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ORIGINAL ARTICLE / ARAŞTIRMA YAZISI

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Psychosocial Problems Experienced by Infertile Women and Stigmatization: A Qualitative Study

Semra Kocataş[1], **Nuriye Erbaş**[1]

[1]Sivas Cumhuriyet University Faculty of Health Sciences, Department of Nursing, Sivas, Turkey

Semra KOCATAŞ
Nuriye ERBAŞ

This study was presented as a poster with the title "Psychosocial Problems and Stigmatization of Infertile Women: A Qualitative Study" in the 5th International 16th National Nursing Congress held in Ankara, Turkey between 5-9 November, 2017.

Correspondence: Semra Kocataş
Sivas Cumhuriyet University Faculty of Health Sciences, Department of Nursing, Sivas, Turkey
Phone: +9005528507558
E-mail: skocatas@gmail.com

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ABSTRACT

Purpose: This study aims to determine the psychosocial problems experienced by infertile women and their stigmatization statuses.

Methods: This qualitative study was conducted in the Assisted Reproductive Treatment Center of a university hospital in Turkey between November 2016 and May 2017. The sample of the study consisted of 42 infertile women who agreed to participate in the study. The data were collected using a semi-structured "Interview Form" consisting of eight open-ended questions to determine the psychosocial problems experienced by the women in relation to infertility. The collected data were analyzed with the method of content analysis.

Results: According to the results of the in-depth interviews conducted with the participants, four main themes emerged to include ten sub-themes revealing the psychosocial problems they experienced and their stigmatization issues as sorrow, feeling of guilt, childlessness stigma, loss of feeling of motherhood, stress (psychological), perceived social pressure, social isolation (social), lack of sexual drive, feeling of sexual failure (sex life) and financial loss (economic).

Conclusion: In the study, it was determined that the women who were receiving infertility treatment experienced many psychosocial problems and stigmatization due to their childlessness, and they limited their social lives to especially avoid questions directed to them about having a child and evade talking to pregnant women/families and women/families with children. Based on these results, it is recommended for nurses who work at assisted reproductive treatment centers and especially have the opportunity to communicate with infertile women for longer to determine the psychosocial problems experienced by these women throughout their treatment processes and provide the psychosocial support and counselling they need.

Keywords: Infertility, woman, social problems, nursing, qualitative study, stigmatization

İnfertil Kadınların Yaşadıkları Psikososyal Sorunlar ve Damgalanma: Nitel Bir Çalışma

ÖZET

Giriş: İnfertil olmaya bağlı damgalanma, toplumsal cinsiyet eşitsizliğine ve genel olarak toplum içindeki konumlarına bağlı olarak en fazla kadınlarda yaşanan bir sorun olarak karşımıza çıkmaktadır. Bu çalışma, infertil kadınların yaşadıkları psikososyal sorunları ve damgalanma durumlarını belirlemek amacıyla yapılmıştır.

Yöntem: Bu çalışma, Türkiye'de bir üniversite hastanesinin Yardımcı Üreme Tedavi Merkezi'nde Kasım 2016-Mayıs 2017 tarihleri arasında nitel olarak yapılmıştır. Araştırmanın örneklemini araştırmaya katılmayı kabul eden 42 infertil kadın oluşturmuştur. Veriler, kadınların infertilite ile ilgili yaşadıkları psikososyal sorunları belirlemeye yönelik sekiz açık uçlu sorudan oluşan yarı yapılandırılmış "Görüşme Formu" aracılığıyla toplanmıştır. Toplanan veriler içerik analizi yöntemiyle çözümlenmiştir.

Bulgular: İnfertil kadınlarla yapılan derinlemesine görüşmelerden kadınların yaşadıkları psikososyal sorunları ve damgalanma durumlarını ortaya koyan üzüntü, suçluluk duygusu, çocuksuzluk damgalanması, annelik duygusu kaybı, stres (psikolojik olarak etkilenme), algılanan sosyal baskı, sosyal izolasyon (sosyal olarak etkilenme), cinsel isteksizlik, cinsel başarısızlık duygusu (cinsel yaşam açısından etkilenme) ve maddi kayıp yaşama (ekonomik olarak etkilenme) şeklinde on alt temadan oluşan dört ana tema ortaya çıkmıştır.

