

“Let Even the Enemy itself not be Childless”: Exploring the Psychosocial Challenges of Couples with Primary and Secondary Infertility

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Abstract

Marriage and social life present significant challenges for couples without children in developing countries. This study aims to explore the psychological and social difficulties faced by both primary and secondary infertile couples in Ethiopia. Conducted as a qualitative research, the study involved 18 participants - 12 individuals from couples experiencing primary infertility and 6 individuals from couples dealing with secondary infertility. Participants were selected using purposive maximum variation sampling. The results revealed that infertile couples faced marital challenges, negative comments, and harsh criticism from family members and the community. Women, in particular, bore a disproportionate share of this burden. Key issues included communication breakdowns, the availability and accessibility of infertility treatment, and financial hardships, all of which contributed to adverse emotional experiences for the couples. Furthermore, there was a notable lack of formal counseling services and psychosocial support at infertility treatment centers. The study underscores the urgent need for psychosocial interventions that incorporate comprehensive support services to improve the well-being of infertile couples at the community level.

Keywords: Community, couples, infertility interventions, psychological

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Introduction

The World Health Organization (WHO) considers couples infertile if the woman has not conceived after 24 months of regular, unprotected intercourse (WHO, 2019). Primary infertility is infertility in a couple who have never had a child. Secondary infertility is the failure to conceive following a previous pregnancy (WHO, 2013). According to recent research estimates, around 17.5% of the adult population, roughly one in six worldwide, experience infertility (WHO, 2023). Moreover, infertility rates in Sub-Saharan Africa range from 10-30% (Cox et al., 2022), showing the urgent need to increase access to affordable, high-quality fertility care for those in need (Njagi et al., 2023).

Different studies have reported that infertility is a complex experience for infertile couples (Hajela et al., 2016; Ibrahim et al., 2020). Infertility leads to several psychosocial challenges, such as unhappy married lives (Hämmerli et al., 2010), divorces (Ramezanzadeh et al., 2011), and high levels of psychiatric morbidity (Chiaffarino et al., 2011). Infertile couples experience depression, social isolation, and sexual dysfunction due to infertility (Maroufizadeh et al., 2018).

Another study has also shown that couples with infertility often face social stigmatization and are publicly isolated (Chimbatata & Malimba, 2016). Moreover, domestic violence and dissolution of marriage exist more often among infertile couples compared with couples in fertile relationships (Upkong, 2006).

According to Gergen and Gergen (2012), gender, religion, relationships, culture, ethnicity, age, economic status, education, and medical intervention play a role in shaping the experience of infertility. Infertility is a more stressful experience for women than it is for men (Greil et al., 2010; Khalesi et al., 2024). Other studies also confirmed that infertility experience is shaped by age (Dhont et al., 2011), educational level (Sohbati et al., 2021), economic status (Dyer et al., 2012), and religious or cultural belief systems (Rooomaney et al., 2024).

The consequences of infertility in developing countries are far-reaching, as many members of society depend on their offspring for survival (Wiersema et al., 2006). Hence, the inability to bear children in some cultures results in a social stigma that can lead to a loss of social status and violence (Inhorn & Birenbaum-Carmeli, 2008). However, policymakers and scholars are often more concerned about overpopulation than infertility in developing countries (Inhorn & Birenbaum-Carmeli, 2008; Nachtigall, 2006).

According to Kebede et al. (2007), in Ethiopia, children are viewed as God's blessing, and having children is regarded as a fundamental purpose in life for couples. Life is meaningless for couples who fail to have children; studies on the African context report the same struggles with infertility where social pressure,

stigma, and financial constraints leading to psychological distress and marital problems (Labinjo, 2022). A recent study concluded that more than one in five couples in Ethiopia has an infertility problem (Legese et al., 2023). However, based on the existing literature in Ethiopia, most reproductive health studies overemphasized fertility issues, reductions in population growth, and promotion of family planning methods at the expense of infertility issues, which are left untouched (Akalewold, 2017). The few studies that have been conducted on the issues of infertility have focused on the magnitude and potential risk factors of infertility among married women (Ashenafi, 2002), determinants of infertility among married women attending Dessie Referral Hospital (Desalegn et al., 2020), and the impacts of infertility on women (Tinsae, 2009). However, certainly, no study has been done on the lived experiences and challenges of primary and secondary infertile couples so far. Therefore, this study was a response to this lack of empirical research.

