



Infertility Among Married Women in Northern India: A Qualitative Study of Coping Strategies and Social Stigmas

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Abstract

Objectives: The present study aimed to explore the emotional and social lives of the women with infertility issues in the Northern States of India.

Materials and Methods: In this study, a purposive sampling technique was adopted to examine a total of 17 married women aged 28-40. The hermeneutic phenomenology design was employed and the in-depth interviews, both face-to-face and online interviews, were conducted using a semi-structured interview guide.

Results: The results from the analysis were classified into four major themes, namely Social Pressure, Psychological Vulnerabilities, Marital Disruption, and Coping Strategies. Issues reported by the participants such as the lack of purpose, insecurities in relationships, social stigmas and feelings of being incomplete, as well as high cost of infertility treatment were recorded. It was found that religious coping strategy was the most common strategy used by the participants to deal with their infertility.

Conclusions: In the present study, women's psychological and emotional pains caused by infertility and, particularly, by stigmas were investigated. It was concluded that women rarely sought help from counselors and psychologists to overcome their psychological vulnerabilities.

Keywords: Infertility, Emotions, Social stigma

Introduction

Infertility has been defined as the “failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” (1). Every human being is entitled to enjoy his/her life and have a standard mental/physical health. Furthermore, everyone is free to decide when to have children, and how many children s/he wants to raise.

In India, marriage is defined in terms of producing and raising children, and women's roles are closely tied to these responsibilities. Individuals and couples are, therefore, entitled to start a family by addressing the problem of infertility. Infertility affects millions of people of reproductive age worldwide, and has an impact on their families and communities. According to the estimates by the World Health Organization (WHO), the overall prevalence of primary infertility in India is between 3.9% and 16.8%. Infertility not only shatters the dreams of many couples but also affects their lives negatively. This health issue may be rooted in men and women both; in the real world, however, the blame for it is mostly placed on the women. Infertility is probably the most challenging health issue in women (2).

Infertility can cause psychological and emotional

stress and financial problems for both partners (3). Typical reactions to infertility include shock, sadness, depression, anger and frustration, loss of self-esteem and self-confidence, as well as a general loss of sense of control (4). Consequences of infertility are manifested in different emotional, psychological, and social forms including taunts, comments humiliation, and labels associated, especially, with having a child. India is a developing country where social changes take place on a daily basis and people enjoy technological advancement and discussion on women empowerment; when it comes to the women unable to give birth to children during their marriage years, however, there is a long way to cover. This study aimed to investigate the women failing to experience the motherhood in order for discovering their emotional/psychological state and pain as well unveiling the strategies they adopt to cope with them.

There are studies with similar nature which have also scrutinized the challenges of these women. In the present study, women from India's northern states including Uttar Pradesh, Rajasthan, and Madhya Pradesh were examined. It is noteworthy that the given states were reported to score extremely poor regarding women empowerment (5) and very high regarding patriarchy.

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Materials and Methods

Study Design and Sampling

The present study aimed to investigate the social and emotional lives of the women with infertility issues from northern states of India, namely Uttar Pradesh, Haryana, and Punjab. To this end, those women suffering from primary infertility and receiving successful or unsuccessful artificial reproductive treatment were included in this study. The included women were all married for at least three years and had been actively trying to conceive for the last one year. Those women becoming conceived at some point in time but having abortions for any reasons were not included in the study. The hermeneutic phenomenology design and purposive sampling technique were employed to collect the required information and, then, a total of 17 married women (6) aged 28-40 were selected. The data were collected conducting face-to-face in-depth interviews and online interviews as well as using semi-structured interview guide for women with infertility. To develop the interview guide, the researchers interacted with the women from multiple sections, including conceived women and those women unwilling to have children. The interview guide was also checked and discussed by the experts in women's issues and working for different sectors. Following points were covered during the interviews, and the changes were made to their sequences when required as per participant's comfort and answers.

