

The Role of Husband's Social Support and Self-Acceptance in Enhancing Marital Satisfaction among Javanese Women with Involuntary Childlessness: A Cultural and Psychological Perspective

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Abstract

Javanese women experiencing involuntary childlessness often face strong cultural pressures that can impact their psychological well-being and marital satisfaction. This study aims to examine the relationship between husband's social support, self-acceptance, and marital satisfaction in Javanese women with involuntary childlessness. Using a quantitative approach and a multiple-correlation design, data were collected from 157 participants via purposive sampling. Instruments included the Social Support Questionnaire (SSQ), Berger's Self-Acceptance Scale, and the ENRICH Marital Satisfaction (EMS) Scale. Analysis using Pearson correlation and multiple regression showed that both husband's social support and self-acceptance were significantly related to marital satisfaction ($F = 96.892$; $p < 0.001$). Social support showed a strong positive correlation ($r = 0.712$), while self-acceptance had a moderate correlation ($r = 0.322$), both significant at $p < 0.001$. These findings highlight the vital role of husband's support in enhancing self-acceptance and marital satisfaction. The study underscores the importance of relational support within the Javanese cultural context.

Keywords: involuntary childlessness, husbands' social support, marital satisfaction, self-acceptance

Abstrak

Perempuan Jawa yang mengalami ketiadaan anak yang tidak disengaja sering menghadapi tekanan budaya yang kuat yang dapat memengaruhi kesejahteraan psikologis dan kepuasan pernikahan mereka. Penelitian ini bertujuan untuk mengkaji hubungan antara dukungan sosial suami, penerimaan diri, dan kepuasan perkawinan pada perempuan Jawa dengan ketiadaan anak yang tidak disengaja. Dengan menggunakan pendekatan kuantitatif dan desain korelasi ganda, data dikumpulkan dari 157 peserta melalui purposive sampling. Instrumen termasuk Kuesioner Dukungan Sosial (SSQ), Skala Penerimaan Diri Berger, dan Skala Kepuasan Perkawinan (EMS) ENRICH. Analisis menggunakan korelasi Pearson dan regresi berganda menunjukkan bahwa dukungan sosial dan penerimaan diri suami secara signifikan terkait dengan kepuasan perkawinan ($F = 96,892$; $p < 0,001$). Dukungan sosial menunjukkan korelasi positif yang kuat ($r = 0,712$), sedangkan penerimaan diri memiliki korelasi sedang ($r = 0,322$), keduanya signifikan pada $p < 0,001$. Temuan ini menyoroti peran penting dari dukungan suami dalam meningkatkan penerimaan diri dan kepuasan pernikahan. Studi ini menggarisbawahi pentingnya dukungan relasional dalam konteks budaya Jawa.

Kata kunci: ketiadaan anak yang tidak disengaja, dukungan sosial suami, kepuasan perkawinan, penerimaan diri

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INTRODUCTION

Living the role of a woman is not easy because it faces many challenges, one of which is being an individual with involuntary childlessness. The inability of individuals to have children is medically known as infertility. The World Health Organisation (2023) describes infertility as a fertility disorder of the reproductive system that results in the inability to conceive after 12 months of regular sexual intercourse without contraception. WHO also explains that there are two types of infertility, namely primary infertility and secondary infertility. Primary infertility refers to the inability to conceive within 12 months of sexual intercourse without contraception. Secondary infertility means being unable to conceive again or maintain a pregnancy (Concepción-Zavaleta et al., 2023)

Women often face pressure to conform to the ideal image set by society. Women with involuntary childlessness can lead to conflicts in their families, such as domestic violence, social problems (pressure, ridicule, and prejudice from others), and psychological problems (social concern, concern for relationships, the need to be a parent, and rejection of a child-free lifestyle) (Susanti & Nurchayati, 2019). Wives with involuntary childlessness have pressure and worry over their inability to have children, worrying that their husbands will turn away and leave them (Zain & Rahmasari, 2023). When women with involuntary childlessness are able to achieve a positive state and feel confident about the possibility of having children, they can do so by receiving support from their husbands. To achieve good results, the husband must support his wife and strive to have offspring.