Sonuç: Araştırmada infertilite tedavisi gören kadınların çocuksuzlukları nedeniyle birçok psikososyal sorun ve damgalanma yaşadıkları, özellikle çocuk sahibi olma konusunda kendilerine yöneltilen sorulardan ve hamilelerle konuşmaktan kaçınarak sosyal yaşamlarını kısıtladıkları belirlendi. Bu sonuçlara dayalı olarak üremeye yardımcı tedavi merkezlerinde çalışan ve özellikle infertil kadınlarla daha uzun süre iletişim kurma olanağına sahip olan hemşirelerin, kadınların tedavi sürecinde yaşadıkları psikososyal sorunları belirlemeleri, ihtiyaç duydukları psikososyal destek ve danışmanlığı sağlamaları önerilmektedir.

Anahtar Kelimeler: İnfertilite, kadın, sosyal sorunlar, hemşirelik, nitel çalışma, damgalanma

Infertility is considered a life crisis for the individual that is biologically hurtful, psychologically threatening, socially embarrassing, economically expensive, and complicated (1). Although not being able to have a child emotionally affects both sexes, it has been reported that women are affected much more than men are, they experience more intense stress and pressure, and their anxiety and depression rates are higher (2-8). In addition to all these influences, in married couples, it is usually the woman who shows help-seeking behaviors due to childlessness, receives treatment, and participates in the treatment process in person even if she is not the source of infertility (6). This is because, in some societies, the inability to have a child is almost always attributed to the 'woman' alone, and even if the cause of infertility is not related to them in general, women are blamed for it. As a result, this situation can harm women, especially biologically, psychologically, economically, socially, and emotionally, and negatively affect their quality of life (6,9,10).

In developing countries, children are seen to be highly valuable due to social, cultural, and economic reasons. In such countries, childlessness may lead to personal, social, and familial problems accompanied by many stressors, reduced security, and stability in marriage, and the inclusion of the right of the man to remarry in the agenda, and all these factors result in the ostracizing of especially infertile women (3-5,11). The possibility of remarrying is low for infertile women who are left or divorced by their husbands, living alone is not socially approved, and lack of social and economic support for most women make the psychological trauma experienced by infertile women even deeper (12,13). As a result of this, infertility may turn into an unpleasant, hurtful stigma which is not desired in society with its complicated and destructive outcomes (4).

Infertility-related stigmatization is a problem that is mostly seen among women due to gender inequality and the general status of women in society (4,6,10). Many studies have determined that infertile women are exposed to verbal violence by the families of their spouses and experience stigma (4,10,14,15).

In addition to infertility-related stigma, the tests that are applied, assisted reproductive treatments that are used, and the fact that these tests and treatments are mostly administered to women lead to additional emotional stress in women and cause them to feel responsible for the infertility situation (5).

In the literature in the country where this study was conducted, it is seen that the effects of infertility on couples or women have been investigated in quantitative studies (11,16). There are few studies that have examined infertility effects by using qualitative methods (1,6,7). In the province where the study was conducted, no studies were found to qualitatively investigate the effects of infertility on women receiving infertility treatment. As opposed to quantitative methods, qualitative methods allow a more detailed determination of the views and thoughts of individuals. For healthcare workers, especially nurses working at infertility units, to be able to holistically examine infertile couples/women and help them experience this process in a more compatible manner, they need to have an in-depth knowledge of problems and experiences in this process. This way more effective infertility care and treatment may be provided by healthcare workers, and the probability of the success of the treatment that is applied may increase. Additionally, knowing about the social and psychological outcomes of infertility will be guiding for health policies. This study was planned to determine the psychosocial problems and stigma of women who were received infertility treatment in a city center in the country located in the Northern Hemisphere.

