale on social obligations as mentioned above. Childless couples were questioned about the societal obligations that childless couples carry out on a daily basis. The expression of the 09 item statements was intended to be gender-neutral. The assessment of psychometric properties of Social Obligations of Childless couples was the main objective of this study. The findings imply that the SOS is a reliable and valid measure. The measure's creation was influenced by a content validity analysis and pilot testing. The SOS's internal consistency is significantly above the required standard of $\alpha=.70$ for the new scale (EMEH & THOMPSON, 2019; Nunnally & Bernstein, 1994). Additionally, factor analysis and the confirmation of the factor's reliability helped to strengthen the scale's construct validity. Concurrent validity was demonstrated by the SOS's substantial link with Family System Theory, Social Role Theory, Symbolic Interactionism Theory, Role Strain, and Role Conflict. According to McDowell and Newell (1996), a correlation of .6 between two variables indicates a very high link.

The values of reliability showed an acceptable inter-item consistency with a minimum value of $\alpha=.955$ for the social obligation scale. The values of "alpha if item deleted" showed a decrease in alpha value by deleting any item. It means this newly developed SOS is a multidimensional scale that covers various aspects of social obligation. The range of factor loading values for each item, from .739 to .937 shows that there is a close relationship between each item and the underlying factor of social obligations. This shows that the scales measure the concept of social obligations accurately. The Social Obligations component, which accounts for 74.017% of the variation in the data, has the greatest eigenvalue of 6.662. This suggests that a substantial proportion of the variability in the answers is explained by this component. High internal consistency reliability is shown by the Social Obligations scale's Cronbach's alpha value of 0.955. This shows that the scale's items have a strong correlation with one another and are thus reliable.

According to the factor loadings supplied, the "Social Obligations" component is the most significant aspect for consideration in your research paper. Items relating to various societal obligations and responsibilities in the life of those without children are included in this element. However, we must take into account the magnitude of the factor loadings in order to determine which of these elements is the most important factor.

Above mentioned Table 1 showed the item with the greatest factor loading is "Physical assistance for family", with a loading of .937. This shows that in the case of childless couples, the degree of physical support given to the family is a particularly significant indication of social obligations. Due to its large loading, this item has an enormous impact on how the social obligations factor is measured. Other questions with significant factor loadings, such as "Entertain Guests at Home" (.922) and "Shared Support with my Social Connections" (.888), "Connected with Friends/Relatives" (.882), "Participate in Family Rituals/gatherings" (.872) also reflect the importance of these questions in evaluating social obligations. All the loading values for "Social network responsibilities" have shown significant reliability and validity of the scale. The above findings are aligned and supported by research conducted by Tiu, Hong et al. 2018 who found that Couples' capacity to focus, be productive, and efficiently carry out personal, social, and professional responsibilities can be negatively impacted by the emotional toll and stress of childlessness (Tiu et al., 2018). These obligations and commitments are reflected in social interactions and support networks. These events included not participating in family rituals and gatherings like marriage ceremonies, baby showers, and birthdays, because the couples feared questioning regarding the childlessness issue. The scale findings align with qualitative research conducted by hasanpoor-Azghdy, Simbar et al in 2015, and explained that women have talked about avoiding particular social situations, and gatherings and avoid pregnant women because they make them think about their infertility (Hasanpoor-Azghdy, Simbar, & Vedadhir, 2015). The significant findings of the social obligation factor that affects the couple's obligations and keeps them away from the issue may be a reflection of symbolic interactionism and family system theory.

CONCLUSION

In conclusion, with information gained from the social obligation scale, it is essential to have a specialized scale to assess social obligations in the context of childlessness in order to produce empirical data, improve support networks, and address the particular difficulties experienced by childless couples. The SOS items were derived from different literature and above mentioned theories that purely represent how the psychological, sociological, and cultural aspects of an individual are affected by various external sources and social circumstances. Moreover, the SOS has shown potential as a culturally and gender-neutral evaluation instrument by utilizing childless couples from different areas of Punjab to evaluate the scale's items. However, there is generous justification for more research in traditional societies other than Pakistan and incorporating a wider range of demographic groups. Such studies could result in an instrument that is used everywhere and can measure the dynamics of social obligation in childless couples in great detail.

Implications and Recommendations

1. In the field of social psychology research, the creation and validation of the Social Obligation Scale has been a significant accomplishment.
2. The Social Obligation Scale has applications in a variety of disciplines, including organizational behavior, interpersonal relationships, and cultural studies, in addition to its theoretical contribution to our knowledge of social dynamics.
3. It can be helpful for appropriate interventions about responsibilities that comprehend the childless couples.
4. It helps advance knowledge of their experiences and research, practice, and policy efforts that attempt to enhance their well-being and social inclusion.
5. The results of the scale may affect the creation of helpful policies and programs that cater to the specific requirements of childless couples by bringing attention to the societal constraints that they encounter.
6. The dynamics of childless couples' connections with their families and communities can be better understood through longitudinal studies which follow the evolution of social obligations through time. This would make it possible to comprehend social obligations more thoroughly and how they affect couples' wellbeing during the course of their infertility journey.

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