- Why do you feel that having a child is very important in life?
- What changes do you think a child may bring to your life?
- Have you noticed any changes in the behavior of people inside or outside your family after your unsuccessful conceiving?
- Have you noticed any changes in your husband's behavior? If yes, describe the changes.
- Do you feel that this issue has affected/may affect your relationship with your partner or with any other family members?
- Do you think your personal, social, and professional (if applicable) life was normal during that phase? If not, then why do you think so?
- Do you discuss issue related to infertility to anyone? What kind of responses you get from them? If do not discuss then why do you not?
- Have you ever felt emotionally weak or vulnerable due to infertility issue?
- If you could change anything about your life, what would it be?
- Is there anything else you would like to share?

All the questions were kept open-ended, and other emotional and psychological consequences of the infertility were also discussed as per the responses and comfort of the participants. After completion of the data

collection, all points were debriefed to the fellow members to address the potential bias.

Prior permission to audiotape the interviews was obtained from the participants by the researchers. As for those participants uncomfortable with interview audiotaping, the permission was asked for making notes of their interviews' important points. Field notes were written immediately after each interview. Each interview lasted between 40 and 55 minutes.

Ethical Statement

A verbal consent was obtained from all participants before participation in the study. Although all participants were literate, the research objectives, procedure, and commitment to maintain confidentiality were explained to all of them by the researchers. No participant was asked to disclose their personal information such as name, partner's name, and residential or office address. Furthermore, those participants uncomfortable with sharing their contact numbers were asked to give their emails instead to ensure their information confidentiality. Names and other required information were collected before recording the audios. To maintain the anonymity and confidentiality of the information, moreover, participants were instructed to avoid calling their names and their close family members' names. To address the biggest challenge in the present study (i.e., rendering the interviews into English), help was sought from a translator and the translations were reviewed to make sure they had kept the essence of the original interviews. Few local terms and words were preserved in the translations to avoid any loss of meaning caused by translation.

Data Analysis

Demographic information of the participants was analyzed using mean. Qualitative data, including transcribed in-depth interviews, were entered into the Atlas.ti software. Then the codes were assigned based on the content of the interviews by systematically identifying and labelling specific segment of the text corresponded to key questions. As coding progressed, similar codes were grouped into code families. This hierarchical structure facilitated more structured and detailed understanding of the data. These code families were regarded as higher-level categories that encapsulated the related codes. Distinct broad themes were identified by examining the relationships and patterns among the code families. Finally, the identified themes were incorporated into the research paper.

Results

Analyzing the demographic information revealed that the mean age of the participants was 33.4 (28-40 years) and their educational degrees ranged from higher secondary to master's degrees, including two higher secondary degrees, nine graduate degrees, and six postgraduate degrees. Out of 17 participants, nine ones were non-working women

and eight ones were working women. Mean duration of the marriage among participants was 8.9 years (4-13 years), and mean duration of an attempt for conception was 6.6 years (3-9 years). All participants were afflicted with primary infertility, as well as six and 11 participants out of 17 ones suffered from unexplained primary infertility and infertility with explained causes, respectively.

The data analysis was performed and 16 sub-themes were identified and, then, grouped into four major themes including (a) Social Pressure, (b) Psychological Vulnerabilities, (c) Marital Disruption, and (d) Coping Strategies. Table 1 represents major themes and sub-themes.

The meaning of each sub-theme is presented in the following section using direct quotations from the study participants:

Social Pressure

Majority of the participants said that they had experienced social pressure due to infertility. They highlighted the importance of having children when discussing this topic with their extended family members, relatives, and neighbors. Experiencing motherhood was the only way to answer the questions asked by societal members. Five subthemes were identified under the social pressure theme as follows:

Blames From Society

In Indian society, a woman is considered responsible to start a family. Family happiness depends on the child, and a woman who cannot conceive is not worthy of being called a good wife or a good daughter-in-law. A 32-year-old woman said,

“My neighbors call me ‘Baanjh’ (sterile). They do not say it to my face but I heard it once I was crossing the roads and few women sitting there were gossiping. One of them said ‘I’m a barren land,’ and others joked ‘but a barren land doesn’t eat and wear good cloths’ and all

started laughing. It hurts but what I can do now, it is my destiny.”

