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Comparative Study

A Comparative Analysis of Women Affected by Infertility Oriented Mental Health and Life Satisfaction

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ABSTRACT

The goal of this study is to determine how infertility and mental health are related. An international public health concern is infertility. According to WHO estimates, 12% of couples worldwide have trouble getting pregnant. Countries and regions have different rates of infertility. Childlessness is viewed as voluntary in emerging nations, where it is a more acceptable choice for women. Motherhood is essential to women's empowerment and well-being in India. Infertility has a variety of negative effects in these nations, including social exclusion, violence, financial difficulties, and the denial of appropriate funeral customs. Children are essential to the financial survival of many families, particularly as they age. Women's psychological states are frequently upset when reproduction appears to be impossible.

Keywords: *Emotional control, anxiety, depression, mental health and life satisfaction*

The World Health Organization (WHO) estimates that 8–12% of couples globally face difficulties in conceiving a child, with infertility rates varying across countries and regions. In developing countries, family planning programs have predominantly focused on addressing overpopulation and over-fertility, while infertility remains a neglected health issue. Most resources in these regions are allocated to maternal and child health. However, due to the epidemiological transition, infertility is expected to rise in developing countries in the coming decades. Infertility treatment, particularly advanced options like in vitro fertilization (IVF), is complex and expensive. Repeated treatment cycles often lead to heightened anxiety and depression, especially among women desiring children. To address this growing challenge, it will be essential to expand access to fertility clinics and provide adequate counseling services. Perspectives on childlessness differ globally. In some parts of the developing world, childlessness is viewed as a voluntary and legitimate choice. However, in India and similar cultures, motherhood is central to a woman's status, power, and well-being (Riessman, 2000). Infertility in these regions often has severe consequences, including economic hardship, social isolation, violence, and denial of proper death rites. Many families rely on children for economic support, particularly in old age, and reproduction is highly valued in many oriental cultures. The inability to conceive can deeply affect an individual's psychological state. Qualitative studies have highlighted several common emotional experiences among infertile women, identifying 11 recurring themes:

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negative self-identity, feelings of worthlessness and inadequacy, lack of personal control, anger and resentment, grief and depression, anxiety and stress, reduced life satisfaction, envy of mothers, loss of the dream of co-creation, emotional volatility, and isolation (Williams, 1997).

A systematic WHO study, National, Regional, and Global Trends in Infertility Prevalence Since 1990, found that in 2010, 1.9% of women aged 20–44 who were seeking to have children were unable to achieve a first live birth (primary infertility). Additionally, 10.5% of women with at least one prior live birth were unable to have another child (secondary infertility). Between 1990 and 2010, global rates of primary infertility declined slightly by 0.1 percentage points, while secondary infertility increased by 0.4 percentage points. The study also revealed that primary infertility was more prevalent among younger women, whereas secondary infertility was more common with advancing age (Maya et al., 2012).

The World Health Organization (WHO) classifies infertility as a disability and an impairment of bodily functions. According to estimates from the first WHO/World Bank Report on Disability, 35 million women experience primary or secondary infertility (a form of maternal morbidity) caused by maternal sepsis or infections resulting from unsafe abortions. The burden of maternal morbidity is predominantly concentrated in developing and transitional countries and ranks as the fifth largest global disability burden among women of reproductive age (WHO, 2013).

While a woman's role and status in society should not be defined solely by her ability to reproduce, in some cultures, womanhood is closely tied to motherhood. In such contexts, the personal suffering of an infertile woman is often exacerbated, potentially leading to marital instability, domestic violence, social stigmatization, and even banishment.

In countries like India, studies reveal that women diagnosed with infertility often face severe social and personal repercussions. Many are abandoned by their husbands, subjected to intimate partner and family violence, denied burial on fertile agricultural land, and risk total rejection from their communities. This ostracization stems from the fear that these women might "transmit" infertility to other family or community members (WHO, 2013). According to the 2011 Census data, the infertility rate in India among women of reproductive age was estimated to be around 11.8%.