MATERIALS AND METHODS

Design

This is a qualitative study.

Sample

The participants of this study were selected from among the participants in the quantitative step, which was the first stage of the two-stage study, by applying the criterion sampling method. The sample of the qualitative study included 42 women who received a score of 43 or higher from the 'Infertility Affectedness Scale' which was used as the quantitative data collection tool in the study among 202 infertile women who visited the Assisted Reproductive Treatment Center (ARTC) at the university hospital due to infertility between 15 November 2016 and 15 May 2017 (Figure 1).

Data Collection

The in-depth interviews were held with the participants who agreed to participate in interviews by using the 'Semi-Structured Interview Form' and an audio recording device. The data were collected by face-to-face interviews with the women after their written consent was obtained in an appropriate room in the treatment center.

Before starting the interviews, permission was asked from the women to use the audio recorder. The statements of those who permitted the use of the audio recorder (29 women) were both recorded by the audio recorder and noted down by the researcher using the interview form. In the interviews with the women who did not give permission (13 women), notes were taken on the statements of the interviewees only on the interview form. At the beginning of the interview, for the interviewees to sincerely respond to the questions and for eliminating their hesitations about the study, the researcher explained to each interviewee that they would be given a number based on their order of interview (e.g. Participant 1, Participant 2…), and it was ensured that only this number would be used during the interview, so that the identity (real name) of the interviewee would be kept confidential. While saving the documents obtained from the interviews, these participant numbers were used instead of the women's names. The in-depth interviews with the 42 participants lasted for about 45-60 minutes.

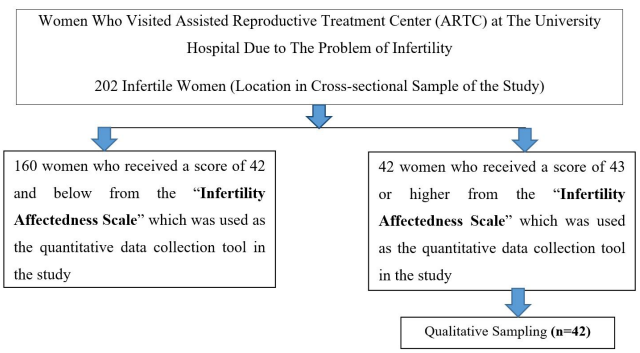

Figure 1 *Flowchart of study participants*

Data Collection Tools

The data were collected using a semi-structured interview form as a qualitative data collection instrument for the in-depth revelation of the views and thoughts of the participants on how they were affected by infertility in the psychosocial sense and their statuses of experiencing stigma due to infertility. This method was selected as it provides the researcher with interaction, flexibility, and opportunity of examination. In the interviews, eight open-ended questions were asked. The interview started with the question 'What did you feel when you first heard about the diagnosis of infertility?' During the interview, when needed, alternative questions towards one purpose without leading the interviewee for each question and additional questions to gain more in-depth information were asked.

Data Analysis

The data were analyzed in two steps: the transcription of the recorded data collected during the interviews and the content analysis. In the first stage, the transcripts were prepared by transferring the recorded conversation on the voice recorder to the computer, restoring, and transcribing it on the computer repeatedly, as well as converting the results into a written document. The nonrecorded interviews were transferred to the computer as a Microsoft Office Word (Microsoft Word 2010 Program) document. In the second step, all written documents were transferred to the NVivo 10 Program for content analysis, and the selected codes and themes were evaluated by taking into account the opinions and recommendations of experts and consultants who are experienced in the analysis of qualitative data. In the second phase, the codes generated for each interview question were examined first, the common connections between the codes were determined, and the related codes (sub-themes) were brought together. Finally, the themes of the data were determined. The collected data are presented in this article using the code names of the participants and direct quotations of their views. The determined codes, sub-themes and themes were presented to two separate expert academicians who had knowledge and experience in qualitative research and were not involved in the study. The data were checked for validity and reliability, and the necessary corrections were made. Care was taken to ensure that the citations made to provide internal validity were related to the determined codes and themes and were capable of explaining them.

