

Exploring the Psychosocial Impacts on Childless Couples Undergoing In Vitro Fertilisation Treatment in Malaysia: A Qualitative Study

Farrahdilla Hamzah, M.Sc., Zamzaliza Abdul Mulud, Ph.D.

Centre of Nursing Studies, Faculty of Health Sciences, Universiti Teknologi MARA (UiTM), Kampus Puncak Alam, 42300 Bandar Puncak Alam, Selangor, Malaysia.

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Abstract:

Objective: Infertility impacts the lives of childless couples through many different aspects, such as physical, emotional, financial, sexual, marital, and social relationships. This study aimed to explore the psychological and social impacts on childless couples undergoing In Vitro Fertilisation treatment (IVF) in Malaysia.

Material and Methods: A qualitative study was conducted using semi-structured interviews with 8 childless couples affected by primary infertility. The participants were purposefully selected from 3 reproductive clinics in Malaysia from January to April 2023. Each interview was audiotaped, transcribed, and analyzed using thematic analysis.

Results: There were 8 subthemes for the psychological impacts: impaired concentration, feeling guilty, negative self-perception, hopefulness, feelings of failure, stress, anxiety, and depression. There were 7 subthemes under social impacts: sexual harassment in the workplace, self-isolation, social withdrawal, stigmatization, low self-esteem, loneliness, and lack of support.

Conclusion: Additional efforts are needed to improve support in the IVF journey, especially among nurses, who need to ensure that childless couples have a healthy mentally and are adequately prepared to receive infertility treatment.

Keywords: childless couple, infertility, in vitro fertilisation, psychological impacts, social impacts

Contact: Zamzaliza Abdul Mulud, Ph.D.
Centre of Nursing Studies, Faculty of Health Sciences, Universiti Teknologi MARA (UiTM),
Kampus Puncak Alam, 42300 Bandar Puncak Alam, Selangor, Malaysia.
E-mail: zamzaliza@uitm.edu.my

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Introduction

Infertility is the inability to obtain a clinical pregnancy after one year or more of regular unprotected sexual intercourse¹. It is considered a disorder of the reproductive system and a global public health concern. According to Malaysia Fertility Rate 1950–2023, the fertility rate in Malaysia has been decreasing annually, with 1.924 births per woman in 2023, marking a 0.88% decline from 2022's rate. In 2022, the rate was 0.87% lower than in 2021 with 1.958 births per woman². Female factors account for 40% of infertility cases, while male factors account for another 40%, with the remaining 20% due to a combination of both or unknown causes³.

Infertility is widely regarded as a major life crisis, characterized by marital tensions, criticism from relatives, social stigma, and profound emotional and psychological distress within the community⁴. The psychosocial impact of infertility often leads to feelings of sadness, loneliness, frustration, social isolation, loss of self-esteem, decreased work productivity and significant life disturbances⁵. Women, in particular, experience higher levels of emotional disturbance compared to men⁶. In Malaysia, according to Kamaruddin et al., 22% of divorces and separations are caused by infertility⁷. Additionally, psychological torture, verbal abuse, ridicule, physical abuse, and deprivation have been associated with women's infertility experiences. Childless couples experience psychological distress, impacting their quality of life. Healthcare professionals should focus on the psychological aspects of infertility in women and men, recognising the impact it has on affected individuals⁸. The National Assisted Reproductive (ART) Policy and Standards for Assisted Reproductive Technology Laboratory and Operation is a set of guidelines that cover medical and diagnostic tests, medication, surgery, and counselling before undergoing any infertility treatment⁹, with a focus on teaching specific knowledge and skills. However, the counselling policy is not concerned with the psychological distress that affects the quality of life of

childless couples. Nurses need to play an essential role in assessing and caring for their patients, especially during infertility treatment, which can have significant psychological and social impacts on childless couples. This study aimed to explore the psychological and social impacts on childless couples undergoing Vitro Fertilisation treatment (IVF) treatment in Malaysia.

Material and Methods

The study protocol was approved by the Research Ethics Committee of Universiti Teknologi MARA and the Medical Research and Ethics Committee (MREC) of the Ministry of Health, Malaysia. This qualitative study purposively selected childless couples undergoing IVF treatment at 3 reproductive clinics in Peninsular Malaysia from January to April 2023. Participants were required to be patients undergoing IVF treatment, aged 18 to 49 years, fluent in Malay or English, and Malaysian citizens.