The strong patriarchal culture in Indonesia, especially among the Javanese ethnic group, adds complexity for women facing infertility issues. In a society that has not yet fully embraced gender equality, the dominant perspective on infertility often results in women being blamed as the responsible party (Larasati, 2021). In Indonesia, women are frequently the primary targets of stigma due to their inability to bear children, even though infertility factors can also originate from men (Alkai et al., 2019). The concept of 3M (macak, masak, manak) embedded in Javanese culture represents strong social pressure for women to fulfil their ideal role by having offspring (Fitria et al., 2022). This social pressure not only affects social status but also causes various psychological challenges, such as stress, anxiety, and fear of marital breakdown, divorce, or their husband remarrying, even when they receive support from their partners (Taebi et al., 2021). A study conducted by Safitri and Savira (2022) shows that Javanese women with involuntary childlessness tend to experience heavier impacts than their husbands, particularly in the form of emotional burdens due to frequent questioning from their surrounding environment about when they will conceive.

According to a review from Kemenkes Direktorat Jenderal Pelayanan Kesehatan, (2022) in Indonesia, the incidence of infertility occurs in around 10-15% or 4-6 million couples out of 39.8 million fertile couples, and they must undergo infertility treatment to be able to have offspring. Databoks (2023) also reported that in 1990, Indonesia's TFR was 3.10, meaning that each woman gave birth to 3 children on average over her reproductive years. In the following years, Indonesia's TFR declined to 2.15 in 2022, and the birth rate in Indonesia decreased by 30.64% over 1990-2022. In addition, Solopos Jateng (2024) reported that data from RSIA Ferina, Solo showed that there were many patients from Central Java, as many as 12,800 patients during 2016-2023. According to data from Badan Pusat Statistik (2023), there were 516,344 divorce cases recorded in Indonesia, with approximately 75% of them being divorce petitions filed by wives. Although there is no official data directly linking infertility to divorce, the high rate of



divorces initiated by wives may reflect the social and psychological pressures faced by women, particularly those who do not have children. Societal expectations for offspring within marriage, along with the stigma surrounding infertility, are believed to exacerbate the burdens experienced by women within the patriarchal cultural context.

Couples who already have children will have higher marital satisfaction than couples who do not have children; this will affect their marital satisfaction in both close and long-distance relationships (Mongdong & Kusumiati, 2023). Based on interviews conducted with 10 women with involuntary childlessness, they experienced difficulties caused by their condition. They feel irritated due to questions about when to have children, which are often asked by their environment. As a result, 7 out of 10 informants felt dissatisfied with their marriage; this situation made the wife feel anxious about her husband's loyalty to the condition of involuntary childlessness experienced. Although her husband has provided positive support, it can provide a sense of security.

Marital satisfaction is an overall evaluation of the marital relationship. More clearly, marital satisfaction can be described as a subjective evaluation by a husband and wife of their married life, based on feelings of satisfaction, happiness, and pleasant experiences shared with their partner (Fowers & Olson, 1993). Couples can be said to be satisfied in their marriage if they have communication, leisure activities, religious beliefs, problem-solving, financial arrangements, sexual orientation, family and relatives, family roles, partner personality, and parenting roles (Fowers & Olson, 1993).

Unhappiness and dissatisfaction in marriage have a variety of negative impacts. The extreme impact of unhappiness and dissatisfaction in marriage is divorce (Khairani et al., 2016). This is evidenced by data from DataIndonesia.id (2024), which explains Central Bureau of Statistics (Indonesia), stating that in 2023, the number of divorce cases in Indonesia amounted to 463,654. This number decreased by 10.2% compared to the previous year. Conversely, gratitude in married life will lead to greater satisfaction. This is manifested in positive emotions such as forgiveness. This forgiving nature is an important matter that needs to be prioritized in an individual's life to gain happiness in marriage. Forgiveness also plays an important role in overcoming household conflicts that exist in an involuntary childless married life (Herawati & Widianoro, 2019).

Marriage satisfaction is influenced by several factors, namely demographic specifications, personality attributes, attraction styles, relationships, communication and intimacy, partner's family, forgiveness and sacrifice, religion, emotional intelligence, personal health, and sexual relationships, which can also affect satisfaction in marriages of women with involuntary childlessness (Tavakol et al., 2017). In addition, having mutual attention and trust, and being open to each other, lead to good psychological well-being (Maliki, 2019). Not only that, other factors such as marital commitment of married couples, support from spouses, support from the families of both parties, support from relatives or friends, and length of marriage also have important factors in marital satisfaction (Lioe, 2023). In this study, spousal support refers to the support that husbands provide to their spouses to deal with unintentional childlessness. Wives are more likely to overcome negative impacts in their lives if they receive support from their spouses (Nihayah et al., 2023). In addition, women with infertility conditions who have reached the point of self-acceptance will be able to live a productive life and have good psychological well-being.