RESULTS

Sociodemographic Characteristics

The mean age of the participants was 31.36±4.95 (min: 21, max: 40), 45.2% were high school graduates, 78.6% were homemakers, 73.8% had nuclear families, 64.3% had equivalent incomes and expenses and living in the city, 83.3% had been married for 3 years or longer, the spouses of 73.8% were 30-39 years old, the spouses of 40.5% were high school graduates, and the spouses of 90.5% were working (Table 1).

Table 1. Sociodemographic characteristics of the women (n=42)

Sociodemographic characteristics		n	%
Mean age31.36±4.95 (Min:21; Max:40) years			
Age	21-30 years	18	42.9
	31-40 years	**24**	**57.1**
Educational level	Primary-Secondary school	12	28.6
	High school	**19**	**45.2**
	Higher education	11	26.2
Employment status	Not employed (Homemaker)	**33**	**78.6**
	Working	9	21.4
Type of family	Nuclear family	**31**	**73.8**
	Extended family	11	26.2
Income status	Income less than expense	11	26.2
	Income and expense equivalent	**27**	**64.3**
	Income more than expense	4	9.5
Place of living	City	**27**	**64.3**
	District	5	11.9
	Village	10	23.8
Age of marriage	18 years or younger	9	21.4
	19-29 years	**29**	**69.0**
	30 years or older	4	9.5
Duration of marriage	1-3 year(s)	7	16.7
	3 years or longer	**35**	**83.3**
Age of spouse	20-29 years	4	9.5
	30-39 years	**31**	**73.8**
	40 years or older	7	16.7
Educational level of spouse	Primary-Secondary school	15	35.7
	High school	**17**	**40.5**
	Higher education	10	23.8
Spouse employment status	Not employed (retired-unemployed)	4	9.5
	Working	**38**	**90.5**

Table 2 Infertility-related characteristics of the women (n=42)

Infertility-related characteristics		n	%
Source of Infertility	Female-factor only	**13**	**31.0**
	Both male-factor and female-factor	14	33.3
	Unknown cause	15	35.7
Cause of female-factor infertility	Reproductive pathways closed or damaged	1	7.7
	Immunological causes	2	15.4
	Cervical causes	4	30.8
	Ovulation irregularities	**6**	**46.2**
Infertility diagnosis duration	Less than 1 year	**19**	**45.2**
	1-2 year(s)	**15**	**35.7**
	3 years or longer	8	19.1
Infertility treatment duration	Less than 1 year	**29**	**69.0**
	1-2 year(s)	**9**	**21.4**
	3 years or longer	4	9.6
Decision to receive infertility treatment	Woman herself	3	7.1
	Woman's spouse	1	2.4
	Woman and spouse together	**38**	**90.5**
Current infertility treatment	Medication	**24**	**57.1**
	Intrauterine insemination	17	40.5
	In vitro fertilization	1	2.4
Meeting infertility treatment costs	Couple themselves	12	28.6
	Social security plan	4	9.5
	Both themselves and social security plan	**24**	**57.1**
	Support of family and relatives	2	4.8

Infertility-Related Characteristics

Among the participants, 31.0% had female-factor infertility problems, irregular ovulation was the cause of infertility for 46.2%, the diagnosis duration of 80.9% and the treatment duration of 90.4% were 2 years or shorter, 90.5% made the treatment decision together with their spouses, and 57.1% received medication as infertility treatment and met their infertility treatment costs from both their own budgets and their social security plans (Table 2).

Psychosocial Problems Experienced by the Participants and Their Stigmatization Statuses

From the in-depth interviews conducted with the participants, four main themes emerged to include ten subthemes revealing the psychosocial problems they experienced and their stigmatization statuses as sorrow, feeling of guilt, childlessness stigmatization, loss of feeling of motherhood, stress (being affected psychologically), perceived social pressure, social isolation (being affected socially), lack of sexual drive, feeling of sexual failure (being affected in terms of sex life), and financial loss (being affected economically). How these psychosocial problems and stigma were expressed by the participants is shown below with direct quotes from their responses (Table 3).