One female participant in this study shared her experience of a childless marriage. She described that she cooked and baked, like other women, but her home lacked a child. Even though she managed her household well and pursued her career, over time her husband's affection has faded, and she believed that he was in this marriage only out of religious obligation. Neighbours questioned her purpose in life, blamed her for the prolonged use of contraceptives, and the career success she and her husband had achieved without a child. Hoping to experience the joy of motherhood, she spent all her savings on treatments that didn't work, and she took in a child from the street to raise him as if he was her own, but pressure from her husband and the community made her return the baby. She wished her marriage would end peacefully, feeling isolated and judged. From this, one can understand the cultural beliefs and community expectations surrounding Infertility and its implications on the lives of infertile couples in Ethiopia. Therefore, the objective of this study is to examine the psychosocial experiences and difficulties encountered by both partners in couples experiencing primary and secondary infertility. It is believed that this research can provide valuable insights into the psychological, social, and economic challenges that couples with infertility face. Understanding these challenges is crucial for healthcare professionals, marriage counsellors, and members of the community to develop tailored interventions and support systems that address the specific needs of infertile couples.

Methods

This study employed a qualitative phenomenological study design. Participants in this study were couples with primary and secondary infertility. To ensure diversity of perspectives, purposive sampling techniques with maximum variation were used, considering different types of infertility, a range of ages, religions, ethnicities, educational levels, different years of marriage, and different durations of infertility and seeking treatments for it. Nine couples (6 couples with primary infertility and 3 couples with secondary infertility) - a total of 18 married women and men - were recruited to participate in the study. Semi structured, open ended in-depth interview guiding questions were used to gather data. Given the cultural context, since it was assumed that infertile couples might not be willing to reveal some of their inner feelings and their marital challenges in front of their partners, interviews were conducted separately for each partner in this study. Interviews were continued until data saturation was reached. The interviewer took notes on participants' body language, mood, and any informal conversation that took place before or after the interview. For the comfort of the participants, we flexibly allowed them to choose the interview's specific location. Each interview lasted between 55 and 70 minutes, and the data collection took place between June and August 2022. Thematic analysis based on a hermeneutical phenomenological approach was employed for this study. Although insights from prior literature were reviewed to inform current research focus, themes that emerged from the participants' narratives on the experiences of infertility were analysed inductively through careful reading, coding, and categorization, without being predetermined by the literature. The identified themes were then described in meaningful text and interpreted in relation to existing empirical evidence. The data analysis revealed three main themes, each consisting of three subthemes, except for one theme, which had four subthemes. These themes focused on the lives and challenges of couples with primary and secondary infertility: tensions in the relationship, family community members' reactions, and feelings of infertile couples.

The rigor and trustworthiness of the data were ensured by increasing the number of interviews, data triangulation, and maximal variation sampling, peer checking, and review of transcriptions by some of the participants, and prolonged engagement with the participants. The researcher has meetings with participants, usually for two to three sessions, and made interactions to establish rapport, explained the purpose of the study, ensured informed consent, conducted in-depth interviews, and verified the transcript with participants. This continuous contact strengthened trust and ensured that the data and interpretations accurately reflected the experience of the couples. This study is one part of the first author's Ph.D.

dissertation. As a researcher with an academic focus on reproductive health, infertility, and family dynamics, her familiarity with local culture and beliefs helped to build rapport and understand participants' experiences. However, she remained reflexive throughout the study and consistently worked to focus on the participants' voices in the interpretation of the data. The proposal for this study was presented to the Addis Ababa University Institute of psychology Research Ethics Committee, and permission was granted to conduct the research. The ethical considerations maintained in this study included obtaining informed consent, minimizing harm, and ensuring confidentiality and privacy protection. To maintain anonymity for participants, we used pseudonyms for infertile couples who participated in this study. Counselling services were also made available to participants as needed during the interview.

