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INVISIBLE PAIN: EXPLORING THE PSYCHOLOGICAL TOLL OF INFERTILITY IN CROSS – SECTIONAL ANALYSIS

Obstetrics & Gynaecology

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KEYWORDS

INTRODUCTION :-

Infertility is increasingly recognized as a significant global public health concern affecting millions of couples worldwide. The Practice Committee of the American Society for Reproductive Medicine defines infertility as the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.[1] Infertility affects a considerable proportion of couples during their reproductive years and represents an important challenge in reproductive health care. Standard gynecological texts highlight that infertility may arise from multiple male and female factors including ovulatory dysfunction, tubal disease, uterine abnormalities, and endocrine disorders.[2,5,6] The World Health Organization also emphasizes the importance of standardized investigation and diagnosis of infertile couples to improve reproductive health outcomes.[7]

Traditionally, infertility has been viewed primarily as a biomedical condition; however, growing evidence indicates that its consequences extend beyond physiological limitations. Infertility can significantly affect the emotional, psychological, and social well-being of individuals and couples. The inability to conceive may disrupt life expectations and challenge personal identity, particularly in societies where parenthood is regarded as an essential component of adulthood and marital fulfillment.[2]

The emotional burden associated with infertility can be considerable. Individuals experiencing infertility often report feelings of grief, frustration, inadequacy, and loss of control over their reproductive future. Persistent infertility may lead to psychological distress, including symptoms of depression, anxiety, and stress. Psychological assessment tools such as the Depression Anxiety Stress Scales (DASS) have been widely used to evaluate these emotional responses among individuals facing infertility.[3]

In addition to psychological distress, infertility may also negatively influence the quality of life of affected individuals. The Fertility Quality of Life (FertiQoL) tool was specifically developed to assess the impact of fertility problems on emotional, relational, and social well-being. Studies utilizing this instrument have demonstrated that infertility and its associated treatments can substantially affect overall quality of life among couples seeking fertility care.[4]

Women often experience a greater share of the emotional and social consequences associated with infertility. Clinical literature suggests that the diagnostic procedures, treatment processes, and uncertainty surrounding treatment outcomes may contribute to heightened psychological stress among women undergoing infertility management.[2,6] Repeated treatment cycles, financial burden, and societal expectations related to motherhood may further intensify emotional strain and affect mental health.[5]

Recognizing infertility as both a medical and psychosocial condition highlights the need for a comprehensive and holistic approach to infertility management. Integrating psychological assessment, counselling, and supportive interventions into infertility care may help improve coping strategies and overall well-being among affected women. Therefore, the present study aims to assess the psychological impact of infertility among women and to evaluate levels of depression, anxiety, stress, and quality of life among infertile women attending a tertiary care center.

AIMS & OBJECTIVES :-

Aim:-

To assess the psychological impact of infertility among women attending a tertiary care centre and to understand the extent of emotional distress experienced by women undergoing infertility evaluation and treatment.

Objectives:-

1. To determine the prevalence of psychological distress, including depression, anxiety, and stress, among infertile women attending a tertiary care hospital.
2. To evaluate the relationship between the duration of infertility and the severity of psychological distress, and to identify whether prolonged infertility is associated with higher emotional burden.
3. To analyze the influence of socio-demographic factors such as age, educational status, occupation, and socioeconomic background on the psychological well-being of infertile women.
4. To compare the psychological impact between women with primary infertility and those with secondary infertility.
5. To assess the need for psychological counselling and mental health support as part of comprehensive infertility management in tertiary care settings.

MATERIALS AND METHODS :-

This study was conducted in the Department of Obstetrics and Gynecology at Akash Institute of Medical Sciences and Research Centre, involving 100 women attending the infertility clinic between January 2024 and August 2025. Psychological impact was assessed using a structured questionnaire that included demographic and clinical details, along with standardized tools such as the Depression Anxiety Stress Scale (DASS-21) and the Fertility Quality of Life (FertiQoL) questionnaire. Participants completed the assessment after providing informed consent, either through self-administered forms or interviewer-assisted surveys in a private setting.

INCLUSION CRITERIA :-

Women aged 20–45 years diagnosed with primary or secondary infertility as per WHO criteria, able to comprehend the questionnaire language, willing to provide informed consent, and with no psychiatric illness affecting test validity.

EXCLUSION CRITERIA :-

Participants with previously diagnosed psychiatric disorders, those on psychotropic medication, individuals with chronic medical illnesses known to cause psychological distress, those unwilling to consent, unable to comprehend the questionnaires, or experiencing acute stressful life events in the preceding three months were excluded.

RESULTS :-

A total of 100 women attending the infertility clinic were included in the analysis. The mean age of participants was 29.6 ± 4.1 years, and the average duration of infertility was 3.2 ± 1.8 years. Primary infertility accounted for 68% of cases.

Based on DASS 21 scoring:-

Depression: 34% showed mild to severe depressive symptoms.
Anxiety: 41% had clinically significant anxiety scores.
Stress: 29% reported moderate to high stress levels.

Overall, 57% of participants had at least one abnormal DASS-21 subscale.

Women with infertility duration >3 years showed significantly higher anxiety and stress scores ($p < 0.05$). Poor partner support and financial strain were significantly associated with higher depression scores.

FertiQoL Findings

The mean total FertiQoL score was 58.4 ± 10.6, indicating reduced fertility-related quality of life among most women.

Sub-domains showed:

Emotional domain: lowest mean score (54.2), reflecting high emotional distress.

Mind–Body domain: 56.8; many reported sleep difficulty, fatigue, and intrusive thoughts.

Relational domain: 61.3; 24% reported strained partner relationships.

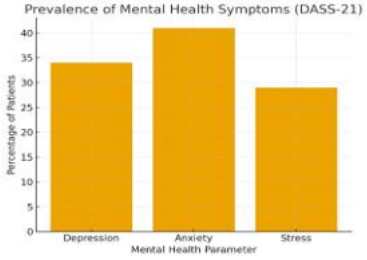
Social domain: 59.1; 38% felt social pressure or stigma related to childlessness.

Treatment domain: 63.5; 27% expressed concerns about treatment burden and repeated failures.

A strong inverse correlation was observed between DASS-21 scores and FertiQoL total scores ($r = –0.62$), indicating that worsening psychological distress was associated with lower quality of life.

Overall Psychological Impact

In total, 62% of the women demonstrated significant psychological impact, either through elevated DASS-21 scores or reduced FertiQoL quality-of-life scores. Women reporting family pressure, repeated treatment failures, or long-standing infertility had the most impaired mental-health profiles.



DISCUSSION :-

This study demonstrates a substantial psychological burden among women seeking infertility care, with anxiety, depression, and stress frequently identified on DASS-21. Longer infertility duration, repeated treatment failures, and social pressure were key contributors to distress. Lower FertiQoL scores, especially in emotional and social domains, reflect significant effects on daily functioning and relationships. The inverse correlation between DASS-21 and FertiQoL indicates that worsening mental health reduces overall quality of life. These findings reinforce the need for routine psychological screening and timely counseling as part of comprehensive infertility care.

LIMITATIONS :-

1. Single-center study.
2. Relatively small sample size.
3. Psychological assessment based on self-reported questionnaires.
4. Male partner psychological status not evaluated.

CONCLUSION

Infertility has a notable psychological impact, with a majority of women experiencing elevated anxiety, depression, or stress and reduced fertility-related quality of life. The findings highlight the importance of recognizing emotional distress early and integrating mental-health support into routine infertility evaluation. Incorporating counseling, partner involvement, and supportive care may improve both the psychological well-being and overall treatment experience of these patients.

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