Table 3. Quotes, codes, subthemes and main themes obtained from the views of infertile women

Quotes	Codes	Subthemes	Main themes	
"I am very sad. I think about how happy I would be if I had a baby. That is, I am very sad, I can't state it…" (Participant 1; 30 years old, infertile for 4 years) *"I feel my husband is sad. He is also very sad, naturally affected by this situation"* (Participant 7; 27 years old, infertile for 3 years) *"Everyone, my family, our family is sorrowful for this situation" (*Participant 8; 34 years old, infertile for 4 years)	-Expressing your sadness due to not having children -Feeling upset of your spouse because they don't have children	Sadness	Theme 1	Being affected psychologically
"I always blame myself. I feel really bad, because it is my mistake. I wouldn't be like this if my periods were regular, unfortunately, it comes from me." (Participant 14; 28 years old, infertile for 3 years) *"I still blame myself, thinking we are experiencing these problems because of me…"* (Participant 22; 29 years old, infertile for 4 years) *"People around me always blame me. They say we can't have children because of my defect. They say it is so because of me, especially my husband's family, some relatives..."* (Participant 15; 32 years old, infertile for 4 years)	-Feeling guilty thinking that they have no children because of their own fault -Expressing that the environment blames because they are not children	Feeling of guilt		
"I hear from around sometimes, they say "there are an incomplete family, childless, they don't even count as a family". These words affect me very much. They unavoidably make one feel incomplete". *"I heard they were calling me a half-woman, fruitless tree in the neighborhood and around. This is what I heard."* (Participant 11; 29 years old, infertile for 4 years)	-Being seen as half, incomplete by the environment -Feeling flawed and incomplete because they don't have children	Childlessness stigma		
"I would also like to give birth, have a child. I would very much want to experience that feeling, feeling of giving birth, motherhood." (Participant 13; 28 years old, infertile for 3 years) *"Being a mother is something else. I don't know, you value increases in the eyes of everyone."* (Participant 10; 36 years old, infertile for 6 years)	-Do not want to experience the feeling of motherhood -Don't be sad because you can't experience the feeling of motherhood	Loss of feeling of motherhood		
"The treatment stage is very difficult. Treatment is stressful, waiting is stressful." (Participant 40; 30 years old, infertile for 5 years) *"What will happen at the end of the treatment, will I get pregnant? Thinking of these, waiting for the outcome is very stressful."* (Participant 3; 29 years old, infertile for 3 years) *"Everyone keeps asking about the outcome of the treatment. My stress increases even more then."* (Participant 19; 27 years old, infertile for 3 years)	- Stress of waiting for the outcome of the treatment - The close circle keeps asking about the outcome of the treatment	Stress		
"My husband's family constantly pressures me. What happened? Still nothing? They keep saying these things." (Participant 42; 33 years old, infertile for 5 years) *"My mother and others constantly ask, is there a pregnancy? They ask me about my period schedule, what happened, did you get your period or not, this way, I constantly feel under pressure …"* (Participant 17; 32 years old, infertile for 4 years)	-The close circle always asks whether they are pregnant or not -The spouse's family constantly asking about the pregnancy status	Perceived social pressure	Theme 2	Being affected socially
"I limit my social life. I don't want to go to the homes of those with children or those expecting. I get very sad when I see..." (Participant 5; 31 years old, infertile for 3 years) *"I closed myself between four walls. I don't want to see anyone. I think it is best to stay home."* (Participant 7; 30 years old, infertile for 3 years)	-Limiting social life -Not wanting to meet people who have children	Social isolation		
"I always experience a lack of sexual drive. I don't want to have sex, I try to avoid my husband" (Participant 15; 32 years old, infertile for 4 years) *"When my husband asks for sex, I avoid it as much as possible, I don't have any desire in me, I really don't like sex."* (Participant 11; 29 years old, infertile for 4 years)	-Avoiding sexual intercourse -Dislike sexual intercourse	Loss of sexual desire	Theme 3	Impact on sexual life
"I have sex with my husband with the fear that I won't get pregnant this time either. …because we didn't have a child despite regular sex for years." (Participant 27; 27 years old, infertile for 3 years) *"I always have sex with the fear that I will fail to get pregnant again. Each occasion of sex is another source of stress for me."* (Participant 13; 28 years old, infertile for 3 years)	-Do not have sexual intercourse for fear of not conceiving again	Feeling of sexual failure		
"Travelling back and forth for treatment, medication costs, treatment costs, they affect me much in the financial sense." (Participant 33; 28 years old, infertile for 2 years) *"I can't work because I come from afar. Travelling back and forth for treatment also affected my work life. We are in more financial difficulty because I don't work."* (Participant 36; 34 years old, infertile for 4 years)	-Difficulty in meeting the treatment costs -Inability to work due to the treatment process	Financial loss	Theme 4	Being affected economically