Results

Demographic information of the participants

A total of eighteen participants (nine couples) were interviewed for this study. The couples who participated in this study come from different socioeconomic backgrounds. The data shows that the minimum age of male participants is 28; the maximum is 55; and the female participant's age ranges between 22 and 45. The participants of this study belong to six ethnic groups, with Hadiya being predominant. Majorities (eight) were Protestant Christians, four were Muslims, two were Orthodox Christians, and the remaining one was Adventist. The education levels of infertile couples ranged from elementary school to a master's degree. Infertile couples' numbers of years in marriage range from three to twenty five years. The data obtained on backgrounds related to with whom medically informed infertility problems exist shows that seven cases were medically attributed to female-factor infertility, while one is with a male factor infertility problem, and the remaining one was a medically unexplained factor in both partners. Regarding the types of infertility problems couples experienced, among a total of eighteen participants, twelve had primary infertility problems, while the rest of the six participants had secondary infertility. Details of the demographic background information of the study participants are shown in the table below.

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Table 1: Socio demographic information of the study participants

Couples name (Pseudo name)	Sex	Age	Ethnicity	Level of education	Occupation	Religion	Number of years married	Infertility problem exist with	Infertility type
Adera & Aberash	Male	49	Hadiya	BSC	Health officer	Protestant	24	Aberash	Secondary
	Female	46	Hadiya	Diploma	Laboratory technician	Adventist			
Bekele & Boga	Male	40	Hadiya	BA degree	Accountant	Protestant	18	Boga	Primary
	Female	35	Kambata	BA degree	Teacher	Protestant			
Ketema & Chuny	Male	44	Hadiya	Diploma	Construction	Protestant	12	Chuny	Primary
	Female	40	Hadiya	High school	House wife	Protestant			
Degu & Desalech	Male	47	Amhara	Diploma	Pastor	Protestant	19	Desalech	Primary
	Female	40	Hadiya	Diploma	Civil servant	Protestant			
Mohamod & Medina	Male	28	Gurage	Primary school	Business owner	Muslim	3	Mohamed	Primary
	Female	22	Hadiya	High School	Student	Muslim			
Sultan & Fatuma	Male	39	Hadiya	Primary School	Business man	Muslim	8	Fatuma	Secondary
	Female	33	Siltea	Primary School	House wife	Muslim			
Germewu & Gatise	Male	55	Hadiya	BA degree	Bishop	Protestant	18	Gatise	Secondary
	Female	44	Hadiya	High school	House wife	Protestant			
Paulos & Fanos	Male	52	Hadiya	Diploma	Teacher	Protestant	25	Fanos	Primary
	Female	45	Kambata	BA degree	Civil	Female			
Kindu &	Male	40	Gurage	MA	Manager & deacon	Orthodox	5	Unexplained factor	Primary
	Female	29	Gurage	BA degree	Accountant	Orthodox			

Tensions in the relationship

Couples experience revealed the first theme, “Tensions in the relationship.” In the interview conducted, infertile couples, were asked “Can you tell me about any changes you noticed in your relationship with your partner over the years in the infertility journey?” in response, participants commonly reported that their

relationships with their spouses worsened as a result of infertility issues. This theme has three subthemes which are presented below.

Love has vanished and peace is missing

Participants revealed the negative impact that infertility had on their intimate relationships with their partners. Participants indicated that on-going arguments were undermining the emotional closeness between couples. Participants expressed that their relationships with their partners lacked affection in the absence of a child. Boga stated, “I feel unloved by my husband and often cry; only his faith prevents him from having another affair.” Expressing his wife's excessive focus on having a child, Boga's husband says, “she complains about not having a child and fails to appreciate my efforts. Love has vanished and peace is missed from our marriage.”

Female participants reported that frequent talk about wanting a child provoked negative reactions from their spouses. ‘When I complain about my childlessness, he shouts at me and says, 'Go in the bedroom and have a baby if you think it's as easy as you preparing a loaf of bread for our breakfast'’ said Chuny. These findings highlight that infertility significantly strains marital relationships

Loyalty and trust issues

In this study, despite wanting biological children and facing temptation from extramarital relationships, men committed themselves to remain faithful to their partners. Female participants commonly reported that their partners were loyal in the infertility journey. "Seeing what other infertile couples experience, he is such a loyal person that he made a self-sacrifice to our marriage to come this far" said Fanos.