Social support is an action taken to provide comfort, care, and assistance to others (Sarafino et al., 2015). One person who can support wives with involuntary childlessness is the husband. The role of the husband is more important than the role of the family in



providing social support in the lives of women with involuntary childlessness conditions that affect the ability to face various problems (Laksmi & Kustanti, 2017). Social support provided by husbands involves four forms of support, namely, first, emotional support, which is realized through attention and empathy so that individuals feel loved and comfortable. Second, instrumental support refers to financial assistance or help with completing certain tasks. Third, information support takes the form of advice and guidance on how to solve a problem experienced. Fourth, appreciation support is a good assessment of feelings, ideas, and actions taken (Sarafino et al., 2015).

The lack of social support provided by the husband to the wife with involuntary childlessness will worsen the psychological condition of the wife. Individuals will experience negative impacts such as suffering from loss of self-esteem, depression, stress, guilt, anxiety, frustration, decreased sexual satisfaction, and decreased quality of life (Bakhtiyar et al., 2019). This shows that husband support is very important for wives with involuntary childlessness. Positive social support from husbands helps their spouses accept their condition through positive thinking, fostering confidence and hope (Zain & Rahmasari, 2023). In addition, the husband's social support will foster the wife's optimism, increasing her enthusiasm and strength to tackle tough problems, both personally and socially (Novita & Huwae, 2022). Research by Wulandari et al. (2017) indicates that Javanese women experiencing infertility face significant psychological and social pressures. They endure a range of negative emotions, such as sadness, anxiety, shame, and fear of losing their partner. In this context, emotional support from the husband plays a crucial role in facilitating acceptance and adjustment to their condition.

Javanese women with involuntary childlessness conditions who have a husband's high social support will generally feel more loved and supported, so that a harmonious family is created. Research conducted by Rahmah et al. (2023) found that high levels of husbands' social support affect their marital satisfaction. This is also consistent with research by Juniarily et al. (2022), who found that empathy and social support from husbands affect marital satisfaction. The husband's role in marital satisfaction is closely related; Javanese women experiencing involuntary childlessness who receive high levels of social support from their husbands tend to report greater marital satisfaction despite not having children in their marriage. Conversely, involuntary childless women who experience low husband's social support will be less satisfied with their marriage. This aligns with research by Nawaz et al. (2021), which finds that individuals with poor partner support have lower marital satisfaction.

In addition to the husband's social support factor, the study examined self-acceptance. Self-acceptance of Javanese women with involuntary childlessness is described as a form of self-evaluation carried out by individuals, not influenced by others. It includes responsibility for actions taken, openness to feedback, equality with others, and no sense of rejection or shame (Berger, 2003). Self-acceptance of Javanese women with involuntary childlessness conditions can be influenced by values and standards of self not influenced by the outside environment, confidence in living life, being responsible for what is done, being able to accept criticism and suggestions as objectively as possible, not blaming themselves for their feelings towards others, considering themselves equal to others, not wanting others to reject them under any circumstances, not considering themselves different from others, and not being ashamed or inferior (Berger, 2003). To be able to achieve self-acceptance, a woman with involuntary childlessness conditions must be able to go through several stages of self-acceptance well.



The stages of self-acceptance that must be passed to achieve good self-acceptance are denial, anger, depression, and acceptance (Nurhadhani & Suzanna, 2020).

Poor self-acceptance will cause Javanese women with involuntary childlessness to have a poor psychological state. Javanese women with involuntary childlessness always have anxiety that leads to features of depression; infertility can also activate disturbing thoughts about personal relationships excessively (Mobeen & Dawood, 2023). Conversely, good self-acceptance helps individuals avoid pressures, such as environmental stigma. Self-acceptance of women with involuntary childlessness conditions can reduce suffering and pain due to the circumstances experienced; individuals will be able to live life without having to avoid potentially unpleasant situations, such as family gatherings, which must be with the presence of children (Balsom et al., 2024).

The high level of self-acceptance possessed by Javanese women with involuntary childlessness will affect their level of psychological well-being, so that they will feel more at peace with themselves. Maliki (2019) found that acceptance from a partner can lead to positive well-being, which in turn affects marital satisfaction. Their level of self-acceptance strongly influences the marriage satisfaction of women with involuntary childlessness. This is also supported by research by Atefeh et al. (2021), which found that self-acceptance significantly influences marital satisfaction.