Frequent Question From Friends and Relatives

Some participants said that it was not the infertility issues, but the frequent questions asked by their friends and relatives that upset them. A 34-year old participant with a master degree said,

“I’m strong enough... (Pause)... actually I have made peace with this. I’m usually busy with my job, and I watch web-series and movies in my free time. I have a strong social personality. I have a big friend circle and I’m often invited to parties and get-togethers ..., but I don’t go to them because whenever I meet my friends, they ask me ‘when would you start your family... If you wait more, you will look like Dadi (Grandmother) to your kids.’ This is very annoying and it hits me hard... I know they don’t know about this issue (I’ve not talked to anyone about my infertility) but it is not still a good question to ask.”

Similar experience was reported by a 36-year old participant:

“I don’t want any relative to visit my place... but I live in a joint family... Someone keeps visiting...my sister-in-law has two kids...whenever relatives visit...they ask ‘when would you give us good news? How long do we have to wait? You are getting older...why don’t you visit a doctor? Every time they visit the family, they keep asking the same questions...! They do it on purpose... I know.”

Poor Relationship With In-laws

In Indian society, daughter-in-law is perceived as someone who should give successors to a family. It is exceedingly difficult for them to happily accept a daughter-in-law who cannot conceive. Some participants narrated a similar experience showing that how the behaviors of the family members changed when they learned about infertility of these participants despite the care and love these participants received on early days of their marriage.

Table 1. Major Themes Identified From the Data

Themes	Sub-themes
Social pressure	<ul style="list-style-type: none"> • Blames from society • Frequent question from friends and relatives • Poor relationship with in-laws • Reputation in family and society • Stigma
Psychological vulnerabilities	<ul style="list-style-type: none"> • Feeling of being incomplete • Lack of purpose • Poor mental health
Marital disruption	<ul style="list-style-type: none"> • Insecurities in relationship • Lost interest in sexual life • Financial crisis due to over expenditure on Assisted reproductive technology • Perceived psychological and emotional violence
Coping strategies	<ul style="list-style-type: none"> • Denial • Religious coping • Acceptance and meaning-making • Social withdrawal and isolation

One participant who was 28-year old said,

“My husband is the only child in his family. I was my mother-in-law’s choice, and my husband respected her decision. Everyb was happy When we got married ...My husband and I live in different cities. We have recently celebrated our 4th marriage anniversary...In first year, my mother-in-law made it clear that she wanted to become ‘dadi’ (grandmother) soon. It is four years now... Her behavior has changed since the day the doctor said I couldn’t conceive naturally, and I can feel it. First, she took me to all doctors – even to priests – in the city by force. When I refused to go with her, she said she had not brought me to the family for this day...Now she doesn’t talk to me. She says very hurtful things to me but I don’t care because my husband has never blamed me for this issue. It’s good that we don’t stay with her otherwise my life would have been a hell. Actually, all her love and motherliness was fake... If she gets the chance, she will ask her son to remarry; but she can’t do it because my husband supports me on this.”

Reputation in Family and Society

In Indian society, women with infertility issue are not treated respectfully. They are very vulnerable to psychological abuse exercised in the forms of taunts and comments. “They are considered less worthy of love and respect,” said a 33-year old working woman.

“My sister-in-law does not even know how to greet others. She doesn’t have manners at al. Her only qualification is being the mother of a 5-year old boy ... and Everyone is impressed by her. I’m a well-educated working woman...who works in an office and manages all household chores but my mother-in-law only pays attention to her when people visit us at home.... Though I’m elder than her, she gets all attention, respect, and love...you ask why?! because I cannot be a mother...Once we got a marriage function invitation, and my mother-in-law didn’t even ask me whether I wanted to go or not! She just said, ‘Sarita (sister-in-law, name changed) and I will go...you stay at home...why should I stay at home?! Why?!... In this society, no one cares about how good you are! If you can’t conceive, then you are worthy of nothing! Neither love nor respect” (she became emotional).

Stigma

On the one hand a woman faces reproductive issues, and on the other hand she carries the social taboos and stigma making her life a misery. Stigmas are in both the forms verbal and social.

A 35-year old participant said,

“You won’t believe it, but many people don’t invite me to some auspicious occasions...they think I’m a bird of ill omen... I’m not invited to birthday parties of the kids... Other couples can go because they have children but I’m not invited...it hurts...nobody understands me but it does... I attended a marriage function in our extended

family two years ago...Older female relatives in the family did not let me apply ‘haldi to bride’ (i.e., a ritual in Indian wedding). I didn’t say anything but I felt terribly bad and humiliated... Since then, I’ve never attended the wedding functions, especially those in family.”