Chuny also shared, “my husband is loyal; I appreciate his state of ignorance toward his relatives negative guidance.” On the other hand, Due to secondary infertility, Aberash encountered challenges related to loyalty in her marriage. She explained “Recently, I discovered that my spouse was engaging in infidelity, he had a baby boy with another woman and all the while I was left behind. My husband betrayed me as a result of our inability to conceive.”

Conveying the religious principles in her case, Fatuma also stated, ‘... but in our religion, polygamous marriage is permitted. If he wants to go to another woman, I can't force him to stay with me and my son.’ These narratives show how infertility does not affect couples' relationships on a similar basis; for some, regardless of the social pressure, it reinforces loyalty and trust, for others it brings betrayal and insecurity.

Communication problems

Participants in this study indicated that they encountered interpersonal issues with their partner at certain points in their journey with infertility. Regarding the confusing ideas of his wife, Bekele stated:

Sometimes, she would say, “let’s get a divorce; you should marry another woman and have your own child.” In other occasions, she suggested I have another affair so I can bring my child home to raise it. How can a wife offer to her husband to cheat unless she doesn’t desire the marriage? I just couldn’t understand her anymore.

In contrast, Bekele’s wife Boge, accused her husband of ignoring the choices, she offered him. She expressed, “I suggested marriage to another woman bearing his child, which I would be willing to raise, divorce, and even adoption, but he refused every option, leaving me unsure of what he wants.”

Similarly, Fatuma mentioned, “My husband doesn’t understand me.” Despite Fatuma’s belief that she was the sole victim of childlessness, her husband Sultan described that both of them were equally unable to conceive a second child. He explained, “my wife thinks that I am the one who denied her a child.”

Recurring patterns in participants’ narratives were the experiences of dissatisfaction with how their partners responded to the infertility. “Sometimes he gets angry about my behaviour. When I talk a lot about childlessness, he yells at me” said Chuny. Adera also stated, “It’s because of my wife’s constant arguments and complains that I went out to give birth to another woman.”

Family & community members’ reactions

Based on the reactions of members of the family and the community, three subthemes emerged, which are discussed further down in this article.

Comments on careers & overuse of contraceptives

Participants reported that without being aware of their inability to conceive, family members urged infertile couples to stop using birth controls. For couples with secondary infertility, such kinds of comment were also often recurrent. Aberash shared that both family members and friends frequently offer this advice: “Please stop using contraceptives.” Similarly, her husband Adera described being questioned about why his wife was “still using birth control instead of having another child.” “There are people who say that we should not leave our child alone

using modern medicine” stated Gatise. These narratives reflect the misconceptions of linking contraceptive uses with infertility.

Additionally, participants reported that their significant others held them accountable, for prioritizing their career advancement instead of building a larger family. Fanos noted, “Members of his family were complaining about my state of not giving birth, and they said that I preferred to educate myself.”

Social disapproval of infertile marriage

Participants indicated that their social networks showed little solidarity toward their infertile marriage. According to female participants, childbirth is an essential element of meaningful and respected marital life. Boga shared, “If the wife bears a child, she will be cherished and highly regarded by her in-laws. Unluckily, his family thought I was enjoying my own company and holds me accountable for all this.”

Chuny faced criticism from her in-laws for her inability to have biological children. She said, “my sister-in-law questioned my ability to conceive a child and fulfil her brother's desire to hold a biological child.” Gatise also shared, “several others have brutally questioned us about adding siblings to our daughter without displaying any compassion towards our struggle with secondary infertility.”

Additionally, male participants reported that their friends and families had privately suggested they leave their wives or have a child with another woman. Degu shared, “On one occasion, my uncle criticized and questioned me confidentially why I found it challenging to go out and have a child without letting my wife know.”