Semi-structured interviews were used to interview the childless couples. Therefore, the interview agenda was adapted to fit the unique research context as part of a qualitative research approach, where the researchers modified items from different sources in order to create an interview protocol that aligned with the study's objectives. Conducting semi-structured interviews required a set of interview topic guides that assisted the researchers during the interview session. The topic guides served the purpose of giving hints or key points to the researchers in order to ask questions more flexibly, but at the same time still adhere to the objectives of the study. Participation was entirely voluntary and the participants were recruited until data saturation was reached. Saturation represents the stage in data collection where all significant issues or insights have been thoroughly explored, indicating that the conceptual categories forming the basis of the theory have reached complete saturation. The interview was conducted privately in a counseling room with a calm and conducive environment. Interviews were conducted individually, for

example, when one spouse was interviewed, the other waited in the waiting room. Interviews, lasting 40 to 60 minutes each, were conducted in Malay and the English language. Participants were asked to provide information about their infertility experience and how it affects their psychology and social relationships.

The researchers adopted a few strategies to confirm the trustworthiness of the study. They included credibility (internal validity), transferability (external validity), dependability (reliability), and confirmability. To ensure credibility there were member checks, also known as participant validation. The result of the preliminary analysis was provided to the respective participants in order to confirm the correctness of the interpretation and the accuracy of the meaning of their discourse. To fulfil the transferability of the study, the researchers provided a detailed description of how the findings could be delivered. The extensive descriptions included all the research processes from the data collection and the context of the study to the production of the study report. To ensure dependability, the researchers used an audit trail to maintain

a detailed record of how the data were collected, recorded, and analysed with the aim of proving the accuracy of the findings. To ensure confirmability, the researchers employed the reflexivity method. Furthermore, research memos were used to keep a record of preferences, ideas, biases, and experiences, in order for researchers to maintain reflexivity in the study.

The interview transcripts were analyzed using Atlas.ti software developed by Atlas.ti Scientific Software Development GmbH, a company based in Germany. Data were analysed based on thematic analysis. Transcripts were reviewed multiple times, coded and summarized into themes and subthemes.

Results

Participant characteristics

All the participants were Muslims and Malays, with an average age of 36.27 (2.99) years. Table 1: Sociodemographic characteristics of childless couples undergoing infertility treatment (N=16).

Table 1 Sociodemographic characteristics of childless couples

Id no	Age (year)	Race	Husband/Wife	Duration of Marriage (year)	Occupation	Educational Level	Income Level (Ringgit Malaysia/RM)
001	40	Malay	Female: Wife	10	Clerk	Diploma	RM 2500.00
002	41	Malay	Male: Husband	10	Businessman	Diploma	RM 2500.00
003	39	Malay	Female: Wife	8	Clerk	Diploma	RM 2700.00
004	39	Malay	Male: Husband	8	Mechanic	Certificate	RM 2000.00
005	35	Malay	Female: Wife	6	Police	Diploma	RM 2500.00
006	35	Malay	Male: Husband	6	Police	Diploma	RM 2500.00
007	40	Malay	Female: Wife	9	Nursery assistant	Diploma	RM 1500.00
008	39	Others	Male: Husband	9	Lorry driver	Certificate	RM 2300.00
009	40	Malay	Female: Wife	10	Lecturer	Doctor of Philosophy	RM 7000.00
010	41	Malay	Male: Husband	10	Businessman	Degree	RM 6000.00
011	35	Malay	Female: Wife	8	Clerk	Diploma	RM 2500.00
012	35	Indian	Male: Husband	8	Technician	Diploma	RM 2500.00
013	35	Malay	Female: Wife	8	Doctor	Degree	RM 5000.00
014	35	Malay	Male: Husband	8	Businessman	Degree	RM 6500.00
015	41	Malay	Female: Wife	11	Businesswoman	Diploma	RM 3500.00
016	42	Malay	Male: Husband	11	Technician	Diploma	RM 3000.00

Themes identification

Two themes emerged from the interview sessions, the psychological and social impacts; Table 2.

Table 2 Themes and subthemes from the interview sessions

Themes	Subthemes
Psychological Impact	<ul style="list-style-type: none"> ● Impaired concentration ● Feelings of guilt ● Negative self-perception ● Hopefulness ● Feelings of failure ● Stress ● Anxiety ● Depression
Social Impact	<ul style="list-style-type: none"> ● Sexual harassment in the workplace ● Self-isolation ● Social withdrawal ● Stigmatisation ● Low self-esteem ● Loneliness ● Lack of support

Theme 1: Psychological impacts

Psychological impacts can change a person's thoughts, feelings, perceptions, and actions, affecting their mental health. There are 8 subthemes under psychological impacts: 1) impaired concentration, 2) feelings of guilt, 3) negative self-perception, 4) hopefulness, 5) feelings of failure, 6) stress, 7) anxiety, and 8) depression.