High husband's social support will affect the level of self-acceptance possessed by women with involuntary childlessness, so this will also affect their marital satisfaction. Women with involuntary childlessness in Indonesia tend to have difficulty controlling their emotions when they are down or faced with questions about the existence of children, have difficulty solving the problems they face without the help and motivation of others, and have difficulty understanding existing problems, their own emotions of others (Safitri et al., 2020). With the support provided by the husband to the wife with involuntary childlessness conditions, it greatly affects the wife's psychological well-being in completing the self-acceptance stage, as well as in increasing the satisfaction of the family marriage with involuntary childlessness. The level of self-acceptance of women with involuntary childlessness conditions affects the level of anxiety and depression in women with involuntary childlessness conditions; the higher the acceptance of involuntary childlessness, the lower the level of anxiety and depression (Nagórska et al., 2023).

Based on the existing phenomenon, Javanese women with involuntary childlessness cannot be separated from the influence of Javanese culture, which becomes a pressure in life and can have a negative psychological impact. Javanese women with involuntary childlessness will find it difficult to accept themselves and the stigma of society against them without the support of their husbands, which leads to a lack of marital satisfaction. Thus, Javanese women with involuntary childlessness need the support of their husbands in helping to improve the quality of self-acceptance of childlessness to achieve marital satisfaction. Therefore, the researcher then conducted a study on the relationship between husbands' social support, self-acceptance, and marital satisfaction in Javanese women with involuntary childlessness.

Therefore, there are three objectives of this study, to determine the relationship between husband's social support, self-acceptance, and marriage satisfaction in Javanese women with involuntary childlessness, to determine the relationship between husband's social support and marriage satisfaction in Javanese women with involuntary childlessness, and to determine the relationship between self-acceptance and marriage satisfaction in Javanese women with involuntary childlessness. The major hypothesis is



that husbands' social support and self-acceptance are significantly related to marital satisfaction in Javanese women with involuntary childlessness. The minor hypothesis is that husbands' social support and self-acceptance are positively related to marital satisfaction among Javanese women with involuntary childlessness.

METHOD

The population used in this study consists of Javanese women experiencing involuntary childlessness. The sampling technique employed is purposive sampling. This method ensures that participants meet strict criteria: (1) Javanese ethnicity, (2) medically diagnosed infertility, and (3) a marriage duration of at least five years. This targeted approach addresses cultural homogeneity but limits the generalizability of the findings. A total of 157 women with involuntary childlessness participated in the study. All participants were asked to complete an informed consent form regarding the research procedures.

The informed consent contained statements about the study description and the participants' involvement. After that, participants chose to agree (if willing) or disagree (if refusing participation). If willing, participants were asked to provide their identity (initials, gender, age, age at marriage, desire to have children, and telephone number).

Table 1.
 Demographic of Research Participants

Participant Classification	Description	Frequency	Percentage
Age Group	21-30 years old	60	38.2%
	31-40 years old	69	44%
	41-50 years old	28	17.8%
Marriage Age	5 years	55	35%
	6-10 years	61	39.9%
	11-15 years	16	10.2%
	16- 20 years	18	11.5%
	>21 years	7	4.4%
Having Children	Want to	153	97.4%
	Don't want to	4	2.6%

The study used two psychological scales: the self-acceptance scale and the subjective well-being scale. Before the scales were distributed, the construct validity test was conducted, and the content validity test was assessed through expert judgment by 3 experts. After that, the research design was presented and assessed for feasibility by three reviewers. Before this research was conducted, the three scales were first tested on 30 women who came from the Javanese tribe and were in a condition of involuntary childlessness outside the participants of this study. The next stage, licensing and preparing informed consent sheets, was completed as a questionnaire distributed via Google Forms. Data collection was conducted for four months, from July 25, 2024, to December 10, 2024. In collecting data, researchers provided a reward of Rp. 50,000.00 was given to 10 lucky participants drawn by lottery. This research data collection has received ethics commission approval with letter number E. 6. m/150/KE-FPsi-UMM/VII/2024.

Husband's social support was measured using the Social Support Questionnaire (SSQ) from Sarafino et al. (2015) which was translated by Novita and Huwae (2022) and then readjusted by researchers based on the context in the study which was validated by



expert judgment based on the husband's support scale compiled by researchers based on the forms of social support expressed by Sarafino et al. (2015), namely emotional support, instrumental support, information support, and appreciation support. The husband's social support scale consists of 10 favourable items and uses a five-point Likert scale with the response options Very Suitable, Not Suitable, Neutral, Very Suitable, and Very Unsuitable. The scale has a Cronbach's alpha of 0.822.