Similarly, Ketema also had the same suggestions from his best friend concerning his infertile marriage. He described, “My friend privately told me that I needed to have an affair with another woman to have my own child. He said I shouldn't worry about cheating, if my wife is infertile.” These suggestions were not viewed by participants as helpful options, but rather as signs of social disapproval and disrespect toward their marriage with no child.

Blames and stigma

The study's participants have stated that the views of community members towards infertility were a significant challenge and the remarks and criticisms they receive from people have had an impact on their marital lives. Bekele described, “Our custom requires couples to have children after getting married. Comments and criticisms would destroy the union and peace of mind of infertile couple.”

Regarding the social stigma, Boge also shared, “My neighbour warned her kids not to have contact with me, and she told them that I might curse them and that when they grow older, they would be childless like me. So those kids began to avoid me.”

Couples with secondary infertility also reported receiving negative comments and criticism. Adera demonstrated, “So many people have made negative comments about our marriage.” Ketema also shared “It is just common to observe community members pointing fingers at couples with infertility issues.”

Participants indicated that community members often attribute childlessness to the couples themselves. Desalech claimed, “In Ethiopia, couples hardly choose to be childless unless the situation is beyond their control, yet the community often assumes infertility is a choice and judges us for it.”

Feelings of infertile couples

The subsequent subsections will provide an overview of the four subthemes that emerged from the main themes about the emotions experienced by couples facing infertility.

Feelings of anxiety, confusion, sadness, stress, and unworthiness

A recurring pattern in the participants’ narratives was the experience of negative emotions as a result of infertility. Across both primary and secondary infertility experiences, participants reported a range of deep emotional struggles that affected their sense of identity, purpose, and self-worth. Due to childlessness, female participants often felt sad and unworthy of themselves. Begea said, “I experienced significant anxiety and distress, mainly about who could take on the role of our caregiver. Every day, I think about a bunch of things that are so overwhelming.”

Aberash, who experienced secondary infertility, expressed feelings of intense anxiety and resentment regarding her marital life and daughter. Explaining her feelings of extreme frustration and dissatisfaction with how infertility undermined her sense of meaning in life as a childless woman, Chuny said, “Isn’t it the nature of a human being to have their offspring? When mine is different from that, isn’t it clear what to expect? I feel unfulfilled and miserable.”

Similarly, Kelemwa expressed how infertility challenged her perspectives and emotional stability: “May the enemy be childless? Sometimes I say, Let even the enemy itself not be childless. This condition causes me to be confused most of the time. I don’t know what to do.”

Male participants experienced stress due to their wives’ and family members’ responses to their infertility. Abera, who had a child outside of his

marriage, explained, “My wife was obsessed with how lonely and miserable our daughter was. My dissatisfaction with her inability to find the good in anything forced me to leave for another life.”

Similarly, Bekele expressed that his wife's frequent discussions about having a child have caused him considerable distress. “As a result of infertility and her excessive focus on conceiving a child, our marriage has been filled with stress and frustration,” he stated.

Degu also mentioned that the familial expectations of engaging in extramarital relationships to conceive a child, as well as his wife's intense obsession with having a child, caused significant distress for him. “She was obsessed and anxious about giving birth, and those obsessions of hers were a source of frustration for me” added Degu. Kindu also shared, “It's very stressful. What bothers me most is not just our inability to have children, but the constant criticism and judgment from others about our marriage.”

Mohamed expressed his concern over his wife's family's intense curiosity and inquiries regarding the couple's infertility. He clarified, “when her parents give their blessings, they include hurtful remarks like ‘May your stomach never experience dryness,’ which makes us anxious. She often cries alone in response to their harsh words.”

About his feelings on the infertility journey, Pawlos shared, “I am a childless man; as I become older, I begin to feel worthless, and my heart is in pain and despair.” These narratives highlight how cultural norm of positioning procreation as a symbol of successful marital life causes intense emotional vulnerability for couples with the infertility.

Regrets and self-blames on marriage with primary and secondary infertility

In this study, participants have expressed experiencing remorse at some stage over their infertile marriage and the subsequent issues that impacted their infertility journey.

