Exploring the Unseen Struggles: A Study on Psychosocial Distress and Illness Perception among Women at Infertility Clinic

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Abstract

Background

Infertility significantly impacts millions of couples worldwide, often leading to feelings of barrenness and incompleteness, particularly in societies where having children signifies a fulfilled life. Beyond being a medical issue, infertility deeply affects mental health, inducing stress, guilt, emptiness, anxiety, and depression. While mental health was historically overlooked, it is now recognized as essential to overall well-being, as emphasized by WHO. This study highlights the psychological toll of infertility and underscores the importance of counselling for couples undergoing prolonged treatment, particularly women, who often face greater societal blame in India.

Research Domain

This qualitative study explores the perceived illness experiences and psychosocial distress of women with infertility.

Materials and Methods

Using a phenomenological approach, six women were purposefully selected. Tools included a socio-demographic data sheet and unstructured questionnaires.

Results

Data saturation was achieved after six interviews, with four additional interviews conducted. The mean age of participants was 34.6 years, with an average infertility duration of 4.6 years. Analysis revealed 230 codes grouped into four themes: stigma pattern, self-stigma, defensive mechanisms, and balancing strategies.

Conclusion

The study emphasizes the need to understand individual psychological symptom patterns in infertile patients, guiding targeted psychosocial interventions beyond alleviating distress.

Keywords: Psychosocial distress, Illness perception, Infertility women

Introduction

Infertility, though not a medical emergency, is a significant health and social issue affecting millions globally. Approximately 15% of couples of reproductive age face infertility, according to the World Health Organization (WHO). Beyond its medical implications, infertility profoundly impacts mental health, relationships, and social dynamics. Individuals and couples dealing with infertility often experience stress, anxiety, guilt, depression, and isolation. In many cultures, including India, societal stigma disproportionately targets women, subjecting them to blame and emotional distress.

Despite advances in medical science, the psychological and social aspects of infertility remain underexplored and inadequately addressed. Women undergoing infertility treatment frequently endure prolonged waiting periods, which exacerbate their mental health challenges. This study seeks to explore the psychosocial distress and illness perception of women attending infertility clinics, emphasizing the critical need for holistic care that addresses both physical and mental health.

Background of the Study

Infertility is a global health concern, with delayed childbearing, lifestyle factors, and environmental influences contributing to its increasing prevalence. The average age of first childbirth has risen, while obesity, smoking, and exposure to environmental pollutants have been linked to reduced fertility. Women with infertility face high levels of anxiety (50%) and depression (40%), compounded by stigma, as nearly 60% report feeling ashamed of their condition.

In India, societal stigma and lack of open communication further exacerbate the psychological burden. Infertility rates have risen by 15% over the past decade, yet only 25% of affected women receive mental health support. While awareness campaigns aim to reduce stigma, significant gaps remain in providing tailored psychosocial care.

Need for the study

Infertility is not only a medical condition but also a complex psychosocial issue that deeply affects individuals, families, and society. For many women, especially in cultures where childbearing defines identity and fulfilment, infertility can lead to severe emotional distress, feelings of inadequacy, and social isolation. Despite advancements in assisted reproductive technologies (ART), the emotional and psychological challenges faced by infertile women often go unaddressed.

Research highlights that women dealing with infertility frequently experience anxiety, depression, guilt, and fear, with prolonged waiting periods during treatments adding to their distress. In many societies, including India, women bear the brunt of societal stigma and blame for infertility, further worsening their mental health and well-being. The secrecy surrounding infertility and the reluctance to openly discuss the issue prevent many women from seeking emotional support, leading to long-term psychosocial consequences.

This study is essential to understand the psychosocial distress and illness perceptions of women with infertility. By exploring their lived experiences, the research aims to identify the underlying causes of psychological distress and develop strategies for tailored interventions. Recognizing the mental health challenges of infertility can help improve counselling services, reduce stigma, and enhance the overall quality of life for women facing this struggle.