Self-acceptance was measured using Berger's Self-Acceptance Scale (Berger, 2003). This scale is compiled based on the aspects of self-acceptance identified by Berger (2003) which have been developed by Kristiadi and Soetjiningsih (2024) which are then readjusted by the researcher based on the context in the study, and will be validated by expert judgment based on nine aspects, namely values and standards of self are not influenced by the outside environment, confidence in living life, being responsible for what is done, being able to accept criticism and suggestions as objectively as possible, not blaming oneself for one's feelings towards others, considering oneself equal to others, not wanting others to reject one under any circumstances, not considering oneself different from others, and not being ashamed or inferior. The marriage satisfaction scale consists of 26 statement items consisting of 10 favourable items and 16 unfavourable items using a Likert scale with five answer choices, namely Very Suitable, Not Suitable, Neutral, Very Suitable, Very Not Suitable, with a Cronbach alpha of 0.936.

Marriage satisfaction in this study will be measured using the ENRICH Marital Satisfaction (EMS) scale developed by Fowers and Olson (1993). This scale is based on aspects of marital satisfaction identified by Fowers and Olson (1993), namely communication, leisure activity, religious orientation, conflict resolution, financial management, sexual relationship, family and friends, children and parenting, personality issues, and equalitarian role. The scale was translated into Indonesian by the researchers and adjusted to fit the context of this study. It will be validated through expert judgment. The marital satisfaction scale consists of 15 items rated on a five-point Likert scale with response options: Very Suitable, Suitable, Neutral, Not Suitable, and Very Not Suitable. The ENRICH Marital Satisfaction scale was culturally adapted through expert review by three psychologists proficient in the Javanese language to include local constructs such as 'nrimo' (acceptance). The adapted scale demonstrated high reliability, with a Cronbach's alpha of 0.890.

The data analysis technique of this study uses multiple correlation tests and simple correlation (bivariate). Data testing in this study was conducted using IBM SPSS Statistics 26.0 for Mac.

RESULTS AND DISCUSSION

Results

The descriptive statistics for the husband's social support variable, shown in Table 2 for 157 participants across three main data groups, indicate a score range of 15-49, with a mean of 38.68 and a standard deviation of 8.559. The self-acceptance variable has a score range of 40 to 116, with a mean of 90.35 and a standard deviation of 15.156. Meanwhile, the marriage satisfaction variable ranges from 34 to 64, with a mean of 51.50 and a standard deviation of 7.471. These descriptive results indicate that most participants reported moderate to high levels of husband's support, self-acceptance, and marital satisfaction. In the Javanese cultural context, which is collectivist and patriarchal, this suggests that both relational and internal factors play essential roles in maintaining marital stability despite the stress of involuntary childlessness.



Table 2.
 Descriptive Statistic

	N	Minimum	Maximum	Mean	Std. Deviation
Husband's Social Support	157	15	49	38.68	8.559
Self-Acceptance	157	40	116	90.35	15.156
Marriage Satisfaction	157	34	64	51.50	7.471

Based on the results of the normality test presented in Table 3, the Kolmogorov-Smirnov non-parametric statistical test yielded a value of 0.937 with a probability (p) or significance of 0.343 ($p > 0.05$), indicating that the variables in this study are normally distributed. This confirms that the assumptions for parametric testing are met, which strengthens the validity of the correlation and regression analyses. A normal distribution also suggests that the participants' responses reflect a balanced pattern in their perceptions of husband's support, self-acceptance, and marital satisfaction.

Table 3.

Normality Test Results of Husband's Social Support, Self-Acceptance, and Marital Satisfaction in Javanese Women with Involuntary Childlessness

	Unstandardized Residual
Kolmogorov-Smirnov Z	0,937
Asymp. Sig. (2-tailed)	0,343

Based on the results of the linearity test in Table 4, the F linearity value obtained was 199.830 with a significance of 0.000 ($p < 0.05$), indicating that the relationship between husband's social support and marital satisfaction among Javanese women with involuntary childlessness is linear. This finding supports the assumption that increases in husband's support correspond to increases in marital satisfaction in a consistent, predictable way an important aspect in understanding how emotional support functions as a protective factor in marital dynamics.

Table 4.