Wischmann et al. (2001) proposed that although most couples experiencing infertility do not exhibit psychopathology, a subset may benefit from psychological support. While infertile women are not inherently more likely to develop psychopathology, they tend to experience higher levels of distress compared to other groups (Beutel et al., 1998). Research has also shown that women facing infertility problems report greater levels of depression and anxiety compared to those who eventually conceive naturally (Oddens et al., 1999).

Abbey (2000) found evidence that women experience more stress related to infertility than men. Similarly, Edelmann and Connolly (1998) suggested that this may partly reflect a general tendency for women to experience greater distress than men. More recent studies, including those by Anderson et al. (2003) and Holter et al. (2006), corroborate earlier findings, concluding that infertility is more distressing for women than for men.

Few studies have examined the mental health of women enduring the long-term physical and psychological burden of infertility, particularly considering the societal tendency to equate a woman's status with her fertility. Additionally, limited research has explored both positive and negative mental health outcomes in the Indian context. The existing literature often overlooks the social construct of infertility, despite its central role in a woman's life and the significant social and mental health consequences it brings.

Recognizing the importance of this issue, the present study aims to explore infertility and its impact on mental health challenges, such as anxiety, depression, and loss of emotional and behavioral control among women.

The study is guided by the following specific objectives.

- To examine anxiety, depression, and loss of behavioral or emotional control in women experiencing infertility.
- To explore general positive affect and emotional connections in women experiencing infertility.
- To evaluate life satisfaction in women affected by infertility.

METHODOLOGY

Sample Size

The total sample consisted of 50 participants. The case and comparison groups were selected from the same hospitals and clinics. The case group included 50 females with infertility, while the comparison group comprised 50 normal females. Cases and controls were matched based on sociodemographic variables. Data were collected from the genecology and obstetrics departments of hospitals and infertility clinics. Normal females for the comparison group were selected from the same hospitals and clinics. Confidentiality regarding the hospitals and participant safety was ensured in accordance with consent procedures. Oral consent was obtained from all participants, with a detailed explanation of the study provided beforehand.

Test & Tools

The Mental Health Inventory-38 (MHI-38) was used, which has six subscales – Anxiety, Depression, Loss of Behavioural Emotional Control, General Positive Affect, Emotional Ties and Life Satisfaction; and two global scales - Psychological Distress and Psychological Well-being;

The mean age of female in reproductive age group is 29 in case group and 31 in control group. Case group includes total 50 cases and control group includes 50 cases. Above table shows mean age of the respondents which is fairly young and ideal age to have motherhood. Study do not have participant from late age. It predicts that age of the respondent is not confounding factor in study.

Anxiety score in case and control group (n-50)

Statistics	Cases (n- 50)	Control (n- 50)
Mean	38.66	18.62
Mode	33.41	17.61
Median	27.99	16.75
Std. Deviation	3.66	7.70

Anxiety score in both cases and control groups. Higher the score on anxiety subscale means greater the anxiety. Mean score of anxiety in women suffering from infertility is 38.66 and in normal female it is 18.62. Women who are suffering from infertility score higher on subscale and show greater anxiety as compared to control group i.e. normal female.

Depression score for case and control group

Statistics	Cases(n-50)	Control(n-50)
Mean	19.30	7.31
Median	15.50	7.07
Mode	17.89	7.71
Std. Deviation	2.54	1.95

Shows that in case group the mean score is 19.30 and in control group it is 7.31 Women who are suffering from infertility has higher score on depression scale as compare to normal female. It suggests that women who are suffering from infertility have greater depression than normal female.

Loss of behavioural or emotional control score in case and control group (n-50)

Statistics	Cases(n-50)	Control(n-50)
Mean	33.53	20.32
Median	32.76	23.54
Mode	29.09	19.38
Std. Deviation	3.62	7.51

The mean score for case group is 33.53 and for control group is 20.32. It shows that case group score higher on loss of behavioural control subscale as compare to control group. Therefore, it suggest that women who are not able to conceive since a year without using precautions and willing to have child shows greater loss of behavioural control as compare to women who are having children.