Subtheme 1: Impaired concentration

There were 2 participants who stated that they were preoccupied with thoughts related to infertility and hoping to conceive, and some said it had become an obsession. This affected their daily lives.

"My mind is focused on the desire for a child because I am the only one in the family who does not have children" (Id: 007, women)

"I'm very stressed when I think about it. I have experienced headaches for several weeks because of this

issue. Sometimes I tend to overreact, and I do not know why. I feel restless." (Id: 003, women)

Subtheme 2: Feelings of guilt

Women in their 40s feel guilty when they find it is difficult to conceive due to the problem of egg quality, which drops sharply after the age of 40.

"I felt depressed when I realized I am now 40. I regret that I did not do IVF earlier." (Id: 007, women)

This participant said that she felt sorry and guilty regarding her husband because she was the reason they had no children. She said:

"It is a pity that my husband does not have an heir. He really wants children. I'm the reason we don't have children. When I think too much, I get a headache and feel down." (Id: 007, women)

Subtheme 3: Negative self-perception

They also blame themselves as the cause of having no children. Infertile women might feel that they have failed as wives. Participants compare themselves to people with disabilities. She said:

"Even physically disabled people can have children, but I, who look normal on the outside, cannot have children. How terrible I am as a woman. What is the value of a woman who cannot give birth? I feel like a worthless person at times." (Id: 009, women)

Subtheme 4: Hopefulness

The participants expressed feeling a sense of pressure each time they menstruated due to their strong desire to conceive. The level of strain experienced by individuals undergoing IVF therapy is likely to increase. One participant said:

"I often experience deep feelings of sadness, loneliness, fear of insecurity and also feel disappointed all the time, especially when I see my period." (Id: 005, women)

Subtheme 5: Feelings of failure

This participant feels like a failure as a man, caused by the disappointment of not being able to produce a child.

“All of my sisters have kids, and some of them have five kids. It is very important for a man or husband to be able to produce a child who can continue the family’s name. I become very stressed when I think about it.” (Id: 010, men)

Subtheme 6: Stress

The participants’ feelings of stress related to their respective situations.

“I try to excuse myself from attending weddings or social gatherings. I pretend to be busy working or preparing for my work. I cannot feel positive at all. I find myself getting agitated.” (Id: 016, men)

Subtheme 7: Anxiety

The participants’ feelings of anxiety related to their respective situations.

“I am worried and panicked about this situation. It gets even worse when I always check my husband’s phone. I follow my husband when he goes out.” (Id: 015, women)

“Sometimes I might panic for no reason and feel scared if my husband leaves me because I have no children.” (Id: 009, women)

Subtheme 8: Depression

Most of the participants reported experiencing symptoms of depression in relation to their individual circumstances. They said:

“I felt that life was meaningless. I felt down every day I thought about it.” (Id: 001, women)

“I always feel negative about anything in my life. I am more sensitive, especially.” (ID: 005, women)

“I find myself getting restless and unable to relax. I felt down.” (Id: 015, women)

“Sometimes I forget to shower or lock the car. I feel down. Sometimes I cry in the car. I think I don’t have a future.” (Id: 013, women)

Theme 2: Social impacts

Eight childless couples in this study have experienced social impacts. There are 7 subthemes: 1) sexual harassment in the workplace, 2) self-isolation, 3) social withdrawal, 4) stigmatization, 5) low self-esteem, 6) loneliness and 7) lack of support.

Subtheme 1: Sexual harassment in the workplace

A participant has said that there is sexual harassment in the workplace. The type of sexual harassment is verbal. Verbal sexual harassment involves saying anything of a sexual nature to someone who is an unwilling recipient. She said:

“In my workplace, I work with both men and women. A male colleague told me about proper sex positions, sometimes uttering obscene words. They also say that I am thin and my husband is thin, which is why I cannot have children. Sometimes I cry and tell my husband” (Id: 005, women)

Subtheme 2: Self-isolation

Feelings of shame and a tendency to self-isolate in order to hide certain behaviours can result in a loss of social support. For most participants, infertility had negative social consequences and bothered them. Most of the infertile women asserted that they did not like to participate in social activities and preferred to be alone. Several women expressed feeling embarrassed because they had no children. One specifically mentioned isolating herself from her husband’s family and friends. She said:

“I am embarrassed when I want to have a reunion. I will not go because people always ask me about children.”