Statement of the Problem

"A study to assess the psychosocial distress and illness perception of women attending infertility clinic at Institute of Obstetrics and Gynaecology, Egmore, Chennai – 08".

Objectives

To explore the psychosocial distress and illness perceptions of women attending the infertility clinic at IOG, Egmore, Chennai.

Research Tradition

The study follows a qualitative phenomenological tradition to understand the lived experiences of women facing infertility.

Research Question

What are the psychosocial distress and illness perceptions experienced by women attending the infertility clinic?

Assumptions

This study assumes that infertility causes psychosocial distress and illness perception among women, influenced by societal and cultural factors. It also assumes addressing these aspects can enhance coping and well-being.

Delimitations

The study is limited to women aged 25–40 attending the infertility clinic at IOG, Egmore, Chennai, during a one-week data collection period.
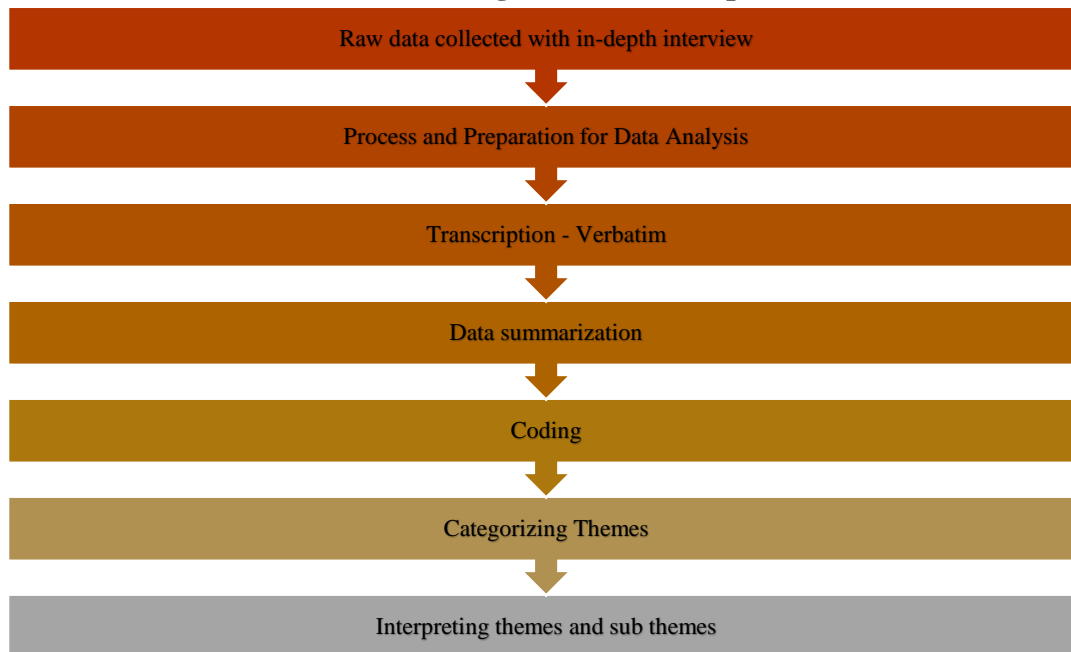
Materials and Methods

This qualitative study utilized a phenomenological research design to explore the psychosocial distress and illness perception of women attending the infertility clinic at the Institute of Obstetrics and Gynaecology, Egmore, Chennai. The study was conducted over one week. The sample consisted of six women with infertility, selected using a non-probability purposive sampling technique. Inclusion criteria included women aged 25–40 years, who spoke Tamil or English and were willing to participate. Exclusion criteria excluded those not available during data collection or who were sick.

Data were collected through semi-structured interviews, which were audio-recorded and transcribed verbatim. The interview tool consisted of two sections: socio-demographic variables and open-ended questions regarding their understanding of infertility, relationships with partners, and feelings related to infertility. Thematic content analysis was performed using NVivo software to analyse the data and identify emerging themes related to psychosocial distress and illness perception.