Pawulos confirmed that he felt sorry thinking about the past 25 years of his marriage. He clarified “But, after many years, I have realized that if someone dies without children, their name will likewise cease to exist. Everyone quickly forgot about him. There is absolutely no legacy. Isn't it then difficult not to be a father?”

After 24 years of marriage with secondary infertility, Adera remarked, “If it's about my marriage with my wife, I doubt it, but I would never regret having a baby boy outside of this marriage.” In contrast to Adera, his wife Aberash said, “I cry a lot. I kept family issues private, but my husband took me out to the street.”

Participants with secondary infertility felt guilty about being unable to give their children additional siblings. Sultan explained, “With our first child, we had nothing. My wife left us for a better life. I raised my son alone. When we got the wealth, we lost a child.”

Sultan’s wife, Fatuma, also confirmed she couldn’t provide her son with a sibling.” In this regard, Gatise also stated, “Sometimes, Lord, I wish I could do more for my daughter so that she shouldn’t be alone.”

Social gatherings and emotional triggers

Female participants in this study revealed their feelings about attending events and social gatherings as a woman with infertility challenges. Due to their childless status, female participants felt ashamed and embarrassed visiting newlywed mothers. Chuny stated, “Other couples who have had their first child around the same time as us already have three or four children, while we have only one. Invitations to baby showers leave me feeling dissatisfied, and sometimes I unknowingly distance myself from others.”

Female participants reported that after a woman gives birth, women gather to prepare and share porridge. Traditionally, the plate is placed on one attendee’s head, with a wish that she will be the next to give birth. Concerning this, Boga stated, “In this kind of ceremony, I feel extremely anxious, and their wishes upset my sense of security.” Regarding other fertile women’s reactions in relation to her status of infertility, Fanos shared, “A neighbour who gives birth every two years makes me worry more about her feelings than my own. She feels guilty receiving gifts from me, since I have no children.”

Women participants shared how being near to a pregnant woman affected their emotions. “I don’t consider myself fully a woman. What does being a woman mean to me? I would ask myself that when I see women who are pregnant in my neighborhood; I get nervous about my identity” stated Boga. Contrarily, another participant noted “seeing pregnant women doesn’t upset me; I accepted myself.”

Finical problems and infertility medication-related frustrations

Participants have commonly reported that they encountered financial strains in covering infertility treatment costs and were engaged in conflicts with their partners regarding the management of finances for infertility medication as a couple.

According to Boga, saving money and selling her property, she waited in line for four years to have the most sophisticated infertility treatment called In Vitro Fertilization at one of the public hospitals. Regarding the challenges, she

stated, “in total, I paid around 180,000 Ethiopian birr. Despite enduring all this hardship to access this service, sadly, the treatment itself ended unsuccessful.”

Participants expressed that the mere presence of infertility treatment services would not be beneficial for infertile couples unless they were offered at an affordable price. Regarding this matter, Kindu expressed, “I took my wife for infertility testing, but we were charged heavily. Infertile couples face significant financial burdens during treatment.”

Similarly, “The cost of the infertility medications is very high” said Mohamed. Fatuma stated that there are times that she misses a doctor's appointment when she is unable to find money. She further explained, “Some infertile couples travel to the capital, paying up to 300,000 birr for infertility treatment, but poor couples like us cannot afford it.”

Participants in this study also reported their experiences and frustrations in relation to unsuccessful infertility treatments. “It's frustrating that after all those critical procedures, we couldn't have a child of our own - just the same medications one after the other” said Ketema. “If it had been treatable, we could have had a child by now” Stated also Sultan.

Regarding the doctors' optimistic medical reports and her disappointment with the medication, Fatuma also elaborated, “I visited the doctor, who said falsely I could conceive anytime. They charged fees but offered no counselling service.”

Bekele described difficulties accessing and affording infertility treatment, including his experiences with unsuccessful medication. He said, “We invested all our savings on IVF, expecting twins, Unfortunately, in the fourth month, the physicians informed us the babies' heartbeats had stopped. This was a devastating and life-threatening experience for us.