General positive affect score in case and control

Statistics	Cases(n-50)	Control(n-50)
Mean	28.51	34.32
Median	23.22	36.32
Mode	22.03	42.11
Std. Deviation	8.90	12.76

The mean score for case group is 28.51 and for control group is 34.32. Therefore, it suggest that women who are not able to conceive since a year without using precautions and willing to have child shows low general positive affect as compare to women who are having children.

Emotional ties score in cases and controls

Statistics	Cases(n-50)	Control(n-50)
Mean	6.22	11.13.
Median	6.66	9.76
Mode	4.22	9.21
Std. Deviation	2.30	3.48

The mean score for case group is 6.22 and for control group is 11.13. Therefore, it suggest that women who are not able to conceive since a year without using precautions and willing to have child shows low score on emotional ties subscale suggesting weaker emotional ties as compare to women who are having children. Women having children shows higher score on emotional ties subscale suggesting stronger emotional ties with their beloved ones as compare to women suffering from infertility.

Life satisfaction score in cases and control

Statistics	Cases(n-50)	Control(n-50)
Mean	3.54	5.23
Median	4.33	6.23
Mode	4.03	6.31
Std. Deviation	0.24	0.54

The mean score for case group is 3.54 and for control group is 5.23. It suggest that women who are not able to conceive since a year without using precautions and willing to have child shows low score on life satisfaction subscale suggesting less life satisfaction as compare to women who are having children. Women having children shows higher score on life satisfaction subscale suggesting greater life satisfaction as compare to women suffering from infertility.

Psychological distress score in cases and control

Statistics	Cases(n-50)	Control(n-50)
Mean	73.26	60.31
Median	76.03	75.22
Mode	61.16	60.33
Std. Deviation	9.40	12.11

The mean score for case group is 73.26 and for control group is 60.31. Therefore, it suggest that women who are not able to conceive since a year without using precautions and willing to have child shows higher score on psychological distress subscale suggesting greater psychological distress as compare to women who are having children. Women having children shows low score on psychological distress subscale suggesting less psychological distress as compare to women suffering from infertility.

Psychological well-being score for cases and control

Statistics	Cases(n-50)	Control(n-50)
Mean	36.44	40.42
Median	36.00	40.00
Mode	37.00	41.00
Std. Deviation	7.20	9.02

The mean score for case group is 36.44 and for control group is 40.42. Therefore, it suggests that women who are not able to conceive since a year without using precautions and willing to have child shows low score on psychological wellbeing subscale suggesting less psychological wellbeing as compare to women who are having children. Women having children shows higher score on psychological wellbeing subscale suggesting greater psychological wellbeing as compare to women suffering from infertility.

CONCLUSION

The present study reveals a significant relationship between infertility and mental health. Women facing the long-term burden of childlessness experience higher levels of anxiety and depression compared to those with children. Conducted in the Indian context, where gender norms play a crucial role in defining a woman's status in society, the study highlights the social stigma faced by married women without children, particularly in cultures like India's. The failure to fulfil the perceived role of motherhood often contributes to anxiety and depression in childless women. In patriarchal societies, a woman's power within the family is often determined by the number of children, especially sons, she has. In an era of globalization and changing lifestyles, women face the double burden of work and family responsibilities. Despite career involvement and earning, women are still expected to manage household duties and nurture children. The increased participation of women in the workforce and growing career consciousness has delayed pregnancies, contributing to changes in reproductive cycles and infertility. The study also found that women suffering from infertility exhibit greater emotional and behavioural instability. Infertile women report lower levels of general positive effect, feeling less cheerful and enthusiastic in daily life. They also experience a lack of energy in their routine activities. Compared to women with children, those suffering from infertility report weaker emotional bonds with their loved ones and feel their love relationships are incomplete, leading to a worsening sense of fulfilment. Additionally, the study shows that infertile women have lower life satisfaction than their counterparts with children. Psychological distress is significantly higher in women experiencing infertility, and their overall psychological well-being is notably poorer.

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Conflict of Interest

The author(s) declared no conflict of interest.

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