They kind of force or tell me to do treatment.” (Id: 007, women)

In some cases, relatives had limited contact with the childless couples. These actions made the childless couples upset and they felt as though they were in trouble. In this theme, we found that women tried to overcome stress by keeping themselves away from social environments where they would encounter children. The participant said:

“I am not willing to go to the party next to my husband’s family members. They like to ask questions about children. They also blame me for not having a child. They seem to ignore my feelings; I immediately go back home. I cry, my heart hurts.” (Id: 011, women)

Subtheme 3: Social withdrawal

Participants who exhibit social withdrawal tend to withdraw from social interactions and connections with others. There are numerous factors that may contribute to individuals choosing not to establish connections with others, including worry, fear, shame, vulnerability, and the possibility of encountering rejection. They said:

“We weren’t invited to our niece’s birthday party because we don’t have kids.” (Id: 005, women)

“The other siblings take care of the children and nieces, including my mother. We came, but we were ignored. It seems like we are not needed.” (Id: 009, women)

Subtheme 4: Stigmatization

They reported situations in which people described them as having no commitments because they are not parents and thus have a lot of time. In the workplace, employers were reported as being unfair in assigning tasks to women who do not have children, stigmatizing them.

“At work, if there is a function, I’m the one my employer mentions it to first. I feel angry if I’m not available, but if I am, I can attend.” (Id: 001, women)

“At work, employers do not understand. I am always the one who must do the work because I have no commitments. If there is a program at work, my name always comes up, because other colleagues have small children.” (Id: 007, women)

Childless couples are often subjected to criticism and blamed for their perceived lack of effort in attempting to conceive children. Stigma infertility, along with women who control their fertility, was experienced in various ways as narrated below:

“My husband’s side of the family blames me because I do not have children. They say I’m the reason. They say that I don’t want a child. I know I’m not perfect, but people don’t need to talk like that. They think I’m useless. I’m sad; the words they say to me always disturb my mind.” (Id: 011, women)

Participants were also deemed to exhibit a lack of desire to proactively pursue pregnancy. Their friends or relatives proposed several kinds of strategies, including the implementation of treatments.

“My aunt always sends the message through the WhatsApp group of the family. At first, I was positive. Over time, I got tired of it. Sometimes the words are very hurtful. They can break my wife’s heart because my wife is also in the WhatsApp group. Maybe, I feel that I am very sensitive. I feel down. He always pressures me to get treatment. They think I am too lazy to get treatment. No one in the WhatsApp group supports me. Most of them keep quiet. I do not think I can get support from my own family.” (Id: 002, men)

Subtheme 5: Low self-esteem

The participants believed that having a child maintains and preserves the generation. When a woman understands that she is infertile, she loses her self-esteem and feels that she is inadequate.

“I do not even have children to go to a party. I feel hurt and sad because my wife felt left out during the ceremony. Our relatives played with children. I accompanied my wife” (Id: 004, men)

The participants expressed their feelings of embarrassment when questioned about having children.

“My boss always asks me in front of other co-workers, don’t you pick up the children from school during lunch? After that, they laugh at me. It has happened many times. For him, it is just a joke. But for me, it is not. Maybe I am sensitive. I feel angry. Suddenly, I become aware that my heart beats fast. When I remember that question, I feel hurt. I feel scared when I meet the boss. I am embarrassed in front of other people.” (Id:008, men)

Subtheme 6: Loneliness

The childless couples live with loneliness. Thus, they try to fill their lonely lives with activities such as work, vacations, games, and walking.

“Back to work, day off, just me and my wife. My wife and I go for walks and on vacation. I also visit my friends and play games with them, but I still feel bored and lonely.” (Id: 012, men)

“I rarely talk to my wife because I work outside the area. When I finish work, I go out drinking with friends because I feel lonely at home. My wife likes to annoy me. When I’m stressed, I go out.” (Id: 016, men)

Subtheme 7: Lack of support

One participant felt discouraged from adhering to treatment when their community did not seem to care about their situation.

“My boss did not approve the leave, due to a lack of staff. No replacement. My friends do not cooperate even though I only want to get treatment. It is hard to get time off.” (Id: 013, women)

Discussion

A previous study by Karaca & Unsal stated that infertile women were preoccupied with thoughts related to infertility, saying that it had become an obsession and that they desired a child because they believed that having a child would put an end to their feelings of loneliness and that the child would care for them in their old age¹⁰.