Participants in this study also reported that there was a lack of access to psychotherapy services, which some of the couples viewed as a part of the care they were financially investing on. “If somebody needs therapy, I don't think there is even a psychotherapist in this town.” said Gatise. Fatuma also added, “I don't think I have ever come across a psychologist who offers counselling services in this town for couples like us.”

Discussion

This study explored the psychological and social challenges of primary and secondary infertile couples. Descriptive quotations were employed to provide a detailed and thick description of the lived experiences and struggles of infertile couples. The result of this study indicates that infertility profoundly affects couples' relationships, often leading to deteriorating emotional intimacy and

undermined marital adjustment. This finding align with prior research from Africa and the global context, which reported that infertility disrupts marital cohesion and decrease relationship satisfaction (Kapisiz et al., 2019; Nyarko & Amu, 2015). The results further demonstrates that interference from family members had an impact on the marital relationships of infertile couples, In line with studies in other settings, in the extended family particularly, mothers-in-law often influences the reproductive decisions of couples, sometimes placing blames on wives (Amin et al., 2023; Dyer & Patel, 2012;). Notably, men in this study reported receiving confidential advice from their loved ones regarding exploring various options such as informal relationships, in order to have a child of their own while maintaining their infertile marriage at home. Except for the influence of their mothers-in-law on their husbands, most women were unaware of scenarios involving such suggestions from their relatives. In the course of the infertility journey, communication problems further intensified relationship difficulties, as women struggled to articulate their emotional pain. Consistent with previous study men in the current study frequently avoided discussing infertility issues to protect themselves or their partner from further pain, reflecting the gendered silencing of infertility identified by Malik and Coulson (2008).

The findings of this study illustrate that infertility is often misinterpreted as a couple's personal choice and decision rather than a medical challenge. Couples facing infertility often experience stigma from the family and community (Ekpor et al., 2025). On a similar basis, in the present study, both primary and secondary infertile couples reported persistent social pressure to conceive, often accompanied by negative comments and criticism from relatives, friends, and neighbours. The result also shows that infertility was commonly attributed to controllable behaviours such as delaying childbirth, working too much or use of contraceptives rather than being recognized as a health related challenge. This misconception reveals a lack of awareness and contributes to judgments towards affected couples.

This study also shows that couples with secondary infertility experience a distinct form of social pressure and stigma from couples experiencing primary infertility. Accordingly, Participants who already had one child were advised to have additional children to provide siblings and to further maintain the status of family continuity. Some were accused of neglecting their existing child, suggesting that a single-child household contradicts cultural ideals of family completeness. These judgments highlight how parenthood is not only about having children, but about meeting quantity based expectations regarding reproduction. In this sense, both primary and secondary infertility represent a deviation from normative reproductive expectation of the society. This adds to existing literature by showing

how the stigma associated with infertility endures throughout the reproductive trajectory and is not resolved solely by the birth of one child.

The results of this study illustrates that couples with infertility had experienced reduced social acceptance and legitimacy from family and the community towards their infertile marriage. In sub-Saharan Africa and Ethiopian contexts, reproduction is viewed as a central marker of adulthood, social success, and family lineage (Fledderjohann, 2012; Kebede et al., 2007). From the findings, the advice directed to men, such as abandoning wives and involving themselves in extramarital relationships to have child, reflects a broader social expectations that family lineage and the status of fatherhood must be preserved in any means (Inhorn & Patrizio, 2015). In patriarchal societies, the value of marriage is usually related with reproduction, making infertile couples vulnerable to isolation and invalidation (Majumdar, 2025; Ebrahimzadeh Zagami et al., 2019).

The results demonstrated that specific social occasions, such as baby showers and being in the presence of pregnant women, caused feelings of anxiety, shame, and embarrassment for infertile couples. These social spaces where fertility is celebrated triggered concerns about their childless status and had significant impacts on the relational dynamics and emotional well-being of the couples, mainly on women. Using the social constructionist framework, these challenges can be understood as shaped by dominant societal discourses that associate fertility with marital success (Rodrigues et al., 2022).