A similar experience was narrated by another participant as she said,

“I’m not invited to any gaud bharaai functions (baby showers)... I used to think that ‘oh, may be they have forgotten to include me in the guest list’, but then I realized that they hadn’t invited me because they thought I was a bad luck for them... Once I saw a group of women just chit-chatting in our society garden... Some of them were like friends... Of course, not very close ones, but we were friends anyway... So, I went there to join them... One of them was pregnant... As I got there, she covered her belly with dupatta (scarf) and tried to hide it from me...I never forget that look! ... Honestly, it is not my infertility issue that hurts me most..., it is the looks from women... How can a woman be so cruel to another woman?!... (she started sobbing)”

Psychological Vulnerabilities

The consequences of infertility come in different forms. From social aspects, women with infertility issues face stigma, discrimination, and many other social repercussions; from personal aspects, they experience personal sufferings. Some women doubt their existence and some are indulged in self-blaming tendencies. Three sub-themes were identified under psychological vulnerabilities.

Feeling of Being Incomplete

Social stigmas are so prevalent in the societies that are internalize by women. As a result, they come to believe that a woman is a complete person only when she exercises motherhood, and that even adopting a child cannot make her complete because a woman is complete only when she conceives and delivers a baby. A 36-year, working woman said,

“Infertility is a curse in life. What is the point of pursuing a successful career or getting promotion every two years when your life is incomplete?! People say you are so successful, but I tell you this life is hollow... When I look back on my achievements in my life, I see nothing I can count on! ... Really nothing... It doesn’t matter how much a woman makes progress with her life, she is only born to produce kids. This is a truth, and nobody can change it... Kids fill your life with a joy I’m unable to experience.”

Similar thoughts were shared by another 34-year participant,

“I don’t know why did this happened to me... Everyone dreams of starting a happy family but the family cannot be complete without kids... This is my fate...But I pity my husband who has to live in an incomplete family

because of me...(sigh).”

Lack of Purpose

Many families believe that the kids make the life purposeful. During interview, it was found that this belief was shared by majority of the participants. A 40-year old working woman said:

“We both work...we earn a lot of money...we do well in our life... But everyone asks us whom you are working for?! You don't have kids, you don't have to pay the fees and other expenses. Then why do you work so hard?! ... It is easy for you to leave your jobs and they are right also...I work to keep myself busy, otherwise there is no point in working.”

Similar experience was narrated by a 35-year non-working woman:

“Everyone says your life is easy because you are free for a whole day...Sometimes even I get bored... You can't watch TV all day. When you have kids, you wake up early...you make good breakfast, lunch... send them to school...But I don't have anything to do...And people think my life is easy... (gives a sad smile).”

Poor Mental Health

When couples are informed about their infertility, they – women, in particular – usually get devastated and experience emotional and mental challenges. Stressors come from both sides; on the one hand the news of infertility is stressful, and on the other hand the perception and behavior of the surrounding people change. It was found in interaction sessions that majority of the participants sought no professional help though they had signs of poor mental health. A 36-year old non-working participant reported:

“...we've tried for 4-5 years but we got no satisfactory results ...Since last year, I've not consulted with any doctor; but there has not been a single day when I didn't think about this problem... I can't stop thinking about this...Things are better now, but there was a time when I didn't talk to my own parents or my friends for four months ...They used to call me ...come to visit me, but I didn't want to meet anyone...I lost 14 kg. during that period...I couldn't eat or sleep. I just wanted to cry... My husband used to pull me out of the situation, I didn't enjoy anything...I felt guilty; even now I sometimes feel guilty...”

Another 32-year old working woman said,

“News of infertility shattered my soul into thousand pieces....I felt like I would die but death was not easy... The news of pregnancy from my friends or anyone in contact broke my heart...It's not like that I was not happy for them, I just felt sad for myself...(sobs...after 5 minutes) Nothing make me happier now...I don't want to talk to anyone...I just want to keep myself behind the doors in dark room...There is nothing left in my life... (starts looking down and tears roll on her cheeks...)”