Moreover, a subset of participants aged 40 years felt guilty regarding their spouses and parents, due to the delayed initiation of treatment. The findings of the previous study by Zorlu & Erbaş correlate with the results obtained in this investigation¹¹. Additionally, the authors asserted that the environment should be held accountable for the behaviour of children since they argue that individuals tend to blame external factors rather than take personal responsibility¹¹. Participants in this study felt very bad for not being able to be a mother, which aligns with a previous study that stated that the participants blamed themselves and their bodies for not being able to have a child¹⁰. This is because women feel inadequate, disappointed, and guilty about their infertility, regardless of why they cannot give birth.

Most of the childless couples who tried the IVF treatment methods reported a process of hope, expectation, and eventual disappointment when the method failed. This result aligns with a previous study in which participants expressed hope about having a child and planned on having a child. Childless couples, especially women, may obsess over the potential for a successful treatment that can affect their daily lives^{10,12}. Infertility may cause women to isolate themselves as a coping strategy, which can cause loneliness, self-accusation, and rumination on past events^{10,12}. In addition, the failure of supplementary reproduction techniques may provoke feelings of inadequacy, emptiness, deficiency, guilt, sorrow, bereavement, and failure. For instance, those who had experienced failures with alternative reproduction strategies were subjected to attacks of depression^{10,12}.

The childless couples in this study showed the criteria of anxiety and depression. These findings are supported by the previous findings of Olowokere, Olowookere, & Komolafe, in which anxiety and depression levels were very high amongst the infertile women who felt guilty for not being able to give their husbands a child⁵. Infertility could trigger suicidal ideation. This finding shows that women express deep concern regarding their inability to conceive. This could be attributed to possible pressures associated with childlessness, especially in some cultures and societies.

Female participants experienced verbal sexual harassment at work, thus decreasing their motivation to go to work. Workplace sexual harassment in Malaysia has garnered significant attention from both governmental and non-governmental entities and has emerged as a prominent subject of discussion. In Malaysia, several laws and guidelines address the issue of sexual harassment, including the Penal Code Act 574, the Employment Act 1955, and the Malaysia Code of Practice on the Prevention and Eradication of Sexual Harassment in the Workplace¹³.

The participants in this study also conveyed their experiences of societal stigmatisation due to their infertility and childlessness. They reported feeling a sense of incompleteness and defectiveness, as well as being subjected to criticism for their inability to conceive. Similarly, another study demonstrated that childless couples are observed as being incomplete, and may be viewed as defective and incomplete due to their lack of children¹¹. Similar to a study by Taebi, Kariman, Montazeri, & Majd, the concept of infertility stigma was perceived as verbal, social and same sex stigma¹⁴. Social stigma is the term used to describe the discrimination that infertile women experience. This discrimination, which is marked by a lack of understanding and empathy, can be extremely distressing for these women. Women experience a higher level of social disapproval compared to men, and they find

this disapproval to be more emotionally distressing than the condition of infertility itself.

Sambasivam & Jennifer reported that infertile couples feel a lack of hope and support, which aligns with this study in that the childless couples also suffered from a lack of support from their spouse, parents, employer, colleagues, community, and during treatment¹². Participants also experienced embarrassment and lower self-esteem when faced with inquiries regarding their childlessness. The findings of this study align with a study conducted by Behboodi-Moghadam, Salsali, Eftekhari-Ardabili, et al., which indicated that participants have feelings of inadequacy in their lives¹⁵. Additionally, they feel a sense of personal failure in their roles as spouses and perceive a lack of purpose due to the absence of children. Self-esteem is essential for infertile women because it plays a role in the development of their personality. Without high self-esteem, infertile women may feel depressed and scared to face unpleasant circumstances.

Conclusion

The present study demonstrates the psychosocial impacts experienced by childless couples. This study highlighted that childless couples experience difficulties due to various psychological symptoms, including memory retention, attentional concentration, and decision-making processes, all of which have a significant impact on their lives. Additional impacts: sexual harassment in the workplace, self-isolation, social withdrawal, stigmatization, low self-esteem, loneliness, and lack of support. Future research should emphasize the importance of support from family and society for persons with infertility in order to promote healthy well-being during IVF treatment.

This study has several limitations: the sample was drawn from only 3 reproductive clinics in Peninsular Malaysia, thus limiting its generalizability. Recall bias may

have affected the reported psychological and social impacts among the childless couples. The predominantly Malay sample further restricts generalizability, and the study focused narrowly on certain aspects of infertility distress, neglecting broader psychological and social reactions.

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Conflict of interest

All authors declared no conflict of interest.

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