Linearity Test Results between Husband's Social Support and Marital Satisfaction in Javanese Women with Involuntary Childlessness

		df	F	Sig.
Marriage Satisfaction*	Between Groups	(Combined) 23	11,341	0,000
Husband's Social Support	Linearity	1	199,830	0,000
	Deviation from Linearity	22	2,773	0,000
	Within Groups	133		
	Total	156		

Based on the results of the linearity test in Table 5, the F-statistic for linearity was 20.511 ($p < 0.05$), indicating that the relationship between self-acceptance and marital satisfaction among Javanese women with involuntary childlessness is linear. Although



the linearity is not as strong as the previous relationship, it still suggests that higher levels of self-acceptance are associated with higher marital satisfaction, in a steady and measurable manner. This aligns with the theoretical view that self-acceptance helps individuals adapt more effectively to psychosocial challenges, such as childlessness.

Table 5.

Linearity Test Results between Self-Acceptance and Marital Satisfaction in Javanese Women with Involuntary Childlessness

			df	F	Sig.
Marriage Satisfaction*	Between Groups	(Combined)	48	1,868	0,004
Self-Acceptance		Linearity	1	20,511	0,000
		Deviation from Linearity	47	1,471	0,052
	Within Groups		108		
	Total		156		

The results of the multiple correlation test in Table 6 show a significant F change value is 0.000 ($p < 0.05$), which means that there is a significant relationship between husband's social support and self-acceptance with marital satisfaction in Javanese women with involuntary childlessness. Theoretically, this supports the Social Exchange Theory, which posits that interpersonal relationships thrive when there is mutual benefit and support. In this context, the husband's support and self-acceptance serve as psychological resources that contribute to greater satisfaction in the marriage.

Table 6.

Multiple Correlation Test between Husband's Social Support, Self-Acceptance, and Marriage Satisfaction

R	R Square	R Square Change	F Change	Sig. F Change
0.746 ^a	0.557	0.557	96.892	0.000

Based on the results of correlation testing in Table 7, the correlation coefficient between husband's social support and marital satisfaction is 0.712 with $\text{sig} = 0.00$ ($p < 0.01$). This shows that there is a significant positive relationship between husbands' social support and marital satisfaction in Javanese women with involuntary childlessness. This strong correlation reinforces the idea that emotional and social support from the husband is highly influential in promoting marital satisfaction, particularly in Javanese culture, where women may face societal pressure when they are unable to fulfil the culturally expected role of motherhood.

Table 7.

Simple Correlation Test between Husband's Social Support and Marriage Satisfaction

	Mariage Satisfaction	
Husband's Social Support	r	0.712**
	Sig. (1-tailed)	0.000
	N	157



Based on the results of correlation testing in Table 8, the correlation coefficient between resilience and quality of life is 0.322 with sig=0.000 ($p < 0.01$). This shows that there is a significant positive relationship between self-acceptance and marital satisfaction in Javanese women with involuntary childlessness. Although the correlation is weaker than that of husband's support, self-acceptance remains a relevant psychological factor. Women who accept themselves are more likely to manage social stress and maintain positive marital dynamics, even when facing childlessness.

Table 8.

Simple Correlation Test between Self-Acceptance and Marriage Satisfaction

	Mariage Satisfaction	
Self-Acceptance	r	0.322**
	Sig. (1-tailed)	0.000
	N	157

** . Correlation is significant at the 0.01 level (1-tailed).

Discussion

The results of this study indicate that the husband's social support and self-acceptance play significant roles in the marital satisfaction of women experiencing involuntary childlessness. This finding can be explained by social exchange theory, which posits that the quality of interpersonal relationships is strongly influenced by the reciprocity of support and appreciation partners receive (Homans, 1958). The husband's social support, including emotional, informational, appraisal, and instrumental support, is a source of social capital that strengthens attachment and balance within the marital relationship. Furthermore, the stress-buffering model (Cohen & Wills, 1985) posits that social support effectively reduces the negative impact of infertility-related psychological stress, thereby enhancing relationship satisfaction and stability. Self-acceptance also acts as a psychological mechanism that enables individuals to manage internal pressures and social expectations adaptively, supporting the quality of the marital relationship.