Marital Disruption

News of infertility brings perceived fear of separation and creates a drift between couple and sometimes this drift is so wide that it may break the marriages. In marital disruption, four subthemes were found:

Insecurities in Relationship

Women with infertility issue feel guilty and think they suffer alone. They experience a perceived fear of separation and divorce. Countless visits to the doctor, gloomy thoughts, and sadness affect their relationships with their partners. They start feeling guilty and are indulged in self-blaming tendencies. As a result, they develop insecurities in relationship. It was found that many participants had a perceived fear of separation despite being supported by their partners. This perceived fear of separation in some women, however, was due to the changed behavior of their partners. A 35-year participant working as HR in a big company said,

“My husband has never said anything to me...He has never blamed me, but he has also never asked me about what I go through...I can feel the change in his behavior... You know, silence kills a relationship...How long does a relationship survive like this?...Maybe few years...I don't know whether I'm his priority...”

Another participant (a 33-year old, non-working woman) said,

“These are kids who bring husband wife closer... Marital love may fade after few years...but they stay together because they have kids...I don't know if we will get older together or not...”

Lost Interest in Sexual Life

Sexual satisfaction is considered important to keep the marriage alive, but many couples consulting with doctors and trying hard to get pregnant do not get involved in sexual activities in non-fertile periods. They start perceiving sex as baby making procedure. Repeated failure in conceiving disappoints them, and they don't enjoy their sex anymore. Some partners openly express this problem, and some express it indirectly by their behavior. One participant (37 years) reported,

“Drugs together with sex were prescribed by doctors, which was very uncomfortable for me. On 12-14 days of my monthly period, I woke up saying, 'oh today is the day!' ...I could not enjoy the activity...Now that I cannot conceive, I don't see any point in doing that activity. Even my husband avoids it now...Once my husband asked coldly why he had to waste his energy when there would be no fruit?”

Financial Crisis Due to Over Expenditure on Infertility Treatment

Infertility causes helplessness and sense of failure in women. Frequent visits to doctors, spending the savings,

and cutting the expenses make the life more difficult. Sometimes financial crisis causes a conflict between partners. A 37-year old participant said,

“We come from a middle-class family where spending too much money is considered a challenge. We’ve tried IUI five times and spent lakhs of rupees for it. We’ve also tried three cycles of IVF, one cycle of which costing around 3.5 lakhs...Now you can imagine... We have gone on a single trip only and that was our honeymoon. After that we did not go to any trip because we could never afford it....My husband was also frustrated because all our savings were drained...When my 3rd IVF cycle was failed, my husband got angry and shouted, ‘I’m burning heap of cash’ and threw all reports on floors...Later he apologized to me, but I can’t forget what he said that day...”

Some participants shared the common view that they had cut down their expenditures because a big chunk of their earning had been spent on their treatment. They also wanted to take trips and go shopping but they could not ask their partners for trips and shopping as they felt things had changed between them.

Increased Violence

Domestic violence is a major concern across the country, and women with infertility issues are more vulnerable to different forms of the violence (e.g., physical, social, psychological, emotional, and sexual violence). The participants in the present study reported no instance of physical violence, but they had a shared experience of psychological and emotional violence which was mainly and unintentionally committed by their partners. In this regard, a 30-year old participant reported,

“My husband never understands what I’m going through...My sister-in-law and I were unable to conceive, so my family decided to perform pooja (i.e., a religious ritual). I could not attend it due to some reasons but my husband performed it with whole family...My sister-in-law conceived after 8-9 months. My husband said ‘see, she performed pooja and her prayers were answered’... He repeated the sentence 2-3 times. I know it was not for me but I felt bad...very bad.”

Another participant aged 34 described a similar experience as follow:

“We were on a bookstall with our friends...There was a book titled ‘How to be a good mother’...I don’t know why I picked that book... ‘Why are you taking this? It is of no use for you,’ said my husband immediately in front of others. I can’t tell if it was intentional or not, but it was very hurtful, even more hurtful when said by your husband.”