The cultural beliefs of family building in the society had put a strain on the mental health and marital harmony of infertile couples. This study found that infertile couples experienced negative emotions such as anxiety, confusion, sadness, stress, and a persistence sense of unworthiness in the infertility journey. The emotional experiences of infertile couples revealed the depth of their psychological struggles and emotional pains. Particularly, female participants experienced the pervasive sense of loss and unfulfilled aspirations of being a mother and were more distressed than their partners during the infertility journey.

Furthermore, both couples with primary and secondary infertility encountered self-blame, for either making their partner childless when the diagnosed problem is with one of them, for their inability to bring a sibling to their child, for not adopting a child earlier, and for remaining in the current marriage with infertility. Rouchou (2013) stated that in developing countries, there are extreme social, psychological, and financial concerns about infertility for both men and women. This study revealed that infertile couples encounter issues accessing and affording infertility treatment, the unavailability of psychosocial support centres, and a lack of awareness about these kinds of services. Similarly, according

to Akalewold (2017), there is a lack of counselling services for infertile people in the capital city of Ethiopia.

The results also showed that in infertile relationships, wives carried more of the burden of the problems associated with infertility compared to their husbands. The study found that infertile women had increased anxiety, frustration, and discomfort. The reasons for this originate from societal norms related to motherhood. Families, especially the in-laws, were quick to criticize and blame wives who were unable to conceive; this caused them to develop negative feelings about themselves and their marriage without a child. Ferland and Caron (2013) also argued that women bear the primary responsibility for the societal stigma and suffering associated with infertility, as it is traditionally seen as their problem.

Gergen and Gergen (2012) stated that gender; religion, relationships, culture, age, economic status, and medical intervention, all play a role in shaping the experience of infertility and the attempts to address it. The results of this research also indicate that relationships, medical treatments, and socio-demographic status greatly affect couples' infertility experiences. For instance, this research has demonstrated that while some male participants failed to offer substantial support to their female spouses, they stayed devoted to their marriage, primarily as a result of their religious convictions. Similar to the findings of previous studies, where male-factor infertility remains under-recognized resulting in women bearing the burden of stigma regardless of medical diagnosis (Inhorn, 2008; Taebi et al., 2021), the results of this study also showed that irrespective of whether the infertility issues were attributed to the husband or wife, women took on accountability for the infertility issues due to their womanhood identity construction. Consequently, this had a major impact on their psychological well-being. Even though the majority of participants in this study were women with female-factor infertility, women with male-factor infertility and cases of unknown ethiology reported significant levels of struggle and frustration within their infertile relationships, similar to the experiences of women with female-factor infertility.

Conclusions

The results of this research shed light on the experiences and challenges faced by both primary and secondary infertile couples. Through the in-depth interviews and analysis of their narratives, it became evident that infertility has a profound impact on various aspects of infertile couples' lives. This study demonstrates that infertility affects couples' marital relationships, leading to communication difficulty, decreased emotional intimacy, and trust concerns. Moreover, couples with infertility experienced intense psychological distress including feelings of

unworthiness, stress, anxiety, sadness, and frustration largely caused by the social pressures and stigmatizing comments from family and community members. The finding from this study also highlights that the financial challenges of infertility treatment and reveal the existence of critical gap in psychosocial counselling and emotional support services in fertility care settings. These findings imply the need for comprehensive support services, awareness campaigns, and counselling programs designed to the specific needs of infertile couples. The findings suggest that infertility-related financial problems may limit access to treatment, highlighting the need for policies that promote affordable and equitable infertility medication services. Infertility can also influence social ties and familial relationships. Future researches should explore the perspectives of in-laws and acquaintances and compare the experiences and coping strategies of infertile couples in rural and urban settings in Ethiopia.

Limitations of Study

Limitation of this study is that infertile couples' families and significant others, particularly the in-laws' perspectives and experiences of infertility, were not included. As a qualitative study, the findings are not generalizable to all infertile Ethiopian couples. Additional challenges during data collection included scheduling difficulties, participants' hesitation to discuss sensitive topics, and the potential for social desirability bias. Rigorous measures, such as purposive sampling and careful probing during interviews, were used to mitigate these challenges and to ensure a wide range of experiences.

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