In the context of Javanese culture, which still holds strong patriarchal values and expectations of women's reproductive roles, women with involuntary childlessness are vulnerable to social pressure, stigma, and decreased self-esteem. In this situation, social support from the husband becomes the main bulwark, allowing the wife to feel safe and loved and not alone when facing these pressures. In addition, self-acceptance plays an important role in helping individuals make sense of themselves and live their married life more positively. A study by Chu et al. (2021) showed that social support has a positive relationship with life satisfaction in infertile women, with self-compassion as an important mediator in the process. Patnani et al. (2020) also emphasized that the quality of relationships with partners, family and community support, and aspects of spirituality influence the experiences of women with involuntary childlessness in Indonesia.

The results of the simple correlation analysis showed a significant positive relationship between the husband's social support and marital satisfaction. This means that the higher the social support provided by the husband, the higher the level of marital satisfaction felt by women with involuntary childlessness. Research by Kiesswetter et al. (2020) found that couple relationship quality and social support have an important role in increasing life satisfaction and reducing psychological stress in couples experiencing infertility. This form of support not only helps individuals deal with emotional distress but also strengthens self-acceptance, which contributes directly to marital happiness.



Social support from a partner, especially in difficult circumstances such as infertility, plays a crucial role in building and maintaining the quality of a marital relationship. This finding aligns with the study by Wendołowska et al. (2022), which emphasizes the importance of partner support in enhancing marital satisfaction among infertile couples. However, unlike the study by Patnani et al. (2020), which highlights the more dominant role of family and community support, this research focuses on the central role of the husband's support as the family head within the Javanese cultural context. Additionally, studies by Josepha et al. (2024) support the conclusion that emotional and instrumental support from partners not only reduces stress but also strengthens relationship quality, findings consistent with this study's findings. This research enriches the literature by integrating the influence of self-acceptance, which has been relatively overlooked, particularly within this cultural context (Kumar et al., 2022).

Social support from husbands includes emotional, informational, appreciative, and instrumental support. Emotional support involves empathy, concern, and validation of the wife's feelings, which can create open communication and increase feelings of being valued. Research by Ha and Ban (2020) showed that the resilience of infertile couples played a significant role in improving their quality of life, with emotional support from spouses as one of the main determinants. Instrumental support, such as helping with household chores or accompanying the wife in medical consultations, creates a sense of community that strengthens relationship cohesion. The study by Amini et al. (2018) found that perceived social support, including instrumental support from husbands, was negatively associated with infertility-related stress in wives, thus improving their psychological well-being.

Furthermore, informational support in the form of advice and guidance from the husband can increase the wife's confidence in making decisions related to the conditions faced. Research by Khalid and Dawood (2020) shows that perceived social support is positively associated with self-efficacy in infertile women, which in turn reduces psychological distress. Finally, support in the form of appreciation, such as praise, thanks, or recognition of the wife's role despite not having children, can strengthen the wife's self-esteem. The study by Shafierizi et al. (2023), highlighted that good marital relationship quality, which includes appreciation and support from husbands, plays a role in reducing emotional distress and enhancing personal growth in women experiencing infertility.

Thus, each form of support provided by the husband makes a specific contribution to aspects of marital satisfaction. Such support also creates a stronger emotional attachment in the relationship. Through open and empathic communication, couples can build harmonious relationships and strengthen each other in facing life's challenges. In Javanese culture, the husband's role as head of the family is also associated with the responsibility to protect and support his wife's emotional well-being. Therefore, a supportive husband can strengthen marital cohesion and provide women with involuntary childlessness a sense of security and comfort in their married life.

The results of the analysis showed a significant positive relationship between self-acceptance and marital satisfaction in Javanese women with involuntary childlessness. The higher a person's self-acceptance of their condition, the higher their level of marital satisfaction. Self-acceptance is the ability to accept all aspects of oneself, both positive and negative, including realities that are not as expected, such as the inability to have children. Research by Hajihasani and Ekhtiari (2023) showed that the quality of marital relationships and self-compassion play an important role in reducing psychological distress in infertile women.



In the context of involuntary childlessness, self-acceptance is an important foundation in managing various psychological pressures, such as a sense of failure, decreased self-esteem, and feelings of worthlessness as a wife. Women who can fully accept their condition tend to have a more realistic attitude, do not easily blame themselves or their partners, and are more open to improving the quality of their marriage. Research by Sadiq et al. (2022) shows that marital quality and self-compassion play a significant role in reducing psychological distress in women with primary infertility. Conversely, low self-acceptance can lead to internal conflict, reducing satisfaction in the marital relationship.