Coping Strategies

Studies have demonstrated that the news of infertility is as stressful as that of cancer to many women. Feelings of inadequacy, emptiness, or failure are not easy to cope with.

They attempt to cope with the feeling of despair and grief during the upcoming months and years, but they may get back into the same mental and psychological state hearing similar comments from others. In the present study, four coping strategies were identified by the researcher as follows:

Denial

Denial is a defense mechanism inculcating the sense that nothing wrong or undesirable has happened. Some participants in this study were in denial about infertility. A 36-year participant said,

“I believe I’ll be blessed with a child...I don’t trust the doctor...It takes time but it will happen...It will happen sooner or later...It doesn’t matter what the doctors say.”

Religious Coping

This was the most common coping strategy employed by the women with infertility issues. Several participants reported that the religious and spiritual practices helped them to deal with the pain of infertility. A participant aged 37 years reported,

“Now, what is left for me? Only prayers...I read religious books, I fast, I go to temples...I have visited all religious shrines in India...God has not given me a child, but he has given me the strength to bear this pain.”

Another 33-year participant reported a very different experience:

“I’ve adopted Krishna as my child. He keeps me busy whole day. He comes with me wherever I go...Now he is my child.”

Isolation

Isolation is a coping mechanism in which an individual adapts to avoid human interaction in order to avoid the anxiety-provoking topics. Long term isolation can cause poor mental health but, in short term, it helps an individual to avoid anxiety-provoking situation. A 34-year old participant reported,

“I don’t want to talk to people...I don’t want to discuss the same topic again and again...I don’t even go to weddings or social gatherings.”

Similar experience was narrated by another participant,

“Somebody asked me to join Kitty Group...I said no...I watch TV, it’s better than people. I meet people if I can’t avoid meeting them otherwise I prefer to stay alone. ...I’m fine in my world.”

Acceptance and Meaning-Making

Acceptance helps an individual to regulate his/her emotions and to view the life situations from different angles. Meaning-making helps an individual to interpret the situation in a positive way, which facilitates healing. Some participant reported that they practiced acceptance and meaning-making.

A participant aged 38 reported,

“As the saying goes, everything happens for a reason... I'm sure there is a reason behind it. God has given me everything except a child; so now I cannot be ungrateful to Him. I cannot cry over this. I have accepted what God has given me. We have applied for adoption. Maybe that child needs us more, so God has chosen us for that child.”

Discussion

The result of the present study indicated that women with infertility issues face social pressure. It was found that infertility not only affects the relationship within the family but also damages the women's reputation. Stigmas make women's lives more difficult. Similar results were reported by descriptive qualitative studies investigating the psychosocial problems of the women with infertility issues. Results suggested that the research participants experienced perceived social pressure and other psychosocial issues (7). Motherhood is a social position. A woman devoid of motherhood goes through psychological pain which is mainly evoked by social pressure and stigma attached to infertility. Infertile women generally are stigmatized, they feel socially neglected and not accepted by the other members of group. Due to infertility issues, women not only face social stigmas and issues but also suffer from poor relationship with their families (8,9).

In response to stigmas and social pressure, women start internalizing the negative comments and taboos attached to infertility, which causes many psychological vulnerabilities such as feeling of incompleteness, lack of purpose in life, as well as issues like low self-esteem, depression, worthlessness, etc. Many women feel that they shoulder a disproportionate share of the blame for infertility. A study by Taebi et al found that women with infertility issues faced social and personal stigma which threatened their psychosocial wellbeing and self-esteem (10). Self-esteem mediated and moderated the effects of infertility-related stress on depression and anxiety. Additionally, infertility-related stress and self-esteem were associated with psychological distress, which explained why infertile women had a higher prevalence of depression and anxiety. When a woman embraces motherhood, she experiences the pain to deliver a baby, bears the burden of breastfeeding, and carries various social roles and responsibilities coming with a child. Infertility creates a void in their lives and can have a profound impact on their emotional well-being, self-esteem, relationships, and overall life quality (11,12).