DISCUSSION

This study revealed that the participants experienced several psychosocial problems despite the fact that the vast majority of them had diagnosis and treatment durations of two years or shorter. Studies have determined that due to infertility, women experience psychosocial problems such as sorrow, loneliness, stigma, social isolation, concerns, depression, attention deficit, anxiety, and sexual dissatisfaction (2,8,10,17). In agreement with the results of this study, results reported in the literature have shown that infertility leads to psychological and social problems in infertile couples, especially women (18-21). Other studies with infertile women in the same country as this study have also revealed that women experience high levels of stress and psychosocial problems (1,12). A previous study revealed that high levels of family participation in the treatment process and the unrealistic expectations of families from the treatment process are perceived as an additional stressing factor among infertile women (14). In similarity to the findings of this study, in their qualitative study, Naab et al. (13) revealed two main themes (psychological and social experiences) and eight sub-themes (anxiety, depression, stress, isolation, stigmatization, pressure, marriage problems, and support) based on their interviews with infertile women. It was reported that women experience more stress than men do as they are unable to get pregnant and due to social pressures (12). In contrast to the findings in this study, two separate studies found that infertile participants experienced concerns especially regarding their advancing age and the possibility of their spouses marrying other women (17,22). The finding in this study that none of the participants stated concerns about their spouses getting married to someone else may be explained by the participants' higher levels of hope that they could have babies as most of them were young, and the durations of diagnosis and treatment for most were two years or shorter.

The participants of this study stated that they kept away from social environments to avoid questions about having children and encountering families with children. Other studies have reported that infertile women experience social isolation due to infertility (1,5,23). In a qualitative study on infertile couples, some participants reported that they limited their social relationships with their families and others to avoid questions on whether they were having a baby (24). Another study conducted with infertile women revealed that the women did not want to talk to individuals that knew that they were having infertility problems, and they were disturbed by questions asked by people around them to satisfy their own curiosity (12). The qualitative study conducted by Naab et al. (13) showed that infertile women experienced two types of social isolation; they preferred to isolate themselves from social environments to avoid being negatively affected by the words of others, which was in line with the result in this study, and they reported that they were ostracized by people around them from social activities, which was different to the result in this study. It is thought that avoiding social environments and activities saves infertile women from the psychological pressure of being questioned about their status of having children.