Ethical considerations

The study adhered to ethical guidelines, including informed consent, confidentiality, and voluntary participation. Approval was obtained from the Institutional Ethical Committee, ensuring participants' rights and well-being were protected throughout.

Figure 1.Thematic presentation

| Raw data collected with in-depth interview |
| Process and Preparation for Data Analysis |
| Transcription - Verbatim |
| Data summarization |
| Coding |
| Categorizing Themes |
| Interpreting themes and sub themes |

Results

The study identified several key themes and subthemes related to the psychosocial distress and illness perception of women attending the infertility clinic. The first theme, *Stigma Pattern*, encompasses verbal stigma, where participants face derogatory remarks and irony, particularly from older family members, and social stigma, where community members treat them negatively, causing feelings of isolation. *Same-Sex Stigma* refers to judgment from other women, especially in social and familial contexts. The second theme, *Self-Stigma*, involves negative feelings such as anxiety, guilt, and depression, with women feeling incomplete or inadequate due to infertility. It also includes devaluation, where participants internalize infertility as a personal failure, leading to low self-esteem. The third theme, *Defensive Mechanism*, reveals how women cope with stigma by escaping it through justifications, accepting infertility as part of their life, or disguising it by keeping it a secret to avoid judgment. Lastly, *Balancing* includes strategies where women empower themselves through optimism and routine activities, while also managing pressure from partners, family, and peer groups. Some women find support, while others experience emotional strain due to external pressures.

Discussion

The findings of the study align with the literature on infertility-related psychological distress. As discussed by Lingjun Jiang et al. (2024), the psychological distress related to infertility is socially constructed, and its progression is influenced by societal pressures. Similar to Liuliu Wu et al. (2023), the study confirms that infertility-related distress, such as depression and anxiety, is linked to personal and societal expectations, often exacerbated by stigma. In this study, the theme of *Stigma Pattern* emerged as a significant barrier, with participants expressing feelings of shame and isolation due to societal judgment regarding their inability to conceive. Many women experienced social stigma, viewing infertility as a personal failure. This aligns with the idea that societal pressure worsens the emotional impact of infertility and leads to social withdrawal, as participants feared the judgment of others. This

aligns with previous studies that suggest infertility-related distress is not only an emotional issue but also a social one, significantly affecting women's mental health.

Implications of the study

The study has implications, guidelines and suggestions for nursing education, nursing practice,nursing research and nursing administration.

Nursing Education

Equip nursing students with knowledge of the psychological impacts of infertility, emphasizing compassionate care and emotional support to foster a holistic, patient-centred approach.

Nursing Administration

Invest in resources and support systems for infertility patients, ensuring easy access to educational materials and mental health services to improve patient well-being.

Nursing Practice

Adopt a holistic approach in clinical practice by integrating psychosocial assessments, providing clear treatment options, and offering emotional support to address the mental health needs of infertile women.

Nursing Research

Promote collaborative research to develop effective therapies and innovative strategies that alleviate psychological distress among infertile women, driving evidence-based improvements in care.

Recommendations

Encourage interdisciplinary collaboration and mental health integration in infertility care to enhance overall treatment outcomes and provide compassionate support.

Limitations

The study's limited sample size and regional focus may affect the generalizability of the findings across diverse populations and healthcare settings.

Conclusions

This study underscores the significant psychosocial distress experienced by women facing infertility, highlighting the profound impact of stigma, emotional turmoil, and societal expectations. The findings reveal that infertility is not just a medical issue but a psychological and social challenge that affects a woman's well-being, relationships, and self-worth. The study emphasizes the importance of integrating psychological support into infertility treatment, advocating for a holistic approach in nursing education, practice, administration, and research. Addressing both the emotional and physical aspects of infertility is essential to improving patient outcomes and fostering a supportive environment for affected women.

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