Infertility, which is merely a physical condition, may become a life crisis for many couples. Different aspects of the marital relationship (e.g., communication patterns, sexual life, and future life choices) are negatively affected by infertility. Several studies explored the sexual functioning in women with infertility problems, their beliefs about sexuality, and their quality of life. According to the results from these studies, about half of the participants suffered from sexual dysfunction, and half of them had

pain-related problems (50%). Factors contributing to dysfunction included inadequate knowledge about sex, sexual stimulation, and sexual communication. Inadequate self-image, negative childhood experiences, financial difficulties, and marital discord in parents were also found to influence their perception of self. Majority of them had dysfunctional beliefs about sexuality (56%), but had greater beliefs about the domain of sexual conservatism (13).

Infertility may result in marital conflict and perceived violence. In the present study, no incidence of physical violence was reported by participants; however, incidences of perceived psychological and emotional violence were reported by them. Previous studies have revealed the association between violence against women and infertility. Studies have also confirmed the relationship between domestic violence and infertility and its associated factors. According to the results from these studies, 68%, 60%, and 70% of the women experience physical violence, sexual violence, and psychological violence, respectively. A significant relationship has been also discovered between infertility and physical, sexual, and psychological violence (14).

Infertility brings physical, psychological, emotional, and social pain to both couples, especially to wife. Women practice, consciously or unconsciously, different coping strategies after a period of grief. The coping strategies identified by the present study included denial, religious practice, acceptance and meaning-making, social withdrawal, and isolation strategies. Religious practice is the most commonly used coping strategy adopted by women with infertility issue. It has been supported by the previous researches which explored the role of religious coping strategies in predicting depression in a group of women with infertility issue. The findings showed the most commonly used coping strategy was performing religious rituals (15).

Another coping strategies identified by the study were social withdrawal, isolation and acceptance strategy, which was consistent with the result from a recent study suggesting that those with infertility for a long period were able to cope with it by avoiding difficult situations and accepting the reality of their challenges (16).

It was concluded that motherhood was a highly important state for women in Indian society. News of infertility hurt the couple's feelings, and women were more negatively affected by social pressures and stigmas than men. Infertility was a physical condition which may have become a life crisis for majority of the women. It was also found that women with infertility issue were labeled and given tags by the society and their families, and they become vulnerable to psychological issues forcing them to adapt coping strategies. Adaptive coping strategies helped them change their perspective towards lives, while maladaptive strategies practiced for a long time may have had consequences for them. It was recommended that the

women with infertility should be encouraged to employ adaptive strategies in order to deal with their problem. It was also suggested that women's roles and contributions in society should be redefined in order to correct the wrong impression about incompleteness of a woman due to her infertility and failure to experience motherhood. Women have other important role and responsibilities at familial, societal and community levels.

Strengths and Implications

The present study explored the women's experiences and trauma in details, and covered the psychological and emotional aspects of infertility. It may have been used as a stepstone by the counselor to address the psychological and emotional needs of women with infertility issues.

The present study investigated the social aspects of infertility, and highlighted the important role of society and people in treating the women with infertility issues empathetically. Our study results revealed that the social pressure was one of the causes of distress among these women.

Women with infertility issues in a wide age range (28-40 years) were interviewed by our researchers to identify the types of coping strategy they had adopted to deal with their issues. Our study findings may have helped the women with infertility to lighten their burden and learn about some coping mechanisms effective in treating their psychological and emotional pains.

Limitations and Future Directions

This study faced some limitations. First, a purposive sampling was used and only 17 women were examined in this study. Therefore, the results may not have been generalizable to the normal population. It was recommended that future studies with randomly selected larger data should be conducted in order to overcome this limitation.

Second, this study only investigated the women from northern states of India. India is a big country with different cultures and, therefore, northern states cannot represent the true picture of the Indian women. To deal with this limitation, it was suggested that cross-sectional studies should be conducted in India. It was also recommended the comparative studies should be carried out to explore the experiences of women with infertility from Asian and Western countries.

Third, present study was qualitative in nature. Therefore, it was suggested that mixed approach should be employed in future studies in order to generate more comprehensive understanding and more generalizable results about the infertility in women.

Authors' Contribution

Conceptualization: Ritu Sharma, Shraddha Sharma.

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Formal analysis: Preeti Manani, Shraddha Sharma.

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Conflict of Interests

Authors declare that they have no conflict of interests.

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