In this study, the participants expressed that they were stigmatized by society as they were unable to get pregnant and had no children, society made them feel incomplete and defective, and they were blamed for not being able to have children. Several studies have reported that infertile women are stigmatized for being childless, their participation in family decisions is obstructed, they are belittled, kept out of rituals such as weddings or celebration ceremonies, they are not accepted as real women, and they are defined as 'men' and 'useless' (6,14,25). Other studies have found that infertile women became distressed when they were asked questions about their childlessness status, they felt guilty and inadequate, and they were stigmatized by society for their childlessness (10-12,19,23,25,26). Another study demonstrated that whether the problem of infertility is related to them, it is mostly women who apply for infertility treatment, look for solutions, have to bear treatment costs, and even if their spouse is the source of the infertility problem, they are stigmatized as infertile, and stigma hurts more than the infertility itself (6). In parallel with the findings of this study, in a qualitative study on infertile couples, a participant working as a teacher stated that parents did not want to register their children to her classroom with the thought that she would be impatient and inconsiderate against children as she cannot have a child (24). In a study conducted with women living in metropolitan cities of the same country as this study, contrary to our findings, infertile women were found to experience a low level of stigma (27). It is believed that this difference in the findings may have been caused by that living in a metropolitan city would allow women to experience less stigma in comparison to living in the Anatolia region where this study was conducted. In a qualitative study carried out with infertile women, in difference to the findings of this study, the participants stated that they were perceived by people around them as women using family planning methods or controlling their pregnancy by secretly doing something

to avoid pregnancy or as if they were deliberately, by their own choice, not having children (13). It is believed that the finding in this study that the participants were stigmatized due to infertility as incomplete and defective may have been caused by the fact that none of them had children (primary infertility), while the finding of Naab et al. (13) that the women in their study were stigmatized as deliberately choosing to not have children may have been caused by the fact that half of their participants had children (secondary infertility).

In this study, the participants stated that they felt under pressure as they were constantly exposed to questions on whether they could get pregnant yet by both their families and their spouses' families, especially their mothers-in-law. Other studies conducted in the same country have shown that infertile women are accused of being unable to have children, especially by their husbands' families, subjected to discrimination and violence, and even exposed to pressure from their mother-in-law and threats of divorce by their mother-in-law (1,12). In a study conducted with infertile women, it was determined that childless women were constantly worried about being abandoned by their husbands and were under pressure from their husbands' families to remarry or divorce (28). Naab et al. (13) found that the pressure perceived by infertile women from their mothers-in-law and relatives was mostly caused by being forced to divorce their spouses and their spouses getting married to other women. In another qualitative study, as opposed to many findings in the literature, it was ascertained that infertile women did not frequently experience threats of divorce or their spouses remarrying as they were relatives with their spouses (6). The finding in this study that the participants did not have a perception of pressure regarding being forced to divorce or their spouses being remarried may have been caused by the fact that their durations of diagnosis and treatment were mostly two years or shorter.

Some participants in this study stated that they suffered financial losses due to the costs of their infertility treatment. In the study conducted by Jafarzadeh-Kenarsari et al. (24) on the support needs of infertile couples, the participants emphasized the financial difficulties of infertility treatment, and they had expectations of support from the government for their treatment costs. Most couples deal with many financial problems, usually as a part of infertility treatment programs that are not covered by insurance agencies. Problems with the cost of infertility have been reported in the literature (14). Findings in the literature have supported the findings related to the problem of financial loss emphasized by the participants of this study.

Limitations

The results of this study are limited to women who presented to the ARTC of a university hospital for infertility treatment, met the inclusion criteria for qualitative research and were interviewed in depth.

CONCLUSION

In this study conducted with women who visited the infertility center of a university hospital in a country in the northern hemisphere, it was found that women experienced many psychosocial problems linked to infertility such as grief, stress, social pressure, and social isolation, as well as stigma. For infertile couples and especially women to experience this process in a healthier position, healthcare workers need to assess the process not only as a medical but also as a psychosocial health problem, and it is needed to develop intervention programs towards preventing the psychosocial problems and stigmatization experienced by infertile couples, especially women, who feel the burden of being infertile more intensely.

DECLARATIONS

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Availability of Data: Available upon request.

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Conflicts of Interest: All authors declare that there is no conflict of interest.

Ethics Approval: All protocols for this study were approved by the Sivas Cumhuriyet University Non-Invasive Clinical Research Ethics Committee (Decision No: 2016/10-19). To conduct the present study, the ethical principles for medical research on human subjects established by the Declaration of Helsinki were followed.

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