In the patriarchal Javanese culture that highly values the reproductive role of women, women experiencing involuntary childlessness are vulnerable to social pressure, stigma, and decreased self-esteem. In this context, social support from the husband serves as the primary shield, protecting the wife from external pressures and creating a sense of emotional security. The husband's role as the head of the family entails economic, psychological, and emotional responsibilities that directly affect the quality of the marital relationship (Estherline & Widayanti, 2016). Furthermore, self-acceptance becomes an essential adaptive strategy within Javanese culture, where the presence of children is often regarded as a measure of household success. Women who can accept their childless condition can maintain marital harmony and develop resilience in facing social stigma. Studies by Suhita and Subandi (2018), reinforce that self-acceptance and family support within the local cultural context are crucial for maintaining psychological well-being and marital quality.

This study highlights the importance of self-acceptance in improving marital relationship quality in women with involuntary childlessness. Acceptance of the condition can reduce unrealistic expectations, allowing couples to focus more on the positive aspects of their relationship, such as affection, emotional support, and cooperation in domestic life. A study by Dadkhah et al. (2021) found that self-compassion is positively associated with marital quality among infertile women; individuals with higher levels of self-compassion tend to have better marital quality.

Thus, self-acceptance is an important psychological mechanism for dealing with the realities of married life without children. An accepting attitude can help individuals shift the focus from things that cannot be controlled to things that can still be built and strengthened with their partner. In the long run, this contributes positively to emotional stability and marital relationship quality for women with involuntary childlessness.

This study is novel because it combines two psychological aspects, namely husband's social support and self-acceptance, to see their influence on marital satisfaction in women with involuntary childlessness. Most previous studies have addressed only one variable or have not linked the two together. With this approach, the study provides a more comprehensive picture of the factors that can influence marital quality in childless couples.

In addition, this study also focuses on Javanese women, who live in a cultural environment with traditional values and high social pressure towards motherhood. This makes a difference because not many studies have explored the condition of childlessness within a local cultural framework. Thus, the results of this study not only provide theoretical contributions in the field of family psychology but can also be used practically as a basis for interventions or counselling that are more appropriate to the Indonesian cultural context.



This study has several limitations that need to be considered. First, the sampling method used was purposive sampling, so the results of this study cannot be generalized to the entire population of women with involuntary childlessness, especially outside the Javanese cultural context. In addition, the limited number of participants limits the breadth of analysis of variations in personal experiences, which may be more diverse if the sample is larger and comes from a different cultural background.

Second, sensitive topics such as infertility and the absence of children in marriage can make participants feel uncomfortable answering honestly, thus allowing social bias in filling out the questionnaire. Third, this study used only quantitative measurement tools, such as psychological scales, and therefore could not describe participants' subjective experiences and deep emotions. Therefore, future research is recommended to use a qualitative or mixed methods approach in order to obtain a more complete understanding of the experiences of women with involuntary childlessness in their married life.

CONCLUSION

This study concludes that there is a significant positive relationship between the husband's social support and self-acceptance with marital satisfaction among Javanese women experiencing involuntary childlessness. The higher the level of social support provided by the husband and the greater the wife's level of self-acceptance, the higher the marital satisfaction experienced. Between these two variables, the husband's social support is more strongly associated with marital satisfaction than self-acceptance. This study emphasizes that social support and self-acceptance from the husband are crucial for marital satisfaction in Javanese women facing infertility. Culturally tailored interventions should include: (1) training husbands to provide active emotional support (e.g., acknowledging the wife's feelings about infertility) and (2) integrating the value of 'nrimo' (acceptance) into counseling to encourage self-acceptance. Limitations include self-report bias and regional sampling; future research should use a dyadic design to capture both partners' perspectives. These findings affirm that healthy interpersonal relationships, particularly the supportive role of the husband and self-acceptance, even in socially non-ideal situations, are two important factors in maintaining the quality of a marital relationship. In the context of Javanese culture, which still upholds traditional values, the husband's role as the primary source of support and the wife's nrimo (acceptance) are essential to creating a harmonious marriage, even in the absence of children.

For wives with involuntary childlessness, it is important to continue to develop self-acceptance and appreciate their role in the marriage despite the absence of children. Good self-acceptance can help keep the marriage relationship harmonious and meaningful. Husbands are expected to provide full support, both emotionally and in daily life, because it means a lot to their wives. In addition, for counsellors or psychology practitioners, the results of this study can be a reference in providing counselling to couples facing infertility problems. Future research is recommended to include participants from diverse cultural backgrounds and to use a qualitative approach to better understand their experiences.

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